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# Homelessness in Wrexham: Contemporary patterns and profiles of homeless people with complex needs

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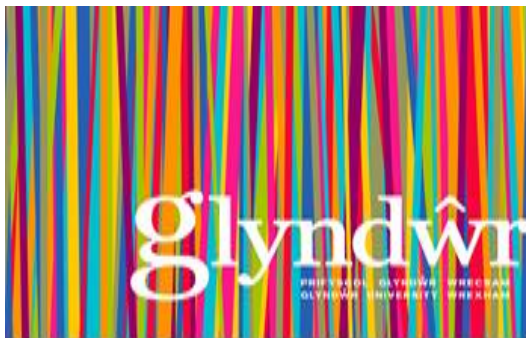
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# Homelessness in Wrexham: Contemporary patterns and profiles of homeless people with complex needs

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We would also like to thank all the statutory and voluntary agencies, and their staff, who took part in the study. Most of all, however, we are indebted to the 23 service users who talked freely to us about the causes and consequences of homelessness and their use of services. It is their voices that communicate most powerfully in this qualitative study.

**September 2012**

## Executive Summary

This report draws on a study of homelessness in Wrexham, North Wales, to explore patterns and profiles of homeless people with complex needs in the town. The study was funded jointly by Wrexham Temperance Hall Trust, Wrexham Council Supporting People team, Housing Department and Wrexham and Flintshire Community Safety Office. Included in the study is a background literature review (focusing primarily on key issues around homelessness in the UK, and Wales particularly); data from a range of agencies providing homeless services in Wrexham; perceptions of providers and users of homeless services and a series of vignettes presenting brief portraits of selected service users and the issues which they raised.

Key issues identified by the study are:

1. Demand for accommodation, whether this is local authority housing, night shelter, hostel or supported places, exceeds supply. Inclusion/exclusion criteria relating to intentionality, priority need, age and local connection are seen as prohibitive by many service users. Key issues highlighted by service providers and users were the need for suitable, affordable, accommodation for young people, and provision of increased hostel provision for those over 25.
2. The current economic climate was highlighted by service providers as having adverse implications for service provision. In particular it was suggested that benefit changes may prompt increased levels of eviction of young people from the family home. In addition, because current cutbacks are happening across the board, it was felt that the emerging picture of service users represented a broader cross section of society than previously.
3. Service users described a 'circle of homelessness' whereby homeless people move between temporary accommodation, with little prospect of securing permanent accommodation. Here, failure to meet local authority housing requirements, inability to pay rent (anticipated as a function of benefit changes), and low prospects of employment, compounded by a lack of address, were cited as contributory factors.

4. An uneasy relationship was identified (by service users and providers) between homelessness and education and training. Barriers to education for homeless people exist as a function of benefit requirements. These barriers are understood to contribute to the circle of homelessness.
5. Existing homeless services in Wrexham, including accommodation, food provision, drugs and alcohol services, are perceived very positively by service users. Key factors are centrality, accessibility, and (particularly) inclusive, empathic and helpful attitudes of front line staff delivering services. Services may be attractive to, and may draw users from other areas because of this.
6. There is an identified need for a day centre in Wrexham for the street homeless and those staying in the night shelter to access. Key factors cited by respondents were warmth and shelter, alleviation from boredom, hygiene and a deterrent to engaging in substance misuse and criminal activity.
7. Stigma surrounding homelessness was an issue raised by service providers and service users. Service users were aware of negative public perceptions, and some were wary of using services where homeless people met because of the risk of becoming tainted by association. Linked to this, particular accommodation provision was perceived by some potential service users (such as females, and those who have no prior experience of using these services) as high risk. This was because of the perceived engagement of other users in risk-related behaviours. Generally service users considered there was a need to educate the public about homelessness and homeless people, as well as provide more information (for service users and the public) about available services.
8. Service users associated homelessness with a higher risk of substance misuse (or increased substance use). Substance misuse was generally described as a strategy for coping with the boredom and hardship of street living. Here, user education and access to services, as well as an increased emphasis on harm measures, was promoted by service providers.
9. Other risk activities in which homeless people engage, identified by service providers, included lighting fires. For rough sleepers the lighting of fires, which is

understood as a necessity for cooking and to provide warmth, is a routine activity. Service users in this study claimed to be both knowledgeable and sensible about fire. Service users distanced themselves from fire-related risks such as lighting fires in tents, or without due care and attention. Risk associated with fire was associated, by service users, with the vindictive actions of others.

10. Service providers and users highlighted the importance of seamless service provision so that service users might have more immediate access to services (for example, specialist health services). Here it was noted that some (9 to 5) services do not currently meet user (24/7) needs.



## Introduction

This study, which was funded jointly by Wrexham Temperance Hall Trust, Wrexham Council Supporting People team and Wrexham and Flintshire Community Safety Office, explores patterns and profiles of homeless people with complex needs in Wrexham, North Wales.

The study draws primarily on the perceptions of a sample of providers of a wide range of services catering to the homeless in Wrexham, and on the perceptions of a sample of homeless people (including those who occupy supported accommodation). The aim of the study was to elicit key issues surrounding homelessness in Wrexham from the perspectives of these two groups. The presentation of key issues, in user accounts, is enhanced by the inclusion of five vignettes which tell abbreviated stories of a selection of some of the study's participants.

In addition to service provider and user perceptions, the report presents statistical data from a range of services catering to the needs of homeless people in Wrexham. While these data do not provide a complete picture, nor are they comparable in that different agencies do not collect the same type of data in the same way, they do highlight some important issues for services and their users.

Finally, a literature review on homelessness, which focusses primarily upon the UK and on Wales in particular, provides context to some of the report findings.

### Aims of the study

The study set out to examine the needs of homeless people and patterns of service provision and use in Wrexham. To this end, it set out to provide greater understanding about what, how and why homelessness services in Wrexham are utilized in the way that they are and to highlight the implications for the funding, development and provision of services for homeless people in Wrexham

### Research questions

- What are the key issues identified in the literature which can inform our understanding of homelessness in Wrexham?
- What data on homeless people are currently collected by different agencies? What information do these data provide on, for example, levels and patterns of homelessness, types of homeless people, use of services and movement of homeless people into and out of the county?
- What are the key issues (for example substance misuse or mental health) for homeless people identified by service providers in Wrexham, and to what extent are these issues perceived as adequately addressed?
- What are the key issues identified by homeless people with complex needs in Wrexham, and to what extent are services perceived as addressing specific (and multi-dimensional) needs? What are the key factors which inform homeless people's use of services (including, for example, location of services, adequacy of provision, specialist provision and ease of access)?
- What risks to health and safety does rough sleeping pose to self and others? For example, what methods are used for keeping warm and cooking food when rough sleeping, and what risks do these incur? How, and in what way, does understanding among service users about health and safety issues (including those relating to fire)

differ according to context (i.e. whether they are living rough or in settled accommodation)?

- What can individual biographies of homeless people with complex need in Wrexham tell us about their movement in and out of services, as well as their geographical movements?
- What are the implications for the funding, development and provision of homelessness and supported housing services in Wrexham?

## The Study Methods

### Study design

The study drew on:

- A review of the literature on homelessness
- Analysis of existing data about local provision (held by service provider agencies)
- Semi-structured interviews with a sample of service providers
- Semi-structured interviews with a sample of homeless people with complex needs

Specifically, the study focused upon issues faced by homeless people (including substance misuse and mental health problems), patterns and levels of service use, movement in and out of services and geographical movement into and out of the county.

A sampling and respondent recruitment strategy was developed following discussion with key stakeholders. At an initial stage a presentation about the study was given to representatives from a range of organisations providing homelessness services. Following this, a research representative attended steering group meetings of different agencies, to ease research access and recruit potential participants to the study. Identification of potential service users was assisted by service providers, who enabled access to contexts where users might be recruited to the study. These included Ty Nos Night Shelter, Soup Dragon (Young Person's Project-CAIS in partnership with Shelter), Wrexham Foyer, the Elms drop in service (Community Drugs and Alcohol Service), Youth Choices, NACRO (National Association for the Care and Resettlement of Offenders), Barnardo's Compass Project, St. John's hostel and the Salvation Army Citadel drop in.

Interviews with service providers and service users were semi-structured, and the discussion was informed by the research aims and research questions.

### Service provider interviews

Semi-structured interviews (n=20) were carried out with a sample of staff who deliver a range of services to homeless people in Wrexham. These interviews focused on roles and responsibilities vis-à-vis the homeless, perceptions of key aims of services and the extent to

which aims are perceived as being met, service co-ordination, perceptions of the causes, nature and extent of homelessness, resources, national and local strategies, gaps in services and risks associated with homelessness. All staff interviews were digitally audio recorded with respondent permission.

## **Service user interviews**

Semi-structured interviews (n=23) were carried out with a sample of service users who access a range of homelessness services in Wrexham. The sample comprised 6 females and 17 males aged between 16 and 57, and included sofa surfers, hostel users (young people and adults), night shelter users, those in supported accommodation, as well as those in temporary/unsuitable accommodation.

The interviews focused on respondent biographies, experiences of homelessness (including rough sleeping, sofa surfing and temporary accommodation), provision and use of services for homeless people, facilitators of and barriers to services, gaps in service provision and risks associated with homelessness. All service user interviews were digitally audio recorded with respondent permission.

## **Qualitative data analysis**

All audio recordings were fully transcribed. Qualitative data interviews were analysed using a constant comparative approach. Transcripts were read by research team members and an analytic framework developed, based on emergent themes. In the body of the report, themes are evidenced using data extracts codes as follows:

Service Providers (code SP1-20 in data extracts)

Service Users (code U 1-23 in data extracts)

All names of people/places in the data extracts have been altered to ensure anonymity.

## Ethical issues

Ethical approval for the study was granted by Glyndŵr Research Ethics Committee (GREC). The study adhered to required ethical research practice (as set out by the British Sociological Association) and observed the principles of informed voluntary consent, anonymity and confidentiality. Participants were given information about the study and signed consent was obtained before the interviews. Participants were empowered to be able to decline being interviewed at any stage without incurring negative consequences.

## Data codes

*Service Provider Coding:* For individual quotations, SP indicates Service Provider and the digit indicates the individual service provider identifier.

*Service User codes:* For individual quotations, U indicates Service User and the digit indicates the individual service user identifier.

## Vignettes

Pseudonyms have been allocated to individuals represented in the five vignettes. In addition, non-essential information has been changed to preserve anonymity.

## Background and literature Review

### Defining the problem

The UK has no single definition of homelessness, rather there are a range of different definitions used by providers of homeless services (local authorities, NGOs, government departments) (Smith, 2003). Most often, 'benchmark' definitions of homelessness are informed by the 1977 UK homelessness legislation which distinguished between statutory and non-statutory homelessness (Smith, 2003). While the former comprise households deemed to have a legal claim to housing, because they are homeless and in 'priority need', the latter are deemed to have no such claim.

Prior to the 1977 Homelessness Act (National Archives, 2012), homelessness was understood as a family issue. When the definition of homelessness changed its focus to the need for housing, responsibility for homeless households fell to local housing departments rather than social work departments (Smith, 2003). All local housing authorities assumed a statutory (legal) duty to provide accommodation for homeless families with dependent children and homeless and vulnerable older people aged 60 years or older. The criteria for 'statutory homeless' status are: homeless (those without any rights to access secure accommodation for that night), those with a local connection (such as having lived or worked in the area), and those in priority need (including those with dependent children or older adults). Statutory homeless does not apply to those perceived as intentionally homeless. 'Non-statutory' homeless are those who have no legal claims because either they are deemed to be intentionally homeless, or do not meet priority need requirements (including the single homeless).

While the definition of homelessness has remained largely unchanged (excepting the later inclusion of domestic violence as a criteria), the subsequent 1996 Housing Act reduced the statutory rights of homeless applicants as a function of reduced housing stock following the 'right to buy' legislation of 1979. From here on in, homeless people were re-housed in temporary accommodation for two years, rather than being offered secure, permanent housing. The Homelessness Act 2002 further amended the definition of homelessness by expanding the domestic violence criteria to include all violence, and removed the two year limitation on the duty to assist with a duty to assist until permanent accommodation was secured. Additionally, the 2002 Act specified (in England and Wales) new priority need

groups as young people who were at risk, previous members of the armed forces who were homeless and those recently released from prison or youth custody. Under the Act, local housing authorities were also allowed to offer accommodation to non-priority need homeless households. Finally, the Act also introduced a requirement for local authorities to carry out homelessness reviews, formulate strategies to combat homelessness, and work in partnership with other agencies on homelessness prevention. It placed a duty on local authorities to develop five-year homelessness strategies aimed at reducing homelessness and providing improved and integrated services and homelessness prevention.

In 2009 the Welsh Assembly Government published its Ten Year Homeless Strategy for Wales (WAG, 2009). The aims of the strategy were to: prevent homelessness; work across organisational and policy boundaries (across statutory, private and third sector); place service users at the centre of delivery; ensure social inclusion and equality of access to services; and make the best use of resources. The Full Equality Impact Assessment Report which set out the strategy (WAG, 2009), highlighted cases where people did not fit into one equality strand (but straddled two or more). In these cases the disadvantages and discrimination experienced by individuals may be compounded. It noted that young people, for example, were at greater risk of experiencing homelessness due to a combination of systematic barriers, lack of life experience, less earning power, prejudice from landlords as high-risk tenants and that older people were at greater risk of health problems, compounded by experiencing homelessness. Additionally disability, gender, religion, ethnicity and sexual orientation were all highlighted as being implicated variously as potentially affecting homelessness.

## Prevalence and causation

Arriving at an accurate number of homeless people in the UK is problematic, because of the different definitions of what counts as homeless, and the numbers of 'hidden' homeless (Fountain et al., 2003). According to a Joseph Rowntree Foundation report, at least 75,000 young people experienced homelessness in the UK between 2006 and 2007, during which time approximately 50,000 young people were homeless at any one time (Quilgars et al., 2008). The study highlighted how possibly one in every 100 young people may have contact with a homelessness service annually. The report indicated how, while the numbers of statutory homelessness in England and Wales had fallen during recent years and the prevalence of rough sleeping had fallen during the last decade, the numbers of non-statutory



homeless appeared to have remained constant. It was also noted that the demographic makeup of the homeless population had remained fairly constant during the preceding decade, with the majority being white, with an over-representation of ethnic minorities (particularly black British) in England.

Homelessness is caused neither solely by structural or individual factors (May, 2000). Research demonstrates that young people who experience homelessness are a highly disadvantaged group who are likely to be from poor backgrounds, with fewer educational qualifications, and who have experienced difficult or disrupted childhoods (Fischer et al., 1986; Quilgars et al., 2008). An on-going three year homelessness monitor study (spanning 2011 to 2013) expects to provide an independent analysis of the impact on homelessness of recent economic and policy developments in England (Fitzpatrick et al., 2011). The researchers anticipate that homelessness in England is affected directly, via higher mortgages and rent arrears, and indirectly by increased pressure on families and relationships. They also note that a weakening of welfare protection is likely to increase levels of homelessness through caps on local housing allowance and housing benefit, and this will be exacerbated by lack of employment opportunities. They anticipate that the numbers vulnerable to homelessness will increase due to the recession, housing affordability and welfare reform. Studies also report on a continued over-representation within the homeless population of those with a history of institutional care, problems of mental or physical health, drug addiction or alcohol dependency, which may prevent them from progressing into work and independent living (May, 2000; Centrepoin, 2010). It is largely unknown the extent to which illegal or risky behaviours, highly prevalent among the homeless, may precede or even cause the entry into homelessness, or occur as a function of it (Zerger et al., 2008).

Family breakdown is highlighted in the UK literature as a precursor of homelessness (Monfort, 2009). Monfort's (2009) interview study of 60 homeless young people noted the importance of family relationships, highlighting family breakdown, linked to unresolved arguments and youth rebellion issues, as a cause of homelessness among young people. Similarly, the first large-scale review of youth homelessness for a decade, commissioned by Joseph Rowntree, confirmed that the main 'trigger' for homelessness among young people is relationship breakdown (Quilgars et al., 2008). Violence and abuse, including physical and sexual abuse and neglect, are also highlighted common themes in the backgrounds of numerous homeless youth (Tyler, 2004). It has also been evidenced how mental health

problems such as personality disorder; post-traumatic stress disorder; complex trauma; or conduct disorders in children, can increase the likelihood of homelessness (DCLG, 2010; Beijer et al., 2011). Gay, lesbian and bi-sexual adolescents (particularly males) are at increased risk of homelessness because of conflict (with family members) regarding their sexuality (Whitbeck, 2004; Hein, 2011).

## Marginalisation and stigma

Homeless youth are at least doubly marginalized, as a function of both homelessness and their status as young people with restricted legal rights (Lee & Schreck, 2005; Hein, 2011). Here, Lee and Schreck (2005) point to issues of both structural and individual exclusion. While the former includes: persistent poverty, shortage of affordable housing, economic trends, changes in welfare and mental health policy, the latter includes substance abuse & mental illness (which serve to reduce employability, erode support networks, and bring about stigmatising reactions). Public perceptions of the homeless (which reflect and exacerbate exclusion) will be slow to change as long as chronically homeless people are visible on the streets (Schwab Foundation, 2002).

It has been argued that mistrust of main stream institutions and welfare state deficiency forces homeless individuals to resort to informal survival strategies that are met with increasing displacement and criminalisation (Von Mahs, 2005; Jordan, 2011). Jordan (2011) noted how young homeless people feel excluded from spaces that are of importance to them because of non-acceptance and violence. In the UK, qualitative research highlights how homeless men may experience multiple structural disadvantages that differentiated social exclusion of the single homeless population from both the housed population in general and other poor or unemployed people (May, 2000). Moreover, Johnsen et al (2005) note that homeless people are rendered 'out of place' in public space because their presence disturbs the economics and aesthetics of the urban environment. It has also been noted how changes to service organisation have implication for the allocation of both responsibility and blame (which are issues central to social exclusion). In Ireland, for example, it has been argued that shifts towards target-based management systems in social service provision have led to the interpretation of the homelessness in individualistic terms. This effectively means victim blaming, or shifting blame towards the homeless themselves, and consequently away from the state's responsibility (Phelan & Norris, 2009).

It is important to note that 'homeless' individuals do not necessarily themselves accept homelessness as a defining characteristic. In an Australian study, for example, it was found that young people managed their identities as opposed to letting 'homelessness' define them. For these young people, homelessness was described as an experience which was sometimes part of their life, and at other times, not (Jordan, 2011). Other studies also find little evidence to suggest that homeless careers are progressive in any clear or simple sense. In some cases, homelessness appears to be an almost permanent experience, while in other cases long periods on the street or in hostels may be interspersed with equally long periods in own accommodation (May, 2002).

## Risk and survival

Homelessness has been identified as a risk factor for several (often interrelated) conditions and behaviours, including violence, substance misuse, (physical and mental) ill health, and mortality. Overall, research evidences how limited resources and the need to survive, mean that homeless people are more likely to engage in lifestyles and daily routines which expose them to dangerous places and people (Tyler et al., 2004; Irestig et al., 2010). Homelessness is a risk factor for abuse of alcohol and/or illicit drugs and some evidence highlights a tendency for these health-related risk behaviours to increase with age (Zerger et al., 2008). That is, the longer young people live on the streets, the more likely they are to engage in substance use (Van Leeuwen, 2004).

Research also attests to an association between homelessness and risk of mental health problems. In the UK there is an assumption that a degree of depression, and post-traumatic stress disorder (particularly amongst refugees) is the norm for homeless people (and that this cannot be used to differentiate them in order to gain assistance) (Hunter, 2007).

There is a clear association in the international literature between homelessness and excess mortality. Canadian research indicates for example, between 1995 and 2000 the mortality rate for Canadian homeless youth was 11 times that of non-homeless youth (Hein, 2011). Beijer et al (2011) have noted a significant excess mortality rate in Sweden from infectious diseases and argue that homelessness aggravates alcohol and drug abuse, which in turn exacerbates ill-health generally, and has particular implications for diseases such as epilepsy, liver diseases, diseases of the pancreas, and diabetes.

The literature suggests how risk behaviours engaged in by homeless people often comprise part of their survival strategies. These include substance misuse, survival sex and crime. Substance misuse may be viewed by homeless people as a valuable means of: coping with street life, suppressing hunger, staying awake for extended periods in order to prevent attacks/victimisation, a way to deal with the negative emotional impact of isolation, and a means to manage physical and mental health symptoms (Thompson et al., 2010). Likewise, 'survival sex' (the performance of sexual acts in exchange for food, shelter, money, protection, or drugs) has been highlighted by researchers as a strategy employed by some homeless people to secure resources (Van Leeuwen, 2004; Zerger et al., 2008).

Crime is also acknowledged as a survival strategy associated with homelessness status, and this is particularly highlighted in the American literature (Gelberg et al., 2000; Hein, 2011). Lee and Schreck (2005) have argued that homeless people often perpetrate crimes linked to their marginal status. Hence they are usually charged with minor offences such as loitering, disorderly conduct, fighting, and public drunkenness. The authors contended that such crimes are for the most part motivated by survival needs or result from the diminished capacity associated with mental illness. Other American authors note that both homeless and incarcerated populations are disproportionately male, young, black (Metraux & Culhane, 2004). They also note how time in prison is likely to exacerbate residential instability. In the UK, Centre Point, a leading charity for homeless young people, note that one in five (20%) of their users have a history of offending (Jordan, 2011). Reoffending rates of young offenders, once leaving custody, has also been highlighted as an intractable problem, with reoffending rates as high as 74 per cent (Glover & Clewett, 2011). Here, Glover and Clewett (2011) note that significant numbers of 16 and 17 year-olds are insufficiently supported on release and this results in disengagement from services and costly reoffending.

In Wales, a survey of homeless and previously homeless ex-prisoners from the Wrexham area, which was undertaken in 2003, included participants' own perceptions of the links between homelessness and crime and crime and homelessness (Shelter Cymru, 2004). The survey was carried out with ex-prisoners who were homeless, or who had been homeless during the previous 12 months, and who had been charged, remanded and sentenced to a period of imprisonment. The findings indicated that accommodation difficulties constituted barriers to ex-prisoners when attempting to re-integrate into mainstream society. For example, ex-prisoners generally experienced difficulties in gaining employment and this reflects a link between ex-offenders, unemployment and recidivism.

The study findings were also used to argue that homelessness constitutes a preceptor to crime and that crime is also a significant contributor to homelessness. Likewise, a qualitative study in Wales of 27 prison leavers, including 5 in Wrexham (plus 27 stakeholders) reported prison leavers as a particularly vulnerable group who often face homelessness on release from prison, and highlighted how being in stable accommodation reduces the risk of reoffending by one fifth (Mackie, 2009). Self-reported needs of interviewees in this study related to substance and alcohol misuse, mental health, physical disability, money management, tenancy support / life skills' anger management, unemployment, thinking skills, and literacy/numeracy.

The literature also suggests that homeless people are more likely to be victims of crime than those in accommodation. UK research, which carried out interviews with homeless men and women living on the street and in temporary accommodation in three cities (London, Oxford and Cambridge) found that compared to the general public, homeless respondents were 13 times more likely to have experienced violence and 47 times more likely to be victims of theft (Newburn & Rock, 2004). Moreover, almost one in ten of those interviewed had experienced sexual assault in the last year, around half had experienced damage to property and one in five had been a victim of burglary (Newburn & Rock, 2004). The authors noted how much of the violence related by homeless people appeared to stem from the general public who accounted for 32% of violent acts, 33% of threats, 24% of the incidents of theft, and 3% of sexual assaults against people who are homeless. In the UK Despite awareness of an association between homelessness and crime it has been argued that recent years have shown an increase of measures designed to criminalise basic street survival strategies. These include more stringent policing and the introduction of manipulative architectural features (such as 'bum proof' bus seats and sprinkler systems) designed to make it more difficult for homeless people to occupy spaces in city centres (Johnsen et al., 2005).

Research reports how support networks and relationships between young homeless people constitute a survival strategy for them. American research has suggested young people often form ties with similarly situated others that offer emotional and financial support as well as safety (Thompson et al., 2010). Here Thomson et al (2010) argued how using substances with other street youth appeared to create a positive social activity that reduced feelings of isolation, enhanced connectedness to others, and increased enjoyment of life in general. However the authors did note how these peer networks can be detrimental and further entrench homeless young adults in the street culture.

## Services

A systematic review summarising evidence on interventions to improve health-related outcomes in homeless people noted how the heterogeneity of existing studies render it difficult to make comparisons (Hwang et al., 2005). The authors concluded that the few controlled studies which have been carried out have not demonstrated consistent effects on physical health, mental health, or substance use. Likewise, while preventative initiatives are generally regarded as positive, there was found to be a lack of evaluation material in the literature (Quilgars et al., 2008).

The Joseph Rowntree Foundation report, based on UK youth homelessness, found that there was more assistance and support available for homeless young people in 2008 than a decade previously (Quilgars et al., 2008). However, the authors noted how temporary/transitional accommodation was still regarded as inadequate in terms of level of supply of places, and that there was too much inadequate provision. The report highlighted how accommodation which developed skills was particularly highly-regarded and that some young people lost motivation if required to stay in temporary/transitional accommodation for prolonged periods. Finally, one of the most consistently articulated requests by young people, reported by the authors, was that hostels should lower or remove their charges so that they could enter employment without rendering their current accommodation unaffordable.

A paper on UK day centres for homeless people, drawing upon a national survey of service providers and interviews and participant observations in day centres for single homeless people across the UK, offers useful insight into day service provision (Johnsen, 2005). Johnsen's (2005) paper highlighted how most (85%) of the projects surveyed were run by churches and other voluntary/charitable organisations, 6% by Housing Associations, with only 2% being run by statutory bodies. In the vast majority of cases, surveyed projects had religious roots and were, at their outset, almost entirely dependent on donated resources and volunteer labour. The author also noted how day centres varied considerably in terms of structural characteristics and the ways in which in which services were provided. While all participating day centres catered for the basic physical needs of homeless people, in addition most offered advice, information and signposted other services. The paper also highlighted how many day centres struggled as a function of funding constraints, most were in rundown areas (which led to concerns for safety of staff, reinforcement of negative self-

perception among service users, and opposition from neighbours). Other points raised by Johnsen (2005) included how day centres were invariably the only accessible means of clothing, bathing facilities, daytime shelter, and essential nutrition available to rough sleepers. They were also, he argued, perceived as essential for by those on welfare benefits, housed in temporary or insecure accommodation. Moreover, he argued, day centres provided an important social context, a refuge from stigma, and a place of safety for homeless individuals.

At the same time as extolling the benefits, Johnsen (2005) warned against romanticisation of day centres, noting how staff and users may face intimidating (and violent) behaviour. Given the gender imbalance (74% male service users were compared to 26% female) means that day centres may be intimidating places for many women. The paper identified three main user groups, differentiated by principal addictions. In street nomenclature these were described as 'pissheads' (alcoholics), 'smack-heads' (heroin addicts), and 'straight-heads' (individuals with no major substance dependencies). Finally the paper noted how the British government set out to reduce street homelessness primarily by increasing the funding for night shelters, hostels and day centres. In this way, Johnsen argued, a temporary exit from the streets is provided, rather than increasing the supply of affordable housing to bring about a more permanent solution to homelessness.

Populations at higher risk of victimisation are also reportedly more wary about accessing communal services (Whitbeck et al., 2004). In particular, young people and homeless women may perceive shelter, or communal services, threatening (Thompson, 2010). Key to the success of services is the communication skills of service providers, and the development of mutual trust between providers and service users. In the UK, a study involving interviews with 19 service users to explore their experiences of new mental health provision highlighted the importance of non-judgemental attitudes, confidentiality, communication ability and availability of staff as key factors in success of the intervention (Taylor et al., 2007).



## Findings

### Service users

Drawing upon their experiences, service users who participated in the study were asked to identify key issues for homeless people (including issues of health and safety). They were asked to identify the extent to which these issues were currently addressed through service provision and what informed their use of services. In this section of the report we draw on the interview data from service users to answer three research questions which were used to guide the study.

**RESEARCH QUESTION: What are the key issues identified by homeless people with complex needs in Wrexham, and to what extent are services perceived as addressing specific (and multi-dimensional) needs?**

#### *Accommodation provision*

A key issue for service users was access to permanent accommodation. Here, meeting eligibility criteria, necessary to obtain Local Authority housing was perceived as difficult for a number of reasons. Of the eligibility criteria necessary to meet housing authority requirements, respondents highlighted intentionality, local connection and priority need as problematic. Many respondents experienced difficulties in comprehending the concept of 'intentionality' as applied to housing applicants. In the research interviews they challenged local authority assessments that they were intentionally homeless, or in other words, that they had "*brought it on myself*".

Service users who participated in the study also described meeting the criterion of 'priority need', as a stumbling block to obtaining permanent accommodation:

*I got told to go to the council, they will sort you out, and I went there and it was just like "no, you're not priority, sorry". I am a lad, I am 19, so I am not priority - they can't do nothing basically, so I have got to go private rental. (U7)*



The requirement of 'local connection' was also perceived as a barrier or stumbling block for gaining local authority accommodation by service users such as U16, who was ineligible because, having no claims to "local ties or connections...they just keep telling me to go away". Other respondents, like U2, described the basis of the local connection requirement as confusing:

*I registered as homeless and I said "what can you do for me?"- "nothing, can't do nothing for you"...because I am not from the local area, right. But there's other people that I was in here with a while back, last year I think it was, that lived in the area that went to Wrexham council and they were pushed out through the door, just like me...I was working in Wrexham as well, so it's not like I haven't paid nothing in Wrexham, I have paid some taxes in Wrexham. (U2)*

For particular types of service user, including ex-prisoners on release from custody and travellers, the local connection requirement was understood as an insurmountable obstacle to accessing accommodation:

*I am a traveller [and] if you haven't got a local connection...then there is nothing anybody can do. (U12)*

*Because I am not from the area and that, I was living in the area before I went to jail, but after I came out they said that the place I was living wasn't technically registered as a place in Wrexham, so they wouldn't help me out. (U14)*

Because local authority housing was perceived as largely unobtainable by service users', many respondents talked about their attempts to secure hostel accommodation. However, hostel accommodation, particularly in relation to adults, was understood to be in short supply:

*Everyone is just put on a waiting list these days...I went to [one agency] they got me an interview with [a hostel] they accepted me, but put me on the waiting list, so they passed me details over to [another hostel]. I went [there]. Same thing there, got accepted, put*

*on the waiting list, so I wasn't really getting anywhere. Doing everything I should be doing, but got nowhere. (U2)*

Eligibility conditions required by hostels, and stipulated lengths of tenancy, were described as problematic by some service users:

*When I turn 25 I have got nowhere else to go. I am 24 this year, because you can only live [in the hostel] until you're 25.... there should be another hostel round somewhere, you know, for all the 25s and above. (U20)*

For those with no alternatives, emergency, night shelter accommodation was the only option other than sleeping rough. However, securing a place in the night shelter was at times problematic, because as noted by one respondent, for example, capacity was variable and this meant that, "sometimes you can't get a bed in there". Several service users, like U14, described occasions:

*...where I have stayed up all night because I couldn't get nowhere. You stay up and walk around all night...it's just it's hard to describe because there's nothing to do but you don't want to sit down...it's just like if you sit down you know you're going to go to sleep, and you don't want to go to sleep outside, no, it's cold. (U14)*

While night shelter accommodation was, for the most part, highly appreciated by service users, shelter users talked about the difficulty of occupying themselves, and keeping warm and dry, during the day:

*There's nowhere, not like anywhere we can go in the day, as soon as they kick us out here, that's it, whether it's pissing down with rain, snowing sleeting gale force winds, there is nowhere for us to go. (U2)*

*Twelve hours a day is a long time... just walking around [and] I suffer with my nerves and depression, so I get really depressed. (U9)*

Respondents felt that the provision of day time facilities would be beneficial in terms of both physical and mental health, as well as reducing participation in health-related risk behaviours and crime:

*If they had like a place they could go to, or like a drop-in, open all day, it would take half of the crime out of the town centre wouldn't it?  
(U13)*

*Everywhere else I have been there has been like day centres they can go off, get off the streets during the day, have a cup of tea, like sit there, have games of pool and that, somewhere to go during the day, It's only since I have been coming up into North West there's not been any day centres up here and so I have been drinking. (U12)*

## Stigma

Many service users who participated in the study talked about the stigmatising effect of homelessness. Respondents reported that the wider public had little understanding about, or empathy for, homeless people like themselves. Here, they talked about ignorance of the issues and conditions of homelessness, stating, like U16, “*if they were in my position, I wouldn't pull faces at them, because they don't know what it's like*”. Likewise, many service users felt that, contrary to public opinion, they were not necessarily culpable, or responsible for their own homelessness, and claimed, like U12, that, “*it's not my fault I am on the streets*”. Service users felt they were often perceived judgmentally by others, including the general public and by agents of criminal justice services:

*I think a lot of people can be judgmental, if you're homeless, you've automatically got some kind of addiction issues or something like that, everyone who goes here is on heroin kind of stuff or uses butty vans, everyone is on heroin or something, it's not the case. (U4)*

*...they seem to pigeon-hole [or] categorise everybody that's homeless as being uneducated, you know, in and out of prison, probably a drug addict, a bit thick and a bit of a tramp...they tend to*

*look at you and think you're uneducated, you have probably signed on since you left school, you don't really know anything... they are a bit...prejudiced against people like me...Not within [drop in service] here itself, but like within the courts system, within the police system. (U18)*

For the most part service users said they felt excluded and talked about feeling “unclean”, because “no one wants to shake my hand, you know, as if I am contaminated” (U18). Some service users described experiencing verbal and physical abuse:

*People would spit on you, chuck fags and everything at you call you tramps and everything...we would get abused, punched in the face and everything and get attacked and everything, just get bricks thrown at you, sticks, stones, bottles, cans. People used to look at you in the shop and say “sorry you're not coming in here”. (U5)*

While service users challenged negative public perceptions about homeless people, they were simultaneously aware that the association of some ‘disreputable’ activities within the homeless group, such as substance misuse and begging, were not without foundation. In other sections of the report substance misuse is rationalised, as a survival strategy for some homeless people. Likewise, begging was presented by a minority of service users as both a necessity for survival and a way of street life:

*I go round begging money for drink and food...on a daily basis, because that is the only way I can survive... I get benefits, but it's £106 a fortnight, and when you smoke and you drink and you've got to buy food, that is gone within a couple of days. ...I am just sat round begging in the town centres, I don't like just sit in one place, I walk round asking people for spare change or a cigarette and stuff...because that's when you bring attention on yourself from police and the general public...a lot of people just tend to ignore you, I don't like it. It's just not a normal way of living. (U12)*

**RESEARCH QUESTION: What are the key factors which inform homeless people's use of services (including for example location of services, adequacy of provision, specialist provision and ease of access)?**

Knowledge of services and how to access them was described by service users as a key issue for homeless people. While it was acknowledged that services did signpost homeless people to agencies and other services, and that information about services spread by word of mouth, making initial contact, or breaking into services, was described as sometimes difficult for the newly homeless:

*If you don't really know who to speak to then I don't think people get too far... people told me, people I know told me and stuff, like, so that's how I got told, it's pretty much word of mouth. (U4)*

Service users were appreciative of services that provide food in which, as one respondent reported, obviated the need to "go into bins or begging in the streets for money. I don't have to as it's there" (U8). While highlighting perceptions of public disapproval, service users spoke very positively about the supportive and inclusive attitudes of staff providing services to homeless people. This is well evidenced as the following selection, of user descriptions of service providers, shows:

*...they turned my life right around... you can ask them anything and if they can help you with it they will do it... And get the help that I have had, they will have no problems. (U3)*

*They do good, they're nice. The attitude that these good guys have is that's what they are, they are human beings. (U19)*

*I have always felt like I can go there if I have got a problem, they have always helped me out in case of things like my income support and stuff like that, they have always chased it up for me. (U22)*

*If you have got or need help with something [the hostel] go tell them and they will do their best to help you...accommodation, a job,*

*education, even just if like household things if you don't know how to.  
(U1)*

Some service users, like U8, claimed that homeless services and their staff were responsible for turning around their lives and providing them with an indispensable safety net:

*I am sober now, I don't do drugs anymore...I come here [for food] as long as I see these people here, it keeps me on the straight and narrow, but I have been there, done it, worn the t-shirt...I am on my own now, apart from places like this-it keeps me going. (U8)*

Homeless services in Wrexham were generally perceived by study participants as superior to those offered elsewhere for a number of reasons. The reasons given included provision of food, good will among service providers, accessibility of the night shelter and generally the compact nature of the town in comparison to larger cities:

*I think Wrexham is better than Chester...as far as I know there is not as many places you can go to eat as there is in Wrexham. (U17)*

*In comparison to the Chester area its better, just good will in both places, but there is more of it in Wrexham...I mean the churches are behind a lot of it [and] it's not a city the way Chester is. I figured you know you are that little bit safer. (U19)*

Service users from the locality described the services as attracting those from elsewhere “I have seen people from Liverpool [because] they haven't got anything like that” (U14). Those from elsewhere also claimed to have been drawn to Wrexham by the services provided:

*I came over here because I heard off a few people who know it, that there is better accommodation over here...other inmates, yeah.  
(U12)*

*I am currently homeless, moved down from Bolton to be close to family, so I remembered they had this shelter here. There wasn't no support to help me up in Manchester, because I wasn't from the*

*area...I've been all round...Swansea, London, Liverpool, lived on the streets on Swansea for a bit because they wouldn't help me neither.*  
(U2)

## **Location**

One reason for the popularity of services, described by users, was location of, and accessibility of services. Those using the night shelter, for example, spoke positively about its central location:

*It's accessible, it's easy, it's friendly, it's quiet. I stayed here last year [night shelter]...it's close to town, it's easy to walk to. It's not a million miles away where you've got to go and catch the bus, not like some...there is a lot of places, shelters and that, that are miles out.*  
(U2)

*Wrexham was the only place that I knew that had a shelter that I could walk in to.* (U2)

*I went up to Liverpool once, but I mean I couldn't sort of get anywhere in Liverpool. I tried to get into the hostel, but they wouldn't have me there.* (U15)

## **Reputation**

Some service users we talked to were deterred from using the night shelter because they either preferred to distance themselves from the 'type of people' perceived to use the service and/or because of fears for their personal safety:

*I stayed on the streets for about a week at first, because I've got-how do you put it? I have got dignity, it's just one of those places I didn't want to go, you know.* (U3)

*The only place I have got to go is [the night shelter] where there is heroin users, amphetamine users, people coming out of jail, alcoholics, is that a place for me to go? (U8)*

However, those who did use perceived it as a valuable resource, and having a poor reputation that it did not deserve:

*When you say 'hostel' people go "oh my god, hostel", but personally from living here, it's not as bad as people perceive it's going to be and you get the support you need, it's a warm bed, it's a roof over your head, you've got full facilities like a shower and everything like that and it's, honestly, it's brilliant here. (U22)*

**RESEARCH QUESTION: What risks to health and safety does rough sleeping pose to self and others? For example, what methods are used for keeping warm and cooking food when rough sleeping, and what risks do these incur? How, and in what way, do understanding among service users, health and safety issues (including those relating to fire) differ according to context (i.e. whether they are living rough or in settled accommodation)?**

## **Health**

Issues of poor health were associated by respondents with the vagaries of street living. Those who were sofa surfing, or using night shelter accommodation, talked about the adverse effects of being outside all day, particularly in winter:

*I was tired [of sofa surfing] hadn't been sleeping, hungry, my shoes had holes in... I wasn't eating, I wasn't drinking, I was being sick, I had a headache, I was ill, I had to go to hospital at one point because I was really ill. (U23)*

However, it was the rough sleepers who described their health as most affected:



*I have got holes in my legs, I have...abscesses. I have had them about 18 months, I am supposed to rest them and keep my legs elevated...they don't heal because I am walking round all the time. I want to get in a hostel, because like you go in there for about a month or so, and they'd most probably heal in that time like, if I rested them every day, like. (U10)*

Service users also associated homelessness with mental health issues. Generally the respondents talked about having low self-esteem and little self-confidence:

*I keep myself to myself, I don't like to tell people what situation I am in [its] knocking my self-confidence do you know what I mean it gets you down...things can only get better to be honest, it couldn't get worse. (U7)*

At the extreme, a small minority of service users, like U16, said that their circumstances had led them to desperate measures:

*I tried to end my life... because it was just getting too much for me...when I [tried to] I felt happy because I didn't have to worry about anything...Didn't have to worry about finding somewhere to live, where I am going to find my next meal and that. (U16)*

## **Substance use**

For some service users, substance use/misuse was described as a coping mechanism because, according to respondents like U10, “it makes it easier to get through the day”. While it was apparent that substance use was a part of some service user’s lives prior to being homeless, for the most part those using substances said that their usage had increased as a function of their current circumstances:

*I haven't always drunk, it's only like whilst I have been homeless. Up here I have been drinking since I have been up here...cider,*

*anything, cider, Sambuca, the lot. I drink it...it's just boredom, just walking round and round and round in circles. (U12)*

*I got involved with a couple of other lads who were in houses and they were doing needles. I was at my lowest and found people were calling me a smack-head...I had never done heroin ever, and I started, they offered me tokes on a pin. (U8)*

Whether or not substance misuse was perceived as causing, or a result of, homelessness, it was clear that substance use/misuse, exacerbated the current plight of some of the study participants:

*I [was] sofa surfing, [and] taking drugs and then stealing off my friends to try and feed my habit. And then, I lost my friends and I lost places to stay because I was trying to feed my habit. (U2)*

### **Personal safety**

Concern for personal safety, and the safety of personal possessions, was an issue raised by many of the service users. In some cases safety issues were raised in connection with being street homeless:

*I have experienced violence and thefts, with me being vulnerable and with my situation of being homeless...I have had things stolen, you know, I have had money go missing. I have had clothes go missing, I have been assaulted. (U18)*

For those sleeping rough, issues of personal safety and fear of assault, were most pressing:

*I got attacked one night, I got two black eyes, broken ribs and nose...had two trapped nerves and fractured my left eye. (U5)*

*I wouldn't sleep in the town centre because you'd get your head kicked in...in the town centre that's why I get somewhere out of town so no one knows where I am. (U9)*

Again, both men and women felt, like U19, that sleeping rough was more dangerous for women than it was for men:

*It's a different ball game for a bloke and doing it- somebody of my gender and my weight...you have got to be super-duper careful, you know, you could find yourself in real trouble or worse, you could get killed out there. (U19)*

For some women we talked to available accommodation was perceived as unsafe. U23, for example, said she disregarded advice from the housing department to “go to the night shelter”, because she felt it was:

*...full of like drunk people and drug addicts and men and prison offenders and that's not a safe place for women or girls my age. (U23)*

### **Fire and safety**

For those respondents sleeping rough, making a fire in order to cook and provide warmth was perceived as a necessity.

*I have made a fire to keep warm...in parks and underneath railway bridges...a bit of wood like a tree, sort of stuff like that, just snap branches off trees...using old bins, bits of metal, just one of them and light a fire in it..., I need a fire just to keep warm, so you've got a sleeping bag, make a fire in the bin, just sleep next to it just to keep warm. (U12)*

Those who talked about making fires presented themselves as “pretty clued up” (U8) over issues of safety, for themselves, others and their property:

*The places where I used to camp were pretty safe. The farmer used to come over and say “look, the cattle’s out on the field, be careful” or “put them out if the cows come close”. To save them getting burnt basically, and provided you uphold their laws, because it’s their land at the end of the day. (U8)*

Incidents involving fire were described by respondents as a function of victimisation and violence, rather than neglect:

*I have lost a few tents over the time that I have been sleeping in tents through being stolen or burnt or smashed. (U18)*

*Someone booted me while I was on the floor and set fire to my quilt...I started to go on fire and I woke up...I could smell something burning...I could see it all blazing, so I jumped down my quilt and managed to put it out. (U9)*

## **Vignettes**

In this section of the report we present five vignettes which reflect key issues identified by selected services users.

## Joseph's Story

Joseph is a local Wrexham man, in his thirties, who became homeless following a relationship breakdown. Joseph "*stayed on the streets for about a week*" because at first he didn't want to go to the night shelter. However after a week he thought:

*I can't do this no more, like' so I ended up going there...I was very nervous before I went there. And when I actually went there, I was quite surprised, you know, couldn't have met friendlier staff.*

Subsequently Joseph obtained longer term hostel accommodation, and is now receiving help for his substance misuse:

*I used to be bad for my drink and my drugs and all that...So these are sorting that out for me, so basically they are helping me with everything that was getting me down...so, basically yeah it's going to go uphill instead of downhill.*

Although Joseph uses a range of support services for homeless people across Wrexham he is wary about mixing publically with homeless people because "*if someone sees me with everyone they are going to think oh I am back on drugs*".

In term of his future, Joseph hopes to get his own tenancy in the long term.

*I went to [organisation] to try and get a flat, to do the application form and I am on the waiting list now, it would be great if I get a flat off them I get a key worker support off them.*

Joseph says he would really like to get "*a council place*", but knows that it's difficult for someone like him to "*get the points*", for council accommodation. However, he says "*you get more points for being in these kinds of places, so hopefully this might help*". For the time being, however, Joseph is happy to be in the hostel, which he says "*has turned my life right around*":

*...there should be more places like...for the amount of homeless people there actually is in Wrexham. So really, yeah they could do with a couple more places like this and with a staff like this as well, because I will tell you something you hear a lot of people get back on their feet with them.*

## Brooke's Story

Brooke, who is in her late teens, lives in a hostel for young single homeless people. Brooke, who "got kicked out" of home when she was 16, moved between friends and family in the North Wales area before finding herself street homeless "I have slept rough for two days in a doorway...it wasn't nice". Then, Brooke was referred to the hostel by CAIS and "they asked me to move in like the following day". Brooke was anxious about living independently:

*I was like 'whoa, what am I meant to do?' and like, because I'd never like lived by myself. I have never done like anything by myself and it's like it is really, really hard. Especially like at my age and just learning everything.*

Brooke is positive about the structured support she has received for developing independent learning skills while at the hostel:

*When I moved in here I didn't know how to use a cooker...I was like oh my god [laughs]...I can cook now, with the support of my support worker [name]. Like every once a week we have to have support and that, it's in our license agreement but it's up to me what I want to do with my support...so I do cooking.*

Brooke uses cannabis and other substances, but is now receiving support and counselling and said "I am getting off it slowly, but surely". Since moving into the Hostel, Brooke says she has started to turn her life around:

*...when I moved in here I didn't have no will power whatsoever and I just didn't want to come out of my room, and then [name] put me on like courses...with [organization]....I have just been on a twelve week course, it's like getting yourself back into work and that...I had an interview with [organisation] they helped me to get an interview for the voluntary work...hopefully I can start my volunteering soon.*

Brooke says that she's aware that hostels can have a bad reputation among the public and other homeless people, but that, "they're just like are totally wrong". She worries what will happen when she leaves the hostel, because although she is "on the housing list...I am not high priority".

## Sion's Story

Sion, who is in his late teens and from Wrexham, has been sofa surfing for six months, following a break down in his relationship with his mother. Since then he has been "staying with different mates ", but he doesn't like to outstay his welcome because, "they also need their own space as well". He says the worst thing about sofa surfing is "having to rely on someone else":

*...any other person can wake up in the morning in their own place, get their shower in their own place, you know, and go and do something with their girlfriend, family, mates, but I, but that's not in my head, it's what am I going to do today? Where am I going to stay tonight?*

Sion talks about how the insecurity of being homelessness affects him:

*...it gets you down and gets you depressed...this six months has been hard. I have been on my own really, do you know what I mean? I have had no one to turn to, talk to...Everyone else, goes home to their mums, because they are young and they haven't got their own place yet [but] I haven't got nowhere to call home.*

Sion does not want to use the night shelter accommodation because he says "I just couldn't bring myself to do it. I have got more pride than that". His priority is to find somewhere permanent to live. The only service he uses currently is the Advice and Bond scheme, which he hopes will help him get a tenancy for a private flat. He heard about the scheme from a friend of his and says that it "helped him get a flat". Although he is on the waiting list for a council property, Sion acknowledges that he is "not priority." Sion thinks that having secure accommodation is "your basis isn't it?", and "without your basis how do you do anything else really?" He is currently on benefits, but is looking for work. However he says that it is difficult to get a job without having a permanent place to live.

Despite dissatisfaction with his current circumstances, Sion is optimistic about the future:

*I am not going to be like this forever, I can guarantee it, I will get somewhere. I will get a job and I will make sure of that, and I will have a nice place, and do it out nice, save up, you know.*

## Ryan's Story

Ryan, a young man from North Wales in his late teens, has been homeless since he was 16 and has had no family contact since then. Ryan cannot read or write and he has had short spells in prison. Following a failed accommodation placement outside of the area, Ryan was signposted to the Wrexham night shelter, where he is now a regular. Ryan says he can't find long term accommodation because he is not local. He is grateful for the respite from being street homeless that the night shelter provides:

*It's alright, I like it. It's a roof over your head, isn't it?  
Somewhere to stop. Somewhere to keep you warm for 12 hours.  
At least you get to sleep, at least you get fed. At least you get  
looked after, at least you're not out there in the freezing cold.*

One thing he finds particularly difficult is having to leave the shelter early in the morning, and having nowhere to go, and nothing to do, during the day:

*You get woken up at seven in the morning, got to be out here at  
eight. 12 hours to stroll the streets. That is a long, long time...you  
have got nowhere to go - nowhere to go, there is not a drop-in  
centre, you know what I mean?...Food at like certain times, yeah.  
When it's chucking it down it's chucking it down you get soaked,  
soaked. And you get harassed by the police because you're  
homeless...you can just walk around its boring.*

Ryan links his problem with alcohol use to being homeless and having nothing to do:

*I never used to be an alcoholic, never, never, until I hit the  
streets...now I am drinking a lot...the streets, it ruins you...I  
wasn't a fan of beer...but I am now, yeah, a big fan...to get  
through the day.*

Ryan described experiencing hostility from some members of the general public:

*Everyone looks down at you...like you're scum or something, yeah,  
that's how it feels, scum of the earth... Or they shout names  
across the street at me...scum and stuff like that...sometimes  
your brain does think "yeah but I am homeless" and the other  
side of the brain is going "yeah, but you're not like this, you're  
clean" and it's...you're a person, yeah.*



## Stuart's story

Stuart, who is in his forties, has been homeless for most of his life, starting from "when I was a little kid my dad used to kick me out". Stuart has mainly either lived in institutions or been homeless:

*I ran away a couple of times when I was younger. I went to a couple of kids' homes...I thought it was okay... [since then]...just in and out of prison, or on the streets.*

Stuart is currently staying at the night shelter where he is able to secure a bed most nights:

*...every time that I have been there [but there] is the odd occasion where there hasn't been one, that it was packed. Otherwise there is easily a bed there.*

Because Stuart has moved to different areas he is able to make comparisons between homelessness services in different towns. He has found the provision of day centres in other towns particularly helpful and is positive about the prospect of a day centre opening in Wrexham. Stuart uses a range of homelessness services, including those for drugs and alcohol, food and warm clothing. Because of health problems, he finds walking around all day very difficult:

*I am supposed to rest [my legs] and keep [them] elevated...they don't heal because I am walking round all the time and it's just doing my head in, that is another reason I want to get in a hostel, because like you go in there for about a month or so, and they'd most probably heal in that time like, if I rested them every day, like.*

Stuart thinks that securing hostel accommodation will help him with his health problems. He also thinks it will help him to get off drugs which he associates with the boredom of street life:

*I think if I had somewhere to live I don't think I would take drugs at all, or I wouldn't take as much ...at the moment I have it every day because I am bored out of my mind... it makes it easier to get through the day, that's all it does.*

## Service Providers

Service Providers who participated in the study were asked to identify, from their experiences, key issues for homeless people in Wrexham and the extent to which these issues were currently addressed through service provision. In this section of the report we draw on the interview data from service providers to answer two of the key research questions which were used to guide the study.

**RESEARCH QUESTION: What are the key issues (for example substance misuse or mental health) for homeless people identified by service providers in Wrexham, and to what extent are these issues perceived as adequately addressed?**

### *Increases in demand*

Service providers highlighted increases in the number of homeless people in recent years and, here, particular reference was made to the growing numbers of young people:

*I think we're getting people who are, who have perhaps been thrown out of their homes by their parents at the age of 16. (SP5)*

Respondents attributed increases in homelessness to the lack “of housing provision and high rents” (SP10), and to the economic recession and changes in the benefit system, which were described as responsible for depleting resources (particularly in families) and widening the spectrum of those who were at risk of homelessness (SP16). It was, for example, noted that “relationship breakdowns” were increasingly caused by “pressures within the home” (SP17), as a function of depleted family finances. Service providers also highlighted how economic pressures affected family fortunes, irrespective of social class, which meant that risk of homelessness increased “whatever walk of life you come from” (SP5). Here, it was noted that the prevalence of homelessness, as a consequence of redundancy among those previously perceived as low risk (SP18), was increasing.

Welfare reform and planned changes to the benefit system were cited as problematic for service users. Particular issues of concern raised were the proposed requirements for benefit applications to be made on-line and the proposed reduction of benefits.

*Everyone is worried about the welfare reforms. I think of it constantly.  
We are worried Welfare reform will mean increased homelessness.  
(SP13)*

Here, young single people were highlighted as particularly affected by changes “*in benefits which will affect what are they can afford to pay*” (SP16).

Additionally welfare reform was felt by respondents to have negative implications for the prevention of homelessness. Here it was suggested that in times of cuts, prevention measures would be the first to go, because “*the easiest thing to take off is some of the preventative measures*” (SP19). Moreover, it was argued that benefit cuts would lead to increased eviction of young people from the parental home:

*You get a lot of sort of parents say once that child has reached 16 “you’re on your own now” they are not getting housing benefit for them, where it’s like a £10 reduction in their housing benefit, but that’s enough to tip the balance of “we can’t afford for you to stay here anymore, you have to make your own way”. (SP18)*

Problems associated with increased demand for accommodation, were understood by service providers as exacerbated by insufficient accommodation resources, particularly in the case of hostel places (SP19) and appropriate placements for young people:

*There are very few places for these people, and you have got to hit certain criteria in order to refer into those anyway. So it’s about making more funding and more places available and more roofs available for these young people to access that are supported.  
(SP14)*

### **Access requirements**

Respondents highlighted issues of eligibility regarding access to statutory and voluntary services, which depended upon fulfilling a range of criteria. Before turning to these it is

important to acknowledge how issues of limited resources were often felt keenly by respondents:

*Somebody came and it was winter and their beard was frozen, and their hair all full of snow and it was heart-breaking to turn somebody away when it was really cold. (S19)*

One criterion affecting access to services, noted by service providers, was age:

*If they are between 35 and pension age there is very little scope for them because the reality is they won't get housed by the council because they wouldn't have enough points. If you're over 25 you can't use [list of services]. (SP16)*

Another factor restricting access to services, highlighted by service providers, was eligibility for benefits:

*We've got people who can't access the night shelter because ...they haven't got a national insurance number they can't get funding and although the church does try and fund it, sometimes they can't. (SP9)*

*Basically the place is for street homeless people who haven't got anywhere to live at all, and whether it's right or wrong they do need to be on kind of benefits to kind of use a night shelter, because of funding... we have to turn people away. We turned five people away last weekend. (SP2)*

A few respondents described how some barriers to access were caused by ignorance among service providers, and thus were unnecessary and surmountable:

*Barriers, like landlords that won't consider a bond for example, landlords need educating about housing benefit and the whole system behind payments and how they can receive payments direct to themselves. (SP14)*

## *Issues of intentionality and need*

Issues of intentionality and need were problematised by respondents when discussing housing eligibility criteria. Here, for example, it was noted by those in the voluntary sector, that particular client groups (including young males 18 and over and those who are single and childless) did not satisfy conditions of priority need necessary to access local authority housing. Moreover, changes to benefit payments meant that affordability of non-statutory provision was rendered problematic for younger service users.

Intentionality was described (particularly by those working in the voluntary sector) as particularly problematic for housing applicants with /complex social circumstances and needs:

*If for example, a young, perhaps single mum with a child is in her private rented property. They have left that property because of domestic violence threat, they have left that property and moved back in with mum, for example and then they want to get rehoused through Wrexham council, and can't because they are intentionally homeless, because they left the property of their own accord, although circumstances are very unfortunate. (SP14)*

Issues of culpability and responsibility were also raised by some service providers when talking about the needs of particular, socially disadvantaged client groups:

*...yes they are technically intentionally homeless. But they are very needy people and they will continue to be very needy and not just be a problem for themselves but a problem for society and provide huge costs for society elsewhere and it is better to provide support. (SP13)*

This issue was raised in connection with ex-prisoners on release from custody. Here it was noted that in Wales, while ex-prisoners are entitled to 28 days emergency accommodation on release from custody “*they are deemed intentionally homeless because they have lost their property*”, as a result of imprisonment (SP10). Overall, respondents highlighted how “priority need criteria for local authority” (SP14) might usefully be extended to include currently excluded groups such as rough sleepers. Those working in statutory provision also

acknowledged issues associated with some applicant groups, highlighting the concept of 'priority need' as problematic:

*[If] they have had an upbringing which has not been conducive to them leading a normal life...are they really culpable?...Everybody is a priority need in my view, you know, everybody. If somebody has to spend one night out rough sleeping they are vulnerable, you know, so personally I would like to see priority need status removed, so that everybody is priority. (SP7)*

### **Multi agency working**

Service providers stressed an imperative for multi-agency working. Here they talked about the importance of ensuring that clients “are aware of all their other options” (SP14) flagging up the necessity for services to work together to make “our service more effective for the service user” (SP16). Here, service users talked about the importance of multi-agency working to address the needs of an often “chaotic” client group:

*For lots of clients the critical success factor is to be able to work with agencies and to help signpost, because if you're pretty chaotic, you can't do that, although we try and empower...Multi-agency working is key to the success, the homeless team, the Housing Department, Housing Benefit and welfare benefits debt advice, Citizens Advice Bureau. (SP19)*

The importance attributed to working together was also apparent at the practical level, to address service users' basic needs:

*Through partnership working with the fire service, AVOW [Association of Voluntary Organisations], and ourselves, and the churches we have managed to be able to provide sleeping bags and little sort of homelessness pack that have got a wind up torch and a little diary, a pen, a t-shirt, a pair of socks and gloves so there are*

*people turning up [at hostel] and they are turning them away, at least they can have a pack yeah, and a sleeping bag. (SP8)*

However, some respondents felt a dovetailing of services, and more focus upon service users rather than provider requirements, would better meet user need:

*People are leaving the night shelter at 8am [but] the drop in centre doesn't open until 9am. So in harsh conditions, when it's really wet or whatever, you have got an hour there where people are getting a good soaking first thing in the morning...And a bit the same of an evening. (SP17)*

*We're providing what is potentially a very good service, but we're doing it to suit our 9-5 needs, aren't we? So really within that office hours sort of needs aren't we? (SP18)*

For the most part, service providers felt “*generally we have got a good relationship*” (SP7) between different agencies, although it was noted that there was room for improvement, particularly in signposting and knowledge about services, in respect of both service users and the general public. Here, the concept of a ‘one stop shop’ was popular with service providers:

*There's a huge amount of independent housing advice out there, you know, from telephone lines to various agencies that operate in this area. And it must be very confusing for people and sometimes I think well why don't these organisations just get together and provide it all from one hub? (SP7)*

Examples of good partnership working, highlighted by service providers included:

*You've got the advantage that the Supporting People team are in the same section as the homelessness team. So from a local authority commissioning point of view, and a strategy point of view there is an advantage in that you have homelessness, Supporting People, and housing strategy. (SP13)*

Notwithstanding this, some voluntary sector respondents perceived a need for closer co-operation between themselves and statutory services:

*I think if they would actually take us seriously when we're saying 'this person is particularly vulnerable'...social services will pass it to housing and housing will pass it back to social services and it just goes backwards and forwards and people just end up staying on the street. (SP5)*

Most service providers felt that agencies might better work together in joint endeavours to break what was described as the 'circle of homelessness' which is where service users "have been round the system" (SP19). That is, service users were perceived to move between temporary accommodation schemes, with little prospect of obtaining permanent accommodation. Eligibility requirements were described as a barrier to more permanent housing solutions. An example of this, provided by respondents was the local connection criterion. Here, it was argued that while some supported housing schemes may accept those without a local housing connection, "upon leaving the scheme they would not be eligible for local connection points to gain local authority accommodation" (SP13). Respondent accounts of breaking the circle of homelessness were, for the most part, underpinned by concern about the difficulty faced by clients attempting to access council accommodation.

*There is definitely the move-on barrier. So I mean I have young people in [hostel], who are ready to move on, but obviously they...don't have the homeless points, they haven't got a very good chance of moving on into Council accommodation or housing association accommodation, so it is more share house and let. (SP2)*

Another concern in relation to breaking the circle expressed by service providers was the uneasy relationship between housing benefits and education. Here, it was noted by several respondents that young people who wished to obtain a full time college education were ineligible for housing benefits:

*The benefit system says that they aren't allowed to claim housing benefit and go to full-time college, regardless of whether they are*



*working part time or not. So I have had young people come here part way through a college course, and they have had two choices: be on the street and carry on with college, or quit college and move in.*  
(SP1)

Ex-prisoners constituted another category of service user, highlighted in relation to the circle of homelessness. In the following account, a service provider offers an example of an ex-prisoner who, following his stay in temporary accommodation:

*...won't be housed because he will be classed as intentionally homeless, he will have nowhere to go, he will just have to try and get on the list of emergency accommodation...but because of his offending behaviour he will be too high a risk to so he will just end up dossing on people's couches, friend's couches and will get into trouble again, and go back to jail again.* (SP10)

### **Gaps in knowledge/information**

Service providers acknowledged a gap in knowledge about particular client groups. Here they talked about the “*hidden homeless*” (SP17) highlighting a particular need for more information about, for example, “*rough sleepers and sofa surfers*” (SP14). It was noted, for example, how little was known about “*some people who sleep in cardboard boxes under the railway station.... in like a forest area, or near trees and been hiding sort of in the woods*” (SP19).

*Some will tell us they've moved on, and some will actually tell us “Oh, I've got a place in [hostel] or “I have got a flat or a bedsit” and will come down and say thanks very much but some will just disappear. There's one or two recently, they have been here for a week and they're gone now. We have no idea (where). We asked these “where's so and so?”* (SP2)

It was also acknowledged that particular accommodation provision was understood by some potential users as high risk because of other users and their perceived engagement in risk-

related behaviours (SP18). Some types of accommodation may be perceived as high risk by particular groups of users (such as females, and those who have no prior experience of using these services):

*There are reasons they don't go to [accommodation]...although you're not allowed to go in there if you're under the influence and you're not allowed to drink alcohol while you're in there or take drugs, people will tell you [there's] people taking stuff in there. (SP5)*

Overall, issues of non-contact were associated, by service providers, with problems of engaging the client group. Service users were perceived as having a range of complex problems which presented barriers to engagement:

*If you're a bit chaotic you don't keep to appointments do you? It's very difficult and you don't have a diary, you know what I mean? Just it's very, so often they have failed in the system because they have not kept up with it. (SP19)*

*The whole embarrassment that comes with rough sleepers over very low self-esteem...if a homeless person comes to the door and they are in need, it's about seeing them then. If an appointment has to be arranged then that's like the worst case scenario, but I could find that an appointment's missed because they have plucked up the courage to come to the door, (but) because of the embarrassment of kind of rough sleeping and they don't know what advice they're going to get. (SP14)*

Here, it was felt that more could be done in relation to better engagement with service users, for example providing outreach support:

*There needs to be more flexibility...we go to the clients. The statutory services don't find the clients...it's very much the homeless have to go to them. But as you walk through Wrexham you see people who are sat in the square, who are clearly homeless or they have got issues but they don't engage with any services. (SP5)*

## Geographical movement

Respondents reported a “*perceived wisdom that if you have certain services for homeless people that other authorities don’t have, that other people will come to your authority*” (SP13), and this was generally supported by most service providers working in the sector. Moreover, some respondents felt that this migration had increased in recent years because “*there seems to be a few more transient people, people who are just sort of passing through*” (SP17).

Certainly there was the perception that this was a function of both the quality and extent of provision in Wrexham, compared to other areas. First, a lack of services elsewhere was understood to underpin migration of homeless people to Wrexham:

*Some services up and down the coast have been directing people to Wrexham because there is a night shelter here, and there is nothing up the coast. So over the last probably 12 months we have seen quite a few people turn up here. (SP8)*

Here it was noted that individuals were signposted to Wrexham where services elsewhere had exhausted their supply of accommodation. In particular one respondent cited Chester, “*we have had quite a few from Chester come recently*” (SP2), and Liverpool as the source of many of the migrant homeless:

*It seems to be other organisations who say “we haven’t got any room here, go to Wrexham” and people are coming here from Liverpool and other areas. (SP4)*

*Some guy turned up from Liverpool this morning said he hadn’t slept for five days, had no money, no ID, no nothing...he said he had an appointment in [name] for a housing appointment at [name], he went to the interview but they didn’t offer him anything there and then, and he just ended up in Wrexham. (SP10)*

*We had a guy come last night from Liverpool. You would think Liverpool would be able to cope with homelessness, they’ve got*

*shelters in Liverpool, but ...I think he got sent by the council there. He had accommodation there on a tenancy which ran out and the council then informed him to come to Wrexham/Chester area. He went to Chester, there was no room so he'd come to Wrexham.*  
(SP2)

While the above accounts suggest services elsewhere may direct clients to Wrexham, it was equally understood that knowledge of Wrexham services was spread by word of mouth among the client group:

*I think the reason why we are getting people from other locations is because Wrexham have got quite good services for the homeless haven't they? They have got the Ty Nos and things like that so they are sort of migrating here for the services...I think there's a lot of word of mouth.* (SP18)

As suggested in the above account, migration to Wrexham was also described by service providers as a function of the quality of provision, compared to other areas:

*We have been told by a few people that have used other night shelters around the country, I mean maybe they were just trying to brag us up, but they say this is the best they come to, it's actually the cleanest and the friendliest.* (SP2)

Some service providers highlighted how services, other than accommodation, had recently been utilized by Eastern European migrants, particularly those from Poland:

*And over the past 12 months or more, 18 months, there has been an obvious increase in Eastern European people coming for food, and I think that sort of links in with the way in which immigration is happening in the UK and people have come over to Wrexham.* (SP4)

**RESEARCH QUESTION: What risks to health and safety does rough sleeping pose to self and others? For example, what methods are used for keeping warm and cooking food when rough sleeping, and what risks do these incur. How, and in what way, do**

understanding among service users, health and safety issues (including those relating to fire) differ according to context (i.e. whether they are living rough or in settled accommodation)?

### *Vulnerability*

Homeless people were perceived by service providers as an extremely vulnerable group, at risk, for example, of being “*kicked and stabbed and beaten up and robbed*” (SP5):

*There is a risk of being exploited, whether that's sexual exploitation, or physical abuse or having money taken off them. (SP7)*

Here respondents talked about risk of exploitation and harm to homeless people:

*People are always preying on them and just watching and “ooh, what day does he get his money? Let's befriend him”, you know, that sort of thing happens a lot. (SP5)*

*There is a lot of fighting that goes on as well because of being under the influence, or tempers because of people stealing or within that community they will steal from each other or they will... just the stress of it all I guess and the emotions run high...and its survival instincts. (SP20)*

Conflicts between homeless people could occur within the contexts which they inhabited:

*It can flare up on anything, really, and people will stick together where outsiders are concerned. But if something erupts within the group, they will quickly turn and you know, that kind of bond that was there a day ago can soon be gone. (SP17)*

Service providers highlighted how homeless people tended to avoid rough sleeping in public places in order to be safe:

*Rough sleepers generally want to keep themselves to themselves. They don't want the attention, because they fear for their own security and personal safety. (SP7)*

### **Alcohol and substance misuse**

Alcohol and other substance misuse were highlighted, by service providers, as a key issue for homeless people, increasing their risk of ill health, accidents and fatality:

*Well, when they're under the influence of drugs and alcohol then obviously their behaviour is peculiar, and I guess that they are certainly at risk of harming themselves both in terms of accidental falls and that sort of thing, particularly in the cold weather, getting cold and not being able to get warm again. (SP4)*

*The majority are mixing benzos, heroin, and alcohol, methadone in there somewhere. They play about with a lot of different substances. (SP8)*

Homelessness was also described by service providers as a risk for encouraging and increasing dependency on substances:

*If you are literally sleeping rough then, I wouldn't fancy sleeping rough sober...and certainly someone with a kind of a moderate habit too, that could quickly turn into a hard habit. (SP17)*

Here, respondents talked about reinforcement of risk-behaviour through both exclusion from and entry into services and environments which escalate risk activities:

*I have seen people come here, who, when they come here for the first night or the first week they don't have any drink or drug problems, they have had relationship break ups. But then if they come here for longer and longer, not because of this night shelter-not because of us, but because they get in like the kind of gang they*

*get into because they know, homeless gang, and you can see them just slowly going downhill. Not only mentally because they get... they feel down, but they get on maybe drink and drugs and we have seen that happen. (SP2)*

## **Health**

Ill health was identified by service providers as a key risk for homeless people. Issues of health and illness were particularly associated in respondent accounts with the everyday conditions of living rough, alcohol and substance misuse, mental ill health and dual diagnosis. In terms of conditions associated with rough sleeping, respondents talked generally about the progressive ill-kempt appearance of specific homeless individuals, who they had witnessed “*getting poorer and more bedraggled*” (SP10), over time. Here, rough sleeping was associated with a range of problems, including:

*...fungus on the feet, fungal skin infections on their feet...a lot of injuries which they haven't dealt with, wounds which they haven't, they have not been to casualty, self-harming, we get a lot of ulcerated rooms, leg wounds from injecting, leg ulcers, chest infections. (SP5)*

*There is one person that comes that's had some sort of injury on their leg and it keeps opening up. The wound just won't heal because they're not, because they sleep rough or use the night shelter they haven't got ...they are walking around all day on it, so it's opening up, then it's dirty and it gets infected. (SP20)*

Mental health was highlighted by service providers as an issue among homeless people, from “*more mental health issues...from sort of like mild, or sort of from depression through to sort of serious bipolar, the full spectrum*” (SP19):

*He should be somewhere where he is getting the proper treatment... because he doesn't feel he needs that treatment. I think that's the*

*trouble with a lot of mental health patients/people, they don't accept that they have got issues. (SP2)*

Mental health was most often associated in respondent accounts with issues of dual diagnosis. In particular, respondents acknowledged how those with undiagnosed mental health problems were “*self-medicating with the drugs and the alcohol*” (SP5). Here respondents perceived a need for joined up service between mental health and substance misuse:

*I would like to see mental health team and the drug and alcohol team doing a two-pronged approach at something, sort of dual diagnosis, where they should be looking at the bigger picture. (SP18)*

*It's very much you go to the mental health services or you go to the drug and alcohol services, the two don't seem to mix, really. It's kind of sort out one before you sort out the other and a lot of them can't... we have got no dual diagnosis in Wrexham, so you have either got mental health services that will say “ooh, that's down to their drug and alcohol” and drug and alcohol are saying “they are self-medicating” but nobody will actually do anything. (SP6)*

It was around health issues that shortcomings in service provision were most poignant for many service providers:

*One of our guys ...was sleeping behind there and lots and lots of health issues, and he kept being discharged and we kept having meetings with social services and housing and we were saying “well, he's not our responsibility, he is not a Wrexham resident, we have no duty to him for being in Wrexham”, and he would just be discharged back out onto the street, or back into the night shelter. (SP5)*



## Accidents

Homeless people were perceived by service providers to be at greater risk of accidental harm than the general public. Here, homeless people were perceived as being at risk from others as well as from themselves, through both “*accident and design*” (SP11). One particular issue raised by several respondents was fire-related risk. Here the very business of sleeping rough was linked to fire-related danger associated with keeping warm and cooking:

*If you see where they light fires it can be quite dangerous...when they want to cook and light the fires they go over into the woods, and light it in the woods, well of course if that goes up, big trouble. Another place that they do it is...on the railway track [where] there are bonfires, and bonfire sites there and it might be where they are just heating the heroin. You don't know with all the fires there, but if they fall asleep or whatever the consequences could be horrific.*  
(SP9)

Some service providers recalled specific fire-related incidents involving homeless people:

*I remember [name] who died, he was living in a tent around the back...he had little night lights, this is what we think, nobody really knows the whole truth, but he burnt the tent down and burnt himself in the tent.* (SP10)

*There was a youngish man in this week who had his tent burnt down. I don't know whether that was an accident. He had left something cooking or heating, or whether it was a deliberate act. But there's been a few people where tents have been burnt, or whatever when they've been cooking outside.* (SP20)

Drug and alcohol workers acknowledged the importance attached to this issue when describing work, carried out in collaboration with the fire service, with their service users:

*...everybody that comes here now, when we're doing a session and we ask them have they recently had a fire check at home, so that's a piece of joint work between ourselves and the fire service. So we ask everybody and if they haven't had one within 12 months and they want one then we will the fire service will go out and check the spot alarms. (SP8)*

While those in contact with these services are alerted to the provision of risk reduction advice and support, service providers were aware that many homeless people remained ignorant of what was available in this respect:

*If you're within the drug and alcohol service (and) when you're homeless as well, you get a property if you want a fire check done, the fire brigade will do a check on the property, fit smoke alarms and if you smoke in bed, they will give you a fire-retardant duvet, fire-retardant curtains and a deep-fat fryer with a thermostat on...there's lots of things if you know where to look. (SP9)*

## Facts and Figures

The statutory organisations and other agencies catering for the needs of homeless people, who participated in the study, were asked to supply recent information about their client base and usage of facilities. The results of that data gathering exercise are presented in this part of the report. The information presented here does not claim to provide an exhaustive nor fully comprehensive picture of available services in Wrexham, or their usage. While those agencies who took part in the study most helpfully supplied us with information which they had collected, the type of data collected by differed by agency and the time frames within in which the data were presented were also different from each other in many cases. Notwithstanding this, the data presented here offers an indicative picture of both the level of demand for and supply of accommodation, as well as the types of services which are accessed by homeless people in the Wrexham area.

The following sections present information provided by: Wrexham Council Supporting People team, hostels and other temporary accommodation providers catering for homeless people in Wrexham and, a range of other support service providers catering for the needs of homeless people in Wrexham.

### Local Authority provision

It is estimated that a record number of 3,400+ people will have contacted the Council for help in 2011/12, which constitutes - a three-fold increase since 2008/09 (Wrexham Young Person's Project). Between April and December 2011 Wrexham Housing Department report receiving a total of 2527 enquiries. Of these, 569 applications were taken and a full duty to house was acknowledged in 307 cases. The Local Authority Projected figures for 2011 and 2012 indicate that the majority of cases where the Authority has full duty to house is where a parent is no longer willing to accommodate. The second highest category involves those in institutional care, and the third highest category results from relationship breakdown (over half of which is violence related).

The current average length of stay in local authority provided temporary accommodation is reportedly 56 days, but this varies from between one day to over a year. The projected number of households to be placed in temporary accommodation in 2011/12 is 525 (compared to 446 in the 2010/11 period). There is a projected overspend of £400,000 in

respect of temporary accommodation for 2011/2012 primarily as a function of Bed and Breakfast use. The Authority's temporary accommodation portfolio increased from 62 units in February 2007 to 149 in March 2011. Much of this increase related to private sector leased units, and notably there has been no increase in Council owned units.

Figures provided by the Housing Authority to Wrexham Young Person's Project, regarding presentations received from 16 to 25 year olds in 2011/12, indicate that the Authority have seen 262 people in this age group, which represents a 'significant' increase on past years. Of these 262, the Housing Department reported a full duty to provide permanent accommodation in 122 cases. One bedroom flats, which are the type of accommodation in greatest demand for young people, are reported as being in short supply in the area.

## Accommodation provision

**Ty Nos Night Shelter** in Wrexham offers accommodation to those over 18 years of age who are eligible for Housing Benefit or have the means to pay a full nightly charge. The shelter provides beds in a 12 bedded dormitory for males and a four bedded room for females, and has separate and fully equipped male and female bathroom/shower facilities.

Accommodation is allocated on a nightly basis, on a 'first come, first served' basis. Between April 2011 and March 2012 occupancy totalled 4214, of which 87.1% were male and 12.9% were female. These figures indicate a slight increase on the previous year in which total occupancy totalled 3947 (89.8% of whom were males and 10.2% were female). The occupancy level for 2010/2011 was reported as 68%, rising to 72% in the 2011/2012 period.

**St John's Hostel** caters for single homeless people, prioritising those with a local connection to Wrexham County Borough. The minimum age of eligibility is 18 and the average age of clients is between 25 and 39. The hostel stipulates that it will not accept arsonists, sex offenders or serious substance misusers if they are not on a recovery programme. In 2011 the hostel had 46 residents, of which the majority (34) were males. Most of these residents (38) were classified as white Welsh (six were classified as white English, one Scottish and one unknown). 18 of the 46 stayed at the hostel between one and three months.

**The Foyer** hostel project, which is run by Clwyd Alyn housing association, caters primarily for young people either in employment, training or education or working toward that goal.

The hostel has 19 single en-suite rooms. Applications are considered from young people aged between 16 and 25, who have housing, or housing related, support needs. Referrals are taken from any agency that deals with young people. The project aims to provide individuals with housing related support and assistance in the development of life skills prior to their moving on to independent living. Between April 2011 and March 2012 the hostel received 140 referrals (38.6% of which were received between July and September), and admitted 37 young people. Of the referrals, 62% were males and 38% females. The vast majority (96%) of young people referred were white. The average length of stay of those admitted was between four and five months. Occupancy of the accommodation averaged 95.5% over the year.

**Preswylfa** provides temporary accommodation for (four) pregnant women or mothers with babies, and (six) homeless people aged 16 and over. It comprises 10 individual bedrooms, each with an en suite-shower and toilet. There is a fully equipped shared kitchen/dining room on each floor and access to a small enclosed garden area. All nominations for accommodation at Preswylfa come from Wrexham County Borough Council's, All Wrexham Homeless Team. Between April 11 and March 12 the accommodation reached 86% occupancy. Fifty two referrals were made and all of these were offered placements (the vast majority of which were taken up). The age of referrals was between 16 and 55 and the ratio of males to females was 16/36. 92% of referrals were white UK, and four referrals were pregnant women. The average length of stay in Preswylfa was 89.7 days and on leaving the highest percentage (36.7%) remain in the WCBC area. All those who moved into their own tenancy were reportedly able to sustain a tenancy, and those with support needs were moved into other supported housing projects.

**Hafan** is a Direct Access hostel, providing emergency, temporary housing, which takes referrals from Wrexham County Borough Council's Homelessness Department. Hafan provides accommodation for single homeless people between the ages of 16-25 who the Local Authority determines to be in priority need of housing. The hostel provides a temporary 28 day licence to homeless young people, which may be renewed dependent on the Local Authority's assessment of their homelessness status. Tenants remain in Hafan while the Local Authority assesses the individual's homelessness status. Between April 2011 and March 2012 the hostel received 56 referrals, of which 49 were accepted. The average age of tenants was 19 and the vast majority were classified as white UK. The most evident reason reported for homelessness was breakdown with family.

**Hurst Newton** provides accommodation, in 12 single bedrooms, for single homeless people aged between 16 and 25 who have housing or housing related support needs. The project aims to prepare young people for independent living. Hurst Newton take referrals from any agency that deals with young people. Between April 2011 and March 2012 Hurst Newton received referrals from Barnardo's Compass project, Probation, NACRO, Foyer, Hafan, Child and Family Team, Family support Caia Park, YOS and CAIS. During this period 78 referrals were received, 38 of whom were males and 40 females. All referred individuals were UK white (and the majority of these were Welsh). The average age of referrals was 20, and the average length of stay was 175 days. All those who moved on successfully, reportedly would have no problem sustaining a tenancy in the future.

## Services for homeless people

**Health Board Vulnerable Groups** team figures indicate that 1152 contacts were made with homeless people in Wrexham and Flintshire for the period Jan 2009 to July 2011. The total number of individual homeless clients during this period was 211. Of these, 78% were males compared to 22% females, and 95% were in Wrexham compared to 5% in Flintshire.

**The Elms** local treatment centre in Wrexham provides a multi-disciplinary team offering treatment and support to drug and alcohol users to help them overcome their problems and work to more fulfilling futures. 739 people used the Elms Drug and Alcohol Drop-in during the six month period between July and December 2011. Of these, 16.5% were female and 85.5% were males.

**The Salvation Army Citadel** in Wrexham provides a drop-in on Thursday mornings, which is staffed by themselves and volunteers from other Wrexham churches. They offer a free, cooked breakfast to anyone who comes in and also provide lunch packs and distribute clothing. The Thursday morning drop-ins are also attended by other agencies who offer a range of services including housing advice and counselling, the NHS (Health Visitors) and The Elms (NHS Drug & Alcohol service). Between January and June 2011, the average weekly attendance at the drop-in was 40, with the number of individual people attending during this period was 779.

**Wrexham Feeding the Roofless** (WFTR) is a Wrexham based church-led service which started in 2005 and at present involves 11 churches. The service provides sandwiches and hot drinks at an agreed feeding point in town every Saturday and Sunday evening (and recently, every Thursday evening), every bank holiday and in the period between Christmas and New Year. The total number of individuals attending this service has increased over the past 4 years; 340 in 2008, 360 in 2009, 370 in 2010 and 427 individuals in 2011. These numbers are slight underestimates because of difficulties in deciphering the written names but it is clear that, apart from a small nucleus of local Wrexham service users, there has been a constant turn-over of individuals attending the service over the years.

**Wrexham's Young Person's Project** is a partnership project involving CAIS and Shelter Cymru which offers a wide range of services such as: a drop-in facility, specialist housing advice and advocacy, support with substance misuse issues, outreach support, soup dragon, practical help finding accommodation, help finding furniture and accessing grants, and on-going tenancy support to enable clients to maintain their tenancies. The project offers a housing advice service for young people between 16-25 year olds which specialises in housing law advice. In addition the service offers representation in court to defend possession orders, which when successful, prevents homelessness and assists clients to exercise their rights of appeal.

The project, which is well-established, reports helping many service users to move into accommodation and highlights the provision of on-going support as an important part of the service structure available to young people with substance misuse or housing/homeless issue in Wrexham. The project has reported an increased demand for their services over the past 12 months.

Eighty per cent of the Young Person's Project service users are reportedly unemployed, which affects their ability to secure suitable accommodation. This is despite having eligibility, in some cases, to full Housing Benefit. Some landlords in the private rented sector are reluctant to give tenancies to DSS claimants. The project reports that 27 of the females seen in 2011/12 were single parent mothers many of whom struggle to maintain their tenancies. In 2011/12 the project reported a significant increase in the number of service users accessing

advice regarding invalid notices issued by private rented landlords, which leads to illegal eviction.

Between April 2011 and March 2012 the project reported that: 188 clients accessed housing advice/advocacy services, 687 housing problems were successfully dealt with, 52 clients were moved into accommodation, and 52 outreach sessions were held (the number of contacts totalling 1270).

**The Soup Dragon** service in Wrexham, one of the services provided by the Wrexham's Young Person's Project, provides hot meals on Mondays, Wednesdays and Fridays from 5pm to 6pm for homeless/roofless people, and the opportunity for support with a range of issues including, harm reduction services, accessing the vulnerable persons' health visitor, accessing substance misuse advice, accessing housing advice and accessing therapeutic interventions. Between April 2011 and March 2012 the Soup Dragon service reported a 24% increase, compared to the previous year, in individuals attending. The number of contacts with the Soup Dragon during this period was 1355. As many as 45 individuals can access the service in one hour. Between April 2011 and March 2012 the ratio of males/females using the service was 78/22% respectively.

**The Outreach van** is located at a specific site in Wrexham every Tuesday night. The objective is to aid the local homeless population by serving them a meal/hot drink and to establish contact with people that might otherwise go under the radar. The outreach van carries rough sleeping packs for those individuals who may have no resources and no access to any accommodation. The outreach service reported a 20% increase in individuals attending between April 11 and March 12, compared to the previous 12 month period.

## Facts and figures summary

While the different reporting structures and formats of participating agencies defies systematic comparison, a number of key issues emerge from the information supplied by those taking part in the study. These are:

- Uptake of services is considerably higher amongst males than females, with the exception of accommodation specifically targeting females.



- The vast majority of accommodation services are received by individuals classified as UK white (and within this, mainly white Welsh).
- The level of demand for accommodation is increasing faster than supply.
- The main reason for young people seeking accommodation is breakdown with family.
- Accommodation most suited to young people is in particularly short supply
- More males than females access treatment services
- Homeless people have a range of social, psychological and biological needs which command a wide array of service provision.
- Many of the agencies providing services work in joint endeavours to address the needs of homeless people.

Wrexham Housing Department have identified a number of risks vis-à-vis homelessness. These are attributed to welfare reform, the adverse economic climate, lack of affordable housing, and increased expenditure on temporary accommodation and Ombudsman decisions. The perceived impact of welfare reform includes: changes to the way in which benefits are paid (and level of benefits) which may lead to greater presentation of homeless; the possibility of increased numbers of applicants wishing to downsize; and the likelihood that local housing allowances, in the private sector, will not keep pace with average market rents.

In addition, the Young Person's Project has noted that changes to Housing Benefit and specifically increases in non-dependent deductions, are predicted to impact on the young people. That is, as less money comes into the household, the risk of homelessness, due to adults asking their children to leave home, increases.

## Concluding Discussion

This small study of homelessness in Wrexham set out to examine the needs of homeless people and patterns of service provision and use in Wrexham. To this end, it set out to provide greater understanding about what, how and why homelessness services in Wrexham are utilized in the way that they are and to highlight the implications for the funding, development and provision of services for homeless people in Wrexham. The key findings of the study are set out below:

1. Demand for accommodation, whether this is local authority housing, night shelter, hostel and supported places, exceeds supply. Inclusion/exclusion criteria relating to intentionality, priority need, age and local connection are seen as prohibitive by many service users. Key issues highlighted by service providers and users were the need for suitable, affordable, accommodation for young people, and provision of increased hostel provision for those over 25.
2. The current economic climate was highlighted by service providers as having adverse implications for service provision. In particular it was suggested that benefit changes may prompt increased levels of eviction of young people from the family home. In addition, because current cutbacks are happening across the board, it was felt that the emerging picture of service users represented a broader cross section of society than previously.
3. Service users described a 'circle of homelessness' whereby homeless people move between temporary accommodation with little prospect of securing permanent accommodation. Here, failure to meet local authority housing requirements, inability to pay rent (anticipated as a function of benefit changes), and low prospects of employment, compounded by a lack of address, were cited as contributory factors.
4. An uneasy relationship was identified (by service users and providers) between homelessness and education and training. Barriers to education for homeless people exist as a function of benefit requirements. These barriers are understood to contribute to the circle of homelessness.
5. Existing homeless services in Wrexham, including accommodation, food provision, drugs and alcohol services, are perceived very positively by service users. Key factors are centrality, accessibility, and (particularly) inclusive, empathic and helpful attitudes of front line staff delivering services. Services may be attractive to, and may draw users from other areas because of this.
6. There is an identified need for a day centre in Wrexham for the street homeless and those staying in the night shelter to access. Key factors cited by respondents were warmth and shelter, alleviation from boredom, hygiene and deterrent for engaging in substance misuse and criminal activity.

7. Stigma surrounding homelessness was an issue raised by service providers and service users. Service users were aware of negative public perceptions, and some were wary of using services where homeless people meet because of the risk of becoming tainted by association. Linked to this, particular accommodation provision was understood by some potential users (such as females, and those who have no prior experience of using these services) as high risk because of other users and their perceived engagement in risk-related behaviours. Generally there was a perceived need to educate the public about homelessness and homeless people, as well as providing more information to service users about available services.
8. Service users associated homelessness with a higher risk of substance misuse (or increased substance use). Substance misuse was generally described as a strategy for coping with the boredom and hardship of street living. Here, user education and access to services, as well as an increased emphasis on harm measures, was promoted by service providers.
9. Other risk activities in which homeless people engage, identified by service providers, included lighting fires. For rough sleepers the lighting of fires, which is understood as a necessity for cooking and to provide warmth, is a routine activity. Service users in this study claimed to be both knowledgeable and sensible about fire. Service users distanced themselves from fire-related risks such as lighting fires in tents, or without due care and attention. Risk associated with fire was associated, by service users, with the vindictive actions of others.
10. Service providers and users highlighted the importance of seamless service provision so that, service users might have more immediate access to (for example, specialist health) services. Here it was noted that some (9 to 5) services do not currently meet user (24/7) needs.

Homeless services in Wrexham, which are delivered by a wide range of committed service providers, are highly utilised and valued by service users. The findings of the study draw primarily on the perceptions of these two groups, as do the implications for development of services.

A key message derived from the study is that services catering for the homeless should endeavour to do more of the same to meet a demand, which already exceeds supply, and which due to the economic climate is anticipated to increase. Key areas highlighted by study participants are the need to break the circle of homelessness by enabling and empowering service users to access opportunities for permanent accommodation. The other barrier to breaking this circle, which could usefully be addressed, is attending to the uneasy relationship between homelessness and education.

Service providers and users highlighted the importance of seamless delivery. To this end it was suggested that services might usefully orient more to user, rather than agency, needs. That is, whereas some services operate from nine to five, user requirements span twenty four hours. Providing somewhere for the street homeless to spend time during the day, where they could access specific services, eat, keep warm, dry and clean was also highly recommended.

Informing public attitudes about homeless people through education, in order to reduce stigma attached to homelessness, was advocated by study participants. It was felt that this might also usefully help homeless people overcome aversion to using communal facilities for fear of being tainted by association. More information about different services was advocated for homeless people, to allay unnecessary fears for safety among homeless people while using facilities.

Finally, many of the risk behaviours (from substance misuse to fire lighting) in which homeless people engage are used strategically to reach specific objectives (such as relief from boredom, alleviation of anxiety or for personal survival). As such they are unlikely to be curtailed and therefore the increased deployment of harm reduction strategies was strongly recommended by service providers.

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