

Homeless And Rough Sleepers Report 2018

Access To And
The Experience Of Health
And Social Care Services
For Rough Sleepers In
West Berkshire

47

The average life expectancy
of a homeless person
in the UK

£1 billion

Estimated cost to
government for dealing
with homelessness

Source: Centre for Social Justice

CAPX

Please note that this report relates to findings and information gained from interviews undertaken by Healthwatch West Berkshire from the 6th-12th November 2017, in Newbury, West Berkshire.

Our report is not a representative portrayal of the experiences of all homeless or rough sleepers in the area but is an account of what was contributed by rough sleepers in their own words at the time. In addition, the report seeks to communicate information and data that we have researched or was contributed by a wide range of service users and other organisations, both local and national. Quotes used within the report do not represent the views of Healthwatch West Berkshire.

Executive Summary

West Berkshire now appears to be experiencing an unprecedented rise in rough sleeping, despite the previous drop in rough sleeper numbers (15) in 2015 [xix]. The research undertaken by Healthwatch West Berkshire (HWWB) has shown that the official figures collated by West Berkshire District Council (WBC) appear to include a major underestimation (20 against HWWB findings of between 30-37). Action is clearly required to mitigate the crisis that is being experienced right now. The numbers of rough sleepers remain a grave concern, both regarding the direct impact on the individuals on the streets and as a West Berkshire community. How we take care of our most vulnerable in the community speaks volumes. Outcomes from our survey include:

- Trust and confidence amongst the rough sleepers in the support network available is very low
- Establishing a viable relationship with the rough sleepers took a considerable amount of time. This is due to the number of times individuals have had negative experiences from various statutory services
- Fourteen (14) rough sleepers were interviewed by HWWB
- This represents two thirds of the official WBC number of 20.
- The situation facing the rough sleepers is at times critical, many struggle with mental and physical health issues. The rigidity of the benefits system adds a further level of stress when sanctioned by the Department of Work and Pensions (DWP)
- This combination of factors make life on the street precarious and at times dangerous
- It is clear that **homelessness kills**. Life on the street has an enormously negative impact on life expectancy. The mortality rate amongst the homeless population is 47 and 43 years of age for men and women respectively [i]
- The number of rough sleepers per 1000 households nationally is on average is 0.2, whereas in West Berkshire the figure is over 50% higher at 0.31
- Compared to other Local Authorities in the South East of England, with similar levels of unemployment, the West Berkshire rough sleeper statistics make it an outlier and one of the worst within the sample
- Rough sleepers it appears are the tip of the ice-berg and the numbers of homeless (using the LGA definition) [iii] we believe could be higher than official estimates suggest. The large numbers of 'invisible' homeless also have an impact on local services on a par with the rough sleepers
- Rough sleeping is almost never a choice. However, it is often a combination of factors along with the failure of the system put in place to help those who find themselves homeless
- In 2018, The West Berkshire Community should commit to a zero rough sleeping figure by 2020

Recommendations - Summary

1. Health and Wellbeing bodies need to recognise and acknowledge the links between mental health and homelessness
2. Rough sleepers be categorised both locally and nationally as officially '*vulnerable*', especially by NHS England. Additionally, they should be coded appropriately. The Care Quality Commission (CQC) should consider inspecting all Health and Care Services provided for the homeless, including: Hostels, Outreach and Mental Health Services at the point of delivery
3. A review is carried out into how all funded and voluntary organisations engage in the support of the homeless operate and are monitored. Our investigations for the report find that many commissioned and voluntary service providers alike have had little or no inspections looking at their quality of care and outcomes. Much of the voluntary sector locally has little or no core funding provided and the vital role they play may not be sustainable without some statutory funding
4. A review is undertaken of the methodology and frequency of the rough sleeper survey. At present it is conducted on one day. We would suggest a longitudinal approach be considered, surveying in depth and with a comprehensive review of the wider numbers of the homeless and not just rough sleepers to take place on multiple nights across the reporting period
5. A Newbury centric outreach service is made available to those rough sleepers who lack access to treatment address the lack of consistent GP/ Primary Care/ Mental Health and Dental Coverage. This could operate on a weekly or fortnightly basis dependant on demand
6. Improve mental health crisis provision. The Mental Health (MH) crisis teams it appears are at capacity. Local West Berkshire volunteer groups such as Eight Bells and Newbury Soup Kitchen appear to be taking on more and more responsibility for crisis support of rough sleepers by default, as evidenced in the report
7. Introduce annual medical and dental checks to identify potentially life-threatening conditions that contribute to the 47/43-year life expectancy experienced by rough sleepers. This should be considered for all vulnerable adults at risk of homelessness, or recently homeless, accessing services locally
8. The '*Homeless Reduction Act*' will only work if it is fully funded and Local Authorities are supported financially, in order to implement the statutory requirements. Local MP's, West Berkshire Councillors and officers should be proactive in securing the additional funds required
9. A more person-centred approach to social care is required. As outlined in the report, rough sleepers are often disconnected from the support network because of, although not exclusively, a previous negative experience of one or more welfare and care agencies

10. The DWP should make efforts to ensure any meetings or assessments are accessible locally and do not require actions that may be difficult or impossible for a rough sleeper to complete

11. Increased choice, with service users fully involved in the decisions relating to their care and support with statutory and voluntary agencies. A permanent 'Health And Wellbeing Centre' run in partnership with the voluntary sector with showers, a consulting room and a 'Crisis Café' not only for those who are homeless, has been discussed widely and should be investigated further

12. An in depth and comprehensive review involving all statutory and voluntary health and social care 'agencies' into the wider numbers of the homeless and not just rough sleepers

13. Commitments to give mental health parity with physical illness need to be backed up with serious actions on a professional and financial level in West Berkshire

14. In the medium to longer term, the current findings offer an opportunity for the WBC to be pioneering in its approach to the provision of social care and welfare. It is suggested that the WBC and local stakeholders form a working group to examine the feasibility of a trial of schemes such as the *Rough Sleeping Social Impact Bond*, *Housing First* and innovative proposals, including the *Universal Basic Income*. This could potentially lead to an economically sustainable social housing provision locally that would limit the impact of high cost short term tenancies on the economic and socially disadvantaged and would be an example of good practice.

“Although HWWB is not aware of any deaths of those sleeping rough in West Berkshire this winter, we know of at least two near fatalities. However, with the much reported death of a rough sleeper only 200 yards from the Houses of Parliament a few weeks ago, the HWWB Homeless And Rough Sleepers Report 2018 should be considered both a wake-up call, and an opportunity for statutory services to change not only how they work with the homeless and rough sleepers, but also how they co-operate and support the local voluntary sector in West Berkshire”

Chief Officer, Healthwatch West Berkshire

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“Homeless people in the UK don’t die from exposure. They die from treatable, medical conditions”

Dr Nigel Hewett FRCGP OBE, Medical Director
Pathway



Introduction

It is widely accepted that homelessness is on the increase nationally and West Berkshire is no exception - Large numbers of tents have been observed in many locations.



Rough Sleepers In Newbury [ii]

Having received several complaints, feedback from our Champions' Group and a request from the Health and Well Being Board for more evidence of the apparent rising problem locally with Rough Sleeping, HWWB set out to produce a report to highlight the experiences of accessing health and well being services for rough sleepers in West Berkshire.

It examines the current situation, underlying causes and knock-on effects to individual's health and the possible impacts on local NHS and other service providers.

Aim Of The Report

To better understand the levels of access to and experiences of health and social care services in West Berkshire by homeless (rough sleeping) people in Newbury and the surrounding areas.

What We Mean By Homeless

The report uses the The Local Government Association (LGA) definition of homelessness, which is:

'Homelessness is: rooflessness (without a shelter of any kind, sleeping rough); houselessness (with a place to sleep but temporary in institutions or shelter); living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence); living in inadequate housing (in caravans on illegal campsites, in unfit housing, in extreme overcrowding).' [iii]

The report uses the Government's definition of rough sleeping, which is:

Rough sleeping is defined by the Government as ' people sleeping, or bedded down, in the open air (such as on the streets, or in doorways, parks or bus shelters); people in buildings or other places not designed for habitation (such as barns, sheds, carparks, cars, derelict boats, stations, or 'bashes')' [iv]

HWWB focussed the survey on rough sleepers, as that seems to be the emergency in Newbury and the surrounding areas at present. It has been suggested that the numbers of rough sleepers have been on the increase locally culminating in several evictions from private land around the town.

Context

The causes of homelessness are many and varied. Factors that impact lives and result in the loss of housing security include, but are not restricted to, unemployment, health issues (physical and mental), substance abuse and financial insecurity.

Problems that affect the homeless are problems that can potentially affect everyone. However, the homeless are on the streets and vulnerable. These additional issues faced further exacerbate their downward spiral. Meanwhile the lack of familial support means these problems often have a larger and more devastating impact than would otherwise be the case for people in more secure housing situations.

Rough sleeping is the visible manifestation of homelessness. There are many people who lack housing security, often staying with friends ('sofa surfing') or in the case of families, in short term bed and breakfast accommodation, when other options are exhausted or unavailable.



What Are The Causes Of Homelessness?

Many different personal and social factors contribute towards people being homeless. These may include one or more of the following:

- **Individual Factors**, including: lack of social support, debts - especially mortgage or rent arrears, poor physical and mental health, relationship breakdown, lack of qualifications and involvement in crime at an early age
- **Family Background**, including: family breakdown and disputes, sexual and physical abuse in childhood or adolescence, having parents with drug or alcohol problems, and previous experience of family homelessness
- **An Institutional Background**, including: having been in care, the armed forces, or in prison.

“ Homelessness is bad for all our health, and wealth. Homelessness is a measure of our collective success, or otherwise, in reducing inequalities.” [v]

Newbury And West Berkshire Homelessness

For an individual homelessness is clearly a crisis. For many of us a crisis is normally conceived of as a passing event, a temporary rupture in the fabric of normality. For the homeless it is constant and ongoing

Many rough sleepers suffer the plight of uncertain and volatile conditions for extended periods of time. Such people can be in situations of ‘*chronic crisis*’ and are forced to live their lives under harsh and potentially dangerous conditions.

Newbury Rough Sleepers

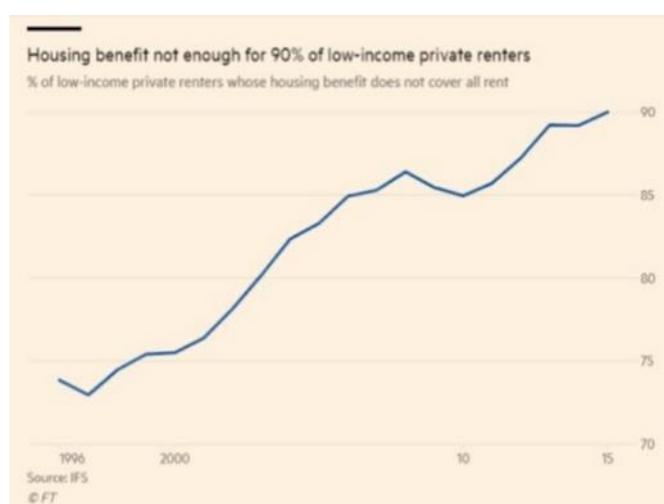
In line with national trends, Newbury has seen an increase in rough sleepers in recent months with noticeably larger numbers of tents to be found in and around the town.

West Berkshire is above the national average in total numbers and also in the ratio of rough sleepers per 000’ households. The official rough sleeper count of 20, by WBC, took place on one night between 1st Oct and 30th Nov 2017.

During the writing of this report, HWWB found there to be over 30 rough sleepers on the streets or in the recently opened West Berkshire Homeless night shelter. On any given night HWWB found the numbers ranged from 30 to 37, in contrast to the official WBC figure of 20. (xix)

Local Conditions

In the south of England, including West Berkshire, we have a number of local conditions that impact people at risk of homelessness. These include, but are not restricted to, the following:



[vi]

Lack of social housing appears to be driving up homelessness. Discrepancies between local housing allowance and rents may be leading to more evictions - with the perceived fears from service users, as universal credit is introduced, this situation could get worse.

Homelessness in the South of England, especially in London and the Home counties, such as Berkshire, is driven up by short insecure private tenancies, increased evictions and landlords who are less inclined to house those on benefits.

Rent in West Berkshire is very high, and the area is generally considered affluent. However, West Berkshire was recently highlighted as an area of low social mobility, which may have an effect. [vii]

Local Groups Engaged With The Homeless In Newbury

Several groups are presently working with the homeless and rough sleepers here in Newbury. Some are newer than others and there is some crossover of services offered. Some are voluntary and free, while others are locally commissioned services, funded in part by the local authority, including:

- **Loose Ends**
Loose Ends is a drop-in centre in Newbury, serving food to the homeless and vulnerable. It provides a safe, friendly atmosphere where people can socialise [viii]
- **Two Saints Hostel**
The Newbury facility is a 59-room direct access hostel with shared facilities and full-board catered service. Supporting the homeless and vulnerable [ix]
- **Newbury Soup Kitchen**
The Newbury Soup Kitchen is a voluntary organisation, providing help and support to the Newbury homeless community and those less fortunate than others [x]
- **West Berkshire Food Bank**
A project founded by local churches and community groups, with substantial support from Greenham Common Trust, working together towards relieving hunger in our local area [xi]
- **West Berkshire Homeless**
A community-based charity in West Berkshire set up a night shelter and assist the homeless back into a home and work with mentoring [xii]
- **Eight Bells for Mental Health**
A member led peer support group for people with mental health issues which meets twice a week with other events periodically. Some homeless and rough sleepers are members [xiii]

Some of these organisations cooperate in their efforts, while others operate in relative isolation. Through contact with and feedback from volunteers and the homeless, it has become clear that the local situation is close to being overwhelmed.

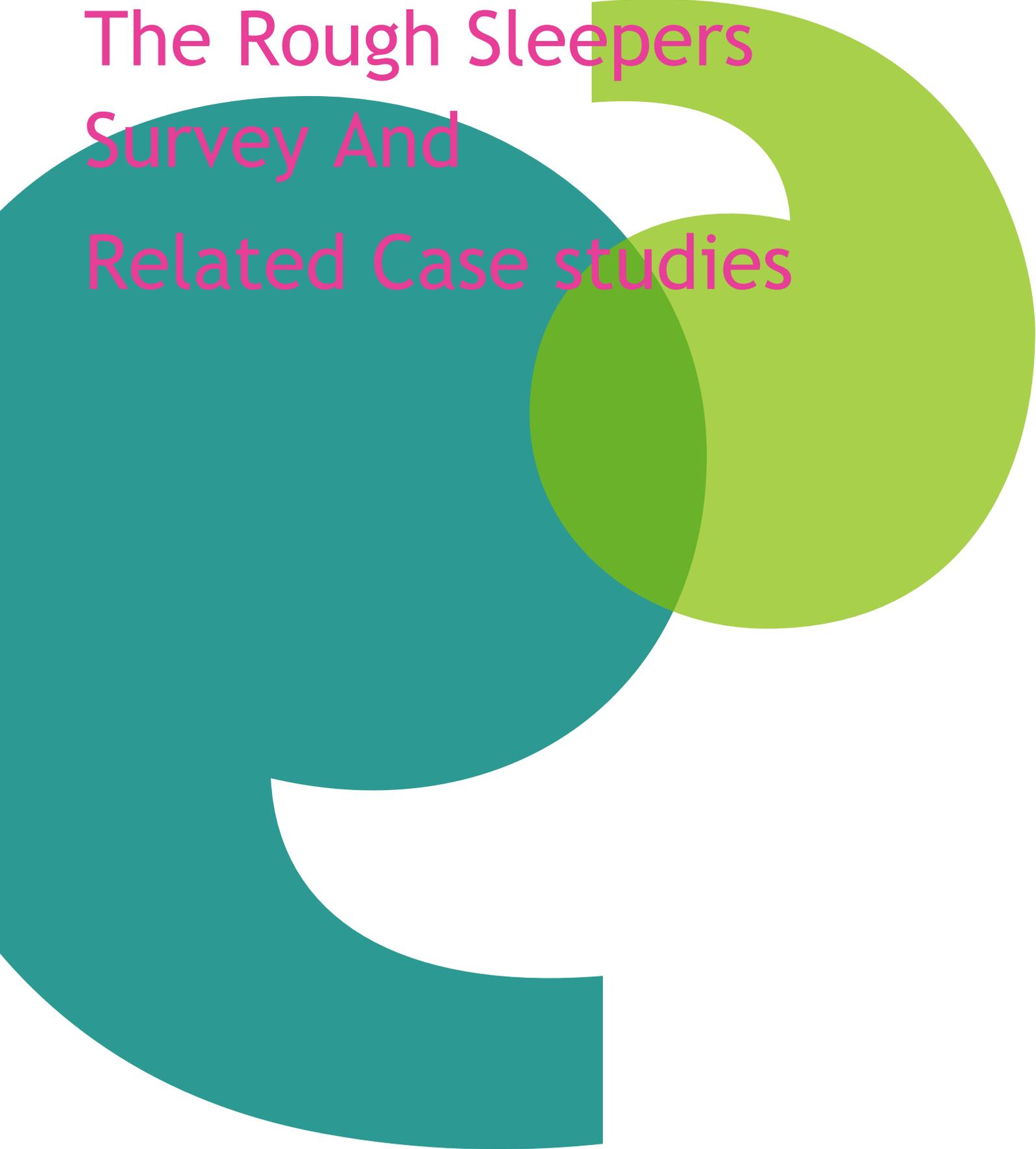
This feedback included reports of a lack of access to Community Mental Health Team (CMHT)/Crisis services, support and suitable training for voluntary organisations.

Serious mental health crisis incidents have occurred at the Night Shelter, Newbury Soup Kitchen and Eight Bells, often leaving staff and the homeless vulnerable.

As stated in the introduction, HWWB raised concerns initially with the Newbury and District Clinical Commissioning Group (NDCCG) and the Health and Wellbeing Board. Subsequently, HWWB was asked to evidence and report back on the incidence and seriousness of the rough sleeping situation here in Newbury and West Berkshire. While considering the level of homelessness locally, it is impossible to investigate rough sleeping without examining associated health and social inequalities, which can exacerbate ill health - shelter, lack of employment etc. As Crisis, Shelter and the LGA all assert in their research, homelessness kills.

Key Statistics Relating To Impact Of Homelessness On Health. [Crisis, 2012]

The average age of death of a homeless person is 47 (43 for homeless women), compared to 77 for the general population. Drug and alcohol abuse are particularly common causes of death among the homeless population, accounting for just over a third of deaths. Homeless people are more than nine times more likely to commit suicide than the general population. Homeless people are more likely to die from external causes. Deaths because of traffic accidents are three times as likely, infections twice as likely and falls more than three times as likely for homeless people. [i]



The Rough Sleepers Survey And Related Case studies

Survey Objectives

1. To find out the rough sleeper populations experience of health and social care services and give them a voice
2. To bring to light and highlight good service happening across the different sectors that interact with the rough sleeping community from their comments
3. To find out where there are problems and make realistic recommendations to improve experience for this seldom heard from group
4. To look further into comments and complaints already received by HWWB

With these aims in mind HWWB spoke to members of the rough sleeping population that it was already familiar with. HWWB also went out into the community and met with all the supporting organisations that the rough sleepers interact with, including: Loose Ends, West Berkshire Homeless, Newbury Soup Kitchen and Eight Bells. The Police and PCSOs were also vital in building a picture of the situation.

HWWB asked the organisations about their experiences with the rough sleepers in Newbury and used that, as well as complaints already received, to develop a plan for undertaking its research. The survey was conducted with the direct assistance of the Police, PCSOs and Street Rangers. Adopting this co-production method was invaluable in discovering the real experiences of this often hard to reach and voiceless community.

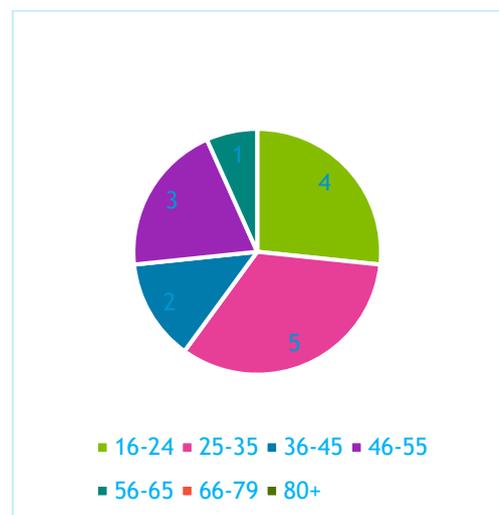
From the information gathered at this stage a few things became clear: firstly, to gain a real insight into the experiences of the rough sleepers regarding their healthcare a semi-structured interview technique was necessary. Other similar local Healthwatch projects have used focus groups. However, as these interviews were with those rough sleeping, the individuals' privacy was crucial to the integrity of our survey and to those we interviewed.

Secondly, as those in a place of crisis have little to no concept of time, short attention spans and underlying health issues, it was decided that research needed to be conducted in a space that interviewees regularly attended and were comfortable with.

Preparations And Execution

It was decided that a questionnaire carried out as a one-to-one interview would be the most productive method of data capture. HWWB produced the questionnaire with a consent form included, allowing this data to be used as part of the overall survey.

The questionnaire is attached in the appendices of this report.



Breakdown Of Rough Sleepers By Age

Areas of interest

1. Health.
 - a. GP services
 - b. Dental
 - c. Hospitals
 - d. Mental Health issues and treatment
2. Substance abuse services
3. Services for the homeless
4. Overall Wellbeing
 - a. Benefits
 - b. Food

What HWWB Learned: GP Care

- Booking an emergency appointment is a barrier to receiving primary medical care, as most emergency appointments need to be booked through a 'phone call at or soon after 8am, as they are allocated very quickly
- GPs are sometimes not perceived to be understanding of the homeless and rough sleeper's situation
- The homelessness stigma makes GP waiting rooms and appointments difficult to cope with
- There are difficulties obtaining emergency and specialist appointments

In some parts of the UK, registering with a GP is the biggest barrier to accessing healthcare for rough sleepers. Even though NHS England has said a person does not need proof of address to register, this is often not implemented by GP surgeries. HWWB also witnessed this problem.

One person said that they did not have time to sort out mild health problems and was more concerned with day to day living, such as safety and where their next meal would come from.



Reading Walk -in Centre, Reading

HWWB found rough sleepers who had remained with their pre-rough sleeper's GP had better experiences than those attempting to register with GP services for the first time since becoming a rough sleeper.

26% said they could not access a GP locally. 21% said this was because they were not registered.

One person we spoke to said they were not registered locally because they do not have an address and therefore had not tried, but would go and register that week.

14% said they were not registered because they were healthy and did not think they had a reason to register.

“There’s nothing wrong with me and I’m not going to waste the doctor’s time”

One person HWWB spoke to said they were unable to access a GP appointment locally and had to give a weeks' notice to go into a drop-in clinic in Reading over 20 miles away. It was found that they were on the NHS Berkshire Violent Patient Register [VPR]. The patient was left on the VPR without review for more than 2 years.

They told HWWB that they suffer with numerous health problems, including a life-threatening illness, regular infections, and do not like going to Royal Berkshire Hospital (RBH) for treatment. They were also excluded from some areas of the West Berkshire Community Hospital (WBCH), but not others. Inconsistencies like this further complicate already difficult situations.

As a rough sleeper they also do not have the money needed to take public transport to appointments. Additionally, as they are frequently very ill before a GP appointment, the long journey to Reading is difficult. They told HWWB they have started to be seen again locally, at Hillcroft House in Newbury, and at WBCH, which are much closer. However, this is only available occasionally, following the intervention of local groups, such as the Police and Adult Social Care, coordinated by HWWB.

HWWB found 71% of those registered, were registered with GP practices locally. Of those the practices they registered at were:

- 50% Strawberry Hill Surgery,
- 30% Eastfield Surgery,
- 10% Thatcham Medical Practice
- 10% Burdwood in Thatcham.

“I went to the GP as I can't sleep at night there just isn't enough support and the doctor doesn't understand or listen to my needs”

Interestingly, all those spoken to had remained with the same surgeries they had been with before they were homeless. The majority were happy with their GP surgeries most of the time, if they could see their allocated or routine GP, as they recognise the vulnerable situation rough sleepers are in. However, there was a consensus that some GPs, especially if they were not their usual GP, do not understand the rough sleeping situation or their conditions. Therefore, they sometimes don't feel listened to or understood.

“...[my] surgery is good [it] depends on the GP. Dr [name redacted] is good and listens [to] what I said and knows what I need. I'm happy.”

Some said the issue is not with the GP, rather it is being referred-on to a specialist when needing attention for immediate issues.

“Not particularly, half listened to, so they'll listen to what they can help with but, they only focus on what they can do rather than what needs to be done. So, like a cold here's some antibiotics, but with other things it's like you have to go to a specialist and getting those appointments is like getting blood out of a stone.”

One person with underlying mental health issues has not been back to his GP since a problem with a sick note left him homeless. The consequence of a missed date caused them to be sanctioned by the DWP. Subsequently, for over 12 months they were left without any money. This meant they had to rely on charity in order to simply eat.

“[I] was happy with the GP service but I haven’t been back there since they messed up my sick note, tried to get benefits sorted through an appointment with a doctor to get a sick note. Doctor didn’t date the note so wasn’t accepted by the job centre or DWP. Went back to ask the doctor to sign the note, but was told ‘sorry can’t do another ticket, you’ve already received a ticket’. I haven’t been back, I couldn’t do it!”

HWWB also heard that as a rough sleeper it is difficult to sit in a GP surgery waiting room with lots of people, as they are very self-conscious of perceptions that they are dirty and therefore looked at or judged. The stigma of being homeless gives some of the rough sleepers interviewed anxiety and makes the experience very difficult and embarrassing. This self-consciousness often stops some of the people we spoke to from seeking medical attention.

“The other thing I’m quite concerned about is turning up to a surgery in that condition with dirty clothes and smelling because we don’t have the facilities in Newbury to clean”

“I can’t sit in there for long it gives me anxiety”

The rough sleepers HWWB spoke to said ringing the GP surgery to book an emergency appointment was a problem and holding on the line drains their mobile ‘phone credit. Once they have no credit left they cannot ring back to book an appointment. Some say they never have credit or do not have a telephone and cannot call. Therefore, they have to book an appointment for a week later or just ‘wait it out’ and hope the problem - which they consider an emergency - does not get worse. The nearest walk-in clinic is over 20 miles away in Reading, which they consider is too far. In addition, the rough sleepers may not have the funds to get there and back.

patient homeless cannot fully register until has permanent address.
Needs to be in catchment area to be fully registered
can be seen at a temporary resident providing in area.
10/11 am

GP Surgery Note To Rough Sleeper
And MEAM Co-ordinator

What HWWB Learned: Dental Care

- The rough sleepers generally had very poor dental health and many do not go to the dentist. HWWB found this is mainly because they cannot afford the treatment
- 78% had not attended the dentist at all in the last 12 months
- Some miss appointments and are struck off the list and cannot get regular or emergency treatment anywhere else
- Some find they are required to have an address to register at a dentist

Only 21% of those we interviewed had attended the dentist in the past 12 months. Of that number all were impressed with the treatment and care they received.

“My dentist is Baldeevs and is brilliant, I am covered on universal credit and am doing a course of treatment at the moment”

HWWB found 78% had not received dental care in the past year. 20% had not visited the dentist in over 10 years. The main reason we found for this was the cost of treatment, which was not covered by benefit - and those who are working simply cannot afford the treatment. Most said they needed teeth pulling or abscesses treating but when they couldn't afford it, pulled the teeth out themselves.

“I can't just get it taken out there [at the dentist] I have to get a further appointment which is another 57 quid. I haven't just got 60 quid lying around”

“I wouldn't go there now for an empty space I use to chew my food with. They just sort of decayed and pieces broke off. You can work them

out and pull them out yourself without too much pain. Once the nerve is dead or whatever, the body will react to a nerve that is dead and it cuts off the blood supply. Once that's gone it's just working the tooth out.”

At the time of the interview with one young person they had suffered an abscess that caused a swollen cheek and pain for just under a month. They told us how they were unable to eat, drink or speak properly.

“No dentist will have me and I'm scared of the dentist so I've missed appointments but they won't give me another chance.”

He told us his fear of the dentist had prevented him from attending his appointments previously and now he was struck from the list and no other dentist in Newbury will see him. Half of the rough sleepers we interviewed said they had a phobia of dentists and needles.

“ In addition, attending appointments is often difficult for people, for a variety of reasons, for instance, with their chaotic lives it is difficult to remember and attend dentist appointments. Also, some rough sleepers said they were given morning appointments that clashed with the only times they receive food on that day, so they choose more immediate needs. Additionally, medication also affects the rough sleepers' ability to get up early for appointments”.

Quote From Loose Ends



What HWWB Learned: Mental Health

Mental health was by far one of the biggest problems highlighted by those HWWB interviewed. Approximately 53% of rough sleepers interviewed said they have mental health or behavioural problems that they struggle with daily. These are conditions that have been recognised by a doctor and vary from depression and anxiety to ADHD. The majority had been diagnosed before they became homeless, with over 50% of these saying mental illness was one of the contributing factors to their becoming homeless.

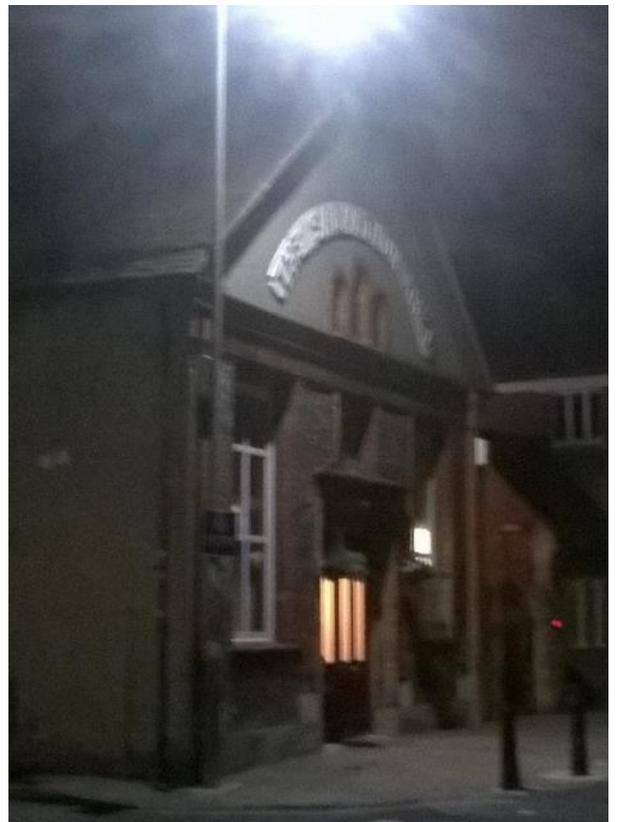
Many of homeless people we spoke to are very confused when it comes to mental health. They often say they feel they must ‘pretend’ to be normal to receive other forms of help such as a place in the homeless hostel, they feel this is due to the stigma on mental health. However, others feel they are not being helped because their mental health ‘is not bad enough’.

Furthermore, many of the rough sleepers HWWB spoke to have more life-threatening situations to deal with day-to-day, such as personal safety. Also, it may take a long time for them to realise they have a mental health condition and as some are alone and isolated it may take a while for another person to notice the condition. This can often take months or in a couple of cases, years. After this initial ‘self- or peer-diagnosis’ building up the courage to seek out professional mental health assistance takes more time, as there is still a stigma about mental health and the individuals often don’t want to face it themselves due to their difficult situation.

The rough sleepers HWWB talked to sometimes feel there is nothing to be done about their mental health issues, because they are on the street or it is something that they have always endured.

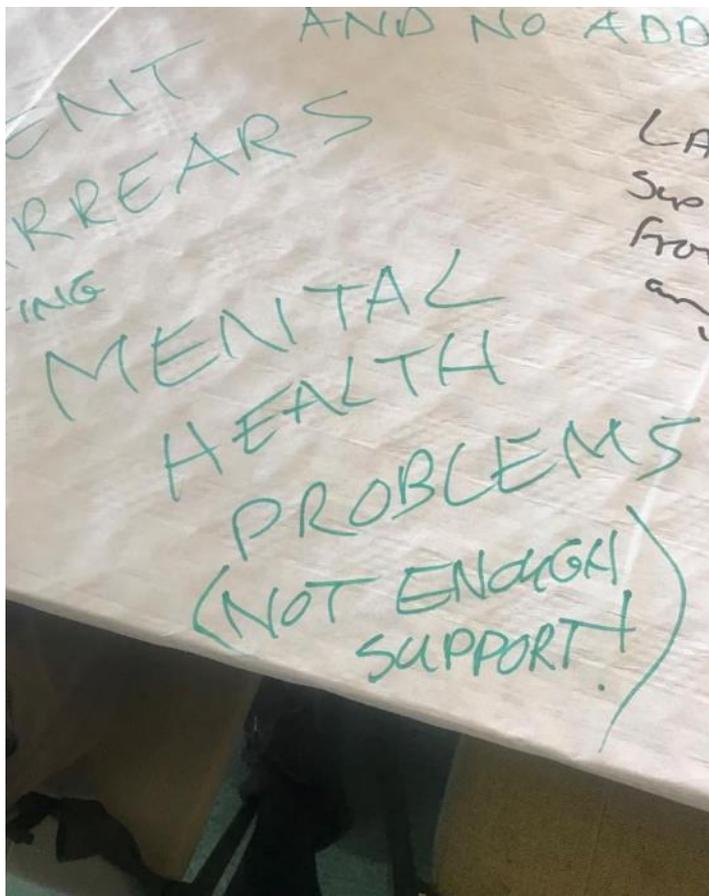
“Don’t want help, scared of the idea of it from watching things on TV about mental health. My mental health has got worse and I went to a GP I was given a number to a mental health line, but I don’t have any credit on my phone to ring them.”

“I’ve only seen a GP as an adult not a mental health professional.”



Newbury Salvation Army Hall [xiv]

However, for some who have ‘built up the courage’ to seek help from their GP, they feel they are not really listened to and their situation is often ignored. Some have been referred to ‘Talking Therapies’ in West Berkshire. However, after a consultation by telephone are told that they cannot be helped through that service. It was acknowledged by those people HWWB interviewed that this made sense as being made to talk about a troubled past, when they are in a place of life crisis, will only make things worse.



Rough Sleeper Notes [xv]

“Talking therapies said there isn’t much they could do because I was homeless. CPE [Common Point of Entry] team referred me to them

because there is nothing they could do at the time.”

“I need counselling and counselling for the counselling, I need actual advice from the right people i.e. Adult ADHD team, mental health teams instead of just being told ‘sorry there’s not much we can do because your homeless.”

“That is who I had to get hold of at the start of the year who referred me to Talking Therapies who referred me to these guys saying I needed to get checked out. And I’m just going in a circle. I knew this was all going to happen at the start of the year when I started all this but I still had to do it.”

However, they said they have further been told until they have accommodation they will receive no help with their mental health. This leads not only to deterioration of the mental health issue, but also further frustration with their situation on the streets.

Often, their mental health is a barrier to finding work and therefore housing. These ‘catch 22’ situations produce a vicious cycle, creating a tortuous path of disappointment and despair from which the rough sleepers involved cannot see any end.



Tents By Newbury Football Club

“And it is, every day I go down to the social, do this this and this, once you’re housed at Two Saints we can step in then and do something

but until then we can’t do nothing. Why does everything have to be about accommodation?

Full time job? Help with mental health? Can’t get that because I’m not in full time accommodation, I can’t get accommodation because I’m not in a full-time job. It is always back and forth. And I’ve got to the point where I’m like what’s the point?”



Notice Attached To Rough Sleepers Tent

Mental Health Crisis Response

We were told by both rough sleepers and the voluntary organisations that rough sleepers often experience problems with out of hours mental health crisis support. 21% of those HWWB interviewed reported having to call ambulances in the past year for problems related to their mental health.

“For someone who is in a mental health crisis there is not a direct line for them in Newbury. They have a switch board but the person who is there to contact can’t be contacted and you end up waiting 20 minutes on the phone when you’re in a crisis. They need to be contacted with immediately. Dealing with someone who is in a crisis and needs direct mental health access does not exist in Newbury that is something that should be re-addressed.”

Quote From Eight Bells For Mental Health
Newbury Co-Ordinator

“Like me listening to my friend I could have said the wrong thing and got myself into trouble. So, I sent him down to the Salvation Army and luckily the Soup Kitchen was on that night but that’s not their job.”

When speaking to the founder of ‘Newbury Soup Kitchen’ we learned more about how difficulties experienced with out-of-hours mental health support, which caused a huge problem and put voluntary staff in an incredibly difficult situation.

“We have been involved with the homeless and vulnerable who have self-harmed, been verbally aggressive, suicidal, depressed, desperate and lonely, most of which have lots of different types of mental illness with lots of different symptoms addictions are also prevalent.”

“Through my experience it has been very difficult, if not impossible, to get any ‘out of hours’ mental health support other than a couple of crisis ‘phone lines. Mainly it has been an answering machine and in one case the team phoned back two days later. This was particularly worrying as I was phoning about a client who had arrived at the Soup Kitchen after self-harming and talking of suicide.”

Quote From Newbury Soup Kitchen

Over half of the rough sleepers we interviewed had used ambulance services in the past year and 38% of these were specifically for problems related to mental health. All of them had been constantly seeking help for their mental health throughout the year. Two had to go to Royal Berkshire Hospital A&E to receive treatment and one was advised to go to WBCH to obtain treatment. All said the treatment in A&E was excellent, but that it was not followed up out of hospital.

“I went to A&E under stress. Crisis team arranged mental health help but nothing happened. Seemed helpful at the time but nothing happened after.”

There are specialist outreach services in Reading that do provide mental health help for the rough sleepers. This is undertaken through a specialist team who can spot the signs of mental health issues and put patients in touch with a Community Psychiatric Nurses (CPN). It has proved difficult even to find out who commissions this service in Reading. It appears to be via the Clinical Commissioning Group (CCG).

A similar service runs in Bracknell in conjunction with Pilgrim Hearts night shelter, commissioned by Bracknell and Ascot CCG.

No such commissioned service is available in West Berkshire currently.

One voluntary service that offers a calm space for rough sleepers with mental health issues is Eight Bells for Mental Health Newbury.

Open two days a week Eight Bells offers homeless members a meal and advice on a range of issues including benefits and housing.

“Several of our members sleep rough and struggle with a variety of mental health issues from severe depression, stress and anxiety to schizophrenia.

Practical and financial support for them is thin on the ground. Eight Bells for Mental Health helps our homeless members by offering a safe and welcoming environment at our Drop-in Centre.

“Here they gain access to advocacy on a range of issues such as benefits, housing, employment and referrals for expert help with mental health problems.

One of our charity’s most successful projects is the Peer Support Scheme offered by our more experienced members

who have undergone training to help more vulnerable service users.”

The homeless community is among the most at risk to drug, alcohol and mental health issues, exploitation and stigma. Through our Peer Supporters and a dedicated team of volunteers we aim to provide a valuable and beneficial network of emotional and practical support to aid their journey to a home and better quality of life.”

Quote From Eight Bells For Mental Health
Newbury Co-Ordinator

Substance Abuse Services

All of those we interviewed said that they experience mental health problems, drink problems or consumed other substances. Only 25% of them saw their consumption as a ‘substance abuse problem’.

However, when accessing help from a professional, substance abuse often gets in the way of receiving psychiatric help. One person we spoke to and their friend told us how difficult it is trying to get mental health help.

“[Mental Health treatment] doors shut when you mention they are a habitual alcoholic.”

This person mentioned in the interview they were frightened to tell one of HWWB’s interviewers about their friend’s problems with alcohol abuse as they feared it would mean we wouldn’t be interested in helping them. This has been the case with mental health services, when the person was turned away and asked to fix their substance abuse problem before being allowed to receive mental health support.

“I stand there and I’m like I’m here now, help me now”

Another person aged 18 - 24 told us their mental health issues are related to substance abuse, they are not two separate things.

Others told us their substance abuse is a coping mechanism for both their mental health problems and dealing with life being homeless. They also felt stigmatised by health professionals instead of understood. These rough sleepers hope to become far more integrated with an alcohol abuse specialist within the mental health team and vice versa, but it seems this is an issue of funding.

Although lack of integration between substance abuse and mental health services in West Berkshire is not unique to the homeless, it does affect them disproportionately.

“I don’t know, it’s hard to stop, ‘cause I need another way to find release, but I can’t start putting them into practice and start getting back into the same routine, because it’s the only thing I know to deal with my pain.”

“People on the streets use alcohol as a barrier to pain and discomfort. People can’t get medication from a psychiatrist unless they’re off alcohol.”

A West Berkshire Homeless Charity Trustee explains the issues that confront the rough sleepers, including those with mental health issues and substance abuse.

“People with mental issues should not be ‘put back’ into general society without support as they cannot cope and they end up being homeless.

Getting professional assessment of those with mental issues takes too long. Complying with the rules to keep benefits payments is complicated.

There are insufficient staff in Job Centres to support those who need assistance in making and maintaining benefit payments.

Loss of benefits means real hardship and leads to both mental pressures and physical illness as well as leading to homelessness. The whole system needs overhauling to relieve the pressure on the health service.”

Quote From West Berkshire Homeless Trustee



CASE STUDY

A rough sleeper with multiple issues is unable to register with a local GP Surgery as they have 'no fixed abode'.

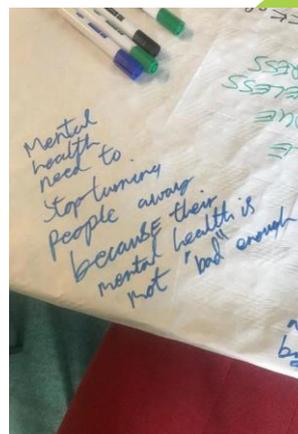
They had visited this surgery to register and were informed that they needed an address to register. In view of their illness (alcohol addiction and mental health issues), they require a sickness certificate to claim ESA. At present they have no money, and are dependent upon Loose Ends, Newbury Soup Kitchen, and West Berkshire Foodbank for their food.

Local Drug and Alcohol Services have been suggested, but it is currently unknown whether they are engaging. An alternative GP surgery has also been suggested.

When not in the shelter they live in a small boat, which is in very poor condition and infested with rats. They are forced to stay on this derelict boat, as their pet dog is not allowed into the shelter, due to the regulations about animals.

Despite help from voluntary groups and HWWB, this rough sleeper has not moved forward due to the multiple agencies requiring specific conditions to be met that they are unable to meet.

HWWB therefore referred this person to the Make Every Adult Matter (MEAM) project in order to gain cross-agency co-operation and move forward to resolve this rough sleeper's precarious situation.



Rough Sleeper Notes [xv]

WBC has launched the MEAM project, which was quoted in NWN on 2 January 2018: the full article can be accessed [here](#)

“West Berkshire has become a member of the Making Every Adult Matter (MEAM) project - a scheme which aims to offer joined-up thinking between a range of local agencies to provide help and support to those dealing with such issues.

West Berkshire Council, in partnership with Thames Valley Police, will be leading the project, working with charities, health professionals and other MEAM areas to offer effective support to vulnerable people with multiple needs.

West Berkshire is now one of only 25 local areas across England to be chosen to operate within the MEAM framework.

The council has now employed a MEAM co-ordinator, who will work with the 24 other MEAM areas to make changes to the services addressing the issues contributing to homelessness. They will also co-ordinate the council's response to local individuals and work closely with those who need the joint support of the West Berkshire MEAM partners.” Further details of the national MEAM project can be viewed [here](#).

(HWWB sits on both the Strategic Board and the Operational Group of West Berkshire's MEAM Project - and aims to support all those who are referred.)



The Experience Of Homeless People Compared To The General Population



The Impact of Homelessness [xvi]

In the diagram above 72 of every 100 homeless people are experiencing mental health issues compared to 30 of every 100 of the general population. 26 in every 100 homeless people are using drugs compared to 8 of every 100 of the general population.

A report in the British Medical Journal recently was explicit in the causes of and possible options for mitigating the rough sleeping situation.

“Rough sleeping also carries both physical and mental risks to health, including respiratory conditions, depression, anxiety, unintentional injury and excess winter mortality, they add. At the extreme end, when last calculated (for 2001-09) single rough sleeping people had an average age at death of 47 years for men [and 43 years of age for woman] compared with 77 years for the general population”. [xvii]

CASE STUDY

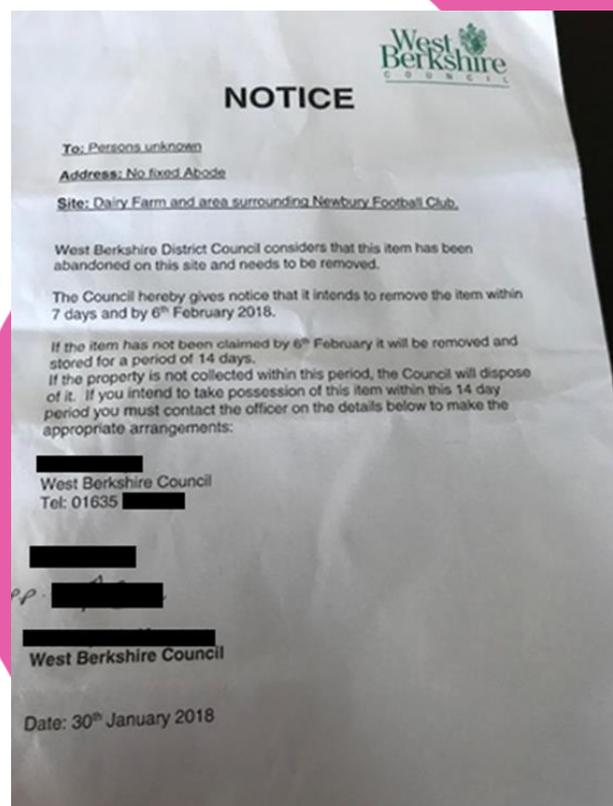
A Rough sleeper with a history of alcoholism has a terminal diagnosis of cirrhosis of the liver and as a result has several other health issues relating to this condition, including stress incontinence due to alcohol dependency. A former heroin addict they also battle with mental health issues. They have not been in 'the system' since 2016. They have been regularly homeless, intermittently 'sofa surfing' and using the night shelter. Due to a previously traumatic experience at Two Saints they refuse to be accommodated there.

They have been sanctioned by the DWP since July 2017 as they missed appointments because of numerous hospital visits.

After building a relationship with HWWB they are now engaging with the following services:

- . Swanswell, which has expressed serious concern about this person's physical health
- . WBC Housing Team, which has received a dual application
- . WBC West Street Adult Social Care, which is suggesting a social assessment

In light of these highly complex and multi-agency issues, HWWB has also referred this person to the 'Make Every Adult Matter' MEAM Project.



Two Saints - Homeless Hostel In Newbury

- 93% of those HWWB interviewed (14 people) said they would rather remain in their current situation rough sleeping than return to Two Saints
- Some of those HWWB spoke to said this was because it was difficult to stay away from drinking and drugs whilst being a resident there
- A number of those interviewed felt there was lack of support and this was frustrating

It became apparent during HWWB's interviews that rough sleepers were unhappy with the homeless hostel in Newbury.

Of the people that HWWB interviewed, 71% (10/14) had stayed at Two Saints before.

However, 93% (13/14) said they would rather remain in their current position on the streets than stay at the hostel. This was for many reasons: some had to leave following rent debt accrued with the hostel and others left due to the experience of their stay.

One person had this to say when reflecting on their experience a year ago:

“I had a bad experience, very depressing. Some people would rather sleep outside in the cold than go there.”

Some people HWWB interviewed said they would not accept accommodation there based on what they had seen and their previous experiences of the hostel, in which other residents were out of control and noisy during the night. Some people interviewed told us they specifically wouldn't go back there because they did not wish to be 'surrounded' by drinking and drugs.

“Was in Two Saints hostel two years ago it was too loud at night and people are out of control especially with drinking and drugs”

“I wouldn't go there I won't do drink or drugs. I've been told I'm not vulnerable enough for two saints what kind of system is that? I'm sleeping in a tent.”

“I don't drink I don't smoke and I don't do drugs. People who sleep all day are up all night making noise and banging on doors. When the council offered me Two Saints it felt like a prison sentence.”

“No, I don't like it at all. Because twenty-four hours a day, people shouting in the corridors, banging on doors. I had a friend who went up there, he's an alcoholic, a chap banging on his door about two in the morning banging on the door asking if he has any drugs.”



Another two people HWWB interviewed, aged 18 - 24, told HWWB how they became addicted to drugs during their stay and would not go back there because of their wish to stay clean.

“I have an addictive personality, was surrounded by drugs in Two Saints. I ended up addicted.”

One person aged 46 - 55 told HWWB how they had suffered with a substance abuse problem for years and had just managed to give it up. They told us WBC had offered them a room at Two Saints, but they couldn't take the room as they would not be able to stay sober there. This led to their decision to stay on the streets.

HWWB was told when a homeless person gets a room at Two Saints they are also assigned a key worker who is there to help them transition into their own home, through support with housing and benefits. Of those who had stayed at Two Saints previously, 40% said that they felt unsupported by the assigned key worker when they were there.

“There's absolutely no communication up there, with the staff. And they expect everyone to know what they're doing every week.”

“The key workers just ferry you to someone else.”

“Key workers are glorified receptionists. They get a key worker for 1 hour a week. They just don't care. From Two Saints to the street, you get passed to an outreach worker and then fall off their radar.”

Two Saints has 59 rooms and it seems it is always at capacity. From the feedback received by HWWB in the interviews and questionnaires it appears the Two Saints key workers seem to be stretched and unable to do more than one hour a week of one-to-one support work. Moreover, those who were spoken to were in a place of vulnerability and a clear theme among them was that they felt unsupported.

Upon investigation, HWWB were told that only very 'standard contract monitoring' by WBC was taking place with occasional onsite reviews. For a service dealing with such a vulnerable group, using multiple services, more complete data might help monitor effectiveness, and if sufficient resources are commissioned, such as number of:

- Ambulance callouts
- Police callouts
- Mental Health Crisis team visits
- Hospital admissions
- Unexpected deaths
- Referrals to addiction services

Disclaimer: The views expressed are those of the rough sleepers who were interviewed and not those of HWWB. It should be noted that HWWB did not survey the clients of Two Saints and we recognise Two Saints offer much needed support often with very complex individuals

Response from Two Saints:

We have read the report from HWWB with interest and it's helpful to highlight the issues homeless people and rough sleepers face in accessing health services.

Our service provision in West Berkshire provides 63 bed spaces which are supported 24/7 and a further 17 bed spaces which are supported during office hours.

Over the last 12 months we have accommodated 82 rough sleepers and supported 50 people to move onto independent accommodation.

We recognise that it's difficult to balance the needs of all homeless people and rough sleepers, it would not be appropriate to provide accommodation that excludes individuals who have drug and or alcohol support needs. We provide accommodation that is accessible to all, including those rough sleepers who have dogs, and we provide spaces within the hostel for people who are abstaining from drugs and alcohol. We are very happy to explore with HWWB the feedback from rough sleepers about our services. Our recent client survey found that 82% of clients were happy about where they live and the support they receive, and that 89% of clients felt that had been directly supported to find or keep their accommodation. Included in the survey responses were the following comments: "The night staff are very helpful"; "The staff are brilliant who I've have had dealings with" and "I have received great support from two saints from the start and am satisfied that I am getting further towards my goals. If I have every complained it has been dealt with in a fair manner."

We are delighted that West Berkshire council have funded increased outreach support for rough sleepers from November to March 2018 and we continue to offer rough sleepers access to showers and laundry facilities. At present (February 2018) we believe that there are 26 rough sleepers, including those who are accessing the night shelter. We believe the report would have benefited from discussions with ourselves as the main provider of support to homeless people and rough sleepers in West Berkshire and it would help us to understand why individuals choose to come into our service, and why we remain at full capacity throughout the year.

Charlotte Buckingham

Regional Director



Two Saints Limited

Comment from Two Saints hostel, received via email.

Observations

Is Homelessness A Mental Health Crisis?

Vulnerability

Rough sleeping is the visible manifestation of the wider issue of housing insecurity and the plight of some of society's most vulnerable members. While those individuals involved in the HWWB survey were relatively small in number (14), they represent a significant proportion of the West Berkshire rough sleepers. This significant cross-section of respondents serves to illustrate the levels of insecurity and fear that run through the homeless and rough sleeping community here in West Berkshire.

Building Trust

Feedback from the members of the rough sleeping community show that many of them have had multiple negative interactions with statutory local services, which include: WBC, DWP and CMHT (Health) in the past.

A significant number had felt the providers could have been more positive in the support offered. Consequently, the negative experiences have a cumulative impact, resulting in the rough sleepers becoming increasingly dis-heartened and disconnected from the very things that are in place to help them.

Yet engagement with services is a pre-cursor to accessing help for most agencies. Gaining trust has been a big element in rebuilding the relationships with those taking part in the *Rough Sleeping Survey*.

After several weeks of building these relationships, the interviews undertaken were at times harrowing, for both the interviewees and interviewers. HWWB's perseverance in building these relationships proved extremely worthwhile, resulting in a valuable window into the lives of those living rough in West Berkshire.

Negative Stereotyping

What is clear from the interviews and feedback is that the rough sleepers are fighting challenges on several fronts. These include, but are not limited to: physical & mental health issues, financial insecurity, substance abuse and prejudice from the public. The negative stereotypes have a great impact on the lives of the homeless and rough sleepers, pushing them further away from society.

The data showed that homelessness is a complex multi-layered issue. Central to this complexity is mental health. It is clear that the mental health crisis' experienced by this cohort is a major factor to them becoming rough sleepers and then remaining so.

Many of the respondents have experienced mental health issues in the past and their experiences of mental health services are often mixed. Furthermore, many of the other interviewees appear to have undiagnosed mental health issues, in part because they are unaware or unwilling to recognise this.

Homelessness is not just a housing problem, it is often a mental health problem too, one that cannot be resolved without the other being dealt with.

The feedback indicates that day-to-day basic needs are often a priority ahead of the larger underlying mental and physical issues. Living on the fringes is extremely stressful with much effort required to just survive. Simple things like warm, dry clothes and hot food take priority over an on-going health issue. As such the homeless and rough sleepers have little or no capacity to prioritise such problems, even if they wanted to.

In the time this report was being written the rough sleeping community faced further challenging events, when on a number of occasions, eviction notices were served by large local businesses.

At a Thames Water location west of Northcroft five rough sleepers were served with notices to vacate the land. [xvii]

Tents and property were subsequently damaged by person or persons unknown, putting further strain on the mental wellbeing of the rough sleepers.

As this report nears completion it should be noted that in the first week of February a tent was burnt to the ground and a man arrested and charged. This came little more than a week after WBC affixed notices to remove tents and other items, in the area between the canal and football ground. Despite these not being technically eviction notices, it caused major distress to the occupiers who were present at location at the time.

This interaction seems inappropriate when WBC states a commitment to a co-ordinated and compassionate approach to dealing with rough sleepers when rolling out the MEAM interventions. It may highlight the challenges faced in communicating the MEAM approach within agencies taking part.

Alcohol And Drug use

Both substance abuse and dependency impact on mental and physical health. Additionally, and significantly, this affects the ability to access wider services - and relates to the frustrations and conflicts the service users have experienced. The interviewees often felt that service providers lacked insight and understanding of the connection between alcohol and substance dependency with homelessness. The view was expressed several times that an integrated approach and a more understanding culture would be of benefit.

What appears to be a re-occurring message is the lack of consistency. This again frustrates and causes a disconnect at a time when it is most needed.



The Role Of The Voluntary Sector

The voluntary organisations play a vital and significant role in supporting the rough sleepers. Loose Ends, West Berkshire Homeless and the Newbury Soup Kitchen are key to this network. Eight Bells support several homeless and rough sleepers having built a reputation over the years for a peer led model, where members assist each other through a combination of personal experience and knowledge-based support. It is recommended that peer support and 'lived experience' is used and encouraged. Additionally that specific 'homeless advocacy' should be investigated.

All these organisations have taken time to build trust and as a result many of the wider homeless, sofa surfers and those in temporary accommodation also utilise them regularly. These groups liaise at an informal level to support each other, but they are often competing for the same pots of money in their fundraising activities.

This co-operation and collaboration is vital as together the charities can provide the final safety net for the most socially and economically marginalised. While the voluntary sector strives to fill the void; even here there is evidence of sometimes poor provision of statutory services, which the voluntary sector aims to alleviate, but with limited training, support and professional expertise.

As can be seen in the survey results and evidenced in this report, 93% of respondents would rather remain in tents or sofa surf than be re-located in the Two Saints hostel, citing bullying, drug use and an overall sense of insecurity in the facility. The night shelter has been full most nights, thus suggesting it is not a 'lifestyle choice' to remain outside in all weathers.

Lack Of flexibility

A contributing factor to the overall sense of despair and dispossession felt by the rough sleepers is the rigidity and formality of the current benefits and support systems.

By their very nature means testing and fixed guidelines take little account of an individual's circumstances and this often results in frustration, anger and ultimately failure for the claimant to receive the level of support required. Furthermore, the staff dealing with, and progressing the claim or

request, have little opportunity to maintain and mentor the person through the process successfully. This makes it even harder to get off the street, going from sanction to sanction, losing accrued benefits and relying entirely on charities just to survive.

This lifestyle is not a choice, but more often a failure of the very systems put in place to help.

Role Of The DWP

It is unreasonable to insist that rough sleepers travel over 20 miles to Reading to attend health or benefit assessments.

It is also unreasonable to expect a rough sleeper to make an immediate jump from being homeless to gaining meaningful employment, especially if benefits are stopped or dependent on attending assessments that are 'impossible' to attend.

If a user is rough sleeping the DWP should make efforts to ensure any meetings or assessments are accessible locally and do not require actions that may be difficult or impossible for a rough sleeper to complete, like filling in on-line forms or ringing help lines.

So many instances of homelessness have their root cause in financial uncertainty that the DWP should do all it can to ensure rough sleepers get as much help as possible. They need to work more closely with other agencies and the voluntary sector locally.



**Department
for Work &
Pensions**

NHS Access And Medications

Access to services can be problematic for rough sleepers, as a Loose Ends volunteer points out. Obtaining medicines is challenging too, not least the right to free prescriptions when there is a DWP sanction in place.

It would be appropriate for the NHS prescription certificate to be issued to aid the provision of services for rough sleepers and the homeless. These services include:

- Free NHS prescriptions
- Free NHS dental treatment
- Free sight tests
- Help with travel costs for NHS treatment
- Help with the cost of glasses and contact lenses

This would ease the pressure on the rough sleepers, who may or may not be sanctioned by the DWP for reasons relating directly to their mental health conditions.

HWWB is not aware of anyone accessing this service successfully.

“We have a number of Loose Ends clients who are unwell and need medication - possibly over the counter stuff but they cannot afford it and we are not in a position to give out medications. Is it possible for a GP to enable these guys to get the medical help they need - most don't have an address, some have a GP, most don't, and all are feeling rejected by the system.

Clients are frustrated that the GP won't prescribe medication if it can be bought over the counter. But, our guys have limited funds!

We wondered if a GP is willing to find a way to provide basic medicine eg: paracetamol. Sinus relief, etc. to some of our homeless clients. Our Loose Ends policy is clear that we cannot give out any drugs”.

Quote From Loose Ends

CASE STUDY

The Newbury Soup Kitchen was worried about a client's serious chest infection. Therefore, they called 999. The ambulance arrived and treated the person for around 45 minutes, then left them with a prescription for medicine to help with the infection.

However, the rough sleeper was under sanction by the DWP and so not entitled to obtain the medication 'free' nor did they have the funds to pay for it.

Subsequently, the prescription was paid for by West Berkshire Homeless Charity.



Is West Berkshire Typical In Regards To The Homeless Numbers?

When we examine the national and regional statistics, it becomes evident that West Berkshire is not average, or even typical, in terms of the absolute numbers of rough sleepers or number of rough sleepers per 1000 households. From the 326 English Local Authorities West Berkshire officially reports 20 rough sleepers. This makes it the 65th worst LA in the England.

The number of rough sleepers per 1000 households has a national average of 0.2%, whereas in West Berkshire the figure is over 50% higher at 0.31%. These figures alone are not completely illustrative as many areas of the country are far more deprived economically and could possibly expect to have more rough sleepers as a result of lack of employment

HWB subsequently compared similar LAs in South East England. Comparing the regions 20 rough sleepers to other LAs in the South East of England with similar levels of unemployment, West Berkshire has a rate of 0.6%. Therefore, HWB examined the 25 LAs with 0.7% unemployment rate or less. This analysis of the homeless statistics placed West Berkshire as an outlier and is the worst in the sample for absolute numbers of rough sleepers.

It appears from the simplest data point that the number of rough sleepers in West Berkshire is over 50% higher than the national average. Many of the rough sleepers have history of, or are currently experiencing, mental health issues and as recently as 2015/16 the LA implemented cuts to social provisions that they conceded at the time would have a likely negative impact on the numbers of evictions. [xviii] This issue clearly needs careful monitoring, further investigation and action to tackle the problem.

loose ends



Homeless Data - SE Local Authorities With 0.7% Unemployment Rates Or Less [xix]

Local Authority	No. of Rough Sleepers (2017)	Households (1000's)	Rough Sleepers per/1000	% of Jobless Claimants
West Berkshire	20	65	0.31	0.6
Woking	18	41	0.44	0.7
Guildford	13	58	0.22	0.5
Windsor/Maidenhead	11	62	0.18	0.7
Fareham	10	49	0.20	0.7
Vale of White Horse	10	53	0.19	0.7
Wokingham	10	64	0.16	0.5
Winchester	9	49	0.18	0.6
Cherwell	9	60	0.15	0.6
Elmbridge	8	55	0.15	0.6
Mid Sussex	8	62	0.13	0.5
West Oxfordshire	7	46	0.15	0.6
Horsham	7	58	0.12	0.7
Bracknell Forest	6	50	0.12	0.7
Surrey Heath	5	35	0.14	0.6
Runnymede	4	35	0.11	0.6
Wealden	4	68	0.06	0.7
Epsom and Ewell	3	32	0.09	0.7
East Hampshire	2	50	0.04	0.6
Test Valley	2	51	0.04	0.7
South Oxfordshire	2	57	0.04	0.6
South Bucks	1	28	0.04	0.6
Hart	1	37	0.03	0.5
Waverley	1	51	0.02	0.5
Mole Valley	0	37	0.00	0.6

Recommendations

From the observations noted within this report, it is clear action is required to mitigate the crisis that is being experienced right now. The numbers of rough sleepers are a grave concern, both with regards to the direct impact on the individuals on the streets - and as a community. How we take care of the most vulnerable in our community speaks volumes about our society - and equally may reflect negatively on Newbury and West Berkshire as a whole. Aiming to achieve a positive impact on the lives of the rough sleepers in our area, HWWB suggests a multi-layered approach with short, medium and longer-term goals.

To conclude, in West Berkshire there is clearly a short fall between the requirements of the services and support offered to the homeless and rough sleeper community and the assistance provided by statutory bodies. Rough sleepers within our area have fallen through the net. In addition, there are others caught in the homelessness trap.

Healthwatch West Berkshire recommends that:

1. Health and wellbeing bodies need to recognise and acknowledge the links between mental health and homelessness
2. Rough sleepers are categorised both locally and nationally as officially '**vulnerable**', including by NHS England. Additionally, they should be coded appropriately. The Care Quality Commission (CQC) should consider inspecting all Health and Care Services provided, including: Hostels, Outreach and Mental Health Services
3. A review is carried out of how all funded and voluntary organisations engage in the support of the homeless operate and are monitored. It is surprising to find that many commissioned and voluntary service providers alike have had little or no inspections looking at their quality of care and outcomes. Much of the voluntary sector locally has little or no core funding provided and the vital role they play may not be sustainable without some statutory funding
4. A review undertaken of the methodology and frequency of a rough sleeper survey. At present it is conducted on one day. We suggest a longitudinal approach, surveying in depth and with a comprehensive review of the wider numbers of the homeless and not just rough sleepers to take place on multiple nights across the reporting period. A more complete picture would aid the planning and the completion of work to reduce the rough sleeper numbers in West Berkshire. The large numbers of invisible homeless and 'sofa surfers' have an impact on local services on a par with the rough sleepers. This review would require co-operation between multiple agencies under the direction of the Health and Wellbeing Board. What is clear from the survey and HWWB's audit is that the WBC figure of homelessness does not provide a coherent picture and that the figure is just the tip of an ice-berg with the numbers of homeless being substantially greater than what is visible of the surface

5. A Newbury centric outreach service made available to those rough sleepers who lack access to treatment address the lack of consistent GP/ Primary Care/ Mental Health and Dental Coverage. This could operate on a weekly or fortnightly basis dependant on demand
6. All surgeries ensure that staff are aware of the right to register for homeless people and that a 'My Right to Healthcare card' is introduced so that homeless applicants have something to show surgeries on registration [xx]
7. Mental health crisis provision is improved. The crisis teams are clearly stretched to their limits with issues raised for residents already in the system, even before the homeless and rough sleeper community is considered. However, volunteer groups continue to take on more and more issues of crisis. Commitments to give mental health parity with physical illness need to be backed up with serious actions on a professional and financial level
8. Annual medical and dental checks are implemented to identify potentially life-threatening conditions that contribute to the 47/43-year life expectancy experienced by rough sleepers. It would be appropriate to consider this for all vulnerable adults at risk of /or recently homeless and accessing services locally. If this was any other section of the population it would be a scandal that people are dying 30 years earlier than the national average, as Dr Hewett of the Pathway charity states: "homeless people in the UK don't die from exposure. They die from treatable, medical conditions"
9. Local MPs, West Berkshire Councillors and officers be proactive in securing the additional funds required. Additionally, the voluntary sector be supported, and funded, through commissioning and all other means. Although it has had little support or meaningful core funding it is working at the forefront of the homeless and rough sleeper community, with enormous success. This can be seen by the continued work of Loose Ends, Eight Bells - and the recent successes of the Newbury Soup Kitchen and West Berkshire Homeless charity's night shelter, which is full most night. The Homeless Reduction Act, which comes into force in April this year, will only work if it is fully funded and Local Authorities are supported financially in order to implement the statutory requirements
10. A more person-centred, multi-disciplinary approach to social care is implemented. As outlined in this report, rough sleepers are often disconnected from the support network because of, although not exclusively due to, previous negative experiences with one or more welfare and care agencies. The system needs to offer flexibility and be less dependent on sanctions. Sanctions often derail rough sleepers, leaving them unable to move forward without help from DWP to secure the funds to escape from the street. WBC, or ideally the West Berkshire Health and Wellbeing Board, needs to ensure that all agencies (DWP, Berkshire Health Foundation Trust (BHFT)/Mental Health Action Group (MHAG) etc.) are working together and co-ordinating their efforts with the voluntary sector
11. Consideration is given to whether a housing placement, temporary or permanent is appropriate for an individual, with particular regard to exposure to alcohol, drug or other vulnerability issues

12. Increased choice is given, with service users fully involved in the decisions relating to their care and support with statutory and voluntary agencies. A permanent 'Health And Wellbeing Centre' run in partnership with the voluntary sector with showers, a consulting, room and 'Crisis Café' (for those with Mental Health issues) not just for the homeless, has been mooted and further investigation is appropriate

13. Efforts be made by the DWP to ensure any meetings or assessments are accessible locally and do not require actions (such as filling in on-line forms or ringing help lines) that may be difficult or impossible for that person to complete. So many instances of homelessness have their root cause in financial uncertainty that it would be appropriate for the DWP to be encouraged to do all it can to ensure rough sleepers get as much help as possible. It would further be appropriate for the DWP to get involved locally with all the agencies and voluntary groups working with rough sleepers and make a commitment to attend key multi-agency meetings

14. A review is undertaken to determine if Two Saints has the adequate resources to deliver its service. Better data, insights and quality monitoring, of the funding/commissioning would support such a review. At present a 'one size fits all' hostel in Newbury appears to be adding to the frustrations and not successfully managing to offer the kind of 'safe place' sought by some rough sleepers

15. Local business is encouraged to respond sympathetically in its treatment of rough sleepers they encounter and also in offering a 'hand up' with employment

16. A more economically sustainable social housing provision locally is implemented to limit the impact of high cost and short term tenancies on the economic and socially disadvantaged. There are many empty properties around Newbury that could be utilised to offer genuine social housing stock. A wholesale re-evaluation of the planning department enforcement of affordable and social housing requirements is necessary. Locally there appears to have been major issues ensuring guideline quotas are met and developers deliver on their promises

17. The WBC and local stakeholders form a working group to examine the feasibility of a trial of schemes such as *Rough Sleeping Social Impact Bond*, *Housing First* and innovative proposals, including the *Universal Basic Income*. In the medium to longer term, the current crisis offers an opportunity for the WBC to be pioneering in its approach to the provision of social care and welfare. This could lead to an economically sustainable social housing provision locally that would limit the impact of high cost short term tenancies on the economic and socially disadvantaged and would be an example of good practice

18. The Health and Wellbeing Board seriously considers rough sleeping as a priority in its own right, using vehicles like the Better Care Fund to improve services and provide some funding (xxi). Manchester and other cities have put solving the rough sleeper issue to the top of their priorities. They are utilising innovative ideas, such as: mobile health support teams and the use of civic assets (like fire stations) as temporary shelters

Acknowledgements, Appendices And Bibliography



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With Thanks....

HWWB has been the focal point of the research and collation of a wide range of invaluable information regarding the homeless and rough sleepers in Newbury and West Berkshire. However, this report has been created with the input, insights and collaboration of a wide range of the other groups, organisations and individual, both volunteers and professionals. Therefore, we would like to take this opportunity to thank the efforts of the many people who contributed, including:

- Thanks to Eight Bells, Loose Ends, Newbury Soup Kitchen and West Berkshire Homeless work tirelessly to comfort, mitigate and reduce the effects on the homeless and rough sleepers
- Thanks also to the West Berkshire Citizens Advice Bureau and seAp Advocacy Without the work of these groups and their dedicated volunteers, the crisis would be far worse today than it is
- Newbury BID street rangers. Samantha Bates and Jayne Hammond
- Thames Valley Police PCSOs. Sue Gillespie, her colleague Phil Lewis and Sergeant Paul Morgan
- Stan Burrige, EBE project lead, Pathway
- Dr Nigel Hewett, Medical Director, Pathway
- Paul Foster, HWWB homeless and rough sleeper volunteer
- Leia Clifton, who spent many hours building relationships and trust with the homeless and rough sleepers of Newbury and West Berkshire. Her dedication and patience paid dividends, as she managed to interview many of the rough sleepers, many of whom are often marginalized and voiceless, in order to build a picture of their life on the streets
- Finally, HWWB would like to thank the homeless and rough sleepers themselves. They put much of their suspicion and scepticism aside to open up to our team with warmth and kindness. Indeed, they showed the HWWB team that they are a friendly and welcoming community who deserve to be listened to, but often are not
- Thanks to SeAP for all their support, help and guidance with this report

Appendices

Appendix (1)

SE Local Authorities with 0.7% unemployment or less

UK Government Official Statistics

Rough sleeping in England: autumn 2017

Annual statistical release evaluating the extent of rough sleeping

Published 25 January

Complete statistics available at:

<https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2017>

Local Authority	Region	2016	2017	households (1000's)	per/1000	Claimant	%
West Berkshire	South East	14	20	65	0.31	580	0.6
Woking	South East	12	18	41	0.44	420	0.7
Guildford	South East	13	13	58	0.22	525	0.5
Windsor and Maidenhead	South East	8	11	62	0.18	640	0.7
Fareham	South East	18	10	49	0.20	515	0.7
Vale of White Horse	South East	8	10	53	0.19	535	0.7
Wokingham	South East	11	10	64	0.16	505	0.5
Winchester	South East	4	9	49	0.18	455	0.6
Cherwell	South East	17	9	60	0.15	520	0.6
Elmbridge	South East	4	8	55	0.15	490	0.6
Mid Sussex	South East	7	8	62	0.13	410	0.5
West Oxfordshire	South East	0	7	46	0.15	375	0.6
Horsham	South East	6	7	58	0.12	615	0.7
Bracknell Forest	South East	10	6	50	0.12	515	0.7
Surrey Heath	South East	12	5	35	0.14	335	0.6
Runnymede	South East	5	4	35	0.11	365	0.6
Wealden	South East	7	4	68	0.06	590	0.7
Epsom and Ewell	South East	3	3	32	0.09	335	0.7
East Hampshire	South East	2	2	50	0.04	415	0.6
Test Valley	South East	5	2	51	0.04	495	0.7
South Oxfordshire	South East	7	2	57	0.04	465	0.6
South Bucks	South East	4	1	28	0.04	265	0.6
Hart	South East	0	1	37	0.03	295	0.5
Waverley	South East	4	1	51	0.02	360	0.5
Mole Valley	South East	1	0	37	0.00	285	0.6

Appendix (2)

The HWWB Homeless and Rough Sleepers Survey 2017/18

Complete Survey available at:

<http://www.healthwatchwestberks.org.uk/wp-content/uploads/2018/02/HOMELESS-QUESTIONNAIRE-DRAFT-3.pdf>

Access to Healthcare Survey

Information about this survey:

- This survey asks questions about health and social care needs and access to health service for the Homeless in West Berkshire.
- Your feedback will go towards a report written by Healthwatch to improve services.
- Your comments will be put in the report, but your name will not be used, you will be completely anonymous.
- Would you mind being voice recorded? This is so we can just chat rather than me scribbling down notes.
- We may also ask if we can use some of your words anonymously in a presentation to capture the real experiences.
- You do not have to answer any questions you do not want to and you can stop this chat at any time.
- Do you have any questions?

Please get interviewee to tick:

- I understand how this information will be used and am happy to go ahead 😊
- I have not previously undertaken this survey
- I am okay with being voice recorded

Signed

Name

.....

.....

Thank you!

Name of interviewer:

Appendix 3

West Berkshire Statistics

UK Government Official Statistics

Rough sleeping in England: autumn 2017

Annual statistical release evaluating the extent of rough sleeping

Published 25 January

Complete statistics available at:

<https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2017>

	West Berkshire						number / per cent	
	2010	2011	2012	2013	2014	2015	2016	2017
Total	5	6	11	8	23	15	14	20
<i>% change from previous year</i>		20	83	-27	188	-35	-7	43
2017 rough sleeping rate (per 1,000 households)²								0.31
Gender³								
Males	-	-	-	-	-	-	-	18
Females	-	-	-	-	-	-	-	2
Gender not known	-	-	-	-	-	-	-	0
Nationality⁴								
UK nationals	-	-	-	-	-	-	-	18
EU non-UK nationals	-	-	-	-	-	-	-	2
Non-EU nationals	-	-	-	-	-	-	-	0
Nationality unknown	-	-	-	-	-	-	-	0
Age⁵								
Under 25	-	-	-	-	-	-	-	5
Over 25	-	-	-	-	-	-	-	15
Age not known	-	-	-	-	-	-	-	0

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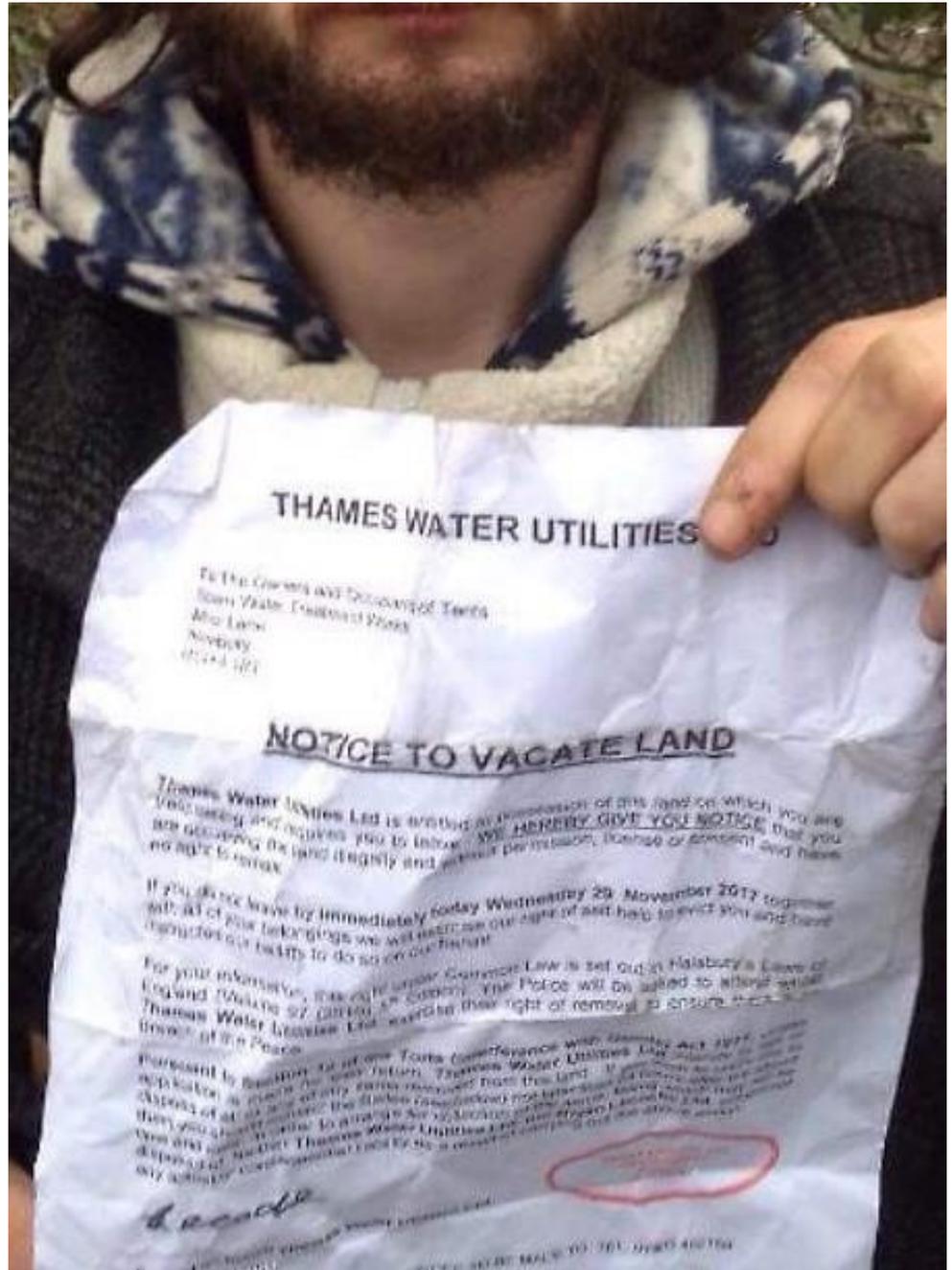
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