



...crusading against homelessness

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## The Stigma of Rural Homelessness in Wales

Rural homelessness: Building a better picture

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## Foreword by Prof. Susan Hutson :-

### Rural Homelessness

Homelessness, particularly rough sleeping, is seen as an essentially urban problem. Rough sleeping is visible in the central areas of cities. Statutory and voluntary services for homeless people, such as housing departments, hostels as well as advice centres, drug and alcohol projects, cluster in the same city centres.

Surveys and studies of homelessness are largely of urban centres. Much less is known about homelessness and rough sleeping in rural areas. The studies that we do have (Cloke et al. 2002; Button 1992; Webb 1994) stress two things – on the one hand that the factors behind homelessness are common across rural and urban areas and so there is little difference. On the other hand, they show that there are particular features of rural society, which give rural homelessness its distinct character.

### Homelessness exists in rural, as in urban areas:

The factors that cause homelessness and rough sleeping in urban areas also operate in rural areas - young people leaving home, relationships breaking down, lack of jobs and income, domestic violence, leaving prison/care/hospital and lack of affordable accommodation. The operation of these factors in rural areas is illustrated by case studies in Wales (Hutson and Liddiard 1994; Hutson et al. 2004) and the UK (Cloke et al. 2002).

UK homelessness statistics support this similarity, however several differences are noted. Firstly that there was a higher, proportional increase in homelessness in rural areas through the 1980's. Secondly, that as causes for homelessness, mortgage arrears and evictions from rented and tied accommodation are more often found in rural areas than urban, and that fewer people are 'homeless from hostels'.

### Some factors create particular difficulties for homeless people in rural areas:

The shortage of affordable housing can, in fact, be worse in rural areas because of:

- high property prices
- the influx of high income commuters and second home owners
- loss of local authority properties through Right to Buy
- holiday lets

In-migration, the purchase of second homes and Right to Buy sales are acknowledged by the Welsh Assembly (2003). Shucksmith (2001) estimates that 40% of new households in UK rural areas were unable to buy a home in the countryside.

Shucksmith also acknowledges that there are other aspects of rural life, which can exacerbate homelessness, for example, low pay in many rural-based jobs can make people vulnerable to homelessness. In addition, there is a lack or shortage of preventative services around homelessness in rural areas, such as drug and alcohol, domestic violence and young people's projects. Moreover, people without their own transport can be particularly isolated in rural areas.

Homelessness in rural areas is often described as 'invisible'. Fewer people sleep rough and there is more likely to be a denial of homelessness as a problem by rural Local Authorities. Cloke et al (2002) suggests that there is a common idea that these problems do not occur because of the community where people 'know and help each other'.

Cloke et al (2002) suggests that in rural areas there is a greater stigma attached to homeless people. There can be little sympathy for 'outsiders' or those who are passing through the area. Local people in housing difficulties tend to hide their problems as to show them would indicate an inability to cope.

## **Rough Sleeping**

Cloke et al (2002) found less rough sleeping and more movement around insecure tenancies in rural areas, for example, sleeping on friends' floors. Apart from one brief survey (Bevan 1999), there has been no study of rough sleeping in rural areas of Wales until now. Studies of rural homeless in the UK tend to make little mention of rough sleepers (Cloke et al. 2002; Button 1992; Webb 1994), and they have remained a particularly isolated group about which little is known.

## **Background to Research**

The Wallich Clifford Community is a well-established, registered charity that has been providing services to homeless and vulnerable people for nearly 30 years. Traditionally urban-based, the organisation has gradually expanded into more rural areas including Carmarthen, Powys and Ceredigion. Services in these Local Authority areas successfully assist people living in insecure tenancies and those at risk of becoming homeless.

The charity identified a significant gap in available research exploring in detail the extent and nature of rough sleeping in these rural counties and, with funding from the Lloyds TSB Foundation for England and Wales, was able to embark on a three-month research project with the following objectives:

1. To collect evidence of need for outreach projects in Ceredigion and Carmarthenshire (this was extended to Pembrokeshire and Powys)

2. To provide a service for people living street-based lifestyles
3. To collect information about the needs of the client group and work with the Local Authorities and service providers to develop services that meet the identified need

This report analyses the evidence and information gathered during the period of research, and looks in detail at the pattern of homelessness in these rural areas. Individual case studies, gathered through firsthand information given by over 130 homeless people, highlight specific issues that surfaced repeatedly.

## **R.S.I.T. Project Model**

The Wallich Clifford Community has, for the past 10 years, provided a service to rough sleepers. Formerly known as the 'Breakfast Run', this service is now provided in Cardiff, Swansea and Bridgend. The change in title to Rough Sleepers Intervention Team (R.S.I.T.) was recently implemented to reflect the project's main priority – to facilitate rough sleepers' move away from their current lifestyle, and to provide access to services like healthcare and drug/alcohol support. Contrary to certain perceptions of the service, it does not perpetuate the problem by supporting and maintaining this lifestyle, but actively seeks to move people on to more permanent accommodation. Of course, as well as offering long-term help, the R.S.I.T.s deliver vital humanitarian aid in the form of hot breakfasts and sleeping bags/blankets. All of the teams operate at least five days a week, and in Cardiff the R.S.I.T. delivers a full service 365 days a year.

Rough sleepers are widely accepted as the most isolated and socially excluded groups within the homeless spectrum. Often reluctant to communicate with agencies and equally suspicious of their intentions, rough sleepers can be difficult to engage with. The R.S.I.T. model, however, has been successful in quickly establishing a relationship of trust with even the long-term street homeless, and remains a consistent, reliable, non-judgemental source of support. Each R.S.I.T. now meets regularly with hundreds of rough sleepers every year.

Because of time limits imposed on the research period, an allocated 12 weeks, establishing a R.S.I.T. was the obvious model for research purposes as it would facilitate easy access to the subject group and quickly build the necessary rapport that would enable the team to gather information.

## Research : Target Group

The core client group of any R.S.I.T. are those people that sleep outside overnight on a regular basis. These are the most vulnerable homeless people that find it hardest to access appropriate support. However, there are also a large number of 'hidden' homeless people that may sleep rough occasionally and spend most nights 'sofa surfing' – staying with friends, family, or anyone with some spare floor space.

Similarly, as the study evolved, it became necessary for the team to look at many different types of homelessness. The primary purpose of the research project remained the investigation into the levels and nature of rough sleeping. However, to provide as full and accurate a picture of the problem as possible, it was essential to look at other types of homelessness that often contributed to, and shared characteristics with, street homelessness. For example, it emerged that in these rural areas there was a high proportion of people that were being housed in bed and breakfast accommodation, and many of these people had experience of rough sleeping.

## Questionnaire Development

To gather relevant information, a questionnaire was developed which encompassed four main subject areas:

1. Personal Details: Gender, age, place of origin, etc.
2. Present Homeless Situation: Where they are staying, how long they have been homeless, etc.
3. Past Homelessness: Causes, where they stayed, issues, agency contact, etc.
4. Preferred Future: Where they would like to live, what job they would like to do, etc.

A pen portrait, or summary of the person's story, was completed by the interviewer, which provided any extra information that may not fit the prescribed questions.

The questionnaire was developed in partnership with Prof. Susan Hutson, an experienced researcher with particular interest in homelessness, and Wallich Clifford Community members of staff who have worked extensively with the client group. Prior to implementation, the questionnaire was piloted in one of our existing R.S.I.T.s, in Bridgend, where it was found to be successful in eliciting the required information.

## Ethical Questions

From a client perspective, the rural R.S.I.T.'s first priority was to deliver a service – to offer hot breakfasts and advice to rough sleepers. It was necessary to make it clear to every homeless person that the breakfast delivery was a temporary project that would last for only 12 weeks. This dispelled any false expectations of an extended or permanent service. However, it did draw attention to the fact that no such service was available in the areas covered.

Each client who wished to participate in the research was fully aware of its purpose and required to sign their questionnaire, giving permission for its contents to be recorded. The names in this report have been changed to protect the privacy and confidentiality of all those who answered the questionnaire and any images included have been done so only with the written consent of the subject.

## Collecting Data

In the weeks leading up to the field research period, local agencies were notified of the project and asked to refer any appropriate clients to the service. The R.S.I.T. was also marketed directly to local homeless people via flyers and posters, encouraging them to contact the team.

The R.S.I.T. spanned 4 rural counties – Carmarthenshire, Ceredigion, Pembrokeshire and Powys. The team of 4 project workers worked in pairs to gather data through distribution of the questionnaire.

Questionnaires were completed at a time and in a place where the client felt most comfortable – either first thing in the morning with a breakfast, or, if they preferred, at the team's offices later in the day. The majority of questionnaires were filled in by project workers, although some interviewees wished to complete their own. As far as possible, all notes made by project workers were verbatim.

Although a number of referrals were made by other agencies, and regional Wallich Clifford Community offices, the most effective method of gathering participants proved to be by word of mouth. The team became quickly acquainted with regular rough sleepers through this method and discovered a network of homeless people similar to that of towns and cities. For example, Big Issue vendors would tell workers of a squat they knew of, or the man sleeping rough on the high street knew a young couple that were sleeping in a disused farmhouse.

All statements (percentages, etc.) refer to the number of people that answered each specific question. Questions had an average response rate of 77%, with the majority of questions achieving a rate of over 90%.

## Group Demographic

As expected, there were more male interviewees than female, 73% and 27% respectively. Typically, nearly half of the total number of respondents were between 20 and 29 (45%). A significant number were under 19 (24%) which was a cause for concern for one interviewee :

Mark is in his 40's and has been homeless, he now privately rents a house where he allows squatters to occupy the remaining rooms and contribute towards bills and rent. He expressed his worry at the number of young homeless people in Carmarthen and the safety risks that they are exposed to. One child found by the team was just 13 years old. Problems at home and a turbulent relationship with his mother led to him frequently sleep rough for 2-3 nights at a time.

Over 40% of people gave their place of origin as England, compared to 34% from local areas and 21% from urban areas in Wales. However, this research does not tell us how long people have lived locally, possibly coming to the area as children or young adults or as a result of local family connections. The research did show that over 25% of respondents based their choice of location on networks of friends and family being in that area.

## Stigma

Other studies suggest that often people will actively avoid labelling themselves as 'homeless', however, in this survey, 81% of people, when asked if they would consider themselves homeless, said 'yes'. People may have been more willing to describe themselves as homeless to workers they perceive as sympathetic, as several case studies illustrate an awareness of the stigma and exclusion homeless people experience.

Mary, a Big Issue seller in her 30s, cares for a 12-year-old girl, Katy, but will not sell the magazine in the town where Katy goes to school for fear of her being bullied.

Donna, in her teens, left her family home after arguments with her mother. Donna is waiting to hear from the housing department but is sleeping rough at the moment. Her embarrassment at sleeping in shop doorways has become so acute that Donna is only able to do so if she is drunk, and will cover herself completely with cardboard to remain anonymous.

Alice, in her 40s, was living in a chapel house until she was evicted when a new vicar required the house. Unable to find an affordable alternative, Alice says she is 'very embarrassed and distraught' at finding herself homeless, ashamed to ask friends for help.

Discrimination against homeless people was also evident through many peoples' experience of verbal or physical abuse, even in rural areas that were often considered 'safer' than towns or cities by informants. One man, Chris, complains of experiencing regular racial abuse, and project workers accompanied him to hospital after he had been set on fire whilst trying to sleep on a park bench.

## Urban vs. Rural

73% of people were staying in Aberystwyth or Llanelli, as opposed to remote rural areas and 45% of respondents expressed a preference for experiencing homelessness in city areas, compared to 38% for the countryside. The main reason given for this choice was a better-developed range of services and easier access to them. When looking at interviewees' preferred future, however, 68% of people expressed a preference for finding a home in a rural location, similar to, if not where, they are staying at the moment.

65% of respondents who expressed a preference for experiencing homelessness in a rural area cited safety as the major reason for their choice.

Peter witnessed a fellow rough sleeper being kicked to death in Bristol city centre and moved to the countryside.

Debbie was raped in Swansea and now doesn't trust the city environment.

The more isolated nature of rural homelessness also means that people feel further removed from the temptations of drugs and crime, often forfeiting the facilities and services that are typically offered by larger cities. Of the whole group 31% had only experienced homelessness in the country.

57% of those that had lived in both types of areas expressed a preference for being homeless in the city. The majority cited better service provision as the reason for this. Many people had friends and family in the locality that offered further support during periods of homelessness.

## Issues

The most common issues experienced by people were drug use (37%), mental health issues (26%), followed by excessive alcohol use (22%). The majority of respondents experiencing these issues were experiencing more than one of them.

Mike, in his 40s and originally from Liverpool, has been in and out of prison 19 times and is caught in a cycle of drugs, crime and homelessness. He has lost his job, family and home as a result of his heroin/crack cocaine use. Mike is severely depressed, has Hepatitis C and is currently living in squalid conditions in a squat with other rough sleepers.

When examining the length of time spent homeless, a pattern of relatively short term but repetitive bouts of homelessness emerged, with 60% of respondents reporting at least one instance of homelessness prior to their current experience. In their current situation, 63% of people had been homeless for less than a year, 21% 1-5 years. Only 2 respondents had been homeless for over 20 years. Several people, in particular, young people, had become homeless only in the last few weeks, most commonly as a result of a breakdown in relationship with their parents.

Teenagers Johnny and Helen had both been homeless for just 3 weeks. Johnny's mother evicted him from the family home as a result of his drug use and disruptive behaviour, and Helen has recently left the care system. Johnny has secured a place in a youth project and Helen is staying in a B&B, although when project workers interviewed her, she had been sleeping rough.

Many young people make reference to abuse suffered within the family home, like Steven, who has repeatedly run away from home after being locked in his parents' coal shed. A number of interviewees described their parents' drug, alcohol or mental health problems as a factor.

Several cases of abuse of young women by violent partners were also recorded; in one case recent severe facial bruising was evident to project workers conducting an interview.

By far the most common reasons given for current homelessness were family breakdown (26%) and relationship breakdown (21%). In instances of repeat homelessness, the majority of cases (48%) can be traced back to an initial period of homelessness caused by the same reasons. Family breakdown is divided between cases where a person leaves home as a result of parental abuse or argument, or where a person is evicted from the family home as a result of their behaviour, often linked to drugs or criminal behaviour.

Nick is 29 and has been homeless on two occasions because of problems in the family home. When his parents separated, Nick lived with his mother who was physically abusive toward him. After leaving his mother's home, he lived with his father, but their relationship broke down as a result of Nick's drug use. Nick lived in his own flat in Cardigan whilst going through detox, but without appropriate support was unable to maintain his tenancy.

Just 6% described their homelessness as intentional. Many young people believe that there is no choice but to leave the family home after a significant dispute, although one teenager comments “if you can sort your problems out with your family, it’s better to do this than be homeless”.

15% of respondents identified debts and affordability of accommodation as a reason behind their current homelessness and 8%, bereavement. Debt can be quickly accumulated by vulnerable people living alone who may not be able to manage their money or fill in the correct benefit or claim forms. It may be expected that in the case of Aberystwyth, with its large student population, that rented housing would be limited. However, only one person expressed this concern, saying that bonds and rent were too high and landlords preferred to rent to students.

It was significant that, where bereavement was the cause of current homelessness, no other trigger issues (drugs, alcohol, abuse etc.) were present until after the death or the initial period of homelessness. The trauma of a death in the family was evident:

Donna, in her thirties, lost her baby 5 months ago and has been in and out of prison 6 times. She says she ‘enjoys’ using heroin as an escape.

Simon lived in London with his partner and worked in fashion. After his partner died in childbirth, Simon had no family or support in the area and moved to Aberystwyth to be with his homeless cousin.

## Accommodation

31% of interviewees were sleeping rough, a further 31% staying in B&B accommodation and 23% in a hostel. 16% were staying with friends or family, 11% in a caravan and 10% in a squat. Most people identified a combination of locations, for example, in a B&B for some of the time, staying with friends other times. This explains why the total percentages of these findings exceed 100%. 65% of the respondents stated that they have slept rough at some point.

Many people staying in B&Bs raised concerns over the suitability of this type of accommodation, and several interviewees were worried that they encouraged drug use and other issues. One interviewee refused to use the B&B he was offered as a result of its reputation. Another left after being attacked with a machete. There were also comments that described a feeling of being ‘dumped’ or ‘forgotten about’ by the local council and a lack of follow up contact.

Families, in particular, raised concerns about this B&B accommodation, stating that the experience of being cramped into a small room is stressful and unsuitable for young children.

Jess is caring for her young daughter who has leukaemia, the symptoms of which are made worse by the lack of ventilation in their room.

Families also reported a lack of flexibility, for example, kitchen opening times, and having no cooking facilities or fridge in which to store children's milk.

One teenager, Jackie, has been staying in a B&B with her mum, dad and older sister for 5 months. They are forced to eat out as they have no cooking facilities so the family are surviving on fish and chips every night.

There were, however, some positive comments regarding B&B accommodation. Several people wanted more of this type of temporary housing to be available, on the condition that rooms were better, and specifically, equipped for families or individuals. There are also case studies that illustrate how landlords have played a role in providing additional support to their tenants.

Richard is 54 and has been living in a B&B for 15 years. He has severe mental health problems and was evicted from his family home after a period of abuse and then from his first B&B where he was mistreated. Now he refers to the landlord of his current accommodation as his 'guardian' who has taken responsibility for his high support needs.

Fiona, in her teens, has a personality disorder and self harms. She has been evicted from other premises as a result of her tendency to set fire to herself, but her current landlord has set strict conditions on her tenancy, which she is keeping successfully. Fiona is now waiting for a place in specialist residential centre and has excelled at rugby with the Prince's Trust.

## Support

52% of respondents had accessed voluntary organisations, compared to the 38% that had accessed council housing services. Less than 1% of people had received alcohol support and less than 3% mental health support, despite the high number of people reporting these issues. This could reflect a gap in service provision (or lack of awareness that they exist), complacency of individuals, or inability to access services.

Only 5% of people that accessed voluntary organisations described their experience as negative. The remainder rated it as positive or OK. In contrast, 50% of people that accessed council housing services rated the experience as negative.

Comments regarding statutory housing assistance varied from the most derogatory – 'useless', 'snobs' and 'a pain', to more general concerns that services were difficult

to access and being unable to find any suitable accommodation. Several people did not meet the council's 'priority' need criteria and were not offered any support. In some cases, housing staff were viewed as helpful and polite, but simply unable to locate any appropriate accommodation – “they try, but end up having to refer you”. One man comments on how he “was shocked at how little housing and employment opportunities there are”, and another compares the lack of provision to “excellent” services that he found in Northampton. Voluntary organisations were praised for their practical support, providing support other than housing, such as activities, day trips, emotional support and filling in benefits forms.

Darren, in his 40's, reported his success at a Day Centre in Brecon where he had been able to volunteer and later become a paid member of staff.

However, there were concerns about the ability of any agency to provide long term rather than short-term solutions.

## Medical Services

74% of people said that they had easy access to medical services. This appears to be because many people, especially younger respondents, had kept their doctor from when they were children. Others have an available doctor but often have to travel long distances to access their service. The main difficulties accessing doctors' services occurred as a result of being without an address – NFA (No Fixed Abode). This created problems when registering, ordering and collecting prescriptions and making and keeping appointments. A minority described experiences of suffering discrimination, particularly when accessing regular prescriptions when they could be viewed as “blaggers”.

Although availability of doctors received a positive response, 70% of people had no NHS dentist available to them. It was generally accepted that a lack of NHS dentists was a national problem, and some people had not attempted to access a dentist, saying that they did not need one.

## Support for the Future

Interviewees were asked what type of support they would like to assist them most appropriately in the future. 43% of respondents identified 'floating support' (when a support worker visits their accommodation on a regular basis) as their preferred future support service as most people wished to have their own house or flat (90%) rather than live in housing with residential support (2%). Interviewees identified 'floating support' as help with budgeting, bills and paperwork. Several people described situations where a lack of appropriate support had already caused them to become homeless in the past.

Cerys, had a flat of her own but suffers from dyslexia and built up rent arrears when she had no help with filling in benefits renewal forms. She was advised to give up her tenancy to avoid eviction, and, although pregnant, was forced to sleep in her car. Eventually she moved in with her mother but left soon after the baby was born following family arguments. Cerys now has a 5-month-old baby and is staying in a B&B in Aberystwyth with her partner.

People 'giving up' their tenancies immediately place themselves at risk of being deemed intentionally homeless. Building up rent arrears also creates problems for anyone wishing to re-establish their own tenancy, and project workers reported several cases of people being so concerned about the consequences of their debt that they avoided accessing any services as they feared this contact would lead them 'back into the system'.

Only 7% of respondents' would choose drug and alcohol support and less than 1% of respondents' reported having previously accessed alcohol support services. In contrast 60% of all respondents identified drug and alcohol issues as affecting them. When asked about current gaps in services 30% of respondents recognised that hostel accommodation as being the most lacking. 23% identified a need for a day centre, offering activities to occupy those with nowhere else to go. This illustrates that the first priority of homeless people is to find stable accommodation and not to access other support services.

19% of interviewees identified 'other' services that they felt would be beneficial to the homeless community. A common suggestion was increased provision of information about homelessness and the help available. Many people found that homelessness took them by surprise and had no idea who to turn to. Emotional support was also suggested, particularly help and advice from people who had been homeless themselves and even, as one woman suggested, a befriending service.

## Looking Forward

From those interviewees that gave a detailed account of their experiences, came very specific ideas about their hopes for the future. Many people wanted to abstain from drugs or alcohol (despite not wanting help with these issues). Others wanted to re-establish relationships with loved ones, particularly children, who were no longer in their lives because of homelessness and its associated issues. Many people, especially young people, described careers that they would like to have, from furniture making to caring for the elderly. High on the agenda for most is accommodation, and again, people describe very specific ideals :

Denise would like “a cottage, lots of animals, a pond and to grow a herb garden”. Denise is 30 and has recently completed a prison stay that forced her to give up her home and children. She has been inappropriately housed several times and was homeless whilst pregnant with her third child, a daughter who later died.

Not all are able to imagine a future away from homelessness; one Big Issue vendor told workers that it was hard to envisage a positive future, and several interviewees were unsure in answering questions about their aspirations.

Steve has been homeless on and off for 20 years. Every summer he travels to Aberystwyth on his own ‘detox’ program – he says that drugs in the area are hard to source and that any available are not of any quality. In recent years Steve has lost three people close to him and is now sleeping on the beach. Steve believes that the only way out of his situation is death.

## Summary

The high numbers of homeless people contacted, 134 in just 12 weeks, indicate that homelessness is a current issue in these rural areas of Wales, despite the common misconception that it does not exist, or is not a serious problem. Homelessness may be less visible in rural areas than in busy towns and cities but the issues experienced by homeless people are often the same.

**The findings below suggest that many of the factors creating and shaping homelessness are the same in rural areas as in city-centre, urban areas (1):**

- Younger people (under 30) predominate and men outnumber women in the group. However, nearly a third of the personal stories provided to the research team came from women, some with children.
- The majority (65%) slept rough outdoors at some stage of being homeless
- The most often reported cause of homelessness is family breakdown and relationship breakdown. There are reports of abuse in families and violence in partnerships. Young people felt that they had little choice but to leave home
- Many accounts show how homelessness places people at risk and has a negative impact on people's emotional states. Verbal, racial abuse and physical violence were reported. Many people were in a depressed state
- Mental health problems, drug and alcohol abuse are connected with the experience of homelessness, although services for these issues are particularly lacking in rural areas
- Many people were in contact with statutory and voluntary agencies. Satisfaction was significantly higher with the services from the voluntary sector
- The majority wanted independent houses/flats. Floating support was favoured over residential support. Some had definite plans for the future

**There were, however, findings that were specific to homelessness in rural areas, as illustrated by the following findings:**

- Whilst a rural area was perceived to be safer than a city with less temptation from drugs or crime, there was also seen to be a lack of services for homeless

people, in particular day centres and hostel accommodation

- Although 61% had migrated into rural areas, a third were local and two thirds wanted to remain in a rural area. This was often because of existing support networks of friends and family in the area. People contacted were clustered in the rural towns of Llanelli and Aberystwyth
- The stigma surrounding homelessness can force people into anonymity and the desire to become invisible, particularly in close knit communities where feelings of shame and embarrassment may be heightened
- The predominant pattern of homelessness was relatively short-term but repetitive
- There was a lack of hostel accommodation but a greater use of B&B. Generally B&B accommodation was disliked and sometimes seen as dangerous. A few, however, spoke of higher standards and the support they had received from local landlords.
- Current homeless provision is seen as short term, a 'quick fix' that does not necessarily address the root of peoples' difficulties. Floating support is the preferred service that most people feel would make a secure tenancy a reality for them

## Recommendations

The patterns of homelessness that have been uncovered in this, and other studies, suggest that in many ways, homelessness affects those in rural counties as it does in urban areas. The numbers are perhaps less, but the issues are the same – drugs, alcohol and family breakdown. With increasing house prices in rural areas coupled with poor employment and a lack of opportunity, particularly for younger people, homelessness is certainly a problem that could quickly escalate.

The logistics of providing any service across such a geographically dispersed population will always be a problem. A breakfast run service as delivered by the R.S.I.T. would be a huge undertaking, with the required travelling distance alone being a serious issue in terms of cost. However, these rough sleepers are particularly vulnerable because of their isolated location and regular contact should be made with this group if only to ensure their health and safety.

Prevention and continual support appear to be the most appropriate services to offer in these areas. A range of varied interventions, particularly between young people and their parents, could perhaps prevent many leaving home, or at least ensure they move to appropriate accommodation. People are concerned that they do not receive long term help, feeling that they are forgotten about once they have been allocated a B&B or place in a hostel.

These are temporary solutions to homelessness and should be viewed as such. Resettlement support for those in this type of temporary accommodation can help ensure people look towards moving on to a more permanent home.

People in their own tenancies who are at risk from homelessness for a number of reasons (debt, mental health problems, relationship difficulties) can also benefit greatly from tenancy support and crisis intervention services.

There is an obvious need for alcohol and drug services with well over half the respondents in this survey reporting one or both of these issues. Their seeming lack of motivation to get help, contradicts their wishes for the future to be substance-free, suggesting that their immediate need was to be housed. If their accommodation needs were addressed and adequate services were available they would be more likely to commence some form of treatment.

Whilst most respondents reported adequate access to medical help, instances of violence, coupled with a high rate of drug and alcohol use could indicate a need for some form of peripatetic nurse, particularly for groups of rough sleepers that are less likely to have access to a doctor. Many people, although they were registered with a doctor, did not have regular contact because of the distance that had to be travelled to see them, a problem distinct to rural areas because of their geographical nature. This too, could indicate a need for some sort of mobile service; particularly for drug and alcohol users that may need repeat prescriptions in order to address their substance use.

The use of B&Bs appears to be necessary because of the lack of alternative temporary accommodation available and until more is available in the form of supported housing or hostel places, will continue to be the only option in many cases. The use of B&Bs should be reviewed in all aspects, it should not be viewed as a long-term solution, and the standards and suitability of rooms and facilities, particularly for families with children, needs to be addressed.

The stigma surrounding those who are homeless contributes to the hidden nature of rural homelessness. Many people found themselves lost and isolated with little information as to where to seek help. Again, visibility of services is essential, as is the recognition of rural homelessness as a serious problem for rural areas. Consultation with service users, people who are or have been homeless, will be necessary to achieve improved service provision and enable a positive and constructive response from local communities.

Over the last 30 years agencies working in Welsh urban areas have established successful services to meet the needs of homeless people. This report has identified these needs also exist in the rural areas of Wales on a scale which demands the range of urban services be replicated to tackle rural homelessness. The logistical difficulties of operating any service should not be a barrier to offering all homeless people in Wales the support to gain access to safe, secure and stable accommodation.

- Balchin, P. and Rhoden, M. (2002) *Housing Policy*, 4th edition, Routledge: London.
- Bevan, P. (1999) *Rough Sleeping in Wales*: Cardiff: The Welsh Assembly.
- Brown, P. (2001) 'Blueprint for rural renewal drawn up', *Guardian*, 23 Jan.
- Button, E. (1992) *Rural Housing for Youth: A report on the causes and responses to youth homelessness in rural areas*, London: Centrepint.
- Cloke, P., Milbourne, P. and Widdowfield, R. 2002 *Rural Homelessness*, Bristol: Policy Press
- Hutson, S, Pritchard, J. and MacNally, J. (2004) *The Housing Histories of People who have been Homeless*, Cardiff: Welsh Assembly
- Hutson, S. and Liddiard, M. (1994) *Youth Homelessness: The construction of a social issue*, London: Macmillan.
- Quilgars, D. *Young People and the Housing market*, York: University of York.
- Shucksmith, M. (2001) 'Exclusive countryside? Social exclusion and regeneration in rural Britain', paper presented to the conference of the Institute of British Geographers, Plymouth.
- Webb, S., (1994) *My Address is Not my Home: Hidden homelessness and the single woman*, Edinburgh: Shelter Scotland (362.10941)
- Welsh Assembly (2003) *Better Homes for Wales*, Cardiff: Welsh Assembly.

- (1) This survey's findings were compared with the following Welsh surveys and a marked similarity noted in many areas: 1991 Young and homeless in Wales, a report for the Joseph Rowntree Foundation.
- 1993** Single person housing need survey, Neath Homelessness Forum, Neath Borough Council.
- 1994** Snapshot survey of single homelessness in Swansea, Swansea Borough Council, Swansea.
- 1995** Housing and support need for young people in Merthyr Tydfil, Merthyr Tydfil Borough Council.
- 1997** *Rough Sleeping and Homelessness and Rhondda Cynon Taff*, University of Glamorgan, Pontypridd.
- 2002** Project Report of the Wallich Clifford Community – Bridgend County Borough Council Breakfast Run 18 December to 18 March 2002.
- 2004** Project Report of the Wallich Clifford Community – Cardiff Nightshelter April 2004 – April 2005

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