

**Analysis of 2 week
National Rough Sleeper
Count Questionnaires
November 2018**

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Analysis of 2 week National Rough Sleeper Count Questionnaires

Summary

This report summarises the information provided by 347 people sleeping rough who engaged with services during the two-week count period of the Welsh Government rough sleeper count from 15th to 28th October 2018.

The report collates the responses from 19 of the 22 Welsh Local Authorities in order to provide a national picture of the rough sleeper population. This should help partners to understand better the issues facing people and plan provision to better support them and help them into sustainable accommodation.

The study found that of those sleeping out most were male with 16% being female. The most common age range was 30-39 year olds. Many people had been sleeping out for several months. The main reasons for sleeping rough this time were stated as substance misuse, loss of previous accommodation (for a variety of reasons), release from custody and relationship breakdown. When asked about their initial reason for homelessness and most people stated that this was because of family breakdown, relationship breakdown or loss of tenancy (for various reasons). A third of those questioned had been in custody at some time in their life. Over half stated that they had a mental health issue and a third disclosed that they had a diagnosed physical health condition. Over a third of those questioned stated that they had been discharged from hospital back to the streets.

More needs to be done to enable services to intervene early and prevent people's situations from escalating into crises. We need services that are responsive to support people where and when they need them. We need to ensure that there is better communication between services to enable people to transition from care, prison and hospital into settled accommodation in a planned way.

Many people sleeping rough had lots to say about their current situation and how they got there. It would benefit the development of future services and redesign of current ones to listen to the voices and experiences of these people.

Background

This report analyses the questionnaires completed during the 2-week information gathering exercise of the Welsh Government rough sleeper count with every person who presented to services that work with rough sleepers.

The questionnaire was developed for the count by the Welsh Government Rough Sleeper Working Group (RSWG); a group of Welsh Government officials, Local Authority and third sector representatives, as well as academics. The Housing Network was consulted on regarding the contents of the questionnaire prior to it being finalised. The purpose of the questionnaire is to allow Local Authorities to develop a local picture of the cohort of people sleeping rough in their area and assist the Local Authority in developing services and responses for people presenting as sleeping rough. It can also help to provide a national picture of the cohort of people sleeping rough at that time and that is the purpose of this report.

The Local Authority Housing Network collated the information from all of the questionnaires completed during the two-week period. Of the 347 incidences of rough sleeping which were recorded during the 2-week count 332 questionnaire responses were received for analysis. Where no questionnaire was received from an individual who engaged with the local authority this was mainly due to that fact that a person presented to services already had accommodation or they did not want to take part. Questionnaires were received from the following Local Authorities as compared to the previous year, some Local Authorities struggled to get partners to engage in the questionnaire exercise and therefore submitted no questionnaires:

Local Authority	Questionnaires returned 2016	Questionnaires returned 2017	Questionnaires returned 2018
Anglesey	0	4	3
Blaenau Gwent	0	0	0
Bridgend	12	14	20
Caerphilly	27	18	29
Cardiff	85	92	99
Carmarthenshire	0	4	2
Ceredigion	6	12	8
Conwy	0	1	0
Denbighshire	12	9	5
Flintshire	0	1	3
Gwynedd	14	34	26
Merthyr Tydfil	13	8	0
Monmouthshire	1	6	2
Neath Port Talbot	1	15	8
Newport	0	22	23
Pembrokeshire	5	8	10
Powys	0	3	2
Rhondda Cynon Taf	0	15	5
Swansea	21	22	28
Torfaen	0	1	4
Vale of Glamorgan	2	0	1

Wrexham	61	45	54
Total	261	334	332

All LAs who carried out questionnaires this year submitted them for analysis and only the following Local Authorities had nil responses:

Blaenau Gwent
 Conwy
 Merthyr Tydfil

The questionnaires were completed based on the responses from the individual being questioned and none of the information given was corroborated.

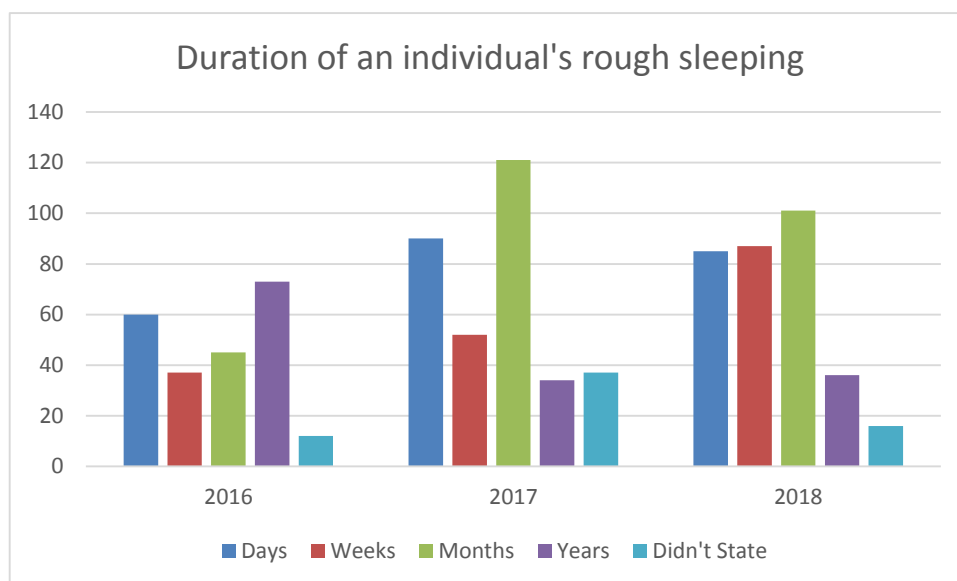
Analysis of Questionnaires

Of those who had completed the questionnaire, 306 individuals (91%) stated that they had slept out the previous night in comparison to the 24 individuals (7%) who stated that they hadn't. This is almost identical to the findings of 2017 in which 307 individuals (92%) reported that they had slept out the previous night. Of those who reported sleeping rough the previous night, 24 (7%) had slept out as part of a couple or a family unit; an increase of one on the 2017 figure, 23 (7%).

When asked for the duration of their rough sleeping, 85 individuals (25%) reported that it was in the region of days, which is broadly similar to the two previous years in percentage terms, 90 (27%) in 2017 and 60 (23%) in 2016. There has been, however, a notable increase on the previous years in the number reporting that their rough sleeping is in the duration of weeks, at 87 (26%). This constitutes a 10% increase on the 2017 figures, an increase of 35 individuals. Conversely, the number of respondents who have been sleeping out for months has fallen by 6% on the 2017 figures, 20 individuals, whilst the frequency of those reporting that they have slept out for years remains consistent at 10% of those, an increase of 2 individuals.

10 (3%) of the individuals questioned stated that they did have some form of tenancy.

Period slept out for:	Number 2016	Percentage 2016	Number 2017	Percentage 2017	Number 2018	Percentage 2018
Days	60	23%	90	27%	85	25%
Weeks	37	14%	52	16%	87	26%
Months	45	17%	121	36%	101	30%
Years	73	28%	34	10%	36	10%
Didn't state	12	18%	37	11%	16	4%



For 53 individuals (16%) this was their first incidence of sleeping rough, compared to 63 individuals (19%) in 2017, but for 273 individuals (82%) reported that they had slept out on at least one other previous occasion, compared to 263 individuals (79%) in 2017. Of the individuals who completed the questionnaire, 287 (86%) stated that they would like support to stop sleeping out.

Having identified in 2016 that we were missing information on gender the following gives the breakdown of males and females who presented as sleeping rough over the past two years:

	2017	2017	2018	2018
Male	274	82%	272	81%
Female	52	16%	54	16%
Not given	8	2%	6	2%

Of these, 10 females (19%) were sleeping out as part of a couple or family unit, whilst only 15 males (6%) reported sleeping out as part of a couple or family unit.

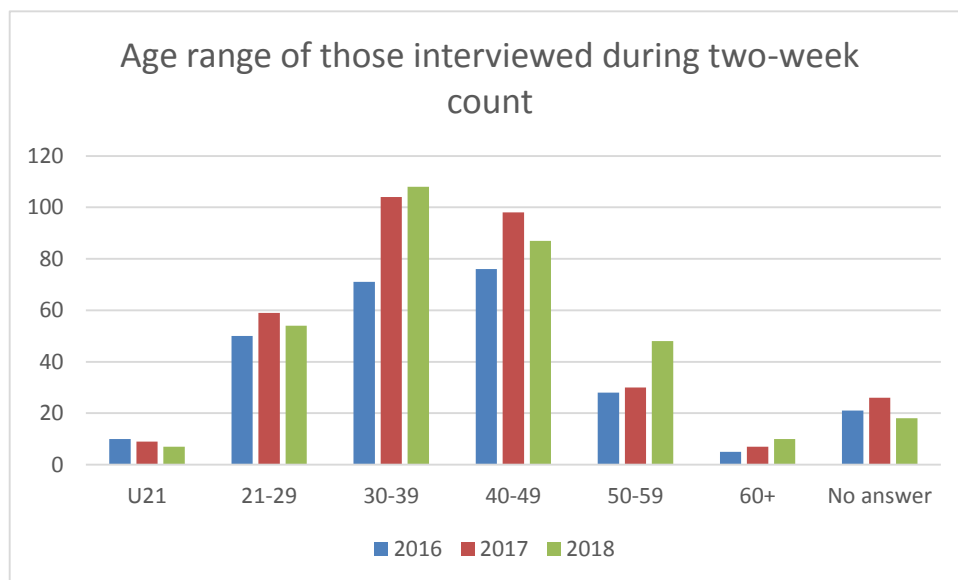
Further analysis of responses from females was carried out and it was found that they came from the following localities:

Type of LA	Number of LAs	Number of females 2017	Number of LAs	Number of females 2018
Urban	4	29	4	28
Semi-rural	6	21	7	23
Rural	2	2	2	3

From the date of birth information collected the ages of those interviewed are as follows:

Age range	Number in 2016	Number in 2017	Number in 2018
60 – 69	5	7	10
50 – 59	28	30	48
40 – 49	76	98	87
30 – 39	71	104	108
21 – 29	50	59	54
Under 21	10	9	7
Not given	21	26	18

As in previous years, the vast majority of individuals presenting are between 21 and 50 years of age. Although there has again been a slight decrease in the number of individuals under the age of 21 presenting, the increasing prevalence of those over the age of 50 sleeping out is surely a case of concern and could certainly benefit from further investigation into the causes of homelessness for this demographic.

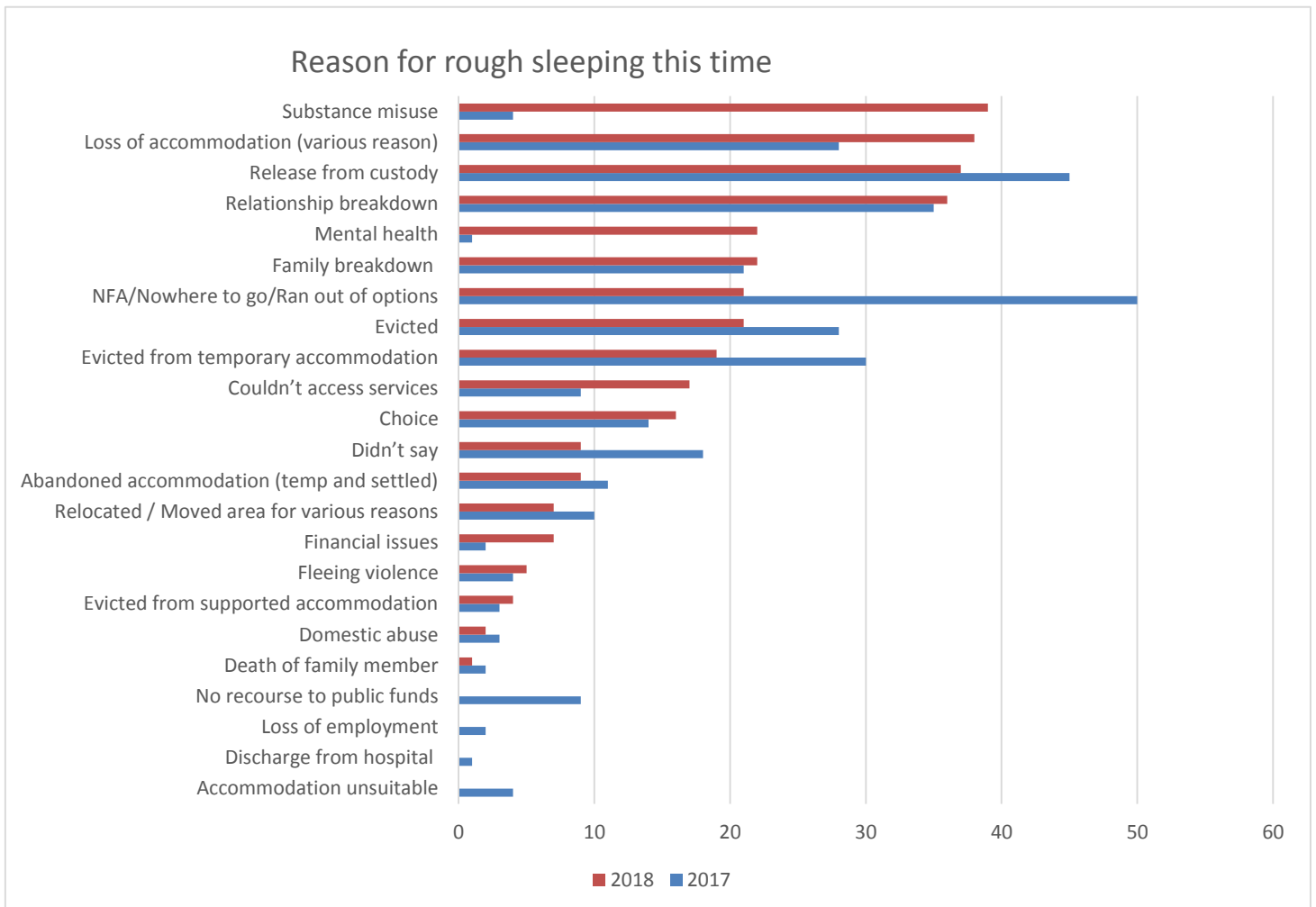


For the second year as part of the questionnaire individuals were asked why they were sleeping rough and what they believed had made them homeless in the first instance. There were many reasons given but they can be basically categorised as follows:

Reason stated for sleeping rough this time:

Reason for sleeping rough this time	Number 2017	Number 2018
Abandoned accommodation (temp and settled)	11	9
Accommodation unsuitable	4	0
Choice	14	16
Couldn't access services	9	17
Death of family member	2	1

Discharge from hospital	1	0
Domestic abuse	3	2
Evicted	28	21
Evicted from temporary accommodation	30	19
Evicted from supported accommodation	3	4
Family breakdown	21	22
Fleeing violence	4	5
Financial issues	2	6
Loss of accommodation (various reason)	28	38
Loss of employment	2	1
Mental health	1	22
NFA/Nowhere to go/Ran out of options	50	21
No recourse to public funds	9	0
Relationship breakdown	35	36
Release from custody	45	37
Relocated / Moved area for various reasons	10	7
Substance misuse	4	39
Didn't say	18	9



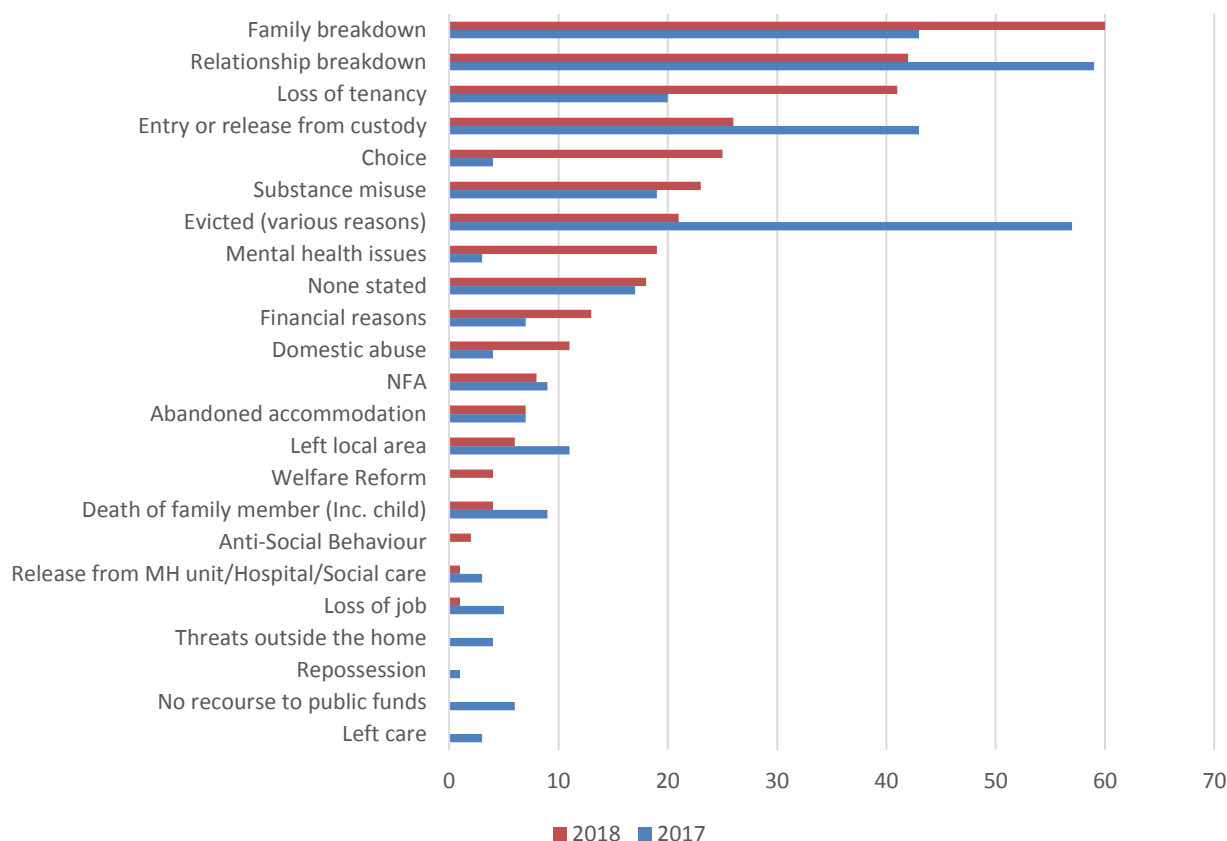
From the above figures, it is evident that the reasons for an individual sleeping rough on this occasion appear more varied than in the previous year. It remains that an

individual being evicted from or losing their accommodation, including temporary and supported accommodation, remains the primary reason for rough sleeping, at 82 instances, this is, however, down on the previous year. Again, despite the 'National Pathway for Homelessness Services to Children, Young people and Adults in the Secure Estate', there is still a large number of people sleeping rough who have been in custody, at 37 instances, which is a slight decrease from last year. Breakdown in relationships with either their partner or family members' remains a consistent reason for an individual's homelessness at 36 and 22 instances respectively. There has, however, been a substantial increase in the relative frequency that individuals cited either their substance misuse, at 39 instances, or their mental health issues, at 22 instances, as the instigating factor in their rough sleeping, which is of concern as it might be assumed that these individuals may fall into a priority need category. Furthermore, it may also be assumed that the individuals fleeing violence or domestic abuse, at 7 instances and those experiencing a death of a family member, 1 instance, may also fall into a priority need category which is further cause for concern.

Individuals were also asked to identify what they thought was the initial reason for them becoming homeless. The reasons given are as follows:

Reason for loss of last settled accommodation	Number 2017	Number 2018
Abandoned accommodation	7	7
Anti-Social Behaviour	0	2
Choice	4	25
Entry or release from custody	43	26
Death of family member (Inc. child)	9	4
Domestic abuse	4	11
Evicted (various reasons)	57	21
Family breakdown	43	60
Financial reasons	7	13
Left care	3	0
Left local area	11	6
Loss of job	5	1
Loss of tenancy	20	41
Mental health issues	3	19
NFA	9	8
No recourse to public funds	6	0
Relationship breakdown	59	42
Release from MH unit/Hospital/Social care	3	1
Repossession	1	0
Substance misuse	19	23
Threats outside the home	4	0
Welfare Reform	0	4
None stated	17	18

Reason for loss of last settled accommodation



Loss of accommodation, be it via eviction or other reasons, remained the most frequent instigator of an individual’s loss of last settled accommodation at 62 instances, whilst a breakdown in relationship with either a partner or a family member also remained high at 42 and 60 instances respectively. Yet again, entry or release from custody is a large reason for people becoming homeless at 26 instances. In line with the reasons given for an individual’s current rough sleeping, there has been a significant increase in the frequency that mental health issues have been cited as the primary reason for an individual’s loss of last settled accommodation, at 19 instances. This perhaps reflects both the increasing complexity of each individual’s situation but also our greater understanding of mental health issues as a society. There has also been an increasing frequency in the number of times an individual cited their own choice as the instigating factor, at 25 instances, and for the first time welfare reform was cited as the primary reason, at 4 instances.

Those interviewed were asked about their previous life experiences with regards to potential priority need categories. Again these results are based on the individuals’ responses. The responses are as follows:

Previous history	Number in 2016	Number in 2017	Number in 2018
Care	13 (5%)	54 (16%)	40 (12%)
Custody	85 (33%)	140 (42%)	145 (43%)

Armed forces	3 (1%)	9 (3%)	8 (2%)
Care and Armed Forces	2 (0.8%)	1 (0.3%)	2 (0.6%)
Care and Custody	8 (3%)	37 (11%)	23 (6%)
None	149 (57%)	158 (47%)	151 (45%)
Didn't say	1 (0.4%)	6 (0.8%)	11 (3%)

In 2016 it was not known what the time lapse was between the above incidences and the incidence of sleeping rough and so the questions were modified in 2017 to identify those who had been released from custody within the last 3 years and what the timing of this was. Of those who had been released from custody, 43 (29%) stated that they had been released within the previous 12 months, and 21 (14%) stated that it was in the previous 3 months, although the actual figure has potential to be significantly higher due to problems with data collection.

Despite the introduction in 2014 by Public Health Wales of the Hospital Discharge Protocol for Homeless People in Wales:

http://www.publichealthnetwork.cymru/files/5214/4613/4011/Hospital_Discharge_Protocol_for_Homeless_People_in_Wales_John_Bradley_Rhiannon_Hobbs_2014.pdf

123 individuals (37%) questioned reported that they had been discharged from hospital to no fixed abode compared to 66 individuals (20%) in 2017, with 21 individuals (6%) reporting that this was within the previous 12 months. This is certainly a worrying trend as it appears the introduction of the protocol has done little to reverse homeless individuals being discharged from hospital to no fixed abode.

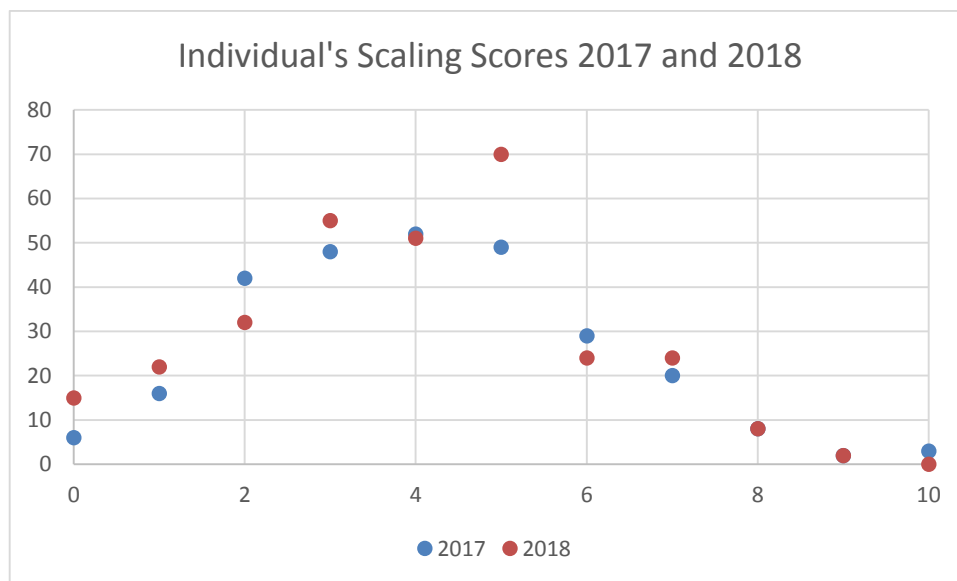
Of those asked, 182 individuals (54%) disclosed that they have a mental health issue compared to 142 individuals in 2017. Of the 182 individuals, 113 (62%) had a medical diagnosis; 14 individuals (12%) had been diagnosed in the past 12 months, 32 individuals (28%) in the past 3 years, and 60 individuals (53%) had been diagnosed over 3 years ago. 7 individuals (6%) didn't specify a time frame for their diagnosis. Of all those who completed the questionnaire, 94 (28%) reported that they had never had a mental health diagnosis whilst 39 individuals (12%) preferred not to answer. Of those disclosing that they have a mental health issue, 57 individuals (31%) reported that they were receiving some form of support or medication whilst 70 individuals (38%) stated that they had previously been hospitalised due to their mental health. These figures are broadly similar with last year's questionnaire, however, in percentage terms there is some variation. In 2017, 61 individuals (43%) who had a mental health diagnosis were in receipt of support or medication, so in percentage terms this has dropped substantially whilst the figures for those admitted to hospital for their mental health at 76 individuals (53%) has also dropped in percentage terms.

Building on the questions asked into individual's physical health from last year's questionnaire, 110 individuals (33%) disclosed that they had a diagnosed physical health condition compared to the 88 individuals (26%) from 2017. Of the 110 individuals, 20 individuals (18%) stated they had been diagnosed in the past year, 14 individuals (12%) in the past 3 years and 26 individuals (23%) had been diagnosed over three years ago. 50 individuals (45%) did not specify the time-frame of their diagnosis whilst 23 individuals (6% of 332) did not want to answer. Again, those in receipt of medication or support has fallen. In 2017, 76 individuals (86%) reported receiving some form of medication or support for their physical health condition

which is in stark comparison to this year's figures of 46 individuals (41%) receiving support.

As part of the questionnaire individuals were asked to rate how well they felt on a scale of 0-10:

Scaling score	Number	Percentage
0	6	2%
1	16	4%
2	42	12%
3	48	14%
4	52	15%
5	49	14%
6	29	8%
7	20	6%
8	8	2%
9	2	0.6%
10	3	0.9%
Didn't state	57	17%



Number of people quoting each scaling score

Following on from recommendations identified after the 2016 questionnaire it was felt that more needed to be understood about where people who were sleeping rough originated from. People were asked the following regarding their ethnicity and nationality. The responses are as follows:

Ethnicity	Number 2017	Percentage 2017	Number 2018	Percentage 2018
White	310	93%	293	88%
Black	3	1%	5	1%
Asian	0	0	3	1%
Mixed	3	1%	9	3%

Other	0	0	0	0
Undisclosed	18	5%	22	7%

The table below shows the stated nationalities of those questioned. 246 people (73%) stated that they had a nationality within the UK and Ireland. Of the remaining people asked the vast majority didn't state their nationality.

Nationality	Number 2017	Percentage 2017	Number 2018	Percentage 2018
British	155	47%	133	39%
Welsh	88	26%	101	30%
English	17	5%	10	3%
Irish	4	1%	2	1%
Asian British	1	0.3%	0	0
Czech Republic	1	0.3%	0	0
Polish	8	2%	7	2%
Portuguese	2	0.3%	0	0
Sudanese	0	0	1	>1%
Nigerian	0	0	1	>1%
Zimbabwean	1	0.3%	0	0
Lithuanian	0	0	1	>1%
Didn't state	55	16%	75	21%

Following on from the 2016 exercise it was also felt that more needed to be understood about individuals' local connection to the area they were presenting in and /or where people had previously been living. For this purpose people were asked to say what their last settled address had been. Of those questioned 156 (49%) stated that their last settled address was in the Local Authority in which they were presenting.

Local connection	Number 2017	Percentage 2017	Number 2018	Percentage 2018
Local connection in presenting LA	202	60%	156	49%
Local connection in another LA in Wales	39	12%	37	10%
Local connection in rest of UK	25	7%	10	2%
Connected to Europe	8	2%	8	2%
Connected to Rest of the World	0	0	0	0
Didn't state	60	18%	122	37%

Conclusions

- There has been a less than 1% decrease in the number of questionnaires completed during the two-week count compared to 2017, with the actual numbers falling from 334 to 332. This is broadly in line with Welsh Government's rough sleeping figures that has an increase of less than 1% with the actual numbers rising from 345 to 347.
- Although the number of individuals who stated that they had been sleeping rough for years remained at the same level as last year, 10%, it is promising to see that the number of individuals whose rough sleeping has lasted 'months' has fallen from 36% to 30%.
- As in the two previous years the vast majority, 86% of respondents, stated that they would like help to stop sleeping rough. This ranges from signposting to accommodation providers and providing financial support to providing a home and support to deal with additional issues such as substance misuse or mental health problems.
- As in the two previous years, the majority of people sleeping rough are male. Of those females who are sleeping rough most are in urban or semi-urban Local Authorities. This may highlight a need for female specific services in these areas.
- Unlike the two previous years, the majority of people questioned were under the age of 40, with the age range of 30-39 being the most well represented, with 33% of all respondents. It is also worrying to see an increase in the numbers of individuals sleeping rough over the age of 50. Although there has been a slight decrease in the numbers of people under the age of 30 sleeping rough, it is still concerning that there are a number of individuals (7) under the age of 21 who are sleeping rough.
- From the figures it can be seen that, in line with the previous two years, eviction or loss of tenancy for various reasons is the most frequent reason for people sleeping rough on this occasion. This includes a range of accommodation options including temporary and supported accommodation. It is also clear that many individuals have exhausted all other options including sofa surfing and ended up sleeping rough. Relationship and family breakdown is also a common reason for people finding themselves sleeping rough. There has also been a substantial increase in the number of individuals who cited their mental health or substance misuse issues as the instigator of their rough sleeping.
- Despite the "National Pathway for Homelessness Services to Children, Young People and Adults in the Secure Estate" there are still a large number of people sleeping rough who have recently been in custody. Of those individuals who stated the time of their release, nearly all of respondents had been released in the past three years, and 49% had been released in the past 12 months. It is hoped that the recommendations from the recent Welsh Government commissioned research by Glyndwr University will be acted upon to break this cycle. Furthermore, the creation of the role of 'LDU network co-ordinators' will hopefully go some way to improve relationships between Probation, Resettlement and Housing Options teams.
- Domestic abuse and fleeing violence although smaller numbers continue to be of concern as are mental health, substance misuse, death of a family

member and discharge from hospital as it might be assumed that these individuals may fall into a priority need category.

- As in previous years a large proportion also stated that they had been in care in the past and a significant number stated that they had experienced both care and custody. This might affect how we develop and deliver services for care leavers in the future.
- 37% of those questioned stated that they had been discharged from hospital to no fixed address and went back to sleeping rough. This is particularly worrying as this an increase of 17% on the previous year.
- A growing number of individuals cited their mental health issues as the reason for them becoming homeless or sleeping rough and the number of individuals identifying as having some sort of mental health issues is also increasing. Of those disclosing a mental health issue, only 31% reported being in receipt of support or medication, which is a fall from 43% on the previous year, which is obviously a worrying development. There may be a need for a different or further question regarding mental health to understand which issue came first; homelessness or mental health problems.
- A large number of individuals also stated that they had a physical health condition and worryingly again the number of those in receipt of support or medication has fallen drastically from 86% to 41%. It would be useful to understand what has instigated such a dramatic fall and the potential barriers to rough sleeping individuals from accessing the required services.
- As in previous years the majority of people rated their feeling of wellness at 5 or below. It might be useful in future years to compare this with some kind of control group to see how this might differ.
- Similar to previous years, the vast majority of respondents were white and from somewhere within the UK. The majority of other people who stated a nationality came from within Europe.
- Just under half of the respondents tended to sleep rough in the area to which they had a local connection. Where this was not the case the person was often from a neighbouring Local Authority or a near one within Wales.

Recommendations following the questionnaires

- Work with all partners to better understand the causes and consequences of substance misuse to better meet the needs of people who identify this as a contributing factor to their rough sleeping
- Share good practice of embedding mental health practitioners (CPNs etc) in Housing Options and support services to better understand the needs of those presenting with a mental health need
- Further work to understand the impacts of Welfare Reform on those who end up sleeping rough
- Continue to work with HMPPS, the newly appointed pathway co-ordinators and the regional prisoner resettlement groups to improve outcomes and reduce rough sleeping for those coming out of custody
- Improve the delivery of the hospital discharge protocol to reduce the number of those sleeping rough directly from hospital. More work needs to be done between hospital wards and housing options teams to ensure that the Hospital Discharge Protocol is followed when a homeless person is being discharged from medical care. The provision of hospital discharge specific homeless prevention officers should help to try to prevent this trend.
- Identify the barriers to accessing support for mental and physical health conditions for those sleeping rough
- Understand the reasons for the majority of rough sleepers identifying a desire to receive support and yet not believing they have received it. Potential for a further question in future questionnaires
- Develop innovative ways of providing a range of services and engaging with rough sleepers where they are; such as multi-agency teams (including medical professionals), welfare vehicles, out of hours provision
- Study the reasons for eviction of those sleeping rough in order to improve outcomes for others in the future. This could be a follow up question in future questionnaires.