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## The Stigma of Rural Homelessness in Wales

Rural homelessness: Building a better picture

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## Foreword by Prof. Susan Hutson :-

### Rural Homelessness

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

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

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

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

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

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

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

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

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

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

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

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

## **Rough Sleeping**

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

## **Background to Research**

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

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

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

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

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

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

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

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

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

## Research : Target Group

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

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

## Questionnaire Development

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

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

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

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



## Ethical Questions

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

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

## Collecting Data

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

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

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

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

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

## Group Demographic

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

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

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

## Stigma

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

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

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



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

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

## Urban vs. Rural

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

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

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

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

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

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

## Issues

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

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

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

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

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

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

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

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

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

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

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

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

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

## Accommodation

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

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

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

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

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

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

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

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

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

## Support

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

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

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

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

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

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

## Medical Services

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

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

## Support for the Future

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

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

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

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

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

## Looking Forward

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



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

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

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

## Summary

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

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

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

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

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

people, in particular day centres and hostel accommodation

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

## Recommendations

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

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

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

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

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

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

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

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

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

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

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## **Research Team**

Jonathan Milton-Plummer  
Denise Cole  
Amy Bishop  
Dee Murphy  
Dianne Johns

## **Academic Consultant**

Professor Susan Hutson

## **Collation, Analysis and Author**

Heather Blythe

## **Graphic Design**

Nick Fudge

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Company of Chartered Accountants

wallich  
clifford



## Stigma Digartrefedd Gwledig yng Nghymru

Digartrefedd gwledig : Creu darlun gwell

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## Rhagair gan Yr Athro Susan Hutson :-

### Digartrefedd Gwledig

Y mae digartrefedd, yn enwedig cysgu allan, yn cael ei weld yn broblem drefol, yn y bôn. Y mae cysgu allan i'w weld yn ardaloedd canol y dinasoedd. Y mae'r gwasanaethau statudol a gwirfoddol ar gyfer pobl ddigartref, megis εdrannau tai, hosteli, yn ogystal â chanolfannau cynghori, prosiectau cyffuriau ac alcohol, yn clystyrru yn yr un mannau canol yn y dinasoedd.

Y mae'r arolygon a'r astudiaethau o ddigartrefedd yn bennaf yn ymwneud â mannau canol y trefi. Y mae'r wybodaeth am ddigartrefedd a chysgu allan yn yr ardaloedd gwledig yn llawer llai. Y mae'r astudiaethau sydd ar gael ( Cloke et al. 2002 ; Button 1992; Webb 1994 ) yn pwysleisio dau beth – ar un llaw, bod y ffactorau wrth wraidd digartrefedd yn gyffredin i ardaloedd gwledig a threfol, ac felly ychydig o wahaniaeth sydd yna. Ar y llaw arall, maent yn dangos bod yna nodweddion arbennig i gymdeithas wledig sydd yn rhoi i ddigartrefedd ei nodwedd wahanol.

### Y mae digartrefedd yn bodoli mewn ardaloedd gwledig, fel sy mewn ardaloedd trefol :

Y mae'r ffactorau sy'n achosi digartrefedd a chysgu allan yn yr ardaloedd trefol hefyd yn bodoli yn yr ardaloedd gwledig – pobl ifainc yn gadael cartref, perthynas yn torri lawr, diffyg swyddi ac incwm, trais yn y cartref, dod allan o'r carchar / o ofal / o'r ysbyty, a diffyg llety fforddiadwy. Y mae gweithredu'r ffactorau hyn mewn ardaloedd gwledig yn cael ei ddangos yn yr astudiaethau achos yng Nghymru ( Hutson a Liddiard 1994; Hutson et al. 2004 ) ac yn y D.U. ( Cloke et al.2002 )

Y mae ystadegau digartrefedd y D.U. yn cefnogi'r tebygrwydd, ond nodir nifer o wahaniaethau, ysywaeth. Yn gyntaf, bod yna gynnydd cyfrannol uwch yn yr ardaloedd gwledig, gydol yr 80au. Yn ail, bod y rhesymau dros ddigartrefedd, dyledion mortgais a throi allan o dy rhent neu dy clwm i'w gweld yn amlach yn yr ardaloedd gwledig na'r ardaloedd trefol, a bod llai o bobl yn 'ddigartref o'r hosteli'.

### Y mae rhai ffactorau yn creu anawsterau arbennig i bobl ddigartref yn yr ardaloedd gwledig.

Gall y diffyg tai fforddiadwy fod yn waeth, mewn gwirionedd, yn yr ardaloedd gwledig oherwydd:

- prisiau uchel tai
- mewnlifiad cymudwyr ar incwm uchel a pherchnogion ail gartrefi
- llai o eiddo'r awdurdodau lleol ar gael oherwydd yr Hawl i Brynu
- tai gwyliau ar osod

Cydnabyddir mewnfudo, prynu ail dai a gwerthiant Hawl i Brynu gan Gynulliad Cymru (2003). Mae Shucksmith (2001) yn amcangyfrif bod 40% o breswylwyr tai newydd y D.U. mewn ardaloedd gwledig ddim yn gallu prynu ty yn y wlad.

Mae Shucksmith hefyd yn cydnabod bod yna agweddau eraill o fyw yn y wlad a all waethygu digartrefedd, e.e. mae cyflogau isel mewn llawer o swyddi wedi'u lleoli yn y wlad yn gallu arwain pobl at ddigartrefedd. Yn ychwanegol at hyn ceir diffyg neu brinder gwasanaethau ataliol mewn digartrefedd yn yr ardaloedd gwledig, megis prosiectau cyffuriau ac alcohol, trais yn y cartref, a phobl ifainc. Ar ben hynny, gall pobl sydd heb eu trafndiaeth eu hunain deimlo'n arbennig o unig yn yr ardaloedd gwledig.

Disgrifir digartrefedd yn aml iawn fel rhywbeth 'anweledig'. Y mae llai o bobl gwledig yn cysgu allan, ac y mae awdurdodau lleol gwledig yn debycach o wadu bod problem ddigartrefedd. Awgryma Cloke et al. (2002) bod yna grêd gyffredinol nad yw'r problemau hyn yn bod oherwydd y gymuned, lle mae pobl yn 'adnabod ac yn helpu ei gilydd.'

Awgryma Cloke et al. (2002) bod mwy o stigma i bobl ddigartref yn yr ardaloedd gwledig. Ychydig o gydymdeimlad tuag at 'bobl o'r tu allan' neu bobl sy'n pasio trwy'r ardal allai fod. Tuedda pobl sydd â thrafferthion cartrefu guddio eu problemau, gan y byddai eu datguddio nhw yn dangos anallu i ymdopio.

## Cysgu allan

Darganfu Clarke et al. (2002) fod yna lai o gysgu allan a mwy o symud o gwmpas tenantiaethau llac mewn ardaloedd gwledig e.e. cysgu ar lawr ty ffrindiau. Ar wahân i un arolwg byr (Bevan 1999), nid oes arolwg o gysgu allan wedi bod yn ardaloedd gwledig Cymru hyd heddiw. Tuedda astudiaethau o ddigartrefedd gwledig yn y D.U. i beidio sôn llawer am bobl sy'n cysgu allan (Cloke et al. 2002; Button 1992; Webb 1994), a maent yn dal yn grwp arbennig o unig, heb lawer o wybodaeth amdanynt.

## Y cefndir i'r ymchwil

Y mae'r Wallich Clifford Community yn elusen gofrestrdedig, wedi'i hen sefydlu, sydd wedi bod yn darparu gwasanaethau i bobl ddigartref a chlwyfadwy am bron i ddeng mlynedd ar hugain. Wedi'i sylfaenu'n drefol yn draddodiadol, mae'r elusen wedi ymledu'n raddol i fwy o ardaloedd gwledig, gan gynnwys Caerfyrddin, Powys a Cheredigion. Y mae gwasanaethau yn yr ardaloedd Awdurdodau Lleol hyn yn llwyddiannus wrth roi cymorth i bobl sy'n byw mewn tenantiaethau llac a'r rhai sydd ar risg o fod yn ddigartref.

Gwelodd yr elusen fwllch arwyddocâol yn yr ymchwil sydd ar gael sy'n ymchwilio'n fanwl i faint a natur y cysgu allan yn y siroedd gwledig hyn, a chyda chyllido o'r Lloyds TSB Foundation for England and Wales, roedd yn gallu cychwyn ar brosiect ymchwil dri mis, gyda'r amcanion canlynol:

1. I gasglu tystiolaeth am yr angen i gael prosiectau yn siroedd Ceredigion a Chaerfyrddin. ( Ymestynnwyd hyn i Bowys a Phenfro).

2. I ddarparu gwasanaeth i'r bobl sy'n byw bywyd wedi'i sylfaenu ar y stryd.
3. I gasglu gwybodaeth am anghenion y grwp cleient, a chydweithio gyda'r Awdurdodau Lleol a darparwyr gwasanaeth i ddatblygu gwasanaethau sy'n cwrdd â'r anghenion a nodir.

Mae'r adroddiad hwn yn dadansoddi'r dystiolaeth o'r wybodaeth a gasglwyd yn ystod cyfnod yr ymchwil, ac yn edrych yn fanwl ar batrwm y digartrefedd yn yr ardaloedd gwledig hyn. Y mae astudiaethau achosion unigolion, sydd wedi'u casglu trwy wybodaeth o lygad y ffynnon gan 130 o bobl ddigartref, yn amlygu'r pynciau penodol a gododd dro ar ôl tro.

## Model Prosiect R.S.I.T./T.Y.C.A.

Dros y ddeng mlynedd ddiwethaf mae'r Wallich Clifford Community wedi darparu gwasanaeth i gysgwyr allan. Fel y ' Breakfast Run' yr adnabuwyd y gwasanaeth hwn gynt, a bellach fe'i darperir ym Mhen-y-bont-ar Ogwr, Caerdydd, ac Abertawe, ac yn ddiweddar, newidiwyd y teitl i'r Rough Sleepers Intervention Team ( R.S.I.T.) / Tîm Ymyrraeth Cysgu Allan (TYCA), er mwyn adlewyrchu prif flaenoriaeth y prosiect – i gynorthwyo'r cysgwyr allan i symud i ffwrdd o'u ffordd o fyw presennol, ac i ddarparu mynediad i wasanaethau megis gofal iechyd a chynhaliadaeth alcohol /cyffuriau. Yn groes i rai canfyddiadau o'r gwasanaethau, nid yw'n dal ymlaen â'r broblem drwy gefnogi a chynnal y ffordd yma o fyw, ond yn ceisio symud pobl ymlaen i lety mwy parhaol. Wrth gwrs, yn ogystal â chynnig cymorth hir dymor, mae'r RSIT /TYCA yn paratoi cymorth dyniaethol hanfodol trwy ddarparu brecwast poeth a sachau cysgu/ blancedi. Y mae'r tîmau i gyd yn gweithredu o leiaf bum niwrnod yr wythnos, ac yng Nghaerdydd mae'r RSIT/TYCA yn darparu gwasanaeth llawn 365 diwrnod y flwyddyn.

Ystyrir cysgwyr allan, yn gyffredinol, fel y grwpiau mwyaf ar wahân a thu allan i gymdeithas o fewn sbectrwm y digartref. Gan eu bod, yn aml, yn gyndyn i gyfathrebu ag asiantaethau, ac yr un mor ddrwgdybus o'u bwriadau, gall fod yn anodd delio â chysgwyr allan. Mae model y RSIT /TYCA, fodd bynnag, wedi bod yn llwyddiannus wrth sefydlu perthynas o ymddiriedaeth gydag hyd yn oed y digartref- ar- y- stryd hir dymor, ac yn dal yn ffynhonnell ddifeiriadol, ddibynnol a chyson, o gefnogaeth. Bellach mae pob RSIT/TYCA yn cwrdd yn rheolaidd â channoedd o gysgwyr allan bob blwyddyn.

Oherwydd y cyfyngiadau amser ar gyfnod yr ymchwil, sef, 12 wythnos, roedd sefydlu RSIT/TYCA yn fodel amlwg ar gyfer ymchwil, gan y byddai'n hwyluso mynediad hawdd i'r grwp pwnc ac yn codi'n gyflym y berthynas angenrheidiol a fyddai'n galluogi'r tîm i gasglu gwybodaeth.

## Ymchwil : Grwp Targed

Y bobl hynny sy'n cysgu allan dros nos yn rheolaidd yw grwp cleient craidd unrhyw RSIT/TYCA. Y rhain yw'r bobl ddigartref fwyaf clwyfadwy sy'n ei chael hi'n fwyaf anodd i gael gafael ar y gefnogaeth briodol. Fodd bynnag, y mae, hefyd, nifer fawr o bobl ddigartref 'guddiedig' sydd, efallai, yn cysgu allan weithiau ac yn treulio'r rhan fawyaf o'r nosweithiau yn 'syrffio ar y sofffa' – yn aros gyda ffrindiau, teulu, neu unrhyw un sydd ag ychydig o le ar y llawr. Fel y datblygai'r astudiaeth, yn yr un modd, bu'n rhaid i'r tîm edrych ar nifer o wahanol fathau o ddigartrefedd. Prif bwrpas y prosiect ymchwil, yn dal, oedd yr ymchwiliad i'r lefelau a natur y cysgu allan. Fodd bynnag, i roi darlun mor llawn a chywir â phosibl, roedd rhaid edrych ar fathau eraill o ddigartrefedd a gyfrannai'n aml i, a rhannu nodweddion â digartrefedd. Er enghraifft, gwelwyd bod canran uchel o bobl a gâi eu cartrefu mewn llety gwely a brecwast yn yr ardaloedd gwledig hyn, a bod llawer o'r rhain wedi cael profiad o gysgu allan.

## Datblygiad Holiadur

I gasglu gwybodaeth berthnasol, datblygwyd holiadur a gwmpasai bedwar prif faes pwnc :

1. Manylion personol : Rhyw, oed, lle geni, a.y.y.b.
2. Sefyllfa ddigartref bresennol : Ble maen nhw'n aros, am faint maen nhw wedi bod yn ddigartref, a.y.y.b.
3. Digartrefedd yn y gorffennol ; y rhesymau, ble yr arhosent, problemau, cysylltiad asiantaeth, a.y.y.b.
4. Dewis i'r dyfodol : Ble yr hoffent fyw, pa swydd yr hoffent ei wneud, a.y.y.b.

Gwnaethpwyd portread ysgrifenedig, neu grynhoad o stori'r unigolyn gan y cyfwelydd, a roddodd unrhyw wybodaeth ychwanegol na fyddai'n ffitio'r cwestiynau penodedig.

Datblygwyd yr holiadur mewn partneriaeth â'r Athro Susan Hutson, ymchwilydd profiadol â diddordeb arbennig mewn digartrefedd, ac aelodau staff Wallich Clifford Community, sydd wedi gweithio'n helaeth gyda'r grwp cleient. Cyn ei osod ar waith, treialwyd holiadur peilot yn un o'n RSIT/TYCA ym Mhen-y-bont-ar-Ogwr, lle y gwelwyd ei fod yn llwyddiannus wrth dynnu allan y wybodaeth ofynnol.

## Cwestiynau Moesegol

O safbwynt cleient, blaenoriaeth gyntaf y RSIT/TYCA gwledig oedd darparu gwasanaeth – i gynnig brecwast poeth a chyngor i gysgwyr allan. Bu'n rhaid ei wneud yn glir i bob unigolyn digartref mai prosiect dros dro, a fyddai'n para am 12 wythnos, oedd y ddarpariaeth



frecwast. Chwalai hyn unrhyw obeithion ffals y byddai'n wasanaeth estynedig neu barhaol. Fodd bynnag, mi wnaeth dynnu sylw at y ffaith nad oedd y fath wasanaeth ar gael yn yr ardaloedd dan sylw.

Yr oedd pob un cleient a ddymunai fod yn rhan o'r ymchwil yn llawn ymwybodol o'i amcan a'i fod yn ofynnol iddo/i arwyddo'r holiadur, gan roi caniatad i gofnodi'r cynnwys. Newidiwyd yr enwau yn yr adroddiad hwn er mwyn diogelu preifatrwydd a chyfrinachedd pawb a atebodd yr holiadur, a dim ond â chaniatad ysgrifenedig y cynhwyswyd unrhyw luniau.

## Casglu Data

Yn ystod yr wythnosau yn arwain at gyfnod yr ymchwil maes, rhoddwyd gwybod i'r asiantaethau lleol am y prosiect, a gofynnwyd iddynt gyfeirio unrhyw gleientau addas at y gwasanaeth. Hefyd, marchnatwyd y RSIT/TYCA yn uniongyrchol i bobl ddigartref leol drwy ffleiers a phosteri, gan eu hannog i gysylltu â'r tîm.

Rhychwantai'r RSIT/TYCA y 4 sir gwledig – Caerfyrddin, Ceredigion, Penfro a Phowys. Gweithiai'r tîm o 4 weithiwr prosiect mewn parau i gasglu data trwy ddosrannu'r holiadur.

Llanwyd yr holiadur mewn lle ac ar adeg pan deimlai'r cleient fwyaf cyfforddus – naill ai y peth cyntaf yn y bore wrth gael brecwast, neu, os oedd yn well ganddynt, yn swyddfa'r tîm yn hwyrach yn y dydd. Llanwyd y rhan fwyaf o'r holiaduron gan y gweithwyr prosiect, er y dymunai rhai cywelyddion eu llenwi eu hunain. Cyn belled â phosibl, roedd yr holl nodiadau a wnaed gan y gweithwyr prosiect air am air.

Er bod nifer o atgyfeiriadau wedi cael eu gwneud gan asiantaethau eraill, a swyddfeydd rhanbarthol Wallich Clifford Community, y ffordd fwyaf effeithiol o gasglu cyfranwyr oedd ar lafar. Yn fuan iawn deuai'r tîm yn gyfarwydd â chysgwyr allan rheolaidd trwy'r dull yma, a chael hyd i rwydwaith o bobl ddigartref debyg i'r rhain yn y trefi a'r dinasoedd. Er enghraifft, byddai gwerthwyr y Big Issue yn dweud wrth weithwyr am sgwat y gwyddent amdani, neu byddai'r dyn a gysgai allan ar y Stryd Fawr yn adnabod cwpwl ifanc a gysgai mewn ffermdy gwag.

Y mae pob datganiad ( canrannau, a.y.y.b.) yn cyfeirio at nifer y bobl a atebodd bob cwestiwn priodol. Ar gyfartaledd, 77% o gwestiynau a atebwyd, gyda'r mwyafrif o gwestiynau yn cyrraedd dros 90%.

## Grwp Demograffig

Yn ôl y disgwyl, roedd mwy o gyfweledigion gwryw na benyw, sef 73% a 27%. Yn nodweddiadol, roedd bron i hanner yr holl atebwyr rhwng 20 a 29 (45%). Roedd nifer arwyddocaol o dan 19 (24%), a achosai bryder i un cyfwelydd:

Mae Mark yn ei 40au ac wedi bod yn ddigartref; mae bellach yn rhentu ty yn breifat, ac yn caniatu i sgwatwyr feddiannu'r ystafelloedd eraill ac yn cyfrannu tuag at y biliau a'r rhent. Mynegodd ei bryder am y nifer o bobl ddigartref yng Nghaerfyrddin a'r risgiau diogelwch y maent yn agored iddynt. Daeth y tîm o hyd i un plentyn a oedd dim ond yn 13 oed. Problemau gartref a pherthynas gythryblus â'i fam arweiniodd at gysgu allan am 2 i 3 noson ar y tro.

Rhoddodd dros 40% o'r bobl Loegr fel man eu geni, o'i gymharu â 34% o ardaloedd lleol a 21% o ardaloedd trefol yng Nghymru, ond, fodd bynnag, nid yw'r ymchwil yma yn dweud wrthym pa mor hir mae'r bobl wedi byw yn lleol, gan ddod i'r ardal, o bosib, yn blant neu'n oedolion ifainc, neu o ganlyniad i gysylltiadau teuluol lleol. Fe wnaeth yr ymchwil ddangos bod dros 25% o'r atebwyr wedi seilio eu dewis o leoliad ar rwydweithiau o ffrindiau a theulu a oedd yn bodoli yn yr ardal honno.

## Stigma

Y mae astudiaethau eraill yn awgrymu y bydd pobl, yn aml, yn osgoi eu labelu eu hunain yn 'ddigartref', ond, fodd bynnag, yn yr arolwg yma, pan ofynnwyd i bobl a fyddent yn eu hystyried eu hunain yn ddigartref, atebodd 81% ohonynt 'Byddwn'. Hwyrach y byddai pobl yn fwy bodlon eu disgrifio'u hunain yn ddigartref i weithwyr roeddynt hwy yn synhwyro'u bod nhw'n gydymdeimladol, gan fod nifer o astudiaethau achos yn dangos ymwybyddiaeth o'r stigma a'r cau allan a brofir gan bobl ddigartref.

Y mae Mary, gwerthwr y Big Issue, sydd yn ei 30au, yn gofalu am ferch 12 oed, Katy, ond ni wnaiff werthu'r cylchgrawn yn y dref lle mae Katy yn mynd i'r ysgol rhag ofn iddi gael ei bwlio.

Gadawodd Donna, merch yn ei harddegau, ei chartref ar ôl dadlau gyda'i mam. Mae Donna yn disgwyl cael clywed oddi wrth yr Adran Dai, ond ar hyn o bryd, yn cysgu allan. Gymaint yw ei hambaras ei bod hi'n cysgu wrth ddrysau'r siopau, fel nad yw hi'n gallu ei wneud ddim mwy os nad yw hi'n feddw, a byddai'n ei gorchuddio'i hun â chardfwrdd er mwyn aros yn anhysbys.

Roedd Alice, yn ei 40au, yn byw mewn ty capel nes iddi gael ei hel allan pan oedd y Ficar newydd angen y ty. A hithau'n methu â chael rhywbeth arall fforddiadwy, dywed Alice ei bod hi mewn stâd o embaras ac mewn trallod wrth ei chael ei hun yn ddigartref, ac â chywilydd arni hi ofyn i gyfeillion am gymorth.

Mae gwahaniaethu yn erbyn pobl ddigartref i'w weld, hefyd, ym mhrofiadau pobl o gamdrin geiriol a chorfforol, hyd yn oed mewn ardaloedd gwledig a ystyried yn aml yn 'ddiogelach' na threfi neu ddinasoedd gan y rhai a roddai'r wybodaeth. Cwyna un dyn, Chris, iddo brofi camdrin hiliol yn rheolaidd, ac aeth gweithwyr prosiect gyda fe i'r ysbyty wedi iddo gael ei roi ar dân wrth geisio cysgu ar fainc mewn parc.

## Trefol v. Gwledig

Arhosai 73% o bobl yn Aberystwyth neu Lanelli, mewn cyferbyniad ag ardaloedd gwledig anghysbell, a datganodd 45% o'r atebwyr fod yn well ganddynt brofi digartrefedd yn y dinasoedd, o'i gymharu â 38% dros ddigartrefedd yng nghefn gwlad. Y prif reswm a roddwyd dros y dewis hwn oedd bod ystod gwell o wasanaethau wedi'u datblygu ac yn haws eu cyrraedd. Fodd bynnag, wrth edrych ar ddyfodol dewisiedig cyfweledigion, datganodd 68% ohonynt ei fod yn well ganddynt gael hyd i gartref mewn lle gwledig, yn debyg i, os nad yn, y lle yr arhosant ar y pryd.

Diogelwch oedd prif reswm dewis 65% o'r atebwyr a ddywedodd fod yn well ganddynt brofi digartrefedd mewn ardal wledig.

Gwelodd Peter gydgysgwr allan yn cael ei gicio'n farw yng nghanol dinas Bryste, a symudodd i gefn gwlad.

Treisiwyd Debbie yn Abertawe, a bellach, nid yw'n gallu ymddiried yn amgylchedd y ddinas.

Golyga natur fwy unig digartrefedd gwledig fod pobl hefyd yn teimlo'n bellach oddi wrth demtasiynau cyffuriau a throedd, ac yn aml iawn yn colli'r cyfleusterau a'r gwasanaethau sy'n cael eu cynnig gan y dinasoedd mwy. O'r grwp i gyd dim ond 31% oedd wedi cael profiad o ddigartrefedd yn y wlad.

O'r rhai oedd wedi byw yn y ddau fath o ardaloedd, dywedodd 57% ohonynt fod yn well ganddynt fod yn ddigartref mewn dinas. Darpariaeth a gwasanaeth gwell oedd rheswm y mwyafrif dros hyn. Yr oedd gan lawer o bobl ffrindiau a theuluoedd yno a fyddai'n cynnig cefnogaeth bellach yn ystod cyfnodau digartrefedd.

## Problemau

Y problemau mwyaf cyffredin a brofwyd gan bobl oedd defnydd cyffuriau (37%), materion iechyd meddwl (26%), ac yna gorddefnydd o alcohol (22%). Roedd mwyafrif yr atebwyr a brofai'r pynciau hyn yn profi mwy nag un o'r rhain.

Mae Mike, yn ei 40au ac yn wreiddiol o Lerpwl, wedi bod mewn ac allan o garchar 19 o weithiau ac wedi'i ddal yng nghylchoedd cyffuriau, trosedd, a digartrefedd. Mae wedi colli ei waith, ei deulu, a'i gartref yn sgîl ei ddefnydd o heroin/crack. Mae e'n isel iawn ei ysbryd, a Hepatitis C arno, ac ar hyn o bryd yn byw o dan amgylchiadau budron mewn sgwat gyda chysgwyr allan eraill.

Wrth archwilio faint o amser dreuliwyd yn ddigartref, gwelwyd patrwm o gyfnodau eithaf tymor byr ond ailadroddus o ddigartrefedd, gyda 60% o atebwyr yn cofnodi o leiaf un achos o ddigartrefedd cyn y profiad presennol. Yn eu sefyllfa bresennol, roedd 63% o bobl wedi bod yn ddigartref am lai na blwyddyn, 21% am 1-5 mlynedd. Dim ond 2 o'r atebwyr oedd wedi bod yn ddigartref am dros 20 mlynedd. Roedd nifer o bobl, yn arbennig pobl ifainc, wedi bod yn ddigartref am yr wythnosau diwethaf yn unig, gan fwyaf o ganlyniad i berthynas gyda'u rhieni yn torri lawr.

Roedd yr ardegwyr, Johnny a Helen, wedi bod yn ddigartref am 3 wythnos yn unig. Taflodd Mam Johnny ef allan o'r cartref oherwydd ei ddefnydd o gyffuriau a'i ymddygiad aflonyddus, ac mae Helen newydd adael y system gofal. Mae Johnny wedi sicrhau lle mewn prosiect ieuencid, a Helen yn aros mewn Gwely a Brechwast, er, pan holwyd hi gan y gweithwyr prosiect, roedd hi wedi bod yn cysgu allan.

Mae nifer o bobl ifainc, megis Steven, sydd wedi rhedeg i ffwrdd o gartref sawl gwaith ar ôl iddo gael ei gloi yn y sied lo, yn cyfeirio at gamdrin o fewn cartref y teulu. Noda nifer o'r cyfweledigion broblemau iechyd meddwl, cyffuriau ac alcohol fel ffactor.

Nodwyd hefyd nifer o achosion camdrin merched ifainc gan bartneriaid treisgar; mewn un achos, roedd cleisiau drwg ar yr wyneb yn amlwg i weithwyr prosiect a oedd yn cynnal y cyfweiliad.

O bell ffordd, y rhesymau mwyaf cyffredin dros y digartrefedd oedd torri lawr teuluol (26%) a thorri lawr perthynas (21%). Mewn achosion o ddigartrefedd ailadroddus, gellir olrhain y mwyafrif o achosion (48%)

i'r cyfnod cyntaf o ddigartrefedd a achoswyd am yr un rhesymau. Y mae torri lawr teuluol yn rhannu rhwng achosion lle mae person yn gadael cartref o ganlyniad i ffræ neu gamdrin o ran rhiant, neu lle mae person yn cael ei hel o'r cartref teuluol o ganlyniad i'w ymddygiad drwg, sydd wedi'i gysylltu'n aml iawn â chyffuriau neu ymddygiad troseddol.

Mae Nick yn 29 oed ac wedi bod yn ddigartref ar 2 achlysur oherwydd problemau yn y cartref teuluol. Pan wahanodd ei rieni, bu Nick yn byw gyda'i fam, a oedd yn ei gamdrin yn gorfforol. Wedi iddo adael cartref ei fam, bu'n byw gyda'i dad, ond torrodd y berthynas i lawr o ganlyniad iddo ymhel â chyffuriau. Bu Nick yn byw yn ei fflat ei hun yn Aberteifi tra'n mynd trwy detocs, ond heb y gefnogaeth iawn, nid oedd yn gallu cadw ei denantiaeth.

Dim ond 6% ddisgrifiodd eu digartrefedd fel bwriadol. Mae llawer o rai ifainc yn credu nad oes ond un dewis, sef gadael y cartref teuluol ar ôl dadl arwyddocaol, er bod un arddegwr yn dweud ‘ Os wyt ti'n gallu sortio dy broblemau allan gyda dy deulu, mae'n well gwneud hyn na bod yn ddigartref.’

Nododd 15% o'r atebwyr ddyledion a'r gallu i fforddio llety yn rheswm dros y digartrefedd, a 8% yn nodi profedigaeth. Gall dyled hel yn gyflym gan bobl glwyfadwy, sy'n byw ar eu pen eu hunain, a sy ddim yn gallu trefnu eu harian, neu lenwi'r ffurflen les neu hawliau. Gellir disgwyl yn achos Aberystwyth, gyda'i phoblogaeth uchel o fyfyrwyr, y byddai tai ar rent yn gyfyng. Fodd bynnag, dim ond un person a fynegodd bryder am hyn, gan ddweud bod bondiau a rhenti yn rhy uchel, a bod yn well gan landlordiaid rentu i fyfyrwyr.

Roedd hi'n arwyddocaol, pan mai profedigaeth oedd achos y digartrefedd presennol, nad oedd pynciau achosol eraill ( cyffuriau, alcohol, camdrin a.y.y.b.) yn bresennol tan ar ôl y farwolaeth neu'r cyfnod cychwynnol o ddigartrefedd. Roedd trawma marwolaeth yn y teulu yn amlwg.

Collodd Donna, yn ei thriddegau, ei babi 5 mis yn ôl, ac y mae hi wedi bod mewn ac allan o garchar 6 gwaith. Mae hi'n dweud ei bod hi'n 'mwynhau' defnyddio heroin fel dihangfa.

Roedd Simon yn byw yn Llundain gyda'i bartner ac yn gweithio yn y byd ffasiwn. Ar ôl i'w bartner farw wrth roi genedigaeth, doedd gan Simon ddim teulu na chefnogaeth yn yr ardal, a symudodd i Aberystwyth i fod gyda'i gefnder digartref.

## Llety

Roedd 31% o'r cyfweledigion yn cysgu allan, a 31% rhagor yn aros mewn Gwely a Brechwast, a 23% mewn hostel. Arhosai 16% gyda ffrindiau neu deulu, 11% mewn carafan, a 10% mewn sgwat. Nododd y rhan fwyaf o'r bobl gyfuniad o leoliadau, e.e.mewn Gwely a Brechwast am rywfaint o'r amser, ac aros gyda ffrindiau adegau eraill. Mae hyn yn egluro pam bod y ganran gyfan o'r canlyniadau hyn yn fwy na 100%. Nododd 65% o'r atebwyr iddynt gysgu allan ar ryw adeg.

Mynegodd nifer o bobl a arhosai mewn Gwely a Brechwast eu pryderon am addasrwydd y math yma o lety, a phoenai nifer o'r cyfweledigion ei fod yn annog defnyddio cyffuriau a phynciau eraill. Gwrthododd un cyfweledydd ddefnyddio'r Gwely a Brechwast gynigiwyd iddo oherwydd ei enw drwg. Ymadawodd un arall ar ôl i rywun ymosod arno â thwca. Cafwyd sylwadau, hefyd, am y teimlad o gael eich 'dympio' neu 'anghofio amdano' gan y cyngor lleol, a diffyg dilyn y cysylltiad.

Mynegodd teuluoedd, yn arbennig, eu pryderon am y llety Gwely a Brechwast hwn, gan ddweud bod y profiad o gael eich cau mewn ystafell fach yn achosi stres ac yn anaddas i blant bach.

Mae Jess yn gofalu am ei merch fach, sydd yn dioddef o Liwcemia, a'r symptomau yn gwaethygu oherwydd y diffyg awyru yn eu hystafell.

Nododd teuluoedd, hefyd, y diffyg hyblygrwydd, er enghraifft, amseroedd agor y gegin, a bod heb gyfleusterau coginio nac oergell i gadw llaeth y plant.

Y mae un ardegwr, Jackie, wedi bod yn aros mewn Gwely a Brechwast gyda'i mam, ei thad a'i chwaer hyn am 5 mis. Maent yn cael eu gorfodi i fwyta allan gan nad oes cyfleusterau coginio ganddynt, felly mae'r teulu yn byw ar sgods a sglodion bob nos.

Fodd bynnag, cafwyd rhai sylwadau positif am lety Gwely a Brechwast. Yr oedd nifer eisiau cael mwy o'r math yma o letydros dro, ar yr amod y byddai'r ystafelloedd yn well, ac, yn benodol, y byddent yn addas ar gyfer teuluoedd ac unigolion. Y mae yna, hefyd, astudiaethau achos sy'n dangos sut rôl y mae landlordiaid wedi'u chwarae wrth ddarparu cefnogaeth ychwanegol i'w tenantiaid.

Y mae Richard yn 54oed ac wedi bod yn byw mewn llety Gwely a Brechwast am 15 mlynedd. Y mae ganddo broblemau meddwl difrifol a chafodd ei hel allan o'r cartref teuluol ar ôl cyfnod o gamdrin, ac yna o'i G. a B. cyntaf lle cafodd ei gamdrin. Bellach y mae'n cyfeirio at landlord ei lety presennol fel ei 'warchodwr' sy wedi ymgymryd â'r cyfrifoldeb o warchod ei anghenion cefnogaeth dwys.

Y mae gan Fiona, yn ei harddegau, salwch personoliaeth ac y mae hi'n gwneud nived iddi hi'i hun. Y mae hi wedi cael ei hel allan o dai eraill am ei bod hi'n tueddu i'w rhoi ei hun ar dan, ond y mae ei landlord presennol wedi gosod amodau llym ar ei thenantiaeth, ac y mae hi wedi'u cadw yn llwyddiannus. Y mae Fiona bellach yn aros am le mewn canolfan breswyl arbenigol ac wedi rhagori mewn rygbi gyda'r Prince's Trust.

## Cefnogaeth

Yr oedd 52% o atebwyr wedi mynd at sefydliadau gwirfoddol, o'i gymharu â'r 38% a oedd wedi mynd at wasanaethau tai cyngor. Yr oedd llai na 1% wedi cael cefnogaeth alcohol, a llai na 3% wedi cael cefnogaeth iechyd meddwl, er gwaetha'r ffaith bod nifer fawr o bobl wedi riportio'r problemau hyn. Gallai hyn adlewyrchu bwlch yn y ddarpariaeth wasanaeth ( neu diffyg sylweddoli eu bod nhw'n bod), hunanfodlonrwydd unigolion, neu anallu i gyrraedd gwasanaethau.

Dim ond 5% o'r bobl a aeth at sefydliadau gwirfoddol a ddisgrifiodd eu profiad yn negyddol. Ystyriai'r gweddill y profiad naill ai'n bositif neu'n iawn. Mewn cyferbyniad, ystyriodd y 50% o'r bobl a aeth at y gwasanaethau tai cyngor y profiad yn negyddol.

Amrywiai'r sylwadau amgymorth tai statudol o'r mwyaf diraddiol—'da iddim', 'crachach', a 'poen', i bryderon mwy cyffredinol ei bod hi'n anodd mynd at y gwasanaethau,



a methu cael hyd i lety addas. Roedd nifer o'r bobl heb gyrraedd meini prawf blaenoriaeth anghenion y cyngor, ac ni chynigiwyd unrhyw gefnogaeth iddynt. Mewn rhai achosion, ystyriwyd y staff tai yn gymorthgar ac yn gwrtais, ond yn syml, yn methu eu lleoli mewn unrhyw lety addas – 'Maen nhw'n trio ond yn y diwedd maen nhw yn eich ailgyfeirio.' Y mae un gwr yn nodi gymaint o sioc gafodd wrth weld cyn lleied o gyfleoedd cael tai a gwaith oedd ar gael, ac y mae un arall yn cymharu'r diffyg darpariaeth i'r gwasanaethau 'ardderchog' a welodd yn Northampton. Canmolwyd y sefydliadau gwirfoddol am eu cefnogaeth ymarferol, gan gynnig darpariaeth wahanol i dai, megis, gweithgareddau, triplau diwrnod, cefnogaeth emosiynol, a llenwi ffurflenni lles.

Nododd Darren, yn ei 40au, ei lwyddiant mewn Canolfan Dydd yn Aberhonddu lle roedd wedi gallu gwirfoddoli, ac wedyn, dod yn aelod cyflogedig o' staff.

Fodd bynnag, mynegwyd pryderon am allu unrhyw asiantaeth i gael hyd i atebion hir dymor yn hytrach na thymor byr.

## Gwasanaethau meddygol

Dyweddodd 74% o'r bobl ei bod hi'n hawdd cyrraedd gwasanaethau meddygol. Mae hyn yn wir, mae'n siwr, oherwydd bod rhai, yn enwedig y rhai ifainc, wedi cadw eu meddyg ers oeddynt yn fach. Mae meddyg ar gael gan y lleill ond eu bod yn gorfod teithio'n bell i fanteisio ar eu gwasanaeth. Cododd y prif anawsterau rhag cael gwasanaeth meddyg oherwydd iddynt fod heb gyfeiriad – NFA ( No Fixed Abode' Dim Cartref Parhaol ). Creodd hyn broblemau wrth gofrestru, archebu a chasglu rhagnodau, ac wrth wneud a chadw apwyntiad. Disgrifiodd lleiafrif eu profiadau o ddiodef gwahaniaethu, yn enwedig wrth geisio am ragnodau rheolaidd, pan y gallent fod yn cael eu gweld fel 'blagars'.

Er bod cael doctor yn ennyn ymateb positif, doedd gan 70% o bobl ddim deintydd NHS. Roedd hi'n grêd gyffredinol bod diffyg deintydd NHS yn broblem genedlaethol, a doedd rhai pobl ddim wedi trio cael hyd i ddeintydd, gan ddweud nad oeddynt angen un.

## Cefnogaeth at y dyfodol

Gofynnwyd i'r cyfweledigion pa fath o gefnogaeth yr hoffent ei chael i'w helpu nhw fwyaf yn y dyfodol. Nododd 43% o'r atebwyr ' cefnogaeth gyfnewidiol' ( pan fydd gweithiwr cefnogaeth yn ymweld â'u llety yn rheolaidd ) fel eu dewis gwasanaeth cefnogaeth at y dyfodol, gan fod y rhan fwyaf o bobl yn dymuno cael eu ty neu eu fflat eu hunain (90%) yn hytrach na byw mewn ty â chefnogaeth breswyl (2%). Nododd cyfweledigion ' cefnogaeth gyfnewidiol' fel cymorth gyda chyllido, biliau, a gwaith papur. Disgrifiodd nifer o bobl sefyllfaoedd lle'r oedd diffyg cefnogaeth addas wedi gwneud iddynt fod yn ddigartref yn y gorffennol.

Roedd gan Cerys ei fflat ei hun ond mae hi'n dioddef o ddyslecsia, a chynyddodd ei dyledion rhent pan fethodd hi â chael help wrth lenwi'r ffurflenni budd. Cynghorwyd hi i roi ei thenantiaeth i fyny er mwyn osgoi cael ei hel allan, ac, er ei bod hi'n feichiog, fe'i gorfodwyd i gysgu yn ei char. Yn y diwedd, symudodd at ei mam, ond gadawodd ar ôl i'r babi gael ei eni oherwydd ffræ deuluol. Bellach mae gan Cerys fabi 5 mis oed ac mae hi'n aros mewn G.a B. yn Aberystwyth gyda'i phartner.

Y mae pobl sy'n 'rhoi gorau' i'w tenantiaeth yn eu rhoi eu hunain mewn sefyllfa o gael eu hystyried yn rhai sy'n fwriadol ddigartref. Y mae hel dyledion tai, hefyd, yn creu problemau i unrhyw un sydd yn dymuno ailsefydlu eu tenantiaeth eu hunain, a nododd gweithwyr prosiect fod nifer o bobl yn poeni gymaint am ganlyniadau eu dyledion fel y peidion nhw fynd ar ôl unrhyw wasanaeth gan yr ofnert y byddai hyn yn mynd â nhw yn ôl 'i mewn i'r system'.

Dim ond 7% o'r atebwyr a fyddai'n dewis cefnogaeth gyffuriau ac alcohol, a llai na 1% o'r atebwyr yn nodi eu bod wedi mynd ar ôl gwasanaethau cefnogaeth gyffuriau ac alcohol o'r blaen. Mewn cyferbyniad, nododd 60% o'r holl atebwyr fod problemau cyffuriau ac alcohol wedi effeithio arnyn nhw. Pan ofynnwyd iddynt am y bylchau presennol yn y gwasanaethau, nododd 30% o'r atebwyr fod y diffyg mwyaf yn y ddarpariaeth hostel. Nododd 23% angen am ganolfan ddydd a gynigiai weithgareddau i'r rhai nad oedd ganddynt nunlle i fynd. Dengys hyn mai blaenoriaeth gyntaf pobl ddigartref yw cael hyd i lety parhaol ac nid i chwilio am wasanaethau cefnogaeth eraill.

Nododd 19% o gyfweledigion wasanaethau 'eraill' y teimlent y byddant o les i'r gymuned ddigartref. Awgrym cyffredinol oedd darpariaeth gynyddol o wybodaeth am ddigartrefedd a'r cymorth sydd ar gael. Mynegodd llawer o bobl fod digartrefedd wedi'u synnu ac nad oedd ganddynt syniad at bwy i droi. Awgrymwyd cefnogaeth emosiynol, hefyd, yn arbennig help a chefnogaeth gan bobl oedd wedi bod yn ddigartref eu hunain, ac hyd yn oed, fel yr awgrymodd un ddynes, wasanaeth cyfeillio.

## Edrych Ymlaen

Daeth syniadau penodol iawn am eu gobeithion i'r dyfodol oddi wrth y cyfweledigion a roddodd ddisgrifiad manwl o'u profiadau. Roedd nifer o bobl eisïau rhoi gorau i gyffuriau neu alcohol (er gwaetha'r ffaith nad oeddynt eisïau help gyda'r problemau hyn). Roedd eraill eisïau ailsefydlu perthynas gyda'u rhai annwyl, yn enwedig gyda'r plant nad oedd bellach yn rhan o'u bywydau oherwydd digartrefedd a'r problemau yn gysylltiedig ag ef. Disgrifiodd nifer o bobl, yn enwedig y rhai ifainc, y gyrfaedd yr hoffent eu cael, o wneud dodrefn i ofalu am yr henoed. Yn uchel ar y rhestr i'r rhan fwyaf yw llety, ac eto, mae pobl yn disgrifio delfrydau penodol iawn :

Hoffai Denise gael ' bwthyn, llawer o anifeiliad, pwll, a thyfu gardd lysieuol.' Mae Denise yn 30 a newydd ddod allan o gyfnod yn y carchar pan orfodwyd hi i roi gorau i'w chartref a'i phlant. Mae hi wedi cael ei chartrefu'n anaddas sawl gwaith ac yn ddigartref pan oedd hi'n feichiog â'i thrydydd plentyn, merch fach a fu farw wedyn.

Dydy pawb ddim yn gallu dychmygu dyfodol sy ddim ynghlwm wrth ddigartrefedd; dywedodd un gwerthwr Big Issue wrth weithwyr ei bod hi'n anodd gweld dyfodol positif, ac yr oedd nifer o gyfweledigion yn ansicr wrth ateb cwestiynau am eu huchelgeisiau.

Mae Steve wedi bod yn ddigartref bob hyn a hyn am 20 mlynedd. Pob haf, mae'n teithio i Aberystwyth ar ei raglen 'detocs' ei hun -mae e'n dweud ei bod hi'n anodd cael hyd i gyffuriau yn yr ardal a bod y rhai sydd ar gael o ansawdd gwael. Yn ddiweddar mae Steve wedi colli tri o bobl agos ato, ac y mae nawr yn cysgu ar y traeth. Mae Steve yn credu mai'r unig ffordd allan o'i sefyllfa yw marwolaeth.

## Crynodeb

Y mae nifer uchel o bobl ddigartref y cysylltwyd â nhw, 134 mewn dim ond 12 wythnos, yn dangos bod digartrefedd yn broblem gyfredol yn yr ardaloedd gwledig hyn yng Nghymru, er gwaetha'r gamdybiaeth gyffredinol nad yw'n bod, neu nad yw'n broblem ddifrifol. Efallai bod digartrefedd yn llai gweladwy yn yr ardaloedd gwledig nag mewn trefi a dinasoedd prysur, ond mae'r problemau ym mhrofiad y bobl ddigartref yn aml iawn yr un fath.

## **Mae'r canlyniadau isod yn awgrymu bod nifer o'r ffactorau sy'n creu ac yn ffurfio digartrefedd yr un fath yn yr ardaloedd gwledig ag y maent yng nghanol dinasoedd ardaloedd trefol (1) ;**

- Y mae pobl iau (o dan 30) yn sefyll allan, ac y mae dynion yn fwy niferus na merched yn y grwp. Fodd bynnag, daeth bron i draean o'r straeon personol roddwyd i'r tîm ymchwil oddi wrth ferched, rhai â phlant.
- Cysgodd y mwyafrif (65%) y tu allan ar ryw adeg o'u digartrefedd.
- Yr achos mwyaf aml am ddigartrefedd a nodwyd yw chwâl yn y teulu neu berthynas yn torri lawr. Ceir adroddiadau am gamdrin mewn teuluoedd a thrais mewn partneriaethau. Teimlai pobl ifainc nad oedd ganddynt ddewis ond gadael cartref.
- Y mae nifer o adroddiadau yn dangos sut mae digartrefedd yn rhoi pobl ar risg ac yn cael effaith negyddol ar emosiynau pobl. Nodwyd camdrin geiriol, hiliol a thrais corfforol. Yr oedd nifer o bobl yn isel iawn eu hysbryd.
- Cysylltir problemau iechyd meddwl, camdrin cyffuriau ac alcohol a phrofiad digartrefedd, er bod gwasanaethau ar gyfer y problemau hyn yn arbennig o ddiffygiol yn yr ardaloedd gwledig.
- Yr oedd nifer o bobl mewn cysylltiad ag asiantaethau statudol a gwirfoddol. Yr oedd bodlonrwydd â'r gwasanaethau yn y sector wirfoddol yn arwyddocaol uwch.
- Yr oedd y mwyafrif eisiau tai/ fflatiau annibynnol. Yr oedd yn well ganddynt gefnogaeth gyfnewidiol na chefnogaeth breswyl. Yr oedd gan rai cynlluniau pendant at y dyfodol.

## **Fodd bynnag, yr oedd yna ganlyniadau a oedd yn benodol i ddigartrefedd yn yr ardaloedd gwledig, fel a ddangosir yn y canlyniadau isod :**

- Tra yr ystyrid adran wledig i fod yn fwy diogel na dinas a llai o demtasiwn rhag cyffuriau neu drosedd, gwelwyd bod diffyg gwasanaethau, hefyd, ar gyfer pobl ddigartref, yn enwedig canolfannau dydd a llety hosteli.

- Er bod 61% wedi symud i ardaloedd gwledig, roedd traean yn lleol, a deuparth eisiau aros mewn ardal wledig. Roedd hyn yn aml oherwydd y rhwydweithiau cefnogi presennol o ffrindiau a theulu yn yr ardal. Roedd y bobl y cysylltwyd â nhw wedi clystyrru yn nhrefi gwledig Aberystwyth a Llanelli.
- Mae'r stigma o gwmpas digartrefedd yn gallu gorfodi pobl i fod yn anhysbys ac ag awydd i fod yn anweledig, yn enwedig mewn cymunedau clos lle y gall teimladau o gywilydd ac embaras gryfhau.
- Roedd y patrwm amlwg o ddigartrefedd yn eithaf byr dymor ond yn adroddus.
- Roedd yna ddiffyg llety hostel ond mwy o ddefnydd o G.a B. Yn gyffredinol, doeddynt ddim yn hoffi llety G. a B. ac fe'i gwelwyd weithiau yn beryglus. Siaradodd ychydig, fodd bynnag, am safonau uwch a'r gefnogaeth roeddynt wedi'i chael gan landlordiaid lleol.
- Y mae darpariaeth digartrefedd presennol i'w gweld yn fyr dymor, 'datrysiad sydyn' sy ddim yn angenrheidiol yn mynd wrth wraidd trafferthion pobl. Cefnogaeth gyfnewidiol yw'r gwasanaeth sy'n well gan y bobl sy'n teimlo y byddai tenantiaeth sicr yn fwy real iddyn nhw.

## Argymhellion

Awgryma'r patrymau o ddigartrefedd a welwyd yn yr astudiaeth hon ac mewn rhai eraill fod digartrefedd, mewn llawer ffyrdd, yn effeithio'r rhai yn y siroedd gwledig fel y mae'n ei wneud yn yr ardaloedd trefol. Efallai bod y niferoedd yn llai, ond mae'r problemau yr un fath – cyffuriau, alcohol a thor berthynas yn y teulu. Gyda'r cynnydd yn y prisiau tai, ynghyd â chyflogedd gwael a diffyg cyfleoedd, yn enwedig i bobl ifainc, y mae digartrefedd yn sicr yn broblem a all ddwysau.

Bydd logisteg darparu unrhyw wasanaeth dros boblogaeth ddaearyddol mor wasgaredig wastad yn broblem. Byddai gwasanaeth Breakfast Run, fel a geir gan y RSIT / TYCA, yn fentr enfawr, a'r pellter teithio angenrheidiol yn unig yn broblem ddifrifol yn nhermau costau. Fodd bynnag, y mae'r cysgwyr allan hyn yn arbennig o glwyfadwy oherwydd eu lleoliad anghysbell, a dylid gwneud cysylltiad rheolaidd gyda'r grwp hwn os mai dim ond i sicrhau eu hiechyd a'u diogelwch.

Ymddengys mai rhwystro a chefnogi parhaus yw'r gwasanaethau mwyaf priodol i'w cynnig yn yr ardaloedd hyn. Efallai y byddai ystod o ymyrraeth amrywiol, yn enwedig rhwng pobl ifainc a'u rhieni, yn rhwystro llawer rhag gadael cartref, neu o leiaf sicrhau eu bod yn symud i lety addas. Y mae pobl yn pryderu nad ydynt yn derbyn cymorth hir dymor, ac yn teimlo eu bod nhw'n mynd yn anghof unwaith maen nhw wedi derbyn Gwely a Brecwast neu le mewn hostel. Datrysiadau dros dro i ddigartrefedd yw'r rhain ac felly y dylid eu hystyried nhw. Gall cefnogaeth ailsefydlu i'r rhai yn y math yma o lety dros dro helpu sicrhau bod pobl yn symud ymlaen at gartref mwy parhaol.

Gall pobl yn eu tenantiaethau eu hunain, sydd ar risg o fod yn ddigartref am nifer o resymau, ( dyled, problemau iechyd meddwl, anawsterau perthynas) hefyd elwa'n fawr o gefnogaeth denantiaeth a gwasanaethau ymyrraeth argyfwng.

Y mae angen amlwg am wasanaethau alcohol a chyffuriau, gyda thipyn dros hanner yr atebwyr yn yr arolwg yn nodi un neu ddau o'r problemau hyn. Y mae eu diffyg cymhelliad ymddangosiadol i gael help yn croesddweud eu dymuniadau at y dyfodol i fod yn rhydd o sylweddau, gan awgrymu mai cael eu cartrefu oedd eu hangen cyntaf. Petai eu hanghenion tai yn cael eu taclo a gwasanaethau digonol ar gael, byddent yn fwy tebyg o ddechrau rhyw fath o driniaeth.

Tra roedd y rhan fwyaf o'r atebwyr wedi nodi mynediad digonol i gymorth meddygol, gallai achosion o drais, ynghyd â defnydd uchel o gyffuriau ac alcohol, ddangos angen am ryw fath o nyrs peripatetig, yn enwedig i grwpiau o gysgwyr allan sydd yn llai tebygol o gael gafael ar feddyg. Er bod nifer o bobl wedi cofrestru gyda meddyg, doeddynt heb gael cysylltiad rheolaidd oherwydd y pellter yr oedd rhaid iddynt ei deithio i'w gweld nhw, sy'n broblem yn arbennig i ardaloedd gwledig oherwydd eu natur ddaearyddol. Gallai hyn, hefyd, ddangos angen am ryw fath o wasanaeth symudol, yn enwedig i ddefnyddwyr cyffuriau ac alcohol a allai fod ag angen rhagnodau ailadrodd er mwyn taclo eu defnydd sylwedd.

Mae'n ymddangos bod rhaid wrth Gwely a Brecwast oherwydd y diffyg llety dros dro arall sy ar gael, a nes y bydd mwy o letya tai cynladwy neu lefydd hostel ar gael, dyma'r unig ddewis a fydd mewn llawer o achosion. Dylid edrych ar Gwely a Brecwast ymhob ffurf, ni ddylid edrych arno fel datrysiad hir dymor, a rhaid edrych ar safonau ac addasrwydd ystafelloedd a chyfleusterau, yn enwedig ar gyfer teuluoedd a phlant.

Y mae'r stigma o gwmpas y rhai digartref yn cyfrannu at natur guddiedig digartrefedd gwledig. Cafodd nifer o bobl eu hunain ar goll ac wedi'u hynysu, heb lawer o wybodaeth sut a lle i chwilio am gymorth. Eto, mae'n rhaid i'r gwasanaethau gael eu gweld, fel y mae'n rhaid cydnabod digartrefedd gwledig fel problem ddifrifol i ardaloedd gwledig. Bydd rhaid ymgynghori a defnyddwyr gwasanaethau, pobl sydd, ac wedi bod, yn ddigartref, er mwyn cyrraedd darpariaeth wasanaeth well ac ennyn ymateb positif ac adeiladol gan gymunedau lleol.

Dros y 30 mlynedd ddiwethaf mae asiantaethau sy'n gweithio yn ardaloedd trefol Cymru wedi sefydlu gwasanaethau llwyddiannus i gwrdd ag anghenion pobl ddigartref. Mae'r adroddiad hwn wedi gweld bod yr anghenion hyn hefyd yn bodoli yn ardaloedd gwledig Cymru ar raddfa sy'n mynnu y dylid copio'r ystod o wasanaethau trefol er mwyn taclo digartrefedd gwledig.

Ddylai'r anawsterau logistaidd o weithredu unrhyw wasanaeth ddim bod yn rhwystr rhag cynnig i holl bobl ddigartref yng Nghymru y gefnogaeth i gael gafael ar lety diogel, sicr, a sefydlog.

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## **Tîm Ymchwil**

Jonathan Milton-Plummer  
Denise Cole  
Amy Bishop  
Dee Murphy  
Dianne Johns

## **Ymgynghorydd Academaidd**

Professor Susan Hutson

## **Cydlynnydd, Dadansoddydd ac Awdur**

Heather Blythe

## **Dylunydd Graffeg**

Nick Fudge

**Hoffai Wallich Clifford Community ddiolch o galon i bawb a sicrhaodd lwyddiant y prosiect yma, yn enwedig y bobl ddigartref a rannodd eu straeon a'u profiadau gyda'n tîm ymchwil.**