

Inquiry into rough sleeping in Wales: visit to the Salvation Army

Y Pwyllgor Cydraddoldeb, Llywodraeth Leol a Chymunedau
Equality, Local Government and Communities Committee
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Present at the visit:

Emma Paynter (Service Manager); David Jenkins (Bridge/Compass Programme Coordinator); Cath Docherty (Outreach Programme Coordinator); Yvonne Connolly (Regional Manager); service users, including from the Bridge Programme.

Overview of services provided

The services provided by the Salvation Army in Cardiff include:

- Northlands, a centre which works with young homeless people.
- The Bridge Programme, **an 18 month residential preparation, detox and aftercare facility for homeless adults** which works in partnership with Cardiff Addictions Unit. It's the only project of its kind in Wales that has residential funding.
- Ty Gobaith Lifehouse, a hostel aimed at resettling people into the community, which is accessed via a local authority assessment and referral. Individuals referred to the hostel stay for an average of six months.
- The Compass Project, which is a 4 bed project aimed at housing the most entrenched rough sleepers who often will not go inside and find it difficult to engage with services. They **provide high level support with two staff to four residents** and use a trauma recovery model which works around the premise that people who have been through trauma will neurologically function very differently and will need a far higher level of support and flexibility. There is currently no timeframe for individuals in this project. It's a pilot, funded by an innovation grant.



- The bus project which runs Sunday–Thursday, 18.30 – 8.30, 52 weeks a year and is part of the street outreach work, focussing on building relationships with rough sleepers. **The service has a 98% success rate of getting individuals into emergency accommodation or gaining access to the health services they require.** Future aims for the project include providing support for addiction and housing applications on the bus. The project workers emphasised the importance of first impressions for building effective relationships with rough sleepers.
- The reconnection service, for individuals who don't have a statutory connection to the city, which looks to support them back to their family, if possible. **Some individuals, including those who have been transient between sleeping rough and prison, don't have family or a local connection at all,** but wish to remain in Cardiff, and so project workers may work with the person and contest local authority decisions to move them on.
- The Housing First pilot, **aimed at breaking the cycle of homelessness** working direct with rough sleepers to provide an immediate long term housing solution to people experiencing rough sleeping with the option of intensive, assertive and flexible support to maintain tenure of property and stability in independence.
- Partneriaeth – A Community prevention programme, working with over 300 people and families in the community who are at risk of becoming homeless focussing on prevention of homelessness, community sustainment and independent living. The service is accessed via a referral from a local authority or other relevant agency.

The services are not solely based on providing accommodation, but on the often complex needs of individuals, for example the Bridge detox programme. Some are only accessed via a referral, whereas the outreach services have open access. Project workers highlighted that **outreach work is key,** due to some rough sleepers feeling unable to try and access services and accommodation such as the Salvation Army provide.



What could be done differently? What are the obstacles to supporting rough sleepers?

Limited funding and instability in funds is a key obstacle. Some of the Salvation Army's funding streams are limited, and some are pending a commissioning process. Better access and stability of funds would be preferable. This also impacts on staff resources, which project workers noted were insufficient. While being asked to make cost savings, there is higher demand for services. The Salvation Army have had to supplement funding from grants/commissioned services with its own resources.

Frequent changes to the benefits system (including Universal Credit, local housing allowance, reductions to benefits for the under 25s) by the Department for Work and Pensions is a contributing factor to this instability within the sector.

Limited access to treatment for service users, and the length of time it takes to gain access to the appropriate treatment, particularly mental health services, primary care and substance abuse support. One service user in the Bridge programme had a 14 month wait to access any mental health services, and has been waiting over 18 months to see the specialist consultant for their needs. Service users and project workers discussed that it's easier for some individuals to access mental health services than others, e.g. if they are known to services previously, compared with those without a local connection, or have recently been released from prison. Project workers feel that this could be improved through designated access and guidance for organisations like the Salvation Army to the treatments required to support individuals.

It was noted that **access to support for existing Salvation Army service users compared with individuals sleeping rough is very different,** as project workers are able to work with their service users for referrals to appropriate treatment. Project workers noted that **the majority of individuals sleeping rough have lost all trust in public services** by the time they come to use the services at the Salvation Army.

Service users discussed the **mental health issues which are often masked during times of alcohol and drug abuse,** and therefore begin to surface during sobriety. This included depression, personality disorders, post-traumatic stress disorder (PTSD) and schizophrenia. It was discussed how **accessibility to the appropriate services and treatment is a constant obstacle for the service users,** and sometimes they are unable to sustain accommodation without having the appropriate support. An example was



given of an individual in the Compass project, who had been sleeping rough long term due to a traumatic background, which included over thirty foster placements. The individual to-date hadn't been able to access any mental health services despite being known to CAMHS since childhood.

Reasons for the increase in rough sleeping

Project workers noted that **rough sleeping has increased**. It was discussed that the narrative to explain the increase in rough sleeping and demand for services is complex – there isn't a single reason for the increase, and personal viewpoints of the individuals should be taken into account. It was discussed that **there are no quick solutions** for people living on the street long term, and that the issues that contribute to homelessness often start at a very young age, e.g. adverse childhood experiences, trauma.

Project workers discussed that **the sector is financially and socially unstable**, without growth, and workforces are continuously threatened with cuts and change. Tenders regularly stipulate that cost savings are required, despite the increasing demand. One project worker noted that **the sector needs leadership values**.

Services that support rough sleepers need to be tailored towards their complex needs, and need to provide tangible changes such as accommodation, long-term counselling, and trauma work.

Project workers discussed that individuals sleeping rough will sometimes commit crimes out of desperation, for the accommodation and limited support that's provided in prison. However any support is lost once the individual is released from the criminal justice system. One service user noted that their probation officer recognised their mental health issues and has organised for them to see a Community Psychiatric Nurse, but other public services haven't recognised the individual's needs.

Project workers discussed that establishing the number of rough sleepers who have experienced an intentionality decision by councils (for example in relation to housing) would give an insight into whether it's a factor in causes of rough sleeping.



Inquiry into rough sleeping in Wales: visit to Solas Cymru, Clarence Place Complex Needs Scheme, Newport

Date: Wednesday 17 January 2018

Attendees: John Griffiths AM, Jenny Rathbone AM, Megan Jones (Researcher), Liz Wilkinson (Clerk), Kirsty Thomas (Manager, Solas Cymru), Lisa Chantler (Lead Project Worker, Solas Cymru), Ben (resident at Clarence Place) and Amanda (resident at Clarence Place)

Background

Solas Cymru provides a broad range of services for people who are vulnerable, homeless or at risk of homelessness, including accommodation based services, floating support services, alcohol and treatment services and family support services. It works towards providing individuals with as many opportunities as possible to access permanent settled accommodation.

Clarence Place Complex Needs, where the visit took place, provides supported housing for 26 people aged over 18 via its accommodation scheme and 6 self-contained flats attached to the scheme. Support is provided to people with longer term mental health or substance misuse challenges. The staff team specialises in working with complex needs and in working closely with other agencies to develop transition plans for each person to work towards independent living.

Many of those accessing the Clarence Place scheme have experience of rough sleeping, either in the short term, or for extended periods.

Other accommodation schemes provided by Solas Cymru in Newport include a direct access scheme in Albert Street and self-contained bedsits and flats for individuals and families who are at risk of homelessness in Clifton Place.

Key issues raised during discussion

Referrals – staff explained that individuals (including rough sleepers) were referred to Solas Cymru through the Supported housing gateway (a point of access for temporary or short-term housing for homeless people with housing related support needs) run by



Newport City Council. These are 'at risk' individuals with mental health and substance misuse challenges who would be unsuitable to house in temporary accommodation.

Solas Cymru currently has 23 individuals on its waiting list for Clarence Place, although staff emphasised that this figure was not indicative of the amount of referrals they receive. Staff reported that when a vacancy becomes available individuals who are considered most 'at risk' are prioritised.

Who sleeps rough and why – staff reported that, in their experience, rough sleeping was not as a result of a lack of affordable housing and those who sleep rough were not doing so because they were unable to find a home. Staff emphasised that rough sleepers generally have multiple and complex needs, particularly in relation to mental health and substance misuse, which make it difficult or impossible for them to live independently and in settled accommodation.

Staff reported that there were some individuals for whom rough sleeping was a lifestyle choice, although they emphasised that these were in the minority. These individuals may not be willing or feel able to engage with services.

Staff explained that some individuals who had chosen to leave Solas and return to the streets went on to access emergency support (night shelters) for 'respite', most commonly in the winter months. Staff were of the view that night shelters may be perpetuating this pattern of behaviour and, as such, were not necessarily part of the solution.

Staff provided examples of previous residents who had chosen to return to the street once they were in receipt of welfare benefits. Staff reported that the reason for this was that individuals were unwilling to pay the £25 per week service charge, and that they could make more money through begging than they received through welfare benefits.

12 residents had left the Clarence Place Complex Needs Scheme in the last 12 months.

Ben and Amanda (residents at Clarence Place) explained that they had first slept rough following breakdowns in relationships (either with family or a partner).

Staff and residents highlighted that some emergency, temporary accommodation would not accept dogs. They emphasised the importance of the relationship between



some rough sleepers and their dogs. For these individuals, this relationship was paramount and they would rather sleep rough than be separated from their dog.

Staff reported that rough sleepers who are drug and alcohol users were unable to access certain emergency, temporary accommodation, for example night shelters.

Support needs – Staff explained that individuals at Clarence Place have a range of support needs, with many having multiple and complex needs. For example, mental health conditions, including psychosis and personality disorder; alcohol misuse; drug misuse, including crack cocaine. They also explained that some individuals had experienced serious trauma, including childhood abuse and domestic violence.

Staff reported that some residents, even after making significant progress and positive changes, required specialist, intensive support and may need to remain in supported accommodation permanently. These individuals were unlikely ever to be able to live independently and maintain a tenancy, even with ‘floating support’.

Outcomes – Staff emphasised that, the intensive support services provided at Clarence House can transform the lives of individuals with the most complex needs. They gave an example of one resident who had a history of serious alcohol abuse, who had experienced trauma including childhood abuse and multiple family bereavements. After 8 months at Clarence House she had made significant progress and had stopped drinking.

15 residents had moved into settled accommodation within the last 12 months.

While staff reported many positive outcomes, they also reported that there had been three alcohol related deaths in the last 12 months. They explained that these individuals had a history of significant alcohol misuse, with some choosing it as a lifestyle and not necessarily wanting to recover.

Funding – Clarence Place is funded through the Supporting People Programme Grant. Staff raised concern about the Welsh Government’s proposal to merge the Supporting People Grant with other grants, in particular the impact on funding available for schemes to support the most vulnerable.

Case study 1



Ben is 25 years old and has been at Clarence House for two years and three months. He currently lives in one of six self-contained flats provided through by Solas' accommodation scheme in Clarence Place.

Ben was in foster care as a child and went on to live with his uncle. When his relationship with his uncle broke down he became homeless and was sofa surfing with friends. Ben was unaware of the support that was available to him and eventually ended up on the street. He slept rough for several months. Ben was unable to access some emergency accommodation because he had a dog; a long-term companion, and would not be separated from it. Ben's relationship with his dog was clearly of immense importance to him.

Ben was told about the Wallich breakfast run by other rough sleepers and regularly accessed this service, which was invaluable to him. He found Wallich staff supportive and non-judgemental.

Ben found the day time particularly difficult and having nowhere to go and nothing to occupy his time exacerbated his anxiety. He would look forward to the night time when he could find a suitable place to settle, albeit on the street.

Eventually, Ben stayed at a short stay hostel and was encouraged by staff to go to Clarence Place.

Ben suffers from psychosis and had been sectioned 17 times before moving to Clarence Place. Since receiving support at Clarence Place he has had one psychotic episode, which resulted in Ben being sectioned.

Ben has recently passed his driving test and is hoping to save for a car. He is also keen to decorate his flat.

Case study 2

Amanda is 33 years old and has lived at Clarence Place for 2 years and 2 months.

Amanda has two children who live with family members but who, since receiving support from Solas, she now sees regularly.

Following a relationship breakdown Amanda served approximately 12 months in custody. She returned to the family home on release from prison, but felt it was



impossible to remain there given the particular circumstances surrounding her relationship breakdown. Eventually she left the family home of her own accord.

Amanda's alcohol misuse escalated when she became homeless and led to significant behavioural problems, which meant that she was known to the police.

Amanda slept rough in an empty building next to Solas at Clarence Place for approximately 4 months. This building was used by other rough sleepers who she did not know. She was particularly at risk when she had been drinking, which she often did in order to help her sleep and suppress her paranoia.

Amanda has made significant positive changes following support from Solas, including addressing her alcohol misuse. She has recently been granted additional priority for local authority housing and is hoping to move into permanent social housing soon. Amanda is looking forward to having her children live with her when she moves into her own home.

