



City and County of Swansea

Notice of Meeting

You are invited to attend a Meeting of the

Scrutiny Working Group - Homelessness

At: Committee Room 3A - Guildhall, Swansea

On: Monday, 14 May 2018

Time: 10.30 am

Convenor: Councillor Peter Black

Membership:

Councillors: V M Evans, L S Gibbard, J A Hale, T J Hennegan, O G James, Y V Jardine, L R Jones, E J King, E T Kirchner, S Pritchard, A Pugh, M Sykes, G J Tanner, L J Tyler-Lloyd and T M White

Agenda

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1 Apologies for Absence

2 Disclosure of Personal and Prejudicial Interests

www.swansea.gov.uk/disclosuresofinterests

3 Evidence from representatives of organisations

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10.30am Session one:

- Andrew Davies, Swansea Homeless Sanctuary
- Natalie Hamlyn, Shelter Cymru

11.30am Session two:

- Karen Grunhut, Crisis
- Karl Bresnan, Wallich Dinas Fechan
- Mathew Morgan, Caer Las
- Sean Stillman, Zac's Place

Reports submitted by:

- Janet Keauffling, Homelessness nurse, Health Board
- Karen Grunhut, Crisis
- Karl Bresnan, Wallich Dinas Fechan
- Mathew Morgan, Caer Las
- Thom Lynch, Matthew's House

Next Meeting: Tuesday, 12 June 2018 at 10.30 am

Huw Evans

Huw Evans
Head of Democratic Services
Tuesday 8 May 2018
Contact: Liz Jordan 01792 637314

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.



Crisis UK
Swansea Council, Scrutiny Working Group on Homelessness
14 May 2018

About Crisis

Crisis is the national charity for homeless people. We work in England, Scotland and Wales, providing support for homeless people and campaigning for change. Our multi-disciplinary team in South Wales, based in Swansea, includes expertise in housing, adult learning, employability and mental health. We provide direct advice, education, training and support for people who are homeless, have been homeless in the last 2 years or are at risk of becoming homeless. We carry out research to understand homelessness in Wales and across Great Britain, and campaign for the changes needed to end it for good.

What is working well

- Swansea Council's services show understanding of people affected by homelessness and particularly adapting to their vulnerabilities and showing sympathy towards them in decisions about, for example, priority need.
- Crisis welcomed the council's openness to meeting homeless people to help develop its homelessness strategy and approach. Crisis was pleased to facilitate two sessions for homeless people to meet and discuss issues with council officers and with the Cabinet Member for Housing, Energy & Building Services.
- The multiagency approach that Crisis is involved in with Housing Options, The Wallich, temporary accommodation, and health services works well. This leads to effective referrals to and from Crisis services in the Swansea area.
- The Bed and Breakfast pilot is a good example of an effective partnership approach which includes joint appointments and targeted individual support whilst people are in emergency B&B accommodation.
- The council's use of the homelessness prevention fund and Discretionary Housing Payments has been good.
- The council's commitment to developing a Housing First approach is very welcome and would complement existing provision.

Gaps and what could be improved

Crisis' consultations and research have identified the importance of adopting a 'housing-led' model in which everyone experiencing or threatened with homelessness is resettled as quickly as possible into their own tenancies in permanent accommodation, with support provided where needed. Housing First is a central feature of this housing-led system for those who require it. Homelessness should be prevented wherever possible but when it does occur, services should be in place to make it brief and non-recurring. To fully realise this we recommend Swansea Council follows this approach:

1. Preventing homelessness, building on the work following the Housing Act 2014

- Whilst there is recognition that ex-offenders are no longer identified as having priority need there could be some improvement in work with ex-offenders, particularly implementing the national pathway for people leaving the secure estate.
- Lack of Bed and Breakfast accommodation in Neath Port Talbot is putting pressure on provision in Swansea. We would encourage Swansea and NPT to work closely together to explore options to resolve this.

- Reduced resources for social services is evident with fewer people getting support they need, e.g. people on the streets with brain injuries or learning disabilities.
- 2. Rapid response to help people into housing as soon as possible**
- Access to suitable, affordable accommodation in both private rented and social housing sectors needs to be improved. There is evidence that the cost of private rented accommodation (e.g. bonds, agency fees etc) is a barrier and that homeless people, who are among the most vulnerable in society, are not fully benefiting from housing association accommodation.
 - Tenancy Support Service should start immediately to ensure a tenancy has the best chance of success.
- 3. Ongoing support for people with complex needs**
- There is very strong international evidence for a Housing First approach for people with complex needs. Crisis welcomes Swansea Council's commitment to developing this and encourages the council to make full use of Welsh Government's national principles document (published in February 2018) and to set housing targets to ensure there is enough provision for accommodation.
 - Dual diagnosis remains an issue, particularly people with mental health needs unable to access the Community Mental Health Team support because of drug dependency issues.
- 4. Plan to end homelessness**
- Throughout this year, which is Crisis' 50th anniversary, we have been working on a plan that sets out what it takes to end homelessness for good. The plan will be published in June 2018 and we would welcome the opportunity to explore this further with the council to help inform its work to tackle homelessness.

For further information please contact southwales@crisis.org.uk

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).

The Wallich

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

The Wallich

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).

Caer Las response to CCS scrutiny working group on Homelessness

Response has been informed by the following services:

Outreach Services

Caer Las' outreach services support rough sleepers, street workers and people in crisis to access the specialist support and safe accommodation options (in Swansea this includes Access Point).

Paxton Street Hostel

This project provides supported accommodation to 13 people who are rough sleeping / homeless and who need support in resettling back into the community and finding a home. Due to the client group experiencing multiple disadvantages there can be a higher instance of substance use and mental health issues in this project.

Older People Services (OPS)

This project is made up of three supported accommodation services; Ty Betty Williams (4-bed shared house), John Morris House (8 semi-independent flats) and St Matthews Court (5 independent flats with floating support). The project supports older people who have been homeless and have long term addictions, who are stable in their substance use and when ready can move towards abstinence and resettlement into the wider community.

Tenancy Support

This project supports people living in their own homes who are at risk of becoming homeless or who have recently moved into a new home after a period of homelessness.

What is working well?

- Multi agency working:
 - Swansea Night Shelter (SNS)
 - Winter provision for when the weather is severe/cold
 - Emergency beds at Dinas Fechen and Paxton Street
 - Access to homeless nurse
 - Tenancy support for rough sleepers moving into immediate independent accommodation

What is not working so well?

- Swansea Gateway System:
 - Lack of coordination and poor communication between stakeholders
 - Gateway would benefit from having a dedicated coordinator
 - Data from Gateway enable performance management of system/services e.g. void management, positive move on, referrals vs refusals, length of stay
- Dual diagnosis
 - Lack of access and entry into to dual diagnosis support (mental health and drug/alcohol treatment) is a barrier to move on and will impact on many people's ability to recover from homelessness and the risks of future homelessness.

- Access to care
 - Individuals in supported housing who require personal care have consistent and prompt access to assessment and support.
- Resources on reactive measures to short term homelessness issues impact on investment in long term solution options
 - Although there is great value in SNS and other services to meet presenting need - especially where there is risk of harm to people from rough sleeping, resources need to be focused on preventative / tailored options that affords long lasting change – targeting people who the current system doesn't work for.
 - This will include people who face multiple disadvantages and have multiple, co-existing and complex needs, are likely to be rough sleeping and face the most barriers to transitioning towards stable, independent living.
- Access to social housing and PRS move on options
 - This includes long waiting lists for access to the move on panel and the barriers to eligibility.
 - PRS rent levels are above LHA rates.
 - Prison leavers having reduced options for resettlement from prison, creating cycle of prison, homelessness, prison.

Gaps in provision

- Coordinated Gateway for all supported accommodation is Swansea. We would welcome the opportunity to be involved in such a development.
- Access to assertive and flexible approach to people who are unable to access services due to dual diagnosis. This could be improved by Swansea having a network that brings together stakeholders from health (inc mental health), D&A services and housing.
- Equity in access to assessment and support for people with personal care needs – similar option could be as above re network.
- The provision of intensive, open ended, flexible and tailored made / bespoke support, to people who face multiple disadvantages (who are likely to be excluded from current services and / or repeat users), creating long lasting and sustainable change.
 - The housing first approach is a good example of this kind of offer and Caer Las would welcome the opportunity to pilot this approach with a small group of entrenched rough sleepers, following a successful pilot in Cardiff.
 - Resourcing and enabling existing services to work in a different way that is right for the individual. This should be informed by this evaluation of where the blocks and barriers are to accessing services and / or where services need to change.

Response from Matthew's House for Homelessness Scrutiny Working Group on 17 May 2018

3 Questions:

What do you think is working well in Swansea?

- 1)The support for vulnerable and homeless people is growing from the community aspect and charitable support groups. There is not one evening a week now where someone homeless or hungry can't eat.
- 2)Housing Options is local and available to the centre of Swansea

Where are the gaps in provision?

- 1)Couples struggle far more in homeless situations.
- 2)Immediate council housing seems to be a shortage including hostel and short term accommodation
- 3)The support alongside homelessness when finding accommodation for the underlying issues some may face (Debt, Mental health, Substance misuse). Do the council link with other services alongside the homelessness issues?.

What is not working so well?

- 1)Weekend Support and out of Hours. There doesn't seem to be anything.
- 2)Being open on Sunday evenings we are often caught in a volatile situation with people struggling with nothing. Many occasions we have tried and tried and there is nothing immediately after 2pm weekdays. We understand this is a difficult issue to support and solve but there seems to be no clear route of next steps for people in a crisis. We have more information from local charities and support agencies rather than the council at our project as these groups have come to share information with us.
- 3)The Wallich prepared a document that shows Lots of support in and around Swansea but I think it could still have more information on it and it is something the Council should adapt and work closer with the agencies supporting vulnerable people locally.
- 4)The new money donation for homeless system in Swansea doesn't seem to be clear on how these donations are being used and governed.
- 5)Visually and from what we hear in meetings and through rough sleepers themselves, we hear more about progressions and developments supporting homeless individuals being supported by other charities in our city than the council in Swansea.

The understanding I have from Swansea council is this:

Head to housing options for an appointment, they will advise you for the next steps and there is a waiting period while support is looked for.

We have a couple who have been with us for months and are still sleeping rough and are awaiting their call for somewhere to go. Even if it is temporary. Our food parcels in this situation can only be ready to eat goods that will last until we open again. This is one of many situations.

In 3 days this week we served more than 430 meals to which an average of 80% were given to vulnerable people with a number these either rough sleeping, in temporary accommodation in hostels or b&b's or at risk due to financial difficulties.

We would benefit as a project with step by step knowledge of the housing process, selection criteria and issues the council face that limit improvements to the service they provide while try to prevent homelessness.