

HSVP 07

Cymorth tai i bobl sy'n agored i niwed
Housing support for vulnerable people
Ymateb gan: Shelter Cymru
Response from: Shelter Cymru

Response to the Local Government and Housing Committee inquiry into housing support for vulnerable people

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Introduction

Shelter Cymru welcomes the opportunity to contribute to this consultation, however, we do not have a large number of HSG funded projects so will not speak on the HSG budgetary questions and have only answered the last two questions as we believe we are well placed to comment in this area.

Our work on ending evictions from social homes including recent reports around [anti-social behaviour](#) and an upcoming report on rent arrears in social housing reflect the unmet support needs that we see in our casework, and it is in this area that we would like to highlight some thoughts for your consideration.

How effective is joint working between housing support services and public services such as health and social care:

Joint working is more fluid and more readily accessible when it comes to supporting people who reside in emergency and specialist supported accommodation that would be deemed as 'frontline'. This is generally the case where there is an expectation toward supporting people with multiple unmet support needs such as substance misuse and mental health. It is usually the case that anyone living in this type of setting (hostel/refuge) will have a dedicated support worker and will usually have better links to established public services within their communities. This can be directly linked to a wider understanding of the impact of things like ACES and trauma, and the support that is available to people incorporates this into the training needs of staff.

The same however cannot be said for people in more general temporary accommodation services such as hotels and B&B's, where support is often not part of the service provision - although it may be provided ad-hoc by third-sector outreach support staff or a local authority presence. This is despite the trauma and associated health impacts of both prolonged stays in temporary accommodation and the experience of having been made homeless.

Data collected by our Peer Research team from Shelter Cymru casework highlighted the prevalence of support needs among households living in TA. 90% of the cases reviewed had

evidence of at least one support need alongside housing need. In half of these cases, multiple wider support needs were evident. Despite this, we are concerned about the lack of support available to people living in TA. Particularly for those who have had multiple experiences of homelessness and may be caught in the “revolving door” of housing insecurity due to unmet support needs.

Our recent research around ending evictions into homelessness shows that the availability of this kind of support has a significant drop off when someone takes up a tenancy in social housing. Social landlord feedback is that unmet support needs are still a common issue for new tenants, and the notion of ‘tenancy readiness’ usually comes with an assumption that a person will be able to manage their home without support. The withdrawal of support can lead to wider issues that can have a detrimental impact on someone’s capacity to cope.

Social landlords are taking positive steps toward providing a broad-range of support options for tenants, specifically around areas such as anti-social behaviour and rent arrears – both of which are among the main causes for evictions within social housing that we see in our casework. However, landlords express concern that they are not equipped to meet the full range of support needs of their tenants or offer expert, specialist interventions, particularly around mental health. Despite many using tailored, person centred approaches to proactively try and keep people in their homes, there is still a major need for timely, ongoing mental health support from trained professionals within the health sector.

The link between home and health is something that needs continued emphasis. The public sector duty to identify & refer people at risk of homelessness is outlined in the proposed legislation to end homelessness in Wales and includes social services and the health sector. In theory this should bring about more joint working, however there is still work to be done in helping these other services understand and recognize the myriad ways homelessness can affect people and ensure that they play their part in providing sustained support where it is needed. Clearly resourcing is an issue, and we know health teams are well intentioned but given their limited capacity and high demand for their services there will be some persistent gatekeeping practices which act as barriers to people with multiple unmet support need

Shelter Cymru has been working with Public Health Wales around their ‘Safer Surgeries’ pilot. It looks to improve the way inclusion health groups access GP surgeries. During our formative discussions it became apparent that many people within both the pilot scheme and the wider NHS were unaware that the duty to identify and refer will apply to primary care, with some staff not realizing and others feeling that it did not apply. While the legislation is not yet in effect, it does raise concern over the way information regarding the duty will be communicated to primary care services.

What services should be commissioned in future to effectively support people with complex needs to find and keep a home:

Shelter Cymru runs the [My Home Denbighshire](#) project – an early intervention project focused on offering support and guidance to anyone in the Denbighshire area who might be facing difficulties relating to their home. The project works ‘upstream’ with a focus on

prevention. We feel that similar projects in other parts of Wales could benefit people who may otherwise face homelessness if support is not available.

There are some other specialized support services that provide an assertive, targeted, and rapid response for vulnerable people who have found it difficult to engage with traditional services. These include the Cardiff multi-disciplinary team which second staff from health teams, social services and the third sector to work collaboratively with people trapped in the “revolving door” of homelessness in Cardiff. They provide support to access mental health services such as therapeutic counselling, primary care staff, substance use support (including a rapid prescribing service) and quicker referrals to specialist support. Elsewhere in South Wales, The Wallich lead on the Swansea and NPT 360 project which brings together Occupational Therapists, substance misuse specialists and third sector support staff to offer a high-level of flexible and personalised support for people experiencing homelessness alongside wider unmet support needs.

Other local authorities have looked to create a “one stop shop” model that encourages co-location of staff from public- and third-sector teams to improve collaborative working, particularly when supporting people with multiply occurring support needs. In their planning of this type of model, Torfaen Council worked with the Shelter Cymru Peer Research team to gather the views and input of service users and relevant professionals. The [recommendations from this work](#) may offer some reflections for future opportunities elsewhere in Wales.

A key issue that stops people from keeping their social home is the withdrawal of wider support at the point of taking up a social tenancy. As outlined in the previous answer, social landlords are doing great work in tailoring support to people with a view to being proactive, preventative, and trauma informed in the way they support their tenants. However, they cannot be a ‘one stop’ service for their tenants. The models outlined above all aim to bring together different experts rather than asking for housing professionals to become experts in all of the areas that tenants or clients may have support needs in. Something akin to this is needed to ensure that people have the correct specialist support needed, but also maintain connections and build trust with the representatives of their social landlord.

People who move into a PRS home after a period of homelessness find that their professional support shifts to a “tenancy support” team with new staff who they don’t yet have a relationship with. For people moving into a social home or a PRS home, this time often marks a dramatic shift in the support they are receiving and who the support is coming from.

Feedback from people with lived experience is that they must repeatedly tell their story, bring up old traumas, and constantly re-qualify for help. While a home is clearly the foundation for a healthy life, we must stop seeing it as the ultimate solution and accept that in many cases people will need ongoing support throughout their lives.

In the drive to becoming a trauma informed nation, there needs to be wider training opportunities for social and private landlords in this area. Social landlord feedback suggests that in most cases their capacity to train staff has to be based on the need of a particular project/job role that is geared toward prevention of homelessness. They have told us that they would like to see more flexibility to spread resources and opportunities across organisations in order to affect the much needed culture changes that can help shape a trauma informed Wales.