

6.5 THE HOMELESS

Reliable estimates of the numbers of homeless people are difficult to come by. Only one group constitutes the official homeless – families with children or pregnant women. Rough sleepers and hostel dwellers are not included in official statistics and there are no reliable data regarding those people in unsatisfactory housing. Cardiff has a significant number of homeless people with eight direct access hostels in the city centre. About 250 single homeless people are seen as new patients annually by the full-time nurse practitioner for the homeless.

Homeless people are often very mobile within the city area. The numbers of case contacts from others working with homeless people are similar. A crude estimate of people who are homeless and hostel residents in 2000 is 1000. A recent survey identified 170 homeless children in Cardiff¹ (Hayes 1999). It is known that some of these children will be accommodated in Central and South-East Cardiff. When considering the issue of homelessness, however, it is difficult to consider these localities from the whole of Cardiff. In 1998, Cardiff had 340 households with dependent children that were homeless (as defined by the Housing Act 1996), an additional 102 households (without dependent children) had a member who was pregnant. Homelessness and its associated health problems are well documented. Homeless people do not constitute a homogenous population; disparate groups have widely differing needs. Homeless people have the following special health needs:

- Prevalence of all mental disorders is higher.²
- Most have substance dependency problems or acquire them when homeless, and these can co-exist with mental health illnesses³
- The average age of death is 47 years
- They are four times more likely to suffer violent death
- Prevalence of physical problems is higher.
- Multiple problems exist.⁴
- Social support and resources necessary for health and taken for granted by most people simply do not exist. Contact with helping services may have been lost⁵.
- Dental caries is high, periodontal health poor, there is a high prosthetic need for edentulous patients with low levels of attendance⁶.
- A high need for foot care; homeless people walk in all weathers in ill-fitting shoes.
- Children living in temporary accommodation are known to have poor health⁷.

Although numbers are small, homeless people place disproportionately large demands on services. High service users with multiple needs, often require help from several different agencies such as health, education, social, non-statutory and probation. Their need for care is greater. There are difficulties in accessing care, especially GP registration or engaging with traditional models of service delivery. Services may not be sensitive to their need and planned secondary care access is particularly difficult. Mobility may prevent them from establishing a continuing relationship with a health care professional. Both physical and psychiatric care rank low on a homeless person's list of priorities; many have previous disappointments with statutory services and feelings of alienation.

¹ Hayes, S (1999) *"Homeless Children: A Multi-agency approach to identifying and addressing needs"*

² Timms P, Balazs J (1997) *Mental health on the margins. BMJ Vol 315 30 August*

³ Klee, H. Professor at Manchester Metropolitan University. Results of Research presented at Accommodating Drugs conference March 2000 at Royal College of Surgeons London

⁴ Balazs, J (1993) *"Health care for single homeless people"*, in K Fisher and C Collins (eds), *Homelessness, Health Care and Welfare Provision*, London; Routledge, ch 3.

⁵ Timms P, Balazs J (1997) *Mental health on the margins. BMJ Vol 315 30 August*

⁶ Stokes, S (1997) *Dental needs of the single homeless in Cardiff. M Dent Sci Dissertation Personal communication*

⁷ Barrie-Foy, G (1997) *The Health of Children in Temporary Accommodation" Health Visitor 1997; 70: 144-5*

6.4.4 VULNERABLE ADULTS - HOMELESSNESS

6.4 NEEDS OF SPECIFIC CLIENT GROUPS

This section has been compiled from 'Cardiff Homelessness Review and Strategy 2003 - 2008 (Draft version)', 'Social Care Plan 2002 – 2007' and Health Services for Eastern Cardiff'.

INTRODUCTION

In the last decade, homelessness and its causes have been high on the local and national political agendas, and more recently initiatives such as the Welsh Assembly Government's Homelessness Commission and the enactment of the Homelessness Act 2002 have focussed attention on the issues once again.

In March 2001 the Welsh Assembly Government passed new legislation adding to the categories defined as 'in priority need', and hence to whom the Council owes a duty. This precipitated a 32% increase in homelessness applications over the following year, and a further 10% rise the next. Even if this increase continues to level off, such numbers cannot be sustained in the long term and clearly preventative measures must become a priority to avoid people having to make a homelessness application.

The Homelessness Commission Report and the Homelessness Act 2002 highlight a general shift towards the recognition of the need for preventing homelessness, ending its recurrence and tackling the root causes.

Two key areas of focus for the Health Social Care and Well-being Strategy are:

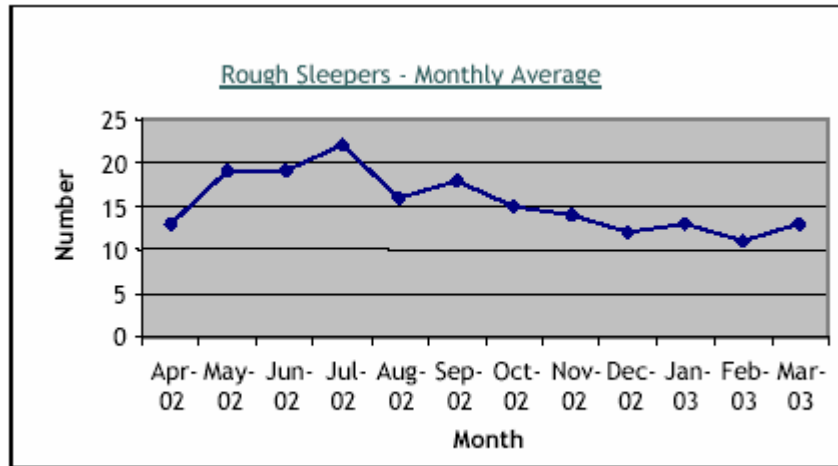
- Housing and support needs (including physical and mental health needs) of homeless people in Cardiff
- The development of more specialist primary healthcare services for homeless people.

DEMOGRAPHY

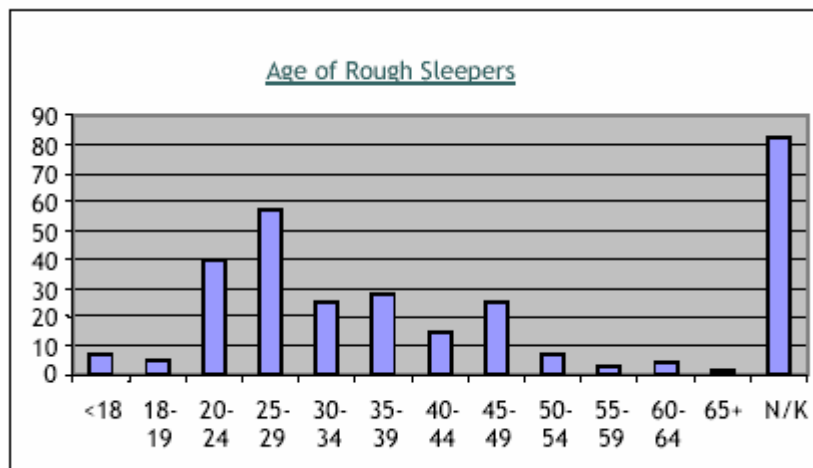
Cardiff has a population of approximately 305,200 (census 2001). Over the past ten years the population has grown by 30,000 and is projected to increase annually at a rate of approximately 1%. The past decade has seen a large amount of development and regeneration as Cardiff's position as Capital City and regional center, matched with a significant population growth, brings a requirement for more homes, jobs and community facilities. The rate of demographic change within Cardiff puts extra pressure on the Council as a landlord to provide affordable housing for its citizens.

It is always difficult to report the number of homeless people in Cardiff. It is widely accepted that people can be homeless in a number of ways and for a number of reasons. Within the Local Authority the number of people applying to Homelessness Services can be reported, although a number of them will have their applications refused because they are ineligible. Over time it may be possible to build up a fuller picture of homelessness by ensuring that all agencies assist in providing assessment information about their service users and agreed common processes inform the strategic process.

There is also very real concern over what is deemed as 'the hidden homeless', i.e. people who have no stable or secure accommodation but rather tend to float between periods in unstable accommodation such as friend's floors. Initial figures show that of those people specifying that their previous accommodation was rough sleeping, 13.5% indicated that this was actually sleeping on friends' floors.



Though the above graph appears to show a steadily reducing trend over the year this is not actually the case. The reality is that this is the result of seasonal variations; numbers of rough sleepers during the summer months have consistently shown a significant increase from those engaged with during the winter months. The reasons for this trend must be investigated further.



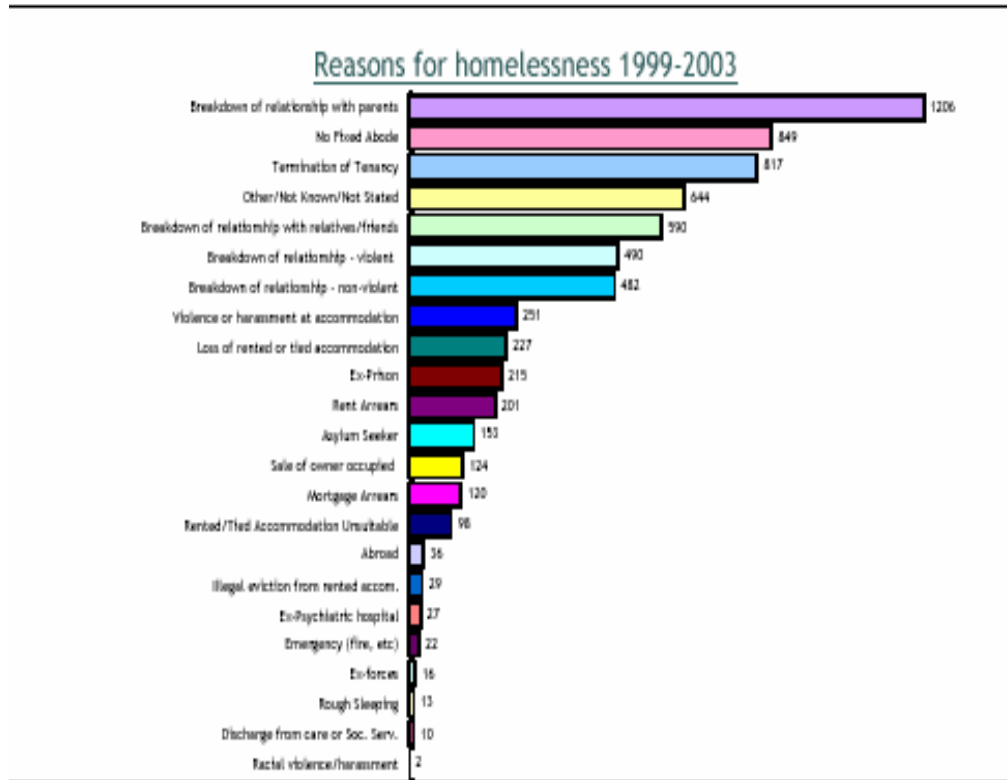
The majority of rough sleepers are aged below 34, (ages are estimated by the Outreach Workers) with more men than women found on the city centre's streets.

Figures recorded for those approaching the Council's statutory Homelessness Service show that in the quarter January – March 2003, a total of 644 enquiries about homelessness were made to the Council, averaging over the year at 265 per month. This is the clearest indication of potential homelessness in Cardiff; some go on to be accepted cases but some also receive the advice they need to make an informed decision about obtaining accommodation by themselves¹.

The main drivers of homelessness include:

- Breakdown in relations with parents, partners, family and friends
- Rent or mortgage arrears
- Influx of applicants from outside Cardiff

The Council records the reasons people give for their state of homelessness during the application process and the following table shows the main drivers for homelessness in Cardiff. The figures show that a total of 41.8% of reasons are related to relationship breakdown of some sort, 37.2% are related directly to a loss of housing, with the remaining 21.0% reflecting those leaving institutions or some other reason¹.



It should be noted that the high proportion of ‘Other/Not Known/Not Stated’ cases is due to the fact that the monitoring system used within the Council in previous years was not as rigorous as it could have been. This has now been addressed. ‘Breakdown in relationship with parents’ has registered as the highest reason for the past 4 years with ‘No Fixed Abode’ and ‘Termination of Tenancy’ being the next highest reasons⁸.

Evidence has also highlighted that over a third (35.5%) of rough sleepers are from outside Cardiff, with the majority of these being from other parts of South Wales¹. The reasons why people choose to come to Cardiff are to be explored by the City Centre Team.

The overall shortfall of affordable housing U.K.-wide is 15 per 1,000 households. In Cardiff this figure is 22 per 1,000, which is roughly twice the average figure for Wales as a whole. Hence, by either comparison, the need for more affordable housing in Cardiff is extreme.

NEEDS OF THE HOMELESSNESS

The homeless do not constitute a homogenous population – they suffer from the same disorders as the general population.

⁸ Cardiff Council (2003) : Cardiff Homelessness Strategy 2003 – 2008 (Draft Version)
¹ Cardiff Council (2003) : Cardiff Homelessness Strategy 2003 – 2008 (Draft Version)

There are some differences; there is a higher prevalence of mental disorder; they are four times more likely to suffer violent death, they suffer multiple health problems and they have less contact with the helping services².

Different service user groups have specific needs :-

Older People

Where an elderly person wants to remain in their own home, but also needs an element of support, the Supporting People framework will ensure that housing-related support can be made available. This will be provided irrespective of whether the service user is a Council tenant or an owner-occupier.

Physical Disability

Mobility issues are often associated with the more elderly population, but it has been noted that of all service users on whom information is available, 21.8% indicated some form of physical disability or chronic illness. This is also indicative of those on disability related benefits, for whom the long-term housing solutions need to be specifically suited to their abilities. Also it is less likely that these people will ever enter the employment market and so they require affordable accommodation to be paid for by state benefits.

Many of the agencies within secondary provision have disabled access to their schemes but few have accommodation set aside for those with mobility issues; ground floor and specifically adapted. Of the 522 beds available, only 1 bed is allocated in this way. Although Adult Social Services should support the majority of people with physical mobility issues, some will not meet their criteria, which puts added pressure on housing services. Currently 10.9% of those in the sector have identified a restricted mobility issue. Obviously there are other physical disabilities that do not impact on someone's mobility, but some degree of adaptation to accommodation is still required. Where someone is then allocated a tenancy, a grant can be obtained to adapt the property. However, any such grant is allocated through Adult Social Services Disabled Facilities Grant scheme but there is a waiting list. The Council's Re-housing service currently holds a common waiting list of adapted properties.

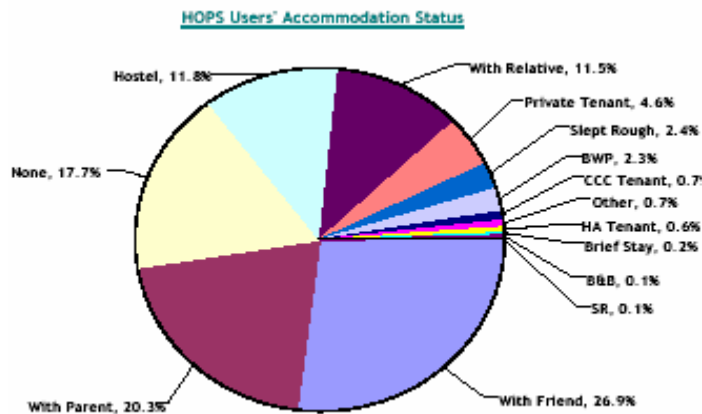
Young People

Placing young people within direct access hostels is not considered as the most suitable accommodation as they can be exposed to a wide range of issues including substance misuse and people with very challenging behaviour. With the very large amount of presentations from young people, it was recognised that specialist provision needed to be set-aside for young people.

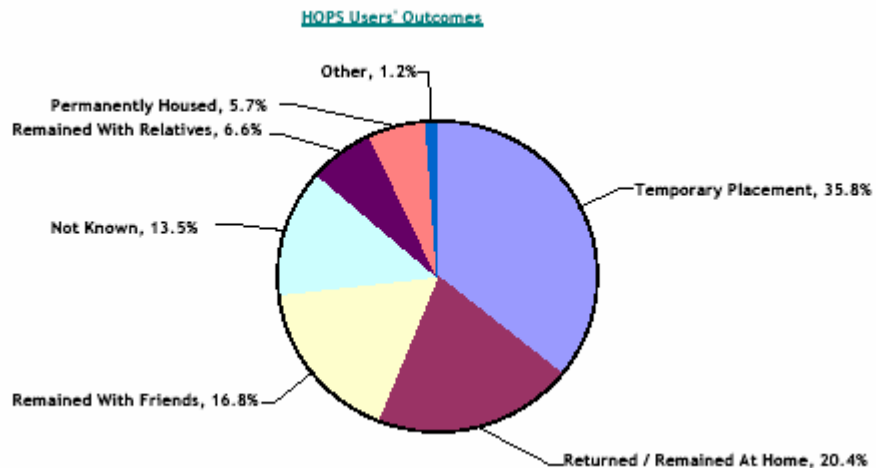
Llamau Ltd. Is one of Cardiff's specialist young person provider, and facilitates a safe house to which the Council can directly refer priority needs cases. Through a successful Supporting People bid in 2002, a second-stage safe house was established.

The chart below shows that a total of 31.8% of young people approaching Llamau's Housing Options Project (HOPs) were living with parents or wider family and that a significant 26.9% were living with friends, giving some indication on the numbers of the hidden homeless. Those living in tenancies only accounted for 5.9% and a total of 17.6% were living in vulnerable or insecure accommodation; slightly more at 17.7% were not living anywhere or did not give a detailed description.

² Cardiff Local Health Group (2000) : Health Services for Eastern Cardiff



The outcomes of those service users engaging with HOPs are also monitored and the following chart shows this breakdown:



A total of 27.0% of young people either returned home or returned to live with other family members; 16.8% returned to live with their friends. Those placed in accommodation temporarily accounts for 35.8% of all young people seen during the year, with only 5.7% being permanently housed¹.

Usually it is the very real inexperience of independence and lack of life skills that causes tenancies to fail. Therefore supporting young people sustain their tenancies provides both a practical introduction to independent living and an emotional support for those having recently left the family home environment. Many agencies provide life skills training including the basics of getting amenities connected through to budgeting, shopping and home cleaning and maintenance.

Offenders

The permanent housing of offenders is often arranged through existing agreements with private sector landlords. However just under a quarter of those seeking support through the National Probation Service's Accommodation Unit are still on waiting lists for social housing. Within secondary provision supported housing, Tai Trothwy provides the majority of the 55 beds available from the recently refurbished Janner House.

¹ Cardiff Council (2003) : Cardiff Homelessness Strategy 2003 – 2008 (Draft Version)

Referrals to the National Probation Service Accommodation Unit from the wider Probation Service indicate reasons that appropriate and timely housing advice and support is required. During the year April 2002 to March 2003, 50% of referrals concerned ex-offenders who were of no fixed abode, 32% were in unsuitable housing and 18% had other housing needs, including advice.

Referrals By Reason to the Probation Accommodation Unit

Reason for Referral	QTR 1	QTR 2	QTR 3	QTR 4	Totals	%
NFA on release - serving prisoners	40	39	40	38	157	23.7%
No fixed abode	18	31	22	23	94	14.2%
Wanting independent accommodation	18	27	24	16	85	12.8%
Housing unsuitable (special needs or social reasons)	11	17	16	11	55	8.3%
General advice	18	16	10	9	53	8.0%
In bail hostel	16	6	11	10	43	6.5%
NFA on release - released	9	11	9	8	37	5.6%
Inadequate housing	4	9	7	9	29	4.4%
Threatened with homelessness	4	8	3	11	26	3.9%
Unknown	2	12	1	5	20	3.0%
Housing Benefit dispute/rent arrears	5	4	10	1	20	3.0%
In homeless hostel	5	8	3	-	16	2.4%
Homeless - without accommodation	2	1	4	3	10	1.5%
Relationship breakdown	-	5	4	1	10	1.5%
Housing too expensive	2	5	1	-	8	1.2%
TOTALS	154	199	165	145	663	100%

During the year, a total of 45% could be considered as homeless, having no fixed abode identified either before or after release; 21.6% have some form of accommodation but wish or need to move and a further 14.9% simply need advice or advocacy. The Probation Accommodation Unit therefore needs to consider appropriate options for acquiring sustainable tenancies for the majority of these offenders, whilst also considering the ongoing support needs of those already placed in accommodation to assist them to maintain their tenancies¹.

Domestic Abuse

In 2002/03 a total of 231 requests for refuge were received, but only 56.7% were actually accommodated in Cardiff Women's Aid refuges. Of those who were not accommodated 5% wanted to be placed outside Cardiff, 25% were considered as not suitable for refuge living, 3% were considered as not safe in a Cardiff refuge, 65% were told that there were no spaces for them and 2% refused to be placed outside Cardiff. The 28% of women applying to refuges who were turned away because of a lack of capacity is of great concern, indicating that there are not enough refuges available in Cardiff¹.

In addition many women access the services simply for advice, information, counselling and outreach services.

Gay/Lesbian

Tai Trothwy operates the only specific gay/lesbian accommodation scheme within Wales, called Triangle Wales, which provides 5 bedsits for young people accompanied by

¹ Cardiff Council (2003) : Cardiff Homelessness Strategy 2003 – 2008 (Draft Version)

appropriate support from the scheme. Because the information on gay/lesbian people, including their accommodation and support needs is not currently available, it is not possible to evaluate whether such provision is adequate. This issue is currently being addressed.

Mental Health

It has been identified that mental health issues are prevalent amongst those in the homelessness sector and a large amount of identified support needs to focus on actual diagnosed problems as well as cases of self-reported depression. This area has been identified as a growing issue for people in the homelessness sector. What cannot yet be identified is whether the reported cases of depression were pre-existing before entering the sector, or whether it is through prolonged periods within supported accommodation that such illness has developed.

Cardiff Mind is the only specialist mental health accommodation provider in Cardiff which de-registered in early 2003. The majority of placements are referred directly from hospitals or through Social Workers and so accommodation for general homeless people is limited. Other schemes such as Prep Projects and the Wallich Clifford Community fill this gap by providing supported housing for people with mental health problems and usually other support needs too.

Drug/Alcohol

Provision for people with substance misuse problems in Cardiff is quite innovative, with a range of wet, damp and dry schemes for people with alcohol problems. South Glamorgan on Alcohol provides a range of primary and secondary schemes as well as advice and counselling services. The Wallich Clifford Community's Shoreline Project matches people of similar needs and interests to make a suitable 'fit' to allow access to one of their wet houses, where former street drinkers can be accommodated safely and continue to drink. Because of the huge success of this project the scheme has increased the number of houses available but demand for the service still grows.

However there are no schemes as yet for those with drug problems as there is still a legally contentious issue of allowing the use of drugs within premises. There is still a recognised need to allow such schemes to be established but obviously this has to be effected within safety parameters and the prevailing law.

An obvious gap in provision is where substance misuse is allied with an underlying mental health problem. Currently there is no specific supported accommodation around this issue and accessing support services can also be difficult due to the complexity of the issues involved.

Complex Needs

As already mentioned, there is a significant gap in service provision across all ages and groups that have been identified as having a complex need. The majority of people with complex issues are currently accommodated within primary provision; this clearly is not the ideal solution to the already over-subscribed service. Additionally, placing such people in tenancies with floating support is also not the answer, as this would add greatly to the issues of neighbour nuisance and anti-social behaviour. The provision of accommodation for people with complex needs clearly needs to be established as a separate and dedicated scheme.

6.6.7 PROVISION OF SERVICES AND IDENTIFIED GAPS - HOMELESSNESS

The Homelessness Service has been in operation since the Homelessness

legislation was introduced in 1976/77. The Service is based at Marland House in the centre of Cardiff.

The service caters for a diverse client group, covering a range of vulnerable people such as rough sleepers, teenagers, single parents, the elderly, those in ill health or experiencing mental health problems. For those who meet the homelessness criteria there is a statutory duty to find suitable temporary accommodation for a period of up to two years. Those who do not meet the criteria are classed as non-statutory and are entitled to advice and assistance.

Within the Homelessness Service sits Tresillian House direct access hostel and the Strategy & Monitoring Unit. The Strategy and Monitoring Unit was initially established with Welsh Assembly grant assistance to develop the Cardiff Homelessness Strategy. As part of this work, it was necessary to engender partnership working with all homelessness services and other accommodation and support providers including the use of common assessment procedures.

This partnership working also allows for the ongoing close working relationship between Homelessness Services and the City Centre Team, formerly within the Housing Department but now part of Adult Social Services. The City Centre Team was set up in November 1997 to provide services to vulnerable people within the city centre who can't, won't, or don't access mainstream services. The Homelessness Team focuses on statutory duties under Part VII of the 'Housing Act 1996', whereas the City Centre Team offers advice and assistance and provides a gateway to mainstream services. The teams aim to provide a seamless service for all vulnerable and homeless people³.

Current service gaps (Headline level only)

Gaps identified in the recent 'Cardiff Homelessness Review and Strategy 2003-2008 (Draft Version) include :-

- No dedicated services aimed at considering alternative solutions to evictions by private landlords
- Currently there is no dedicated support service for those in private tenancies
- Provision of advice and support is minimal to offenders
- Little is known of the specific housing needs of those from BME communities
- Alternative types of temporary accommodation need to be developed
- Not enough refuges, lack of capacity
- Lack of provision for people with drug misuse problems
- Links between the Council's Homelessness Services and the Wasted Homes Strategy are not strong enough.
- Specific support for young women with substance misuse problems should be increased
- Services for parents with high support needs are scarce
- Little is known of the demand of the support needs of gay/lesbian service users

³ Cardiff Council (2002) : Social Care Plan 2002 - 2007

- Co-ordination and the development of a furniture service is required
- The prevalence of complex issues among service users is of concern and a scheme needs to be dedicated to this issue

Health Services

Currently Cardiff health services provide a range of very valuable services to those who are in primary provision, supported housing or who are sleeping rough. Services available currently include:

- GP for the Homeless - Cardiff & Vale NHS Trust. A dedicated GP who provides a necessary route into health care services for those who are sleeping rough or in hostels.
- Safe Haven - Cardiff & Vale NHS Trust. A GP surgery for service users who have a history of verbally or physically assaulting GPs or causing damage to the surgery itself, can be seen at this clinic where police presence protects the GP.
- Nurse Practitioner for the Homeless – Cardiff & Vale NHS Trust. Provision of a wide variety of health care and screening services within a structured visiting programme around various hostels and those sleeping rough.
- Health Visitor for the Homeless - Cardiff & Vale NHS Trust. Provision of health advice and guidance to women and their children including ante- and post-natal care and family planning.
- Elan Team - Cardiff & Vale NHS Trust. A team of six volunteer midwives who provide a 24 hour service around pregnancy, birth and post-natal care for vulnerable women in the Ely and Llanedeyrn areas of Cardiff.
- Community Dental Service - Cardiff & Vale NHS Trust. Routine and emergency dental health care at the Butetown Health Centre and from a mobile surgery.
- Community Addiction Units - Cardiff & Vale NHS Trust Multi-disciplinary service to problem drug and alcohol users, including advice, counselling, needle exchange, detoxification and a therapeutic day programme.

Current service gaps (Headline level only)

Although the above would indicate an adequate range of healthcare for homeless people, it is not comprehensive in scope or coverage.

- Provision currently lacks access to dedicated Community Psychiatric Nurses and Consultants. In contrast, Blackpool records far less homeless people than in Cardiff but its primary healthcare provision includes a dedicated CPN and Psychiatric Consultant and three nurse practitioners to Cardiff's one.
- A lack of specialist services, particularly around mental health and substance misuse, causes many people to wait for services that both diagnose their problems and subsequently offer treatment. Currently the waiting time to get an in-patient substance detoxification is 2 years.



Appendix - "frontline" hostels:

Cardiff Action for the Single Homeless - Huggard Centre Hostel
Tresillian Way, Butetown
(includes day and night centre)

Cardiff County Council - Tresillian House
Tresillian Way,
Butetown

YMCA
The Walk,
Roath

Salvation Army,
Ty Gobaith Bute Street,
Butetown

Wallich Clifford Community, Sir Julian Hodge Centre Hostel
Broadway,
Adamsdown

Wallich Clifford Community, Nightshelter
Clare Road, Riverside

These two have been redefined as "Support Providers" due to their access criteria:

Cardiff Housing Link
Tresillian Terrace,
Butetown

Church Army, DC @ Ty Bronna
Clos Ty Bronna,
Fairwater