Rough Sleeping in Denbighshire: An Evaluation of the Barriers to Engagement

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Introduction

Denbighshire County Council's Supporting People Team identified a need for a flexible and innovative project to improve access to housing related support for rough sleepers facing barriers to engagement. The commissioning of this report was in conjunction with a six month pilot outreach worker project delivered by The Wallich.

Alongside this research, outreach support was provided for up to 5 service users who were rough sleepers and/or "hard to reach" at one time. During the 6-month project, 9 service users were supported (5 female and 4 male). Service users' ages varied from 19 years of age up to 57 years of age. At the end of the 6-month pilot, those who were being supported on the outreach and continued to require support were transferred over to another housing support project. The majority of sign-offs from the project were planned/positive (78%), and only 22% of sign-offs were unplanned/negative (referring to non-engagement with support).

Non-engagement was a significant barrier to support; this barrier was lessened by adapting the outreach worker's method of support delivery. Support was ceased due to non-engagement on a case by case basis (if no contact could be made with the service user for a prolonged period of time). If a client was contactable but verbally told the outreach worker they did not want support at that time then the outreach worker continued to try and engage with them on the street or at drop-in services which they may have been attending. One individual was contactable in the street where they would sit during the day; the outreach worker would regularly go to speak with them on the street to offer housing-related support. The individual did not want to accept support at that time but the outreach worker continued to offer in case they had changed their mind. The outreach worker was also present at the local day centre 2-3 times a week for the majority of the project's duration with hopes to engage with service users as they accessed the provision.

Increased partnership working was implemented to raise awareness of the outreach project and to liaise regularly regarding service users. Partnership working was highly beneficial in situations when a service user's engagement level was very low, other services would inform the outreach worker if a service user was accessing a service at the time so chances of engagement could be increased. Partnership working was also beneficial when a service user had many complex needs, open lines of communication between all services involved aided a more streamline delivery of support – such examples of this were the weekly meetings at Clwyd Alyn's Ty Golau project, and the monthly Rough Sleeper

Prevention Partnership meetings. The outreach worker regularly met with a Single Pathway Worker from The Supporting People Team which gave the opportunity to discuss individual rough sleepers at greater length and to support the Single Pathway Worker to increase the quantity of Single Pathway Referrals sent into Supporting People for rough sleepers who were not engaged with any housing-related support.

There were instances where a lack of partnership working occurred which created a barrier to engage with rough sleepers known in the area; difficulties were faced when attempting to link up with the library services in the area. The outreach worker contacted the library in Prestatyn regarding a rough sleeper in the area, who accessed the library during the day, to request that they become involved in the Rough Sleeper Prevention Partnership meetings and share information. However, they were unwilling to do this- which resulted in the outreach worker being unable to locate the rough sleeper as he was not engaged with any other services. Overall, partnership working was greatly beneficial and improved access to support for rough sleepers, however, further partnership working with key services that rough sleepers are known to access would be of an even greater benefit.

The outreach worker has gathered, collated and analysed data from various sources in order to assess the potential need for future services for rough sleepers and to address identified barriers to engagement.

This report aims to identify barriers to accessing support that may be faced by rough sleepers in the Denbighshire area. It is hoped that this will result in improved access to support and more informed service provision for this group in the future.

Background

Levels of rough sleeping in Wales are difficult to determine with no recent statistics publicly available; The Welsh Assembly Government's statistical article (2008) estimated 138 rough sleepers in 2007 and 124 rough sleepers in Wales in 2008 following one night rough sleeper counts across the country. From the 2007 count, seven rough sleepers were recorded in Denbighshire; in 2008, 11 rough sleepers were recorded in Denbighshire. It is important to note that the counts in 2007 and 2008 were carried out in March, whilst more recent counts across Denbighshire in 2013 and 2014 were carried out in December and November respectively. However, it is felt that an accurate picture cannot be gained through this method as a one night count can only provide a snapshot of behaviour, which may be influenced by many factors. For example, severe weather at the time of the count may result in rough sleepers finding shelter with friends or using derelict buildings which people carrying out the count are unable to access (David, 2008).

For the purpose of this report, rough sleepers are defined by The Department for Communities and Local Government (2010) as:

> *People sleeping, about to bed down (sitting on/in or standing next to their bedding) or actually bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or "bashes").*

This report will also include those who are occasionally accessing emergency bed provision through The No Second Night Out project (Ty Golau) as a means to avoid rough sleeping.

Homeless people may face barriers to support in many areas of their lives, including healthcare; it has been identified that some homeless people may not be able to register with a GP due to having no address. It has also been identified that poor engagement with healthcare services may lead to missed appointments (Department of Health, 2010). Homeless Link (2013) reported that homelessness services may also create a barrier to engagement by excluding some people from homelessness projects due to associated risks (violence towards staff, the inability to sustain accommodation previously, and previous exclusions from other services). Support needs being too high/too low or having no local connection were also reported as reasons for excluding homeless people from services. Excluding from homelessness services may lead to clients feeling judged and disenfranchised (Homeless Link, 2013).

Method of data collection

Four separate methods of data collection were employed to gather the required information: the first method was a questionnaire designed to gather information from service users (with a paper version, and an online SurveyMonkey version available), the second method was an online SurveyMonkey questionnaire that gathered responses from stakeholders, the third method was a focus group for service users, and the fourth method was a focus group for stakeholders.

Data was collected from service users by means of a questionnaire (see appendix 1) and 20 responses were obtained through this method. Participants were all homeless or previously homeless with experience of rough sleeping across various areas in Denbighshire. There was also a focus group for service users that was collaboratively organised with a Single Pathway worker from the Denbighshire Supporting People Team and a Senior Development Worker from Community Development Cymru. The focus group was held at a day centre in the local area to encourage an open discussion around individual experiences of homelessness. Unfortunately attendance was low with only 3 service users present so the focus group was adapted into an informal discussion rather than planned exercises.

An online survey was produced and circulated to all housing support service providers; the survey asked them to provide information on any barriers to engagement that they had witnessed through their work and possible solutions to overcome these barriers. There were 7 responses to the online survey link, a low response rate in comparison to the amount of service providers in the area. A second focus group was collaboratively organised which was aimed at service providers; electronic invitations were sent to numerous providers but unfortunately only 6 were in attendance.

All information was collected without names or any other identifiable information so that service users and service providers remained anonymous. Anonymity was implemented in the hope that it would encourage open dialogue and more accurately inform service provision. Informed consent was obtained from all participants by means of a confidentiality agreement prior to any information being shared.

Results from service user questionnaires

Demographic information was collected from all participants as part of the service user questionnaires; this included gender, age, support needs, services accessed, engagement with a GP, and presentations at A&E. For a more in-depth explanation and display of the information obtained, please see Appendix 2.

Further information that was obtained from the service user questionnaires will be outlined below:

Common locations for sleeping rough in Denbighshire included:

- The bowling green in Rhyl (6 people)
- Various alleyways in Rhyl (2 people)
- The lift on the Rhyl train station platform (1 person)
- Derelict/unused buildings or "squats" in various locations (2 people)
- Rural areas in Corwen and Llangollen (3 people)
- A field by Sainsbury's (1 person)
- Prestatyn sand dunes (1 person)
- Rhyl bus station (2 people)
- Near Rhyl Pavilion (1 person)
- Out of Denbighshire (5 people)

Service users shared information on their own barriers to engagement and possible suggestions on how to overcome these barriers. Responses have been organised into themed sections, wherever possible, with solutions to overcome the barriers as suggested by the service users themselves. The themes that emerged are as follows:

Presenting as homeless;

'I felt they weren't doing anything to help... they made me feel judged and categorised as a homeless person... they were rude'

'They said they would be in touch but they didn't contact me...'

'They weren't helpful... they told me I wasn't homeless and to go back home'

'I felt let down... they said they would find me somewhere else when my flat was condemned but they didn't... I didn't want their support after that'

'We were given a bus ticket from England back to Wrexham but nobody called Wrexham to arrange an appointment for us when we got back'

Solutions:

- Frontline services to be more helpful
- To have people offering advice who have been homeless themselves
- To follow through on their word
- Local Authorities in different areas to communicate between themselves if they know someone will be returning or leaving an area and will require support

Housing support in the area (voluntary and statutory sectors);

'I feel judged for who my partner is... I feel like I'm being fobbed off and not getting any help... I don't feel like they are keeping me up to date with what's going on'

'I've been sent from one place to another'

'I didn't accept offers of housing from them because they used poor landlords and placed people in poor quality housing'

'One service ended and I wasn't sent over to another service for support... I want to do it myself... If I don't then nobody else will'

'I was approached a few times by support workers... they told me they would be back in 20 minutes to help me out but they never came back'

'There isn't enough support for people who are leaving the army... I got referred to a service but it wasn't how they described it... I felt let down'

'There wasn't any support ready for when I got out of prison... I only did short sentences, so I didn't get a worker... I ended up straight back on the streets again'

Solutions:

- To have a support worker who keeps them up-to-date
- For services to link up better
- To develop trust in a service that they can help to achieve results
- Services to do what they say on their leaflets
- For support to be organised for prison leavers ready for their release, irrespective of sentence length

Barriers to mental health support;

'I was passed back and forth between my GP and mental health services... I had 3 different counsellors... I had to fight for a diagnosis'

'I can't get a GP appointment so I can't be referred for support [community mental health team]... I've run out of medication'

'My doctor referred me for mental health support [community mental health team] a couple of times but nobody has contacted me... it's difficult to get appointments with my doctor'

Solutions:

- GPs and mental health services to work together better
- For mental health services to get in contact with service users

Waiting for GP appointments - and sometimes being unable to book a GP appointment altogether, created a barrier to mental health support for some of the participating service users. Community mental health teams in the area will not accept self-referrals and will, instead, signpost a service user to their GP in order to obtain a referral for an initial assessment. Service users and stakeholders have experienced that this process can be difficult to follow for a variety of reasons such as the service users' chaotic lifestyle and intermittent engagement with support (further support for these findings can be found in the

stakeholder focus group section). Once one appointment is missed, the process may begin again. This can also be time-consuming, resulting in a person's mental health needs being somewhat unsupported in the interim. On one occasion in Denbighshire, it was observed that staff at a GP surgery had asked a homeless service user to explain over the reception desk why they did not have identification to register. The service user then continued to explain their personal circumstances and that they were homeless over the reception desk in front of other patients. Situations like this could be dealt with more sensitively at busy times so the service users' right to confidentiality is respected, this could involve speaking to the service user in a quieter and more private setting. It has also been observed on more than one occasion that pharmacies will sometimes refuse to dispense medication to someone who is of no fixed abode upon entering the area from somewhere else, resulting in some rough sleepers not being able to get access to their prescribed medication.

There are provisions in Denbighshire for rough sleeping patients to access GP appointments without the need to register and surgeries that offer a guaranteed appointment on the same day. This information would need to be communicated to providers and service users in order to facilitate a more efficient way of dealing with service users' health issues.

Pride and stigma;

'Pride stopped me asking for help for so long... I felt like there was stigma around admitting I was homeless... I don't feel that way now I'm getting the help'

'The way I was treated affected my pride...'

'[After mistrust had developed] my pride kicked in and I decided to just look after myself...'

Solutions:

- Housing services being ready to support when the service user is ready

Of the seven service users who identified alcohol use as a support need, 4 said that their alcohol use is a barrier to support;

'I was turned away from night shelters in the past because I smelt of alcohol... But people were allowed in who had been taking drugs'

'My drinking has made me homeless again... I felt nagged at times and I got breathalysed twice a day when everyone else only got tested once… I'm not ready for a flat without support yet'

'I'm drinking because of how I'm feeling about being homeless... I forget appointments a lot and miss chances of stuff... They've taken my easement off but I don't feel able to work'

'Drink comes first... If I'm on my way to an appointment and someone offers me a drink I'll forget about the appointment... I don't feel ready for a flat until I've sorted my drinking because they would all turn up and drink there then I'd lose the flat again'

Solutions:

- Secure accommodation would reduce the issues around alcohol
- Easements to remain in place on cases where someone is of no fixed abode
- Addressing alcohol use

Three service users spoke of finding it difficult to get identification, which resulted in them being unable to register with a GP, a dentist, or open a bank account.

Two service users were unable to apply for benefits or register with a GP due to having no correspondence address.

Two service users commented on a lack of deposits being available and a lack of landlords that accept tenants who receive housing benefit. They explained that they would have been resettled in accommodation much sooner if there was more available in this respect.

Two service users also commented that the overall attitude of GP surgery staff and Jobcentre staff has been abrupt.

Six service users spoke of a lack of knowledge on what services can offer and where they are located i.e. Council housing departments, housing support organisations, advice services, funds available for resettlement, and food being available at different days/times. Service users suggested that useful places to provide this information would be in day centres, libraries, Jobcentres, One Stop shops, and places where there is emergency bed provision i.e. night shelters and No Second Night Out projects.

Service recommendations made by service users:

- 13 said the day centre in the area being open on a weekend would be useful
- 1 person mentioned access to drinking water on the streets
- 2 people talked about access to public toilets without charge
- 1 person suggested somewhere to keep possessions during the day
- 6 people would like more information on the support services that are available, information on where to get deposits/rent in advance, and lists of landlords that accept housing benefit
- 1 person would benefit from somewhere to charge a mobility scooter
- 1 person mentioned ‘Safety Seats’ as an overflow measure when emergency bed provision is up to capacity
- 2 people would like more support and advice to be available in the south of Denbighshire
- 1 person suggested a more approachable homeless centre where you could present as homeless

Results from the service user focus group

The following points were views shared by service users in the service user focus group, held in a day centre, in conjunction with Community Development Cymru and The Supporting People Single Pathway Team.

- Service users commented that they do not feel ready for the responsibility of a flat and feel 'better off on the streets'
- Most services run during the week in office hours with nothing on the weekend
- Some felt their views are not being listened to by support services
- The idea of 24/7 care being provided to some of the most vulnerable who require their basic needs to be met (including substances) before they can think about anything else. Once this is achieved they may accept support.
- Basic human dignity is taken away (regarding no access to public toilets at evenings and weekends without paying).

Results from stakeholder questionnaires

The following information was collected from online responses to the stakeholder Survey-Monkey questionnaire.

Unconfirmed reports of barriers to engagement:

Respondent 1

- Service users weren't aware of services or who does what

- Out of date information on leaflets and websites or couldn't access the websites

- Some service users do not fit criteria for services so fall through gaps

- Services delivered during office hours

- Being signposted to services that cannot help either

- The attitude with which a service is delivered

- Feeling fear and shame about their current situation

- Multiple issues being dealt with individually, resulting in lots of appointments

Respondent 2

- [The service user] didn't want to access a night shelter due to drug users

Respondent 3

- Service users don't know where to go and have been sent from one place to another

- Not attending their appointments and being un-contactable (may then have their support ended)

- The availability/visible presence of workers who may refer onto services

Respondent 4

- Attitude of workers towards service users e.g. not taking the time to discuss their issues with them or sending them back where they came from. This results in the service user not wanting to go back

Respondent 5

- Lack of trust, a fear that the Local Authority Housing Department will be judgmental or contact the police

- The belief that the Local Authority Housing Department will not do anything to help them

Respondent 6

- No barriers to report

Respondent 7

- No barriers to report

Ways to overcome these barriers or suggested services provided by the service user and/or stakeholder:

Respondent 1

- To treat the service user as a person and not a set of needs

- Support to address substance misuse to be available at the time of asking

- A monthly network meeting has been set up to aid services to learn about each other

- People who are homeless to be involved in shaping service and delivery design

- Training should be available for service providers on knowledge and attitude towards social inclusion

- A better picture of homelessness to be built locally

- A better picture of what services are in place and what they offer

- Better communication systems between service providers

Respondent 2

- Night shelter was recommended as a safer alternative to sleeping out on the streets

Respondent 3

- Being able to speak to someone who can advise the service user

- One service user stressed the importance of outreach working to be able to point someone in the right direction

- Flexibility around appointments and possibly reminders of appointments

- Access to mobile phones for service users so they are contactable

- Physical presence where homeless service users are

- Services to coordinate and communicate with one another so they aren't sent from one place to another

- Services to be aware of each other

Respondent 4

- Service user would like to be treated as a person and listened to, not sent away without any direction

- Empathetic staff who can explain why they may not be able to help and to direct to other services

Respondent 5

- Support workers to accompany to the Local Authority Housing Department and/or refer to non-statutory services

- Possible link in to advocacy services for these situations

Respondent 6

- Being flexible with appointments and arranging them at a time the service user is most likely to attend e.g. the afternoon

Respondent 7

- Being able to register at GPs quicker and being able to get a second opinion

- A direct access hostel and a dual diagnosis facility such as a 'wet house/harm reduction' facility

Results from the stakeholder focus group

The responses, categorised below, show the views of stakeholders when commenting on how barriers affect service users' lives. These views were shared by stakeholders in the stakeholder focus group, in conjunction with Community Development Cymru and The Supporting People Single Pathway Team.

Physical and Mental Health

- Being unable to self-refer to Community Mental Health Teams, instead having to be referred by a GP; GP appointments can be difficult to acquire
- Long waiting periods to be seen by a GP, community mental health teams, and substance misuse services
- Support workers not being able to refer to mental health services
- Mental health/behavioural issues that have gone untreated/undiagnosed which leads to chaotic behaviour
- Service users with ADHD and other behavioural issues often miss appointments
- Not being able to get identification so can't register with a GP for treatment
- Attitudes of staff towards service users- raising awareness of behavioural/mental health issues (some can be banned from services due to their behaviour)

Services

- Lack of knowledge and information on services
- Having to refer to refer
- Limited in terms of one-on-one support such as outreach
- 'Revolving doors' - not being eligible for each service they present to
- Issues with sharing data or some services being unwilling to share information
- Being unsure on service provision over holiday periods
- No leniency around missed appointments from some services
- Single Pathway referrals can be time consuming and doesn't suit crisis point working- can then cause revolving door issues and mistrust from service users

- A lack of communication between organisations (i.e. from other areas, discharge plans from hospitals, and release information from prisons)

Other barriers

- People getting moved on constantly
- Mistrust of services
- Chaotic behaviour
- A lack of identification
- Sometimes it can be difficult to get service users support from other agencies (health services, in particular)
- When signposting, services are unsure if the service user then goes on to the other service afterwards
- Inconsistencies with accepted forms of identification between different places (GPs, banks, and so on)

Solutions to overcome these barriers:

- Someone who can undertake mental health assessments in day centres
- Policy change within CMHTs so they can accept walk-ins and self-referrals
- Open access to mental health and substance misuse support
- Information on services to be readily available and kept up to date
- 24hr support available that goes out of office hours
- A more responsive method of managing referrals and adapting working practices (to suit crisis point working)

Case Studies

The case studies shown below were compiled from responses to service user questionnaires.

Case study one: *attitudes of services*

James* is a 68 year old male who has previously been homeless. He spent over 15 years of his life living in a tent and sleeping in barns across the UK. He explained that he preferred to help himself and rarely asked for or accepted offers of support. When he arrived in Denbighshire, James used to access a day centre and relied on other rough sleepers for information about services that were available. He gradually became aware of the support available in the area but chose not to engage. James was then offered housing support through the Supporting People program following a chance meeting with a worker who was at the Dewi Sant in an outreach capacity. A referral was completed by the worker with James' consent at the initial meeting and he was then allocated a support worker. He admitted that he did not want the support initially but through encouragement from the support worker coupled with a decline in his physical health he began to engage with support. He explained that he does not trust local authorities because he felt they don't keep to their word and don't help when people are in need. When presenting as homeless to the local authority in Denbighshire he was told by a homelessness officer to present to a neighbouring council instead and was offered no help or advice because his tent was just over the county border. After leaving the housing department the support worker encouraged James to return once he was staying in Denbighshire, however, James explained that if he had not been encouraged he would not have returned and would have remained homeless. Once he returned and continued to engage with his support worker he was offered secure accommodation. James remains in stable accommodation to this day.

Case study two**:** *mental health*

Tim* is a 52 year old male who is currently homeless. He became homeless a year ago following arrears on his accommodation. Just before this happened, Tim's mental health began to decline. Tim suffers from depression and when his mental health deteriorates he begins to withdraw and avoids mounting issues- he feels it was this avoidance that contributed to him becoming homeless. Tim speaks openly about the effect his mental health has on his life; when discussing housing options he says that his mental health is the reason he doesn't want to engage with support to find accommodation. For Tim, the prospect of a tenancy makes him feel fearful in case the tenancy fails again. He has said that he feels the responsibility of having a tenancy at the moment would have a negative impact on his mental health and would result in him feeling more insecure than he currently does. Tim has, therefore, made the choice to remain homeless at present to attempt to stabilise his mental health. He gets support from his GP around his mental health, but also spoke of the difficulties he faces in trying to get an appointment. When feeling low in mood he does not want to queue outside early in the morning and the phones are always engaged: this means there is sometimes a long delay in him getting to see his GP. Tim also occasionally gets support from a voluntary agency around his mental health but this does not include any support with his housing needs.

** Names have been changed to maintain confidentiality.*

Conclusion

The primary aim of the research was to identify barriers to support that are faced by rough sleepers in Denbighshire. Additionally, the research aimed to identify possible solutions to overcome these barriers, including suggestions of further services/service adaptations that may be of benefit to rough sleepers in the area. The experiences of rough sleeping were unique to each individual who participated, however, there were several emerging themes:

The attitude with which a service was delivered created barriers to engagement in some cases; some rough sleepers felt judged by a service which made them reluctant to engage again. Campbell (2012) discovered similar experiences from homeless people across Wales with regards to how they were spoken to when presenting at local authorities as homeless. Three rough sleepers in Denbighshire spoke of how their pride was also affected by this and their mistrust in a service developed.

A lack of knowledge of services in the area was communicated by service users and stakeholders as a barrier to support: this resulted in many rough sleepers remaining disengaged from services because they were unaware of what was available and when. Stakeholders also commented on this as a barrier to signposting/referring service users to another service that may possibly be more appropriate because they may be unaware of the service entirely or unaware of its operating hours.

A service user's alcohol use created a barrier to engagement in some instances: it may have resulted in them missing appointments with support workers, not feeling ready for independent accommodation, and a loss of support (including supported housing). Three service users explained how they use alcohol to regulate the low mood created by being homeless and, in some instances, that they felt accommodation would help them to reduce their consumption. Harm reduction approaches to alcohol use in supported housing have been implemented by The Wallich in their Shoreline projects (Diggins, n.d.); the projects aim to provide secure accommodation for street drinkers whilst allowing alcohol consumption on the premises. Where existing projects were not suitable for this population's needs, Shoreline was designed around the needs of the service users. The Shoreline Project service users have achieved positive outcomes including: a change in drinking habits (lower strength alcohol, starting to drink later in the day, exercising more control over their drinking, periods of abstinence, and some stopped drinking altogether), improvements to health (all registered with GPs, earlier interventions, access to other healthcare professionals,

less visits to accident and emergency departments, and accessing detox as a planned process), and social integration (including less arrests and an improved relationship with the police). Further support for wet provision in street homeless populations can be found in Shelter's Good practice report (Good practice report: New directions, 2008).

Further barriers to support included: time-consuming referral processes, services not communicating with one another, handovers from one service to another not occurring at times, and service users feeling they are not kept up-to-date with their support. For a more in depth discussion regarding these particular issues, please consult the separate report which was compiled by a Single Pathway Worker from The Supporting People Team.

Service users commented on the value of the Dewi Sant Centre as a place to go during the day; however, a significant proportion of service users would like the day centre to be open for longer hours and on the weekends. Some service users also mentioned alternatives to this such as day centre provision located elsewhere on a weekend that could also provide activities.

The information gathered may have important implications to rough sleepers in the local area and to the services that support this population. It is possible that the findings may inform future work to engage with the rough sleeping population of Denbighshire and provides the foundation for further research into this group. For rough sleepers, this research has provided them with an outlet to share their views and inform future service design. Further consultation with rough sleepers could aim to continue this across Denbighshire.

It is also useful to consider the limitations of this research alongside the implications: The ability to actively engage with rough sleepers across the county was limited due to lone working risks; outreach working was carried out in public places and within existing services in order to minimise risk.

In conclusion, research identified several barriers to engagement and discussed solutions to overcome these barriers. Attitudes of services, difficulty obtaining GP and CMHT appointments, alcohol use, referral processes and inter-agency working all presented as barriers to engagement. Although there were limitations to the research, the findings have the potential to achieve positive outcomes for rough sleepers in Denbighshire.

Recommendations

Service delivery barriers - This barrier could be eliminated in future interactions with rough sleepers if all staff from front line services were more approachable and empathetic. Social inclusion training may possibly address this if a need was established; training courses such as Better Approaches to Community and Social Inclusion (BACSI) aim to raise awareness of the impact poverty and social exclusion has on communities. It is delivered by Community Development Cymru in partnership with Welsh Government to explore people's own values and how to make services more responsive and accessible.

Communicating service provision - Community Development Cymru are currently designing a website with information on all services that may be able to offer support to the homeless in the Rhyl area. The website will include service information such as emergency bed provision, day centres, and advice services. The website will be kept up-to-date by a designated worker and services will be able to contact and request updates/changes to the information themselves. It is hoped the website will make progress towards overcoming the lack of Information barrier and encourage more signposting and referrals between services. This would also be of benefit to other local authority housing departments that may be providing transport back to Denbighshire for a rough sleeper as part of their own No Second Night Out scheme; the website will provide information on where and when to present as homeless so the rough sleeper could access support upon their return.

Assessment of mental health issues - A solution to overcome this would be a procedure change within CMHTs to accept self-referrals or referrals from additional professionals who may be supporting the individual. Another possible solution could be a qualified professional available at the Dewi Sant to undertake mental health assessments or complete referrals to the CMHT.

Adapting current day centre provision - Depending on service provision parameters: a pilot weekend opening of the day centre could be trialled, lockers provided for storage and regular activities for those attending the centre.

Continuation of an outreach service within the county / Limitations of the research - If outreach workers are to cover the whole county (including rural and secluded areas) then a second worker or a team would be the most beneficial and safest method of working. Although the outreach worker carried out some work out of office hours, this was limited in

its scope. The presence of an additional outreach worker would make it easier to actively engage with rough sleepers early in the morning or late at night when they may be more likely to be in view. The research was also limited in terms of sample size: this was due to non-engagement, and some rough sleepers being unwilling to participate. It is difficult to know whether twenty participants are a fully representative sample of the rough sleeping population in Denbighshire, although, in relation to the amount of people on the Rough Sleeper Register it would seem so.

Service Standards

The following are suggested service standards that would satisfy what service users expect from providers as identified throughout this report.

- Frontline staff to have access to training in order to deliver more empathetic and approachable assessments and service delivery.
- Accessible service provision information available, and up to date, for those presenting as homeless including GP and mental health services.
- Regular updates to occur between agencies where multiple services are involved with a service user.
- Recognise that mental health and substance misuse issues need a rapid response in terms of referrals to services and offers of support.
- Interim support to be implemented where a specific service is not currently available e.g. pre-tenancy floating support.
- Service provision should be equal throughout the county.
- Frontline staff to be aware of referral routes for all issues at the point of presentation and act on requests for support immediately.

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Appendix 1.

Barriers to engagement questionnaire

Name *(optional):*

Age: Gender:

Current services

Doctor	Community mental health team	Social services
Probation	Dentist	LA housing dept.
Any other agencies		

Support needs

Domestic abuse	Learning difficulties	Mental health
Alcohol	Drugs	Refugee/immigration
Physical/sensory disability	Vulnerable young person	Offending
Homelessness	Chronic illness	Vulnerable older person

Current housing need:

Details of any time spent rough sleeping in the area *(i.e. regular places and how long for):*

Have you ever felt like something stopped you from engaging with the support you wanted or needed? *If so, could you tell me a bit more about that.*

Is there anything that could be changed so that you can engage with support when you want/need it in the future?

Are there any services you would like to see on offer in the area?

I understand that the information I have provided will be processed by The Wallich for the purpose of a research report; this will be presented to the Supporting People department of Denbighshire County Council for the purpose of informing future services. I understand that the personal information I provide will be stored and processed in accordance with the Data Protection Act 1998 and that no third party recipients will be provided with my personal data without my consent unless required by law. I understand that I have the right to request a copy of the personal data held about me and that I have the right to correct any inaccuracies.

Please tick here if you consent for your information to be used in this way ☐

Thank you for taking the time to complete this questionnaire

Appendix 2.

Table 1 shows the gender of all participating service users. Of the 20 who participated, 75% were male (15 participants) and 25% were female (5 participants).

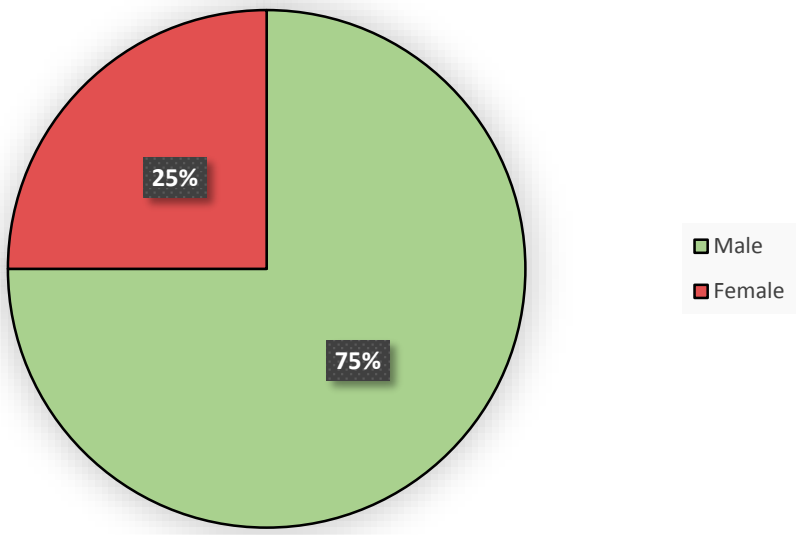


Table 2 shows the age distribution of all participating service users. The greatest proportion of participants were aged between 35 and 55, with 50% (10 people), falling in this age range. The second greatest were those aged 55 and above, with 25% (5 people), falling in this age range. Those aged 25 to 34 made up 20% of the sample, with 4 people in this category. The smallest proportion of the sample were those aged 18 to 24, with only 5% (1 person) in this category.

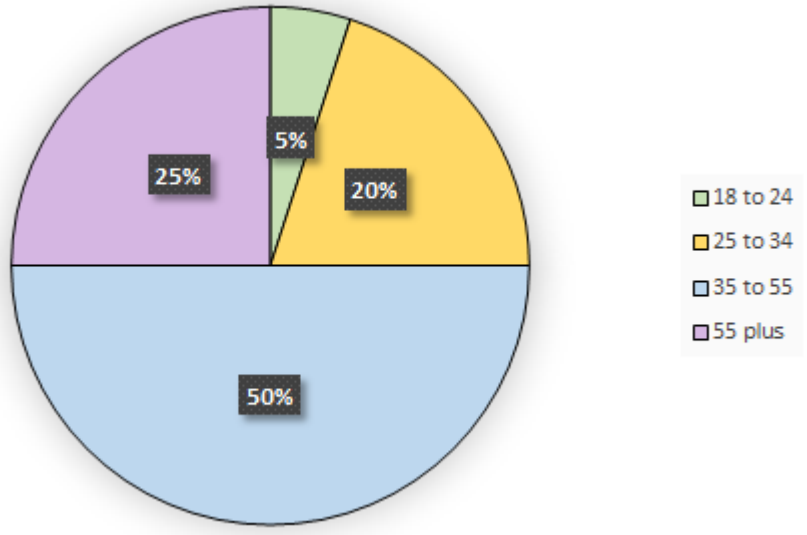
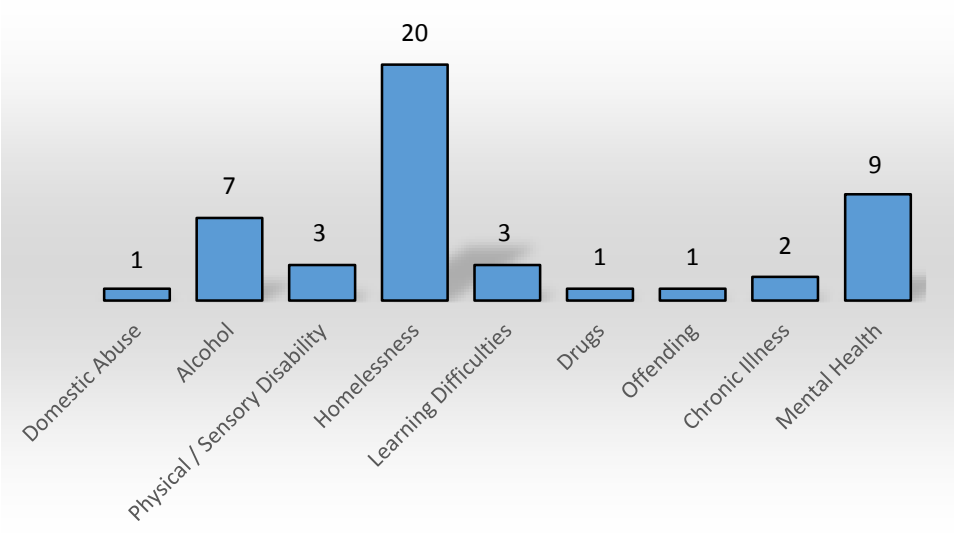
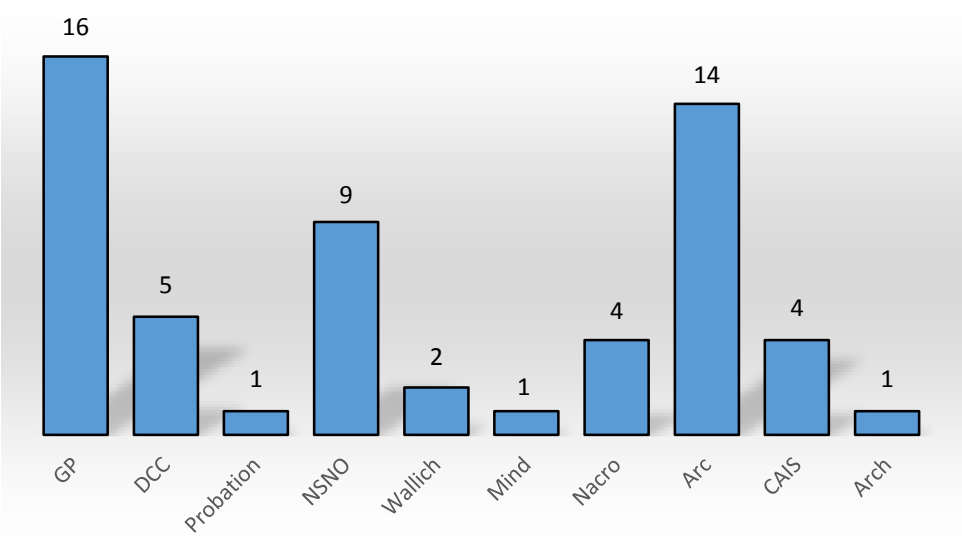


Table 3 shows the identified support needs amongst participating service users. The support need with the highest occurrence was homelessness, with all 20 participants identifying with this. The second highest was mental health support needs, with 9 responses. Alcohol was identified as a support need by 7 participants, ranking it the third highest.



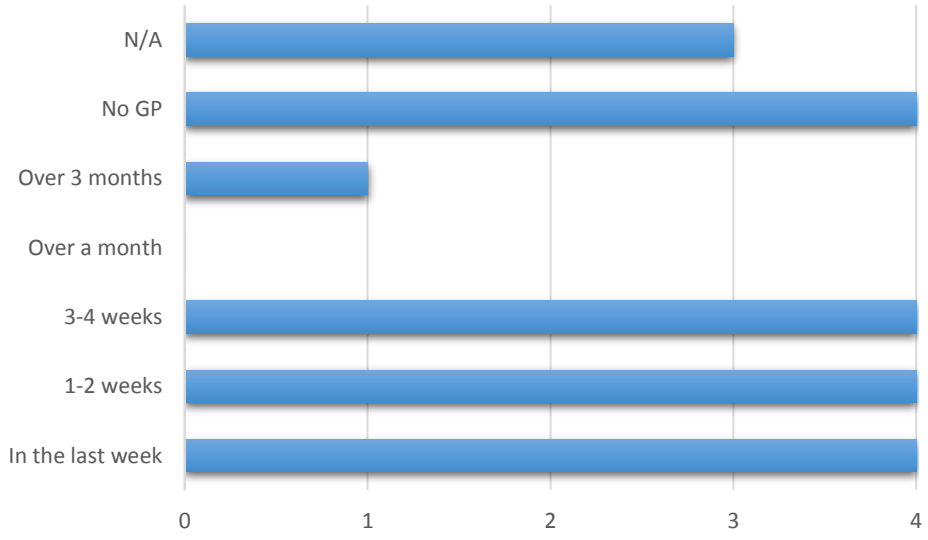
Note. Vulnerable young person, Refugee, and Vulnerable older person were not identified as support needs by any participants so they have not been displayed.

Table 4 shows the services that were accessed by participants at the time of rough sleeping. The services with the highest access figures from the sample were: 16 participants had access to a GP whilst they were rough sleeping which formed 80% of the sample. There were also 14 participants who accessed the ARC Communities Day Centre at the time of rough sleeping (70% of the sample). The No Second Night Out project in the area was accessed by 9 participants (45% of the sample).



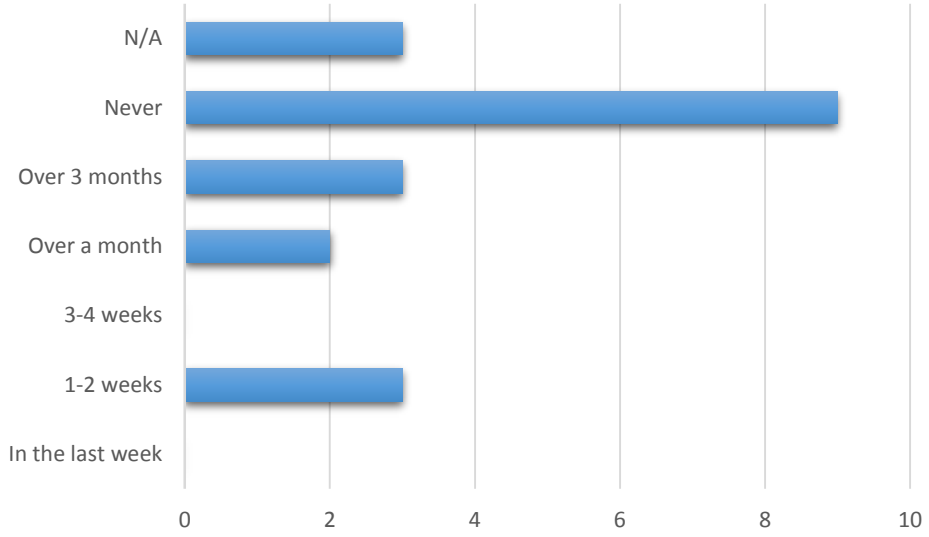
Note. GP (participants registered with a doctor), DCC (Denbighshire County Council housing department), NSNO (No Second Night Out-Ty Golau emergency beds), Nacro (resettlement worker), Arc (Arc Communities day centre), CAIS (peer mentors/recovery coaches), and Arch (Arch Initiatives).

Table 5 shows the level of engagement with a GP in the area. Four of the sample did not have a GP so had not recently engaged with one. One person had visited the GP over 3 months ago. In the last week, 1-2 weeks, and 3-4 weeks all had 4 responses which shows that over half of the sample had visited the GP recently.



Note. N/A refers to the 3 service users who are no longer homeless: They were, therefore, unable to provide this information.

Table 6 shows the level of Engagement with an A&E department in the area. Nine of the sample, nearly half, had never visited an A&E department in the area. Three of the sample had last been to A&E over 3 months ago and 2 had visited A&E over a month ago. Only 3 of the sample had recently visited A&E (1-2 weeks ago).



Note. N/A refers to the 3 service users who are no longer homeless: They were, therefore, unable to provide this information.