

HSVP 22

Cymorth tai i bobl sy'n agored i niwed

Housing support for vulnerable people

Ymateb gan: Cymorth Cymru

Response from: Cymorth Cymru

# Housing support for vulnerable people

## Local Government and Housing Committee inquiry

**A response by Cymorth Cymru**  
**February 2025**

### About Cymorth Cymru:

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**Cymorth Cymru is the representative body for providers of homelessness, housing and support services in Wales. We act as the voice of the sector, influencing the development and implementation of policy, legislation and practice that affects our members and the people they support.**

Our members provide a wide range of services that support people to overcome tough times, rebuild their confidence and live independently in their own homes. This includes people experiencing or at risk of homelessness, young people and care leavers, older people, people fleeing violence against women, domestic abuse or sexual violence, people living with a learning disability, people experiencing mental health problems, people with substance misuse issues and many more.

We want to be part of a social movement that ends homelessness and creates a Wales where everyone can live safely and independently in their own homes and thrive in their communities. We are committed to working with people who use services, our members and partners to effect change. We believe that together, we can have a greater impact on people's lives.

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# 1. How effectively the Welsh Government is planning for the future of the Housing Support Grant in light of rapid rehousing transition and the forthcoming Homelessness Bill

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1.1. Housing support services are critical to the delivery of both rapid rehousing and the forthcoming Homelessness Bill. In this section of our evidence, we have outlined the journey that the Welsh Government has taken in recent years to improve the join up between capital development and homelessness policy. While there is still much more to be done to achieve our collective ambitions to end homelessness, the context of the last few years is important to understand where we are on this journey.

## Response to pandemic: Start of transformation

1.2. Over the last few years, the Welsh Government's housing policy team has made a concerted effort to encourage join-up between the capital development and homelessness policy teams, at a national and local level, to try and ensure that the development and allocation of housing is better aligned with the needs of people experiencing or at risk of homelessness.

1.3. During the early months of the pandemic, we worked with the Welsh Government and local authorities to track housing and support needs, as the 'everyone in' approach continued to see large numbers of people present to local authorities. While the initial £10m emergency funding was critical to the sector's initial response to the pandemic, it became clear very quickly that government and its partners would need to consider how people in temporary accommodation would be able to access a settled home. The number of people in temporary accommodation was growing, and the shortage of housing supply was a huge concern.

1.4. The Welsh Government's housing directorate worked closely with local government and other partners such as Cymorth to develop the next stage of their response to the pandemic, which became known as 'Phase 2'. In May 2020, the Minister for Housing and Local Government [announced](#) that funding would be available to support local authorities and their partners to transform homelessness services and develop permanent accommodation meet the needs of people in temporary accommodation. Initially, the Welsh Government announced that there would be £20m in revenue and capital funding, but the applications from local authorities significantly exceeded this amount, leading to a [revised](#) funding allocation of £40m in capital funding and £10m in revenue funding.

1.5. We were heavily involved in drafting the guidance that accompanied this funding, with careful consideration given to the vulnerabilities and support needs of people in temporary accommodation, and the need to take a trauma-informed approach. It was also influenced by the recommendations of the [Homelessness Action Group](#), and was the first step in moving Wales towards rapid rehousing. The guidance outlined four key areas of focus:

- **Support:** Continue to support people who remain sleeping rough, everyone in emergency provision and those newly presenting - prioritising rapid move on through appropriate cohorting to address and prioritise different support needs.
- **Plan:** Prepare clear transition plans for services and provision setting out how they will move towards providing more sustainable models of accommodation and support that meets the needs of everyone currently in emergency provision and future presentations.
- **Build:** Innovate, remodel, procure and build accommodation to improve the quality of emergency provision and increase the availability of permanent and semi-permanent move-on and supported accommodation.
- **Transform:** Commit to and plan how to rapidly move away from the use of night shelters and 'floor space'. Rather, we must urgently prioritise better quality emergency provision

which quickly supports people back into permanent housing, allowing street services to prioritise professional assertive outreach focused on resolving homelessness.

- 1.6. The capital development team and homelessness policy teams within the Welsh Government's housing directorate worked incredibly closely to develop and deliver this approach. There was a clear effort to ensure that there was a more joined-up approach within the Welsh Government, and an expectation that this should be replicated at local government level in the development of their Phase 2 plans.
- 1.7. Although the scale of the challenge was undeniable, it was very positive to see this commitment to overcoming the silos of the past.

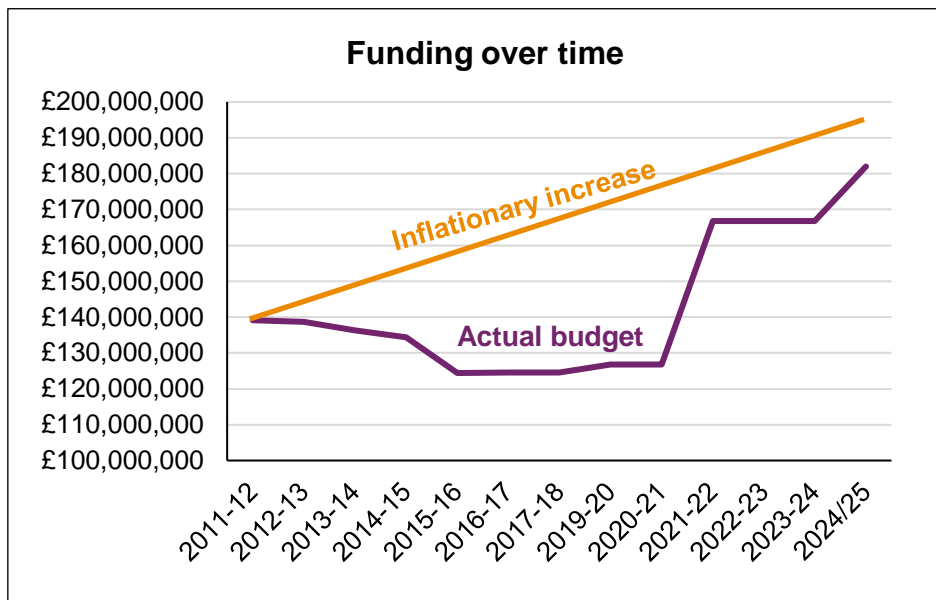
### **The move to rapid rehousing**

- 1.8. Rapid rehousing is focused on moving people into a settled home as quickly as possible, and critical to this ambition is building more social homes and allocating existing social homes to people exiting homelessness. However, ensuring that people have the right support wrapped around them is critical to helping them to maintain their tenancy and avoid repeat homelessness.
- 1.9. One of the key elements of rapid rehousing, as outlined in Welsh Government [guidance](#), is that *'people are able to access high quality, multi-agency support, tailored to individual needs, where this is required'*. Social landlords have also been clear that an increase in housing support services is vital to giving them the confidence they need to allocate housing to people who have been through the homelessness system and may have experience of trauma and additional support needs.
- 1.10. In October 2021, the Welsh Government published its Rapid Rehousing Transition Plan guidance, with the expectation that local authorities develop and submit their rapid rehousing plans. The [guidance](#) states that *'A pre-requisite of Rapid Rehousing is ensuring there are planning arrangements to ensure: (a) enough secure, affordable accommodation available; and (b) enough of the right support available to assist people to secure and sustain settled accommodation'*. It goes on to say that reliable and comprehensive data is vital to achieving this.
- 1.11. One of the key parts of the rapid rehousing transition plan guidance is the assessment of support needs, and it recommends that this is broken down into four categories: low needs, medium needs, high needs, and intensive needs. The Welsh Government provided an excel tool to aid local authorities in capturing and analysing this data.
- 1.12. This data is key to understanding the support needs of people in Wales, and while it is positive to see this data being collected, there is further work to do to ensure that it is influencing local development and national decision making.

### **Housing Support Grant funding**

- 1.13. The impact of austerity and public funding constraints over the last 15 years have had a huge impact on the homelessness and housing support sector, and therefore their ability to support the transformation outlined above and plan for the future.
- 1.14. Over the last decade, funding for the Housing Support Grant (and its predecessor the Supporting People Programme) has not kept pace with inflation or demand.
- 1.15. In 2011/12 the Supporting People Programme budget was £139m, but faced significant cuts over the following years, falling to £124m in 2015/16 and remaining at this level until 2020/21. In 2021/22 it was increased by £40m in recognition of the significant pressures on homelessness services following the pandemic. The budget remained at this level until 2024/25, when it was increased by another £13m in recognition of the impact of funding constraints on frontline worker wages.

1.16. When [inflation](#) is taken into account, the £139m budget in 2012 would equate to £196m in December 2024. The current budget for the Housing Support Grant in 2024/25 is £182m.



- 1.17. While the HSG budget increases in 2021 and 2024 have been warmly welcomed, this does not reflect a real term increase to services. In addition, the demand and complexity facing services has increased significantly over the last few years, indicating that even an inflationary uplift would fall short of what is required.
- 1.18. While the housing ministers in recent years have listened to the sector and secured additional funding, it continues to feel as though there is a battle for the HSG every single year, rather than a strategic plan to increase the funding to meet need, now and in the future.
- 1.19. Improving data to ensure that there is a better understanding of need, and providing multi-year budget settlements, would enable local authorities and support providers to plan ahead, enable stability and ensure that people get the support they need.
- 1.20. It is also essential that this grant remains ring-fenced. There is significant evidence from England that shows that homelessness and housing support services were decimated when the ring-fence was removed there. A [report](#) from the National Audit Office in 2014 highlighted average spending reductions on these services in England of 45.3% between 2010/11 and 2014/15. Homeless Link reported that in some areas, some areas, funding for homelessness services has been cut by as much as 80%.

### Homelessness Bill

1.21. The Expert Review Panel, which was established to make recommendations on legislative reform to the Welsh Government, was very clear that housing support services were critical to the successful delivery of many of the reforms.

*“The panel acknowledges that bringing forward the recommended reforms will take time, investment in our housing supply and support services, as well as drive and commitment.”*

*“Throughout the past year, the panel has heard concerns from all corners that our homelessness support services are under unprecedented pressure and that the social housing supply across Wales falls far short of matching demand. Although changes to the law certainly set clear baseline standards, these standards will not be consistently met without sufficient investment in the required resources, including revenue funding for support services, staffing capacity, and housing supply.”*

1.22. This was a view shared by multiple stakeholders, including support providers, social landlords and local authorities. We believe it is essential that the White Paper proposals become law if we are to achieve the ambition of making homelessness rare, brief and unrepeated. However, increasing the provision of housing support services is critical to supporting these proposals, and giving local authorities and other key partners the confidence to embrace the reforms.

### Summary

1.23. In order to effectively plan for the future of the Housing Support Grant we recommend that:

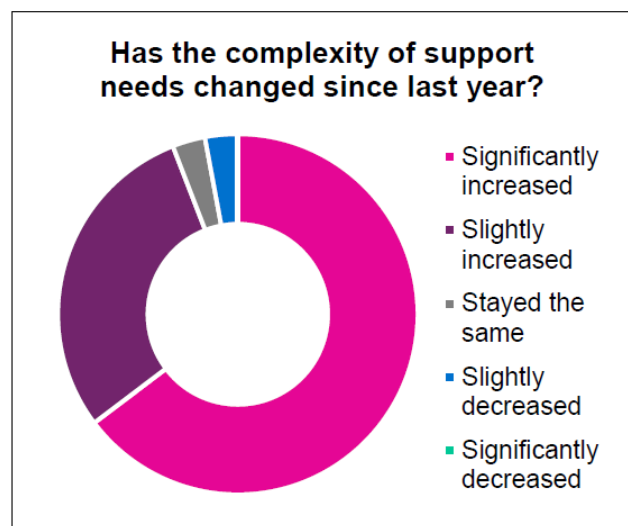
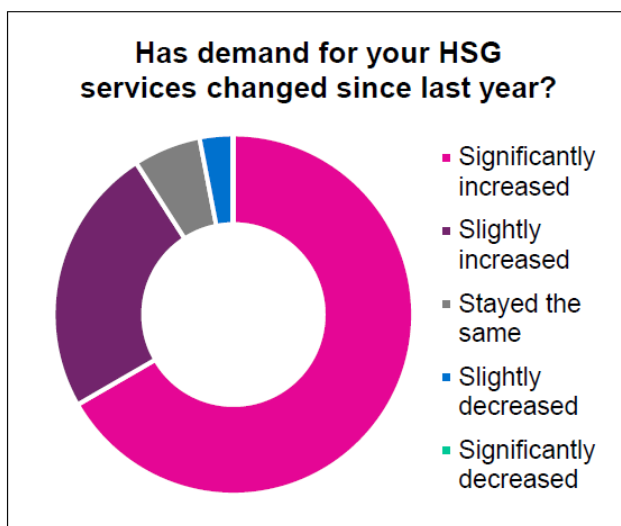
- The Welsh Government should provide a multi-year funding settlement for the Housing Support Grant, so that local authorities and providers can plan for the medium term.
- The Welsh Government should ensure that the Housing Support Grant remains ring-fenced.
- Local authorities should continue to collect and analyse data on support needs, to inform local planning of housing supply, allocations and support provision.
- The Welsh Government should better utilise data to inform increases to the Housing Support Grant to meet needs nationally.
- There should be continued efforts to ensure that housing supply and homelessness teams, at a national and local level, continue to work together to improve join-up between housing supply and homelessness need.

## 2. Current and anticipated pressures in the delivery of HSG-funded support services, including pressures on the workforce

2.1. The pressure on the homelessness and housing support system has never been greater. Welsh Government statistics show that 11,466 people were in temporary accommodation on 30 November 2024. Many of these people will need support to help them cope in temporary accommodation and then move into a settled home. Housing support services are also playing a key role in preventing even more people from entering temporary accommodation.

2.2. Evidence we have collected from support providers demonstrates that demand for homelessness and housing support services has increased over the last year, as well as the complexity of people’s support needs.

- 91% said demand for their services had increased since last year
- 94% said the complexity of support needs had increased since last year



2.3. The increasing complexity and risk being reported by housing support services is of significant concerns. Here are some descriptions from services about how this is taking effect:

*“Increased incidents involving alcohol. Increased incidents involving mental health. Increased incidents of suicide attempts. Increased incidents involving violence.”*

*“Recently 62% of residents have experienced suicide ideation and have attempted suicide and/or are self-harming in response to the trauma they have experienced. For some, this is coupled with substance usage, chaotic lifestyles and no support networks.”*

*“Staff in services are dealing with significant issues. Within the last quarter, staff have had to deal with suicide attempts, self-harm, violent crime.”*

*“We are working with far more young people and women with significantly higher mental health needs, including serious self-harm and suicide ideation. For the first time ever, we are seeing many young people we support threaten staff with weapons and are carrying weapons.”*

2.4. This is happening at a much greater frequency and at a much larger scale over recent years and is causing significant concerns for support providers, who are trying to support and safeguard both people using services and staff members.

### **Impact of increased complexity on staff wellbeing**

2.5. We have become increasingly aware of the impact of increased demand and complexity, coupled with restricted funding and job uncertainty, on staff health and wellbeing.

2.6. 91% of providers who responded to our survey said there had been a negative impact on staff wellbeing, sickness and burnout, with 41% saying this had been extremely negative. Many provided further detail about how this was affecting staff, with some hugely concerning comments about staff mental health.

*“I have sadly lost a staff member through suicide, I have also had more significantly more staff off work for long periods citing stress, anxiety and compassion fatigue/ burn out.”*

*“Staff are tired. One member of staff recently said ‘it shouldn’t be this hard to help people’ and that’s how it feels. Everything is a challenge due to shrinkage of services.”*

*“Higher staff turnover, shorter tenure in role. Increased staff sickness absence due to work related stress and anxiety.”*

*“We believe staff wellbeing has been negatively impacted by increased complexity. We have seen higher numbers of staff leaving than previous years. Further to this, numbers of staff referrals to our counselling services have doubled.”*

*“We have a high staff sickness rate with the majority of cases being stress-related.”*

### **Impact of low wages on frontline workers**

2.7. The homelessness and housing support workforce does incredibly complex work in extremely challenging circumstances, supporting people with experience of trauma, domestic abuse, exploitation, mental health and substance use problems, helping them to navigate complex housing and welfare systems and legislation, and often being the one person that they can rely on. However, these workers have been severely under-valued, have not received the recognition, respect and reward they deserve, with funding constraints driving down wages to appallingly low levels.

2.8. In January 2023 we surveyed over 600 frontline homelessness and housing support workers about the impact of the cost-of-living crisis on their lives.

- 86% said they were not putting on the heating in order to save money
- 56% were struggling to pay bills

- 18% were struggling to pay their rent
- 12% were feeling at greater risk of homelessness

2.9. In December 2023 we collected evidence from homelessness and housing support services about the wage levels in the sector. The evidence indicated that:

- 41% were being paid below the upcoming National Minimum Wage (due to come into force in April 2024)
- 67% were being paid below the Real Living Wage

2.10. This is unacceptable, given the hugely important, complex and often life-saving work that these support staff undertake on a daily basis.

2.11. It is important to point out that support providers would like to pay support workers a much higher wage, but funding constraints and commissioning processes have driven down wages over the years.

### **Impact of staff turnover**

2.12. The increasing pressures on services, combined with low pay, have a negative impact on recruitment and retention, which has an impact on remaining staff members and the quality of service provided to people.

2.13. In our survey of support providers in October, 50% of respondents said there had been an increase in staff turnover over the last year. Of those who said that turnover had stayed the same, several wanted to highlight that turnover had increased significantly in previous years and still remained very high.

2.14. Support providers were keen to outline how high staff turnover affects people using services, who have often experienced a lifetime of trauma and system failure.

*“It has had significant impact - support is based on relationships and staff turnover directly negatively impacts the person we support through having to repeat stories and build trust over and over again.”*

*“The people we support rightly complain about not seeing the same people delivering support when we have to use agency. This inevitably makes it hard for them to build positive relationships, feel safe and achieve their outcomes.”*

*“Staff shortages are significantly burning out the rest of the team. Therefore when one person is off long term sick we often find other staff are impacted and more sickness occurs. It is a constant strain and battle.”*

### **Journey towards higher pay**

2.15. We campaigned strongly on the issue of frontline worker pay in the lead up to the Welsh Government’s Final Budget for 2024/25 and were successful in securing an uplift of £13m for the Housing Support Grant. We were also extremely pleased that the Minister for Climate Change [wrote](#) to local authorities and directed them to utilise this uplift to increase frontline staff wages.

*“This increase equates to a c7.8% increase on ‘core’ HSG funding of £166,763,000 and I have allocated this additional funding with the very clear expectation that this should be used to address pay pressures in the first instance, and assist commissioners in supporting providers to deliver on our broader commitment to Fair Work and the Real Living Wage.”*

2.16. The Welsh Government and Cymorth recognised that the £13m uplift would not be enough to ensure that all workers could be paid the Real Living Wage (RLW), however it was an important first step, and one that needed to be built on in subsequent years.

- 2.17. In a survey of support providers conducted in October 2024, 91% reported that they were paying the RLW, however 79% were not receiving the funding required and were therefore having to subsidise the RLW with income from other sources.
- 2.18. The Welsh Government's Draft Budget for 2025/26 included a £21m uplift for the Housing Support Grant, which is hugely welcomed by the sector. Ministers have specified that this allocated to 'assist commissioners to support the sector in meeting increased costs, such as paying the Real Living Wage and to assist in meeting increased demand and complexity'.
- 2.19. However, the UK Government's Autumn Statement has caused huge concern for the sector, as changes to employer National Insurance contributions threaten to swallow up most of the increase in the HSG. Data collected from 22 HSG providers in early December suggested that on average, they would need an increase of 8.8% to cover the additional NI costs. The highest figure quoted was £621,000 and the average estimated cost was £120,162 per support provider.
- 2.20. We fear that the UK Government's decision to increase employer NI costs will severely impact the positive action taken by the Welsh Government to try and increase sector pay. It is incredibly frustrating, as this workforce deserves higher pay, and our efforts to make progress towards this aim are being hampered by the UK Government.

### **Developing a resilient and valued workforce**

- 2.21. The Welsh Government's Ending Homelessness [Action Plan](#) includes a commitment to developing a resilient and valued workforce, and the Ending Homelessness National Advisory Board has established a task and finish group to support the delivery of this ambition. This group has been developing recommendations relating to pay, support for staff, training and qualifications, and commissioning, with plans to present these to the Ending Homelessness National Advisory Board over the coming months.
- 2.22. Although the recommendations are still being developed, these are likely to include:
- Staff need to be paid a higher wage, that recognises the skill and complexity of this work.
  - Staff need to receive support for ongoing vicarious trauma and traumatic events.
  - Reflective practice needs to be embedded into services, to support service improvement and resilience within the workforce.
  - High quality training needs to be provided to ensure that workers have the knowledge and skills to meet the increasing complexity within services.
  - Commissioning processes and practices need to ensure that contract values include the appropriate funding and requirements to embed fair pay, psychological support for staff, reflective practice and training.
  - The Welsh Government needs to ensure that their guidance and funding allocation enables the deliver of the above recommendations.
- 2.23. Once the recommendations are agreed by the Ending Homelessness National Advisory Board, Welsh Ministers must respond positively if it is to have any hope of delivering the Ending Homelessness Action Plan commitment to a resilient and valued workforce.

## **3. How much is known about service performance, including data on outcomes**

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- 3.1. The impact of homelessness and housing support services has been well evidenced over the years, with numerous pieces of research demonstrating the impact of the Housing Support Grant or the Supporting People Programme (as it was formerly known) both in Wales and in other parts of the UK.

- 3.2. A Carmarthenshire Council study some time ago reported that every £1 invested in Supporting People delivered a saving of £2.30. Research on the Supporting People Programme in Northern Ireland around a decade ago found that every £1 spent on the SP services saves the public purse £1.90.
- 3.3. The most recent research was conducted by Cardiff Metropolitan University in 2020. This [research](#) found that every £1 invested in HSG services delivers £1.40 net savings to public services in Wales. At the time, the HSG was £124m per year and the research cited gross savings to public services of £300m. Based on the current £182m Housing Support Grant budget, this translates to a total gross saving of £442m, with £204m to the health service, £177m to social care services and £70m to criminal justice services.
- 3.4. The research also found that services had a positive impact on people's wellbeing:
  - 80 per cent of respondents reported a sustained positive impact in relation to feeling in control of their lives
  - 79 per cent reported a sustained positive impact in relation to their life satisfaction
  - 70 per cent reported a sustained positive impact regarding their optimism for the future
  - 67 per cent reported a sustained positive impact on their health.
- 3.5. In January 2023, the Welsh Government published a new Housing Support Grant Outcomes [Framework](#). This had been developed in partnership with the sector, through a task and finish group, which had representation from both local authority commissioners and support providers. In addition, we conducted extensive engagement with frontline homelessness and housing support workers through the Frontline Network Wales. This occurred at the start of the task and finish group's work, resulting in a paper to the task and finish group, influencing the development of the new framework.
- 3.6. One example of how the framework was influenced by frontline workers was the inclusion of an outcome relating to people having independence and control, something that wasn't previously collected. This represents a lot of the early work that support workers undertake with people who need support, and is critical to them being able to manage a tenancy in future. They also influenced the meaningful activity outcome, and the structure of the health-related outcomes.
- 3.7. The outcomes data has been collected by support providers and local authorities, but is yet to be published by the Welsh Government.
- 3.8. A key point that we would like to make on behalf of frontline workers is that it is important that the delivery of support is not negatively affected by the need to collect data. We often hear from both frontline workers and managers that a huge amount of information is required from support providers, including but not limited to monitoring data and outcomes data. It is important that this is proportionate and does not become so burdensome that frontline workers do not have the time to focus on the delivery of support. It is also important to consider the impact of data collection on people using services, who are often asked numerous questions by a wide range of services, which can feel overwhelming and invasive.

## **4. How effective is joint working between housing support services and public services such as health and social care**

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- 4.1. We want to start this section of our evidence by acknowledging the severe pressure that all public services in Wales are under, particularly since the pandemic. We understand that many services are struggling to meet the demand they are facing, and that staff members are overstretched and many are experiencing burn out. Our comments about the lack of join-up are not aimed at individuals, but at a system that needs to work more effectively.

- 4.2. Although there are some examples of good partnership working, the view from the homelessness and housing support sector is that this is often based on individual efforts and relationships, rather than being hard-wired into the system.

### **Compassion, empathy and stigma**

- 4.3. There continues to be issues with the lack of compassion and empathy shown towards people with experience of homelessness, with stigma playing a part in how people are treated and trauma informed approaches not being as embedded as we would like. This can be evident in interactions between services and people, as well as in the policies that can act as barriers to people getting the help they need. It is commonly accepted that people experiencing homelessness can find it difficult to respond to communication and attend appointments, due to trauma and having no fixed address and/or means of communication. However, we continue to hear of examples where people are removed from services due to missing appointments or not responding to letters. Increased flexibility and understanding of the challenges people face, alongside a trauma informed approach, is required to ensure that people are not shut out of services.

### **Respect and support for the housing support workforce**

- 4.4. Support workers tell us time and time again that they do not receive the respect they deserve from other services, particularly those in the statutory sector. They possess a high amount of knowledge and expertise about the person they are supporting, and often spend more time with them than any other professional. However, too often they feel that their opinions are not listened to or treated seriously when they are trying to advocate for someone to receive treatment, care or support from other services.
- 4.5. In addition, they often feel that support workers are left to cope with a multitude of issues, as over-stretched statutory services do not intervene and assume that housing related support services will provide the safety net for the person they support. As outlined above, support workers are highly skilled and so extraordinary jobs, but they should be expected to take the place of statutory health, social care or criminal justice services.

### **Information sharing**

- 4.6. A concern raised by multiple services was that inadequate information sharing between services was increasing the risk facing homelessness and housing support services. They felt that key information was sometimes missing from referral forms and risk assessments, resulting in projects being unable to prepare to meet the complexity or risk associated with the person being referred into their service. Some services commented that this could be due to the high caseloads facing statutory services and the lack of face-to-face appointments since the pandemic, meaning that the necessary information was not being gathered. Others felt that information was not being shared to increase the likelihood of the person being accepted into a service. The consequences of not knowing this information could be severe, with risks to both other tenants and staff members.

### **Mental health services**

- 4.7. We often hear from support providers that mental health services are not as responsive as they should be to people who are experiencing or at risk of homelessness. This can hinder the prevention of homelessness, when housing providers identify an issue but cannot get the appropriate response from mental health services, leading to further deterioration in the person's health and an increased risk of becoming homeless. It can also apply when people are in a crisis, but do not get the response they need. We spoke to frontline workers and managers in preparation for our response to the Welsh Government's draft mental health

strategy consultation and heard several accounts of people who were in acute crisis but sent home from accident and emergency departments with advice leaflets and told to make an appointment with their GP. Others felt that secondary mental health services were not responsive enough when people experienced a deterioration in their mental health. We commonly hear that people who have substance use issues are turned away from mental health services and told to deal with their addiction first.

### **Social care**

- 4.8. Our members have also reported concerns with the response from social care when the person they are supporting has care and support needs that go beyond housing-related support. This can occur when people have very poor health as a result of their experiences of being on the streets, or have traumatic brain injuries as a result of alcohol use, but are not accepted by social care departments. Sometimes they are told that they do not meet the social care threshold. Others are told that they are 'too complex' and that traditional social care services are unable to meet their needs. The long-term health impacts of homelessness and addiction are well evidenced, but it appears that the social care system is not particularly well resourced or set up to meet these needs.

### **Police**

- 4.9. In the last year, we have received an increasing number of concerns about the role of the police in helping homelessness and housing support services to deal with challenges that put other tenants and staff at risk. The Right Care, Right Person policy, enacted by the UK Government in summer 2023, appears to be resulting in the police not responding as they used to, when there are incidents within homelessness and housing related support services. This has left numerous projects feeling that they have been left to deal with challenging and often dangerous incidents on their own, without the necessary support from the police.

### **Good practice and enablers**

- 4.10. There are some very good examples of multi-disciplinary teams emerging in some parts of Wales, where local authority colleagues work alongside third sector and a range of health practitioners. This often takes the form of multi-disciplinary outreach to people on the streets, in temporary accommodation, supported accommodation and Housing First.
- 4.11. This has two key benefits: Taking health care directly to people means they do not face the traditional barriers to accessing services. Their health can be assessed and interventions can be delivered without delay, resulting in an immediate positive impact. Secondly, the presence of health practitioners, who understand how the health system works and are taken seriously by health colleagues, can facilitate access to other health services, such as secondary care.
- 4.12. One example of this is the [Cardiff and Vale Health Inclusion Service](#) (CAVHIS), which provides access to public health screening and short-term support for people who find it difficult to access healthcare and who are not registered with a GP. It has a specialist homeless services, which includes:
- Specialist homeless nurses provide a Monday to Friday, open access clinic based over two sites: medical rooms at the Housing Options Centre and at the Hayes Place Single Assessment Centre.
  - Outreach service for hostels and rough sleepers which has health input from one of the specialist homeless nurses.
  - GP support from CAVHIS provides one drop-in session a week at the Housing Options Centre or Hayes place for those homeless individuals new to Cardiff who are not yet registered with a GP.

- 4.13. In addition, people in the homelessness sector have spoken very highly of the outreach team in Cwm Taf Morgannwg, where Welsh Government complex needs funding has been utilised by the Area Planning Board and local authority housing team to deliver multi-disciplinary outreach to people experiencing homelessness and people living in supported accommodation or Housing First tenancies. The partnership approach and combined funding across health and housing has enabled people to receive rapid access to specialist trauma, mental health and substance use practitioners, who have also help people to access further services within the health system. The team has grown from a handful of people to a team of fifteen, reaching people previously marginalised and excluded by services, having a positive impact on their mental health.
- 4.14. We strongly advocate for this type of multi-agency approach, particularly where there is both national strategic support and funding, combined with regionally or locally led approaches and funding to meet the needs of marginalised groups. The complex needs funding has been particularly helpful, as it has been provided by the Welsh Government's health directorate, working in partnership with the housing policy team. This has encouraged and enabled partnership working between health and homelessness and we therefore hope this funding continues well into the future, and that strategic partnerships between health and homelessness at a national, regional and local level endure.

### **Legislative proposals for ending homelessness**

- 4.15. We fully support the proposals in the Welsh Government's White Paper on Ending Homelessness, which seek to encourage wider public services to play an active role in preventing and alleviating homelessness.
- 4.16. One of the proposals is to place duties on wider public bodies to identify, act and refer if someone is experiencing or at risk of homelessness. While this has obvious benefits with regards to housing, earlier intervention and the prevention of homelessness will also improve health, wellbeing and other outcomes.
- 4.17. Another recommendation the Ending Homelessness White Paper is the proposal for case coordination when someone is in contact with several public services. This would address current frustrations with duplication of work or people not receiving the right support at all. Our members routinely support people experiencing multiple disadvantage, who often require access to more than one public service. There are some great examples of different public services working collaboratively to provide the best outcome for people experiencing homelessness, but these approaches are often driven by passionate individuals and are not systemic. Unfortunately, not everyone who enters the homelessness system is guaranteed this coordinated response. The White Paper proposal for an enhanced case coordination approach and a designated lead should ensure that people facing multiple disadvantage can expect a good level of communication and cooperation, regardless of the area in which they access services.
- 4.18. The resulting Homelessness Bill is due to be tabled in the coming months, and it is essential that the above proposals form part of the new legislation.

## **5. What services should be commissioned in future to effectively support people with complex needs to find and keep a home**

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- 5.1. As described above, there has been significant increases in demand for services and complexity of support needs over the last few years. Homelessness and housing support services are continuing to do an incredible job, delivering life changing and life-saving support to tens of thousands of people every year.

- 5.2. The traditional models of provision, namely floating tenancy support and supported accommodation, continue to work very well for the majority of people. However, we believe that further consideration needs to be given to how we can meet the growing complexity and risk that is facing services.

### **Staffing ratios, flexibility and training**

- 5.3. Many services have told us that their staff are skilled and capable of supporting people with multiple disadvantage and complex support needs, but the increase in the volume of people requiring more intense support means that historical staffing ratios are inadequate. One of the ways that services can be supported to manage complexity and risk is by having a higher number of staff working within projects. This applies to supported accommodation settings and floating support, where staff are increasingly having to double up for visits due to the risks of delivering support on their own.
- 5.4. Frontline workers have told us that high caseloads are also having an impact on their ability to meet the needs of people who are experiencing a crisis or presenting with complex, co-occurring support needs. The solution, as with staffing ratios, comes down to increasing funding to enable services to be more resilient.
- 5.5. Some services told us that increased flexibility with regards to how services can adapt staffing ratios or service models, and how they can utilise funding might help them to respond to increasing or changing levels of complexity and support needs.
- 5.6. Another issue raised by services is the need for additional and more specialist training to enable staff to meet the increased complexity of support needs they are encountering within services. In particular, they highlighted training on mental health, suicide and self-harm due to the increase in volume and severity of these issues, more specialist training on substance use due to the rapidly evolving nature and use of substances among people they are supporting, and how to deal with the risk and reality of exploitation, abuse and violence facing people using and delivering services.

### **Improved responses from statutory services**

- 5.7. As outlined in the previous section on public services, the homelessness and housing support sector believes that faster and more effective responses from other services such as health, social care and criminal justice would help them to meet the needs of people with complex and co-occurring support needs.

### **Housing First**

- 5.8. Housing First is an internationally proven model which aims to provide a settled home and intensive support as quickly as possible to people who have experienced repeat homelessness, trauma, mental health issues, substance use issues, and/or engagement with the criminal justice system. This often includes people who have been failed by traditional approaches and systems.
- 5.9. In February 2018 the Welsh Government published policy guidance about Housing First and provided funding to support the development of the model in Wales. Over the last few years, the number of Housing First projects in Wales has grown significantly and there is a commitment in the Welsh Government's Ending Homelessness Action Plan to support further expansion:

*“Housing First and/or other intensive options, must form a key part of each authorities rapid rehousing approach and in particular be the default approach for those who are identified as requiring high needs.”*

5.10. Over the years, robust international evidence has proven how effective Housing First can be, with the model rolled out across many countries in Europe. Finland was an early adopter of Housing First, with the model being credited as a key factor in significantly reducing the level of homelessness in the Nordic country. Housing First is based on a set of principles that underpin the model and make it so effective, leading to strong tenancy sustainment internationally, which has been proven over decades. It is essential that fidelity to the model is maintained, in order to ensure that it is effective. The Welsh Government's Ending Homelessness Action Plan reinforced this:

*"We must resist the temptation to dilute existing Housing First services in the face of additional demand as a result of adopting rapid rehousing or risk repeating the failures of the past, and see some of Wales' most marginalised and disadvantaged citizens left without a service that can meet their needs."*

5.11. Housing First is currently available in seventeen local authorities in Wales and has supported over 300 people into tenancies, with multi-agency support wrapped around them. The tenancy sustainment rate in Wales is 91%, which is hugely impressive given that this is a model that is targeted at people who have experienced repeat homelessness.

5.12. It is essential that the model continues to be expanded to every local authority in Wales, to meet the housing and support needs of people who have experienced repeat homelessness, trauma, and multiple disadvantage. It is also critical that Housing First services are delivered in line with the principles, to ensure that the model is successful. There should be a sustained focus on ensuring that this happens in every local authority area, and that housing, health, social care and criminal justice partners enable the successful delivery of this model.

### **Co-commissioned services**

5.13. As outlined in the section on public services, there are some very good examples of joint working, and co-commissioning or the provision of health funding has been key to making this happen. We strongly advocate for more co-funding and co-commissioning, particularly between housing/homelessness and health/social care. The complex needs funding provided by the Welsh Government's health directorate is a very good example of this.

5.14. However, this approach should become the norm, rather than the exception. Welsh Government directorates should continue to explore how joined-up approaches to policy and funding can enable the co-commissioning of services to meet the needs of people with complex and co-occurring support needs. As a regional level, the Regional Partnership Boards and key statutory services should improve their understanding of these issues and ensure that their plans include the provision of housing, health, care and support for people with experience of homelessness and multiple disadvantage.

5.15. We also believe that the Welsh Government, in partnership with key stakeholders, should consider whether alternative models of accommodation-based services are required for people who have long term health and care needs, but have experience of homelessness and multiple disadvantage. We are aware that some people remain in supported accommodation for much longer periods than intended, due to their health and social care needs not being met by other statutory services. It appears that their previous experience of homelessness has led them to being placed in homelessness schemes, but their longer-term needs are health and social care related. Sometimes, their experience of trauma and adversity, coupled with mental health and substance or alcohol issue, can mean that social care services do not have appropriate residential settings for them to be appropriately accommodated. While housing related support workers have invaluable expertise in supporting some of the person's needs, their primary needs are health and social care related. There are models in other countries that provide accommodation-based settings for

people with a history of long-term homelessness and/or alcohol or substance use, that are co-funded and co-commissioned by health, care and housing, with health and social care professionals on site to support people. We believe it would be useful to explore whether this is a model that might work within the Welsh context, with a commitment to co-fund from health and social care, alongside housing.

## **6. Conclusion**

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- 6.1. We are grateful for the opportunity to respond to this consultation, and in particular welcome the opportunity for the Senedd and key stakeholders to consider how public services can work more effectively together, and whether new models of housing and support needs to be developed to meet the needs of people in Wales.
- 6.2. We do not claim to have all of the answers, but believe that strengthening funding, increasing the role and responsibility of other public services, and giving serious consideration to how we collectively meet the needs of people facing multiple disadvantage is critical if we are to end homelessness.