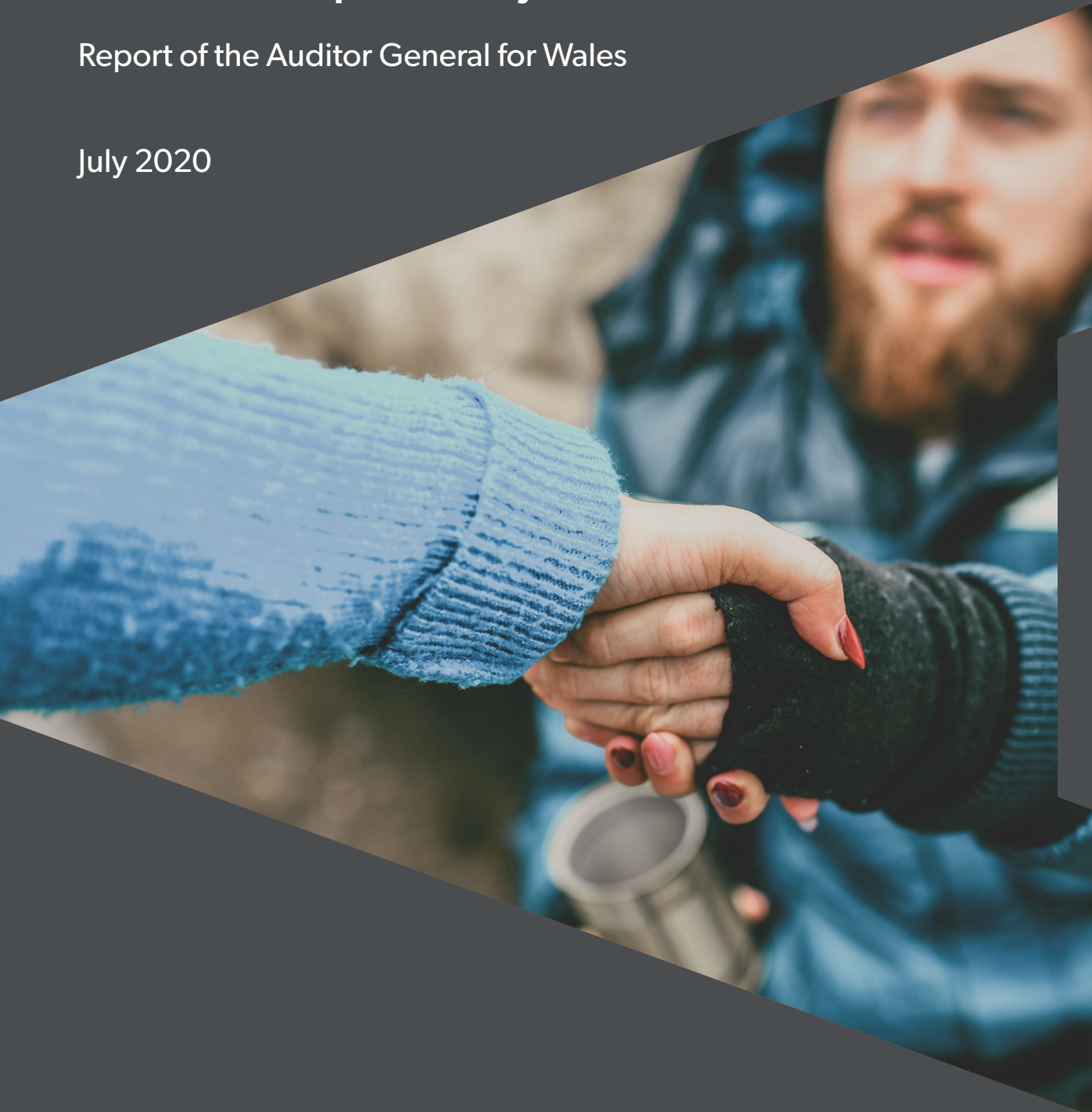


# **Rough Sleeping in Wales – Everyone’s Problem; No One’s Responsibility**

Report of the Auditor General for Wales

July 2020



This report has been prepared for presentation to the Senedd under the Public Audit (Wales) Act 2004.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.



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# Key messages

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- 1 Public bodies in Wales are increasingly faced with solving multifaceted and intricate policy problems. Some of these issues are so complex that they have been called 'wicked issues', problems that are extremely resistant to resolution. Successfully solving, or at least managing, these wicked issues requires a re-assessment of some of the traditional ways of working and solving problems in public services.

A Wicked Issue<sup>1</sup> is a complex problem that is difficult or impossible to solve because of incomplete, contradictory, or changing requirements that are often difficult to recognise. Wicked issues are characterised as:

- having many interdependencies and are often multi-causal.
- usually socially complex, cutting across boundaries.
- rarely sitting within the responsibility of any one organisation.
- frequently characterised by chronic policy failures.

Wicked issues cannot be addressed in traditional linear (organisation or service) approaches because organisations and services are divided into 'vertical' silos and are consequently not well-placed to address pan public sector 'horizontal' issues.

- 2 Tackling wicked issues requires thinking that can grasp the big picture, including the inter-relationships between the full range of causal factors underlying them, and the public bodies that can influence behaviour. Successfully tackling wicked issues also requires a broad recognition and understanding that there are no quick fixes and simple solutions. As wicked issues are inherently difficult to resolve, tackling them may also result in the occasional failure or need for policy change or adjustment. However, persistence is key, as continuing with failed public policy responses risks continuing to waste public money.

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1 H. W. J. Rittel and M. M. Webber, Dilemmas in the General Theory of Planning, University of California (Berkeley), 1973

### Examples of Wicked issues:

- Rough sleeping
- Obesity
- Child protection
- Lowering smoking rates
- Climate change
- Food security
- Falls prevention
- Infection control
- Suicide
- Drug law enforcement
- Parenting difficult children
- Young people not in employment, education or training.

- 3 Using the lens of the Well-being of Future Generations (Wales) Act 2015, public bodies are required to think more about the long term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach. These principles are fundamental to identifying wicked issues and help focus the wider public service response needed to help address complex problems.
- 4 Addressing wicked issues therefore requires broader, more collaborative, integrated and innovative approaches with all public bodies flexing their work and pulling in the same direction for the greater good. Getting 'buy-in' can however be challenging as it requires public bodies to focus on their wider contribution to tackling the complex problem. Whilst any particular public body's contribution to solving a wicked issue may appear marginal to its core work, it is often critical in helping partners and service users address complex needs.
- 5 On behalf of the Auditor General for Wales, we have examined how public bodies are responding to and addressing wicked issues using people sleeping rough as a tracer<sup>2</sup>. We believe this is the right focus for our work because rough sleeping is not simply a homelessness problem and cannot be treated as such. Too often individuals are helped off the streets and into temporary accommodation, but do not get the support needed to address the root causes of their initial homelessness and often end up back where they started. To end rough sleeping, solutions need to address both accommodation and support needs and requires many public bodies – for example, councils, the Police, health bodies, housing associations, the National Probation Service and others – to change how they work and what they do to tackle rough sleeping. As statutory multi-agency boards, Public Service Boards are well placed to coordinate and drive these changes through their well-being assessments and plans.

2 This is the phase two work of our review of partnership working and follows on from our report looking at Public Service Boards published in October 2019.

- 6 Overall, we have concluded that **responding to COVID-19 is an opportunity for public bodies to start addressing long standing weaknesses in partnership working which has stopped them from tackling rough sleeping in the past.**
- **Part 1** of the report identifies the number of people sleeping rough and the reasons why they have ended up on the streets.
  - **Part 2** looks at the statutory basis for how public bodies work together to deal with people sleeping rough.
  - **Part 3** shows how operational services for people sleeping rough must be integrated and joined up, but this has been a weakness for many years.
  - **Part 4** of the report shows that the traditional way of dealing with people sleeping rough wastes money because public bodies react to rather than prevent rough sleeping.
  - Finally, **Part 5** considers the impact of COVID-19 which has provided public bodies with an opportunity to fundamentally change how they work together to address rough sleeping.
- 7 **Appendix 1** sets out our audit methods.



## People sleeping rough – the facts

No one knows how many people sleep rough in Wales each year



2019

The November 2019 two week count estimated that **405** people were sleeping rough at this time

People sleeping on the streets die **30 years younger** than on average

The average life expectancy for men sleeping rough is **47 years** and for women **43 years**



When growing up...

**Two thirds** of people who sleep rough experienced violence between parents/carers

Just under **60%** had a parent/carer with a drug or alcohol problem

About **half** have been sexually and/or physically abused

Roughly a **third** have been bullied, truanted from or been suspended, excluded or expelled from school

A **quarter** have been taken into the care of a council as a child or young person

A **quarter** were brought up in a workless household living on welfare benefits

**15%** reported that they often did not have enough to eat each day

People sleeping rough are almost **17 times** more likely to be a victim of violence than the general public

We estimate that every single episode of rough sleeping costs the public purse **£53,082**



Annually the Welsh public sector spends up to **£209 million** reacting to but not solving rough sleeping



Third sector bodies estimate that annually some **2,900** sleep rough every year in Wales

# Recommendations

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8 We have made two recommendations for public bodies.

## Recommendations

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### Intelligent use of data

**R1** Public bodies and third sector partners should ensure they use data to plan the right future services, and to put in place effective data sharing protocols to ensure they respond effectively and safely to people sleeping rough. **We recommend that councils and their partners:**

- **invest in data analytical skills to better understand the current situation and predict future demand to prevent future homelessness;**
- **review and update data sharing protocols to ensure they support services to deliver their data sharing responsibilities effectively; and**
- **introduce a single data capture and risk assessment process for to help support safe decisions making in dealing with people sleeping rough.**

### Integrated services to tackle complex needs

**R2** Because public bodies are responding to people in crisis, they often deal with acute issues in isolation and rarely address the fundamental cause of the crisis. To do this requires public bodies to design and create service delivery models that are responsive. **We recommend that public bodies use our complex needs self-reflection tool to improve how they can jointly address complex needs in the future (the tool is set out at Appendix 2).**



**The number of people sleeping rough is not widespread, but they have complex needs and are often traumatised**

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**01**

**Welsh Government defines rough sleeping as....**

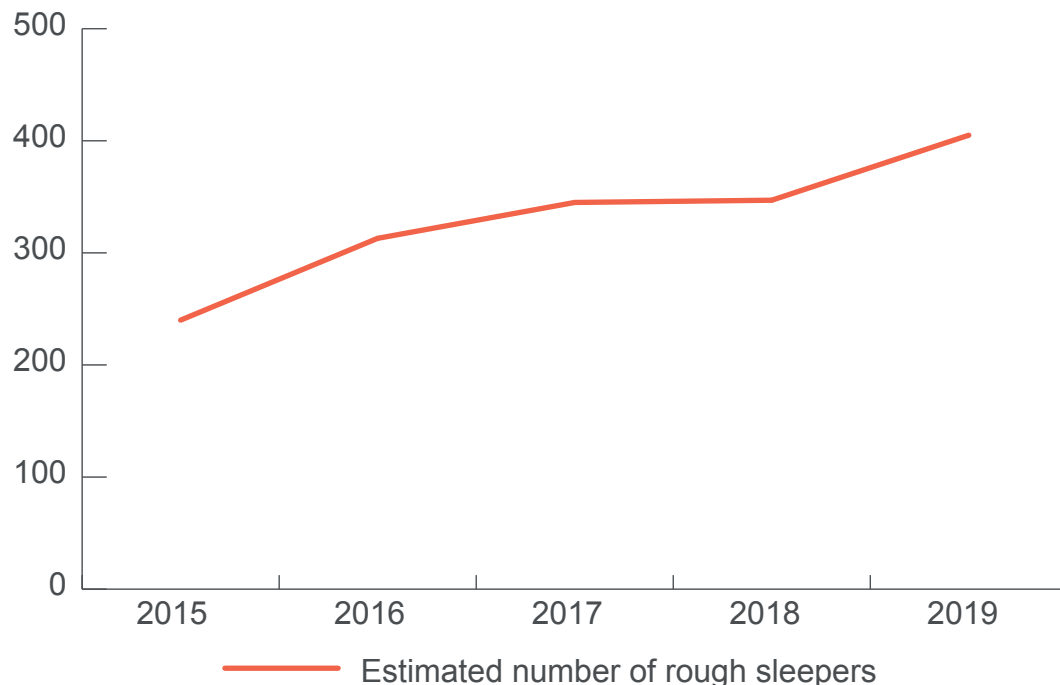
Persons who are sleeping overnight in the open air (such as shop doorways, bus shelters or parks) or in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks).

## The true extent of people sleeping rough is unknown

1.1 Anyone walking the streets of our cities and towns cannot fail to notice how many people are bedding down in the open air, even on the coldest nights of the year. The most recent annual count undertaken in October and November 2019 estimated that 405 persons were sleeping rough<sup>3</sup>. This is an increase of 17% compared with the same exercise in 2018, and a 69% increase since 2015 – **Exhibit 1**.

### Exhibit 1 – annual rough sleeper count by councils in Wales

The number of people estimated to be sleeping rough each night continues to rise.



Source: StatsWales, [HOUS2101](#)

3 Welsh Government, [National Rough Sleeper Count](#), February 2020

- 1.2 The rough sleeper count (whilst useful) is widely acknowledged by local authorities and third sector organisations as significantly under recording the issue, and only provides a partial picture of the likely extent of people sleeping rough in a two-week window. For example, data collated by The Wallich recorded 2,878 people sleeping rough in 2017<sup>4</sup> across Wales. At a council level, the Huggard Centre<sup>5</sup> identified 827 rough sleepers using their day centre in Cardiff between April and September 2019. Similarly, the Swansea Rough Sleeper Intervention Team coordinated by The Wallich, supported 323 rough sleepers in Swansea between April and September 2019. The BBC reported in February 2020 that the scale of rough sleeping in England was five times greater than official records<sup>6</sup>.

## People sleeping on the streets die 30 years younger than on average, are repeatedly victims of violence and often cause crime

- 1.3 Data published by the Office of National Statistics<sup>7</sup> (ONS) estimates that since 2017, rough sleeper deaths in Wales have risen by 161%, increasing from 13 deaths in 2017 to 34 deaths in 2018. The average life expectancy for men is 47 years, and for women is 43 years. This compares to general population average life expectancy of 78.3 years for men and 82.3 years for women<sup>8</sup>. The causes for roughly half these deaths relate to three main issues – alcohol abuse, substance misuse and suicide.
- 1.4 The harsh environment of the streets and the rough sleeping lifestyle, coupled with the focus on day-to-day survival, can take its toll. Substance misuse affects a significant number of people who sleep rough. Dealing with health issues and doing the things necessary to find accommodation are not seen as important by those with a substance misuse problem. Drugs and alcohol are often used to deal with emotional, mental and physical pain. Mental health problems amongst the street homeless is also common and often leads to general self-neglect, a lack of nourishment and poor physical health.

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4 The Wallich is a specialist homelessness body that works across Wales. [https://thewallich.com/app/uploads/2019/11/AnReport\\_2017.pdf](https://thewallich.com/app/uploads/2019/11/AnReport_2017.pdf)

5 A Cardiff based homelessness charity providing accommodation, day services and support to people sleeping rough in the capital.

6 <https://www.bbc.co.uk/news/uk-england-51398425>

7 Deaths of homeless people in England and Wales: 2018, ONS, October 2019.

8 National life tables, UK: 2016 to 2018, ONS, September 2019

- 1.5 Life on the streets can be very dangerous. Recent research<sup>9</sup> found that people sleeping rough are more likely to be victims of crime, and almost 17 times more likely to have been victims of violence (in the past year compared to the general public). Women are particularly vulnerable, nearly 1 in 4 have been sexually assaulted whilst rough sleeping. Over half of those sleeping rough in Wales have had belongings stolen from them and/or have been intimidated or threatened with violence or force; 40% have experienced having things thrown at them and/or experienced force or violence; and 10% have been urinated on.
- 1.6 People sleeping rough can also cause a significant amount of crime and anti-social behaviour. Data held by South Wales Police for the first quarter of 2019-20 shows that 4,182 crimes were reported in Cardiff city centre. Of these, 2,382 were classed as an offence, with 441 identified as crimes with many caused by people sleeping rough in the city centre. Policing of people sleeping rough is consequently challenging.
- 1.7 The main powers used by the Police to tackle people sleeping rough are Public Space Protection Order and Designated Public Place Orders. These prohibit specified things being done in a restricted area and/or requires specified things to be done by persons undertaking specified activities in that area; for example, not begging or consuming alcohol. Across the UK, some Police forces have also used powers under the 2014 Anti-social Behaviour Crime and Policing Act, and also the Vagrancy Act 1824, to address issues with alcohol related crime and disorder and begging. Use of the latter has fallen in recent years because it often ends with people being given fines that they cannot afford to pay or being sent to prison, which only exacerbates their problems.

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9 Rough sleepers' experiences of violence and abuse on the streets of England and Wales, Crisis, December 2016

## The root cause of rough sleeping is complex and requires a long term joined up response from all public bodies

- 1.8 There are numerous causes of why people sleep rough. The precise combination of reasons that leads to each person sleeping rough is as unique as the individual themselves. However, some common factors can be identified: relationship breakdown, poverty, unemployment, mental health problems, drug or alcohol misuse, sexual or physical abuse and a consequential inability to manage in independent housing. The more complex needs someone has and more trauma they have experienced, the more help they will need to move on from homelessness and rebuild their lives. Traumatic experiences before the age of 18 that lead to such negative, lifelong emotional and physical problems are commonly called 'Adverse Childhood Experiences' (ACEs).
- 1.9 Through our research with people sleeping rough, we identified some common disadvantages or harms that have contributed to them ending up sleeping on the streets. These ACEs are often interlinked with people frequently experiencing several disadvantages that significantly influence and contribute to problems in later life. We have reported in more detail on our research in our data tool on rough sleeping and summarise our key conclusions in **Exhibit 2** below.

## Exhibit 2 – people sleeping rough often have ‘Adverse Childhood Experiences’

Our research shows that people who sleep rough in later life have often...



**experienced domestic and/or sexual violence in the family or household** – two thirds had experienced violence between parents/carers when growing up.



**experienced substance misuse in the family or household** – just under 60% had a parent/carer with a drug or alcohol problem.



**been abused at home by a family or household member** – about half of respondents highlighted that they had been sexually and/or physically abused.



**had difficulties in school** - roughly a third had been bullied in school, truanted from school or been suspended, excluded or expelled from school.



**been in care** – a quarter had been taken into the care of a council as a child or young person because of risks in remaining at home.



**lived in poverty from a young age** – a quarter were brought up in a workless household living on welfare benefits and 15% reported that they often did not have enough to eat each day.

Source: Audit Wales, People Sleeping Rough Survey, January 2020.

1.10 Our analysis of published Stats Wales data shows that significant indicators of ACE, and therefore potential rough sleeping continue to rise. For instance, the number of looked after children in council care has risen by 46% in the last decade, and the number of looked after children in foster care by 40%. Likewise, permanent exclusions from schools has risen by 91% across Wales in the last 10 years. These are all important barometers of potential rough sleepers and highlight the challenge of addressing complex needs now and in the future. Whilst we have identified these potential future risk indicators as part of our study, during our fieldwork we found no authority (locally, regionally or nationally) that collects and uses data in this way to focus on prevention.



- 1.11 People who experience these disadvantages in their early life are also disproportionately at much greater risk of problems in adulthood. For example, we found that 55% of those we surveyed had substance misuse issues in later life. Just over a quarter had been evicted or had their home repossessed, and a similar proportion experienced frequent and prolonged periods of unemployment, redundancy and ongoing financial problems. A fifth have been in prison or a young offender institute, and 15% charged with a violent crime offence. Specialist referral agencies, support providers and probation staff we interviewed acknowledged that once someone has been in prison, they are more likely to end up on the streets because the current prisoner pathway to manage discharge is not working effectively.
- 1.12 When children are exposed to adverse and stressful experiences, it can have a long-lasting impact on learning, their ability to think, and how they interact with others. People who experience multiple ACEs are often likely to raise their own children in households where adverse childhood experiences are more common. This cycle of childhood adversity can lock generations of families into poor health, poverty and anti-social behaviour. Preventing adverse childhood experiences in a single generation, or reducing their impacts, will therefore have a positive impact on rough sleeping and will result in significant financial savings for stretched public services. This type of preventative approach will require a significant shift in the way that public services work together to address 'wicked issues'.



**The Welsh Government prioritised action on reducing rough sleeping, but until recently local strategic responses were too focused on housing and often overlooked the role of partners**

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**02**

- 2.1 In February 2018 the Welsh Government adopted a two-year action plan<sup>10</sup> to prioritise work on addressing rough sleeping, following the recent rise in numbers. The Welsh Government summarises its priority as: 'to reduce rough sleeping and ending the need for people to sleep rough'. To do this requires commitment not just from council housing services but a wide range of other organisations and sectors; social care, healthcare, and support service providers. The Welsh Government's action plan was developed in partnership with stakeholders working with rough sleepers and set out 24 actions for delivery by January 2020.
- 2.2 The Rough Sleeping Action Plan has not delivered the change needed and greater efforts have recently been placed on establishing a sector specialist group – the Ministerial Homelessness Action Group. In October 2019, the Ministerial Group published its report Preventing rough sleeping in Wales and reducing it in the short-term. The report makes recommendations in four 'focus' areas – Cardiff, Newport, Swansea and Wrexham – where public bodies need to have sufficient well-trained assertive outreach workers, appropriate emergency and temporary accommodation alternatives to rough sleeping available and increase the number of social homes let to homeless households.
- 2.3 To deliver these recommendations requires agreement and commitment from councils and their partners to work together. Key to the successful implementation of the recommendations is the prioritisation and resourcing of a series of short-term actions, and delivery of services through multi-agency working with actions to be delivered by the Spring of 2020. In addition, there are a further eight longer-term recommendations for all councils to adopt. There are no target dates set for these.
- 2.4 The proposed programme of work is very ambitious and requires buy-in from many partners to commit resources, change working practices, and flex application of legal duties and responsibilities. From our fieldwork in the winter of 2019-20, buy-in from the full range of partners who are critical to delivering the recommendations was lacking. Awareness of the Ministerial Group's report, and its priorities for action, was mostly unknown outside of housing bodies. The report recommended a very short-term delivery programme of six months for some substantial and significant changes.

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10 <https://gov.wales/sites/default/files/publications/2019-03/rough-sleeping-action-plan.pdf>

## The statutory responsibility for addressing rough sleeping rests with the local housing authority, but requires other services and organisations to play their part

- 2.5 The Welsh Government, through the Housing (Wales) Act 2014, fundamentally changed the duties of councils regarding homeless people. Since April 2016 councils are required to provide everyone, whether homeless or not, with housing advice and assistance, and must seek to prevent homelessness from occurring where possible. The statutory framework is predicated upon highly developed collaboration between councils and their partners to achieve its objectives on early intervention and assistance to find the best available solution as quickly as possible.
- 2.6 Where a person has a priority need and is not intentionally homeless, the authority must accept the duty to accommodate that person if they have a local connection. If the person has no local connection with the authority's area, the authority can refer the application to an authority where the person does have a local connection. A person may have a local connection with the area of a local housing authority if the person is living or has lived there, is working in the area, because of family reasons or because of special circumstances. In practice, some councils seek to reconnect rough sleepers with other areas they may have lived, whilst others do not apply the local connection test. People sleeping rough do not automatically qualify as having a priority need.
- 2.7 Importantly, Section 95 of the Housing (Wales) Act 2014 places a duty on public bodies to co-operate in helping to address homelessness. The duty to co-operate applies to the social services authority and housing associations, but importantly does not cover health bodies in Wales nor criminal justice organisation (including the Police and National Probation Service). This means that these key partners cannot be required to help address homelessness. The presumption is that housing associations and social services will co-operate unless the proposed action is incompatible with their duties. Their reasons would have to be given in writing and it would be insufficient to say that there were other priorities that had to take precedence. This means that as a starting point these partner organisations must co-operate to meet a request for assistance. Council homelessness services, housing associations and social services will be expected to have established mechanisms for ensuring collaboration and addressing any areas of difficulty.

## To effectively tackle rough sleeping requires a joined up and integrated strategic response, but approaches have been too focused on housing not the contribution of all public bodies

- 2.8 Section 50 of the Housing (Wales) Act 2014 places a duty on councils to carry out a homelessness review and formulate a homelessness strategy. The legislation requires councils to have had a strategy in place since 2018, and this needs to be updated every four years. Importantly, a homelessness strategy can include provisions relating to specific actions which the council expects to be taken by any public authority or voluntary organisation that can help in delivering its priorities<sup>11</sup>. In addition to the specific homelessness duties, councils and their key public sector partners must also, through the local Public Service Board, prioritise action to address specific economic, social, environmental and cultural issues in their area by setting appropriate well-being objectives.
- 2.9 We found that the strategic approach taken by councils and their partners to addressing rough sleeping in response to the Act varied widely. With the exception of Cardiff, rough sleeping was not specifically mentioned in well-being plans but were captured in broader themes like community safety, poverty, homelessness and tackling complex needs. For instance, Swansea's Local Well-being Plan has four core themes, one of which relates to strong communities with a range of priority areas for action, including people feeling safe and confident in their communities. Likewise, Wrexham's Wellbeing Plan has 15 objectives, several of which relate to housing, community safety and support to address complex needs.
- 2.10 All councils either adopted a specific authority level homelessness strategy or worked collectively to develop a regional response. Only 12 of the 22 strategies include priorities for addressing rough sleeping – for example Wrexham County Borough Council's Homelessness Strategy 2018 includes specific strategic actions for tackling rough sleeping. The five councils in Gwent completed a joint homelessness review and produced a Gwent wide Homelessness Strategy covering the period 2018 – 2022<sup>12</sup>. The strategy includes objectives to 'reduce the number of 'repeat presenters' and rough sleeping', and the regional action plan has four actions to address this strategic objective to be delivered between April 2019 and February 2021. In Cardiff there is also a specific Rough Sleeper Strategy adopted in 2017.

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11 Section 52 (4), however, notes that the inclusion in a homelessness strategy of any provision relating to action requires the approval of the body or person concerned.

12 Whilst there is a single homelessness review and agreed joint strategic aims and objectives, each council – [Blaenau Gwent](#), [Caerphilly](#), [Monmouthshire](#), [Newport](#) and [Torfaen](#) – has adopted a tailored version of the regional strategy with specific actions for their area.

- 2.11 Our review of strategies found some common weaknesses in respect of the proposed work on rough sleeping. The bulk of actions focus on housing and third sector support organisations, with other key services and partners often not involved in development work. Consequently, strategies focus too much on housing issues and do not give enough regard to the role and contribution of all public bodies. Similarly, actions are focused on better understanding rough sleeping or reviewing services, rather than tangible steps to address rough sleeping.
- 2.12 All councils have a range of strategic partnership forums in place to assist in addressing homelessness, rough sleeping and community safety issues. Often there are multiple forums with slightly different roles and remits operating in the same authority area. For instance, Swansea has three key forums: a Homelessness Delivery Group, a Street Vulnerability Multi-Agency Risk Assessment Committee (MARAC) and a Supporting People and Homelessness Forum. Similarly, Wrexham has a Homelessness Prevention Steering Group and a separate Homelessness Forum.
- 2.13 Whilst those we interviewed generally felt that the right partnership structures are in place with mostly the right people attending meetings, many acknowledged that the various partnership forums are not effectively joined up and focus too much on planning and not enough on doing. This is partly a result of the traditional and linear approach to formulating policy and delivering public services which has been an inadequate response to tackle wicked issues. For instance, PSBs have generally followed traditional ways of working and continue to do what they have always done making the same mistakes of preceding partnership structures such as Local Service Boards (LSBs) - assessing needs, agreeing objectives, producing a plan and creating governance architecture.
- 2.14 In the next section we explore, in more detail, how services on the ground are responding to rough sleeping.

**For too long  
operational services  
for people sleeping  
rough have not been  
sufficiently integrated  
and joined up**

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**03**

## Street outreach teams and day services are often the first point of contact for rough sleepers and are critical to moving people off the streets, but their availability has always varied across Wales

- 3.1 Assertive Outreach is a way of organising and delivering services via a specialised team to provide intensive, highly co-ordinated and flexible support and treatment for people with complex needs, often living in challenging and chaotic circumstances. Assertive Outreach is focused on people with whom mainstream services have found it difficult to engage, and with histories including a severe and enduring mental illness, social chaos, high use of inpatient beds, anti-social behaviour, substance misuse and multiple complex needs.
- 3.2 Assertive outreach is seen as essential in tackling rough sleeping and requires buy-in from a wide range of public bodies to be effective. To be effective, multi-skilled and multi-disciplinary teams must deliver a mix of evidence-based psychosocial intervention and intensive practical support focused on engagement and rapport over the long term. Critically, its success is dependent on all key services collaborating and integrating service responses – health, social care, housing, the Police, housing associations and the third sector.
- 3.3 Day services provide somewhere for people sleeping rough to go in the day to receive help with basic needs such as food, clothing and washing. Some centres provide other practical assistance. For example, access to computers, somewhere to store belongings, and a place to receive post. They may also provide medical care (including drug and alcohol support services) and access to doctors and dentists. Day centres are mostly run by local voluntary organisations and are only found in cities and larger towns in Wales. Without these types of service, people sleeping rough are left on the streets which can lead them to beg, engage in petty crime, substance misuse and anti-social behaviour, and also leave them prone to experience violence or harm.



- 3.4 Cardiff is best served with a range of day services, a reflection of the higher numbers of people sleeping rough in the capital city through its dedicated Outreach Team that identifies people sleeping rough and encourage them into accommodation. Third sector services include a daily breakfast run coordinated by the Wallich which provides people on the streets with breakfast, hot drinks, sleeping bags, warm clothing and toiletries. The Council Outreach Team accompany the breakfast run offering advice and engage with rough sleepers. The Salvation Army Bus Project operates five nights a week (excluding weekends) providing people with hot food, clothing and warm shelter for a few hours. Uniquely in Wales, Cardiff also has the Huggard Centre, an all-year-round day centre where people sleeping rough can go and use showering facilities, get clothes, food and toiletries. The Huggard also provide advocacy and support services to help people, including a dedicated substance misuse service and needle exchange programme.
- 3.5 Swansea has a daily Rough Sleepers Intervention Team coordinated by The Wallich, Access Point run from the Dinas Fechan hostel that provides practical support and assistance to people on the streets, and Zacs place a volunteer church café that provides day services for people on the streets in the City Centre. Wrexham has some day services for people sleeping rough and most activity takes place through a Friday morning drop-in session<sup>13</sup>. The Community Care Hub, built on an earlier local authority and Police initiative, provides help and support for people sleeping rough. Some statutory services attend, and the weekly drop-in sessions provide homeless people and those sleeping rough in Wrexham with easier access to a range of support services.
- 3.6 Day services frequently work with people facing the most difficult journey from the street to independent living. A large proportion of their clients have very high support needs who are not willing or able to engage with other services. Many of the people who work within them can also be volunteers. The amount of money required to provide these types of day services is very small, but they are often subsidised and depend upon charity to maintain provision. Many we visited are also running with deficits, with the costs absorbed by the third sector, and are continually at risk of having their funding pulled.

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13 This service was originally established by the local authority and the Police but is coordinated by voluntary sector bodies.

## People sleeping rough have found it challenging to access housing

### **In recent years, the use of emergency accommodation has grown, but it has not always been suitable for people with complex needs**

- 3.7 People sleeping rough have an urgent need for accommodation and shelter. As a first step, safe and secure emergency accommodation can get people off the streets. In the last four and a half years (April 2015 to September 2019) the number of people accessing emergency housing has increased by over a fifth and there were 2,307 households in temporary accommodation – hostels, private lets and bed and breakfast – at the end of September 2019, although there is no information on how many of these were previously sleeping rough<sup>14</sup>.
- 3.8 Hostels vary in terms of their size (we have seen hostels ranging between 10 bed spaces to others with just under 100) and not every council has access to a hostel. Services directly provided by councils are controlled by the respective authority who decide who goes where. However, many hostels are owned and managed by third sector bodies and these can have varying degrees of council influence in how they are let and managed. For instance, in Swansea, the Council co-ordinates referrals with the decision on whether to accommodate taken by the hostel managing agent. In contrast, there is a central single access route in Cardiff – the 'Gateway' – and the Council determines where individuals go. While the provider has less control over who accesses their accommodation under the Gateway, the system aims to ensure that those most in need have access to accommodation.
- 3.9 Data sharing, which is fundamental to safe decision making on individuals, follows the Wales Accord on the Sharing of Personal Information (WASPI) which is helping organisations to meet their data protection responsibilities. However, third sector providers have not always received appropriate referrals from councils with information often incomplete or inaccurate, which increases risks for hostels. Consequently, data collection and risk assessment exercises are often repeated. Our survey work with rough sleepers found that people often have to give out the same personal information multiple times to different public bodies, creating stress and a lack of trust in how seriously public bodies are dealing with their needs.

- 3.10 Whilst hostels are acknowledged as an important first step to get people into a safer and more secure environment, they have a range of challenges. By their nature, hostels have a concentration of people with complex needs and chaotic lifestyles, often sharing facilities like bathrooms and toilets. They can be very challenging environments to both live in and manage. They are also facilities epitomised by high usage and regular turnover. Consequently, the condition of buildings and facilities can be difficult to maintain, and some are in very poor condition.
- 3.11 Some hostels, like The Wallich Night Shelter in Cardiff, are also operating with a deficit and are at risk of closure. Others have management agreements between the landlord (most typically a housing association) and managing agents (usually a third sector specialist support provider). Agreements need to be flexible and avoid restrictions on who can be accommodated and the type of services that can be provided if support workers are going to deal with people with complex needs. Financial uncertainty and a lack of flexibility can severely impact on support providers being able to deal with people in trauma.
- 3.12 Hostels are acknowledged as currently playing an important role in helping to tackle rough sleeping, but they can be unsuitable for the changing face of homelessness. Large hostel accommodation can exacerbate the problems people experience, and also present difficulties for other people living in the project. They are especially daunting for people new to life on the streets. They can have a significant detrimental impact on people's mental health, happiness and overall wellbeing, to the extent that some consider street sleeping as a safer and better option than a hostel.
- 3.13 Bed and breakfast accommodation is considered to be the option of last resort – it's expensive, often of poor quality and has no on-site management or presence. Data from StatsWales shows that some councils do not use bed and breakfast, but for some it is the main form of provision<sup>15</sup>. We found that, in some councils, bed and breakfast is used to place hard to manage clients, whilst other councils locate vulnerable single homeless people 'out of county'.
- 3.14 In these circumstances, the homeless person, who is only being assisted because they are vulnerable, is not supported and is expected to manage on their own in a place they do not know, and with no network of family and friends to call on for support. We found that host councils do not always get notified of a placement by another council in their area and there are rarely systems in place to jointly manage placements and their potential risk. Use of out of county placements can also push up bed and breakfast costs because demand is growing.

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15 StatsWales, [Households accommodated temporarily by accommodation type and household type](#)

3.15 In recent years the number of homeless people placed by councils in private rented homes has grown to roughly a third of all emergency lettings. Whilst this has enabled councils to discharge their statutory responsibilities, growing use of private lets has some challenges. Rents continue to grow, often above the Local Housing Allowance<sup>16</sup> level, and are consequently not fully covered by Universal Credit. If the claimant has been sanctioned, or drawn down hardship payments, then they are often unable to afford the property without bonds and prevention payments from councils. Competition for private rented homes is also high and it is not unusual to see public and third sector bodies pursuing the same property. For instance, in Cardiff there is currently competition between housing associations, the third sector and the National Probation Service for private rented homes. And because landlords can often get better returns letting to students or those in employment, who are also perceived to be less risky to house, people who sleep rough can find it hard to secure accommodation.

### **The Welsh Government is increasing the supply of affordable accommodation, but people with complex needs have not always been able to access social housing**

3.16 Getting access to permanent social housing of any type is becoming increasingly difficult, particularly for homeless people and those living on the streets. Social housing is becoming increasingly scarce, mainly due to the 'right to buy'<sup>17</sup>. For instance, the number of rented homes at March 2019 remains below levels from 20 years ago, whilst the population of Wales in the same period rose by just over 7%<sup>18</sup>. The Welsh Government has taken steps to address housing supply and has set a target of delivering 20,000 new affordable homes between 2016 and 2021, with 65% of these for social rent. The Welsh Government also abolished the 'right to buy' from January 2019.

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16 Local housing allowance is used to work out how much housing benefit or universal credit a person gets when renting from a private landlord. The rates are different depending on location and household size. If the claimant is under 35 and single with no dependent children, they are only entitled to the shared accommodation rate. This applies even if they do not share their home with other people.

17 The Right to Buy scheme gave secure tenants of councils and some housing associations the legal right to buy, at a large discount, the house they lived in. The scheme led to a reduction in the amount of social housing in the UK, which has fallen from nearly 6.5 million homes in 1979 to roughly 2 million homes in 2018.

18 StatsWales, [Private Household Population by Local Authority and Year](#)

- 3.17 Whilst these two measures are helping to reverse the decline in social rented housing, increasing supply is only one element of how social housing landlords need to respond to the challenge of homelessness and rough sleeping. More importantly, councils and housing associations need to adopt allocations and housing management policies that fully support people with complex needs to access their housing and then support them to maintain the accommodation. Many landlords continue to support people to maintain a roof over their head by helping them manage debt, furnish their homes and maximise income. In addition, social landlords help clients manage court referrals, offer support for tribunals and put people in touch with specialist money advice services and use of hardship payments. Some of these services are funded under the Supporting People programme which is helping vulnerable people live as independently as possible and complements the personal or medical care that they receive.
- 3.18 However, some social housing landlords have used policies to stop people with complex needs from accessing their accommodation. These have included exclusion and suspension schemes, unacceptable behaviour clauses to restrict eligibility for applying for accommodation, and closed waiting lists which do not allow people to register and be considered for housing. Some landlords have also used 'local letting initiatives' to define who can and cannot apply for housing in a defined area and filter out those with complex needs and challenging behaviour. Such initiatives are generally used to ensure best management of the housing stock through the creation of balanced sustainable communities to prevent anti-social behaviour. By their nature, however, they can also restrict access to housing and limit opportunity for high risk groups such as rough sleepers.
- 3.19 The outcome of these actions can be seen in trend data for lettings published by the Welsh Government which shows that permanent lettings made to homeless people has fallen in the last 10 years from 4,317 in 2008-09 to 3,722 in 2018-19<sup>19</sup>. Whilst some of this can be explained by the revised focus on preventing rather than reacting to homelessness, it also illustrates the challenge people with complex needs face in securing housing.

## Joint working between public bodies and co-location of services has improved in recent years, but partners have not integrated and flexed services to better tackle rough sleeping

- 3.20 In recognition of the challenges of responding to people sleeping rough, we found some positive examples of how public bodies are working collectively and flexing systems to address very acute needs. For example, Cardiff has created a Multi-Disciplinary Team, co-locating housing, the Police, probation, social care, including a mental health social worker, and a range of health and therapeutic workers. The team also has access to a rapid prescribing services (RAPS) to assist those clients unable to access conventional substance misuse services. This is enabling public bodies and the third sector to create the right collective response and there is a clear buy-in between partners of the need to take a 'trauma informed care' or 'Psychologically Informed Environments'<sup>20</sup> approach to the issue.
- 3.21 Whilst these approaches are growing, they are still in their early stages of development. We found that co-location often emanates from pilot approaches or short-term funding initiatives and are consequently not mainstreamed. A number of people we interviewed also noted that because health bodies have not traditionally integrated their responses alongside housing organisations, public sector partners have had to employ their own mental health nurses or substance misuse nurses to fill this gap.
- 3.22 The traditional model of public service delivery requires people sleeping rough to fit around services, and there is little flexibility in application and assessment processes. Because the expectation is that people who sleep rough can work through the system, they are often excluded from services because they are unable to secure or access the help they need, or the systems and rules are too inflexible to accommodate them. For example, GPs requiring rough sleepers to register with a practice before receiving help, which can be challenging, and refusing to provide a service unless they are registered. Similarly, requiring people to book appointments weeks in advance which can deter people with complex needs engaging with and using services.

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<sup>20</sup> Trauma Informed Care (TIC) and Psychologically Informed Environments (PIE) are related and complementary approaches to service delivery for people with complex needs. Both aim to improve the psychological and emotional well-being of people accessing, or working in, public services.



- 3.23 Consequently, rough sleepers did not engage with GPs because there were too many hoops to jump through, and they ended up using Accident and Emergency services when their problems deteriorated. Intervening at an early stage in a primary care setting is in the Health services' best interest, but the inflexible approaches can result in people using more intensive and expensive secondary care treatment. As a result, they have traditionally and disproportionately called on acute services – accident and emergency, the ambulance trust and the Police, for instance – because these were the ones that responded to them in their periods of crisis.
- 3.24 In addition, many we interviewed noted long-term difficulties for people who require mental health services. These often require a referral from a GP to a Mental Health team. Service thresholds are also very high with someone's mental state needing to have significantly deteriorated before assistance is provided. Most people we interviewed emphasised that it is almost impossible to get people sectioned, and several interviewees noted that very vulnerable and often traumatised people were not being helped and were left on the street to manage on their own. People with co-occurring disorders<sup>21</sup> often experience 'buck passing' as to who should deal with their needs. Commentators regularly noted that mental health professionals refused to provide a service unless the substance misuse issue had been addressed.

### **The system of public service delivery was not designed to respond to people with complex problems**

- 3.25 Too many services operate standardised approaches which failed to take account of people with chaotic lifestyles. They operated on the principle of prioritising acute needs and rationing services in a system that created delays through design. Whilst this helped public bodies to manage their financial challenges, prioritise how to respond to growing demand, and worked for the wider population, it is not sensitive or flexible enough to respond to people with complex needs. Due to their chaotic lifestyles, people with complex needs find it hard to cope with rigid systems and processes. Approaches that put the onus on the service user to navigate their way through a system created barriers and stopped people getting the help they needed.

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<sup>21</sup> Co-occurring (or dual diagnosis) is where someone has both a substance misuse and a mental health need.

- 3.26 And, because organisations work to narrowly defined roles, it often stops them from focusing on working collectively to address the social complexity of wicked issues. From our review we identified several features of service delivery models that do not help tackle complex needs. These systems are commonly characterised by approaches that:
- a require people to register for a service or book an appointment;
  - b request referrals from other public bodies before people access services;
  - c provide services remotely and in ways that discourage usage such as the internet and through contact centres;
  - d expect people to complete detailed applications;
  - e undertake comprehensive needs assessments;
  - f operate separate rather than collective information gathering exercises;
  - g use waiting lists to ration services;
  - h follow a 'return to go' and/or exclude/suspend people for failure to engage, maintain contact or because of their past behaviour;
  - i operate to thresholds with services only provided if the bar is met; and
  - j refuse to assist until other conditions are addressed.
- 3.27 Because different public services have different 'standard' approaches, there can often be multiple examples of 'No Man's land' created with service boundaries unaligned and not joined up. Too often in this review we have seen people assessed as not having enough need to access key services, such as mental health support, but who are also considered to have too complex a need to use generic low-level services such as supported housing. Consequently, because public bodies failed to flex their standard approaches, people sleeping rough ended up not receiving help and were pushed, or walked away, and fell into the service black hole that often exists between different public bodies.



## 'Housing First' can better address the needs of people sleeping rough, and is beginning to be rolled out across Wales

- 3.28 Housing First is an evidence-based approach to supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes. The approach is focused on providing a stable, independent home and intensive personalised support to help people with multiple and complex needs to make the transition from trauma to normal living. Consequently, there are no conditions around 'housing readiness' before providing someone with a home; rather, secure housing is viewed as a stable platform from which other issues can be addressed. Housing First is a different model because it provides housing 'first', as a matter of right, rather than 'last' or as a reward when someone is considered ready to live independently.
- 3.29 Currently there is Housing First provision in the Isle of Anglesey and Cardiff and services are being developed in other areas including Swansea. We found there were mixed views on whether Housing First will deliver better outcomes for people sleeping rough. Whilst many acknowledged that wrapping services around people with complex needs in accommodation is positive, some noted that it is only one potential solution, not the only option. Without commitment from wider support organisations to wrap services around people who have slept rough – health, social care and addiction treatment services – it is unlikely to deliver the ambitions some people and bodies have for Housing First.

**Money is being wasted  
because public bodies  
continue to react to,  
rather than prevent,  
rough sleeping**

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**04**

- 4.1 As we have seen in the preceding sections, public bodies need to act on the causes, prevalence and impacts of people sleeping rough in order to improve health, reduce inequalities and prevent further disadvantage to future generations in Wales. Responding more effectively to street homelessness also has a sharp financial benefit: it can save money.
- 4.2 From our review we found that defining spend on rough sleeping rarely moves beyond assessing housing costs, and it is hard to know the exact financial cost of reacting to rough sleeping because no information is collated that identifies the total envelope of spend by public services. This is partly a reflection of poor data, but also because public bodies do not record or estimate the cost of reacting to this complex need. We acknowledge that reductions to public bodies' budgets makes it difficult to respond to the rough sleeping crisis. But the reduction in public expenditure also requires public bodies to work differently and ensure every £1 spent makes an impact and is helping people with complex needs.
- 4.3 To understand the potential cost of rough sleeping on public bodies, we have used the Welsh Government's Family Savings Calculator (FSC) to analyse the wider potential financial impact. The [FSC tool](#)<sup>22</sup> was developed by the Education and Public Services Group within the Welsh Government, and we consider this to be the best available source of information on the cost of delivering different activities across criminal justice, education, employment, housing, health, social care and substance misuse services in Wales.
- 4.4 Using a selection of case studies, we have identified the charge for different public sector interventions which, when added together, provide us with the potential cost to the public purse when responding to – but not addressing – a single crisis episode of rough sleeping. In summary, our research shows that the cost to the public purse ranges from £26,626 to £72,711 per event, and the average cost per individual occurrence is £53,082 – **Exhibit 3**.

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22 Costings information in the FSC tool are drawn from a range of sources and these vary in terms of publication date. Nonetheless, the FSC remains the best available Welsh specific data source that allows for an assessment of the potential cost of public service interventions to deal with core issues and challenges of rough sleeping. We have uplifted the base costs to September 2019.

**Exhibit 3 – Audit Wales illustration of the potential cost to public bodies of reacting to individual cases of rough sleeping**

Each episode of rough sleeping potentially costs the public purse between £26,500 and £73,000.

|               |   |  |  |
|---------------|---|--|--|
| <b>Case A</b> | <ul style="list-style-type: none"> <li>gave up his job due to substance misuse issues and returned to the family home</li> <li>shortly after this, he was made homeless and ended up on the streets</li> <li>following multiple police call outs, arrests and attendance at Magistrates Court, he was proscribed intensive substance misuse treatment</li> </ul>  | <p>Public Services responding to this rough sleeping episode....</p> <ul style="list-style-type: none"> <li>Police</li> <li>Courts</li> <li>Housing</li> <li>Substance Misuse and</li> <li>Social Services</li> </ul>  | <p>Potential cost of this episode of rough sleeping</p> <p style="color: red; font-weight: bold; text-align: right;">£26,626</p> |
| <b>Case B</b> | <ul style="list-style-type: none"> <li>spent several years sleeping rough and drinking heavily, frequently calling on accident and emergency services for assistance</li> <li>hospitalised for short stay periods on several occasions</li> <li>she also committed a string of petty and more serious crimes with Police called out on numerous occasions and arresting her several times</li> <li>she eventually ended up being sentenced to 4 months in prison</li> </ul> | <p>Public Services responding to this rough sleeping episode....</p> <ul style="list-style-type: none"> <li>Hospital A&amp;E</li> <li>Police</li> <li>Court</li> <li>Probation</li> <li>Housing</li> <li>HM Prisons</li> <li>Substance Misuse and Social Services</li> </ul> | <p>Potential cost of this episode of rough sleeping</p> <p style="color: red; font-weight: bold; text-align: right;">£43,050</p> |

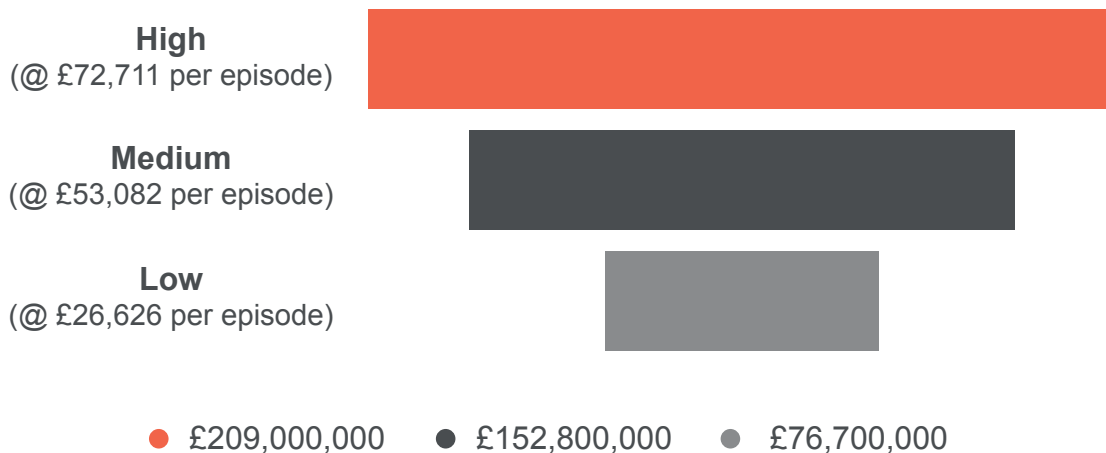
|        |   |  |  |
|--------|---|--|--|
| Case C | <ul style="list-style-type: none"> <li>developed a drugs problem and experienced intimidation and violence from drug dealers</li> <li>he ended up on the streets, frequently being manipulated by others but also committed numerous offences</li> <li>he ended up being arrested on multiple occasions and was sentenced to over a year in prison</li> </ul>                         | <p>Public Services responding to this rough sleeping episode....</p> <ul style="list-style-type: none"> <li>Health Care</li> <li>Police</li> <li>Courts</li> <li>HM Prisons</li> <li>Substance Misuse and Social Services</li> </ul>   | <p>Potential cost of this episode of rough sleeping</p> <p style="color: red; font-weight: bold; text-align: right;">£69,940</p> |
| Case D | <ul style="list-style-type: none"> <li>spent several months in hospital, in prison, and time on the streets due to his excessive alcoholism</li> <li>during this period, he visited accident and emergency on a frequent basis and was hospitalised for over 6 months</li> <li>he was also arrested on 5 separate occasions and was sentenced to prison by the Crown Court</li> </ul> | <p>Public Services responding to this rough sleeping episode....</p> <ul style="list-style-type: none"> <li>Hospital A&amp;E</li> <li>Ambulance Trust</li> <li>GP</li> <li>Police</li> <li>Courts</li> <li>HM Prisons</li> <li>Substance Misuse and Social Services</li> </ul> | <p>Potential cost of this episode of rough sleeping</p> <p style="color: red; font-weight: bold; text-align: right;">£72,711</p> |

Source: Source: Audit Wales, People Sleeping Rough Survey, January 2020 and FSC tool data, Welsh Government (with cost data uplifted to September 2019)

4.5 Using our analysis summarised in **Exhibit 4**, we have also scaled up activity to find the potential costs at an all-Wales level. For this exercise we have drawn on information collated by the Wallich on the number of rough sleepers identified in a calendar year (the Wallich identified 2,878 rough sleepers in 2017-18 across all of Wales). We consider this data to be the best available national evidence on the prevalence of rough sleeping in Wales. In **Exhibit 4** below we illustrate the total likely public sector ‘cost’ annually to react to, but not prevent, rough sleeping, ranges from £77 million to £209 million.

### Exhibit 4 – potential annual cost to the ‘public purse’ of reacting to rough sleeping

The potential cost for public bodies reacting to, but not addressing rough sleeping, may run into £100s of millions per year across Wales



Source: Audit Wales

4.6 Because public bodies respond to people in crisis, their approach has been to deal with acute issues in isolation, not collectively. Whilst they solve an immediate problem, they represent an inefficient and ineffective use of public money because the response does not result in a fundamental change in the underlying issues that led to a person sleeping rough, and further episodes of rough sleeping are frequently repeated. In short, public money is being wasted as the underlying problem is not being fundamentally addressed.



**COVID-19 provides public bodies with an opportunity to fundamentally change how they work together to address rough sleeping**

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**05**

- 5.1 In the early weeks of the pandemic, the Welsh Government introduced emergency measures aimed at ensuring that people who are, or are at risk of, sleeping rough, and those in inadequate temporary accommodation had the support and resources needed to protect themselves. This included introducing guidance to assist those working in the emergency shelter, hostel and substance misuse sector; an initial allocation of up to £10 million to local authorities to enable them to get rough sleepers off the streets and into hotel and motel accommodation. This funding has allowed local authorities to help over 800 people be housed since lockdown began.
- 5.2 The Welsh Government has expressed a desire to build on its successful initial response to the pandemic and change how public bodies approach homelessness in the long term. On May 28 the Housing and Local Government Minister announced new funding of up to £20 million to help ensure that no-one placed in emergency shelter during the coronavirus crisis has to return to the streets or unsuitable accommodation<sup>23</sup>. The Welsh Government now require local authorities to draw up plans to transform services and the accommodation offer across Wales, to help those currently in temporary accommodation to move on to a longer-term home.
- 5.3 From our review we have identified that to address rough sleeping requires holistic not linear thinking, and the involvement and commitment of the full range of public bodies to work together to deliver an integrated response. We believe that Public Service Boards (PSBs) are well placed to drive Welsh Government ambitions to fundamentally address rough sleeping. They have the right membership and include senior decision makers from councils, local health boards, emergency services, third sector bodies and the Welsh Government. PSBs can provide the leadership needed to tackle this complex problem by prioritising action and spending and promoting joined up and integrated work to tackle the 'wicked issues' that cut across public service boundaries. Put simply, the COVID-19 crisis has created an opportunity for public bodies in Wales to change how they respond to and help people sleeping rough.
- 5.4 Based on our research and evaluation, we believe this requires public bodies to design and create service delivery models that are responsive and operate in line with some key principles. These are set out in **Exhibit 5**.

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23 <https://media.service.gov.wales/news/llywodraeth-cymru-yn-cyhoeddi-cronfa-newydd-gwerth-gbp-20m-i-drawsnewid-gwasanaethau-digartrefedd-a-sicrhau-nad-oes-angen-i-unrhyw-ungysgu-allan>



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**Exhibit 5 – characteristics of public services that are better placed to respond to people with complex needs**

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**Accessible and person centred**

- recognises people are in trauma.
  - focused on immediately helping people at first point of contact.
  - does not operate appointments.
  - has open direct access to services.
  - flexible operating times.
  - tailored to deal with people in crisis.
  - focused on listening, not telling.
  - creates bespoke responses tailored to an individual's strengths and needs.
- 

**Streamlined processes**

- minimal and streamlined application systems.
  - quick and responsive assessment processes.
  - avoid waiting lists and rationing of services.
  - avoid policy choices that penalise people – eg local lettings schemes, exclusions and suspensions.
  - effective and efficient data sharing and information exchange processes that cover core issues like risk assessments, need assessment and challenging behaviour.
- 

**Co-located and integrated**

- co-located services operating as a multi-disciplinary team.
  - an 'end to end' system approach that avoids organisations dealing with issues in isolation.
  - a single responsive decision-making process that cuts across organisation boundaries.
  - jointly commissioned specialist services.
-

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### **An ethos of shared responsibility and accountability**

- organisations working for the collective good.
  - power is equalised with genuine co-production.
  - understanding and valuing the needs and perspective of others.
  - being adaptive on the 'how' and not being fixed on 'only one way'.
  - flexing approaches and accepting that 'one size does not fit all'.
  - organisations not protecting their interests at the expense of public sector partners.
  - tolerating service user failure and not penalising when they do.
  - accepting public service responses will require lots of resets and starting again with individuals to break their cycle of complex need.
  - creating a shared accountability framework that all public bodies sign up to and work within.
  - avoiding self-protection and self-promotion.
- 

Source: Audit Wales

- 5.5 A more effective and integrated response to people sleeping rough is possible if there is a will to change and an acceptance that to deliver better outcomes you must give up some control and work for the collective good. The COVID-19 crisis has shown that public bodies can and have changed their approaches and helped and protected very vulnerable people.
- 5.6 At present there is buy-in from public bodies to make the transformation needed. As we noted above, this is a significant change from the initial response to Section 95 of the Housing (Wales) Act 2014 duty to co-operate in the pre-COVID-19 era. Whilst this is working in the immediacy of the crisis, Welsh Government needs to keep this under review and strengthen this duty and the policy framework for exclusions and suspensions if people with complex needs are not given the housing and support they need.

5.7 This is challenging but, as our research and analysis shows, the benefits of this whole systems holistic response when responding to COVID-19 are numerous:

- a it provides greater stability for people with complex lives;
- b it delivers better outcomes for people with complex needs;
- c it helps people integrate back into mainstream society;
- d it reduces demand on emergency and acute services;
- e it saves money; and
- f it saves lives.



# Appendices

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- 1 Audit methodology
- 2 Supporting improvement – self-reflection tool for assessing how well public bodies tackle complex needs

# 1 Audit methodology

## Review of literature

We have reviewed a wide range of documents and media, including:

- Welsh Government policy, statutory guidance and legislation;
- evidence submitted to various committees of the Senedd;
- all 19 PSB Wellbeing Plans;
- all 22 council homelessness strategies and action plans, policies and reports;
- data published by StatsWales and the Office of National Statistics; and
- other relevant research and guidance from government, councils, CIPFA, and research bodies.

## Survey of people sleeping rough

We completed a detailed in-depth survey with 30 people who have slept rough.

## Data modelling

We used the Welsh Government's Family Savings Calculator to model and identify how much public bodies in Wales spend in reacting to rough sleeping.

## Service visits

We visited a range of supported housing, hostels, the Huggard Centre, participated in breakfast runs and visited other forms of temporary and emergency housing services across Wales and England.

## Fieldwork

We completed a range of national and local interviews with local authority staff and elected members, the Police, health bodies, Probation Service, third sector agencies, housing associations and representative bodies in Cardiff, Gwynedd, Swansea and Wrexham. We also visited services in Bristol and Manchester.

## 2 Supporting improvement – self-reflection tool for assessing how well public bodies tackle complex needs

**Recommendation 2** of this report requires public bodies to use this self-assessment tool to identify their strengths and weaknesses in how they collectively tackle complex needs. This self-assessment should be used to judge how well partners are working and identify where change is needed. We expect public bodies to use this tool to evaluate their current performance and identify where they need to improve.

| Evidenced by   | We do this and do not need to improve our approach at all | We do this some of the time but there are opportunities to improve our approach | We are not good at this and need to improve our approach |
|--|---|---|--|
| <b>Creating a shared vision and joint delivery outcomes</b>  |   |   |  |
| We have identified our key partner organisations that need to be involved in tackling the complex need                                     |   |   |  |
| All our key partners are signed up to work with us and each other to tackle the complex need   |   |   |  |
| All our partners accept and agree that tackling the complex need is everyone’s business  |   |   |  |
| We have with our partners diagnosed the current ‘as-is’ situation and identified what we need to change to better address the complex need |   |   |  |
| We have with our partners agreed the outcomes we want to collectively deliver  |   |   |  |

| Evidenced by   | We do this and do not need to improve our approach at all | We do this some of the time but there are opportunities to improve our approach | We are not good at this and need to improve our approach |
|--|---|---|--|
| We have an agreed joint plan for delivering our agreed outcomes  |   |   |  |
| The relationship between all partners is based on mutual trust and respect   |   |   |  |
| <b>Creating an ethos of shared responsibility and accountability</b>   |   |   |  |
| All partners have jointly agreed to work together for the collective good  |   |   |  |
| All partners understand and value each other’s needs and perspectives  |   |   |  |
| All partners have agreed to flex their standard approach to deliver the wider collective goal of addressing the complex need                       |   |   |  |
| All partners accept they must balance their own interests with their contribution to the greater good  |   |   |  |
| We have jointly created a shared accountability framework to govern and scrutinise our decisions in addressing the complex need                    |   |   |  |
| All partners have signed up to work within this jointly created governance and accountability framework  |   |   |  |
| All partners have agreed that they will not protect their organisations position at the expense of other partners to help address the complex need |   |   |  |

| Evidenced by   | We do this and do not need to improve our approach at all | We do this some of the time but there are opportunities to improve our approach | We are not good at this and need to improve our approach |
|--|---|---|--|
| <b>Resourcing the changes needed</b>   |   |   |  |
| All partners have jointly considered whether a pooled budget is required   |   |   |  |
| All partners have jointly agreed the scope of services covered in the pooled budget  |   |   |  |
| All partners have agreed how the pooled budget will be managed   |   |   |  |
| All partners have agreed aims and objectives for the pooled budget   |   |   |  |
| All partners have agreed the cost of the defined service and their contribution to the pooled budget (financial, staff resources and assets) |   |   |  |
| All partners have developed and agreed the business case for approving the pooled budget   |   |   |  |
| The business case has been scrutinised and approved under each organisation’s governance and accountability framework                        |   |   |  |
| <b>Designing and delivering a flexible, accessible and person-centred service</b>  |   |   |  |
| We always help people with complex needs when they first contact us and irrespective of which organisation they get in touch with            |   |   |  |



| Evidenced by   | We do this and do not need to improve our approach at all | We do this some of the time but there are opportunities to improve our approach | We are not good at this and need to improve our approach |
|--|---|---|--|
| We always ensure someone with complex needs is able to directly speak to someone when they want to or need to  |   |   |  |
| We accept that it may take multiple attempts to effectively engage with someone with complex needs and we will proactively intervene as often as we need to help someone   |   |   |  |
| Our joint service for people with complex needs operates flexibly offering a range of ways to get in touch (eg early morning and late evening, face-to-face, telephone, web based, outreach, office based, remote, weekend working, etc) |   |   |  |
| Our joint service for people with complex needs engages with people when and where they are and does not require them to come to us at fixed appointments  |   |   |  |
| We always listen to people with complex needs to ensure we understand their situation  |   |   |  |
| We always create bespoke responses tailored to an individual with complex needs strengths and requirements   |   |   |  |

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|--|---|---|--|
| <b>Integrating and streamlining pathways and processes</b>   |   |   |  |
| We have a joint application which captures information once in a streamlined way, only asking the questions that we and our partners need information on                 |   |   |  |
| We have a single person-centred assessment of needs, strengths and risks to self/others that all partners use  |   |   |  |
| We have a streamlined and responsive assessment process that allow all partners to assess and decide on applications quickly – eg in hours not days                      |   |   |  |
| We avoid waiting lists as a standard response and wherever possible when helping people with complex needs   |   |   |  |
| We have a joint risk assessment process in place that is used by all partners  |   |   |  |
| We have a data sharing protocol in place that all partners have signed up to   |   |   |  |
| The data sharing protocol is working effectively, and all partners are sharing appropriate and relevant information with each other – eg conclusions of risk assessments |   |   |  |

| Evidenced by  | We do this and do not need to improve our approach at all | We do this some of the time but there are opportunities to improve our approach | We are not good at this and need to improve our approach |
|---|---|---|--|
| We have created a single ‘end to end’ system and pathway that avoids organisations dealing with people with complex needs in isolation  |   |   |  |
| All partners tolerate service user failure and do not penalise them when they struggle to cope or show signs of not being able to cope  |   |   |  |
| We and our partners avoid policy choices that penalise people with complex needs when they are unable to manage – eg penalising for past behaviour, putting in place restrictions to access services such as local letting schemes, exclusions or suspensions |   |   |  |
| <b>Co-locating and integrating management of services</b>   |   |   |  |
| We have created a multi-disciplinary team co-locating and integrating services with partners  |   |   |  |
| We have a single integrated management structure covering the work of all partners in the multi-disciplinary team   |   |   |  |
| We have created a single decision-making process that cuts across organisation boundaries   |   |   |  |

| Evidenced by  | We do this and do not need to improve our approach at all | We do this some of the time but there are opportunities to improve our approach | We are not good at this and need to improve our approach |
|---|---|---|--|
| We jointly commission specialist services to support our work in addressing complex needs with all partners |   |   |  |
| Evaluating our work and delivering our outcomes   |   |   |  |
| We regularly evaluate how we are collectively delivering against the outcomes we set                        |   |   |  |
| We jointly take corrective action as a result of our evaluation   |   |   |  |
| We are open to challenge and scrutiny to improve our services for people with complex needs                 |   |   |  |





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