Shelter Cymru

www.sheltercymru.org.uk

Trapped on the Streets

Understanding rough sleeping in Wales

Registered charity number: 515902

Our Vision

Everyone in Wales should have a decent and affordable home: it is the foundation for the health and well-being of people and communities.

Mission

Shelter Cymru's mission is to improve people's lives through our advice and support services and through training, education and information work. Through our policy, research, campaigning and lobbying, we will help overcome the barriers that stand in the way of people in Wales having a decent affordable home.

Values

- Be independent and not compromised in any aspect of our work with people in housing need.
- Work as equals with people in housing need, respect their needs and hep them to take control of their lives.
- Constructively challenge to ensure people are properly assisted and to improve good practice.

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Welsh Housing Aid Ltd (trading as Shelter Cymru)
Registered charity number: 515902

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Introduction

Street homelessness in Wales is an increasingly visible and pressing issue. Anybody walking the streets of our cities and towns can't fail to notice how many people are bedding down in the open air.

Evidence suggests there has been an increase in rough sleeping of 10 per cent in the space of a year, from 313 to 345. This is on top of a 30 per cent increase the previous year. And it confirms what many service providers in Wales, including ourselves, have been reporting.

Amid rising media interest and pressure from the public, some councils have claimed there is no need for anybody to sleep rough. And yet even during the punishing winter temperatures of early 2018 there were dozens of people spending their nights sleeping on streets across Wales.

We know that there is good work being carried out across Wales to prevent and tackle homelessness. However, for people sleeping rough something has gone wrong and the solutions available have clearly failed.

Current responses to street homelessness don't seem to be fully working, and the frustration of service providers is all too clear. Increased use of public space protection orders, dispersal orders, hostile architecture, and schemes to discourage begging all point to a deepening official intolerance of rough sleeping.

To successfully address the issue we first need to fully understand it.

Why are the numbers of people sleeping rough increasing year on year?

What are the factors that are keeping people on the streets – and how can we overcome them?

We recognise that this piece of research does not reflect the full scope of work that is undertaken by the sector to prevent and tackle homelessness. We acknowledge that there is a great deal of good practice taking place in Wales that is not represented within this report due to the aims of the study, which are to:

- Examine who is currently sleeping rough
- Investigate how people who were sleeping rough had initially become homeless
- Explore the challenges and barriers facing people who are sleeping rough in Wales.

We spoke to 100 people who are currently sleeping rough in Cardiff, Swansea and Wrexham. We also interviewed 25 professionals involved in homelessness and related services, and we held two events where we presented the testimonies of street homeless people and worked together with 70 professionals to reflect on the findings and develop a raft of solutions.

We'd like to thank Cardiff, Swansea and Wrexham Councils for taking the brave step of funding this independent study into the experiences of people who are currently street homeless.

Shelter Cymru

How we did the research

Although we set out to use a formal approach, including a survey and semi-structured interviews, it quickly became apparent that many people were reluctant to participate in this way.

So we adopted an ethnographic approach to the study: observing people sleeping rough at different times of the day, in different locations and in different scenarios. Interviews were carried out in a conversational way to build trust.

Informed verbal consent was obtained from participants. This approach was felt to be more ethical and sensitive, meaning that people weren't intimidated by the researchers and the power balance between researcher and participant was equal. In one of the areas a peer researcher was present.

A total of 100 ethnographic conversations were conducted – these inform the report, with case studies and stories used to illustrate experiences throughout.

A subsample of 35 people also completed a structured survey – where we use percentages they are drawn from this subsample only.

We also interviewed 25 professionals working in a range of roles and across numerous sectors including health, housing, social services, police and specialist services such as substance misuse.

Who is on the streets?

This section will explore who is sleeping rough in the three areas included in the study.

It will attempt to characterise who is on the streets. We explored particular subgroups: age, gender and ethnicity/nationality.

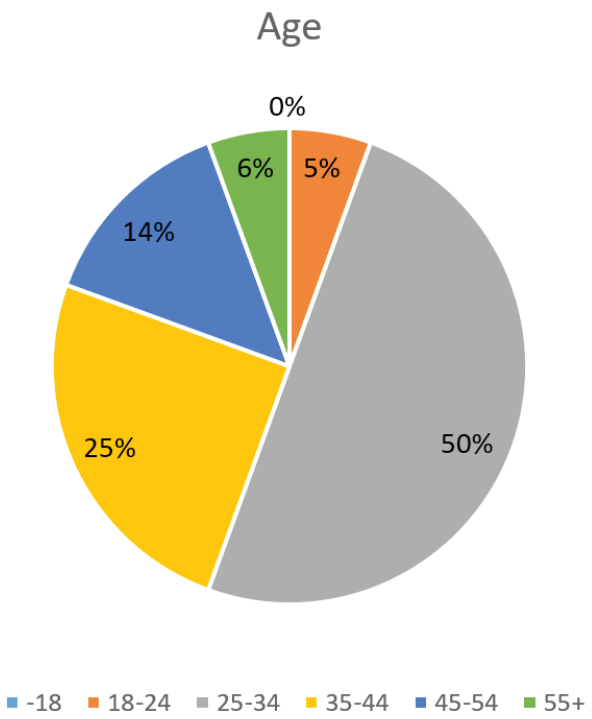
We found that certain groups were particularly prominent among the people we spoke to:

- **Prison leavers** – Priority need status was given under Welsh legislation in 2001 to people leaving prison who had a local connection to the local authority. However, changes to the priority categories under the Housing (Wales) Act 2014 mean that now a person is only in priority need if they have a local connection with the area and are vulnerable as a result of being an ex-prisoner.
- **Care leavers** – Often due to loss of a tenancy, exclusion from support services and difficulties linked to shared accommodation housing benefit rates.
- **People with complex unmet support needs** – including but not limited to people with poor mental health, substance misuse issues, offending, learning difficulties and domestic abuse.
- **Couples** – a lack of couple's provision was often cited as the cause of them sleeping rough.

The ages of the people we spoke with varied and of the 35 a total of 18 were aged between 25 and 34 (see figure 1). It was a similar picture among the rest of the 100 participants, although we also spoke with one person aged under 18 who was not surveyed.

The professionals we spoke to share a perception that the age profile of people sleeping rough has lowered in recent years, with increasing numbers of younger people on the streets in Wales.

Figure 1: Ages of people sleeping rough



So what's driving this? Professionals felt that changes to housing benefit, namely the introduction of shared accommodation rates for under-35s, was one key driver. Street homeless people didn't mention welfare changes directly, but they did discuss the lack of decent and appropriate move-on accommodation which is a knock-on effect of certain welfare cuts.

Only a small number of participants felt that shared accommodation would work for them and even in those cases people expressed a preference for small-scale accommodation with approximately three other people in an intensively supported environment.

One of the possible factors behind this apparent increase among 25-34 year olds may be the more prevalent use of tenancies in shared accommodation, and the failure of those tenancies. We spoke to a number of people within this age group who actually had a tenancy within a shared setting, but due to antisocial behaviour (ASB) or other issues felt they were unable to stay there.

We also spoke to people who had previously held a tenancy within shared accommodation and had lost their accommodation for a range of issues including rent arrears, ASB and abandonment.

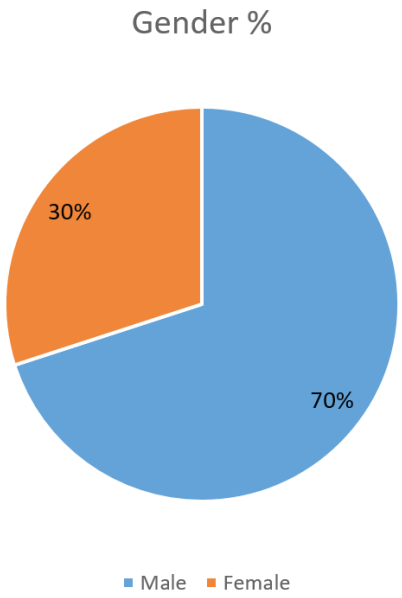
Professionals also told us that they struggled to find appropriate shared accommodation that is affordable and private landlords willing to accept housing benefit. Furthermore, the majority of people under the age of 35 who we spoke to told us that they didn't want to live in shared accommodation and wanted their own home.

There was a significant proportion of people who had experienced care within this age group who had often had a period of independent living since leaving care and had later lost their tenancy. There was one case where someone was below the age of 18 and had a current care order.

Recent research found that less than 1% of rooms advertised in Cardiff were affordable for those on the Shared Accommodation Rate and accepted housing benefit.

Source: Social Security Advisory Committee (2018) Young People Living Independently.

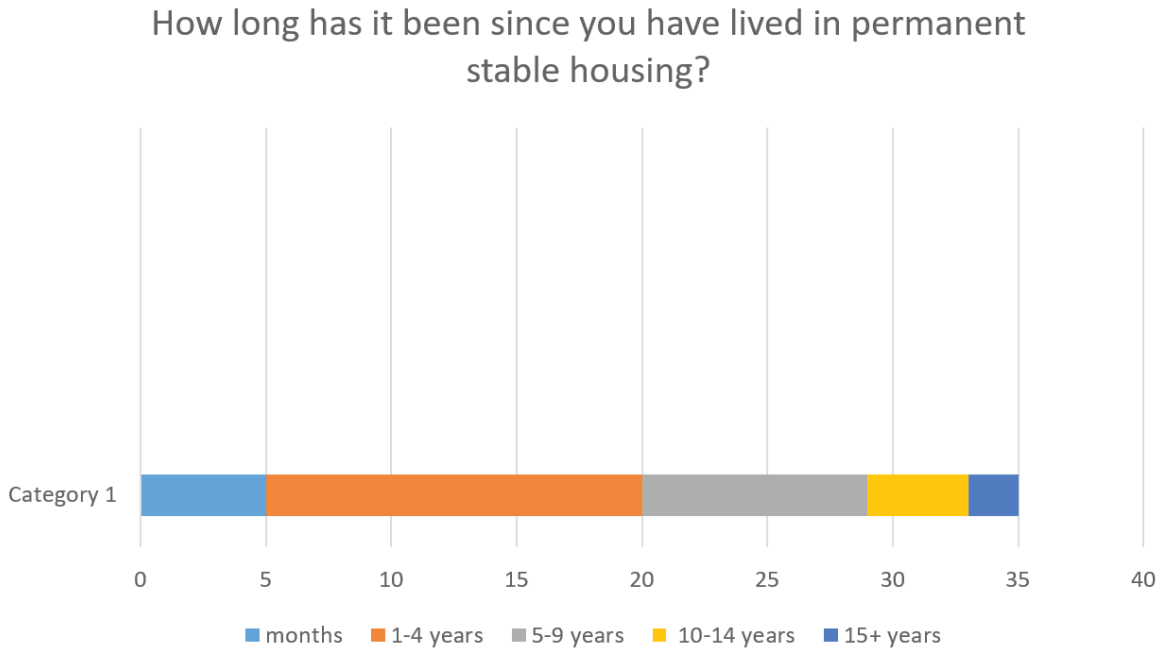
Figure 2. Gender of people sleeping rough



The length of time that people had been sleeping rough varied considerably, from one night to 20 years (see figure 3). Many people had more than one experience of being homeless and sleeping rough. For many it appeared that they had been continuously cycling in and out of homelessness for a long time.

Many people had not had stable or secure accommodation since leaving their family home, instead experiencing different foster placements, institutional stays and chaotic childhoods.

Figure 3: Length of time without stable accommodation



Journeys into homelessness

What did people tell us were the main reasons why they were street homeless? It is hugely important to note that although there were some common causes described by people sleeping rough, the population is diverse and each person's needs and experiences were vastly different.

Each person had their own story and views. There were no two stories the same, and it would be a mistake to generalise too much about specific pathways into homelessness and rough sleeping.

Causes of homelessness are often grouped into two categories: individual factors, which are problems in the person's own life, such as physical or mental health conditions or relationship breakdown; and structural factors, which are wider problems in the system such as the rising cost of housing, the poverty trap, and welfare benefit cuts.

When we spoke with professionals working within the sector, we were frequently told that people who were sleeping rough were likely to excuse or attribute the cause on their homeless on structural factors rather than 'take responsibility for their own actions and choices'.

This was completely the opposite of what emerged when we spoke to street homeless people. People actually tended to focus on individual rather than structural factors: issues such as poor mental health, substance misuse, offending, ASB and bereavement were far more prevalent in responses than structural factors.

Many people described feelings of worthlessness, self-blame and low self-esteem. There is clearly a disjoint between the perceptions of some professionals and the views of many rough sleepers.

In recent years much research has been carried out into the causes of homelessness and more specifically rough sleeping. Our study found that the causes of people becoming homeless in Wales reflected existing evidence. Common causes included loss of tenancy, loss of employment, relationship breakdown and time spent in an institution.

These causes of homelessness are well known already. We were looking for factors that might explain the reasons behind the recent rise in numbers of street homeless people.

While no simple reason emerged, we did find that welfare reform and austerity were frequently mentioned, either directly (particularly by professionals) or indirectly (particularly by street homeless people in their discussions of housing affordability).

There was little direct mention of structural factors such as bedroom tax, sanctions or universal credit but what was reported was impact of structural factors: financial difficulty, debts and arrears, difficulties in shared accommodation, in conjunction with other individual factors.

It is likely that these structural changes did have an impact but what was more significant was the person's ability to manage the impact: what counted was their personal and economic resilience to these effects.

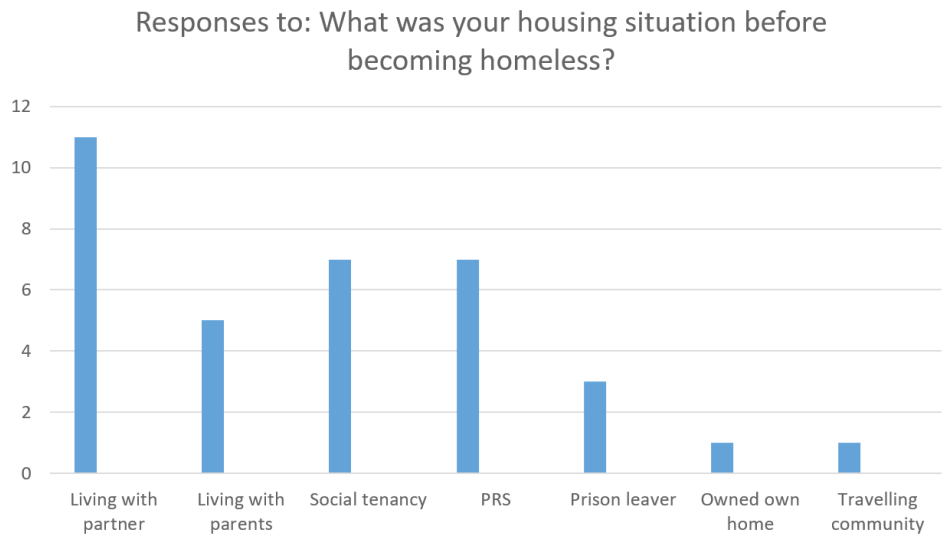
We found that these structural and financial issues were more visible as barriers to rehousing people who are already sleeping rough than as the prime cause of their homelessness.

Recent research found:

- **17% of rough sleepers first became homeless due to being evicted**
- **31% of rough sleepers first became homeless due to family or relationship breakdown**
- **13% of rough sleepers first became homeless due to being released from prison with nowhere to live**

Source: analysis of 2 week National Rough Sleeper Count Questionnaires: November 2017.

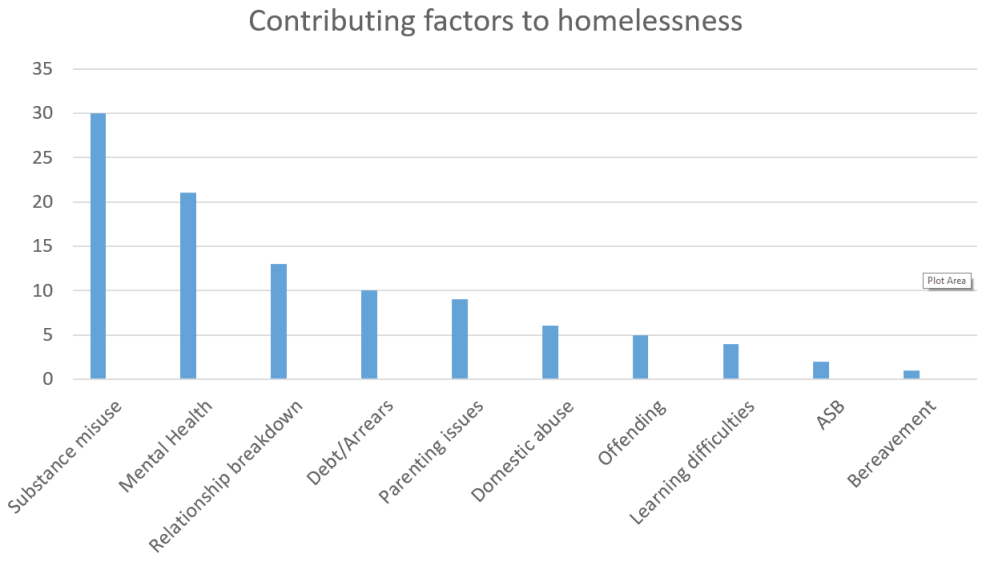
Figure 4: Housing situation prior to homelessness



It was difficult to establish the housing journeys of many of the people we interviewed as quite often they had experienced significant periods of insecure housing before becoming homeless.

There was a complex interplay between structural, social and individual factors. Numerous issues were cited as contributing to an individual's homelessness and in the majority of cases there were multiple factors (see figure 5).

Figure 5: Contributing factors to homelessness



Substance misuse and mental health were frequently mentioned, and difficulties accessing specialist services for those needs were common. It was clear that many people were vulnerable even before becoming homeless.

Unsurprisingly, people who were sleeping rough and had an existing mental health and substance misuse issue reported a further decline in their wellbeing after becoming homeless.

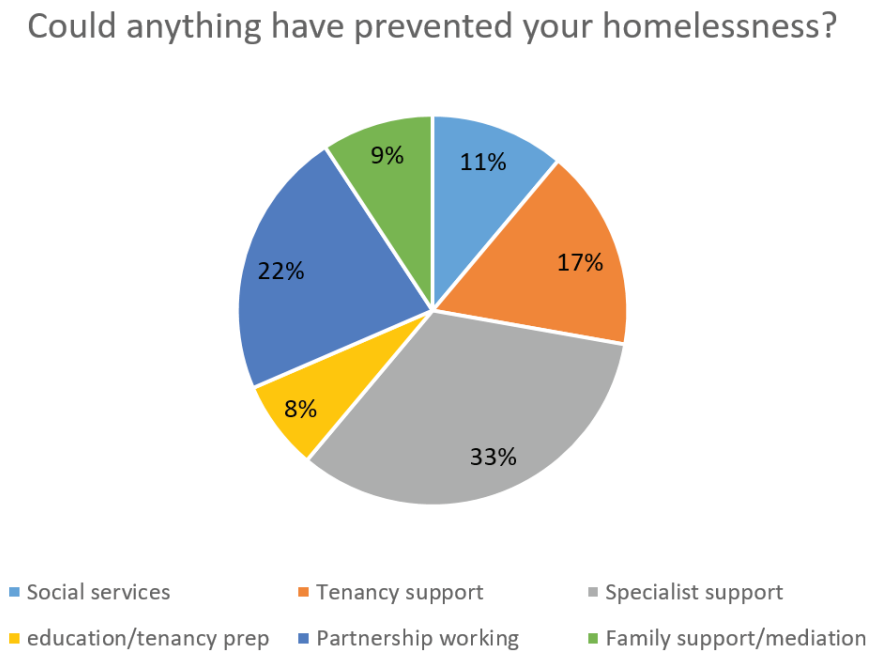
Could anything have prevented people becoming homeless?

Despite the complexity of people's issues, most felt that their homelessness was not inevitable and could have been prevented.

A high proportion of people had been receiving tenancy support prior to their homelessness but often felt that it was not intensive enough, or that the support was not independent from the landlord which caused conflict.

Some people suggested that support should be available outside office hours as that is quite often when issues arise. Difficulties accessing specialist support for substance misuse, mental health and domestic violence were also routinely identified (see figure 6).

Figure 6: Homelessness prevention



There was evidence of a lack of effective partnership working with many participants having contact with numerous agencies but still having unmet support needs.

Some people became homeless due to the tenancy holder of their accommodation (usually a parent) going into care, or a lack of support for the transition between institutions such as prison, foster care, children's homes and hospital and into independent living.

People who had been in care felt that they were ill-prepared for the responsibility of a tenancy and were vulnerable to exploitation.

A large majority of people were able to point to interventions that could have prevented their homelessness. Most people felt that they may have needed multiple interventions but that either the service was inadequate or inaccessible.

'It would be much better to have an independent agency doing the tenancy support work, as there would be a greater level of trust between the parties' - Professional

People who were currently sleeping rough and had experience with social services prior to becoming homeless reported feeling let down. It was felt that there would have been opportunities for social services, when addressing the needs of the children, to also ensure the needs of the parents were identified and addressed. If these needs had been recognised and sufficient support put in place then this may have prevented people from becoming homeless.

A number of people, particularly those who had spent time in care, felt that they needed more support and training to prepare them for independent living.

Many reported feeling overwhelmed by the responsibility of managing finances, running a home and coping with day-to-day tasks. Better tenancy support was a common suggestion from participants: support that was more holistic, more readily available outside office hours, and genuinely independent from the landlord.

Some of the participants felt that some sort of mediation, whether within a family setting or within a community would have prevented them becoming homeless. This was mentioned particularly by younger people who had not experienced care.

Unmet support needs were mentioned very frequently: in particular the need for support that addressed specific needs such as mental health, addictions (largely substance misuse and gambling) and domestic abuse.

In most cases there were multiple needs so it is likely that numerous agencies would need to be involved, increasing the significance of strong partnership working.

Journeys on to the street

The reasons for people sleeping rough in Wales also reflected the evidence base and in general were due to the failure of the solutions that were offered to an individual at the point of presenting as homeless. In particular the key drivers were a lack of emergency accommodation, a reluctance or inability to access available emergency accommodation, and being excluded from services.

The structure and accessibility of these services, coupled with individual factors, emerged as the biggest cause for people to sleep rough.

Emergency accommodation, hostel provision, and the lure of the street-based lifestyle

We found significant problems with the way that emergency accommodation is provided. In two of the local authority areas there was a distinct lack of emergency accommodation which led to people relying on bed and breakfasts.

In these areas the accommodation was either just totally scarce or was managed in a way which meant that the rules were inconsistent with people's needs and situations, particularly for those with active addictions.

In the other area the main reason people were sleeping rough was due to a reluctance to access the available accommodation. The reasons for this included fear of other residents, exposure to substances, risk of sexual exploitation and negative perceptions of the service. This was particularly evident with larger scale shelters.

Professionals were divided about this issue. Those working within projects reported that clients' substance misuse was so problematic that it was causing a number of issues: some people using constantly throughout the night which is not tolerated within the projects; some people being drawn to the streets, particularly during the night, to beg and raise enough money to fund their drug use; some people behaving in an erratic, aggressive or threatening manner due to the substances being used, specifically New Psychoactive Substances (NPS).

'Many people using (NPS) become comatose or aggressive and violent' - Professional

There were feelings among professionals that commissioning practices were leading to providers being expected to do more with less which often led to unsafe and problematic environments.

Some described high ratios of staff to residents: one worker to 10 or 15 residents with high support needs. This was deemed to be dangerous to both staff and residents.

In areas where there was a range of emergency and supported accommodation available, professionals felt that the reluctance of people to access this could be explained by an insufficient focus on matching services to people's needs.

Professionals overwhelmingly felt that beds should be assigned according to need rather than on a 'first come first served' basis. They felt that if existing accommodation was managed more strategically then they would not be such chaotic environments and people would feel safer and be more willing to access them.

Professionals not working in hostel provision felt that some rules within hostels were unfair and failed to actually cater for the client group that they are funded to support. There was evidence of people sleeping rough being excluded from hostels for not adhering to unrealistic rules and policies. For example, a number of hostels do not allow people to re-enter the provision if they have left to take substances or to beg.

'The policy to not let people back in (to hostel accommodation) if they go out to score more NPS drugs is the wrong approach, as there is such a massive wastage of bed spaces… workers in hostels should be adequately trained to be able to manage residents who are under the influence so that they can be re-admitted off the streets back into a place of safety'- Professional

Many people who are sleeping rough did report significant issues with substance misuse and did explain that they would beg to fund their habit – however, they usually reported that they were not in receipt of benefits and had no other income.

Despite the view that people were using substances constantly throughout the night, most people we saw past midnight had already 'bedded down' and some were sleeping.

During the research there was a period of time in which we had extremely adverse weather and high snowfall. In one of the areas there were between 13 and 26 people still sleeping rough in the snow each night with reported empty beds in accommodation.

This is during a time when their ability to generate an income from begging or other street-based activity would have been severely restricted or non- existent, suggesting that the 'gravitational pull' of the street should not be over-estimated as a cause of homelessness.

The need to have emergency accommodation that's equipped to deal with high levels of substance misuse and their effects is clear. However, it's likely that if these were large scale projects they would still be perceived as intimidating and dangerous places.

People with active substance issues told us they didn't want to be in an environment that was chaotic or would intensify their usage.

Some professionals understood this dynamic of addiction and felt that placing large groups of people with a wide variety of different substance misuse issues together was likely to result in a chaotic environment that would not be healthy to live or work in. Furthermore, there was awareness and concern that people supplying drugs tend to target large scale projects.

Chapter summary

The causes for homelessness are wide-ranging and include a mix of individual, structural and social factors.

There is extensive evidence to explain the causes of both homelessness and rough sleeping: the rise in both can be explained by increasing financial pressures such as welfare reform, the rising cost of living, and low-paid job insecurity, coupled with increasing numbers of people struggling with complex unmet support needs.

As we will discuss further on, this is all set within a system that requires people to actively navigate their way through housing, welfare, health and employment services, all of which are under pressure and struggling with the increase in demand of their services.

Accessing these services often takes considerable time and effort; for people who are sleeping rough this is time, effort and resilience that they just don't have.

Despite the wide range of causes of homelessness, there are clearly opportunities to improve prevention work. People who took part on our research had a diverse range of suggestions for interventions that might have prevented them becoming homeless.

Improved prevention activity is likely to reduce the number of people becoming homeless, however it is also likely that some people will still experience crisis and lose their homes. What happens at that point is hugely important.

Trapped on the streets: the 'glue' of street homelessness

What became clear during our study is that once people were sleeping rough, there were a number of issues that worked together to form a 'glue' which by placing hurdles in the way of accessing effective assistance was trapping people on the streets.

In looking at the solutions to end rough sleeping the focus needs to be on addressing the factors that make this 'glue' while also improving the solutions available when people become homeless.

Accessing Housing Options and the Housing (Wales) Act 2014

Navigating the system

The current housing and homelessness system is incredibly complex and difficult to understand. This was one of the most significant factors in people struggling to break the cycle of homelessness and particularly rough sleeping.

When we asked people if they'd made a formal homelessness application at the local authority Housing Options service, most people did not know at what stage of the process their assessment or application was, or even if their application was still live.

The assessment process itself presents multiple barriers for people:

- There is an expectation that people will be willing to disclose very personal information about their mental health, substance misuse and histories; and be able to evidence this with official documentation.
- The process itself, if done properly, is lengthy as professionals require as much information as possible to ensure that decisions are accurate; and due to the relief duty lasting up to 56 days.

> *'They just give me the same reasonable steps as everyone else…it's a joke really'*
> *- Person sleeping rough*

We frequently heard from people that they were physically and mentally unable to cope with spending hours in the offices of Housing Options, for a myriad of reasons. Some reported that going over their stories and re-living the traumatic events that had occurred in their lives negatively impacted their mental and emotional wellbeing to the extent that staying on the streets was in some ways easier.

> *'I don't even know. That's what I mean, I just don't know. Like my benefits, it's taken me all week to pluck up the courage to come here today and try to sort out my benefits. They're all quick to say to me "Come on, do that, do this". Well fucking hell, help me - don't sit there telling me what to do, help me. Then on the phone today and they're asking me "Why has it taken you a week?" Well because I don't know what I'm doing, I don't know what I'm supposed to do. Instead of just telling me what to do, help me'*
> *- Person sleeping rough*

There was evidence of good practice in one area that had begun to carry out homelessness assessments as part of their outreach activity.

> *'They do all the work in the prison and do forms and everything, but then you come out and there's nothing, there's no support. They do your benefits, housing forms, dentist, everything, but the minute you're released from the gate you're on your own' - Person sleeping rough*

As well as the barriers to making a homelessness application, we found that once an application had been made there were gaps in the legislative framework that were presenting very real and perceived barriers to people.

Priority need, local connection and intentionality decisions were frequently cited as reasons why people who were sleeping rough were unable to solve their homelessness.

This was an incredibly complex issue to unpick due to people's incomplete understanding of these legal concepts, both among people sleeping rough and among professionals.

Priority need

Under Welsh homelessness legislation, people in in priority need groups have an enhanced right to accommodation. Priority need groups include:

- **Pregnant women**
- **People with dependent children**
- **People who are vulnerable as a result of some special reason such as old age or disability**
- **Care leavers aged 18 to 21**
- **Armed forces veterans**

If a local authority decides that someone who is homeless appears to be in a priority need group, they have a right to interim accommodation and may have a right to settled accommodation. However, a full assessment of priority need is not required at this stage of the process.

If people aren't found to be in priority need, the council will still help to prevent or relieve their homelessness for up to 56 days and may provide interim accommodation – but the council doesn't have to give them interim accommodation. I

f the help isn't successful, there is no right to settled accommodation to back that up unless you are priority need.

The Welsh Government's statutory guidance for homelessness services states that people sleeping rough should be treated as priority need as they are 'likely to be vulnerable due to the health and social implications of their situation.'

Despite this, many street homeless people said the local authority had found them to be not in priority need.

In the main this was due to a lack of recognition of the person's vulnerability and because of limited resources. Professionals felt that although the majority of people sleeping rough should be priority need, services didn't have the resources to meet that duty.

'I'm registered disabled and I'm still not priority and I've just got out of jail' - Person sleeping rough

'If one of them is priority because they're vulnerable then wouldn't they all be priority?… where are they going to go?' - Professional

'You just get told all the same: single bloke, non-priority' - Person sleeping rough

Intentionality

According to the law, a person is intentionally homeless if he or she 'deliberately does or fails to do anything' which leads to them losing accommodation which they could reasonably occupy.

Examples of deliberate acts include giving up accommodation that is affordable, or failing to pay rent in a 'persistent and wilful' way.

Government guidance says that councils should be careful when considering intentionality for vulnerable people, in case their homelessness is caused by an unmet support need. The guidance gives examples of situations where a person's homelessness might not be seen as deliberate: these include relationship breakdown, and fleeing threats of violence.

Intentionality should not be assessed until the later stages of the process after assistance has been offered to relieve a person's homelessness.

The people we spoke to were less likely to report that they'd been found intentionally homeless. However, we did speak to a number of people who had abandoned their property or been evicted and lost a tenancy for ASB, criminal activity and arrears. Some professionals felt there was a risk of intentionality decisions being communicated informally to people sleeping rough as a way of putting them off accessing services.

> *"I would be really interested to see how intentionality decisions are recorded for rough sleepers, I suspect that these messages are given informally rather than formally to put people off" - Stakeholder*

Local connection

Under Welsh legislation, local authorities must accept an application and assess an applicant's homelessness regardless of whether they have a local connection to that area. If the applicant is threatened with homeless the local authority should work with them to help to prevent homelessness. However, if the household is actually homeless and doesn't have a local connection to that area, the local authority can refer the applicant to a different authority where the applicant does have a local connection. The authority must be satisfied that the applicant would not be at risk of abuse from that area.

In order to refer to another authority, the authority must be satisfied that the applicant would be owed a 'duty to help to secure' under section 73 of the Housing (Wales) Act and that they are in priority need and unintentionally homeless.

In deciding whether a person has a local connection with its area the council will look at whether they live or have family or work connections to the area or have a connection due to special circumstances.

You only need to fit into one category in order to have a local connection.

The council is not allowed to send you to another area if you don't have a local connection with any other area or if you are at risk of abuse in the only area you have a connection with.

Local connection was a significant issue for people sleeping rough and there was evidence that it was sometimes being applied and considered immediately as people were presenting as homeless.

It was particularly problematic for areas with prisons nearby. Many prison leavers said they were found to not have a local connection. There was a feeling from professionals that there is a myth among the prison population that there's a better chance of being re-housed in Wales than in England. However, this was not experienced by any of the participants.

> *"I don't really have a connection anywhere. I have been homeless for years and travel around because no-one will help me" - Person sleeping rough*

As well as people who had fallen foul of these gaps in the legislation, there were many others who hadn't made a formal application because of the belief that these decisions would be made and would restrict their access to assistance.

This was compounded by a lack of accurate knowledge of the legislation among some professionals within the sector (but not in decision-making roles). Some professionals were providing advice to people sleeping rough on a casual basis that was based on misinformation and a misunderstanding of the legislation.

This was not a formal part of their role although they were working directly with people sleeping rough on a regular and intensive basis.

> *'Well, local connection means that you have to live in area for five years to have a local connection there' - Professional*

> *'They want to live here because their mum or dad live in this area but they themselves haven't been living here so they don't have local connection, their parents do' - Professional*

Lack of clarity

People told us that when they'd received a decision from Housing Options, often they didn't know what the next stage of the process was or where to go for further assistance or independent advice.

Even if such information was included in letters from Housing Options, it often wasn't understood. This was generally due to the language and content of the letters being confusing and unclear. Referrals to other services often depended on the individual making contact and booking appointments themselves.

> *'It's so difficult to remember appointments when you're street homeless. You're living hour to hour just trying to survive' - Person sleeping rough*

In general the system is complex to a degree that you have to be well-informed, organised and confident enough to manage and push your application through.

Personal issues, particularly around literacy along with the stressful and chaotic nature of rough sleeping, mean that the system requires a level of capability that is often beyond people who are sleeping rough.

There were examples of people being given forms by Housing Solutions to fill in despite being unable to read or write and told to ask elsewhere for help filling them in.

> *'I have to wait for my letters; I don't open them because I'm scared of what they're going to say. I don't know what they mean, and it's scary. Everything is an "I don't know"' - Person sleeping rough*

Accessing Support

Unmet Needs

Nearly every person we spoke to reported having a support need of some description.

Most prevalent was a mental health issue coupled with a substance misuse issue: this is often known as 'dual diagnosis'. However, it was not always clear whether people had actually received an official diagnosis of a mental health condition.

People frequently reported reluctance from GPs to formally diagnose. Symptoms were instead attributed to substance misuse. Commonly reported mental health conditions were psychosis, paranoid schizophrenia, bipolar disorder and Obsessive Compulsive Disorder (OCD).

> *'I was out of control and didn't know that I was mentally really ill because of my addictions. I needed help on the streets but couldn't find the strength to sort out a GP' - Person sleeping rough*

Professionals also felt there to be a complete gap in the response to people experiencing both issues. People working in substance misuse felt that it is incredibly difficult to treat and get someone to address their substance misuse when they have an underlying, undiagnosed and untreated mental health condition. Likewise, those in the field of mental health said that substance misuse can mask or skew the symptoms of a mental health condition.

One of the biggest issues raised both by people sleeping rough and professionals is the lack of appropriate services equipped to address and manage the issue of dual diagnosis.

> *'Dual diagnosis should be seen more as a mitigating factor and landlords, social and private, should be more understanding and tolerant considering the lack of detox and rehab places' - Professional*

There was also a proportion of people sleeping rough whom the research team suspected may have an undiagnosed or undisclosed condition which would require specialist care such as autism, and Alcohol Related Brain Damage (ARBD). Existing research would suggest that the prevalence of both conditions is higher within the rough sleeping population.

Professionals also reported concern at the number of people sleeping rough who have severe learning difficulties and specialist needs.

> *'Tri-morbidity is very evident…so mental health, physical health and substance misuse. Now what we're seeing is people with very complicated mental health, increasing numbers with learning disabilities…and they have really complicated substance misuse issues' - Professional*

There were also a significant number of people who had poor physical health. Common issues included emphysema, ulcers and epilepsy. There were also people who had HIV and hepatitis C who were unable to access treatment because they did not have an address.

Access to services in general was problematic as most had to go via an appointment-based system which didn't work with the chaos of people's lives on the street.

> *'I have Hep C and HIV but I can't have any treatment for this unless I am housed…I self-harm regularly and I've tried to commit suicide on several occasions. I have severe depression and anxiety with psychosis' - Person sleeping rough*

People described waiting times for assessment, diagnosis and treatment that were far too long. For example the waiting times for a prescription for methadone varied from 12 to 26 weeks. Professionals described their frustration with this as they felt that people with an addiction usually have a short window of time where they feel capable of addressing their addiction and if you fail to respond quickly you miss the opportunity.

'If someone wants to go on a script I think they've got to look at the wider picture. You've got the costs to the courts, hospitals, ambulances, and the police. You've got massive knock on cost…if people want to go on a script then just put them on a script…it's fundamental to everything' - Professional

Many people sleeping rough felt that their priority was getting clean. Different people had different ideas about the best way to do so. Some felt that until they had addressed their addiction they would not cope with the responsibility of being in a property and that detox or residential rehabilitation was needed. Others felt that having a home was the first step in getting clean and sober. Many attributed their drug use to coping with life on the streets and felt that sleeping rough only intensified their usage.

'Living on the streets is just not conducive to sobriety' - Person sleeping rough

During the research there was intense focus on the widespread and growing use of NPS such as Spice and Mamba. Professionals emphasised that when people were using these substances they were particularly difficult to work with and behaved in extreme ways from being 'zombie–like' to extremely aggressive and violent. The inconsistent and erratic nature of these substances meant that professionals felt ill-equipped to manage people who were under their influence.

'I need support to do anything; I can't see myself doing anything other than dying at the moment' - Person sleeping rough

'Ex-prisoners who just don't cope with the first 48 hours on release, if they aren't helped by the council, they immediately start using drugs…they are just set up to fail and the circle starts again' - Professional

Many people sleeping rough reported using NPS to cope with the conditions on the streets, particularly the cold. They also frequently reported wanting to be numb to their situations and lives. The effects of these substances meant that they had hours of oblivion.

Many felt that the cheap cost and availability of these substances were driving their popularity. It is really important to note, however, that many people expressed feelings of utter desperation to break away from this cycle and get clean from drugs and alcohol.

'I would like to be off these streets…you can't imagine how cold it's been…we use mamba to numb everything so time passes quickly…we don't want to know what's happening, we want silence, peace, death even' - Person sleeping rough

'It's cheaper than cannabis, it's stronger, and it just blocks it all out. You don't think about your problems' - Person sleeping rough

'At the moment I just want to get off my head, basically. It's been a year next month since my girlfriend died. That's the thing, I think I'm getting my shit together and then something will happen and – boom' - Person sleeping rough

Many people felt they needed residential rehabilitation. Professionals also cited a need for an increase in the availability of residential rehabilitation. However, upon further exploration it became apparent that at least some existing provision is under-used and often operating with voids.

In other words, there are people who are currently street homeless and in need of residential rehabilitation but who are not being assisted to access services, even when there is spare capacity. There is no clear reason as to why but professionals suspected a few key factors:

- Referrals into residential rehabilitation need to originate from social services or the NHS.However, homelessness services can request that social services carry out a community care assessment. Professionals felt there were not enough referrals of this type, and also that it took extreme crisis for the NHS to refer somebody.
- The cost of residential treatment is expensive compared to community treatment
- The prevailing feeling is that community treatment is more effective as people recover in their home environment which removes the need for resettlement.

Moving on from an institution

'There's a lack of housing for people straight out of detox to give them the best chance to stay clean. You still have to go and present as homeless like everybody else, and maybe engage with people that you used to before, and get sucked back into that… there needs to be longer sustainable aftercare for people because the important bit is when you come out' - *Professional*

Resettlement from an institution (such as hospitals, prisons or children's homes) emerged as a huge issue for participants. We heard evidence that pathways into, out of and between services are dysfunctional and ineffective for this group.

These failures of services to act in a joined-up way are key causes of homelessness and rough sleeping and can be the first step into a lifetime of insecure housing for some people.

There is obviously a high human cost of these failures, but there is also likely to be a significant financial cost to services that have to respond to situations of crisis and invest resources into preparing a person for independent living, only for them to slip through the net.

Recent research found:

- **16% of people sleeping rough in Wales have previously been in care**
- **42% of people sleeping rough in Wales have previously been in custody**
- **20% of people sleeping rough in Wales have previously been discharged from hopsital to no fixed abode**

Source: analysis of 2 week National Rough Sleeper Count Questionnaires: November 2017. Welsh Local Government Association.

Below are some case studies which highlight these experiences.

Tristan's Story

After a period of homelessness and rough sleeping, Tristan was admitted into hospital for treatment and from there referred into a detox facility to address his addiction to heroin and crack cocaine.

He spent a number of weeks as an in-patient and had treatment for his physical issues. He also began work to address his psychological and emotional issues. He felt extremely hopeful after the treatment and expected to be accommodated in a supported and 'dry' environment.

However, after presenting to the Housing Solutions service he was offered emergency accommodation in a project that was well known to have widespread drug use. Tristan wanted to refuse the accommodation but felt that he was equally at risk of being exposed to drugs if he slept rough so he accepted the offer.

He was given no information or advice about how long he would have to wait for a supported housing offer or placement in a dry house. After three nights in emergency accommodation he relapsed and has been homeless and sleeping rough for the year since leaving detox.

'My head is gone. It's hectic always making money, scoring, making money, scoring, it's constant and takes over. So I can't keep appointments. I had a room in a hostel…then they sent me to rehab and I was saying to them in there, "Where am I going to go?" and they said, "Well, back to your room in the hostel" where I have already got a million addicts around me' - Tristan

Alex's Story

Alex lived in care as a child and had multiple children's home and foster placements. Before he left care he committed an offence and received a custodial sentence. During this time he became an adult and was therefore no longer under social services.

He was released from prison with no support or resettlement work and became homeless.

In 19 years he has only spent a total of 22 months out of prison, all of which he spent homeless. His most recent conviction was for a crime related to substance misuse: during his time in prison he detoxed and recovered from his addiction.

Upon release he was offered emergency accommodation which he refused due to the fear of exposure to drugs. He began sleeping rough, and within six weeks he was recalled to prison for breach of licence because he refused accommodation.

He was again released, and again offered emergency accommodation, which he again refused and is now sleeping rough.

He is likely to be recalled again as he has again breached his licence.

'I need normality. I don't know what a normal life is. I've never had a normal life, for 19 years of my life I've been out of jail 22 months in 19 years. All I've ever known is institutionalised life, and I've come out of jail into a hostel which is another type of institutionalisation. These hostels are just open jails; apart from we've got women there' - Alex

Ellie's Story

When we first spoke to Ellie she was 17 years old, in care and had a care order. She had accommodation via Social Services.

Ellie was in a relationship with Lewis, a 23-year-old who was also a care leaver from an area in England. Ellie was not staying in her accommodation as Lewis was unable to stay with her, and he made her feel incredibly guilty when she did.

There were high levels of domestic abuse and physical violence. Lewis also had Attention Deficit Hyperactivity Disorder and an active drug addiction.

Ellie's social worker worked with Ellie to secure her accommodation in the private rented sector. However, Ellie and Lewis were allowing younger children in care to stay at their flat despite being warned not to by the social worker. There were also issues with ASB and eventually they lost the tenancy.

Ellie and Lewis were sleeping rough for a year before Ellie turned 18. Prior to her becoming 18 she was advised that new supported accommodation had been found for her, but again Lewis would be unable to attend. Ellie refused the accommodation.

On her moving day she did not turn up to collect her belongings and they were put into storage. She also lost her bed in the new accommodation.

Ellie's social worker now is unsure of where Ellie is staying and has little and irregular contact with her. Ellie is likely to be sleeping rough and still be experiencing abuse from Lewis.

'I loved my flat; it was lush, like a proper home. I loved cleaning it and making it all nice. I hate sleeping out; I just want a home again' - Ellie

Trauma

Recently there has been a movement in Wales towards developing trauma-informed services in order to provide psychologically informed environments.

Trauma informed services recognise, understand and respond appropriately to the effects of trauma. They focus on the physical, psychological and emotional safety of people who have experienced trauma and they help to rebuild a sense of control and empowerment.

Much of this work has been spurred on by Public Health Wales' work around Adverse Childhood Experiences (ACEs).

We found that although professionals felt they already understood these concepts, there was still evidence of some not taking potential ACEs into account in their attitudes.

There was also evidence that some professionals did recognise the importance of addressing these issues. However, more often than not, even though professionals recognised the impact of trauma on people sleeping rough their responses and actions didn't reflect the principles of trauma informed practice.

It was felt that the system itself doesn't support the approach – for example, by requiring people to undertake a lot of reasonable steps to resolve their homelessness themselves, even though they lacked the capacity to do so.

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Adverse Childhood Experiences (ACEs) in Wales

ACEs are stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence).

How many adults in Wales have been exposed to each ACE?

CHILD MALTREATMENT

Verbal abuse 23%

Physical abuse 17%

Sexual abuse 10%

CHILDHOOD HOUSEHOLD INCLUDED

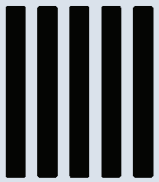
Parental separation 20%

Domestic violence 16%

Mental illness 14%

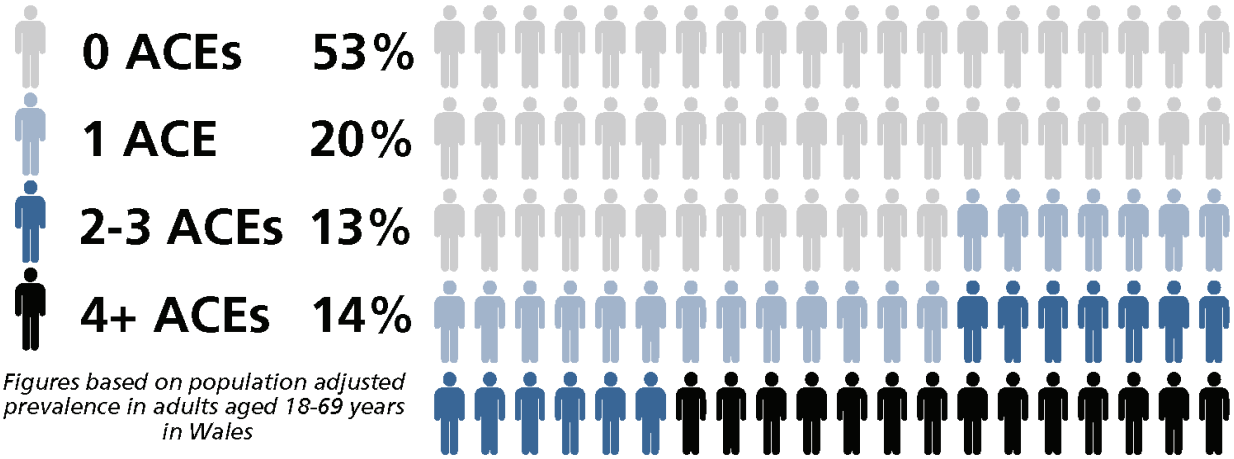
Alcohol abuse 14%

Drug use 5%



Incarceration 5%

For every 100 adults in Wales 47 have suffered at least one ACE during their childhood and 14 have suffered 4 or more.



Figures based on population adjusted prevalence in adults aged 18-69 years in Wales

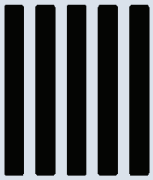
ACEs increase individuals' risks of developing health-harming behaviours

Compared with people with no ACEs, those with 4+ ACEs are:

- **4** **times more likely** to be a high-risk drinker
- **6** **times more likely** to have had or caused unintended teenage pregnancy
- **6** **times more likely** to smoke e-cigarettes or tobacco
- **6** **times more likely** to have had sex under the age of 16 years
- **11** **times more likely** to have smoked cannabis
- **14** **times more likely** to have been a victim of violence over the last 12 months
- **15** **times more likely** to have committed violence against another person in the last 12 months
- **16** **times more likely** to have used crack cocaine or heroin
- **20** **times more likely** to have been incarcerated at any point in their lifetime

Preventing ACEs in future generations could reduce levels of:

Heroin/crack cocaine use (lifetime) **by 66%**



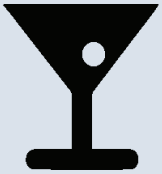
Incarceration (lifetime) **by 65%**

Violence perpetration (past year) **by 60%**

Violence victimisation (past year) **by 57%**

Cannabis use (lifetime) **by 42%**

Unintended teen pregnancy by 41%



High-risk drinking (current) **by 35%**

Early sex (before age 16) **by 31%**

Smoking tobacco or e-cigarettes (current) **by 24%**

Poor diet (current; <2 fruit & veg portions daily) **by 16%**

The national survey of Adverse Childhood Experiences in Wales interviewed approximately 2000 people (aged 18-69 years) from across Wales at their homes in 2015. Of those eligible to participate, just under half agreed to take part and we are grateful to all those who freely gave their time. Information in this info-graphic is taken from ***Adverse Childhood Experiences and their association with health-harming behaviours in the Welsh adult population.***

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October 2015

Shelter Cymru

'Some stories clients tell us will be that they've been abused and they're not coping with their life. They didn't receive counselling or support early enough and now they're living that life constantly and trying to block it by drinking and using drugs…by then, things go wrong in their life…the build-up of all the bad events. Until they address that nothing's going to change' - Professional

We asked people who were sleeping rough about their childhoods and particularly ACEs and the findings were astounding.

Nearly every person we spoke to disclosed numerous ACEs. A significant number had experienced sexual abuse as a child, which reflects feedback from professionals in substance misuse services who often found that sexual abuse was a common factor for their clients.

The 35 people sleeping rough were the parents of approximately 31 children.

'I had all ACEs. I was sexually abused from a very young age, physically abused, verbally abused' - Person sleeping rough

'My dad was an alcoholic and used to beat us up as kids. I was made to feel guilty when my parents separated as being the cause due to my unruly behaviour, but I had ADHD' - Person sleeping rough

'I experienced them all. My stepfather sexually abused me from the age of 11 onwards. There was also emotional and physical abuse from my mum who was an alcoholic' - Person sleeping rough

'All of them (ACEs). I was burnt with cigarettes from being three weeks old. I still have the scars across my body' - Person sleeping rough

'Dad was an alcoholic and he was violent towards me from the age of two. I had a belt buckle smashed into my head. He would come home from the pub…and beat fuck out of us…my mum was useless, I don't know why she had us, she gambled all our money away' - Person sleeping rough

Most people recognised the profound impact these experiences had on their lives as adults:

'Severely affected my mental wellbeing, leading me to develop addiction issues, drop out of uni, relationship breakdown and I'm now homeless as a result' - Person sleeping rough

'I was depressed…I am now the victim of DV from my ex-partner who is in prison so it's a vicious cycle of abuse' - Person sleeping rough

'It affected my mental health, pushed me to self- medicate on cocaine which led to relationship breakdown and ultimately my homelessness' - Person sleeping rough

'Seriously affected my mental health, depression and then I just couldn't cope with my everyday affairs unless I was off my head' - Person sleeping rough

'The violence I experienced from my stepfather and witnessed my mother go through from him made me very angry. I started using cannabis and alcohol from a young age' - Person sleeping rough

Rough sleeping and enforcement

People described being re-traumatised by negative experiences with agencies including housing, police and health.

Among the numerous experiences we heard of were interactions with police and local authority enforcement officers. People reported feeling that they were treated in a way that led to them being less than human and many went as far as to say like 'scum'.

These interactions often involved use of enforcement powers such as dispersal orders under section 35 of the Anti-Social Behaviour Crime and Policing Act 2014, as well as confiscation of possessions such as tents and sleeping bags.

For example:

- One man was banned from the city centre on Christmas Eve, which meant he had to miss Christmas dinner and in fact had nothing to eat on Christmas Day
- One woman told us that her tent and her belongings were confiscated, which included personal items such as her baby's hospital wristband, baby photos and her own birth certificate
- Another woman told us that her tent had been cleared away by park rangers leaving her with no possessions apart from her pyjamas, thin coat and trainers
- Several people told us they had been given section 35 orders for nothing more than 'looking homeless' as they walked down the street.

People's stories: in their own words

People who were sleeping rough wanted other people to understand what they had been through and how it had affected them. Below are two people's stories, told in their own words, with the aim that the public will think twice when they see homeless people.

Cerys[1] Story

Hi, I am Cerys, I am 23 years old. When I was a child I lived with my mum and dad but they both had drug and alcohol problems and went into prison when I was young and I had to go into care.

I experienced all of those ACEs. I was really unhappy in care and used to run away from homes and foster homes from the age of 13. I got in with a bad crowd and started drinking and using drugs.

I sometimes met with older men to get money for drugs so was basically a prostitute - well, I still am.

I became homeless about five years ago when I lost the house I had been given after leaving care. I was 18 at the time and didn't appreciate the impact of my behaviour on my neighbours and it was like a continual party.

I was evicted because people kept coming into my home and trashing it, but I couldn't really keep them away. I think if I'd had better support when I was in that property I wouldn't have lost it because I had no parents to guide me or advise me and I barely saw my leaving care worker.

I ended up going to prison aged 19 because I was dealing and using class A drugs. When I came out I kept being put in different hostels but now they just roll their eyes at me and tell me to go and look in the private sector, but no one will take me because of my reputation.

Life is really hard right now. I have depression, anxiety, paranoia and psychosis.

I am always in and out of abusive relationships, usually with older men who take advantage because they know I have nowhere to go. I have been hospitalised because of domestic abuse. I am on a methadone script but am topping up with heroin as it's not enough for me to be able to cope in these conditions.

I'm dirty all the time living like this. I'm cold, depressed and have OD'd several times.

I think I need to go to rehab, somewhere I can stay and sort myself out and then have my own flat. I'd like to get in contact with my parents again and maybe go to college to do hair and beauty. I think I might need a support worker who understands and goes above and beyond because they love their job.

I know this sounds a bit stupid but I would just like the basic things like being able to have a shower, hot food, someone to talk to that I trust. So many agencies promise so much but it never happens. Instead I've been spat on, kicked and the police are no better, they just want us out of view so that snooty middle class people don't have to see the poverty and appalling conditions we are living in.

We are supposed to be a caring society, what is going on? Out of sight, out of mind, I suppose.

Michael's Story

My name is Michael. I am 46 years old and have been homeless for almost 18 years now.

I became homeless when my marriage broke down with my wife. It was my fault really.

We lived together with our five kids but I was drinking too much and she was gambling; there was some domestic abuse and eventually we had no money left and the kids were all taken into care.

I would have got a grip of myself as I had such an unhappy childhood, full of all sorts of abuse. I experienced all the ACEs, it was a terrible childhood and I went into care but it was equally as bad there.

They didn't care about me just wanted the money for fostering, so I ran away.

The impact of my childhood on my mental health was massive really, I became violent as I just resented everybody; I ended up in prison due to it.

My mental health is still really bad, I am a paranoid schizophrenic and self-harm and have tried to commit suicide a number of times.

It's hard to get help because I just don't remember appointments. I need someone to help me, someone I can really trust and who I know won't give up on me. So many people have given up on me but they just don't understand what I have to go through just to survive and not completely lose the plot.

All I am good at right now is taking alcohol and drugs so that I'm numb all the time and time passes quickly. I don't have to think about the here and now or whether I'll survive the night.

I just want a home or to be dead, I've had enough, no one helps no one really cares or understands what I have been through. I don't know why I was ever born.

People on the streets are cold, desperate and forgotten; I think they want us to die. How can we respect the law and stay out of prison when we are treated with such a lack of any sense of humanity?

Professional attitudes

One of the most unexpected themes to emerge from our study related to professional attitudes. Although we heard evidence of many positive and person-centred attitudes, we also found evidence of moral judgements, personal opinions and gatekeeping among some people working within the housing and homelessness sector.

During the ethnographic element of the study there were numerous occasions when we heard some professionals making generalised, sweeping statements that demonised people who were sleeping rough on the streets.

What was of more concern was that there appeared to be a sense of normality to statements like these, being made in quite public settings, with no awareness that these opinions were outdated, unethical and incorrect.

Sometimes these attitudes were voiced by people who had key roles working with street homeless people. In essence, what this means is that some decisions are being made about assistance for entrenched rough sleepers by professionals who have an entrenched cynicism and mistrust of the people they are responsible to help and support.

This mistrust stood out as particularly stark among other professional attitudes that put trust and relationship-building first.

There were a few areas where these attitudes were particularly evident:

Substance misuse: Some professionals, including those with lengthy experience, described substance misuse as a 'lifestyle choice' rather than an illness and failed to really understand the dynamics of addiction.

These professionals were making moral judgements and deeming people as 'liars' and 'manipulative' due to their behaviours which are directly related to their addiction. Mental health was often being missed or masked by substance misuse and therefore professionals weren't giving enough attention to the extent of an individual's level of vulnerability.

> *'Housing officials have a lack of understanding and compassion towards those that have addiction issues, lack understanding of reasons for this addiction such as ACEs'*
> *- Professional*

Throughout the interviews some professionals constantly referred to begging as being a cause of rough sleeping – something which people actually sleeping rough disputed.

They admitted that their addictions were extreme and that they were constantly concerned about raising enough money to fund it. However, they all felt that their addictions were absolutely not going to improve while they were sleeping rough, as for most it was a coping mechanism.

Furthermore, we met a significant proportion of people who were begging not to fund addictions but to pay for accommodation in bed and breakfast because the emergency and temporary accommodation was either inaccessible or inadequate.

These experiences were totally dismissed by some professionals who continued to perpetuate the idea that most people sleeping rough had chosen to do so because begging was so lucrative, rather than as a symptom of illness.

> *'The biggest problem is the money, the hard cash side of things, begging. People will sleep rough on the city streets because it is profitable to beg and it feeds their habit'*
> *- Professional*

'I just need to raise £15 for a B&B tonight and at least I know I'll be dry and warm' - Person sleeping rough

'All I'm worried about is scoring. I do beg, but I need to score to cope with being on these streets…I've had enough, I just wish it would all be over' - Person sleeping rough

Exclusions: Many people we spoke to had extensive histories of homelessness and rough sleeping. Many had received support and accommodation from a number of providers over the years, and many people had been excluded from numerous services for a range of reasons.

These individuals were being cast as problematic, challenging, 'high risk', and beyond help. As a result, these people struggled to access assistance and support. They tended to exist on the fringes of services and were trapped in a revolving door of rough sleeping.

'Many are unable or in the past have been unable to cope living in temporary accommodation as they don't have the life skills. This doesn't work in their favour as the council seem to have little tolerance and they soon get a reputation for non-compliance' - Professional

There was a feeling that the use of risk assessments is a part of the problem here. In some cases, people were being deemed 'high risk' because of old risk assessments that were as many as ten years old. Some professionals felt that the language of risk assessment was inherently 'othering' – but in many cases, the use of risk assessments was required by commissioners.

Relationships: There were challenges reported by many rough sleepers and some professionals when working with Housing Options and homelessness teams.

Some felt that certain officers did little to foster and develop positive and trusting relationships with people who were sleeping rough. They reported some staff as being more focussed on trying to catch someone out and trip them up than actually trying to resolve their homelessness and help.

'The housing personnel seem to often show subjective issues with those who are presenting as homeless. They seem to have little understanding of the many complex reasons why people become homeless in the first place and just seem to enjoy exerting their authority over very vulnerable people…it must be the managers who are held accountable as they appoint the people into the roles' - Professional

This was echoed by people who are sleeping rough, who felt it was an important part of the barrier that prevents people from making an application and following that through.

'I just can't face them [Housing Options]. They don't want to help and are very rude' - Person sleeping rough

Language: The language used by some professionals to talk about people who are sleeping rough can be questionable.

We heard evidence of a persistent element of blame being put on the individual: professionals assuming that they are lying or trying to manipulate the system, describing them in ways which lead to them being 'othered'.

This is a worrying and dangerous trend which, if left unchallenged or improved, is likely to have an influence on public opinion. This is unacceptable in a sector that is directly funded with resources that aim to support and empower people and place the individual's needs at the centre of their support.

'They don't want to know…looking down their nose at me…no respect or understanding of the conditions…we are living in' - Person sleeping rough

Frustration: Negative attitudes towards people sleeping rough appeared to be influenced professionals' own frustration at their situations, particularly due to resources and commissioning practices.

People reported feeling underpaid, overworked, undervalued and having to do more for less. It was felt that commissioning frameworks have created a competitive environment which is detrimental to partnership working and innovation.

Many providers felt that due to short-term funding their main focus had become fighting for survival for their core services. Softer services, offering learning and social opportunities, have been reduced – in some instances professionals felt that temporary accommodation is 'warehousing' people.

The lack of move-on accommodation is a huge barrier, leading to long stays in hostels. Housing staff reported feeling as though they were not respected or valued by health professionals and social workers in particular.

They felt their expertise was often dismissed, and that if remedied this would speed referrals and access to treatment up considerably.

'Sometimes I think that with the way services are run we do more harm than good' - Professional

'You're more worried about "oh this person needs to move on now" and you're not really thinking about what is sustainable for them…those are the guidelines that we've got to work under' - Professional

Conclusion

This report is based on conversations with people who are currently street homeless. By definition, these are the people for whom the current system is not working effectively.

What has emerged is a stark picture, but it is not the whole picture and that is important. There are many people in Wales for whom the system has worked well, but that's a different question for a different research study.

There's a lot of evidence out there about the value of Housing First, assertive outreach and other interventions that are in use worldwide to end rough sleeping.

By contrast, there isn't much evidence about the current hostel system and one of our recommendations is that this needs to be understood too.

The street homeless people who took part in our study described to us what it's like to try to work with a system that is often inaccessible and inflexible.

People are literally trapped on the streets, partly by their own ill health and partly by the inability of services to reach out and offer the right kind of help.

Street homelessness is indeed complex and every person had a unique story to tell. However, what was striking was that almost everyone said they wanted the same thing: a good home.

Different people had different ideas about what a good home would be like, and the level of support they'd need to get there and stay there. But for everyone we spoke to there was a considerable gap between what they needed, and what services we're offering.

So why has street homelessness increased so much in recent years? Again, this was a complex question but some clear indications did emerge.

We spoke to many people who had come out of prison straight into street homelessness. Often people had managed to get clean during prison but once they were on the streets were struggling to keep off substances. In some cases people were then being recalled to prison simply because they didn't have an address. This strongly suggests that the removal of priority need status for prison leavers in 2015 has been a contributing factor.

We also identified that austerity and welfare cuts have reduced people's resilience. Many people told us they became homeless after the failure of a shared tenancy: having been placed in shared accommodation because that's all they could afford under the local housing allowance freeze, they were simply unable to make it work.

Many people were already in a vulnerable state prior to austerity, dealing with the consequences of childhood trauma and mental health problems. What austerity has done is to weaken the system's response to homelessness in two ways: by cutting public spending so that services have had to become less responsive to people's needs; and by slashing housing benefit, thereby freezing people out of large sections of the housing market.

People who were already vulnerable have found themselves less likely to get the help they need to avoid crisis. In this way, the pathway from homelessness to street homelessness has been reinforced by welfare cuts and the austerity agenda.

What this means for services is more demand, more pressure, and more risk of compassion fatigue. Our conversations with people who are street homeless have illuminated a world of disjointed services, judgemental attitudes, unrealistic expectations, and even outright victimisation.

People described being banned from supported accommodation for breaking rules that could reasonably be characterised as rigid and unfair. In some cases this was clearly because people had been given the wrong type of accommodation in the first place.

The trouble with these failed placements is that they lead all too easily to people gaining a reputation locally and being deemed too difficult to work with. In order to make decisions about placements, some providers are using risk assessments that are up to ten years old – in essence, holding people to account for old behaviours and depriving them of the ability to move on with their lives.

We spoke to people who said they needed to be in dry accommodation away from alcohol and drugs, but providers were still typifying them as users and refusing to accept them on dry projects. This is wrong.

We heard that some parts of Wales have virtually no access to emergency accommodation, while others have accommodation that some people can't use for a variety of valid reasons including fear, and the need to stay away from drugs.

In these cases people have no option other than to bed down on the street – and when they do, they are vulnerable not only to attacks by the public but also to enforcement action by police and local authority rangers.

Some of the most shocking stories we heard were of people having their few possessions confiscated, and being banned from areas of the city where vital services are located. These incidents served to further break down relationships of trust between people and services.

Many people we spoke to had active substance issues. Substances were often seen as a way of coping both with mental health problems – often stemming from acute childhood trauma – and with the physical demands of life on the streets. But not all the homelessness professionals we spoke to understood that substance misuse is an illness and not a lifestyle choice.

Pathways between homelessness services and drug treatment seem weak: in one area we spoke to numerous people desperate for treatment, while at the same time there was spare capacity in a local residential rehab centre.

We found that legislation is creating a real and perceived barrier. Partly this is due to the continued existence of the priority need test: many people have been told they're not priority, and others are assuming that their single status means they'll be rejected by services.

Although Welsh law states that homeless people should still be given 'help to secure accommodation' even if they're not priority need, in reality we have found that many street homeless people are not getting a reasonable level of help.

Unrealistic requests to provide ID and various documents were often preventing people getting past the first hurdle. The legislation gives local authorities up to 56 days to help to secure accommodation, but the people we spoke to have found it impossible to stick with the system for this length of time. Most people had no idea where their application was, or even if it was still current.

The way forward

The findings from this study echo a growing body of robust international evidence in 'what works' to help people sleeping rough. What is needed is a much swifter, more assertive, and more person-centred response from services.

The focus needs to be on getting people into a good home with the right support as quickly as possible. 'Staircasing' people from the street into hostels and from there into move-on accommodation does work for a proportion of people, but there are too many others who end up falling off the staircase and back into homelessness, with even fewer options available to them than before.

Many of our recommendations are aimed at fast-tracking street homeless people through the system to enable them to get into permanent accommodation and to access the right treatment and support much quicker than they can at present. We advocate a national roll-out of Housing First as the default approach for people with complex unmet needs, and we advocate the ending of the priority need test for street homeless people.

We are also recommending that a wide range of services – including our own independent advice services – look at how accessible they really are for people who are street homeless. As a result of this study, Shelter Cymru is looking to implement a number of changes to introduce street advocacy, so that street homeless people can get legal representation.

Our findings suggest that the support that is currently available is greatly appreciated by people sleeping rough. They described tenancy support as being a protective factor in preventing homelessness and often felt that good quality support would have prevented their own homelessness.

Current Welsh Government plans to remove the ring fence and protection for Supporting People budgets run the risk of massively undermining the prevention agenda and creating further rises in rough sleeping.

But at the same time we do need to make some changes in Supporting People services. It can't be acceptable that we have people who are street homeless simply because there are no local supported projects for couples, or people with pets.

Finally, we recommend that Wales as a nation needs to become more compassionate in how we relate to street homeless people.

The growing awareness of Adverse Childhood Experiences and childhood trauma is beginning to have a positive impact on how services work – but we need to step this up across the country, including among the public.

Police and local authorities have a key role to play in leading public opinion – not victimising or penalising people but being supportive, and providing a positive example. It is wrong to criminalise people who are stuck living on the streets because they are ill.

We need to work towards ending rough sleeping, not managing it. Most people we spoke to felt that their homelessness was not inevitable; that if they'd had the right help at the right time, they could have avoided the crisis that led them to the streets.

What has emerged very strongly during this study is that people who are street homeless need to be heard: all services must learn to do this properly, without cynicism or scepticism.

The first step to ending rough sleeping is to listen to what people have to say.

Compassion, empathy, and a shared determination to fit the system to the people and not the other way around – these are the assets that Wales can build on in the next stage of our journey to end the misery of homelessness.

Recommendations for providers of housing and housing-related services:

- All providers of housing and housing-related services have a role to play in ending rough sleeping. All providers should review their services to ensure they are truly accessible for people who are street homeless.
- All providers should ensure that their staff are sufficiently aware of trauma informed practice and Adverse Childhood Experiences. Frontline staff and senior staff who have not already had ACEs training through the PATH project should be trained.
- All professionals who work directly with people sleeping rough should be trained in the provisions of the Housing (Wales) Act 2014, including how to support people to apply for reviews of homelessness decisions.
- Social landlords should actively cooperate with local authorities in addressing homelessness, including working to increase nominations from homelessness and getting involved in the roll-out of Housing First and other supported accommodation projects.

Recommendations for local authorities:

- Local authorities should work towards establishing Housing First schemes at scale so that Housing First becomes the default approach for street homeless people with complex unmet needs, supported by assertive outreach and personalised budgets.

- Local authorities should ensure they accept a duty to assess homelessness without unnecessary requirements to produce ID and other documentation. They should be pro-active and flexible when considering accepting a duty to assess and ensure that people who may be homeless or at risk of homelessness are not being turned away at the first point of contact.
- Local authority commissioners of Supporting People services should work closely with local homelessness teams to ensure that service gaps are addressed. Commissioners should ensure that people are not being unduly excluded because of restrictive policies on 'house rules' and risk assessment.
- Local authorities that are not working in a multi-agency way to address the needs of people who are street homeless should consider doing so, referring to the Wrexham Crisis Café as an example of good practice.
- Local authorities should review their policies on removal of street homeless people's possessions, ensuring that possessions are not removed unless they present an immediate danger to the public or have been abandoned.
- Local authorities should exercise extreme caution in the enforcement of Public Space Protection Orders against people who are street homeless. Local authorities should monitor and report on numbers of dispersal notices issued.
- Local authorities should ensure they are setting a good example to the public in how they work with people who are street homeless, modelling values of compassion and empathy.

Recommendations for Welsh Government:

- Welsh Government should ensure that responsibility for delivering the Welsh Government's Rough Sleeping Action Plan is shared between the Minister for Housing and Regeneration and the Cabinet Secretary for Health and Social Services.
- Welsh Government should immediately strengthen the Code of Guidance for Local Authorities on the Allocation of Accommodation and Homelessness to ensure that people who are street homeless are always treated as priority need.
- Welsh Government should bring forward an Order under section 72 of the Housing (Wales) Act to specify that people who are street homeless are a priority need group.
- Welsh Government should work in cooperation with the housing and homelessness sectors to develop a phased plan of action to abolish priority need entirely.
- Welsh Government should take action to address the numbers of people becoming street homeless on release from prison.
- Welsh Government should establish rapid referral pathways for street homeless people to quickly access drug and alcohol treatment and mental health treatment. Welsh Government should ensure that services are provided for dual diagnosis.
- Welsh Government should work with police forces in Wales to agree principles for how police staff interact with street homeless people, including the use of body worn cameras.
- Local authorities should ensure they are setting a good example to the public in how they work with people who are street homeless, modelling values of compassion and empathy.

- Welsh Government should commission further research to a) assess the effectiveness of hostels currently operating in Wales and small-scale supported accommodation projects; b) explore the experiences of people sleeping rough via mystery shopping exercises across Wales; and c) replicate this study in rural areas of Wales.