

Scrutiny Working Group on Homelessness

What do you think is working well in Swansea?

Increase in funding – Which has helped to double extra Emergency Bed provision in the City for rough sleepers. Also assisted to fund the Rough Sleepers Intervention Team to operate a new seven-day service which will be starting shortly.

Communication & collaborative working – Excellent communication and partnership working between all charities, LA staff, Police and health professionals within the City.

Swansea Night Shelter – Which has operated in Swansea for the past five years. providing essential emergency accommodation in Jan, Feb and March for those experiencing homelessness. In 2018 it accommodated over fifty different clients, with twenty plus moving on successfully to more permanent accommodation as a result.

Prevention Fund – Since the implementation of Housing (Wales) Act 2014 the Prevention Fund which is used to assist clients into PRS accommodation has been very successful. Historically many clients who moved into PRS accommodation found it to be substandard and often with questionable rogue landlords. The fund has helped eliminate this and secure better-quality accommodation.

Where are the gaps in provision?

Supported accommodation for couples – Within Swansea hostels and supported accommodation providers are very reluctant to accommodate couples in the same project. There are no formal rules stating this, however in seven years working in this sector I am only aware of one couple living in separate rooms in the same project. Therefore, many couples remain on the streets as they do not wish to be housed in separate hostels and are not able to maintain Private Rented accommodation.

Specialist Dual diagnosis Project/Service – Increasingly within my role I am seeing an increase in the number of clients with dual diagnosis. Many of these clients become homeless due to the issues surrounding their mental health and/or substance misuse. They are often very chaotic, and their needs are often deemed too high for a standard hostel. Therefore, these clients often remain on the streets longer term becoming entrenched in a street-based lifestyle. A specialist residential project is needed as a priority.

<http://www.turning-point.co.uk/media/170796/dualdiagnosisgoodpracticehandbook.pdf>

Supported accommodation for alcoholics whose care needs are too high – Over the past couple of years we seem to have many clients who have been evicted from 'wet houses' due to their personal care needs becoming too high (usually continence issues etc). Many of these clients end up bed blocking in hospitals as there are a lack of options available to them. Many of them require residential care homes but will not be considered for these due to their alcohol issues. There are a few suitable options; specialist 'wet residential care homes', employing care staff at our current wet projects or opening a Managed Alcohol Programme (MAP).

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Quality day centre (drop-in) – Since the closure of St Matthews drop-in centre on High St three years ago, Swansea has lacked adequate facilities for the homeless and those that are vulnerably housed. I believe a one stop shop would reduce overall costs to the LA and benefit clients and staff enormously. I understand the difficulty of locating a homeless centre within a City but feel it vitally important. Many of my clients get signposted daily from here to there, however many of them never make it to the signposted agency.

We need a building to accommodate all staff including; outreach, Big Issue staff, drug and alcohol agencies, other homeless charities (Crisis etc), physical and mental health professionals (inc dentists, paediatricians etc), Housing Options caseworkers, probation officers etc. The building would benefit from regular drop in sessions from Citizens Advice professionals, DWP decision makers and Job Centre coaches.

This needs to be a seven-day service, opening long hours, therefore eliminating the need for any duplication of services eg soup runs, third party drop ins. The building would include subsidised food, computers, lounge area, showers, laundry facilities, lockers etc. They would offer a range of activities to improve health, wellbeing and employability. Developing suitable social enterprises to assist clients back into work.

What is not working so well?

Gateway – All of the supported (hostel) accommodation in Swansea operate via a single central referral system called Gateway. This system has been in use for many years however is not being managed or utilised to its full potential. I believe the system would benefit from having an allocated 'Gateway Officer'.

Hostels are expected to search through the referrals and manage their own waiting list, declining clients that are not appropriate/banned etc. However, 'cherry picking' of clients has been known to happen in the past, therefore leaving the most difficult clients to sit on the waiting or declined lists indefinitely. Also, many hostels also require their own specialist referral forms to be completed as well as the gateway ref form. This creates a duplication of work and places an extra burden on the limited outreach services.

I believe a Gateway Officer could be recruited to possibly oversee all hostel vacancies in Swansea. He/she could liaise with hostel staff to ensure that suitable, appropriate and those that have been waiting the longest are interviewed for vacancies. Hostel staff would have to be answerable to the Officer to state why certain individuals have been declined from waiting lists or deemed not suitable to be housed.

From my experience there is also a lack of confidence/knowledge from frontline staff in using/managing Gateway effectively. Due to the turnover of staff in residential projects I believe that maybe one member of staff from each project needs to be trained up to be a super user so that new recruits can be trained correctly.

Housing First support – After being involved in the initial trial of 'Individual Budget' in approximately 2011 and more latterly Housing First scheme which was funded again last year, there are still gaps in the service provision that needs to be filled to make these schemes effective.

Yes, we have been provided with funding to house and engage the most vulnerable and hardest to reach clients on the streets of Swansea. However, no extra staff have been recruited to provide the intensive support needed to make this

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scheme work. I feel that endless amounts of money could be poured into this scheme, but it will be destined to fail if adequate and experienced support staff are not recruited.

Evictions from supported accommodation due to rent arrears – Many of our clients have previously relied on Simple Payment or Post Office accounts for their benefit payments. However due to the closure of these types of accounts all supported accommodation providers are being urged to ensure that residents are being assisted to open bank accounts. Clients are frequently being evicted from supported accommodation due to service charge arrears. I cannot understand why accommodation providers seem unable/unwilling to set up Direct Debit payments for these charges. The majority of society pay their housing related costs via DD, so why are we allowing the most vulnerable, those lacking budgeting skills, financially exploited members of our society to potentially lose their accommodation due to these arrears?

Waiting lists for scripts – Many clients who were highlighted by myself and other frontline members of staff as ideal to benefit from Housing First, declined the offer. These were all heroin users, who stated that 'being housed would not work until they were scripted'. Within Swansea any clients who wishes to be scripted must first self-refer to AADAS on either a Monday or Tuesday morning. To a chaotic drug user this is a time where they may be potentially begging etc to fund their first hit of the day. These referral hours need to be made more flexible and dramatically extended as clients who neither make it on a Monday or Tuesday must wait an entire week before the opportunity again arises.

Once referred to AADAS there is approximately a six-month waiting list to be scripted. Not forgetting these are clients that want to start addressing their substance misuse issues by provision of a Methadone, Subutex script etc. Many clients therefore do not even start the process as the six months feels like a lifetime. This waiting list is mainly due to lack of staff. However, the cost of extra staff would surely be minimal compared to the cost to society (shoplifting, court costs, Policing, hospital admission etc).