

## **Janet Keauffling response for Homelessness Working Group**

### **What do you think is working well in Swansea?**

Housing options provide an excellent service working well with statutory and third sector.

There are pockets of excellent practice (eg. Tenancy Support Services, Rangers) where services have made good links with other homeless services and show great willingness to work together effectively.

### **Where are the gaps in provision?**

Monitoring of evictions from every type of accommodation.

There is an increasing number of homeless people with diagnosed mental ill health who do not engage with mental health services (discharged for non-engagement or lack capacity to engage) and who are homeless or at significant risk of becoming homeless.

There is an increasing number of homeless people with Borderline Learning Disabilities who have no access to LD services but are unable to read (or have limited reading and language skills), write, manage money or maintain a tenancy and are either homeless or at risk of becoming homeless.

There is a lack of specialist accommodation for people with complex needs (people with multiple conditions such as substance misuse and LD, or substance misuse and mental ill health, Alcohol related brain injury, etc.).

### **What is not working so well?**

Too many homeless and vulnerable people fall through the gaps in service provision. As resources have become more straightened these gaps have tended to increase.

The thresholds for homeless and vulnerable adults being accepted for safeguarding are too high. The thresholds for homeless and vulnerable adults being accepted for social services involvement are too high. We work with some of the most complex and challenging individuals and yet it is almost impossible to get additional specialist support for them.

Individuals with complex needs will find it difficult to engage with tenancy support services and may need tenancy support services for longer periods. Those who are learning disabled may require lifelong tenancy support. Reasonable adjustments should be readily available particularly where the individual has experienced repeated homelessness.

Data sharing between health and social care remains an issue.

Hospital social work for people who are homeless or vulnerably housed is extremely limited. Homeless people in hospital should be assessed as quickly as possible to prevent delayed discharges.