

Appendix 2



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ABOUT PUBLIC SERVICE

**Rhondda Cynon Taf County Borough  
Council Housing Support Grant Needs  
Assessment**

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## Introduction

The Housing Support Grant (HSG) is an amalgamation of three previous grants; Supporting People Programme, Homelessness Prevention Grant, and Rent Smart Wales Enforcement.

It came into being in April 2019 following the Welsh Government funding flexibilities pathfinder project. A Ministerial decision was made in October 2018 to form two grants from the Early Intervention, Prevention and Support grant (EIPS) work, separating the housing-related grants from non-housing elements for all local authorities. Consequently, from April 2019, the Welsh Government established a Children and Communities Grant (CCG) (encompassing Flying Start, Families First, the Legacy Fund, Promoting Positive Engagement for Young People, St David's Day Fund, Communities for Work Plus and Childcare and Play), and a single Housing Support Grant (HSG) (encompassing Supporting People, Homelessness Prevention and Rent Smart Wales Enforcement).

Local authorities must undertake a comprehensive needs assessment every four years, with a light touch review every two years. This assessment is a statement of what the Authority knows about the needs and future demand for homelessness prevention and housing support services. The assessment encompasses the statutory requirement for a homelessness review as well as the full assessment for the HSG. The assessment is informed by the following data:

- Population needs assessment
- Local authority well-being assessment
- Homelessness statistics and other housing data such as waiting lists.
- Welsh index of multiple deprivation
- Feedback from service users
- Regional VAWDASV needs assessments
- Any relevant research/national publication
- Outcome's data
- Needs data from providers, gateway panels
- Unmet needs data over the last 12 months from providers, homelessness reviews

Local authorities should produce a 'Statement of Need' based on findings from the needs assessment. The statement should set out the current and future demands and should include regional needs where the needs are met by the local authority. The statement should also set out how statutory needs identified will be met through the discharge of statutory duties.

## Background and National Policy Context

Welsh Government has maintained a focus on tackling homelessness in the context of the long-term impact of UK Government policy, in relation to austerity and welfare support, and also other non-devolved policy areas that have an impact on homelessness such as the work of the Police and Prisons. Local authorities have a duty to prevent and relieve homelessness that has led to a strengthening of local partnership arrangements. The guiding principle remains one of preventing homelessness, but where not possible, ensuring it is brief and non-repeated. There is a renewed commitment to fundamentally reform homelessness services to focus on prevention and rapid rehousing. Understanding what works, what is promising, and what isn't effective will be crucial to Welsh Government in delivering its policy goals.

Housing First was a change of direction for Government, in response to emerging evidence of its efficacy. The Phase 2 response during the initial phases of the pandemic sought to protect homeless people through providing temporary accommodation solutions and significantly reducing street homelessness. The gradual return to 'normality' provides the opportunity to evaluate the impact and benefits of the variously funded programmes to inform the next phase of policy development with a particular focus on prevention and rapid re-housing.

There are a number of principles that underpin the Welsh Government approach to homelessness prevention, that should be enshrined across public and commissioned services:

- The earliest preventions are most effective and most cost effective and should always be the interventions of first choice.
- Tackling and preventing homelessness is a public services matter – rather than a 'housing matter'.
- All services should place the individual at the centre and work together in a trauma informed way.
- The duties in Part 2 of the Housing (Wales) Act 2014 should be the last line of defence – not the first - and all services should work to the spirit not simply the letter of the law.
- Policy, service delivery and practice should be informed and shaped in a co-productive manner and by those with lived experience.

Below is a summary of relevant legislation and policy and their intended impact:

Policy /legislation	Intended action/impact/purpose
Policy /legislation	Intended action/impact/purpose
• Housing (Wales) Act 2014 (Part 2)	• A new strengthened duty on local authorities to take reasonable steps to prevent and relieve homelessness, with an emphasis on prevention
• Social Services and Wellbeing (Wales) Act 2014 (Part 6)	• Strengthening arrangements for leaving care including suitable accommodation and support

Policy /legislation	Intended action/impact/purpose
<ul style="list-style-type: none"> <li>Well-being of Future Generations (Wales) 2015 Act</li> </ul>	<ul style="list-style-type: none"> <li>Provides a lens through which all public services policy and service planning is to be considered with an emphasis on well-being, prevention, and early intervention</li> </ul>
<ul style="list-style-type: none"> <li>Equality Act 2010</li> </ul>	<ul style="list-style-type: none"> <li>Duty to promote equality, takes account of protected characteristics, and a new duty to consider socio-economic inequality</li> </ul>
<ul style="list-style-type: none"> <li>Publication of Preventing Homelessness and Promoting Independence: (Welsh Government 2016)</li> </ul>	<ul style="list-style-type: none"> <li>Supporting young people with economic independence through housing advice, options, and homelessness prevention</li> </ul>
<ul style="list-style-type: none"> <li>Care Leaver Accommodation and Support Framework, (Barnardo's 2016)</li> </ul>	<ul style="list-style-type: none"> <li>Support effective planning and provision of housing and support for young people and care leavers.</li> </ul>
<ul style="list-style-type: none"> <li>Development of the "When I'm Ready" (Welsh Government 2016b) Programme</li> </ul>	<ul style="list-style-type: none"> <li>Enabling young people in foster care to stay with their foster carers for longer;</li> </ul>
<ul style="list-style-type: none"> <li>Introduction of the Youth Engagement and Progression Framework (Welsh Government 2014)</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the number of young people who are not in education, employment, or training;</li> </ul>
<ul style="list-style-type: none"> <li>Establishment of the End Youth Homelessness Cymru campaign 2018</li> </ul>	<ul style="list-style-type: none"> <li>Focusing on:                             <ul style="list-style-type: none"> <li>ending youth homelessness within the LGBT+ community.</li> <li>reducing the links between educational disengagement and youth homelessness.</li> <li>reducing links between the care system and youth homelessness; and</li> <li>support for those with mental health issues.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Wales Centre for Public Policy (WCPP) 2018</li> </ul>	<ul style="list-style-type: none"> <li>Research into the causes and prevention of youth homelessness.</li> </ul>
<ul style="list-style-type: none"> <li>Evaluation of homelessness services to young people in the secure estate (Welsh Government) 2019</li> </ul>	<ul style="list-style-type: none"> <li>To understand the early impacts of the legislation on those young people who are homeless or at risk of homelessness as they approach their release.</li> </ul>
<ul style="list-style-type: none"> <li>Housing First (HF) – National Principles and Guidance for Wales 2018</li> </ul>	<ul style="list-style-type: none"> <li>Policy of quickly moving people experiencing homelessness into independent and permanent housing and then providing additional support and services as needed.</li> </ul>
<ul style="list-style-type: none"> <li>Strategy for Preventing and Ending Homelessness 2019</li> </ul>	<ul style="list-style-type: none"> <li>Sets out the strategic approach the Welsh Government is taking to prevent and address homelessness in Wales</li> </ul>
<ul style="list-style-type: none"> <li>Phase 2 – Planning Guidance for Homelessness and Housing Related Support Services 2020</li> </ul>	<ul style="list-style-type: none"> <li>Focus on transforming approaches to preventing homelessness whilst ensuring that everyone</li> </ul>



Policy /legislation	Intended action/impact/purpose
	brought into temporary accommodation secures long term accommodation
<ul style="list-style-type: none"> <li>Phase 3 – Planning Guidance for Homelessness and Housing Related Support Services 2020 Move to ‘New Normal’</li> </ul>	<ul style="list-style-type: none"> <li>Design and build resilient, sustainable services for the future.</li> </ul>
<ul style="list-style-type: none"> <li>The framework of policies, approaches and plans needed to end homelessness in Wales - Report from the Homelessness Action Group for the Welsh Government 2020</li> </ul>	<ul style="list-style-type: none"> <li>What ending homelessness in Wales needs to look like from a holistic policy perspective.                             <ul style="list-style-type: none"> <li>Maximum homelessness prevention at all stages, e.g., crisis response, more targeted/earlier prevention for people at risk of homelessness, and a universal approach across society to tackle the root causes.</li> </ul> </li> <li>Rapid rehousing as the default approach to quickly help people experiencing homelessness to be rehoused with all the support they need.</li> <li>Investing in people to help end homelessness by funding and supporting workforces, involving people with lived experience of homelessness, and mobilising charities and volunteers more.</li> </ul>

## About Rhondda Cynon Taf

### Summary

- Rhondda Cynon Taf (RCT) is the second largest authority in Wales
- RCT features some of the most deprived areas in Wales. However, the pattern of deprivation across RCT is uneven
- The pattern of deprivation across RCT is uneven and is concentrated areas
- Homes are more affordable RCT than in other areas of Wales but are still often beyond the reach of those on low incomes
- Indicators for health, income, employment, and housing highlight the different pressures that people can face which can put them at higher risk of homelessness
- Rhondda Cynon Taf has an increasing older population which needs to be considered in planning the housing and support needs of the community over the next two decades.

Rhondda Cynon Taf (RCT) is the second largest authority in Wales with a population of 234,410 according to the 2011 census. The County Borough covers an area of 424 square kilometers and borders Merthyr Tydfil and Caerphilly to the east, Cardiff, and the Vale of Glamorgan to the south, Bridgend and Neath Port Talbot to the west and Powys to the north. The principal towns in the area are Aberdare, Llantrisant and Pontypridd.

### Population

At the recording of the 2011 census the total population of RCT was 234,410, and was comprised of:

- 50,131 people under the age of 18,
- 22,403 people between 18 and 24,
- 121,803 people aged 25 to 64 and
- 40,073 people 65 and over.

In 2011, the mean age of the population was 39.8. There were 105,269 dwellings with the population living in a total of 99,663 of these. These were made up of:

- 36,388 owner occupier's households where the property is owned outright.
- 34,422 where the household has an outstanding mortgage on the property.
- 150 households in shared ownership.
- 13,673 households live in social housing lets.
- 13,604 households live in the private rented sector.
- 1,476 households live rent free in some form of tenure.

The Welsh Government estimated that 241,873 people live in RCT in June 2020<sup>1</sup>, a decline of 459 people from the 2019 estimate. RCT's total population is predicted to grow modestly, largely as a result of migration, whilst the demographics of the population will change significantly as people

<sup>1</sup> <https://statswales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates/Local-Authority/populationestimates-by-localauthority-year>

aged 65+ become a larger proportion of the population. The population of the area is projected to grow to 252,418 by 2040, a growth of 4% from the 2020 estimate.

Between 2018 and 2040, population projections suggest that the number of people aged 65+ will grow from 45,994 to 57,715, a growth of 25%. Older age groups have significantly higher levels of population growth, with people aged 80+ predicted to grow by 45% in the same time, reflecting an ageing population with more complicated and intensive health and social care needs.

Area	Estimated population 2018	Projected population in 2040 based on 2018 estimate	Estimated variance in projected population	Estimated percentage variance in projected population
<b>Rhondda Cynon Taf</b>	<b>240,131</b>	<b>252,418</b>	<b>+12,287</b>	<b>5.1%</b>
<b>Merthyr Tydfil</b>	<b>60,183</b>	<b>63,154</b>	<b>+2,971</b>	<b>4.9%</b>
<b>Bridgend</b>	<b>144,876</b>	<b>157,328</b>	<b>+12,452</b>	<b>8.6%</b>
<b>Cwm Taf Morgannwg</b>	<b>445,190</b>	<b>472,900</b>	<b>+27,710</b>	<b>6.2%</b>

Table 1 Estimated projected population for Rhondda Cynon Taf in 2040 compared to neighbouring local authorities<sup>2</sup>

## Housing

Where people live has a big influence on their well-being, with associations between housing and physical and mental health. In RCT a number of areas have been identified as having significant levels of housing deprivation such as Mountain Ash West and Rhydyfelin Central.

Economic assets:

- Urban regeneration in RCT gives us the opportunity to create places that attract investment and business and improve well-being. Tylorstown is a current example of a regeneration area.

Economic challenges:

- Homes are more affordable RCT than in other areas of Wales but may still be beyond the reach of young people and those on low incomes.
- Welfare reforms have badly affected communities particularly Maerdy and Penywaun
- Less prosperous areas of Wales including RCT have benefitted from investment of European funding. The withdrawal of this funding once Britain leaves the European Union will be a considerable loss.

## Wellbeing assessment

<sup>2</sup> <https://statswales.gov.wales/Catalogue/Population-and-Migration/Population/Projections/Local-Authority/2018-based>

The Council has a legal duty to work together with the people of RCT, for their future well-being. This duty is set out in the Well-being of Future Generations (Wales) Act 2015. The Act includes seven national well-being goals, which the Council have to contribute to achieving:



Figure 1 Seven National Well-being Goals of the Well-being of Future Generations (Wales) Act

The Authority, with its partners is required to undertake a well-being assessment as part of its commitment to improving well-being. Published in 2017 the picture will be updated in 2022 with the new census data and Wellbeing Assessment. The RCT Housing Support Programme Strategy will be refreshed after two years, allowing this new data to be incorporated into the need's assessment. The relevant findings of the Cwm Taf Well-being Assessment are summarised below.

## Wellbeing Plan

From the Well-being Assessment the Cwm Taf Public Service Board created the Well-being Plan. Housing Support Grant funded services have a significant role to play in delivering several key objectives.

### Tackling loneliness & isolation

We will work in new ways to channel the undoubted strengths of our communities, including volunteering to tackle more effectively the loneliness and isolation which often exists within many of them.

### Thriving Communities

To promote safe, confident, strong, and thriving communities improving the wellbeing of residents and visitors and building on our community assets.

### Healthy People

To help people live long and healthy lives and overcome any challenges.

### Deprivation

The Welsh Index of Multiple Deprivation (WIMD) is the measure of relative deprivation for small areas in Wales. It identifies areas with the highest concentrations of several different types of deprivation including, income, health, and education. Data in the WIMD is broken down into Lower layer Super Output Areas (LSOAs) comprised of an average of 1,500 people – in Wales there are 1,909 LSOAs. This enables community level insights into overall deprivation and specific domains, such as health, which are closely linked with people’s vulnerability to homelessness.

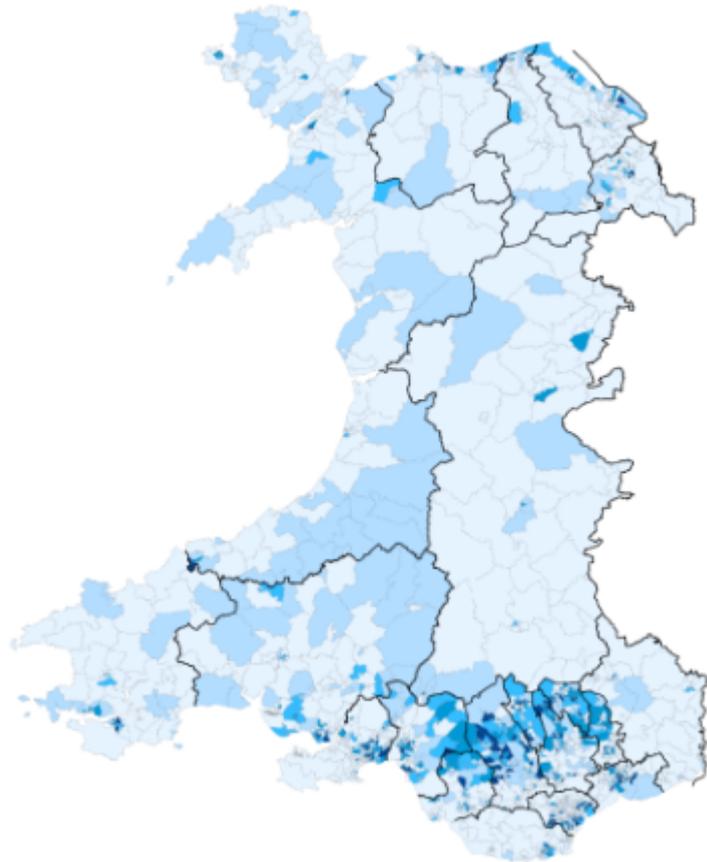


Figure 2: Map of Wales by Lower Super Output Area overall deprivation (Welsh Index of Multiple Deprivation 2019)

RCT features some of the most deprived areas in Wales with 26 LSOAs classed as among the 10% most deprived in Wales, and the majority of LSOAs in the local authority in the 30% most deprived.

The pattern of deprivation across RCT is uneven and is concentrated areas. Deprivation in RCT is in large part concentrated along the Cynon Valley in communities such as Penrhiwceiber and Pen-y-waun, and along the Rhondda Valley in communities such as Tylorstown, and Treherbert. This is reflected in the table below which highlights the most deprived LSOAs in the area, including Tylorstown where WIMD indicator data states that 47% of people in the area were in income

deprivation in 2016/17. In contrast, the majority of LSOAs in the south of the Local Authority are among the 50% least deprived, with deprivation at its lowest around Llantrisant and Llantwit Fardre.

Lower layer Super Output Area	WIMD 2014 rank	WIMD 2019 rank	Change in national rank between 2014 and 2019
Tylorstown 1	5	4	-2
Penrhiwceiber 1	15	6	-9
Pen-y-waun 2	9	15	+6
Rhydfelen Central / Llan 2	17	26	+9
Abercynon 2	37	33	-4

*Table 3: Lower Layer Super Output Area Deprivation Rankings*

Indicators for health, income, employment, and housing highlight the different pressures that people can face which can put them at higher risk of homelessness. In the health domain this includes mental health conditions, limiting long-term illness and chronic health conditions, all of which can make finding and retaining suitable affordable accommodation challenging.

### Domain Construction

There are seven indicators in the health domain, weighted as follows:

- 31% GP-recorded chronic conditions (rate per 100), age-sex standardised
- 30% Limiting long-term conditions (rate per 100), age-sex standardised
- 18% Premature deaths (rate per 100,000) age-sex standardised
- 10% GP-recorded mental health conditions (rate per 100) age-sex standardised
- 4% Cancer incidence (rate per 100,000), age-sex standardised
- 4% Low birth weight (live single births less than 2.5kg, percentage)
- 3% Children aged 4-5 who are obese (percentage)

In the vast majority of cases, more deprived communities in the Rhondda and Cynon Valleys perform worse in the indicators referenced above than communities in the south of the county. The levels of homelessness and accommodation insecurity in RCT likely parallel levels of deprivation, particularly for areas performing worse in the domains identified above.

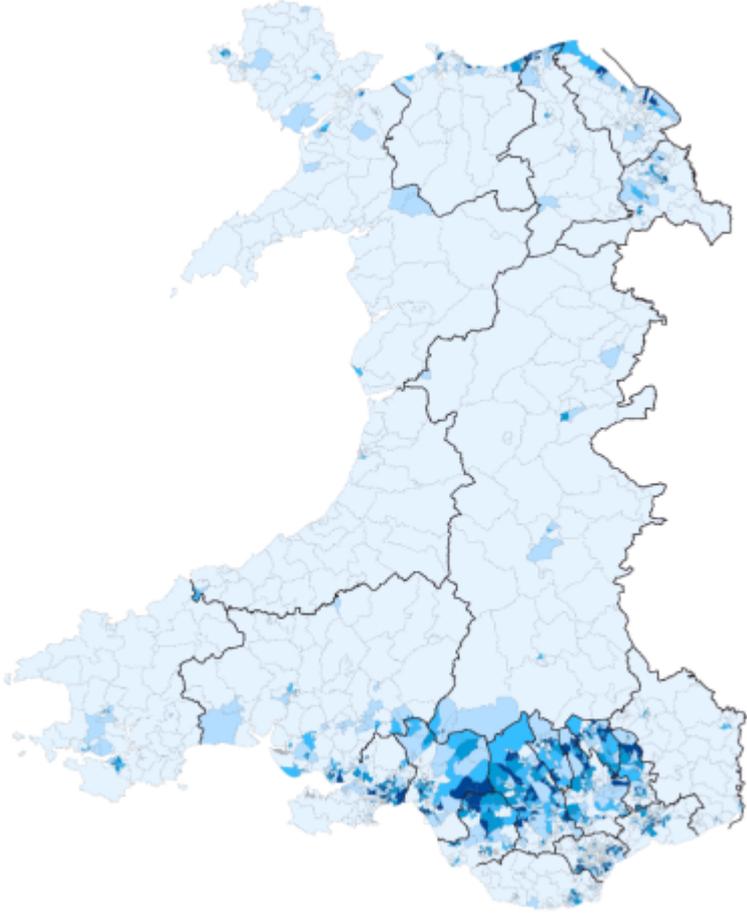


Figure 3: Map of Wales by Lower Super Output Area – health deprivation (Welsh Index of Multiple Deprivation 2019)

## Homelessness in RCT

**Summary**

- Outcomes following presentations to the Council for both prevention and relief of homelessness are generally better than the national average in the period before the Covid-19 pandemic
- Outcomes following the triggering of the duty to help secure accommodation (section 73) were significantly better in RCT than the Welsh average.
- The proportion of households assessed as homeless and owed a duty to help secure is among the lowest in Wales.
- Good progress is being made with recommendations following a rapid review of homelessness services in December 2020

This section analyses the data for:

- National homeless trends
- The impact of COVID-19 on homelessness presentations
- Performance against each of the duties of the Housing (Wales) Act 2014
- Rapid Review of Homelessness Services in RCT

Homelessness statistics and housing data have been primarily sourced from the LA's own assistance data and its quarterly WHO12 returns. Data from 2021 covers the period from January to August, unless otherwise stated, and therefore any trends and interpretations from the data will not necessarily account for changes that occur after August.

The data shows that the majority of households that are either homeless or threatened with homelessness in RCT are single person households, of which the majority are male.

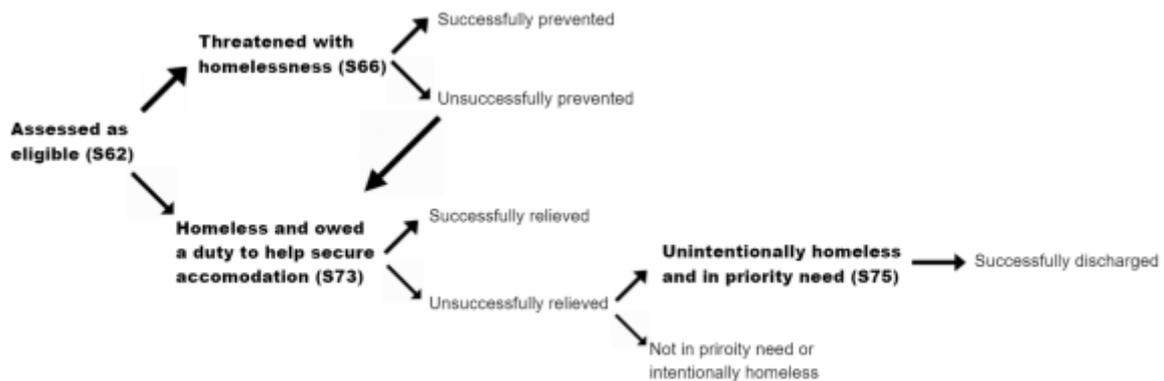


Figure 2: Welsh Government Homelessness Duty Flowchart

## National trends in Wales

The following trends are identified based on quarterly data returns from Local Authorities to the Welsh Government (WHO12) covering 2019/20, published online by the Welsh Government. The data shows that outcomes following presentations to RCT for both prevention and relief are on average better than the national average and other Local Authorities in the surrounding region. These results reflect the significant improvement in outcomes following the provision of assistance suggesting that RCT was performing well above average in the run up to the Covid-19 pandemic.<sup>3</sup>

In the 2019/20 period, RCT performed marginally better than the national average for homeless prevention, with around 73% of cases being successfully prevented in RCT compared to 67% across Wales as a whole. A similar proportion of cases, in RCT and across Wales, which were not prevented involved the following outcome categories: assistance refused, non-co-operation, application withdrawn, loss of contact or other reasons.

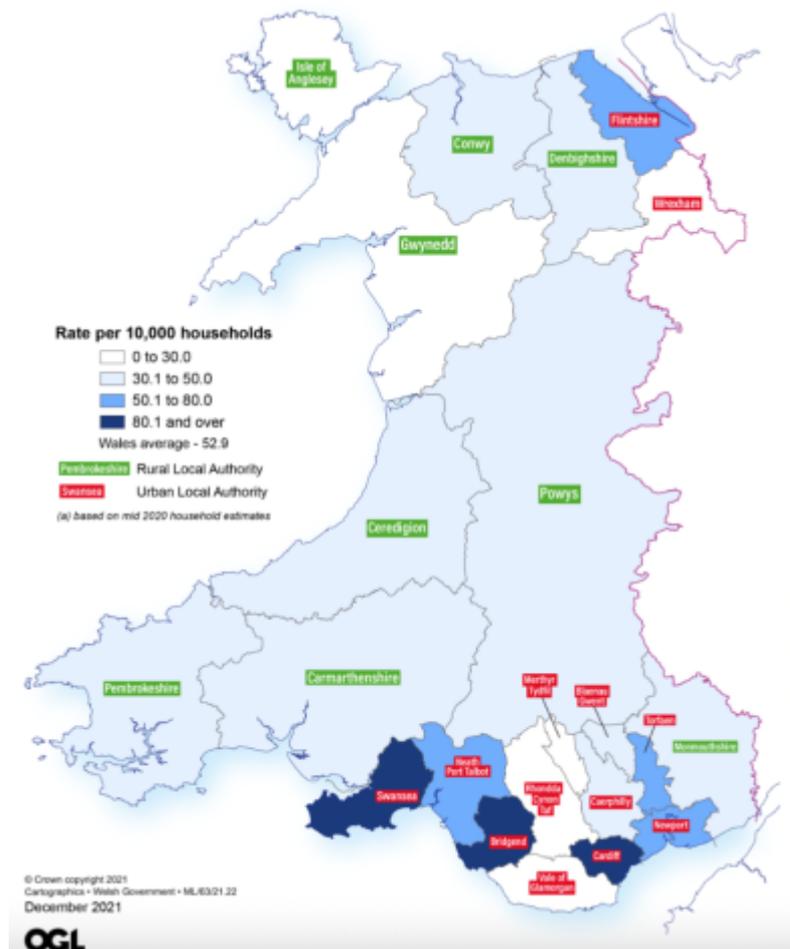


Figure 3: Households threatened with homelessness within 56 days, rate per 10,000 households, April 2020 to March 2021.

<sup>3</sup><https://statswales.gov.wales/Catalogue/Housing/Homelessness/householdsforwhichassistancehasbeenprovided-by-outcome-householdtype>

Outcomes following the triggering of the duty to help secure accommodation (section 73) were significantly better in RCT than the Welsh average. In the 2019/20 period, of the 12,399 outcomes of the duty to help secure across Wales, 41% resulted in successful relief – in RCT this is reported as 69%.

This may be linked with the proportion of households assessed as homeless and owed a duty to help secure in RCT being among some of the lowest in Wales at 68.28 per 10,000 households. In comparison, the lowest rate in Wales is in Ceredigion at 58.03 per 10,000 households and the highest rate in Wales is in the neighbouring LA, Merthyr Tydfil, at 166.47 per 10,000 households.

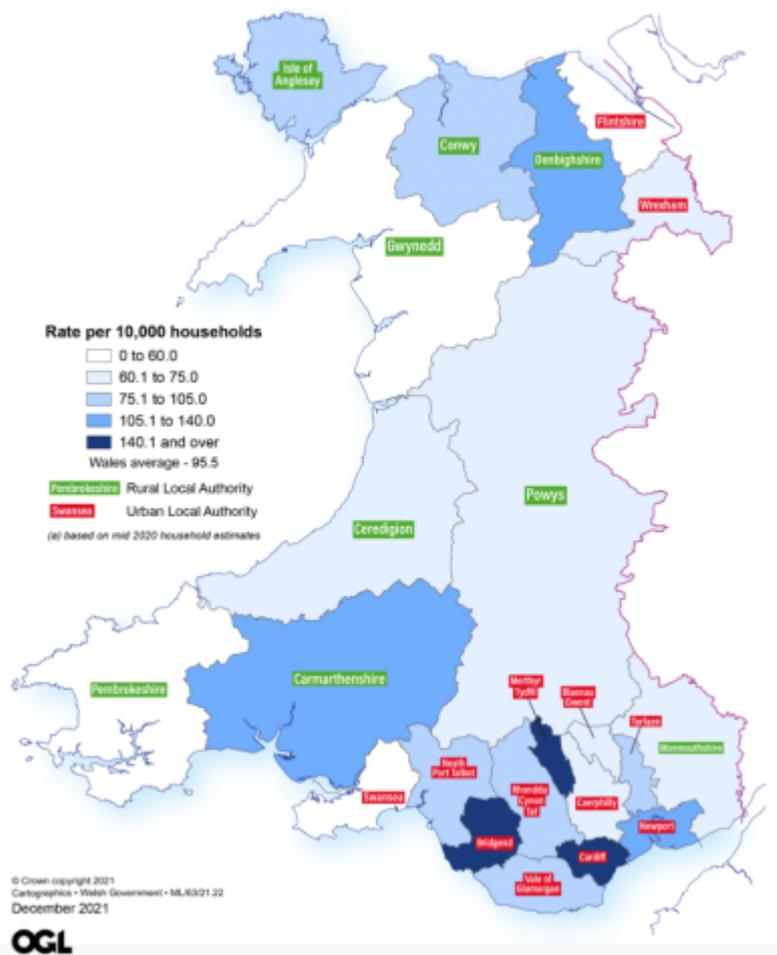


Figure 4: Households assessed as homeless and owed a duty to help secure accommodation, rate per 10,000 households, April 2020 to March 2021.

Outcomes from the final duty are marginally better in RCT with 81% positively discharged, compared to the Welsh average of 78%. A similar proportion, of around 20%, in RCT and Wales are not discharged positively due to the following WHO12 outcome categories: assistance refused, non-cooperation, application withdrawn, loss of contact or other reasons.

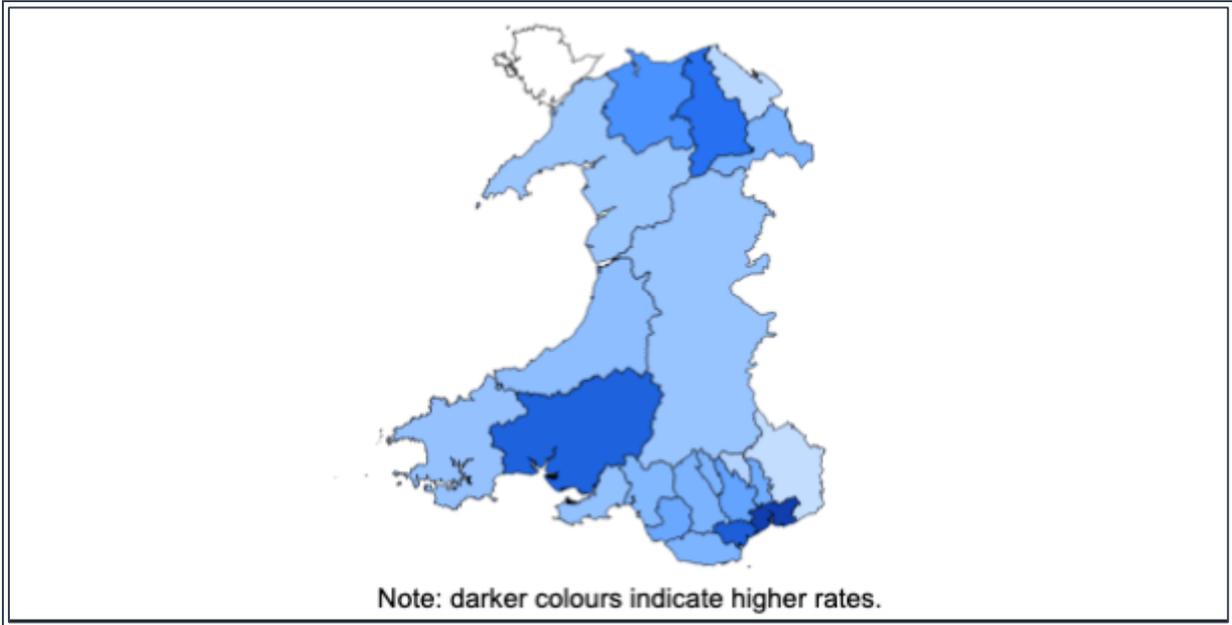


Figure 5: Households assessed as unintentionally homeless and in priority need, rate per 10,000 households, April 2020 to March 2021.

## Impact of COVID-19

### Summary

- **COVID-19 has had a huge impact on the numbers of vulnerable people now owed a homelessness duty, and the range of complex needs that need support.**
- **It has led to a rapid increase in the numbers of people in temporary accommodation and reduction in availability in the Private Rented Sector.**
- **The pandemic has also highlighted the need for system partners such as Housing, Health and Probation to work better together and improve their data sharing.**

The COVID-19 pandemic resulted in a considerable amount of people being placed into temporary accommodation since March 2020. The situation is unchanged with regards to the change in the Homeless Legislation meaning that all who present are in 'priority need' (also known as the 'All In' policy).

Most of the individuals that typically end up in emergency accommodation have multiple needs and need a wide range of services to assist them. Information provided to Communities4Change Wales<sup>4</sup> identified the impact of COVID-19 had reflected and exacerbated pre-existing inequalities<sup>5</sup>; its impacts on the population of RCT have been stark, given above average rates of unemployment, long-term conditions, disability, and financial insecurity. Housing, particularly overcrowding, has been identified as a key determinant in the transmission of the virus, as well as outcomes for those infected.<sup>6</sup> This has posed a number of challenges:

- Supporting individuals with homelessness assistance remains an ongoing challenge; Rhondda Cynon Taf saw significant increases in homelessness applications
- A large proportion of Individuals presenting as homeless had a range of complex physical and mental health needs, (including substance misuse) which can be barrier to sustaining a tenancy in the long term.
- Poor housing has been cited repeatedly in needs assessments as a factor driving re-admissions and presentations to mental health services with tenancy breakdown and inappropriate housing allocation reported as key factors.<sup>7</sup>
- There is an issue of visibility: partners on both sides of the housing and health arena work in relative isolation from one another and it is difficult to gain a sense of the range and breadth of activity taking place aimed at reducing inequalities

<sup>4</sup> Communities4Change Wales Application September 2021

<sup>5</sup> Bambra C, Riordan R, Ford J, Matthews F. The COVID-19 pandemic and health inequalities. *Journal of Epidemiology & Community Health* 2020; 74:964-968. Available from: <https://jech.bmj.com/content/74/11/964> [Accessed 7 Sept 2021].

<sup>6</sup> Abbs I, Marshall L. 2020. Emerging evidence on COVID-19's impact on health and health inequalities linked to housing. Available from: <https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-health-and-health-inequalities> [Accessed 7 Sept 2021].

<sup>7</sup> Cwm Taf Public Services Board. 2018. Cwm Taf Population Assessment. Available from: <http://www.ourcwmtaf.wales/cwm-taf-population-assessment> [Accessed 7 Sept 2021].

- Furthermore, despite several detailed needs assessments and close collaborations between local partners there remains a consensus that existing systems for information sharing between agencies are poor and fragmented between agencies such as Health, Probation and Councils, hindering service delivery and planning.<sup>7</sup> While each agency holds significant data, access to and sharing of such intelligence is inconsistent, making it challenging to translate such data into collective action.

Engagement with staff in the Council and stakeholders highlighted how the pandemic has completely changed the landscape:

- The rapid increase in numbers of people in temporary accommodation.
- Higher levels of needs for people being referred to supported accommodation and floating support.
- Increased incidence of co-occurring needs such as mental health and substance misuse.
- Challenges in moving people on from temporary and supported accommodation particularly impacted by the reduced access to the private rented sector.
- Whilst there were examples of good joint working with system partners such as Health and Probation in initial lockdowns, this has reduced, and stakeholders described significant challenges with clients meeting eligibility for Health input in mental health and substance misuse. This has meant HSG and homelessness services having to manage those needs.
- Stakeholders commented on the challenge of receiving data from system partners such as Health, which restricts the effectiveness of support and future planning.

## Rapid Review of Homeless Services

A rapid review of homelessness services was carried out by the Council's Housing Strategy Department in August 2021. The purpose of the review was to examine current arrangements supporting homelessness and to make recommendations for changes designed to prevent homelessness and make homelessness rare, brief, and unrepeatable. The following are the key recommendations from that review, including an update on progress.

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<sup>8</sup> RCT Rapid Homelessness Review August 2021



Preventing Homelessness

<p>Housing First</p>	<p>The Council should develop a Housing First Projects Operational Manual for staff, that sets out the process, procedures and key responsibilities expected of organisations. Update: Project Officer appointed and in post who will be responsible for developing a HF framework including operational arrangements.</p> <p>The Council should further review the Housing First Rapid Response Project to investigate why service users haven't received a response to service user feedback.</p> <p>The Council should further review staffing resources and capacity for Housing First Projects ensuring there is sufficient staffing to safely support high risk service user. Update: An additional 5 project staff have been funded and are in post to assist the HF Team. This includes a project manager who is responsible for overseeing the day to day operational and staffing arrangements.</p> <p>The Council should further review the Housing First Projects referral process to involve Project Workers within the process. The Project Workers work closely with the service users, their input could benefit the referral process, helping to make further improvements. Update: As above, the new project officer will review the referral form and referral pathway as part of the new role. In addition, there are fortnightly operational multi-agency meetings which are chaired by the Homefinder Team Manager which are attended by the HF Project workers.</p> <p>The Council should continue to manage the Social Housing Grant Programme with a focus on prioritising an increase in the much-needed supply of permanent 1 bedroom accommodation. The council should continue to work closely with local landlords through avenues such as the landlord forum to acquire suitable accommodation to support the needs of projects and service users.</p> <p>The council should continue to secure funding for temporary units for young people, in order to prevent homelessness and provide them with the skills to maintain a permanent tenancy.</p> <p>The Council should ensure that intensive support from Social Services (support workers) is fundamental for individuals with mental health issues to maintain a tenancy.</p>
<p>Allocation Policy</p>	<p>The Council should further review the content of the Homefinder website ensuring that the site is user friendly and accessible. It is recommended that there should be a dedicated Officer who has responsibility for updating the functionality of the website as well as ensuring that customer</p>

satisfactions surveys are accessible through the website in order to collect feedback from service users.

The Council should carry out a further review of the RCT Allocation Scheme to incorporate any changes that have been adopted during 2020/21 and ensure that the Scheme continues to give overall priority to the reasonable preference categories.

## Securing Accommodation

Local Lettings Policy	The Council should continue to support the approvals for Local Lettings Policies, provided robust evidence is provided by the Registered Social Landlord (RSL) to support the need for the policy.
Emergency Accommodation	<p>The Council should employ a Young Persons' Housing Officer to help raise awareness amongst young people of their housing options, where to go for help and assistance and provide advice on the support available.</p> <p>Update: We have recently seconded a HSO to be a single point of contact for care leavers. Having dedicated workers can be challenging linked with cover and lack of expertise for annual leave and sickness absence.</p> <p>The Council should have more efficient data recording and analysis of move on reasons to ascertain if tenancies/family returns have been sustained. There are cases of move on reasons not being recorded and this may prevent a full analysis of the effectiveness of the scheme being able to be undertaken.</p>
Mill Street Hostel	The Council should recommission and relocate the Hostel provision in Mill Street and develop a new Assessment Centre. The new Centre should accommodate 24 units, which would double the capacity of the current provision. This would then take the strain off the use of B&B's for temporary accommodation, resulting in financial savings for the council as well as providing purpose-built units for individuals and support on site.
Rough Sleepers	The Council should ensure that emergency and temporary alternatives to rough sleeping are available with the capacity needed, and the diversity of provision, to maximise impact and dignity.
"Get Ready and Move On" project	The Council should work closely with the service providers at 'Get Ready and Move On' (GRAMO) to identify those who are not within a support system and ensure they have a support worker until a tenancy is found. It is also recommended that plans are made to accommodate service users in a socially distanced classroom environment at the earliest possible opportunity to help with engagement and attendance.

## Providing Support

Mediation services	The Council should have more efficient data collection for homelessness data around youth homelessness specific to age ranges, numbers engaging in support and outcomes achieved.
MIND Resilience	The Council should extend training for staff in hostels delivering the MIND Resilience project to overcome any further disruptions to the service due to the Pandemic.



<p>Youth homelessness worker and CAB dedicated worker</p>	<p>The Council should further review the Citizens Advice Bureau Homeless Prevention project as evidence suggests that engagement with service users in difficult circumstances should be prioritised.</p>
<p>Location of Housing Solutions, Homefinder and Supporting People Teams and Training Opportunities for Staff</p>	<p>The Council should have one location for combining office space with hostel provision. The office space should be used to accommodate the Housing Advice Centre (HAC), the Homefinder and Supporting People teams and aim to reduce the impact of anti-social behaviour on members of the public.</p>

## Outcomes for each duty

This section summarises the performance of the Council against the duties of the Housing (Wales) Act 2014 specifically Section 66, the duty to prevent and Section 73, the duty to help secure accommodation (for 56 days)

### Summary

- **Single person households have consistently accounted for the majority of cases where the Council have provided assistance to those who are homeless or threatened with homelessness.**
- **This is also reflected in placements made into temporary accommodation (TA) between April 2020 and 2021. Single male applicants account for more placements into TA than all other households combined, with single female applicants accounting for the second highest number of placements into TA.**
- **Single male applicants also account for the largest proportion of applications made by those who have been homeless within the last two years. The proportion of single male applicants has risen from 46% of the total in 2017 to 58% in 2021.**
- **Social housing accounts for the majority of housing allocations where there was a duty.**
- **40% of the people placed in temporary accommodation had been placed multiple times, leading to a total of 852 placements in 2020/2021 (as of the end of March), representing an increase of nearly 257 placements year-on-year, from 595 in 2019/20.**

### Household type

Prior to 2021, single person households have consistently accounted for the majority of cases where RCT have provided assistance to those who are homeless or threatened with homelessness between 2015 and 2020. The total number and proportion of multiple person households receiving assistance from the Council has remained consistent, accounting for an average of 37% of total households provided assistance between 2015 and 2020.

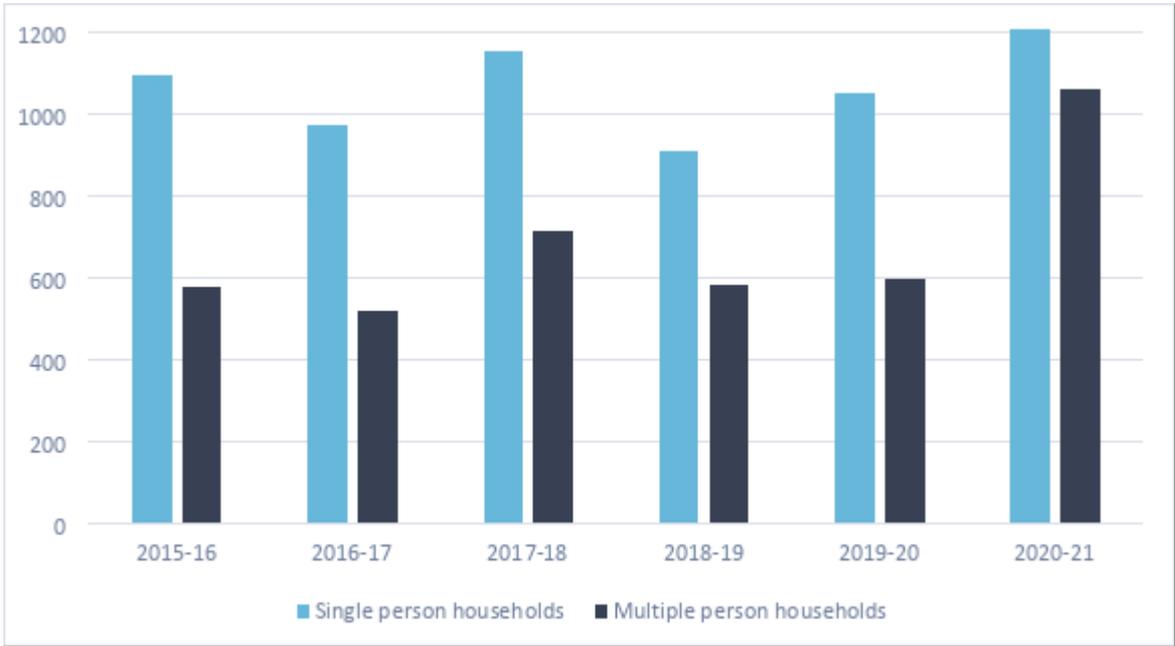


Figure 6: Number of households provided assistance by household type 2015-20

The high proportion of single person households is also reflected in placements made into temporary accommodation between April 2020 and 2021. Single male applicants account for more placements into TA than all other households combined, with single female applicants accounting for the second highest number of placements into TA.

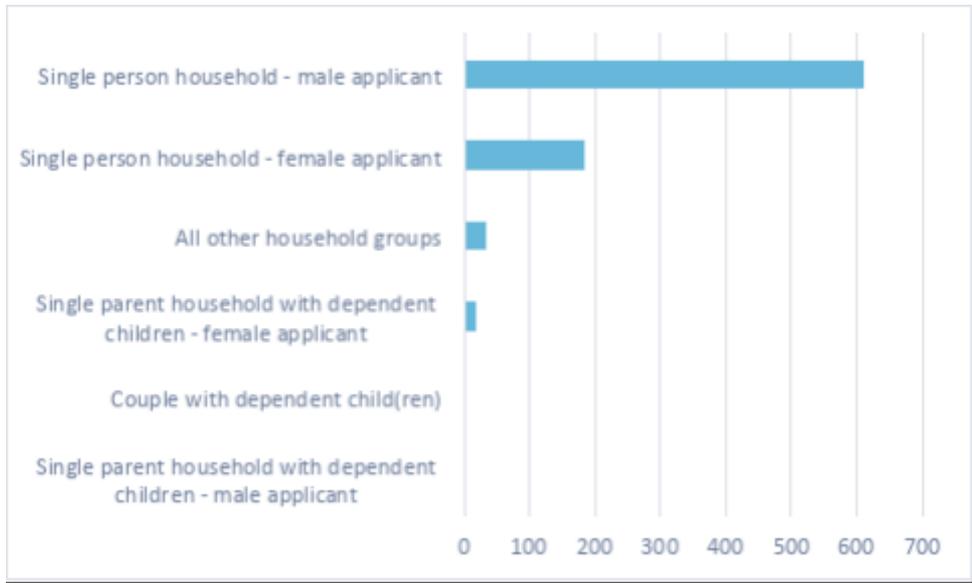


Figure 7: Total cases placed by household type as of 31/03/2021

Single male applicants have consistently formed the largest group of applicants, accounting for around half of the total number of applications in 2020 and 2021, with the pandemic appearing to exacerbate the trend. The next largest groups are single parent households with dependent child(ren) and single female applicants.

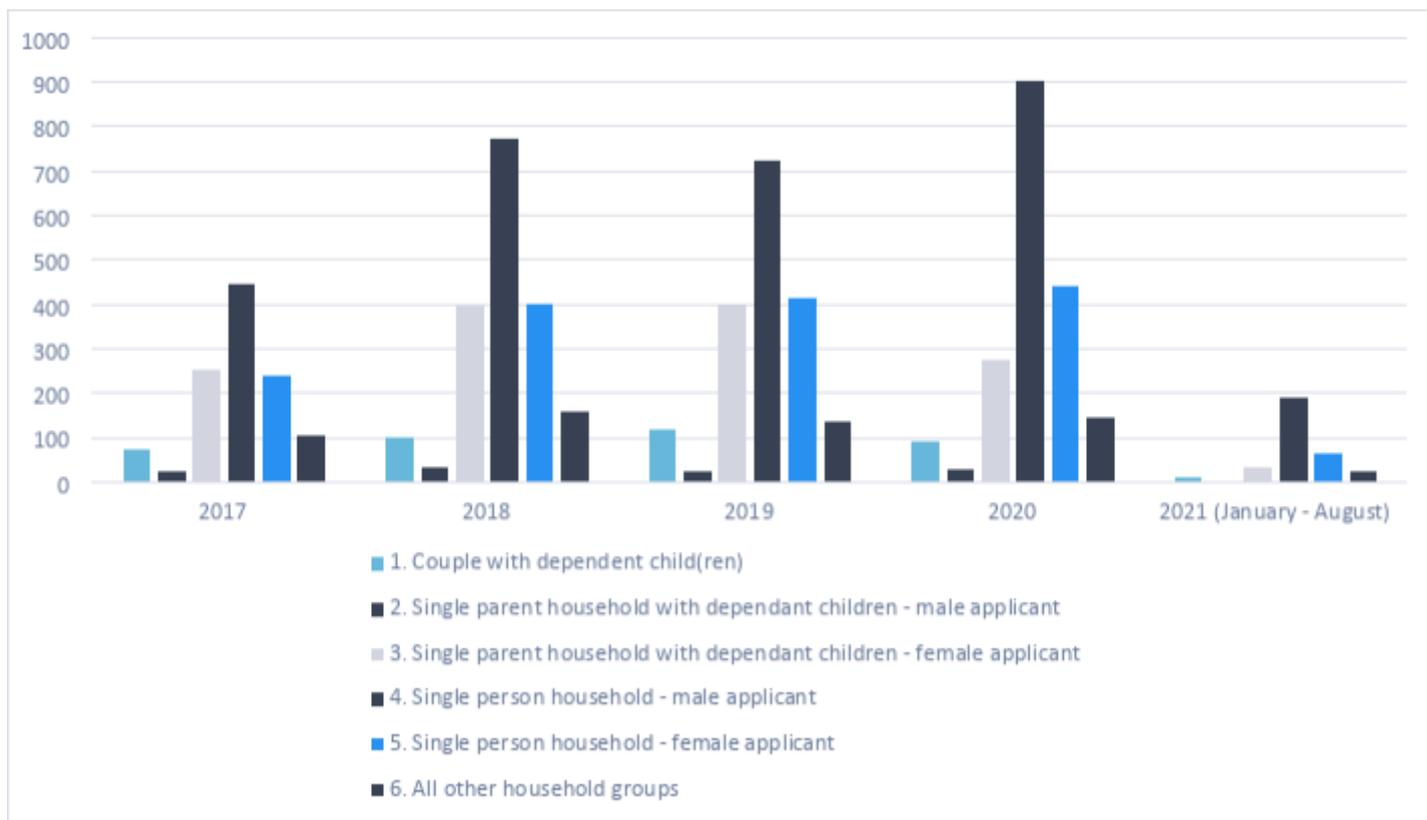


Figure 8: Number of applicants by household type (January 2017 – August 2021)

Single male applicants also account for the largest proportion of applications made by those who have been homeless within the last two years. The proportion of single male applicants has risen from 46% of the total in 2017 to 58% in 2021 (up to August). In the same time frame single female have reduced from 36% of the total in 2017 to 25% in 2021 (up to August).

Household type	2017	2018	2019	2020	2021 (January to August)
Couple with dependent child(ren)	0	1	0	0	1
Single parent household with dependent children - male applicant	0	1	1	1	0
Single parent household with dependent children - female applicant	2	5	6	2	0
Single person household - male applicant	5	11	10	12	14
Single person household - female applicant	4	5	7	8	6
All other household groups	0	2	1	7	3
Annual total	11	25	25	30	24

Table 2: Applicants who have been homeless in the last two years, by household type

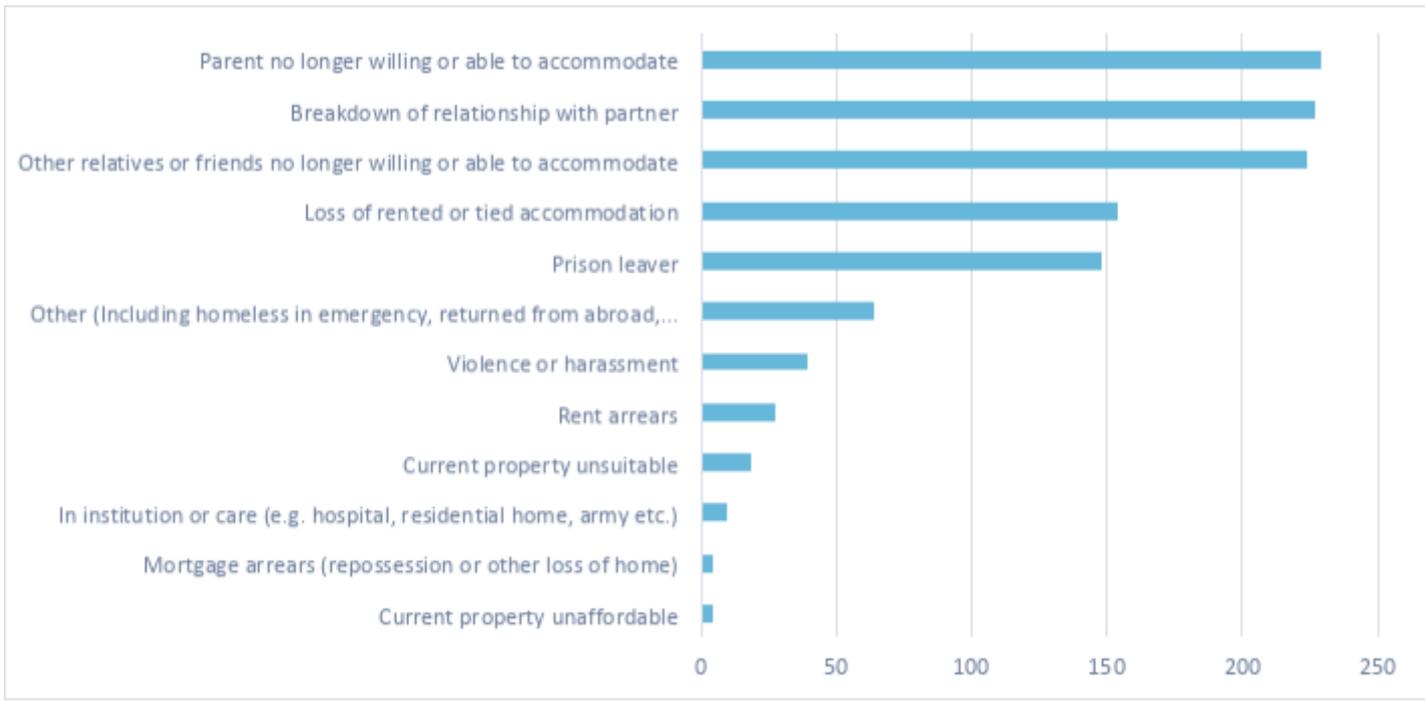


Figure 9: Reason for homelessness or threat of homelessness 2020-21

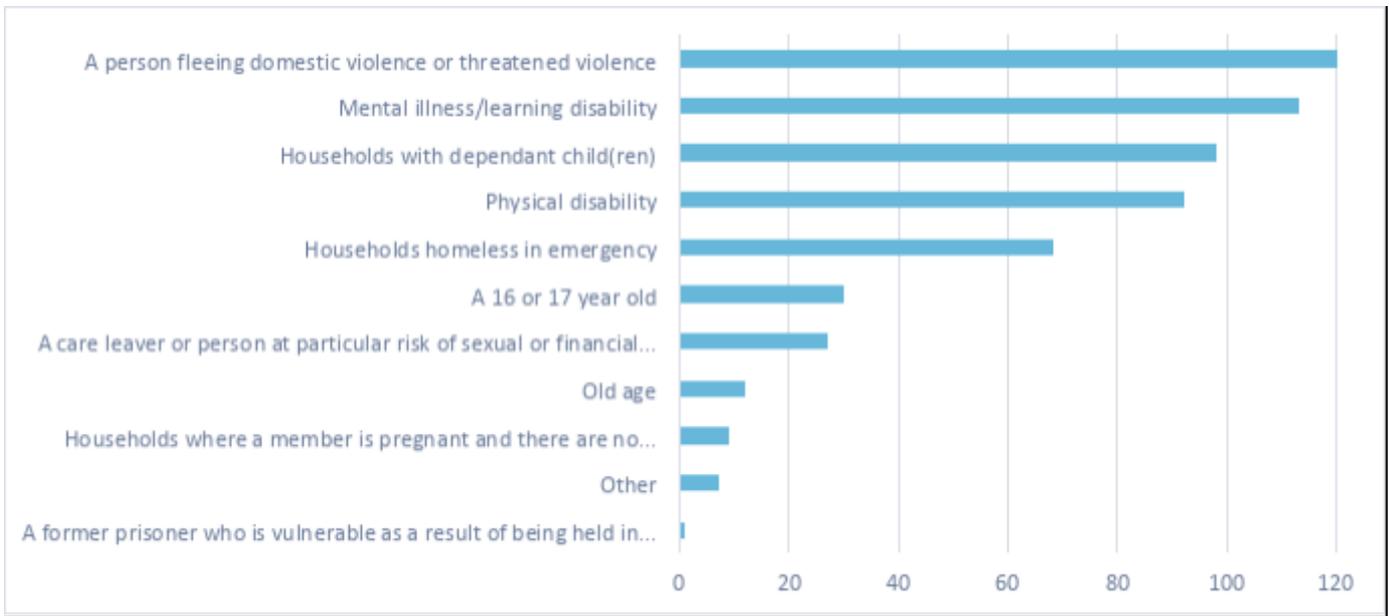


Figure 10: WHO12 Priority need 2020-21

**Outcomes from presentations**

Data shows that where assistance is provided outcomes are largely positive, for duty to prevent, help to secure and final duty. There has been significant improvement in outcomes following the provision of assistance since 2015, for both prevention and relief. However, the impact of the Covid-19 pandemic, particularly on the number of people presenting with more complex needs, has not

been fully realised and is likely not reflected strongly in the data below.

### Housing allocations

Housing applications and allocations are managed through the Homefinder Common Housing Register and Allocations system. Rhondda Cynon Taf Council and its housing partners - Cynon Taf Community Housing Group, Hafod, Newydd, Trivallis, Rhondda and Wales & West Housing Associations are all signed up to the system.

The total number of housing allocations dropped between 2019/20 and 2020/21 from 413 to 317 allocations. However, the number and proportion of applicants subject to final duty being allocated housing rose significantly. The number of applicants allocated housing subject to final duty accounted for nearly half of the total allocations in 2020/21, having previously accounted for a tenth of total allocations in 2019/21.

The decline in the number of homelessness housing allocations is largely due to a sharp drop in the number of applicants subject to a duty to prevent, which reduced by 75% between 2019/20 and 2020/21. Both the number and proportion of applicants subject to a duty to secure (56 days) also declined year on year, although to a lesser extent, remaining the second largest group by duty.

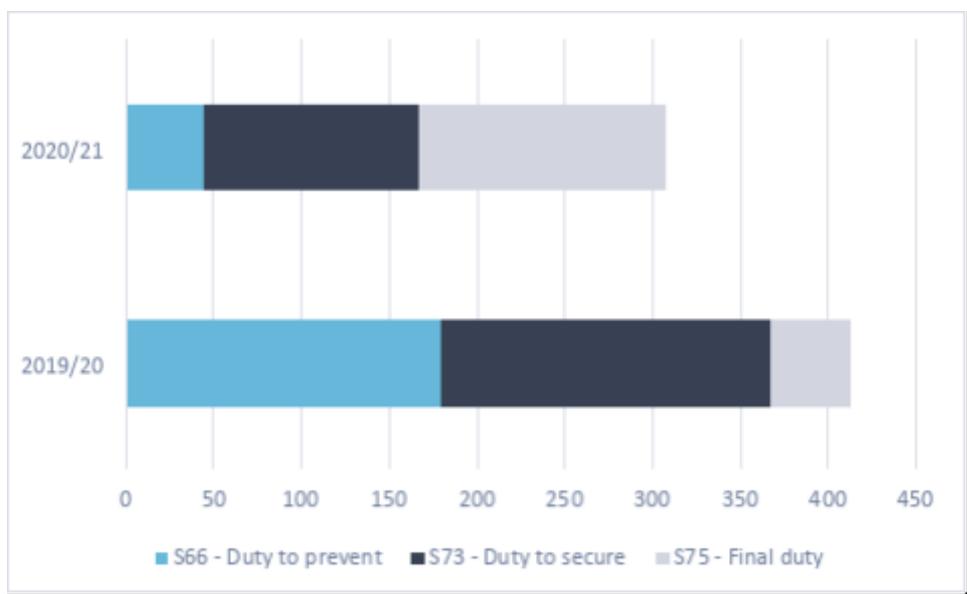


Figure 11: Homefinder homeless housing allocations by duty

Social housing accounts for the majority of housing allocations (where duty exists), with Registered Social Landlords providing 92 units of accommodation between January and August 2021, and the Local Authority directly providing 23 units. Beyond social housing, accommodation with friends and relatives and supported accommodation are two other likely outcomes, with around 10% housed in private rental sector accommodation.

In the first half of 2021 only three cases of homelessness were prevented with the household able to

remain in existing home, accounting for fewer than 1% of cases. This is likely due to a combination of factors, including the eviction ban which had been in place until the start of July 2021, the uplift to welfare and potentially fewer cases of mediation with people less likely to kick out family members or close relations during the ongoing COVID-19 pandemic.

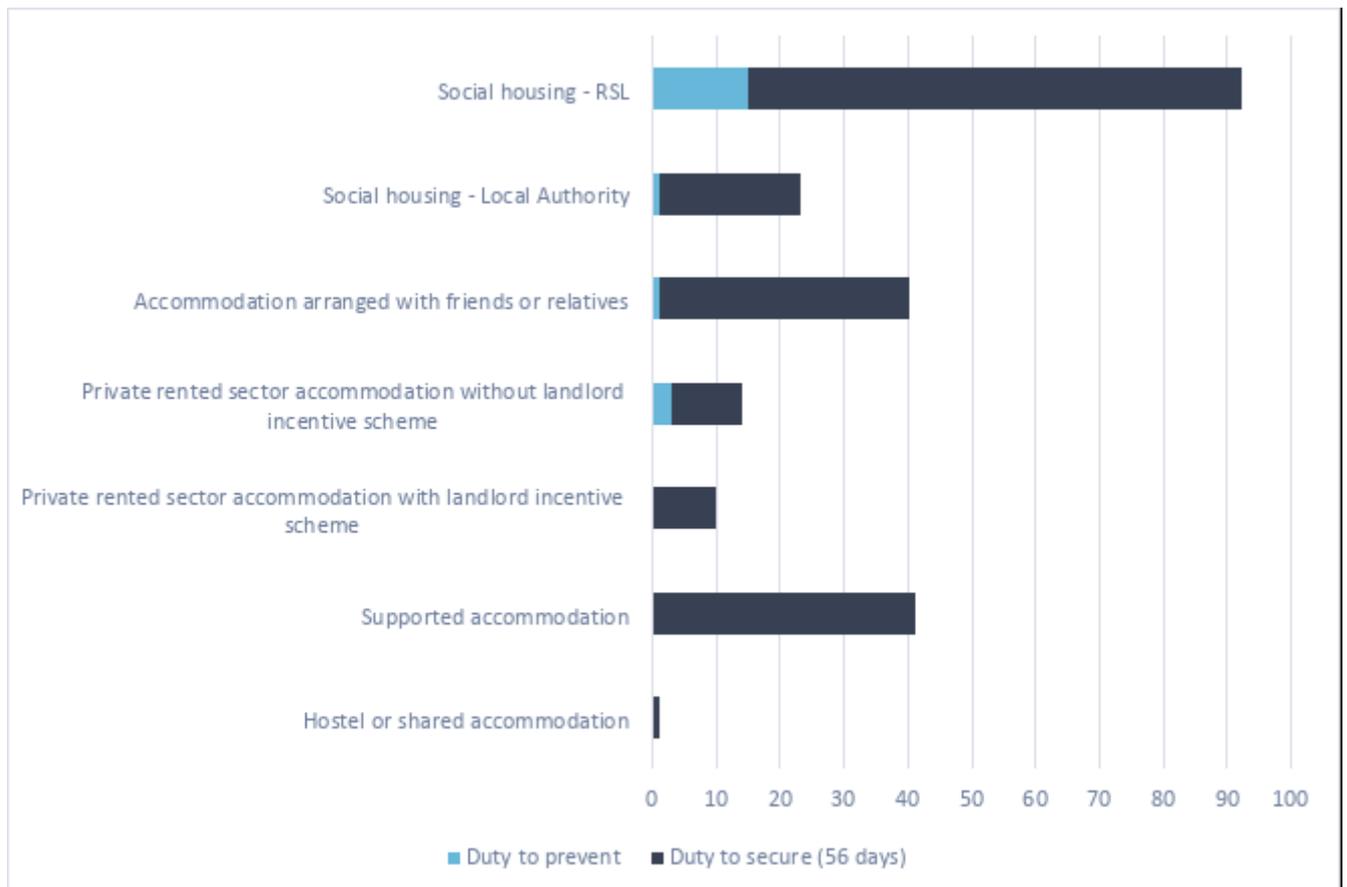


Figure 12: Homelessness prevented or relieved, where duty, household assisted to obtain alternative accommodation, by accommodation type (January to August 2021)

### Temporary Accommodation

524 individuals, families and groups have been placed in temporary accommodation in 2020/2021 (as of the end of March). 40% of the 524 were placed in temporary accommodation multiple times, leading to a total of 852 placements in 2020/2021 (as of the end of March). 852 placements represent an increase of nearly 257 placements year-on-year, from 595 in 2019/20.

Nearly half of all cases were identified as having no apparent priority need. Households containing a vulnerable member due to 'mental illness/learning disability' represent the second largest group and physical disability represent the third largest group.

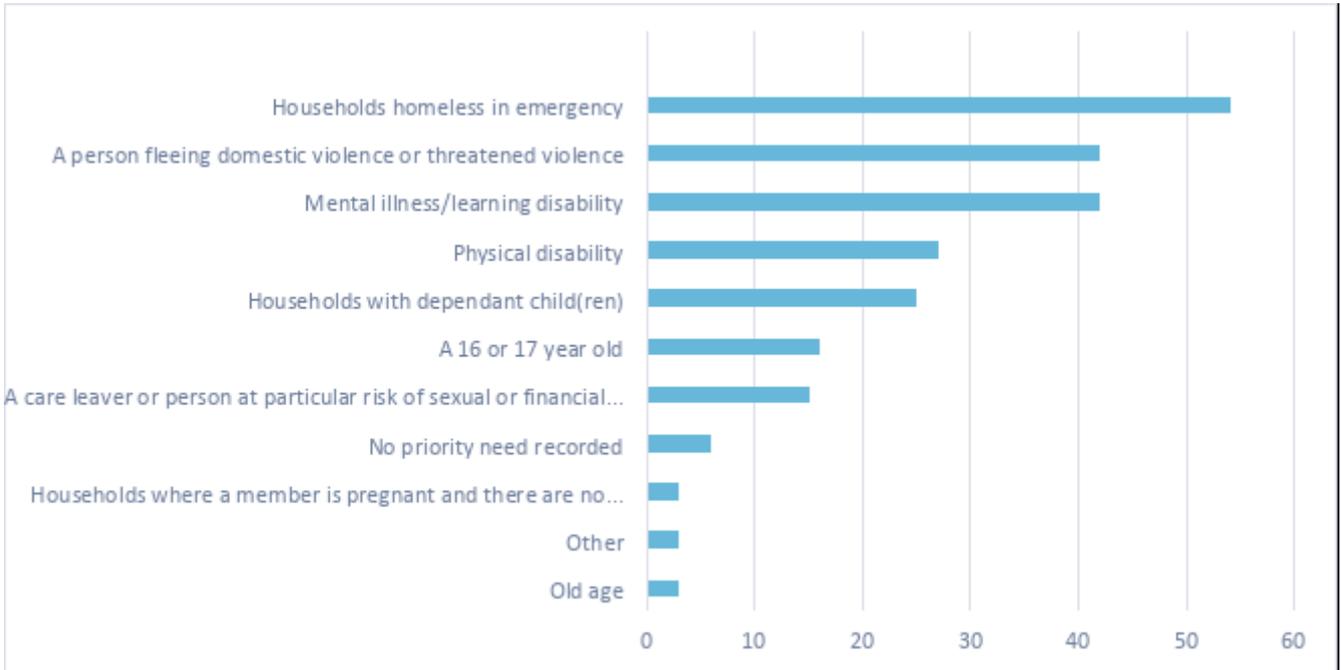


Figure 13: Total Cases Placed in TA by Priority need as of 2020-21

### No duty

The number of households provided assistance by RCT with an eventual outcome of no duty has declined over the past five years, both in number and as a proportion of the total, falling from 456 households in 2015/16 to 174 in 2019/20.

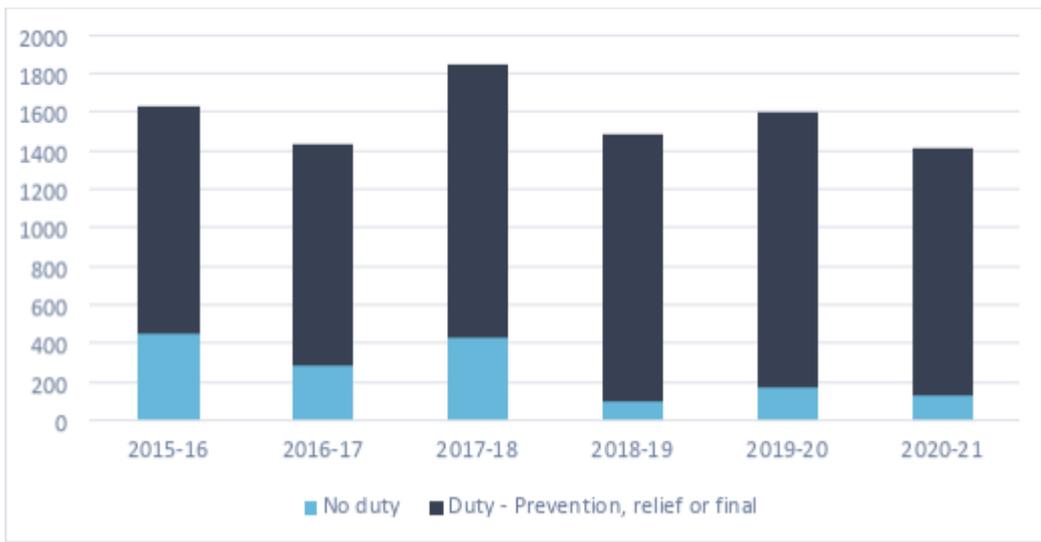


Figure 14: Number of households provided assistance by duty

### Outcomes following provision of prevention assistance

The total number of successful preventions of homelessness following the triggering of the duty to prevent (S.66) has, despite undulating, risen between 2015 and 2020. Unsuccessful preventions where the following has not occurred: assistance refused, non-co-operation, application withdrawn,

loss of contact or other reasons, have significantly dropped. The number and proportion of households receiving prevention assistance and resulting in homelessness dropped by more than half between 2015/16 and 2016/17 and have remained consistently low since then.

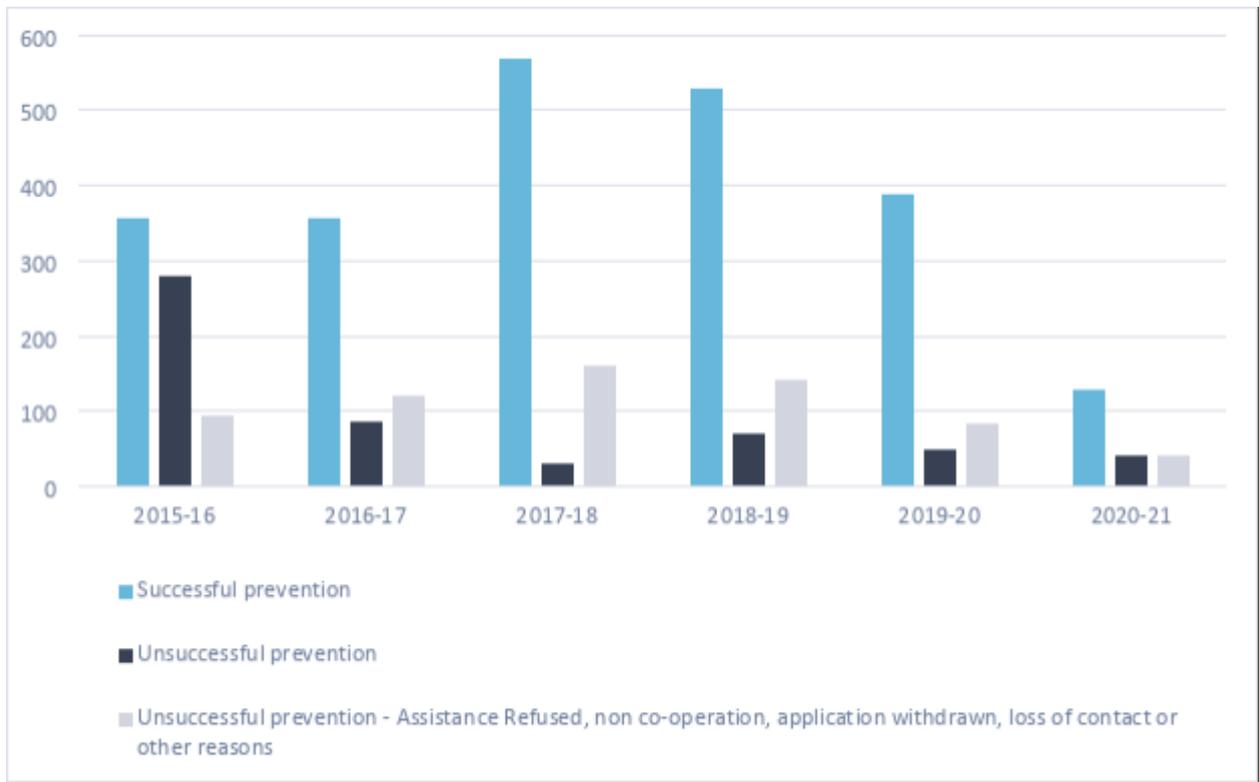


Figure 15: Outcomes following provision of prevention assistance

In 2019/20 the total number of people receiving prevention assistance reduced. This likely reflects the initial effects of the Covid-19 pandemic, specifically the reduction in the cases of households threatened with homelessness (in the next 56 days).

### Outcomes following triggering of duty to help to secure accommodation

Successful relief has become by far the most likely outcome following the triggering of the duty to help to secure accommodation.

Outcomes following RCT’s provision of assistance at this stage have improved dramatically since 2015/16 when unsuccessful relief accounted for more outcomes than successful relief. Indeed, in 2019/20 there were ten times more households receiving assistance and resulting in successful relief than unsuccessful relief, following relief duty.

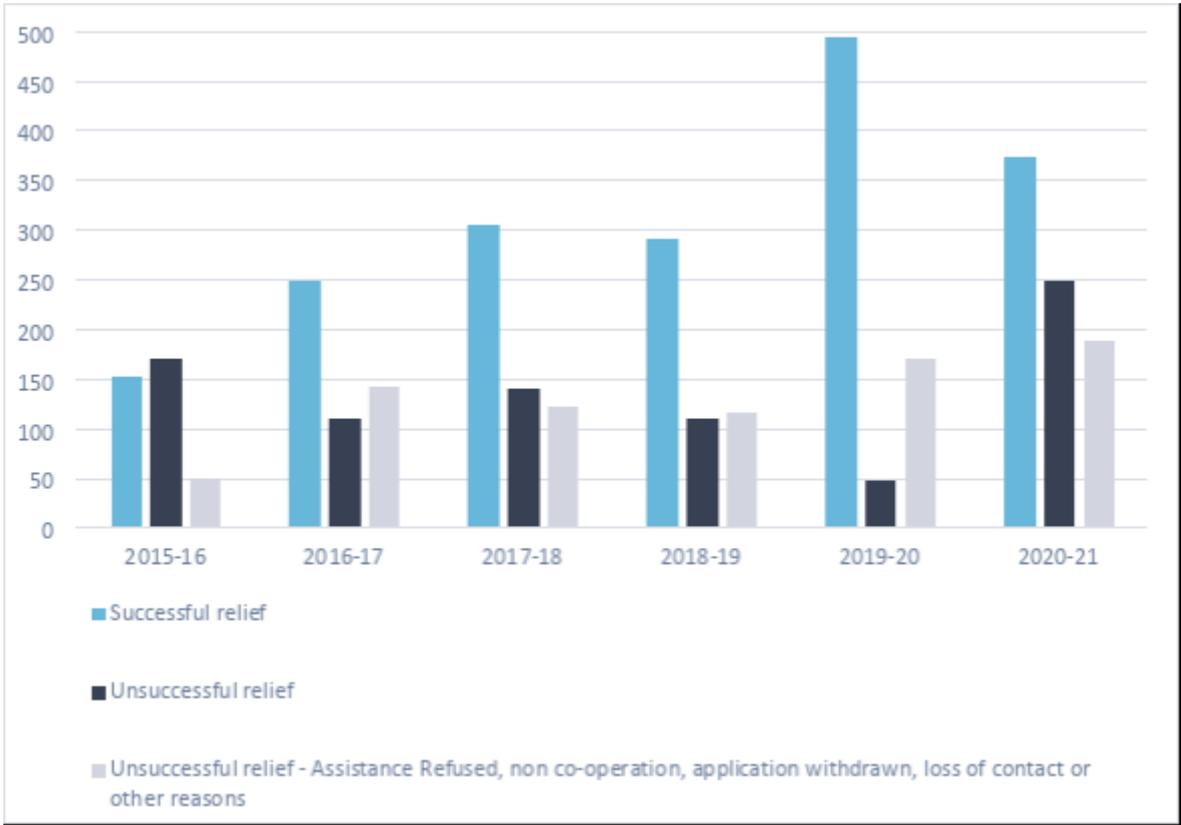


Figure 16: Outcomes of eligible, homeless households subject to duty to help to secure (Section 73)

Outcomes from final duty follow a similar pattern with a growing number of households being positively discharged from final duty. However, the proportion of eligible households, unintentionally homeless and in priority need resulting in unsuccessful relief, have also grown, albeit at a slower rate, and now account for nearly a fifth of all outcomes of final duty.

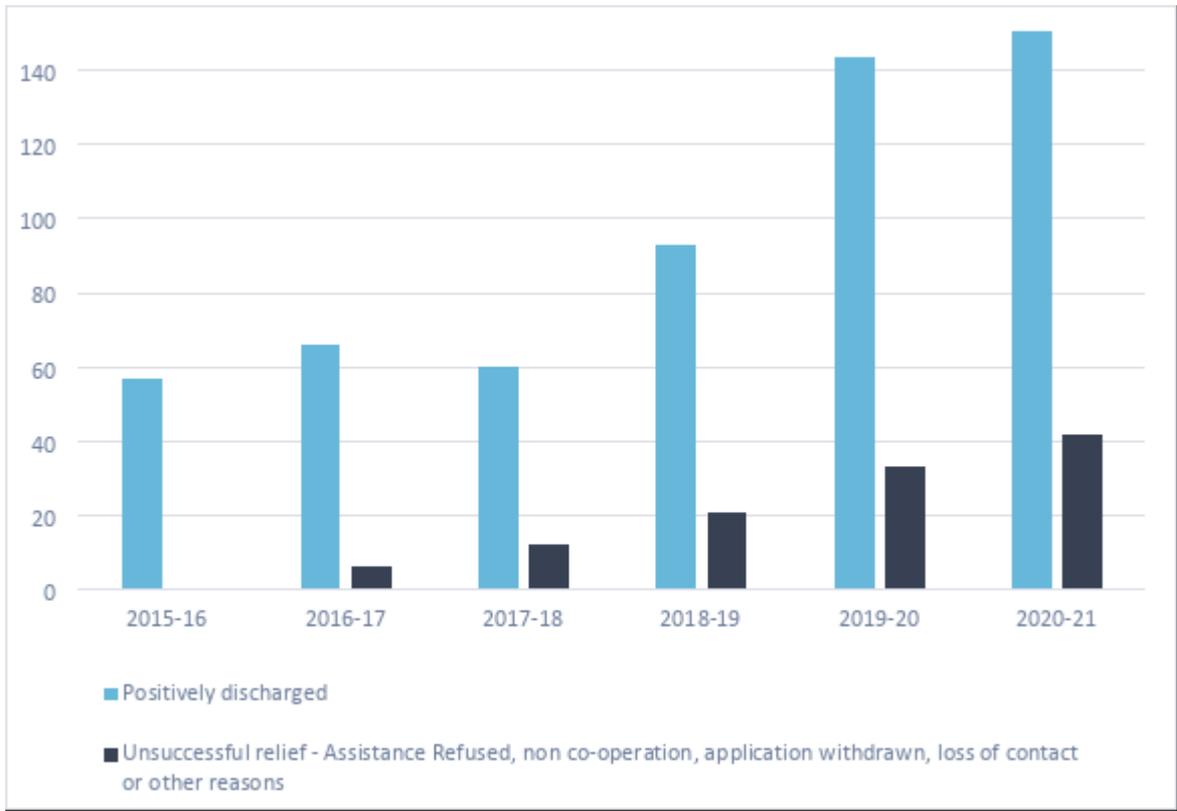


Figure 17: Outcomes of eligible, unintentionally homeless and in priority need – final duty (Section 75)

## Insights into the Most Significant Housing Support Needs

This section brings together the data on needs from the local Population Assessment, referral data and stakeholder feedback for each area of need identified within the assessment, that coincides with the needs of homeless people and people supported by the HSG.

The Social Services and Well-being (SSWB) (Wales) Act 2014 brings together all parts of care and support services and the ways in which they are delivered. The Act put a 'duty' on Rhondda Cynon Taf County Borough Council, Merthyr Tydfil County Borough Council, Cwm Taf University Health Board, and their partners to jointly carry out an assessment of the care and support needs of their population. The population assessment was published in 2017 and is currently being undertaken again in line with the statutory cycle.

### Mental Health

#### Summary

- **RCT has amongst the highest reported incidences of substance misuse, mental illness, and poor well-being in Wales**
- **The most common reason for priority housing need in RCT is mental health**
- **There are significant unmet housing needs for adults with mental health issues. Housing problems are frequently given as a reason for a person being admitted or re-admitted to inpatient mental health care.**
- **People with mental health challenges are far more likely to live in rented accommodation and their mental ill-health is often given as a major reason for tenancy breakdown.**
- **Where several agencies are involved, information sharing arrangements between partners are essential to optimise the care for individuals and this needs to be improved.**
- **After previously seeing a year-on-year increase in HSG mental health referrals, the council had fewer referrals in 2020-21 however, it is anticipated that this will rise significantly in the aftermath of the COVID-19 pandemic.**
- **RCT CBC Adult Social Services utilise HSG funding to provide specialist mental health accommodation projects. There is insufficient data on support outcomes achieved by HSG funded services for specialist mental health placements to be able to draw conclusions on their effectiveness.**
- **Access to primary and secondary mental health services has become increasingly challenging since the pandemic.**

Cwm Taf has the highest rates of mental illness and poor well-being in Wales. The challenging picture of adult mental health and well-being in Cwm Taf was shown in the latest available data at the time of the assessment.<sup>9</sup>

There were significant unmet housing needs for adults with mental health issues. Housing problems were frequently given as a reason for a person being admitted or re-admitted to inpatient mental health care. People with mental illness were far more likely to live in rented accommodation and their mental ill-health was often given as a major reason for tenancy breakdown. Due to the limited availability of housing, they had been offered accommodation in areas that were unsupportive e.g., in areas with known drug problems/ antisocial behavior, which affected their ability to maintain good mental health. Those with tenancies often faced eviction unless appropriate tenancy support was incorporated with care plans.

The various agencies involved in providing care and support to someone with mental health problems all have their own systems of data collection, depending on their funding, accountability, and governance requirements. However, it was often unclear how data was used to inform the provision of the services that people with mental health problems have identified – hence the gaps in preventative services. Information sharing arrangements between partners are essential to optimise the care for individuals. Such data sharing across agencies should be improved and aligned with agreed national frameworks to better inform future service planning. This was confirmed by stakeholder engagement for this needs assessment which identified this is still a significant challenge.

The recent Rapid Housing Review stated that the most common reason for priority housing need in RCT was mental health. A consequence of this increase in complexity was that placements of people in supported accommodation were ending with eviction due to the challenges in complying with tenancy requirements.<sup>10</sup>

The Council has previously seen a year-on-year increase of 11% in referrals to HSG mental health support services. Although referrals via the Single Point of Access were lower in 2020/21, national figures sourced from Mental Health Wales have shown:

- 183% increase in requests for information on anxiety
- 188% increase in requests for information on suicide
- 229% increase in request for information on self-harm

Intelligence from stakeholders indicated that although the pandemic lockdowns enabled people to better manage anxieties about being in the community, they have postponed the need to address their underlying issues. It is anticipated there will be a significant 'stored up' demand being seen in

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<sup>9</sup> Cwm Taf Population Assessment March 2017

<sup>10</sup> Rapid rehousing Review August 2021

referrals from 2021/22 and beyond.

As at the date of this needs assessment there were 105 individuals with Mental health challenges who require different forms of accommodation in the form of specialist mental health placements through Adult Social Care. This included both those who present opportunity for step down along with those who are waiting for accommodation. There is insufficient data on support outcomes achieved by HSG funded services for specialist mental health placements to be able to draw conclusions on their effectiveness.

Outcome data shows that the complexity of mental health needs has increased in supported accommodation services.

The current outcomes framework does not give enough insight to draw conclusions on what is effective in providing supported accommodation or floating support via the HSG.

Research undertaken in 2020 to assess the health needs of homeless people for the Cwm Taf Morgannwg University Health Board identified that accessing help was perceived by homeless people to be difficult for those who do not meet the criteria for specialist/secondary mental health care, and whose symptoms are considered outside the scope of services aimed at managing common mental health problems.

Primary care, where the majority of people with common mental health conditions are treated, often had little capacity to support those who present with co-occurring conditions. Understanding the various and complex pathways into primary and secondary mental health services were confusing for both housing support staff and homeless people in CTMUHB - particularly with how GPs, Community Mental Health Teams (CMHT), Crisis Teams and specialist homelessness teams and medical professionals within hospital settings interfaced with each other.

The report recommended that an existing forum, or new group should be convened, to oversee the implementation of the strategic actions arising from the report.<sup>11</sup>

Stakeholder feedback indicates that the situation has worsened since the pandemic, and it is even more challenging to access primary and secondary care mental health services.

## Substance Misuse

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<sup>11</sup> A rapid Health Needs Assessment of people that are homeless within the Cwm Taf Morgannwg University Health Board footprint June 2020

#### Headlines

**RCT has high numbers of people with substance misuse issues in comparison to the rest of Wales.**

**There are high numbers of people requiring HSG services that have co-occurring mental health and substance misuse issues. These are particularly challenging for support services to get NHS mental health and substance misuse treatment services involved.**

**A new specialist regional service is now in place, but it is too early to fully evaluate.**

Cwm Taf has the highest rates of both drug misuse deaths and alcohol related deaths in Wales. Data from the Welsh National Database for Substance Misuse evidences the continued need for services across Cwm Taf, with approximately 3,000 referrals to substance misuse services received annually for the period April 2013 to March 2016.<sup>12</sup>

Substance misuse can affect people regardless of their age background or ethnic origin and can also lead to significant problems in people's lives. The Area Planning Board is responsible for delivering the Welsh Government Substance Misuse Strategy in the RCT area.

#### Access to Substance Misuse Services

The Rapid Health Needs Assessment of people that were homeless within the Cwm Taf Morgannwg area<sup>13</sup> described that the Community Drug and Alcohol Team provides a service for people experiencing problems with substance misuse based on a harm reduction approach which includes working towards abstinence where appropriate; providing care programmes that are developed individually with each client. Individuals with significant drug and/or alcohol misuse can access the service where there is a related risk to themselves or others and there is evidence of a commitment to actively engage in the treatment programme and comply with required standard of conduct. Hostel workers working with the homeless interviewed in the report described the following challenges in accessing substance misuse services for their tenants:

- Accessibility is not set up for the chaotic nature of these clients – when people reach the point of 'contemplation' (one of the earlier stages of the behaviour change cycle) there is a six-week waiting list to get into services
- Emotional support is needed to run alongside drug treatment services as part of the overall model of preparing people to be able to manage their own tenancies
- Appointments for homeless people need to be in the morning, as they can be more easily managed by the hostels at this point in the day - if they go off for the day, then they have found

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<sup>12</sup> Cwm Taf Population Assessment March 2017

<sup>13</sup> A rapid Health Needs Assessment of people that are homeless within the Cwm Taf Morgannwg University Health Board footprint June 2020

- drugs, and far more challenging to support in engaging with services, or may not be accepted
- Offenders in the criminal justice system are able to get more direct access to treatment, for twelve months and then transfer to community substance misuse services.
  - Access to Community Pharmacy for prescriptions is not a problem though in some areas it is a long walk from the hostels.
  - Prescriptions have been adapted since Covid, with more rapid access to initial assessment, to give some people a greater number of days of drugs in one go, or to deliver the prescription to the hostel. In general, these changes were felt to have improved the system.
  - Stakeholder engagement undertaken for this report confirmed that it is challenging to engage NHS substance misuse services, particularly services like rehabilitation and detox. HSG providers described having to try to manage these issues through their support.
  - Referrals to HSG services with Substance Misuse as lead need are low, however stakeholder feedback indicates that it emerges as a need for a significant number of referrals.

### Co-occurring mental health and substance misuse problems

The term, 'dual diagnosis' usually refers to the co-occurrence of a mental illness alongside substance misuse. The relationship between mental illness and substance misuse is complex and can change over time. It can vary between people and evidence suggests that the number of people diagnosed in primary care with a dual diagnosis has increased in recent years, although there is a lack of national data on this.

Compared to people with a mental health problem alone, those with substance misuse and mental health problems are:

- likely to experience more severe mental health problems
- be at increased risk of suicide
- experience unstable housing
- have financial difficulties
- be less likely to engage with treatment interventions
- are more likely to fall through the gap between services.<sup>14</sup>

### Specialist Mental Health & Substance Misuse Housing Outreach Service

In a regional response to these issues, the Specialist Mental Health & Substance Misuse Housing Outreach Service is a specialist, multi-agency outreach service which spans across Bridgend, Merthyr Tydfil and RCT Local Authorities. The proposal to provide a regional specialist outreach service to individuals with complex needs who reside in homelessness hostels and Housing First Projects was initially funded by Phase 2 funding and will be funded by HSG, Health and the Area Planning Board as from 1<sup>st</sup> April 2022.

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<sup>14</sup> Cwm Taf Population Assessment March 2017

From 1/04/21 to the 31/12/21 the service received 61 referrals from RCT for individuals residing in Temporary Accommodation and who are part of the Housing First project. 67% of individuals referred to the project were assessed as having overlapping Mental Health & Substance Misuse issues; 47.2% deemed as high- risk individuals with severe mental health / substance misuse and 33% having a mental health need.

55 individuals referred to the Team across the region had quoted difficulties in engaging with substance misuse services, mental health services and health services.

Reason for Referral	Number of Referrals (%)
Mental Health & Substance Misuse issues overlapping	66.9%
Difficulty engaging in generic services / fallen out of generic services for Mental Health and/or Substance Misuse	36.2%
High Risk individual with severe mental health / heavy substance misuse / high risk due to substance misuse & medication	47.2%
Physical Health Need	27.6%
Only mental health support requested	33.1%

Table 4: Specialist Mental Health & Substance Misuse Housing Outreach Service –referral reason as of Dec 2021 (Cwm Taf Morgannwg data)

The project will be fully evaluated in the near future, in the meantime the substance misuse needs of people accessing homelessness and HSG services provide a significant challenge, in particular early intervention to prevent homelessness.

## Ex-offenders

### Summary

- Ex-offenders are a significant group for the Council’s homelessness team in finding suitable accommodation or placement in temporary accommodation on leaving prison. A significant number of referrals are received for housing related support from this group.
- There are a range of Housing First projects to meet the needs of ex-offenders. However, there are multiple challenges in meeting their housing and support needs.
- There are multiple opportunities to review the pathway for offenders from prison to accommodation in the community.

Ex-offenders are a significant group for the Council's homelessness team in finding suitable accommodation or placement in temporary accommodation on leaving prison. A significant number

of referrals are received for housing related support from this group.

Stakeholder engagement with probation indicated that COVID-19 led to probation working more collaboratively with local authorities specifically around accommodation, as flooding in early 2020 had put additional pressure on accommodation requirements in the Council area.

Probation acknowledged that the 'prisoner journey' (prison to probation to Local Authority) is unclear, current guidance is out of date and refers to a previous Probation structure that no longer exists. They are working with Welsh Government to review the pathway and reflect probation's move to a 'resettlement model'. Probation commission their own housing support services.

- Initial assessment of people in custody, categorises them by complexity (low/medium/high).
- The aim is to reduce the number of cases that the Local Authority needs to deal with.
- Once 'Day One' services contracts finish Probation are going to commission services that align with Local Authority services and current WG policy.
- Once all options are exhausted, no one necessarily takes responsibility: There is a need to find housing solutions for people who are in this situation – although the solution is unclear
- Probation raised the need for a collaborative approach between probation, the Local Authority accommodation team, and other relevant teams – particularly around the MAPPA process and sharing good practice.

Any individual who is of particular concern within their risk assessment will be referred to local MAPPA (Multi-Agency Public Protection Arrangements). This is a multi-agency approach to the identification and management of high risk violent or sexual offenders. Housing and move-on options will be discussed at these meetings to prevent the person from becoming vulnerably housed or rough sleeping.

Concern was also raised by Probation around female ex-offenders who often have traumatic experiences that make TA with men unsuitable. Rejected referrals to Domestic Abuse Refuge services due to people's needs being too high and/or complex, reflects how challenging it currently is to find suitable accommodation and services for women in this situation

Despite working more collaboratively, Probation feel that they need more information earlier (i.e., before the point of eviction) so they can play a more preventative role. Their top priorities were:

- A need for more single person accommodation.
- Prevent women having to share with men with DV histories which is currently happening
- Improve the range and quality of TA
- Better joint response around MAPPA – review lessons learnt and commit to more joint approaches and action learning
- Assessing the impact of Regional Homelessness Task Force Meetings being measured in relation to multi-agency responses.

Stakeholders voiced concerns around the potential loss of priority status of ex-offenders and the end of the 'All in' policy.

### HSG funded services for ex-offenders

In response to the level of need in RCT, the Council has set up a number of services to support ex-offenders under the umbrella of Housing First, funded through the Welsh Government Trail Blazer funding arrangements. From the 1<sup>st</sup> of April 2022 this funding stream will be transferred to the Housing Support Grant.

Housing First consists of four projects, three of which are designed for ex-offenders:

- The Wisdom Project,
- The Assertive Project,
- The Rapid Response Project
- The fourth project is the Young People (16-24) Project which is described under the Children and Young People section.

Below is a summary of activity within ex-offender Housing First projects, followed by detail on each project:

- As of December 2021, there were **42** people currently on scheme, with **2** new referrals received during December 2021, bringing the total for accessing the scheme since the beginning to **68**.
- The number of new Housing first tenancies started during December 2021 was **1**, bringing the total to **28**.
- **24** people (**57.1%**) on scheme were maintaining tenancies at the end of December 2021.
- **4** people (**10%**) on scheme were not residing at their tenancy at end of December 2021, due to prison/custodial sentence (**3**) and hospital admission (**1**). These individuals were still being supported where they are residing.
- **14** people (**33.3%**) on scheme had not secured tenancies and were being supported via outreach. **8** were residing in emergency/B&B accommodation, **1** was currently in hospital and to be placed in emergency/B&B accommodation once discharged, **1** was in custody and to be placed in emergency/B&B accommodation once released, **2** were currently in custody and would be no fixed abode on release, **1** was no fixed abode and **1** was residing in a probation service.

### Wisdom Housing Project

The Wisdom Project works with offenders who present with a high level of risk and have difficulty in securing housing, including those with complex needs who sit outside current arrangements in place for the rehousing of Multi-agency Public Protection Arrangements (MAPPA) designated offenders.

	2017/2018	2018/2019	2019/2020	2020/2021
Number of referrals	1	4	5	1
Number of individuals that have ended support	0	1	4	1
Reason for support ending	N/A	Return to prison (1)	Return to prison (1) Support completed (3)	Return to prison (1)
Number of Service users supported	1	5	9	6

Table 5: Wisdom Housing Project performance data 2017-2021

### Assertive Outreach Project

The Assertive Outreach Project provides independent and permanent accommodation for offenders, offering a broader housing-led approach, and providing additional support where required.

The properties are provided by each of the housing providers with support arrangements made available by POBL. The project provides furnished one-bedroom general needs accommodation.

	2019/2020	2020/2021
Number of referrals	12	5
Number of new individuals into the project	12	5
Number of individuals that have ended support	1	1
Reason for support ending	Refused support/prison	Prison
Number of Service users supported	12	16

Table 6 Assertive Outreach Project performance data 2019-21

## Rapid Response Project

The Rapid Response Project started in October 2019 and was developed by the Council to support individuals who present themselves as homeless and are repeat offenders. The project aims to support individuals with complex needs with the objective to prevent re-offending in the future. The project has been set up to provide an effective multi-agency response based on the Housing First principles to individuals prior to leaving HMP Cardiff and Eastwood Park. Following acceptance of an individual for the project, the Housing Association takes responsibility for sourcing a suitable property.

Intensive person-centered support is provided by Pobl along with the Housing Association’s Housing Officers daily, tapering off to every other day subject to the individual’s needs. When service users are matched to a social housing property, the project fully furnishes the property for the service users, which enables the service user to move into a property that they can call home and negates the issue of them having to furnish it themselves, which is very often difficult due to lack of funds. The project also pays for one year’s TV Licence for the service users, this is also a great help to them as it assists to manage one utility bill. Service users often get overwhelmed with paying utility bills as many have not done this before, but support is provided to empower them and give them the skills and tools required to manage their finances and their tenancy.

	2019/2020	2020/2021
<b>Number of referrals</b>	7	1
<b>Number of individuals that have ended support</b>	0	3
<b>Reason for support ending</b>	N/A	Return to prison (2) Deceased (1)
<b>Number of Service users supported</b>	7	8

Table 7: Rapid Response Project performance data 2019-21

## Learning Disability

### Headlines

- **Adult Social Services Learning Disability accommodation services utilise HSG funding. Data capture on support outcomes for people with learning disability need to be developed**

The Cwm Taf Population Assessment estimated in 2016 about 5,500 people in Cwm Taf had a learning disability and about 2,500 of these are children and young people.

People with a Learning Disability wanted different services than have historically been provided, away from day services to playing an active part in their community. Other challenges highlighted in the population assessment were:

- Difficulties in accessing services urgently
- Services needing to work more collaboratively
- Services need to see the person, not the needs

Young people with a learning disability were known to Children's Social Services; therefore, it was possible to identify actual need rather than projected need. The data showed that over the next 5-year period, 97 young people with a learning disability would transfer through to Adult Social Services and require accommodation.

The Council has historically combined social care and HSG funding to support people with learning disabilities particularly in supported living. Measuring demand and outcomes with specific reference to HSG impact has therefore been challenging.

Welsh Government commissioned research in 2020<sup>15</sup> highlighted the wide range of levels of spend on learning disability placements, using what was then Supporting People funds, across Welsh local authorities. The report proposed a number of options to potentially rebalance the percentages of Supporting People and Social care funding, but implementation has been paused due to the pandemic.

## Children and Young People

### Headlines

- **Single people aged 16-25 are the highest proportion of homelessness applications to the Council, increasing year on year and through the COVID-19 pandemic. Many of these young people will be 'care-experienced'.**
- **The Single Point of Access saw an increase in referrals from vulnerable families and Vulnerable Single Parent/Expectant Mothers each year for the last three years.**
- **HSG funds Housing projects for young people as well as the Supported Lodgings scheme for care leavers 16-24 years.**
- **Data capture on support outcomes from supported lodgings for young people need to be developed.**

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<sup>15</sup> <https://gov.wales/sites/default/files/statistics-and-research/2020-03/understanding-local-authority-funding-for-learning-disability-housing-support-across-wales.pdf>

- There is a need to ensure that RCTCBC examines its corporate parenting response in relation to care experienced children and young people (CYP) and their future accommodation needs.

According to the Population Assessment the child population in Cwm Taf is estimated to have increased slightly between 2005 and 2015 rising by 1.4% in RCT. RCT has a relatively young age profile with children making up 21 percent of the population and young adults (aged 18 to 24) making up 9 percent of the population. The overall population of people aged 0-24 will decline by 1.6 percent between 2016 and 2025 across the Cwm Taf area. Rhondda Cynon Taf will see small percentage increases in the number of children aged 0-17 who experience abuse and neglect.<sup>16</sup>

Single people aged 16-25 are the highest proportion of homelessness applications to the Council, increasing year on year and through the COVID-19 pandemic.

The Council Single Point of Access saw an increase in referrals from vulnerable families and Vulnerable Single Parent/Expectant Mothers each year for the last three years.

### Young People Project

The Young People Project provides a multi-agency response to prevent homelessness for young people aged 16 – 24 with highly complex and challenging needs, who are furthest away from independence and have disengaged from more traditional pathway services. The model does not simply replicate adult models for Housing First, but also meets the developmental needs and capacities of young people.

The project provides up to 10 units of dispersed supported accommodation to young people with complex needs and a history of repeat homelessness. The young people who are supported on to the project all have a care background and have been supported by Children and/or Adult Services.

	October 2019 - March 2021
Number of referrals	10
Number of referrals accepted onto the project	7
Number of individuals that have ended support	0

Table 8 Young People Project performance data 2019-21

### Supported Lodgings Places

<sup>16</sup> Cwm Taf Population Assessment March 2017

The Supported Lodgings Scheme provides supported accommodation to young people aged 16 to 21 years of age, by enabling them to access lodgings in approved private households within RCT. It is part of a range of accommodation options for young people supported by the 16+ Teams.

As part of the Accommodation and Support Strategy<sup>17</sup> a review identified the need to expand the Supported Lodging Scheme however this has been delayed due to Covid-19. The scheme has supported between 10 and 12 placements at any one time in the last two years.

### Youth Homeless Support Worker

The outcome of a recent review resulted in the appointment of a Youth Homelessness Support Worker in April 2021. This new role delivers more focused support to young people and will assist with the workload of the Youth Homelessness Officer. Previously the service was funded via Youth Support Grant and delivered through the Emphasis Project. The new project provides immediate and crisis provision and offer 1:1 support to young people aged 16 – 24, who experience family breakdown and are at risk of becoming homeless. The project works closely with the Council's Housing Solutions Team to offer support to young people who present as homeless.

The focus of the support workers role is prevention and assisting the young person in remaining at the property or a return home.

## Older People

### Headlines

- **There is a growing population of older people with more complex needs that will require increased capacity in housing and support options that help people stay in their own homes, or age-designated accommodation.**

The Population Assessment states that the number of older people that live in the communities in Cwm Taf is growing as people are living longer healthier lives. The population of people over the age of 65 years to grow by 30% and those over the age of 80 years to grow by 70% in the following 15 years.

The Joint Commissioning Statement for Older People between RCT and CTMUHB seeks to ensure that older people live longer, healthier, fuller, and happier lives; where they are encouraged and supported to maintain their independence for as long as possible, whilst recognising that some may become ill, frail, or vulnerable, and ensuring that these people receive the respect, care, and support they want and need at the right time and in the right place.

Projected increases in the old-age population will lead to increased levels of dementia which will

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<sup>17</sup> Accommodation and Support Strategy for Young People 16+ Years of Age Leaving Care. 2019-2022

have a large impact on the need for provision of care and support services for this group.

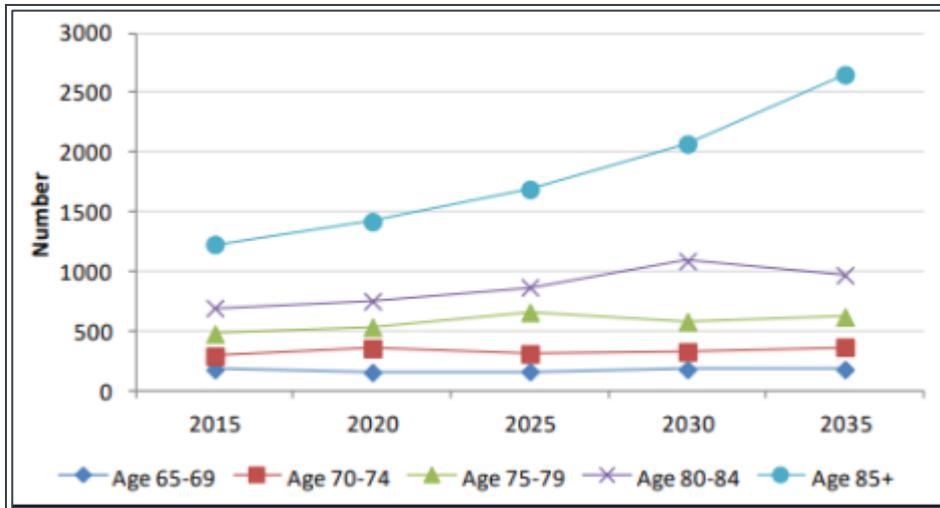


Figure 18 Population estimated to have dementia 2015-2035

Older people are an important and significant part of our community. In the coming years the proportion of people over 55 will grow significantly in RCT.

People will live longer, and as they grow older will have more complex needs.

In general people want to remain living in their own home and community. Some people are willing to move property to enable that to happen. Others will need to support to stay well and continue to play an active part in their communities. Overall, we can expect growth in the demand for our services from the older generation. Better planning/clarity is required in relation to how HSG funding/services can assist with an agenda to:

- prevent need,
- reduce need,
- delay need and
- meet the need for housing, health, and social care services for older people.

## Physical Disability and Sensory Impairment

### Summary

HSG funds specialist placements for people with physical disabilities within Adult Services. Data capture on support outcomes from supported lodgings for young people need to be developed

**People with physical difficulties apply for rehousing from hospital often with very short timescales. RCT need more data and notice at an earlier stage based on an agreed corporate pathway**

At the time of the Population Assessment<sup>18</sup> there were around 4150 people in Cwm Taf registered as having physical disability or sensory impairment. Service providers believed this number was not a true reflection of the numbers affected as people do not identify with the language, definitions and terminology used.

Deaf and blind, especially culturally Deaf, and blind (those born Deaf or blind), service users felt particularly dis-connected with the term impairment, they did not feel they have an impairment or loss as they have never had that sense to impair or lose. There were also issues with under reporting as people did not want to be on registers as they were not sure how this information would be used, or they were worried about discrimination.

Some of the common themes identified through the population assessment for people with disabilities included:

- Everyone wanted to feel part of their community and not feel socially isolated.
- People didn't know what services were available to them or how to access the support and help they need
- Choice and independence were important to disabled people just as they are for all people. Everyone wants to feel involved, in control and listened to, and respected. People may have multiple needs but don't want to access multiple services, having to retell their story again and again.

Adult Social Care Physical disability specialist placements, partly funded by HSG, have seen a year-on-year increase with a significant spike in need in 2021. At the time of this needs assessment there are currently 26 individuals with physical disabilities in specialist placements. All these individuals would be considered for new accommodation that can better meet their needs and bring them closer to home while promoting independence and choice.

People with physical difficulties apply for rehousing from hospital, often with very short timescales. In these situations, the Council needs more data and notice at an earlier stage. There is a need to find short term solutions whilst move on is adapted or built. Two ICF funded properties are in place for this purpose and the Council are also looking at the use of Extra Care Respite. Going forward this needs a corporate pathway signed up to by all partners.

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<sup>18</sup> Cwm Taf Population Assessment March 2017

## Carers

### Summary

**HSG services need to ensure they are integrating the needs of carers into commissioning and delivering support.**

At the time of the population assessment nearly 13% of the population in Cwm Taf, some 29,640 people in RCT were providing care to a family member, friend, or neighbour. This is slightly higher than all Wales figure of 12% and higher than the England and Wales figure of 10%. The Carers Strategy for Cwm Taf sets out key objectives that HSG service need to contribute to:

- Identify carers
- Carers must be able to find the information and support they need easily and quickly
- Carers must be listened to and understood
- Preventative support

HSG services need to ensure they are integrating these objectives into commissioning and delivering support.

## Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

### Headlines

- **Increasing numbers of referrals are unable to be accepted to Refuges in RCT because of levels of need and/or risk – often associated with history significant trauma, co-existing substance misuse and mental health challenges.**
- **Whilst homelessness applications for those fleeing domestic abuse are not high as other authorities there is a need for service development particularly in respect of enhancing domestic abuse perpetrator programmes in Cwm Taf Morgannwg.**

The key VAWDASV challenges set out in the Population Assessment<sup>19</sup> were:

- People need to be empowered to report incidents of violence and take up the services on offer. Many victims don't report the violence or abuse they are experiencing. Many people who

<sup>19</sup> Cwm Taf Population Assessment March 2017

do report incidents to the police or other agencies do not go on to take up the offer of support. The services provided often predominantly help those at the greatest risk and less support is available for others.

- Services need to meet the needs of all groups in our communities. For example, there were no services specifically provided for men.
- Services need to work together to tackle the underlying problems that are leading to violence. Many people who access services are experiencing a range of problems such as substance misuse or poor mental health and may be known to other services. These may be causing or contributing to the violence or abuse they are experiencing and should not be tackled in isolation.
- Services need to protect and support children in families where violence and abuse is happening. The information from services was that children are present in most homes supporting a victim of violence or abuse. Children who see or have experience of domestic abuse are more likely to experience problems in later life.
- The people who use services do not routinely get involved in telling them what they want or how services can meet their needs. This means that services may be designed by professionals who believe they know what people need without being informed by the people who will ultimately use the service.

The Cwm Taf Morgannwg Violence against Women, Domestic Abuse and Sexual Violence Strategy and Delivery Plan<sup>20</sup> has five key aims:

- Increase awareness of violence against women, domestic abuse, and sexual violence across the Cwm Taf population
- To break the generational cycle of VAWDASV behaviour in families by promoting healthy relationships in children and young people.
- Hold perpetrators to account for their actions and support them to change their behaviour.
- Ensure services are designed and commissioned to meet the needs of the Cwm Taf population.
- Ensure that services are fit for purpose and quality assured

Progress against the plan can be found [here](#).

### Use of HSG VAWDASV services in RCT

The tables below shows referrals, referral decisions and unmet needs for HSG VAWDASV services in

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<sup>20</sup> Cwm Taf Violence against Women, Domestic Abuse and Sexual Violence Strategy and Delivery Plan 2017-21



RCT.

Refuge referral information	2017-18	2018-19	2019-20	2020-21	4-year total
Number of referrals	280	316	282	286	1164
Referrals Accepted	193	185	169	154	701
Referrals Not Accepted	87	131	113	133	464

Table 9: Single women fleeing domestic abuse with high complexities / substances misuse and crisis Mental Health

Reasons for referrals not accepted	2017-18	2018-19	2019-20	2020-21	4-year total
Risk of harm violence towards other residents	16	18	12	14	60
Domestic abuse not a lead need	28	27	28	20	103
No recourse to public funds		2	3	4	9
Unable to complete risk assessment		19	3	2	24
Not entitled to benefits		2	2		4
No available refuge space		5	14	14	33
Unsafe in RCT client supported to access other area	24	13	6	11	54
Unable to Meet High Support Needs	19	37	42	51	153

Table 10: Reasons for referrals not being accepted

There was a noticeable increase in the number of people where the support needs were complex and could not be met. These are explored further in the table below.

Reasons for not meeting High Support Needs	
Physical disability required adapted facilities / unavailable at time of referral	6

Mental Health- client presenting as suicidal/self-harming at point of referral	48
Chaotic substance misuse – client not current to D&A services	66
Mental health- client requires daily support from MHT – dynamic within refuge inappropriate at point of referral	4
History of violent offending.	18
<b>Total</b>	<b>142<sup>21</sup></b>

Table 11: Reasons for not meeting high support needs

Whilst homelessness applications for those fleeing domestic abuse are not high there is a need for service development particularly in respect of enhancing Domestic Abuse perpetrator provision in Cwm Taf Morgannwg particularly for those stepping down from the higher level “Drive” Perpetrator Programme.

## Accommodation

### Headlines

- One bedroom accommodation is the highest need of housing across all bands in RCT, however across all sectors there is a significant lack of single person and one bedroom accommodation
- Placements in Temporary Accommodation have risen in line with the increase in homelessness applications, with people aged 16-25 being the largest client group accommodated.
- Since the pandemic and the increase in house values in RCT, many private landlords now no longer want to work with clients referred by the Council, preferring to find their own private tenants.
- The Council have secured funding from Welsh Government to set up the Social Lettings Agency. This is improving access to the private rented sector, but its impact is slower than was hoped because of the current challenges engaging private landlords.
- The most recent Local Housing Market Assessment (2017) identified that there is a wide disparity in affordability of housing between the most and least deprived areas of the borough.
- A significant percentage of the population rely on the private rented sector for accommodation, and some areas have seen a significant increase in the numbers of people in private rented accommodation.

<sup>21</sup> The reason for this discrepancy in the data is that during 2017- 18 it was not as effectively recorded as the previous three years.

- The availability of social housing varies widely across the borough.

This section reviews the data on availability of accommodation, specifically:

- Current allocation demand
- Temporary Accommodation
- Private Rented Sector
- Planning and new building

### Allocation demand

The Council uses an online system called Homefinder which allows residents to register for housing and view all the properties that are available to rent from housing associations with homes in RCT. As of 12<sup>th</sup> October 2021, there were 4669 applicants registered for rehousing in RCT. The system categories housing need into four bands as set out below.

<b>BAND A</b>	<ul style="list-style-type: none"> <li>• Urgent Housing Need</li> <li>• These are time limited cases to be reviewed every 3 months</li> <li>• Local connection criteria will apply except for MAPPA and Homelessness Cases</li> </ul>
<b>BAND B</b>	<ul style="list-style-type: none"> <li>• High Housing Need</li> <li>• Applicants awarded Band A but with no local connection</li> <li>• All Homeless Priority Need Regardless of Local Connection</li> </ul>
<b>BAND C</b>	<ul style="list-style-type: none"> <li>• Low Housing Need</li> <li>• Applicants awarded Band B but with no local connection</li> </ul>
<b>BAND D</b>	<ul style="list-style-type: none"> <li>• No Housing Need</li> <li>• Applicants awarded Band C but with no local connection (except Homelessness)</li> </ul>

Table 12: Description of band categories for Homefinder RCT

The table below is a snapshot of the applications broken down by band and by size of property need. This shows that only 8.75% of applicants have been assessed as Band A or Band B leaving 91.25% of applicants assessed as having a low or no housing need.

<b>Band A</b>	<b>161</b>
<b>Band B</b>	<b>248</b>
<b>Band C</b>	<b>1641</b>
<b>Band D</b>	<b>2619</b>
<b>Total</b>	<b>4669</b>

Table 13 Number of applicants registered with Homefinder as of 12 October 2021

As can be seen in the table below, the need for 1 bedroom accommodation is the largest area of

need across all bands.

	Total	Band A	Band B	Band C	Band D
1 bedroom	2232	114	105	840	1321
2 bedroom	911	29	71	420	911
3 bedroom	677	16	38	259	364
4 bedroom	155	2	17	115	21
5 bedroom	21	0	12	7	2
6 bedroom	5	0	5	0	0

Table 14: Applications registered by bedroom size and band

The table below identifies the number of people registered who require home adaptations.

	Total	1 bed-room	2 bed-room	3 bed-room	4 bed-room	5 bed-room	6 bed-room	Band A	Band B	Band C	Band D
Level 1	12	5	3	4	0	0	0	3	0	3	6
Level 1 & 2	89	40	18	23	7	1	0	27	3	36	23
Level 2	659	472	120	44	20	2	1	19	12	294	334
Total	760	517	141	71	27	3	1	49	15	333	363

Table 15: Number of applicants registered with Homefinder who require adaptations

Although the number of applicants requiring adaptations is relatively low compared to the overall figures, stakeholder feedback raised the issue of referrals to the Council’s homelessness team for urgent rehousing of those with significant changes in the physical needs. The short timescales in applications from people seeking rehousing from hospital is a particular challenge.

### Use of temporary accommodation

TA placements broadly reflect similar patterns to homelessness presentations in RCT with single person households, and in particular single male, composing the majority of placements. 16-25 is the age group with the largest number of placements, with 520 placements between 2018–2021. This decreases to 496 placements in the 26-35 age group with all household types decreasing, apart from single male and single female with dependent children which both increase. From age group 36-45 placements of all household types decrease consistently with age and by age group 56-65 there are fewer than 55 total placements.

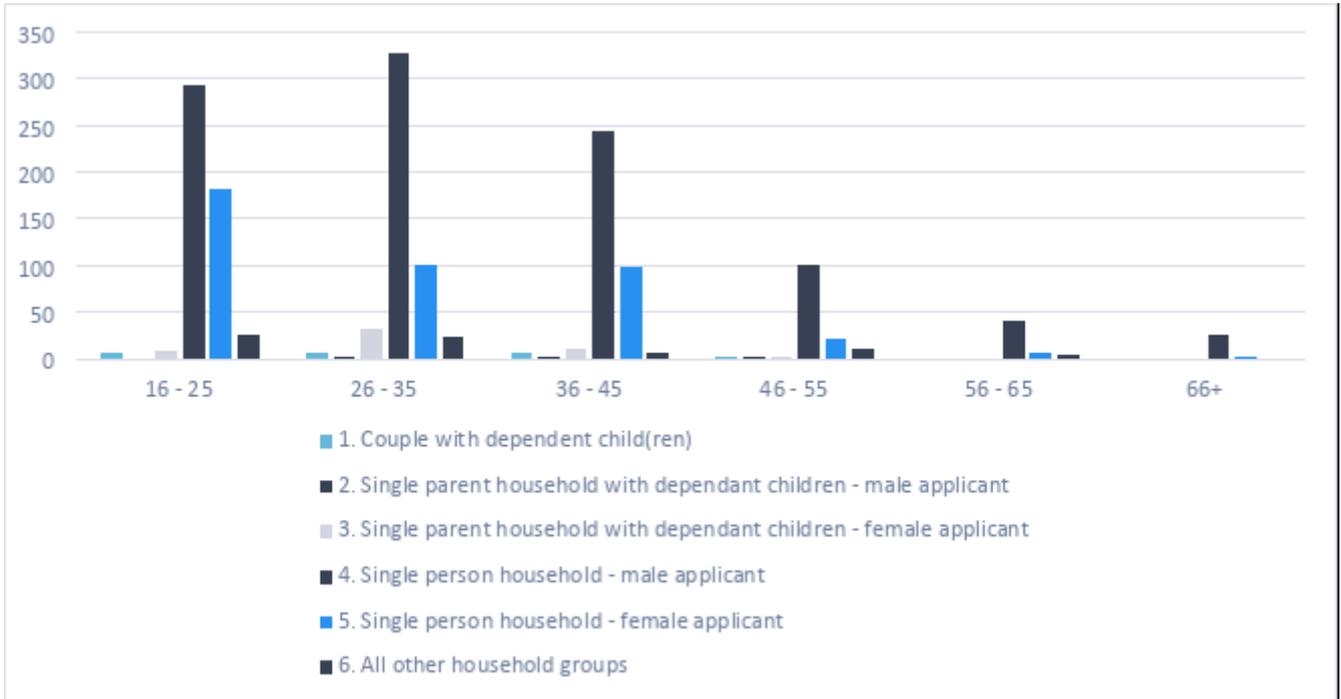


Figure 19: Number of TA placements by Age Group / Household Type 2018-2021

Single male households are the largest household type across all age groups, increasing over time from 57% of placements aged 16-25 to 100% of placements aged 76+. Single female households are the second largest group and decrease in both number and proportion of total placements by age group: comprising 35% of all placements aged 16-25 to 15% by the 46-55 age group.

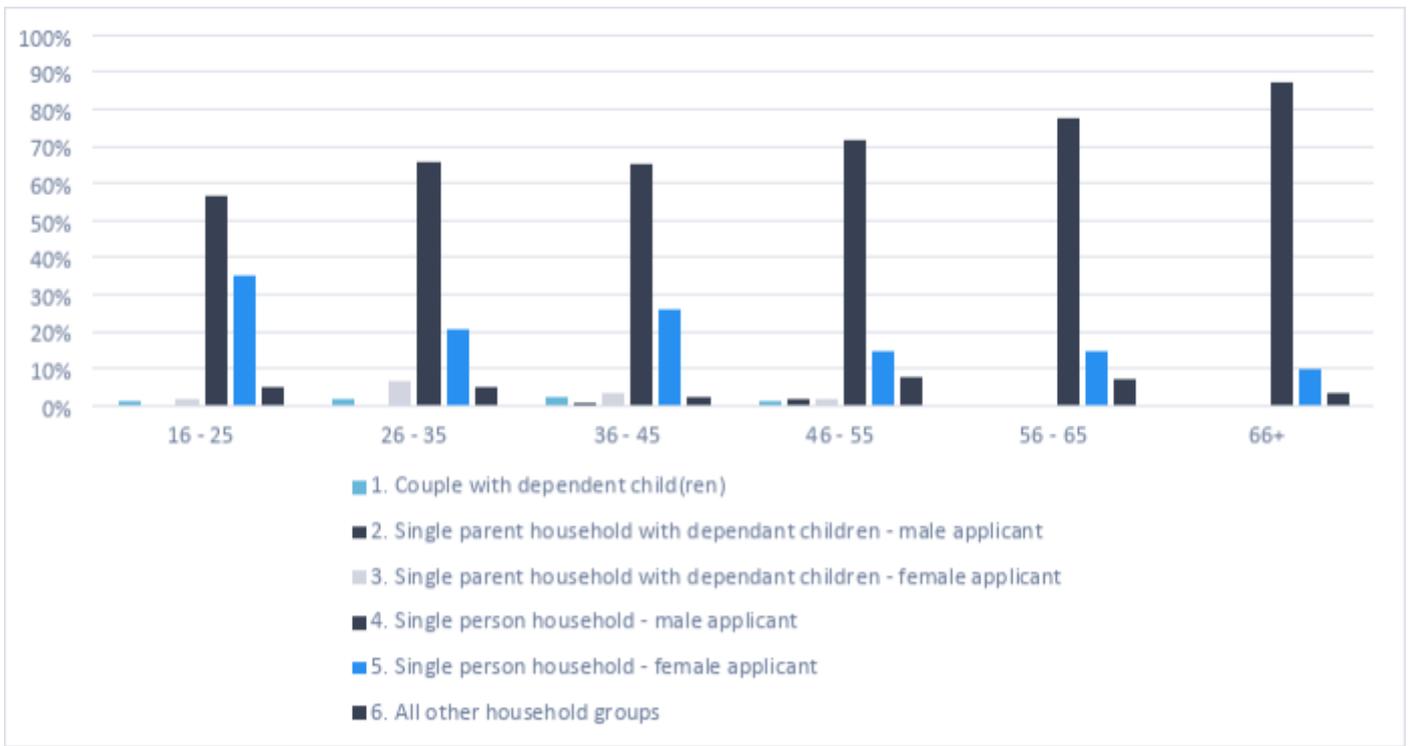


Figure 20: Percentage of TA placements by Age Group / Household Type 2018-21

## Private rented sector

Since the pandemic and the increase in house values in RCT, many private landlords now no longer want to work with LA referred clients, preferring to find private tenants. Landlords and Letting Agents have raised a number of concerns:

- Local Housing Allowance (LHA) rates are lower than the market rents that are being advertised:
  - 1 beds are on average £15 per week over LHA rates,
  - 2 beds are average £30-£50 per week over LHA,
  - 3 beds are average £70-£120 over LHA rates,
  - 4 beds are average over £100-£450 over LHA rates depending on area (TAFF for the higher rental).
- “The Public Health Team’s inspections are creating more work, and some of the recommendations for works to be completed are unrealistic”. When this has been explored further, this is reference to a need for security windows in a single person unit where no children are being accommodated. Also delays in Public Health inspections is resulting in loss of rental income whilst waiting for the property to be inspected
- Some landlords and letting agents have waiting lists of around 30-40 clients for properties. Some prospective tenants are in bidding wars on who can pay the most up front to secure a property. In one recent case it was reported that the tenant secured the property with six months’ rent up front.
- Reluctance to work with ex-offenders when private renters are seen as having fewer issues.
- “Why would we work with the Local Authority when all we have been promised previously has been brushed under the carpet, we are consistently being told we will get arrears paid but nothing is ever paid”?
- Some landlords have stated that they are struggling to get 1 bed properties available for rent and there is a lack of 1 bed accommodation being made available for sale.
- Landlords are advised people will be given support, however if this doesn’t happen for any reason, it is seen as the fault of the LA with consequent reluctance to accept more tenants with support needs.
- When asking if could negotiate lower rent, the response is that they don’t need to as enough applicants who will pay the rental price as advertised
- The incentive of paying bond and rent in advance for a month is no longer an incentive – Landlords/Agents have applicants offering to pay 6 months’ rent in advance on properties
- The advantage of being able to organise housing benefit to pay straight away has gone due to universal credit. The Council are no longer able to guarantee the direct payment and

Landlords are concerned about the delays in receiving first payments from universal credit housing costs

- Working guarantors are being asked for consistently now, Council caseloads do not necessarily have these available
- The difference between the LHA rate and rental prices have increased significantly which is reducing RCT options in terms of finding properties

### Social Letting Agency

Welsh Government funding was secured by the Council to establish the Social Letting Agency in RCT in the early part of 2020/21. This provides affordable housing in the private rented sector. This has included the setup of a new team comprising of a Team Leader and two Housing Officers.

The Team are co-located with the Housing Solutions Team who work closely together to help identify housing need and where possible to use the private rented sector to prevent homelessness or discharge legal duty.

Despite the team developing positive relationships with several private landlords in RCT, their participation in the Social Letting Agency has been slower than anticipated due to issues with the current market identified above. Some landlord feedback has also raised the minimum property standards as an issue, which despite the grant and loan offer to help with the works, can put some landlords off working with the Council particularly if they are not residing locally.

The national rollout of the SLA going forward will improve the offer to private sector landlords and will provide additional and enhanced financial opportunities to hopefully improve take up of the scheme.

### Planning and building

As it is currently being reviewed, the most recent Local Housing Market Assessment (LHMA) is for the period 2017 to 2022/23, hence the data therein is from 2016. Nevertheless, it gives useful insights.

- There is a wide disparity in affordability of housing between the most and least deprived areas of the borough.
- A significant percentage of the population rely on the private rented sector for accommodation, and some areas have seen a significant increase in the numbers of people in private rented accommodation.
- The availability of social housing varies widely across the borough.  
Across all sectors there is a significant lack of single person and one bedroom accommodation.

The Planning and Compulsory Purchase Act 2004 requires the Authority to prepare a Local Development Plan (LDP) for the County. The document provides the development strategy and

policy framework for the specified plan period. The LDP was being updated at the time of this assessment so the data from the extant plan has been included<sup>22</sup>. The plan identified sites to provide 5000-5450 new homes:

1. Former Fernhill Colliery Site, Larhonda 350 – 400
2. Former Phurnacite Plant Site, Abercwmboi 500
3. Land at Robertstown Strategic Site, Aberdare 500 – 600
4. Land South of Hirwaun 400
5. Former Cwm Colliery and Coking Works, Tyn-y-Nant Pontypridd 800 – 950
6. Mwyndy / Talbot Green Area 500
7. Former OCC Site Llanilid, Llanharan 1950 – 210

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<sup>22</sup> *RCT Local Development Plan up to 2021 March 2011*

## Housing Support Grant Services

This section summarises how HSG funded services are provided by the Council. The Housing Support Grant typically funds support activities via three types of services that meet different levels of need:

- High – 24/7 supported accommodation
- Medium – 9-5 flexible support including evenings/weekends
- Low – Dispersed units: these resemble clients living in their own accommodation with floating support.

### Floating Support

The Locality Based Floating Support service was implemented from April 2019. Support is available to anyone in Rhondda Cynon Taf and is provided by three support providers, each one responsible for one locality.

The locality-based model operates a multiple needs service. This change has allowed service users to be supported regardless of their lead need and has taken away the need for waiting lists.

Each provider operates a triage service based on presenting level of support need i.e., intervention and prevention, housing related support and low-level ongoing support in which one support worker can assist the service user at all levels. Each provider assists with all aspects of housing related support.

The referral comes into the Single Point of Access (SPA), the application is processed based on area, the HSG team are notified of a vacancy by the support provider, the referral is assessed with the provider determining support needs and service is provided based on presenting need. Throughout support, providers will refer service users to appropriate agencies if required. The SPA does not process referrals for Learning Disability, Physical Disability or Mental health specialist placements with the Council's Adult Social Care Department. It also does not process referrals for Supported Lodgings for Young People. Each of these is dealt with by a bespoke referrals panel.

The locality based floating support service model is delivered in 3 stages:

Stage 1 – Early intervention and prevention (Financial assessment / Agency referral)

At stage 1, support can be up to 3 months. There should be immediate action taken to support individuals with their support needs, including specialist benefit advice, financial inclusion support, and debt management prevented a spiral into a worsening situation.

Stage 2 - Ongoing support up to 6 months

Individuals can move from stage 1 to stage 2 for up to an additional 3 months where the support

worker will continue to support them and then end support if all needs are met.

Stage 3 – Ongoing low-level support: Individuals move to stage 3 if there is ongoing low-level support required. Support can continue for as long as needed subject to annual review.

## **Supported Accommodation**

Services for specific needs and client groups are set out in the section on Insights into the most significant housing support needs. Services not mentioned in those sections are summarised below:

### **Homelessness Support Service**

For all service users placed in temporary accommodation, there is a newly developed homelessness support service to ensure everyone placed has a dedicated support worker. A newly established specialist health team also supports service users in temporary accommodation with mental health and substance issues and has enhanced provider's access to trauma therapy.

### **RCT Refuge Provision – Mitchell Terrace, Tonypany**

United Welsh Housing Association provided 4 units of accommodation, to offer refuge provision to house 4 women and their children fleeing domestic violence

### **Mill Street Hostel**

Temporary Accommodation Hostel for the homeless that present to the housing advice centre and are part of the housing advice pathway. It is located at the centre of Pontypridd Town, the building is owned by the Council and a lease agreement is currently in place with Pobl, who are commissioned to provide the support on site.

## **Other HSG services**

### **Get Ready and Move On (GRAMO)**

The project provides information on all aspects of being a good tenant such as paying utility bills to general day to day management of money and tasks with the aim of keeping their tenancy long term. It is there to support care leavers and residents placed in the Council's hostels, supported accommodation and those stepping down from specialist adult care placements.

### **Mediation**

Mediation is usually only one aspect of the support made available in projects; other services offered may include housing advice and information, practical support, and temporary accommodation. Mediation may take place between the young person and their parents, or anyone else who has been providing them with a home, or, more rarely, between the young person and the hostel or supported housing.

### MIND Resilience

The Resilience Project is run by Mind Cwm Taf Morgannwg and encompasses Bridgend, Merthyr Tydfil and Rhondda Cynon Taf. Its aim is to support those at risk of homelessness and have mild to moderate mental health conditions.

In Rhondda Cynon Taf, the project works with homeless hostels to assist and support them to become more psychologically informed environments as well as making homeless people more resilient. MIND describe resilience as 'Taking steps to look after your wellbeing can help you deal with pressure, and reduce the impact that stress has on your life. This is sometimes called developing emotional resilience

### RCT Citizens Advice

RCT's Citizens Advice Homelessness Prevention Project was established in 2018 to support the Council in meeting its statutory duty under the Housing Act 2014 to prevent and relieve homelessness. Through the provision of advice and financial assistance to people who are receiving support from RCTCBC's Housing Solutions team and Supporting People providers in RCT, its aim is to stabilise and improve the financial situation of vulnerable people in RCT, who are facing problems such as debt, employment, tenancy management, substance misuse, domestic abuse and mental health issues and prevent homelessness at the earliest opportunity.<sup>23</sup>

## Referrals for Housing Support Grant Funded Services

The HSG Team operates a Single Point of Access (SPA) for referrals for supported accommodation and floating support services. This data collected through the SPA is used to inform and assist the RCT HSG Planning Group and Cwm Taf Regional Collaborative Committee to highlight the most prevalent lead need categories to support the identification of priority areas for the Housing Support Grant Strategic Plan locally.

It is to be noted that a high proportion of people present with multiple needs and this data is also recorded, however the following data is based on lead need only.

Lead Need.	2018/2019	2019/2020	2020/21
<b>Mental Health Problems</b>	838	1055	738
<b>Homeless or Needs to Prevent Homelessness</b>	215	334	431
<b>Older Person (55+)</b>	526	330	314
<b>Physical Disability</b>	125	159	86
<b>Domestic Abuse</b>	133	142	124
<b>Vulnerable Family</b>	42	102	148
<b>Substance Misuse (Alcohol 52 – Drugs 32)</b>	114	90	28
<b>Young Vulnerable Individual (16-24)</b>	98	81	84

<sup>23</sup> RCT Rapid Homelessness Review August 2021

Vulnerable Single Parent/Expectant Mother	48	75	88
Learning Disability/Difficulties	71	74	72
Single People 25-54 With Support Needs Not Included Elsewhere in This List	32	42	80
Chronic Illness	50	34	37
Former Offender	33	34	42
Brain Injury	11	20	1
People With Developmental Disorders. i.e., Autism	9	19	12
Young & Vulnerable Care Leaver	31	17	12
Other	10	17	23
Sensory Impairment	12	14	14
Dual Diagnoses	2	4	0
Refugee	0	4	0
Former Armed Service Personnel with Support Needs	1	0	0
<b>TOTAL</b>	<b>2419</b>	<b>2669</b>	<b>2378</b>

Table 16: referrals for supported accommodation and floating support 2018-2021<sup>24</sup>

After being mostly unchanged for a number of years, referrals increased significantly in 2019/20 for a number of needs:

- Mental Health
- Homeless or needs to prevent Homelessness
- Older Vulnerable People
- Physical Disability
- Domestic Abuse
- Vulnerable Family

This trend continued in 2020/21 for those who were homeless or needs to prevent homelessness and vulnerable families, but for all other needs there were significantly lower referrals. This can reasonably be attributed to the disruption of the pandemic with additional funding to respond to homelessness and the closure of schools leading to additional need for support for families.

Stakeholders raised concerns about how the pandemic has caused the need for support to be 'saved up' during lockdown and expect a significant increase in demand for 2021/22 and beyond.

## Current HSG Services

The Table below provides a summary of the services currently in place and how these have changed

<sup>24</sup> The above figures do not include those being supported within existing Learning Disability schemes or those that have direct referrals to emergency temporary accommodation or a Refugee.

over the last year.

Project Type	Breakdown by type of need	Total number of units 21-22	Change in number of units from 20-21
Private Rented Sector Access Schemes	Social Lettings	10	+10
Rapid rehousing/Housing Led Services	Housing First (verified)	30	+30
Rough Sleeper Outreach Service	Street Smart Project	15	0
Mediation Services	Family	15	0
Enforcement, Investigation or Compliance with Housing Legislation	Housing Advice	0	0
Floating Support	VAWDASV	105	+10
	Learning Disability	27	0
	Mental Health	65	+20
	Substance Misuse	20	+20
	Ex-Offenders	40	+30
	Young People	10	+10
	Older People	20	0
	Generic	990	+85
Temporary Supported Accommodation	Mental Health	47	+5
	Substance misuse and alcohol issues (Wet)	7	0
	Young People	51	+17
	Generic	50	+12
Permanent Supported Accommodation	Learning Disability	278	+12
	Other	45	0
Refuges	Female	26	+4
Non-Statutory HSG Funded Posts	Project Officers (temp)	2 Posts	+2
Other Homeless Prevention Projects	Enhance Homeless support service	60	+60
	HIP	60	0
Other	SP - Admin	2	0
	HSG - PATH Training	20	0
	Uplift		0

Project Type	Breakdown by type of need	Total number of units 21-22	Change in number of units from 20-21
	Temp funding	0	0
	HSG - New Developments		0
	HSG - Regional projects		0
<b>CUMULATIVE TOTAL</b>		<b>1995</b>	<b>+347</b>

Table 17: Services currently in place and how these have changed over the last year

## HSG in Adult Services

The Council's Housing Strategy Department works closely with Adult Services to provide joined up provision for those with learning disabilities, physical disabilities, and enduring mental health needs, including the deployment of Housing Support Grant.

There are 164 specialist placements being sourced by Adult Social Services with HSG input. All individuals in specialist placements are prioritised to step down through different accommodation options that could reduce costs while bringing them closer to home. The Council has seen an average yearly increase of 30% for specialist placements and anticipate this trend to continue for the foreseeable future which will result in an estimated 360 specialist placements by 2025.

## HSG in Children's Services

The Housing Strategy Department also works closely with Children's Services via the Community Wellbeing and Resilience Service and the use of the Children and Communities Grant is overseen by the Council's Funding Flexibilities Lead Officer Group. The membership of which comprises the lead Officers of the seven grants that make up the Children and Communities Grant in addition to the lead officers from the Housing Support Grant.

Both strategic and operational responsibility for the HSG and CCG sits within the Community and Children's Services Group. The Director of Public Health Protection and Community Services reports directly to the PSB on both grants on behalf of the Council.

The Council's Funding Flexibilities Lead Officer Group includes all CCG and HSG lead officers to ensure a consistent approach to service delivery from an operational perspective as well as synergy in planning, monitoring and review from a strategic perspective. Operational delivery arrangements that were set up as a result of Pathfinder activities continue, such as the utilisation of early intervention and prevention housing support commissioned by HSG to provide housing appraisals for families open to the Resilient Families Service.

Opportunities for joint commissioning between the two programmes were taken in 2020-21 to allow

for greater funding flexibility between CCG and HSG, namely:

- An existing Women's Aid project commissioned by Families First became part of a larger HSG commissioned project.
- A Citizen's Advice Bureau project funded by HSG became part of a larger CCG commissioned project.

The main HSG funded service is the Supported Lodgings Scheme which provides supported accommodation to young people aged 16 to 21 years of age, by enabling them to access lodgings in approved private households within RCT. It is part of a range of accommodation options for young people supported by the 16+ Teams with 26 units being commissioned over a three-year period.

## Housing Support Outcomes

### Summary

**There is limited data available on the outcomes of support, making it difficult to understand why support ended in a planned or unplanned way and whether the outcome was satisfactory to the client.**

**The new Single Outcome Framework needs to be developed and implemented to fully understand what support is achieving.**

**Services are seeing more clients with needs that are higher than the service was set up to meet.**

**The waiting lists show that there is a risk that the needs of young people are not being fully met by the current service provision.**

This section reviews the outcome data on HSG services (as separate to homelessness duty outcomes). Until recently RCT have used the Welsh Government Outcomes Framework to measure the impact of their services. As part of the terms and conditions of the grant, the Authority is required to complete the Welsh Government outcomes template to evidence the programme under its four main headings:

- Promoting Personal and Community Safety
- Promoting Independence and Control
- Promoting Progress and Control
- Promoting Health and Wellbeing

However, the outcomes framework, has been found not to be fit for RCT purposes, and so a new outcomes framework is in development. Work is underway in Welsh Government to introduce a Single Outcome Frameworks across both HSG and CCG, which has been delayed as a result of the pandemic. This comes with an expectation that departments will demonstrate that all projects are developed with integration and collaboration at the forefront, looking at co-commissioning where possible and integration amongst the grants to deliver the best outcomes for the service user in the most efficient way.

### Outcomes for Supported Accommodation

During 2020-21 102 Individuals moved into supported accommodation and 83 individuals ended support 2020-21. The outcomes at the end of support were:

- 47 went secured accommodation
- 14 to family or friends
- 5 were given notice to quit
- 5 requested to leave the service
- 3 went to prison
- 2 died
- 2 abandoned

- 2 moved out of area
- 2 moved to permanent supported
- 1 moved to low level support

86% of this support ended in a planned way. This would indicate that overall supported accommodation projects were effective at moving people on to appropriate accommodation in a planned way.

Although it is not reflected in the data, it has been noted in stakeholder feedback that service user's mental health needs have increased, which has then impacted their substance misuse. This can cause challenges to support and engagement. Specialist services for those clients with support needs around substance misuse is a common barrier. Referrals are submitted to the specialist services, however due to the lengthy timescales from referral to receiving the specialist support, this impacts on the client's engagement whilst in a supported accommodation environment.

## Outcomes for Floating Support

The number of clients ending stage 3 floating support during 2020-21 was 2547. The reasons for support coming to an end were:

- 1086 left in a planned way
- 478 moved to Stage 2
- 637 moved to Stage 3
- 272 did not engage
- 6 went into hospital
- 5 went into prison
- 24 moved out of area
- 10 moved into Extra Care
- 3 moved to Family Support
- 26 died

Eighty-eight per-cent of this support ended in a planned way. As stated above, the current outcomes framework does not give the information needed to understand fully how successful floating support is for clients. However, we can see that a significant percentage of clients leave the service in a planned way which may indicate that support needs have been met.

## Waiting Lists

Waiting lists can give an indication of unmet need in the community, although these waiting lists are dynamic and constantly changing. Snapshots of the waiting lists at two points in the next year show that at the end of March 2021 there were 20 individuals on the waiting list for Supported Accommodation that included:

- 9- High level 24hr supported (Adults)
- 6 - High level 24hr supported (16-24)

- 2- Medium level 9-5 (Adults)
- 2 Low Level (Young people -16-24)
- 1 Low Level (Adults)

By 1<sup>st</sup> September 2021, 21 people were on the waiting list including:

- 7 - High level 24hr supported (Adults)
- 12- High level 24hr supported (16-24)
- 2- Low Level (16-21)

This shows an increase in demand for supported accommodation for people 16-24 years in the county. However, the challenges with taking snapshots like these is that all intelligence on referrals, throughput and external factors leading to an increase in referrals needs to be reviewed at the same time to understand the whole picture.

## Stakeholder Engagement

### Summary

Stakeholders had a range of views and suggestions:

- **Improve accessibility consistently for all from low to complex needs through a one door / assessment centre approach with a ‘no wrong door’ philosophy.**
- **Improve multiagency working in particular for mental health, substance misuse and where these are co-occurring.**
- **Ensure there is a better multi-agency operational response to inclusion with the express aim of agreeing a consensus on how to collectively work with homeless people with complex needs or individuals at risk of losing their accommodation.**
- **Extend Housing First Model for more complex needs**
- **Recognise that people need permanent living options within a supported housing environment.**
- **Housing Related Support responses for the most complex and hard to engage with need to be rapid. People need support when they need it.**
- **Review the use of bed and breakfast and look at other approaches to Temporary Accommodation.**
- **Ensure prevention and early intervention initiatives across RCT are strategically and operationally aligned.**
- **HSG intervention should start at the earliest opportunity – should be placed based. Targeting high risk areas.**
- **Ensure HSG and Children’s Services utilise funding for Supported Lodgings effectively and understand the outcomes for young people.**
- **Safeguarding procedures should be reviewed to ensure that they are sufficiently robust.**
- **Implement the recommendations of the homeless and health needs assessment.**

A range of local stakeholders were involved in developing this needs assessment. Stakeholders included council departments, statutory partners such as health and probation, along with representatives from Registered Social Landlords and HSG providers. Stakeholders were engaged via online workshops, one to one interviews and via a questionnaire.

### Statutory Partners

Stakeholders were asked about primary prevention i.e., how to build resilience and creating the conditions in which problems do not arise in the future. What is RCT’s current offer? What should it look like in the future? The responses included:

- There needs to be a better focus on family/domestic violence and young people, particularly young people with complex needs, to support resilience in families. A lot of work is already happening through Resilient Families initiative.
- The HSG funded housing officer is working well. There is an opportunity to further amalgamate

the resilient families initiative and prevention agenda in the HSG programme.

- Attendance and wellbeing services in schools need to identify issues – making every contact count. Behaviours in school are often indicators for issues in later life such as mental health and substance misuse.
- Resilient families currently have a process for profiling vulnerability in families. There is an opportunity for a more corporate approach to profiling future need between social services and the Housing Support Programme.

Stakeholders were asked about secondary prevention, targeting action towards areas where there is a high risk of a problem occurring. What is RCT's current offer? What should it look like?

- See Appendix 1 for an example of a prevention programme undertaken by another local authority in Wales. The observations and recommendations of this work aligned with some of the feedback from stakeholders in RCT.
- Housing First projects are having a good impact – they are stopping individuals going around the system. These need to be developed further.
- Existing accommodation projects need to review their access rules given the increase in presenting complex needs i.e., co-occurring mental health and substance misuse.
- A multi-agency Inclusion Panel should be set up for those who are currently experiencing or at risk of serial exclusion. The terms of reference for this panel should have an emphasis on how to accommodate people with even the most complex needs.
- It was felt that the efficacy of Supported Lodgings as an option for young people leaving care should be explored in relation to outcomes and value for money.

Stakeholders were asked about tertiary prevention – i.e. intervening once there is a problem, to stop it getting worse and prevent it reoccurring in the future. What is RCT's current offer? What should it look like?

- Housing First Projects work well for most people.
- WISDOM project (Housing First prison leavers) also works well.
- Move on was successful and prevented many people from re-presenting, however this was becoming more difficult because of a lack of more permanent housing options across the system.

Stakeholders were asked about acute spending i.e., spending which acts to manage the impact of a strongly negative situation but does little or nothing to prevent problems occurring in the future. What is RCT's current offer? What should it look like?

- There were several pockets of good practice in RCT but that agendas could be better aligned e.g., Resilient Families and HSG, thus using resources more effectively.
- Needs to be better investment at an early age e.g., school age to prevent problems spiraling out of control.
- There is an opportunity to enhance corporate parenting ensuring Children's Services and housing colleagues in relation to how they jointly plan around the needs of vulnerable children and children leaving care.
- There should be youth worker presence in schools (See Appendix 2 for thoughts on how youth services could contribute to the homelessness agenda.
- Need to look at the Cardiff assessment centre model to assess its suitability for RCT. The model should include multiagency assessment and bed provision for all single homeless people including those with complex needs.

Stakeholders were asked, what would you stop, start, and continue in relation to HSG programme?

- Continue floating support
- Need more evidence on supported lodgings
- Review reasons for breakdown in placements and use as an opportunity for learning and development.
- Review supported accommodation access rules and length of tenure
- Look at Cardiff Assessment Centre model
- Management information system needs to be improved and understood across the system
- Ensure the Council and its partners align planning and commissioning in relation to the anti-poverty agenda e.g., HSG and CCG build on joint working to develop more single delivery approaches.
- Better joint commissioning with Health, Social Care, HSG and APB for Substance Misuse is required to respond to the increasingly complex needs in RCT.
- Ensure commissioning is based on good quality triangulated data that reflects the intelligence held by voluntary sector, Health, Probation social services and housing partners.

## **NHS Stakeholders**

An interview was carried out with the Executive Director of Strategy and Transformation CTMUHB and a Consultant in Public Health

The interview covered broadly how the CTMUHB was committed to improving its accessibility to homeless people. Specifically, the interview highlighted three broad areas for improving access.

**The need to review the remit and outputs of existing community-based posts across the health and social care partnership.**

There was recognition that community-based practitioners who understood the importance of providing relationship-based services was vital. There is a clear plan to move towards delivering health services via a locality model. There was a view expressed that there are a number of posts that potentially overlap in their reach and remit e.g., Community Navigators and Inverse Care Team posts. It was recommended that how these posts/services complement each other required exploration across the partnership to ensure best value for money.

**The need to ensure a reasonable balance between the development of specialist services and improving access to mainstream services for all.**

There was also recognition that a proper locality-based approach would need to be inclusive in its entirety and that some learning and development activities were required to ensure that all mainstream services are as inclusive as possible – taking account of the specific access needs of e.g., people with learning disability, mental health, homeless people. There was a view that a reasonable balance needed to be struck to between the development of specialist services and improving access to mainstream services for all.

**The need to ensure that the recommendations from the recent Health Needs Assessment are properly considered by relevant planning forums.**

A recent (2020) health needs assessment carried out in CTMUHB in respect of homeless people highlighted a clear interest in the health needs of homeless people in most service areas in CTMUHB, and the forays that some services have made into understanding and meeting the health needs of homeless people was encouraging.

There is a need to ensure that the recommendations from the Health Needs Assessment are properly reviewed and implemented in CTMUHB in respect of homeless people by existing partnership forums (e.g., area planning boards) that cover:

- Mental health
- Substance Misuse
- Housing and homelessness

Relationships at the local level between some NHS services and hostel providers is also to be welcomed and something to build upon. However, a strategic and co-ordinated multi-disciplinary approach to fully meeting the health needs of homeless people, that would meet best practice standards, appeared to be largely absent at the time of the assessment.

The current focus in the Health Board on a locality management model provides an opportunity for each area to test its service model design to ensure that the needs of the most vulnerable in each community, including homeless people, have been addressed.

The following recommendations were highlighted in the health needs assessment for the

appropriate authorities and partners in the area to consider as priorities in relation to the health needs of homeless people.

1. Safeguarding procedures should be reviewed to ensure that they are sufficiently robust to ensure that individuals and organisations are able to raise concerns about homeless people and feel that their concerns are being heard and acted on.
2. Existing forum, or new group should be convened, to oversee the implementation of the strategic actions arising from the health needs assessment. This group should be comprised of key stakeholders; health, social care, housing, criminal justice, and welfare services and have a line of accountability to the Regional Partnership Board. A first goal of this group should be to set out its vision for health services for homeless people, drawing on the groundwork that has been undertaken in individual services. An integrated model service delivery for homeless people should be developed for delivery in each local authority area, that takes account of the standards set out by the Faculty of Homeless and Inclusion Health and take an action learning approach to service development.
3. An operational forum should be established in each of the local authority areas to provide a focus for building relationships between the variety of health service providers and the hostel providers, with a specific emphasis on Primary Care to improve day to day management of healthcare for homeless people.
4. A network of health professionals should be established with an interest in health and homelessness across the Health Board (including primary care) to build professional capacity and understanding of needs and services for Homeless People.
5. Data relating to service use by homeless people across the Health Board should be brought together into a single dashboard to aid understanding of the utilisation of health services by homeless people, and feed into IMTP planning and to inform the HAVGHAP. This can be achieved through interrogating existing service data, rather than needing new systems, and will provide visibility to the needs of homeless people on an on-going basis.
6. Staff in key leadership and clinical roles should undertake awareness raising of the issues raised in this report on a multi-disciplinary basis. This should include people visiting the hostels and meeting homeless people to gain empathy and challenge their unconscious bias. Training should cover these topics:
  - a. Causes and types of homelessness
  - b. Needs
  - c. Access criteria and arrangements
  - d. Escalation
  - e. Shared risk
  - f. Information sharing

7. The Taf Ely cluster's work on the homeless is a significant and highly positive development and should be used as a pilot to test a method of working that can be rolled out across the Health Board as appropriate
8. A specific piece of work is required to further explore the role of mental health services and substance misuse services in supporting the homeless:
9. Primary mental services are available in some but not all hostels, funded from a variety of sources outside of the NHS. Primary mental health services are also provided by the NHS accessed via Primary Mental Health Workers in Primary Care. Homeless people are most likely to access services provided in or near hostels. A consistent offer should be available across all venues that is easily accessible as stabilising mental health underpins all other interventions with homeless people.
10. There is a need for direct and regular liaison between Community Mental Health Teams, Crisis Mental Health Teams, Substance Misuse Services, and hostel services to establish a shared understanding and approach to supporting people homeless people in crisis, including exploring information sharing between mental health services and housing providers.
11. A public health approach to primary prevention of homelessness should be considered, including a review of the local approach to identifying young people at risk of homelessness through school and education services, particularly those at risk due to family breakdown and families in crisis, and to assess if current arrangements are sufficiently targeted. Particular attention should be paid to how young LGBTQ are supported through family breakdown.
12. Partners should review their hospital discharge arrangements to ensure that they are not unwittingly contributing to homelessness.
13. Some service responses to COVID-19 have seen more rapid access to services for people in need – for example more rapid access to substitute prescribing for people using substances. The Health Board should review with homelessness services how this access can be maintained.
14. Health Services should provide information on a regular basis to the homelessness hostel services, as part of their regular service updates, about how to access services e.g., changes in dental service access, accessing podiatry etc.
15. A model to align therapeutic interventions for homeless people with co-morbid mental health and substance misuse should be developed and implemented.
16. Further exploration of the transfer of care on release from Parc Prison should be explored in the context of re-commissioning of prison health services.

17. All organisations should consider how they can offer volunteering and other opportunities that are accessible for homeless people.
18. An opportunistic vaccination service should be introduced to serve the needs of the homeless population in CTMUHB. This should form part of the remit of the immunisation team when human resources allow.
19. Women in the eligible age-groups for breast and cervical screening should be encouraged and supported to attend for screening.

## Feedback from service users

### Summary

Service users generally report being well-supported by support workers

Ideas for improvement to services are very individual reflecting the need to continue to focus on individual need

The service user view of services is drawn from previous surveys of service users contained in the Cwm Taf Morgannwg Housing Support Service User Survey undertaken for the Regional Housing Support Collaborative Group, and specific work undertaken directly for this needs assessment.

### Cwm Taf Housing Support Survey 2020

A survey was undertaken in December 2020 across the Cwm Taf area with 47 responses from Rhondda Cynon Taf and 21 from other areas. Respondents were people using either supported accommodation services or floating support

When asked about the experience of receiving support during lockdown people generally felt well supported by their support workers and the regular phone calls and face to face meetings had helped to relieve some of the isolation of lockdown for many. It was very clear from the responses what a difference housing support had made.

People generally found it easy to contact their support worker, that support was readily available and that the regular contact had been “a godsend”; as well as being a lifeline. It was clear that the regular contact and support had helped a huge number of responders maintain their mental health and had helped to combat isolation and loneliness. One person advised that:

*“I would not have been able to manage without your support through lockdown and feel that I would not be here now if the support was not there”.*

The interview questions focused on:

- Identifying the main reasons people needed help
- What has helped them the most with their current situation
- How they could achieve a good life that no longer relies on services
- The main barriers to overcoming homelessness or support needs

The activities people received help with were:

- 15 people received help with leading a healthy and active lifestyle
- 45 people received help to stay mentally healthy

- 23 people received help to stay physically healthy
- 7 people received help to engage in employment / voluntary work
- 10 people received help to engage in education / learning
- 53 people received help with managing money
- 20 people received help with feeling part of the community
- 26 people received help with managing relationships
- 64 people received help with managing their accommodation
- 30 people received help with contributing to the safety of themselves or others
- 29 people received support with feeling safe

Everyone was happy with the support received, but many found it challenging not being able to have face to face visits during lockdown if they were due to have them in their own home. However, everyone reported support workers made alternative arrangements either online or over the phone. Most could not give suggestions about how services could be improved except for the following comments:

*'I would like the move on panel and home-finder process not to delay and give us a chance to move on sooner, as we are ready to move on to independent living'*

*'I had difficulty accessing Legal advice or aid - I was referred to Citizens Advice and they passed me on to someone else. I didn't feel I had support in this area'*

*'There are not enough temporary accommodation placements.'*

*'Yes, there are barriers, but I think is more to do with funding and the government.'*

*'Would have liked support with being part of the community and further education but due to Covid lockdown these could not be done.'*

*'I need Psychological support, but I have been referred to GP.'*

*'Just be nice to have some face-to-face support when things settle down'*

In line with the feedback which highlighted the difficulties people had with accessing support digitally; overwhelmingly people would like to receive future support either face to face, by phone or as a combination:

- 13 people wanted phone calls
- No one wanted just virtual calls
- 21 people wanted face to face
- 36 wanted a combination of all methods.

When asked whether they found it easy to get support 61 said yes and 8 said no. The reasons given by those who struggled to receive support are as follows:

- I struggle with depression
- I was told there is a long waiting list.
- Housing was harder to get hold of as were other services
- Found it very difficult and experienced a lot of fighting and arguments at home.
- I want to be re housed in assisted living which social services are assisting in.
- I was struggling so phoned my support worker and she started supporting me again.

### **Service user survey 2021:**

Service users were surveyed specifically for this needs assessment through interviews undertaken with their support worker following a schedule provided to them. They were asked how they feel about how they were previously or currently helped or how they feel they could be helped differently in the future. A range of services, including fixed and floating support, were represented, including Cynon Floating Support, Llamau Tenancy Support, Pobl, RCT Supported Housing, Hafod and Trivallis.

38 service users provided feedback, of which 21 were male and 17 were female. There was a wide age range among the service users who provided feedback, with the youngest being 17 years old and the oldest being 85 years old. The mean age of the service users was 37 years old.

## Appendices

### Appendix 1

An example of a prevention programme undertaken by another local authority in Wales. Some of the observations and recommendations of this work closely aligned with the feedback from stakeholders in RCT.

	Youth Service (YS) Input	Activities	Youth Service Impact	Future Outcomes (by age of 25)
Primary Prevention Building resilience – creating the conditions in which problems do not arise in the future. A universal approach. Primary prevention averts new cases of homelessness by intervening well before homelessness may occur	<ul style="list-style-type: none"> <li>• Appropriately trained youth workers</li> <li>• Cabinet champion of Primary Prevention</li> <li>• Schools and YS to introduce wellbeing measuring tool for all children and young people</li> </ul>	<ul style="list-style-type: none"> <li>• Helping young people develop life skills</li> <li>• Helping young people with their personal development</li> <li>• Helping young people with health and well-being matters</li> <li>• Facilitate education around targeted subjects for all as opposed to targeted groups – reducing stigma and ensuring universalism</li> <li>• Life skills training</li> <li>• Budgeting</li> <li>• Managing accommodation</li> <li>• Promote awareness of realistic accommodation options</li> </ul>	Young people develop knowledge and skills	I have a safe, secure place to live
	<ul style="list-style-type: none"> <li>• Corporate approach to school-aged interventions</li> <li>• Trained youth workers</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness raising of homelessness for all young people</li> <li>• Agree coordinated programme of support/intervention with schools/Careers Wales and local</li> </ul>	Young people aware of key issues for homelessness	<p>I have completed my formal education/schooling</p> <p>I have skills, training and/or qualifications that allow me to be work ready</p>



	Youth Service (YS) Input	Activities	Youth Service Impact	Future Outcomes (by age of 25)
		colleges for all from 14 years		
	<ul style="list-style-type: none"> <li>Youth workers</li> <li>Corporate sign up to assessing, monitoring, and enhancing relationships and purpose as a key activity for social care, education, housing, and Youth Service.</li> </ul>	<ul style="list-style-type: none"> <li>Participation in multi-agency casework around individuals</li> <li>Monitoring circles of support</li> <li>Putting in place activities that encourage connections with other people and build on existing strengths/interests</li> </ul>	Young people receive tailored multi-professional support	<p>I have stable, consistent, healthy close relationships</p> <p>I have a supportive relationship with my family</p>
	<ul style="list-style-type: none"> <li>Youth workers</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> <li>Signposting young people to appropriate advice and guidance services</li> <li>Youth workers trained in mental health first aid</li> <li>YS activities designed to minimise isolation and loneliness</li> </ul>	Young people access appropriate advice and guidance	I have good mental health
	<ul style="list-style-type: none"> <li>Youth workers</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate learning activities that enhance life and independent living skills for all young people</li> </ul>	All young people are able to access youth services	I'm financially stable

	Youth Service (YS) Input	Activities	Youth Service Impact	Future Outcomes (by age of 25)
		<ul style="list-style-type: none"> <li>Inclusive learning for all with specific reference to groups at high risk of homelessness</li> </ul>		
	<ul style="list-style-type: none"> <li>Youth workers</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> <li>Assist Education Welfare provision (the lead) where appropriate with young people at risk of exclusion to remain in school and complete their education</li> <li>Contribute to a coordinated programme of support/intervention with schools/Careers Wales and local colleges for all from 14 years</li> </ul>	Young people supported to complete education	I have the skills to live independently
	<ul style="list-style-type: none"> <li>Youth workers</li> </ul>	<ul style="list-style-type: none"> <li>Supporting young people to build friendship networks with their peers</li> <li>Recognising young people's strengths and building on these as a vehicle for developing healthy relationships (including across generations).</li> </ul>	Young people have friendship groups/activities in their community	I have hobbies and interests that I follow
	<ul style="list-style-type: none"> <li>Psychologically informed youth work practice</li> </ul>	<ul style="list-style-type: none"> <li>Youth workers recognise early mental health challenges, provide Tier 1 mental health intervention and signpost to other</li> </ul>	Young people have skills to manage their own mental health	I have developed resilience and/or good coping strategies following a pattern of early trauma



	Youth Service (YS) Input	Activities	Youth Service Impact	Future Outcomes (by age of 25)
		<p>services where appropriate</p> <ul style="list-style-type: none"> <li>• YS activities designed to minimise isolation and loneliness</li> </ul>		
<p>Secondary Prevention Targeting action towards areas where there is a high risk of a problem occurring. A targeted approach, which cements the principles of progressive universalism Secondary prevention treats new cases as early as possible, often when a young person presents to LA</p>	<ul style="list-style-type: none"> <li>• Targeted youth service where specialist funding allows for extra provision (above and beyond the statutory universal provision)</li> <li>• Target specific funding to support</li> </ul>	<ul style="list-style-type: none"> <li>• Recognising young people at early risk of homelessness</li> <li>• Providing tailored advice and guidance to individual circumstances</li> <li>• Supporting young people to access family mediation</li> <li>• Work within a coordinated plan of intervention with schools, social care and 3<sup>rd</sup> sector</li> <li>• Use tool to assess 'high risk' young people</li> </ul>	<p>High risk young people are identified, and tailored support put in place</p>	<p>Ended a pattern of recidivist behaviour/use of services</p>
	<ul style="list-style-type: none"> <li>• Skilled youth workers</li> <li>• Dedicated team to work with NEET young people</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting young people not in employment education or training into pathways for employment</li> <li>• Work within a coordinated plan of intervention with</li> </ul>	<p>Young people identify and follow a future training and employment path</p>	<p>I have not been in prison/secure detention for some time</p>



	Youth Service (YS) Input	Activities	Youth Service Impact	Future Outcomes (by age of 25)
		schools, social care and 3 <sup>rd</sup> sector, colleges etc. <ul style="list-style-type: none"> <li>• Begin transition planning from 14 yrs.</li> </ul>		
General	<ul style="list-style-type: none"> <li>• Youth service managers</li> <li>• External contracts</li> </ul>	<ul style="list-style-type: none"> <li>• Youth Service leadership engaged in multi-agency planning for homelessness prevention and service delivery at local level</li> <li>• Contracts reflect primary prevention of homelessness:                             <ul style="list-style-type: none"> <li>- inclusion</li> <li>- psychologically informed</li> <li>- signposting to advice and guidance</li> </ul> </li> <li>• Support for approaches to peer support groups for high risk/excluded groups:                             <ul style="list-style-type: none"> <li>- LGBTQ+</li> <li>- neuro-linguistic diversity</li> </ul> </li> <li>• All contracts reflect primary prevention of homelessness as key focus</li> </ul>	Youth Service is part of a multi-agency response of preventing homelessness  All services understand and follow a preventative ethos to homelessness	