Evaluation of homeless interventions: final report

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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Glossary

Glossary text

Acronym/Key word	Definition
Local connection rules	A local authority may assess whether a person presenting to them as homeless has a connection to that area (through living or having lived there, having family connections, work or other special circumstances) in deciding whether it has a duty to accommodate them or refer them to another area.
Cuckooing	Cuckooing is a practice where people take over another person's home by coercion, and use it for exploitation and/or unlawful activity, such as drug preparation and/or dealing, sex work, etc.
County Lines	A drug dealing model in which organised criminal groups use phone lines to move and supply drugs, usually from cities into smaller towns and rural areas. They exploit vulnerable people, including children and those with mental health or addiction issues, by recruiting them to distribute the drugs.
Multi-disciplinary Team	A multidisciplinary team (MDT) is a group of staff who are members of different organisations and professions (e.g. nurses, social workers, criminal justice, etc), that work together to support individuals with multiple needs.

Abbreviations used

Acronym/Key word	Definition
ADHD	Attention deficit hyperactivity disorder
ASD	Autistic spectrum disorder
COPD	Chronic obstructive pulmonary disease
HF4Y	Housing First for Youth
HSG	Housing Support Grant
KPI	Key performance indicator
LHA	Local Housing Allowance
MDT	Multi-disciplinary Team
PCSOs	Police community support officers
PRS	Private rented sector
RSL	Registered social landlord
SLA	Service level agreement
VfM	Value for money
YIF	Youth Innovation Fund

1.   Introduction/Background

Overview of programmes evaluated

1.1   In February 2022, the Welsh Government commissioned Imogen Blood &
        Associates (IBA) to undertake an evaluation of homelessness interventions
        in Wales to support homelessness services transformation. The aim of the
        evaluation is to understand the impact and approaches of the interventions
        funded through 3 national programmes: Phase 2 approach to
        Homelessness; Housing First; and Youth Homelessness Innovation Fund.
        This report builds on the Interim Report (Welsh Government, 2023c)
        published in July 2023.

        Phase 2 approach to Homelessness

1.2   In response to the pandemic, local authorities received funding of £5.2
        million to deliver over 70 initiatives which aimed to build sustainable and
        fundamental change to homelessness services across Wales. Project
        funding came to an end in March 2021. Some projects were pilots and where
        these were successful, have been mainstreamed into local authority Housing
        Support Grant (HSG) plans. This evaluation carried out case studies across
        4 local authorities. As project funding ended (and subsequent services are
        now funded through different sources), any data referred to in this report is
        based on that provided across individual local authorities, meaning the
        research team are unable to provide specific information around numbers
        and funding details.

        Housing First

1.3   The Welsh Government initially awarded funding for pilot Housing First
        projects during 2017/18. All projects are aimed at adults with multiple and
        complex needs. Two projects work specifically with prison leavers and one of
        which does so exclusively. A rolling Housing First Grant Programme now

allocates around £1.9m annually to support Housing First and Housing Led projects across 7 different local authority areas (a total of 8 projects, 2 of which received funding as part of the initial pilot). The Welsh Government approved funding for all 8 projects in 2020-21 and all have continued to be funded in 2021-22, 2022-23 and 2023-24. This evaluation carried out case studies of 4 of these funded projects. Further detail about the Housing First model is appended.

Youth Homelessness Innovation Fund

1.4   Launched in 2019, the Youth Innovation Fund (YIF hereafter) supports projects to deliver new and innovative approaches for young people aged 16-25 at risk of becoming homeless or currently homeless. The aim of the fund is to increase the housing and support options available to vulnerable young people, including but not limited to, care leavers, disabled young people and those who have previously been in the youth justice system. Initially, the Welsh Government approved funding for 25 projects for 2019-20 of which 4 were effectively run as one project over different locations. Eighteen projects have continued to be funded in 2020-21, 2021-22 and 2022-23. Of the 18 projects monitored, 12 offer accommodation with support, 4 offer accommodation and floating support, and 3 offer floating support. Of those which offer accommodation, 4 are described as Housing First for Youth (HF4Y hereafter) (distinct from the Housing First projects outlined above), 8 as supported housing, 3 training flats, one lodging scheme and one shared accommodation scheme. Two offer short-term intensive 24-hour support (to note – some projects are delivering more than one model). This evaluation carried out case studies with 7 funded YIF projects.

2.   Evaluation Design

Overview

2.1   The Welsh Government required an evaluation approach that would look systematically across the 3 funding initiatives, each designed to generate innovation outside of mainstream funding. The overall aim was to inform future decision making on how best to support the design of interventions to prevent and alleviate homelessness. The aims of the evaluation were:

- To explore the effectiveness of homelessness interventions in Wales, i.e. are the interventions being delivered as intended / required?

- To establish programme theories for Welsh homelessness interventions to enable the development of an ongoing evaluation framework.

- To understand how effective currently funded homelessness interventions are in contributing to the Welsh Government's strategic homelessness goal in the Homelessness Strategy and The Programme for Government 2021 - 2026.

- To understand the cost and benefits associated with homelessness interventions in Wales.

2.2   Costs and benefits are discussed in a separate Value for Money (VfM) report. The evaluation research questions are provided in Appendix 1.

2.3   At the start of the project, the Welsh Government confirmed that the priority for this commission was to understand whether, how and in which contexts the 3 funding programmes had supported the operationalisation of the government's high level homelessness strategy, which at that time was outlined in its 2019 Strategy for Preventing and Ending Homelessness (Welsh Government, 2019).

2.4   To achieve this within the resources of the commission, a case study research strategy was adopted, and primary data collection took place across 11 'sites', one of which included 3 local authorities which had received Phase 2 funding. It was agreed that it was not possible to conduct a

full evaluation of funded activity at each of these sites; instead, the intention was to gather data about the extent to which funded activity was aligned to the government's high level homelessness strategy.

2.5   Qualitative data collected at project or local authority level was triangulated with information supplied in funding applications and monitoring returns to the Welsh Government. Evidence from each of the case study sites was then integrated to develop an overall evaluation of the 3 programmes, illustrated by examples drawn from the varied contexts of each of the sites.

2.6   As part of the development of the sampling frame (see below), a light touch review of the original funding applications and monitoring returns of all projects was completed at the outset.

2.7   The evaluation was theory driven and applied realist principles (Pawson and Tilly, 1997), focusing on how interventions work in the different contexts of the case study sites, as well as barriers to, or enablers of, this. A realist approach was chosen as it is particularly suited to reviewing and evaluating housing related interventions, where measuring how causal mechanisms operate under certain circumstances can lead to specific (intended and unintended) outcomes. It also offers an appropriate fit based on the scope of the funded projects and the wide range of geographical contexts in which they are situated.

2.8   The evaluation has taken into consideration the Welsh Government typology of homelessness prevention (Table 1, as contained in the Strategy for Preventing and Ending Homelessness, Welsh Government 2019):

Table 1: Typology of homelessness prevention

Typology	Description/Details
Primary	Preventing or minimising homelessness risks across the population at large
Secondary	Early-stage prevention focussed on high-risk groups, or those starting to show early signs of a particular problem
Tertiary	Intervening once there is a problem to stop it getting worse
Acute	Spending to manage the impact of a strongly negative situation - does little or nothing to prevent problems recurring in future

Source: Strategy for Preventing and Ending Homelessness (Welsh Government, 2019)

2.9   Using this typology, the case studies evaluated (and most of the projects funded across all 3 programmes) have more of a focus on tertiary prevention, i.e., taking actions which can lead to ensuring homelessness is 'unrepeated'.

Theory of Change

2.10   To assess the extent to which the funded programmes are operationalising the principles of the Welsh Government's high-level homelessness strategy, it was necessary to distil this strategy down to a set of themes or principles.

2.11   At scoping stage, the evaluation team reviewed the 2019 strategy, and from this produced a policy level Theory of Change, which can be found in Appendix 3.

2.12   This exercise generated the themes which, once agreed with the Welsh Government, were used to structure each stage of the study – the interview topic guides, the thematic headings for qualitative analysis, and the section headings for written outputs. These are:
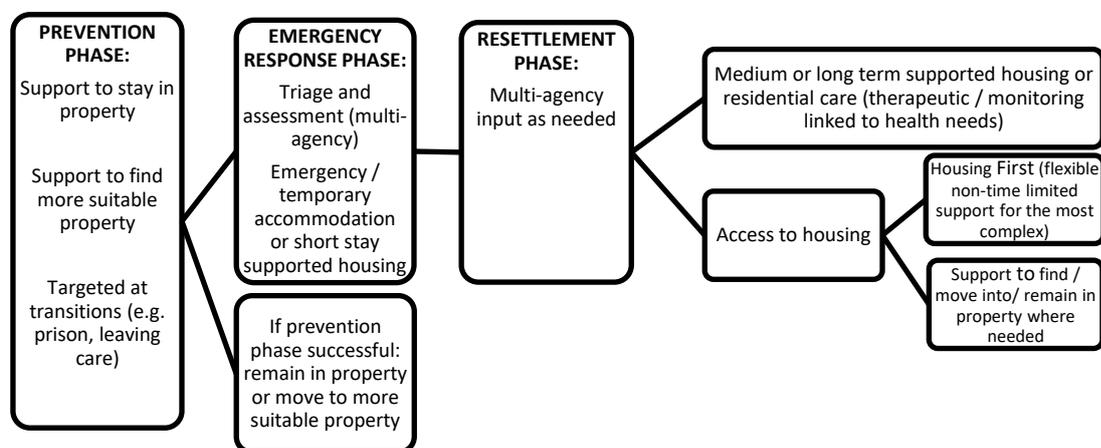
- Use of evidence (local data and research/ evaluation evidence).

- Prevention/ earliest intervention.

- Prioritising Rapid & permanent Rehousing (for example, someone might be in a form of temporary accommodation, but the focus is on helping them to find a tenancy and providing support to maximise the likelihood of tenancy sustainment).

- Person-centred/ trauma-informed approaches

- Co-production

- Joined-up/ partnership working.

2.13   As set out in the evaluation objectives at the start of this chapter, the Welsh Government also asked that the evaluation 'establish programme theories for Welsh homelessness interventions to enable the development of an ongoing evaluation framework'. There were discussions with the Welsh Government at the outset about what the focus should be for these 'programme' theories, since each of the 3 programmes (apart from Housing First) was funding a range of models with different activities and outcomes. It was agreed that it might make more sense to develop a programme theory for each of the following types of activity:

- Triage and assessment

- Schemes to increase access to/ supply of housing

- Support + housing (provided as a package, i.e., in a time-limited supported accommodation project) with the aim of facilitating move-on

- Support provided to remain in a (mainstream) property (e.g., floating support, Housing First), where there is no expectation that the person will move if they no longer receive the support.

2.14   Each of these types of provision – along with prevention activity – plays a key role in a Rapid Rehousing system, as proposed by the evaluation team in the diagram below. They aim to create similar outcomes: either preventing homelessness, enabling successful resettlement, creating, or sustaining tenancies.

Figure 1 Components of an ideal Rapid Rehousing system

PREVENTION PHASE:	EMERGENCY RESPONSE PHASE:	RESETTLEMENT PHASE:		
Support to stay in property	Triage and assessment (multi-agency)	Multi-agency input as needed	Medium or long term supported housing or residential care (therapeutic / monitoring linked to health needs)	
Support to find more suitable property	Emergency / temporary accommodation or short stay supported housing		Access to housing	Housing First (flexible non-time limited support for the most complex)
Targeted at transitions (e.g. prison, leaving care)	If prevention phase successful: remain in property or move to more suitable property			Support to find / move into/ remain in property where needed

Source: Imogen Blood & Associates.

2.15   These categories helped build a robust evaluation framework and supported stratification of case studies; they prompted important questions about the intended function of a project within the wider Rapid Rehousing system and helped us to identify factors that were enabling or impeding this at a local level.

2.16   Whilst the evaluation generated learning about each of these activity types, some were under-represented within the funded activity (e.g., access to housing and prevention). Funded projects varied widely in terms of the

models adopted, the cohorts targeted, and the contextual backdrop, meaning it was difficult to produce Theories of Change at programme level which could be more usefully applied beyond evaluation purposes.

Case Study Approach

2.17   As explained in paragraph 2.4, a case study design was used, with a stratified approach – described below – to sampling the case study sites.

2.18   At the outset, a light-touch review was carried out of documentation available on each of the funded projects from all 3 programmes. Information and observations were recorded from each project on a grid, containing the thematic headings from the policy Theory of Change and other categories, such as funding amount, organisation type, target cohort and geography. Projects were also categorised against the typology identified in the programme-level Theory of Change (i.e., Triage and assessment, access to housing etc).

2.19   With feedback from the policy team, a sample of case study sites was agreed to include:

- Sites from each funding programme.
- Sites from across Wales, representing a mix of urban, rural and coastal settings.
- Sites from each of the categories: Triage and assessment; Access to Housing; Support + housing as a package; Support to remain in a property.
- Sites where – according to the review of documentation and/or feedback from the Policy Team – an innovative approach appeared to have been taken to one or more of the policy themes, or to the target cohort.

2.20   In summary, the selected sites included:

- Seven projects funded under the YIF covering a large geography across Wales, including HF4Y and support services to remain in the property and support + housing package models.

- Two areas where Housing First models are being funded under the Housing First programme, with a total of 4 services

- One Phase 2 funded triage and assessment model

- Three local authority case studies to understand the legacy and/or mainstreaming of Phase 2 funded programmes

2.21   A detailed description of each of the (anonymised) selected projects or local authorities is appended to this report.

Evaluation Activities

2.22   The evaluation consisted of 4 main phases:

Scoping phase

2.23   Documentary analysis and national key informant interviews were undertaken during this phase along with rapid evidence synthesis.

2.24   This included:

- A rapid review of programme and project documents (including monitoring and progress reports), key policy documents, commissioned reports, frameworks, and Rapid Rehousing transition plans.

- Meetings with the Homelessness Prevention policy team and key informant interviews with 3 programme managers within the Welsh Government, a focus group with the Welsh Government local authority relationship managers; interviews with key national stakeholders representing the local authority, housing association, housing support sectors and involved in co-production within the homelessness sector. A total of 4 national stakeholders and 7 Programme Managers/ Relationships Managers were involved in these interviews.

Evaluation design phase

2.25   This phase involved the development of the evaluation framework and programme theories, and the sampling of case study sites, as described above.

Fieldwork phase

2.26   This phase involved qualitative data collection (triangulated with review of documents and data supplied) at each of the case study sites. A total of 98 people were interviewed across the case study sites. This included:

- 59 internal project staff and 23 partners and wider stakeholders
- 15 service users (and further 2 engagement workers with lived experience)
- 88 professionals (one categorised as other):

Table 2: Fieldwork - number of interviews by types of agency

Agency	Number of interviews
Local Authority Homelessness / Housing / HSG	35
Voluntary sector / support provider	37
Housing association	17
NHS	3
Local Authority Children's Services	2
Probation	1

2.27   This was supplemented with 2 focus groups with housing associations (organised by Community Housing Cymru) in September 2023, which were attended by a total of 12 people.

2.28   This phase also involved the development of VfM narrative in collaboration with Centre for Housing Policy (CHP) University of York, including collection and analysis of individual and collective case studies to assess and demonstrate VfM.

Analysis phase

2.29   Analysis across all data streams was carried out, cross referenced by project, to highlight specific examples of good practice and areas for development.

2.30   Thematic analysis of documents and interviews was undertaken, using the 5 evaluation themes as a coding framework.

2.31   Ongoing synthesis of emerging findings within the research team and in presentations to the Welsh Government policy team for feedback has enabled comparisons to be drawn and hypotheses tested about the different approaches and resources needed in different contexts.

Limitations

2.32   Whilst generating rich insights to inform future funding programmes, the evaluation approach has the following limitations:

- Since a full impact evaluation was not conducted at each case study site, it is not possible to compare the performance of projects or local authorities, e.g., to judge a whole project as representing 'good practice' or otherwise; however, we have highlighted examples of good practice, assessed against the themes drawn from the government's high-level strategy.

- The 3 programmes have funded a variety of models, and it was agreed at the outset that this study could not realistically or reliably evaluate these models or assess the fidelity with which they are being delivered. It is therefore not possible to assess from the evidence collected whether a particular model works, though learning has been generated about the contexts within which different interventions are more or less likely to

deliver the government's strategic ambitions. Since Housing First is the explicit focus of one of the 3 funding programmes and the model already has a well-developed international evidence base, it was agreed that this commission would aim to increase the evidence base for its cost effectiveness within a Welsh context. These findings are presented in a standalone report.

- In any case study design, there is always a question as to the extent to which findings can be generalised, given that the study included only a few examples of projects from each funding programme. This was mitigated by adopting a rigorous approach to sampling the sites, described above.

2.33   An important caveat is that, since Phase 2 funding was distributed to local authorities under exceptional circumstances during the COVID-19 Pandemic, there is limited monitoring data available at government level regarding revenue funded outputs. In some of the case study local authorities, there had been staff turnover which made it challenging to collect accurate reflections about the original planning and application phase. Sometimes the list of projects which local authorities reported having funded with their Phase 2 monies did not accurately correspond to those stated on the original applications. Often, it was clear that Phase 2 funding had played a relatively small (but none-the-less valued) part, alongside other sources of funding for initiatives, some of which had already been in place prior to the pandemic. This evaluation was felt to be an opportunity by the Welsh Government to better understand project outputs and sustainability funding.

3.   Background

3.1   The strategic context for the evaluation includes:

- The Strategy for Ending and Preventing Homelessness, 2019 (Welsh Government, 2019) which generated the themes around which this evaluation was designed.

- The Welsh Government Programme for Government 2021–2026 (Welsh Government, 2021d) and the Cooperation Agreement (Welsh Government, 2021c), which committed to a fundamental reform of homelessness services, to focus on prevention and Rapid Rehousing, through the introduction of a package of legislative reforms to create significant change to the homelessness system.

- Ending Homelessness: a high-level action plan 2021-2026 (Welsh Government, 2021b), which responded to the recommendations contained within the 3 reports of the Homelessness Action Group (HAG, 2019; HAG, 2020a; HAG, 2020b). This action plan has since been reviewed and updated in Summer 2023 (Welsh Government, 2023d).

- The Ending Homelessness Outcomes Framework (Welsh Government, 2023b now published 2024), which was published for consultation in June 2023.

- The White Paper on Ending Homelessness in Wales (Welsh Government, 2023f) consultation 10 October 2023 to 16 January 2024.

- Over the period covered by the evaluation, the Welsh Government has tasked local authorities and their partners with developing Rapid Rehousing Transition Plans (Welsh Government, 2021a).

3.2   Wider contextual factors which have influenced implementation of the 3 programmes have included:

- The COVID-19 pandemic, which was felt by stakeholders to have had a number of impacts, including: 'kickstarting' Rapid Rehousing, by bringing rough sleepers into temporary accommodation under the No one Left

Out[1] approach and strengthening local cooperation across operational partners in local authorities, health and criminal justice. However, the pandemic has also brought enormous challenges, including the practical difficulties of delivering support during lockdowns, especially in accommodation-based projects; negative impacts on the recruitment, retention and wellbeing of staff; and a more acute shortage of both temporary and settled housing options post-pandemic.

- Access to affordable housing is reported to be a huge challenge across Wales. Contributing factors include market rents increasing whilst Local Housing Allowance (LHA) rates have remained capped; demand for social rented housing (especially 1-bed properties, given the UK government's Removal of the Spare Room Subsidy policy) far outstripping supply across the country; additional pressures on demand from Syrian and Ukrainian refugees, the No one Left Out approach and the cost-of-living crisis.

Rapid Rehousing

Government strategy and vision

3.3 In its 2019 Homelessness Strategy, the Welsh Government 'acknowledges the need to move away from the 'staircase', earned rewards model of service delivery. We are striving to re-shape services around a Rapid Rehousing approach - shifting the focus of our policy, practice and resources towards long term housing led solutions, away from the provision of emergency, temporary and hostel services' (p.2). This commitment was confirmed in Ending Homelessness: A high level action plan, 2021-2026, which was reviewed and updated in August 2023.

3.4 The Welsh Government's Rapid Rehousing Guidance (Welsh Government, 2022a) identifies the following main elements of Rapid Rehousing:

- Everyone is assumed to be 'housing ready' with the right support.

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[1] Since the start of the COVID-19 pandemic in spring 2020, the Welsh Government and its partners adopted a 'no one left out' approach to homelessness, in which temporary accommodation was generally provided to those who needed it (in line with statutory guidance) to ensure nobody had to sleep rough during the pandemic.

- People spend as little time as possible in temporary accommodation.

- When people do need temporary accommodation, it is of a high standard.

- People are able to access the right home in the right place for them.

- For most people, an independent, mainstream home will be the default approach, but others may choose supported accommodation.

- People are able to access high quality, multi-agency support, tailored to individual needs, where this is required.

- Homelessness is prevented wherever possible.

3.5   Yet stakeholders participating in the evaluation described considerable structural challenges in relation to many of these elements, including:

- Increased numbers of people in local authority temporary accommodation: in March 2023, official statistics reported a 23% increase on the previous year to 5,481 households, of which 40% (increased from 38% in the previous year) were in Bed & Breakfast accommodation (Welsh Government, 2023e). Local authorities reported 'firefighting' in the face of this increased demand.

- Longer stays for many in often inappropriate forms of temporary accommodation: where individual local authorities have published data (Vale of Glamorgan, 2023; RCT, no date) or there have been Freedom of Information Requests (Clementine, 2023) on the average length of stay in temporary accommodation in Wales, this tends to be from 2 to 10 months.

- Demand for social housing far exceeds supply, with long waits and often limited choice, especially in relation to location, reported by Community Housing Cymru members.

- A reported lack of multi-agency and corporate input and responsibility for homelessness.

- Mental health services are particularly over-stretched and face significant backlogs (Watkins, 2023); this evaluation heard that waiting times for first assessment are around 2 years in some parts of Wales. This is having a reported impact on interventions which advocate for

mental health support in order to support people to move into settled accommodation, such as the multi-agency health hub which works to ensure 'mainstream' mental health support is in place following a more intensive offer.

3.6   The Welsh Government policy documents recognise that a transformation to Rapid Rehousing will take time, given the need to bolster the supply of and access to affordable housing in many areas, and to transform both cultures and processes within homelessness services. Each local authority was required to progress towards developing a Rapid Rehousing transition plan by September 2022 as part of their Housing Support Programme Strategy.

Guidance and funding requirements

3.7   The Phase 2 Planning Guidance (Welsh Government, 2020b), recognising both the challenge and the opportunity of the No one Left Out approach during the pandemic, makes repeated reference to placing Rapid Rehousing at the heart of services and move-on protocols:

> 'The focus will be on providing appropriate, stable housing and support as quickly as possible to those who need it through a range of models, including Housing First, tenancy support and assertive outreach' (p.5).

3.8   Although centralised funding guidance was not issued for the Housing First programme, other government documents, such as the Ending Homelessness Action Plan (Welsh Government, 2021b) are clear about the relationship between the Housing First model and Rapid Rehousing:

> 'Housing First will represent one form of Rapid Rehousing for people with multiple and complex support needs in addition to their housing need'. (p.8)

3.9   The Youth Homelessness Innovation Fund Guidance (p.2) does not explicitly refer to Rapid Rehousing; its purpose is more widely to increase the 'housing and support options available to vulnerable young people'. However, HF4Y is mentioned as one possible model, and there is a strong emphasis on

homelessness prevention, especially for care leavers, those who have been in the youth justice system and disabled young people.

Prevention and Early Intervention

Government strategy and vision

3.10 Prevention is at the forefront of the Welsh Government Strategy for Preventing and Ending Homelessness (Welsh Government 2019, p.1), which recognises 'a need to shift much more of our energy and resources to preventing homelessness from happening in the first place'. The strategy emphasises the effectiveness of early intervention, and the fact that prevention requires a whole system approach to achieve this.

3.11 Shifting to a 'true prevention' approach means embedding services and support pre-56 days (i.e., the period prior to the statutory definition of households being at threat of homelessness, as per (section 55(4) of Housing Wales Act 2014). An extension of the prevention window up to 6 months has been proposed in the Welsh Government's recent white paper (Welsh Government, 2023f) for consultation. This means that duties within the Housing Act should be considered as the 'last line of defence' once other preventative avenues have been explored. The Welsh Government also highlights the importance of ensuring that when homelessness has occurred, services work to prevent it from being 'repeated' (Welsh Government, 2021b).

3.12 Prevention activities can also reduce the demand for emergency accommodation services, as highlighted in the Rapid Rehousing section of this report.

3.13 Local authorities have a duty under The Housing (Wales) Act 2014 (HWA, 2014) to review homelessness in their area, developing strategies to prevent homelessness whilst also providing help for those who are threatened with homelessness. The local housing authority must work alongside other public authorities, voluntary organisations, and other persons, to ensure that these

services are designed to meet the needs of groups at particular risk of homelessness (Law Wales, 2023).

Guidance and funding requirements

3.14   The Welsh Government's Homelessness Advisory Group report published in 2020 (HAG, 2020b) highlighted the need to strengthen preventative pathways for young people in particular. The YIF fund, which exclusively supports this group, is in a key position to contribute to services, and learning around how this might work in practice.

3.15   YIF applicants are required as part of their progress updates to report on how their project has directly contributed to the implementation of Part 2 of the Housing (Wales) Act 2014 by working with partners to directly prevent young people becoming homeless (and provide intensive solution-focused interventions to those who find themselves without accommodation).

Joined-up Working

Government strategy and vision

3.16   A recurring theme in ministerial statements[2] is that homelessness is a public services matter, not just a housing one, and that ending homelessness requires a whole system, cross-sectoral approach. More specifically, the Welsh Government's Rapid Rehousing Transition Plan Guidance (Welsh Government, 2021a) recommends:

- a 'hub approach' with access to/ co-location with other agencies within the triage assessment model
- multi-agency governance for Rapid Rehousing transition plans
- shared understanding of referral pathways and eligibility criteria

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[2] Establishment of Homelessness Action Group; Written Statement: Response to the report and recommendations from the first Homelessness Action Group; Homelessness Prevention Update; Covid 19 response Homelessness and Rough sleeping Update; Phase 2 of Homelessness Plan; Phase 2 of Homelessness Plan Update; Oral Statement; Publication of Action Plan.

- a focus on transitions where the risk of homelessness is high (e.g., leaving prison or local authority care)

3.17   The Homelessness Action Group also made recommendations on joined-up working, including:

- multi-agency assertive outreach and case conferencing (HAG, 2019)

- ongoing use of COVID-19 'coordination cells' to coordinate multi-agency operational working, and the use of existing structures, such as Regional Partnership Boards to provide cross-sectoral strategic oversight (HAG, 2020b).

- Ongoing work to develop services which respond to people experiencing both substance misuse and mental health challenges (HAG, 2020a).

3.18   Ending Homelessness in Wales (Welsh Government 2019, p.1) states that:

> '...all public services and the third sector have a role to play, working together to prevent homelessness and where it cannot be prevented ensure it is rare, brief and unrepeated. Partnership working therefore must be at the heart of everything we do.'

3.19   In the Ending Homelessness White Paper (Welsh Government, 2023f), the Welsh Government proposes to further strengthen joined up working by introducing a duty to identify and refer those at risk of homelessness on a range of statutory agencies, including; an expanded duty to co-operate for a wider range of public services; a duty on specified public services to take action where they have statutory functions; a case coordination approach for people experiencing homelessness with multiple and complex needs; stronger strategic leadership of homelessness at regional level.

Guidance and funding requirements

3.20   YIF Guidance states that applications 'are open to all sectors and collaborative bids are encouraged' (p.3) and that the 'Welsh Government would welcome applications that include evidence of partnership working

between statutory and third sector, and cross sector statutory involvement'
(p.4).

3.21   In its Phase 2 Planning Guidance (Welsh Government, 2020b), the Welsh
Government sets out as one of the principles for planning: 'multi-agency
involvement at a strategic level and in the delivery of support' (p.7). Multi-
agency assessment is recommended at triage stage, with wraparound
support as needed from mental health, substance use and other services to
enable tenancy sustainment. Local authorities, Health Boards and Area
Planning Boards are advised to work together to improve access to mental
health services and substance misuse treatment.

Person Centred Approaches

Government strategy and vision

3.22   The Welsh Government (Welsh Government, 2021b, p.5) states as one of its
key principles that: 'All services should place the individual at the centre and
work together in a trauma informed way'.

3.23   The Welsh Government commissioned HAG report (HAG, 2020a)
highlighted that ongoing training and work around culture change is required
for local authorities to shift to a consistent trauma-informed approach.

3.24   NHS Wales Shared Services Partnership (no date) offers the following
definition of what it means to work in a person-centred way:

> 'Person centred care refers to a process that is people focused, promotes
> independence and autonomy, provides choice and control and is based
> on a collaborative team philosophy. It takes into account people's needs
> and views and builds relationships with family members.'

3.25   Ensuring that the service is trauma informed underpins this approach, and
has been defined as seeking to:

> 'Actively resist traumatising people again and prevent and mitigate
> adverse consequences, prioritising physical and emotional safety and

commits to 'do no harm' in practice and to proactively support and help affected people make their own informed decisions.' (ACE Hub Wales, 2022, p.10).

3.26　The Welsh Government has previously committed specific funding to Cymorth Cymru to support local authority and commissioned staff to learn trauma informed principles, through funding targeted training via the Homelessness Prevention Grant - this training took place during 2017-18 and 2019-20 (Cymorth Cymru, 2022).

3.27　In the Ending Homelessness White Paper (Welsh Government, 2023f), the Welsh Government sets out its plans to create a 'person-centred system' with fewer eligibility criteria for local authority assistance for those experiencing or at risk of homelessness and a focus on co-producing meaningful Personal Housing Plans.

Guidance and funding requirements

3.28　Whilst a person-centred approach is expected to underpin funded projects (and was mentioned explicitly within the Phase 2 Guidance), those funded through YIF and Housing First were required at application stage to demonstrate how they planned to deliver a trauma informed service, for example, YIF bidders were asked, 'What proposals have you in place for ensuring that all relevant staff are appropriately trauma informed or aware of the experiences of young people?'. For the Housing First projects, the adoption of trauma informed practice is a key feature of Housing First philosophy (Welsh Government, 2018).

Government strategy and vision

3.29　The Welsh Government has identified the importance of ensuring clients are more meaningfully involved in both the design and delivery of projects. For example, Ending Homelessness in Wales (Welsh Government, 2021b, p.5)

states: 'Policy, service delivery and practice should be informed and shaped in a co-productive manner and by those with lived experience'.

3.30 The Welsh Government commissioned HAG report (2020a) recommends that people with experience of homelessness contribute to the design, delivery and evaluation of services: 'Involving people early – and at key moments – to allow people time to genuinely influence the work'. (p.24).

3.31 The Welsh Government has modelled this approach, by conducting and commissioning extensive engagement – from people with lived, as well as professional experience of homelessness services – in preparing its recent Ending Homelessness White Paper (Welsh Government, 2023f).

3.32 Overall, whilst the need to involve people with lived experience at project and local level is alluded to at the Welsh Government level (e.g., to inform Rapid Rehousing plans), what this means and how this should look to those who deliver services is not clear.

Guidance and funding requirements

3.33 YIF funded projects are required to report on how service users are involved in the service review process and also to report on how feedback is gathered (whilst the latter is distinct, they form part of the same question). Co-production is not explicitly referred to within the project review documents, though the YIF programme manager highlighted that all projects are required to report on how those with lived experience are feeding into project progress.

3.34 Projects which access HSG funding, either as additional support (e.g., as a 'top up' of YIF funding), or through continuing beyond Phase 2 and being 'mainstreamed' - are required to ensure that service users (particularly those who are underrepresented or marginalised) are at the heart of shaping all aspects of the service offer (Welsh Government, 2020a).

Using Evidence

Overview and context

3.35 The Welsh Government's Rapid Rehousing vision (Welsh Government, 2021a) makes clear that local authorities need to develop a clear understanding of housing need, including trends across different cohort profiles. It also emphasises that Rapid Rehousing plans should be built on good local data about housing and support needs in the local authority area. For funded projects, a Welsh Government commissioned HAG report (HAG, 2020a) highlighted that those with lived experience should be actively involved in evaluating the services they use.

3.36 This section considers the extent to which the evaluated programmes measure and report progress to either: contribute toward an understanding of need and trends across the local areas in which they operate; or offer learning on which models and approaches work best in which local contexts.

3.37 Ensuring that projects have robust measurement processes in place can help to inform what is working well in particular contexts and across different parts of the system, enabling consideration of where gaps and opportunities are.

3.38 It should be noted that since the 3 funding programmes included within this evaluation were set up, the Welsh Government has made significant progress in developing an Ending Homelessness Outcomes Framework, including a new Housing Support Grant outcomes framework (which has been implemented since April 2023) , through engagement with the sector (Welsh Government, 2023b).

4.   Rapid Rehousing

4.1   Given the explicit focus on Rapid Rehousing within the Phase 2 programme and the centrality of this model to the overarching homelessness strategy, this evaluation considers whether and how the 3 funding programmes have contributed to the development both of Rapid Rehousing, and to learning about enablers and barriers to Rapid Rehousing in varied contexts and with different cohorts.

4.2   This section is divided into 3 sub-sections:

- **Access to suitable and ideally settled housing**, which is clearly necessary for a Rapid Rehousing system to work effectively. However, bolstering housing supply alone may not be sufficient to implement Rapid Rehousing. Whilst recognising and presenting evidence about the significant challenges accessing housing, the research team also considered the factors below.

- **Progress and learning in relation to creating a Rapid Rehousing 'system'**, which can assess, triage and lever in support from a range of different agencies where needed, both to provide crisis response and to enable resettlement, and which can reduce the flow of new and repeat homelessness.

- **Evidence of a change in culture away from a 'staircase' model**, in which people experiencing homelessness need to demonstrate 'tenancy readiness' before move-on, and in which there is an expectation that people will move as their support needs change, rather than support following the person, with moves minimised.

Access to Housing

4.3   A recurring theme in the interviews with professionals was the lack of suitable and affordable housing to supply the Rapid Rehousing system at each stage, from prevention, through temporary accommodation to resettlement and transfers where needed to promote tenancy sustainment. This means that the idea of 'rapid' rehousing does not always feel relevant on the ground.

4.4   One council officer overseeing Housing Support Grant projects explained that even when a young person in supported housing is approved as ready to move on and placed in the highest priority band, it can still take a year or 2 for a property to become available, by which time some have 'gone backwards, people lose motivation' (Case study interview). In another area, young people ready to move on from a YIF-funded supported housing project are not given priority banding, unless they have medical issues.

4.5   The private rented sector (PRS) was described as unaffordable in many areas and, for younger people who are on Universal Credit, LHA will only cover a shared room, which – even if available – was felt to be a 'backwards step' from self-contained supported accommodation.

4.6   The lack of move-on options means that people are staying much longer than intended in funded supported accommodation projects such as training flats. Some participating local authority officers and support providers felt that people were sometimes being 'by-passed' by social landlords. It was pointed out by participants at the Community Housing Cymru focus groups that this is a complicated topic and Registered Social Landlords (RSLs) are bound by allocation policies and processes, often agreed locally. Within the allocations process sometimes applications are missing key information or documentation at the point of an offer; sometimes sensitive letting policies are in place, perhaps because of previous or existing anti-social behaviour in an area. The Welsh Government has commissioned further research to better understand social housing allocations (Welsh Government, 2023a). RSLs also highlighted underlying tensions between local authorities who are understandably focused on moving people on from temporary accommodation, and landlords who are keen to create sustainable tenancies.

4.7   Local authorities had taken a range of steps to try and bolster housing supply, using some of their Phase 2 funding where possible to support this:

- One local authority had not been successful in any of its requests for Phase 2 capital funding but had used Phase 2 revenue funding to

provide support to residents of a newly acquired 'village' of 10 modular one-bedroom temporary accommodation units. This initiative was felt to have been a success by the local authority, both in reducing the local authority's temporary accommodation spending and in giving them control over placements which they particularly valued, given that they do not hold their own housing stock.

- Another local authority had been successful in obtaining some Phase 2 capital funding and had used this to buy back 5 former council properties which had been sold under Right to Buy. These properties are being let through the mainstream shared allocation process. However, the local authority participant was frustrated that they had not had the flexibility to buy other properties which were on the market at the time and would have better met local housing need but did not quite meet national space standards. The local authority would like to have bought these slightly smaller properties with a condition to either bring them up to national space standards or sell them over a 10-year period.

- A third authority felt that, of their various strands of Phase 2 activity, the capital funding which they had used to make acquisitions had had the most positive impact in relation to permanent housing and being able to re-house those experiencing homelessness.

4.8 Local authority and RSL participants were keen to develop new social housing to support the Rapid Rehousing approach, and welcomed additional capital to do so, but they described delays and challenges in this. These included:

- Decisions and delays within the planning process. For example, one RSL reported to have been able to build a much-needed block of one-bedroomed properties in a town centre, but that local politicians had succeeded in lobbying for this to be designated for older people.

- Local issues which are impacting on housing supply. For example, in one local authority, an issue with contaminated land has led to a suspension of all planning applications to develop or convert properties.

- Reluctance by social landlords to develop one-bedroom properties in more rural areas, where larger blocks of flats are unlikely to be given planning permission, bungalows are expensive to develop, and it can be challenging to create sustainable tenancies for previously homeless

single households in areas where there is limited access to services, transport and employment.

- Increased labour and material costs due to inflation and European Exit.

- The requirement to spend the Welsh Government capital funding within the financial year, and the challenges of building or purchasing properties within these timescales.

4.9   Participants highlighted some examples of good partnership working between local authorities and RSLs to develop new accommodation, including permanent homes for those with histories of homelessness. One local authority had partnered with housing associations to develop several 'managed schemes' of self-contained flats to rehouse people with significant histories of homelessness on secure contracts, with on-site support and access to multi-disciplinary input. This can be seen as a positive housing-led response to the challenges of limited supply, increasing demand for temporary accommodation and a significant cohort of individuals who have been 'circling around homelessness services' for many years. This example is discussed in more detail in the separate VfM report.

4.10   Partnerships between funded projects, registered social landlords and local authority homelessness services are also discussed in more detail in paragraph 6.3.

Access to the private rented sector (PRS)

4.11   General feedback from all stakeholders was that access to the PRS has become very challenging for those who are on low incomes or reliant on benefits to pay their rent. This is partly due to market rents rising to significantly above LHA rates, which – over the course of this evaluation - had remained frozen since 2019, though the UK Government has since announced plans (Hobson, 2023) to increase these from April 2024. Research carried out by the Bevan Foundation in early 2023 (Bevan Foundation, 2023) found that only 1.2% of advertised properties across Wales were affordable within LHA rates. There was also a strong perception

from some professional stakeholders interviewed that the position has become more difficult since the implementation of the Renting Homes (Wales) Act 2016 in December 2022. This was reported to be impacting both on the numbers of people at risk of becoming homeless and also on the availability of housing options to support Rapid Rehousing or move-on from temporary and/or supported housing.

4.12   One Housing First project uses mostly PRS tenancies. The same Housing First project reported considerable benefits from this – such as being able to give greater choice around which areas people live in (i.e., not just low demand areas where 1-bedroom social properties tend to be concentrated) and make managed moves between properties where things are not working out. Using the PRS requires regular liaison with landlords and only works financially because the project (through Discretionary Housing Payments[3]) can top-up LHA rents, often by several hundred pounds a month. Even with this in place, project staff have seen some of their existing private landlords withdraw from the market altogether - some landlords have issued Section 21 evictions – or become increasingly reluctant to take on new Housing First tenancies, which project staff attribute to the impact of the Renting Homes (Wales) Act. Project staff are now working to build relationships with social landlords, though identified the challenge that some people want to make a fresh start outside of the local authority area but are restricted due to local connection rules.

4.13   Another case study local authority used some of its Phase 2 funding to add a PRS Access Officer post to the in-house Local Lettings Agency which it had set up in 2015. This post has a particular remit to broker temporary accommodation placements within the PRS. A third authority explained that

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[3] Discretionary Housing Payments (DHPs) are paid to individuals who are already in receipt of either Universal Credit (Housing Component) or Housing Benefit to provide further support with rent. Payments are made at the discretion of the local authority, with funding from Department of Work and Pensions or from Welsh Government. Evaluators were not provided with information about which of these original funding sources provided the DHPs used in this project.

it had been using Discretionary Housing Payments to pay the gap between market private sector rents and LHA rates:

> 'But if you look at the gap now you wonder if that's the best use of money – yes we might cover the gap for 6-12 months but then what? Is it the local authority's responsibility to be a rent guarantor for an indefinite amount of time and is that really homeless prevention… or just sticking plasters?' (Local authority interviewee, case study site).

4.14 The announced increase in LHA rates from April 2024 is expected to have a positive impact on these challenges.

Creating a Rapid Rehousing Strategy

4.15 Paragraph 2.14 included a diagram describing key elements of a Rapid Rehousing system and highlighted the importance of viewing Rapid Rehousing as a whole system approach.

4.16 This section sets out examples identified by the evaluation which appear to be working to improve the appropriate and sustainable movement of people through a Rapid Rehousing system in Wales.

Triage and assessment

4.17 One authority explained that it had received revenue funding for its triage model from Phase 2, along with a valued template for the model within the Phase 2 guidance, which had provided sufficient authority for them to persuade other agencies and departments to join. The pilot had enabled them to demonstrate the critical importance of 'triage' – delivered through a multi-agency hub with outreach services encouraging people to access it:

> 'A multi-disciplinary assessment is a crucial first step where you are trying to resettle people with multiple and complex needs……we've had quite young people go straight from there to residential care, so you need to do

that as a first step to Rapid Rehousing…. You don't want to rapid re-house into failure.' (Case study interview)

Workers who 'stick' to the person

4.18   Whilst there is an ongoing role for supported accommodation (in which the accommodation and support come together as a package), there is a danger that people face 'cliff edges' in support when they move out of supported accommodation. There is also the risk they end up stuck in short-term supported accommodation where they no longer really need the support because there is a lack of settled accommodation to move to. Having some workers who attach to the person, rather than the accommodation they are currently in, was felt by interviewees to provide both continuity of relationship and advocacy to identify and access housing options and the support needed to sustain them.

4.19   For example, one local authority had used some of its Phase 2 funding to employ 'Rapid Rehousing Workers.' The local authority feels this has made a radical difference to how the system is working, despite numbers in Bed & Breakfast having more than quadrupled in the last few years and a huge shortage of one-bedroom tenancies to move people to. Now, the Rapid Rehousing Workers can provide much more intensive support to those in temporary accommodation than Housing Options caseworkers could previously. They offer wellbeing checks, visit Bed & Breakfast accommodation to deliver outreach 'surgeries', feedback and chase up on homelessness and housing applications, help people to access medication and link them into other care and support services. This was reported to have 'stabilised' people, reduced anti-social behaviour, and improved the speed and effectiveness of rehousing, despite challenges with lack of housing supply.

4.20   Crucially, when a person moves into a new tenancy, the Rapid Rehousing Workers 'straddle both the temporary accommodation and do the

resettlement support so there is no gap in support at the start of a tenancy' (Case study interview). In the past, caseworkers would make a referral to the tenancy support team when someone got a new tenancy, and there would typically be a wait of a couple of weeks and the need to build a relationship with a new worker. This was just at the time when people needed intensive support to set up in their new home – local authority officers interviewed gave the example of people abandoning newly-allocated properties because they had no utilities. Now, the Rapid Rehousing Worker can provide continuity and, if someone needs ongoing tenancy support, make sure there is a seamless handover.

4.21 Other examples of identified services within the scope of this evaluation which provide person-centred continuity across key transitions include:

- Services which can support and advocate for young people, sticking with them as they move through different accommodation.

- Housing First for Prison Leavers, which engages and assesses people with multiple and complex needs whilst in prison to arrange access to housing and provide wraparound support on release.

- Critical Time Intervention, which provides 9 months of intensive support for people leaving custody.

Stepping support up and down flexibly

4.22 Another key part of a successful housing-led system is that there is enough flexibility to step support back up at times of crisis and prevent people becoming homeless and having to start back at the beginning of a pathway. One worker described this as 'planning for people to come back around again' (Case study interview).

4.23 Although based around a very small, supported accommodation project, a specialist project for LGBTQ+ young people has a strong preventative outreach focus to ensure wherever possible that people do not need to move in, and that those who move out settle well. The project recognises that

young people often do not follow a linear pathway and sufficient flexibility to respond to this has been built into the model:

> 'Someone else had a couple of false starts at moving out – because of our system, we were able to work with them more flexibly. It might not work out and it didn't, but it was ok, they were able to come back and feel ok about the fact it had failed, because it wasn't actually a failure. And they've been living independently for about 15 months…. they were able to survive those false starts without judgement.' (Case study interview)

4.24   In this way, the project contributes to what was termed 'tertiary prevention' in Table 1 (see Paragraph 2.8).

Culture Change

4.25   For participating operational staff in particular, there was some confusion around the term 'Rapid Rehousing' and some trepidation around its use. Local authority interviewees raised concerns about the term 'Rapid Rehousing' (though not about the ethos underlying it) since it risked raising expectations about how quickly a person can 'get a house' if they present as homeless.

4.26   Some of the professionals participating in interviews were clear about the importance of removing the conditions to accessing social housing, especially for those with long term histories of homelessness, trauma, and complex needs. Workers from (adult) Housing First projects in the case studies described the transformative impact for many of their clients of having a home of their own. Other local authority interviewees emphasised the importance of seeing tenancy sustainment as the primary objective:

> 'There can be a lot of expectation that Housing First will change people's behaviour, but it may just be the best way to keep a roof over someone's head.' (Case study interview)

4.27   The local authority that had developed 'managed schemes' (mentioned above and described in more detail in accompanying Value for Money (VfM) report) had done so because they wanted to 'move away from the staircase model' and, instead of 'running a hostel', provide 'permanent housing, to stop people coming back around the system'.

4.28   These views were, however, not widespread across those interviewed. There was still a strong sense from many people working in local authorities, support providers and housing associations that people needed to be or were not yet 'tenancy-ready'.

4.29   There was some confusion about which cohorts of people Rapid Rehousing was relevant for. Some felt it was intended for the 'most vulnerable', others thought it was 'more suited to families'. There were particular concerns about how Rapid Rehousing applied to younger people:

> 'A lot of the Rapid Rehousing assumes that people are tenancy ready and can   go into their own tenancy – a lot of our referrals aren't ready for that, they aren't ready to manage their own front door… they need supported housing, shared accommodation to get the intensive support. They are still young, they need that stepping stone – it does need to be a staircase type pathway – more of a journey.'

4.30   Some of the local authority participants were sceptical about whether protected characteristic groups, such as women or LGBTQ+ young people, faced barriers in mainstream provision and had needs which were sufficiently diverse to warrant specialist supported housing or Housing First projects.

4.31   Some participating support providers and local authority officers were clear about the value of being able to 'flip' or convert a tenancy from supported ('specified exempt') to general needs, where a person had settled in the property, but the support had come to an end, or they had got a job. Community Housing Cymru members participating in the focus group had mixed responses to this approach - some were keen to promote the

approach; others took the view that it was easier for the housing association to 'move the person' than go through the process of negotiating with colleagues in the Housing Benefit department and identifying another property to designate as supported. This suggests a culture in which processes and systems tend to outweigh the needs of the person.

4.32　　Some interviewees raised questions about the longer-term vision for Housing First. Some were concerned that schemes are quick to fill up, slow to grow (due to both challenges accessing housing and expanding the support team), and that, once full there is very little turnover, given the ongoing nature of the support. Some people expressed concerns that the model encourages 'dependency' and should be focusing more on preparing people – especially younger people - for independence, by not 'doing too much for them' or 'constantly bailing them out'. It was clear that many of the long-standing Housing First customers continue to have high healthcare needs, and that their need for support may increase rather than decrease over time – a point explored in the VfM case studies, and in earlier research conducted by IBA (Blood, Birchall and Pleace, 2021).

5.   Prevention and Early Intervention

5.1   This evaluation considered the ways in which funded projects are contributing to key national policy objectives, and how they are potentially supporting local authorities to meet their aims with a particular focus on how this looks across the whole pathway (giving regard to HAGs report). The evaluation focuses on ways in which homelessness is being prevented in the first place; preventing or reducing use of emergency and temporary accommodation (as considered in the Rapid Rehousing chapter); and actions to reduce the likelihood of homelessness being repeated.

5.2   Many projects within the sample work with people who are already homeless and/or have a long history of homelessness or housing instability, including rough sleeping. Those accessing accommodation-based projects tended to be identified once they had already entered the statutory homelessness system, either through making a homeless application, being moved through supported housing, or leaving care (rather than supporting someone whilst they are in care). 'Prevention' applies only to these projects where they aim to support people to exit homelessness sustainably. This is the opposite of 'acute' spending which has been described by Fitzpatrick, Mackie and Wood (2021) as 'repeat prevention'.

5.3   However, some case study projects included in this evaluation are seeking to work with people further upstream (arguably 'secondary prevention'). For example, targeting those leaving care or prison, or supporting those who are at imminent risk of becoming homeless.

5.4   Of the 7 YIF projects that offer floating support, all refer to some element of early intervention work.

5.5   The Housing First projects, due to the nature of the service (i.e., working with people who have multiple and complex needs and/or experience of rough sleeping) – work with people who are either already post-56 days, or who are likely to become homeless without accessing the service. Where service users are placed in accommodation (supported or permanent), projects are

expected to work toward ensuring future tenancy sustainment to prevent homelessness occurring in the future. One of the funded Housing First projects, has developed a new sub-project focusing on those leaving prison; this engages with people whilst they are in custody so as to prevent homelessness on release.

5.6   Regarding the use of temporary accommodation, all accommodation related projects spoke of reducing the use of temporary accommodation through offering an alternative route (with upstream floating support assessed as key to preventing people going into it in the first place, see below). However, as those spaces have filled, most participants report operating a waiting list – meaning referrers are not able to access the alternative routes quickly in order to prevent people going into temporary accommodation.

Good Practice and Enablers

Focusing on the needs of particular groups

5.7   In case study sites where upstream work was a focus, the research team found examples of promising practice and learning around what works when engaging particular groups – especially younger people (though also those with multiple and complex needs, considered below). One project adopted minimal referral or self-referral criteria in order to pick up those at risk of homelessness. This means that the project accepts any referrals from or for anyone who fits within their age range and has any kind of housing issue – the only reason they reject a referral is if it has come from a professional and the young person does not want the referral or there has been a misunderstanding about what the service might offer. This service also forged referral partnerships with a wide range of agencies to pick up young people with any kind of housing issue, including Probation and Children's Services to catch individuals at key transitions and/or where there is a tenancy or home situation that might be sustained. This includes working with Leaving Care teams and Family Intervention teams working with young

parents at risk of losing tenancies and/or children into care as well as other young people whose living arrangements are at risk. As mentioned in the previous section, a project working with young LGBTQ+ people carries out preventative work alongside supported accommodation to explore alternative options; it achieves this through providing training to organisations at a local/regional level and through a one to one outreach offer.

Supporting early intervention

5.8   Learning from those outreach projects which fell within scope of this evaluation shows how offering floating support can achieve more upstream homelessness prevention. Based on progress returns, all projects which incorporate a floating support element report positive outcomes in relation to the prevention of homelessness, particularly through mediation with families or other carers, or by securing alternative accommodation. However, we are unable to report exact numbers here, due to data collection methods not being consistently recorded (this is considered in Section 9, relating to the use of evidence to measure performance and impact).

5.9   Project interviewees talked about how their service had prevented people going through the homelessness system altogether through developing independent living skills, or mediating where relationships are at risk of breakdown (which in turn reduced either the incidence or duration of the use of temporary accommodation). In one case, an interviewee with lived experience explained how the project had prevented them from becoming homeless due to going into custody:

'Before when I've come out I've not had accommodation... I've just gone back to my usual routine and ended up back in jail…. This time I had contact with [project workers]...They were going to release me as NFA [no fixed abode]but [the worker] fought for me to have somewhere....We had joint meetings with the housing officer to do this. [The worker] helped to

make sure I got what I was entitled to.' (Case study interview - lived experience).

5.10   While early intervention was mainly incorporated through projects which offered floating support, this was not always the case. For example, a Housing First project, through recognising that a focus on rough sleepers meant that they were not capturing the hidden homeless (e.g., sleeping on sofas - which was felt to affect women in particular) took actions to accommodate this group, which could in turn prevent these people from presenting to the local authority at a later date.

Supporting integration and independence

5.11   Having the flexibility and skills to work with whatever 'is on top' for the individual and offering holistic support around that – rather than focusing only on the presenting housing issue was viewed by operational staff and people with lived experience as the most effective way to ensure prevention outcomes are sustained. Examples include offering a range of support with education, training, and employment (ETE), tenancy training, confidence building, and community integration, tailored to the needs of the individual.

5.12   Participating service users, particularly young people and those with multiple and complex needs, highlighted how the more intensive support offered through targeted projects was helping them to become more stable. This was viewed by participating service users as a key element to prevent them going through the homelessness system again in the future:

'I have more knowledge now about the tenancy and what it entails, understanding the process and what to do. I also know what your rights are and paying rent out of benefits. Practical things in the tenancy I needed to know… [the workers] demystify some of the confusion which would mean that I'd not carry on sometimes'. (Case study interview previously Lived experience).

'I probably know a lot more than I did before I moved into the training flats. It just feels like common knowledge now'. (Case study interview previously Lived experience).

5.13   For people with multiple and complex needs in particular, intensive support was seen as essential to support positive move on and reduce the likelihood of homelessness being repeated (however, this process means it can take significant time to measure future prevention outputs). One interviewee in temporary accommodation who receives floating support through a mental health nurse told us how this was helping him get his life back on track and get ready to move into settled accommodation.

'I got recalled last year to prison…I lost my mum when I was in a prison [became homeless] and was in a bad place. [the support worker] is always coming to the hostel – she comes to see me and I really appreciate it…I can open up to her about sensitive stuff – we clicked straight away... [she] takes me for coffee and a walk and she says I can phone her at any time. Some days my depression is bad – but you can talk to someone...I have started gardening and I speak [on a lived experience panel]. Before I would go quiet, she supported me to open up, she is so patient. I have been in prison all my adult life – I could easily fall back without keeping busy. I am on the register for housing now – I don't think [I am] ready to move on yet – there is no pressure which is good…This is the longest I have been out of prison now...'. (Case study interview - lived experience).

Increasing awareness across other services

5.14   Some projects referred to agencies across sectors building an increased understanding around the role they can potentially play in identifying and responding to those at risk of homelessness. Some participants felt this had improved as a result of the pandemic. Some activity is underway to raise awareness that homelessness is 'everyone's responsibility', not just

homelessness services, e.g., North Wales authorities collectively holding an event involving statutory and community and voluntary service (CVS) partners to consider what role each can play.

5.15   Community Housing Cymru reflected that many of their Registered Social Landlord members were investing considerably in a wide range of services to prevent tenancy breakdown (e.g., income maximisation, energy efficiency advice, tenancy support) and that they were seeing huge demand for these services post-COVID-19 and given the cost-of-living crisis.

Barriers

Lack of early intervention models embedded in projects

5.16   As highlighted at the beginning of this section, 'true prevention' should begin prior to the 56 days where a statutory duty kicks in, with those duties treated as a 'last line of defence' when activities to prevent have failed. At present most funded projects reported that their main referral routes come through avenues where statutory homelessness services are already involved, due to a mix of statutory services being under pressure or due to a lack of supply of suitable temporary options. This was a particular issue for young people – with some interviewees reporting limited or no tailored options for this age group in their area - where options are available, staff referred to 'bottlenecks' due to a lack of move-on accommodation. Whilst these referral routes are no doubt needed, and can support effective pathways through homelessness services, it means that there are limited opportunities (beyond the few examples provided above) for projects to adopt an early intervention approach.

5.17   Where one local authority had decided to fund through Housing Support Grant the extension of a Welsh Government-funded YIF project to cover their area, the authority then controlled referrals into the project. This closer working between the project and the commissioning authority brought many

benefits but did restrict the project's discretion to work further upstream in that area.

Less focus on community integration

5.18   Providing support that is not directly related to housing is often necessary to ensure that people are more likely to sustain accommodation in the future (therefore preventing homelessness from happening or being repeated). Yet in one project, some housing support staff did not feel that linked community integration support was valuable. Their view was that resources would be better used to provide more accommodation-based support.

Gaps in data collection

5.19   Whilst monitoring returns provide some idea of the extent to which homelessness (either repeat or through early intervention) is occurring, this is perhaps hindered by a lack of targeted data or evidence collation across projects. As the Welsh Government guidance (Welsh Government, 2021a) stresses the need for local authorities to assess their current prevention performance and set out how to improve this, the lack of linkage through funded projects is a missed opportunity.

Lack of accommodation options

5.20   As highlighted in the last chapter, a consistent finding across the report relates to supply. The lack of suitable accommodation reported across all local authorities is significantly hindering a prevention approach, particularly through early intervention.

6.   Joined-up Working

6.1   The research team explored access to and joined up working with wider services in each interview with workers, managers and people using funded projects. One multi-agency triage and assessment project funded during Phase 2 has been included as a case study. The multi-agency approaches taken during phase 2 and beyond were also discussed in the 3 local authority case studies. Where positive partnership working was identified in the Housing First and YIF case studies, representatives were interviewed from Probation, Children's Services and a manager overseeing a multi-disciplinary team, who were referring into and jointly case managing clients with these projects.

6.2   This section focuses on partnership working with health, criminal justice, children's services, adult social care and the wider community and voluntary sector. Partnership working between funded projects, social landlords and local authority homelessness and housing support functions is considered in the following section.

Partnerships with Housing and Homelessness

6.3   In this section, evidence is considered relating to partnership working:

- Between funded projects being run outside of the local authority and the local authority's homelessness functions (housing options, housing support grant commissioning, strategic housing/ homelessness, housing allocations, etc); and

- With social housing providers (both housing association and local authorities).

6.4   There were examples of good partnership working between funded projects and housing providers. For example, one Housing First project explained how a housing association with whom it has built a good relationship kept vacant an allocated property for several months whilst the new tenant was seriously ill in hospital. The housing association then worked with the project

for the next couple of years to jointly manage anti-social behaviour issues with the tenant, before agreeing to transfer them to a property in different area to so they could make a fresh start.

6.5   However overall, the evaluation found that, even where projects are demonstrating promising rehousing/ repeat prevention models, they do not necessarily appear to be effectively integrated within a wider local Rapid Rehousing system. The research team identified the following facilitators and barriers to this.

6.6   The awareness, appetite, and capacity of projects to challenge conditionality and advocate for the right to housing of those they support within wider housing allocations systems varied. It was clear that the transitional stage in the move to more permanent accommodation was seen as necessary, but not always described by project staff in a way that would suggest housing was seen as a right. Participants highlighted examples in which frontline workers normalised and accepted 'one offer' policies and the need for individuals to prove their 'tenancy-readiness' and felt they could do little to influence other parts of the pathway. Where Housing First and other intensive support services were relatively new, there was a sense that decision-makers do not yet fully understand or trust the support model to wraparound the individual and enable them to sustain a tenancy.

6.7   Where support providers have direct, formalised relationships with housing providers (e.g., through a joint bid at the outset, an existing group or partnership structure, or through a service level agreement (SLA)) or where senior people within the housing organisation understand and buy in to the values of a project offer (i.e., Housing First), this was felt to enable better access to properties. A project run by a third sector organisation described its frustration at the local authority's failure to address move-on requirements which had been identified at the outset of the project, and its lack of direct relationships with other housing providers (including private sector landlords and estate agents) outside of the council. A HF4Y project had merged with a Registered Social Landlord about 5 years ago, having previously struggled

to identify move on through other routes. The project can now tap into new affordable housing developments to provide stable housing options. Another project had only informal partnerships with housing providers which hinged on relationships with individual housing officers.

6.8   Security of funding, or a time-limited offer for wrap-around support on resettlement, and engagement of wider services (e.g., mental health) where needed may not be sufficient to reassure landlords to offer secure tenancy rights, especially to those with multiple and complex needs and/or a history of tenancy problems. Community Housing Cymru reported at a national level that lack of access to mental health services increased their members' concerns that tenants would be left without treatment and/or support.

6.9   One landlord interviewed who is providing tenancies to a YIF-funded HF4Y project, highlighted the costs and risks for landlords which are often hidden from funders, but include additional housing management input and may include substantial refurbishment costs where properties have been damaged.

Support and advocacy model

6.10   One YIF-funded project provides holistic and strengths-based assessment to young people who are experiencing or are at risk of homelessness, whether they are living with family, in temporary accommodation or in their own tenancy. The assessment covers housing, social connections, health and wellbeing, daily living, and attitudes and behaviour. The young person co-produces the assessment and action plan and decides which people (professionals or others) they want to invite to a meeting to help them achieve their goals.

6.11   The project workers in this service can provide flexible support to help people get what they need and are entitled to from other services – this might include advocacy, referrals, joint working, attending meetings or calls

with the young person. Project workers have built good relationships with some statutory professionals, by providing flexible, relational, and practical assistance to shared clients that statutory homelessness officers do not have the time or remit to provide and can act as an 'early warning system' to prevent crises.

> 'There is a fear factor with statutory agencies, we can say – we aren't social services – and that makes people feel they can be more open. I understand that from my lived experience…'   (Case study interview - professional)

Good Practice and Enablers

6.12   This section presents examples of 3 promising models for delivering multi-agency support to people experiencing or at risk of homelessness identified within the case study sites and aligning with the Welsh Government's vision.

Triage and Assessment

6.13   The regional Specialist Mental Health and Substance Misuse Health Outreach Team (known locally as the Housing Outreach Team) was created in response to the findings of a Health Needs Assessment completed in early 2020. This assessment identified challenges accessing suitable mental health care for those with co-occurring substance use and/or whose needs did not meet the criteria for secondary mental health services. The regional Housing Outreach Team was kickstarted using Phase 2 funding during the COVID-19 pandemic. Following the Phase 2 funding, the team has been commissioned by the 3 councils in the area, using Housing Support Grant with a contribution made by the Area Planning Board and Health.

6.14   The integrated multi-disciplinary team includes specialist nurses, support workers and Trauma Counsellors to provide outreach support for people experiencing homelessness and placed in temporary accommodation. The aim of the team is to end homelessness and reduce the cycle of repeat

homelessness. Referrals come mainly from third sector providers who oversee hostels, temporary accommodation placements and Housing First Projects. Most referrals are single people experiencing homelessness who are in crisis and in need of a health intervention.

6.15   Evaluators interviewed several people accessing this service, who told us they particularly valued the fact that the Housing Outreach Team workers came out to visit them in their temporary/ supported accommodation and liaised closely with housing support staff (where they had consented to this information sharing) and with others involved in their care. They also valued the holistic and relational approach to substance use and mental health support resulting from this joint working. For example, one person described how they had been supported by their Housing Outreach Team worker (a mental health nurse) to get involved in a range of activities in the community – from bowling to litter picking, and from volunteering to joining the Area Planning Board's service user involvement group to give feedback on services. These had helped the individual to stay off substances through both improving their confidence and building a new network of people to support recovery. This person also told us they received vaccinations, physical health checks and assessment from the Housing Outreach Service's nurse:

> 'She gives COVID injections, asks how you are, how things are going – lovely.'

Homelessness Multi-disciplinary Team

6.16   As part of a review of outreach services in one local authority, Phase 2 funding was used to create a team of Complex Needs Case Coordinators, each with a caseload of 10-15 of those with the highest level of needs living in the council's complex needs accommodation. The homelessness multi-disciplinary team (MDT) was launched in 2019, when rough sleeping was very high, and provides treatment, therapeutic interventions, and case

management to these individuals. As the Phase 2 funding came to an end, the team has continued to build and evolve through successfully applying for new funding streams. The MDT now includes counsellors, substance workers/ nurse/ rapid access to prescribing worker, community response workers (working around cuckooing/ county lines), occupational therapists, community psychiatric nurse, mental health social worker, primary care nurse, probation officer, adult mental health social worker, police officer, diversionary activities officers, and an into-work coach.

6.17 The team was created to tackle the failure of mainstream services to include people experiencing homelessness, especially those with multiple and complex needs. They can assess and provide initial intervention to stabilise, with an aim of advocating for and coordinating mainstream services to provide ongoing support where needed. Their input is not intended to be long-term; and because many of the team have joined from local mainstream services, they report some success in improving access by the cohort to their 'home' service.

Specialist homelessness nurse post

6.18 One local authority explained that they had benefited from a health-funded specialist homelessness nurse for a number of years and knew that this model worked. The Phase 2 funding allowed the post to be increased to full-time and also provided match-funding (with the Health Board) for a mental health nurse. The nurses provide accessible clinics in a variety of venues including outreach, hostels, supported housing and day centres. They act as care coordinators, assisting those people experiencing homelessness and vulnerable people to access mainstream health services wherever possible. The local authority representatives interviewed argued that 'every local authority should have an outreach nurse'.

6.19   There are further examples from across the funded programmes, including setting up multi-agency provider panels (both for referrals and ongoing case management), and partnerships with third sector organisations.

Enablers of partnership working

6.20   Overall, the evaluation has identified the following enablers of partnership working:

- Partnerships 'hard wired' to project design, e.g., with SLAs between partners.

- Cross-sectoral leadership – e.g., buy-in from senior managers in Health, Social Care, RSLs

- Seconding workers from mainstream services into multi-disciplinary teams

- Providing support that wraps around the person (rather than provision up to the agency boundary)

- Service user involvement in service design

- Co-location of services or support

- Trauma-informed training, bringing together workers from partner agencies.

- COVID-19 'cells'/ multi-agency steering groups overseeing referrals/ coordinating case work.

- Multi-agency governance structures established to oversee local authorities' Housing Support Programme Strategy (which includes their Homelessness Strategy)

- Funding – in this case often from Phase 2 – which can act as a 'springboard': providing bridge funding, enabling expansion of existing models, or better links to Rapid Rehousing.

- Housing Support Grant (match/ continuation) funding can promote local integration.

- Time is needed to establish multi-disciplinary models; changing wider services is an even longer-term goal.

Barriers

Implementation: challenges

6.21   Across all of the case studies, there were examples of different elements of the government's vision for joined up working such as: multi-agency triage and assessment, initiatives focusing on those leaving prison or local authority care, and structures for multi-agency coordination and governance.

6.22   However, some funded Housing First and HF4Y projects were felt to operate 'in a bubble', with partnership working limited to the support provider, housing provider and perhaps the local authority homelessness or housing support team. Although funding applications promise cross sector relationships and involvement, these were often not formalised; health 'buy-in' was felt to be particularly lacking. Other funded projects explained that they had succeeded over time in building operational links with drug and alcohol services, accessing occupational therapy, and even mental health support, though this was typically described as sporadic.

6.23   Lack of access to mental health services and the impact of this on individuals, communities and tenancies was a recurring theme from social landlords, housing support providers and local authorities. In some areas, the wait for initial assessment was reported to be as long as 2 years. Participating housing support workers described providing emotional support and signposting to community and voluntary sector support during the wait. Barriers were intensified for those whose mental health needs were too high to be managed in primary healthcare settings, but not severe enough to meet thresholds for secondary mental health care, especially where there is co-existing substance use. Even where funding has been identified for specialist clinical psychology posts to work with homeless cohorts, recruitment to those posts was reported to be challenging.

6.24   Across sectors, statutory services were reported by participants to be over-stretched and over-whelmed, with a lack of resources to work in a person-centred way. Funded support providers were able to provide more flexible, relational, and holistic support, and advocate for statutory services, to an extent.

7. Person Centred Approaches

7.1   A person-centred approach underpins all other themes covered in this report, it necessitates working across other services and systems and applying elements of co-production. This section considers the extent to which a person-centred approach is being adopted more generally, alongside the extent to which projects are operating in a trauma informed way.

7.2   When measuring the extent to which person-centred principles are applied across the evaluated projects, the research team have been guided by the definitions highlighted in paragraphs 3.22 to 3.25 above, with key phrases explored through the thematic analysis.

7.3   Based on a review across all funded projects, a wide range of person-centred activities are reported, such as supporting service users to set up peer learning or support groups and active involvement in creating and developing support plans. Of projects included in the case studies, most have adopted elements of a person-centred offer. At a more basic level service users were asked what activities they would like to see included in a project. More embedded services actively work towards a support model in which power is shared between service user and worker, with the service user choosing who, how, where and when to access help.

7.4   Overall, however, person-centred and within this, trauma informed approaches are not being applied consistently across staff or across different elements of a project, or across wider pathways of which these projects form a part. Some operational staff were unsure about what it meant to offer a person-centred or trauma informed approach (perhaps unsurprisingly, this was less evident in projects which have adopted Housing First, as these approaches are embedded in the model's ethos).

Good Practice and enablers

Tailored offer to specific groups

7.5   Across all funded projects, examples of projects providing holistic support to people with a range of needs were identified. The research team found examples of projects that tailored their support specifically to the needs of care leavers, with 9 YIF projects reporting a primary, though not an exclusive, focus on this group; a further 4 projects target people coming through the criminal justice system and 3 are currently working with young LGBTQ+ people. All Housing First projects are tailored to people who present with multiple and complex needs. The research team also heard from people with a history of prison and/or substance misuse, who described the support they received as contributing to them becoming independent (which is considered below).

7.6   Some projects are working proactively with people to ensure their particular needs are met. A few projects were supporting young people around their mental health needs, such as through helping people access a GP. A YIF project supported young people with undiagnosed mental health conditions. As a result, 9 young people were diagnosed with ADHD and other conditions (bi-polar, ASD, borderline personality disorder and Emerging Unstable Personality Disorder). This meant that the young people were able to access appropriate help for their conditions. Other examples of holistic support included setting up childcare and making referrals to an LGBTQ+ service, with reference to tackling loneliness and social isolation.

7.7   Some projects employed specialist staff, such as psychotherapists or psychologists and adopted a trauma informed approach at organisational level. We heard from projects who work with young people (staff and service users) on the importance of ensuring specialised youth workers are in place, so their unique needs were understood:

   '[the project is] an asset for young people – they are quite unique – it's just them that specifically deal with young people – that's what they are really

skilled at doing... a specialist pathway for young people [was needed]'. (Case study interview - lived experience).

7.8   At a project tailored to people from LGBTQ+ groups, the research team heard from a person who may have remained homeless were it not for being offered a service that was tailored to their needs:

'I was made homeless and was offered a property by the council but refused as I didn't want to be put in the wrong place, it was better for me to be homeless as I could choose where I wanted to be and feel safer…Before [this project] it was negative support as people didn't understand…it felt like one size fits all and [was] no better than being homeless …[my] identity in the past wasn't recognised, family didn't respond to who I was…I was referred to in my 'dead' name…There was no support specific for LGBTQ before [this project], no one I could rely on.' (Case study interview - lived experience).

7.9   The above quote highlights the importance of considering how a person-centred approach is being offered to different groups, particularly where there are few specialist accommodation options available (e.g., for LGBTQ+).

Taking people's needs and views into account

7.10   A person-centred approach was more evident where it was embedded into project design, such as through a model which supports small caseloads, employing staff with lived experience or delivered through an organisation that has a more specialised focus (as described above). Many projects (those included as case studies and beyond) report that staff are offered training in trauma informed approaches.

7.11   Many participating service users referred to examples of a service that felt relational, tailored to their needs and that they felt listened to, which had led to increased confidence. One person reported feeling cared about and that

staff had gone 'above and beyond' to get to know them and understand their needs, with one helping them to access bursaries from the National Youth Arts Trust and apply to university to study musical theatre. A LGBTQ+ project has supported 4 young people who are transitioning, including advocating on their behalf and providing knowledge about service referral pathways. The below quotes come from service users who accessed 2 floating support projects (both developed through Phase 2 funding):

'If [the worker] thinks I have a bad idea he guides me and supports me no matter what…They all know what I want and I tell them exactly what I want.' (Case study interview - lived experience).

'The help is flexible with when I see them it is a good bridge between formal and informal.' (Case study interview - lived experience).

7.12   A health led outreach service, which received initial funding through Phase 2 and supports those with multiple and complex needs:

'[the support worker] is great – he is always at the other end of a phone– he came to see me in hospital when I was in a coma – the support is bang on really.' (Case study interview - lived experience).

'if you have a bad night or are having bad day – [the support worker] comes to see me – I really appreciate it… [we] go out for walks in the local area... I can open up to her about sensitive stuff – we clicked straight away – first of all I was upset – but [it has] been so easy.' (Case study interview - lived experience).

Promoting independence

7.13   The research team heard from service users that where support was offered, it had been instrumental in helping them get their lives together, such as in one example when a prison leaver with substance misuse issues was building his independence through looking for employment:

'We had a plan for when I came out [of prison] ... She has also been in touch with my probation officer from before I came out and they have worked together...Something clicked when I was in jail, and I decided I didn't want to come back.... all I have to do is pick up the phone... I had support from mental health teams and [support worker] helped me with that.... I used to smoke weed daily, I haven't smoked it since January – Work wise I got confidence to apply for stuff'. (Case study interview - lived experience).

7.14 An accommodation-based project funded through YIF reported that their service users were working toward independence through taking on volunteer projects and taking part in activities in their local community.

Providing control and autonomy

7.15 A few projects ensured service users were actively involved in shaping their case progression. Our findings highlighted this for young people in particular. One project adopted a 2-part review of support plans and distance travelled, where the young person and the worker complete the progress reports independently, with their views given equal weighting. Another project worked with young people to agree on how a hardship fund scheme should be spent.

7.16 Another project described adopting a 'restorative approach' and had taken actions which led to positive feedback from service users. The engagement workers are from a lived experience background. This project recognises there can sometimes be resistance from young people (particularly from a care background) to link in with professionals as they are used to things 'being done for them'. The project works closely to overcome these barriers through ensuring the young person not only attends but also initiates multiagency meetings about them, allowing them to invite professionals or family members whom they wish to be there. The young person is also copied into emails to and from other professionals. This includes copying the

young person back in when professionals omit them in a response email – despite reported 'kick-back' from other agencies:

> 'We aim to be totally transparent, involve young people in everything we do – we don't attend meetings, have phone calls, send emails about them without inviting them, including them, cc-ing them in.' (Case study interview).

7.17   There are some cross project learning opportunities here around effective ways to involve service users, where projects may struggle to get buy in, or perhaps in some cases do not recognise the value in doing so (see co-production section below).

Offering choice

7.18   Choice based elements within funded projects are evident, some refer to the voluntary nature of taking part in activities, and asking service users what they would like to get involved with. Others offer examples of holistic support which is shaped around the needs and interests of service users. Due to issues around conditionality and move-on pressures – choice is perhaps the weakest element identified in projects.

Barriers

Conceptual factors

7.19   Projects were asked at application stage to demonstrate how they deliver a person-centred/trauma informed service. Whilst in some cases the principles were being applied, the research team found some ambiguity across a few projects about what these mean in practice. For example, a staff member in one project suggested that service users would be 'referred to other services' to manage any trauma. Regarding person-centred approaches, a few staff members either conflated this with consulting service users, or reported that this was applied, but then provided examples of where the

service user had limited flexibility or control over the service they received (see below for more detailed examples). An identified gap was around training, which was described by a few projects as infrequent, with a lack of refresher training for those who need it. In some cases, the inability to apply a trauma-informed or person-centred approach was hindered by system level challenges. For example, the forthcoming Ending Homelessness Outcomes framework sets out as an indicator of working in a trauma-informed way that people are not discharged from other public services into homelessness. However, a person supported through the HF4Y project was placed in a homelessness hostel once they had turned 25 due to a lack of identified options.

Project/programme level factors

7.20   Sometimes ensuring projects are person-centred or trauma informed can be hindered due to the model, particularly where conditionality is applied. For example, a shared housing model needed to give careful thought to how a person would fit into the service. A more risk averse affordability and matching selection process took place to screen and manage risks and needs, yet this was justified as needed in order to promote the wellbeing and safety of the other resident in a shared setting.

7.21   In an interview which included a service user and their support worker – the perception of conditionality around the support element of the project differed:

'If I don't feel like seeing [my support worker] today I'll just ring him and say I can't meet.' (Case study interview - lived experience).

'If it was every week, we have a procedure in place. If [the service user] didn't access support they couldn't stay in the flat [the resident is] expected to engage with support.' (Case study interview - support worker).

7.22   A Welsh Government commissioned Homelessness Action Group report (HAG, 2020a) identified that short term funding and commissioning arrangements can get in the way of supporting people in a trauma-informed way – due to a mixture of staffing related challenges (e.g., pay, conditions, etc) and sense of value in the sector's workforce. This resource issue meant training could not always be offered to the extent projects wished. For example, most project providers said they offered trauma informed training to staff, but this did not always cover all staff, particularly newer ones, with one interviewee reporting that they did not have the resource to offer refresher training.

Cross partnership factors

7.23   In some cases the project level support works well; however, a few service users seemed unsure about how the services they used were joined up. For example, one service user who felt that whilst their health and wellbeing was improving due to project related support around their mental health, they were unsure what was happening with their housing situation and felt this had remained unresolved.

7.24   Some project staff referred to concerns around applying wider policies or regulations or feeling confident to take positive risks around areas which could improve person centredness – such as information sharing protocols so people do not have to tell their stories several times. For example, a strategic lead running a HF4Y project was unsure of where to seek support if things go wrong in a Housing First property and the service user refuses all support, or how to avoid a person repeating their story if they refuse to allow information to be shared across agencies.

7.25   Though it would be expected that Housing First projects assessed as high-fidelity apply a person-centred/ trauma informed approach, projects fed back that their ability to work in this way using an intensive case management model was sometimes limited by the over-stretched and/or inflexible wider

systems which they are supporting people to access. A housing association provider who worked closely with a HF4Y project referred to other providers bypassing customers assessed as having high level needs.

System level factors

7.26 In most cases, whilst a person-centred approach was offered within the parameters of the project support – this rarely carries across a pathway. This relates to the aforementioned issues around information sharing protocols and working with a range of organisations, some of whom face heavy workloads and were perceived to operate within more process driven ways. For example, we heard from a few organisations that there is a culture of referring people without seeking their consent or even explaining the purpose or nature of the offer.

7.27 Move-on was the most frequently reported barrier and meant that a person-centred experience within the boundaries of a project could come 'unstuck' later on. For example, a service user supported through a YIF project reported that they had had a positive, relational service from project workers but that their subsequent accommodation, which was accessed as a part of their wider housing pathway, is unsuitable.

7.28 A good illustration of this 'disconnect' across the system comes from a young person who had recently moved into a settled tenancy from a YIF supported housing service:

'If you refuse a flat it is intentionally making yourself homeless so you can get removed from the [project]. I didn't really have any choice. It's not really where I want to be… It's not too bad, it's cosy [but] they gave someone who's scared of heights a balcony on the third floor.' (Case study interview).

7.29 This is a clear example of the rationale for the legal changes proposed in the Ending Homelessness White Paper (Welsh Government, 2023f), for example to abolish the intentionality and priority need tests. The Welsh

Government recognises the need for a more person-centred statutory homelessness system.

7.30   The local authority in question had a one offer policy for service users ready to move-on, which staff did not feel in a position to challenge. The young person also reported that they did not feel prepared for independence:

> 'A little bit of information about the move on process [would have been useful] and the complications of having your own place, for example council tax. It was several pages long, but I couldn't work out if I had to pay. How do you learn how to pay gas, electric, etc (the stuff we didn't have to know in the training flats). It would be good to have these things as a support service explained. It would be a massive help. I know the basics, but I feel I'm winging it…When the support ends, I want to keep going comfortably.' (Case study interview).

7.31   As a young person who had not previously held a tenancy this reflection is concerning and may have a knock-on effect in the future (i.e., increasing the likelihood of the tenancy failing later down the line).

Young persons' pathways

7.32   The age criteria applied across some projects meant that those who reached 25 experienced a lack of empowerment and choice, central tenets of a person-centred approach. For example, one of the HF4Y projects, in which the support and accommodation is provided as a package, and neither are permanent due to the age criteria, a lack of move-on options meant that a service user who turned 25 had to move 'backwards' into emergency accommodation:

> 'One of our residents had to leave the Project as they exceeded the maximum age. Sadly [we exhausted] all options, they were left with no alternative but to move back into General Needs Emergency Accommodation. This is less than ideal and could see a lot of our hard work and their progress unravelling. (Case study interview).

7.33   This runs counter to the Housing First principles around offering stable support for as long as someone needs it and the principles around 'positive youth development' (Housing First Europe Hub, 2022). In another project, examples were provided of a few people moving back in with family until permanent accommodation could be found. Whilst interviewees highlighted that these service users had improved independence skills for the future, moving people 'backwards' across a pathway is not in their best interests, and is therefore not person-centred. It should be noted that another YIF funded HF4Y project is taking steps to address this issue by carrying out work to ensure continued support is available for young people who turn 26 via a hub being developed for adults in the area. The team is also looking to develop an all-age offer, working with colleagues in the local authority housing department to facilitate this transition, which sounds like a positive step.

8. Coproduction

Scope and Limitations

8.1 As a key priority at national and programme level, coproduction formed part of the Theory of Change, and was considered at all stages across the fieldwork. The research team suggest, following a recent publication for the Welsh Government (Welsh Government, 2022b) which considers co-production from a care and support angle, that for this principle to be present, it is necessary to take steps to ensure service users have voice and control over the service they receive (and is therefore closely linked to applying a person-centred approach).

8.2 The NHS Wales Shared Services Partnership (no date) highlights the relationship between person-centred care and co-production, since both can view service users as 'equal partners' in planning and development. The 2 concepts should therefore be considered as closely related insomuch as involving service users in decision making may be necessary to ensuring projects can be said to be person-led. This section considers more explicit examples of how service users are involved in the design of projects and contribute to wider decision making.

8.3 As the Welsh Government project monitoring asks grant holders to report on more general involvement, this has been the focus of the evaluation. Twelve out of eighteen of the YIF original project designs allude to young people being involved in some way. A few YIF projects refer to service users supporting the initial project design, including feeding into the original proposal. Other YIF projects referenced consultation (e.g., house agreements, going on advisory groups), and a few others work with people to help them evaluate the service (though based on case studies – this seems to refer more to collating feedback).

8.4 This research identified that whilst there are pockets of good practice across some funded projects (which are considered below), at present co-production principles are not being consistently applied. This is particularly

so if considering service user experience across the whole homelessness pathway (i.e., services not directly linked to funded projects).

Good Practice and enablers

8.5   This research has identified examples of service users influencing design and delivery across some projects and good practice and innovation within projects. There are also some promising examples of coproduction conversations taking place at regional and national level.

Contributing to service design

8.6   Most YIF projects report that service users had contributed in some way to the development of the project, such as co-designing worksheets to support the service delivery model. Once created, the worksheets were then presented to young people to receive additional feedback and any recommended edits before finalising. One supported accommodation project involved service users from the beginning to help shape the project and have continued to encourage input. This included supporting a sense of ownership, through choosing the project name and helping to design the project offer:

> '[I was involved from the beginning [of the project] when they first bought the house and [I] helped with decorating and kitting it out...[I]don't want it to be seen as homeless accommodation [but] more as a home...we did the back garden and changed the colours there...I have my own place now and am decorating how I want that as well. (Case study interview - lived experience).

Ensuring Lived Experience voice in recruitment and volunteer opportunities

8.7 The research team spoke to staff who clearly saw the value and importance of ensuring service users help to drive the projects being delivered, inviting service users to speak to staff:

'They're the experts, they're living it. You learn from your client... people do disengage, and it helps us to understand that.'

8.8 A few projects involved service users in their recruitment process - in suggesting questions, sitting on staff interview panels and being involved in induction sessions:

'[We] sometimes invite clients in, to do a presentation and induction talk for new recruits… Housing First clients on interview panels for new staff. Trying to get them involved at all levels'.

8.9 This feels like a relatively easy way to ensure projects can work toward 'values-based recruitment' which can in turn support more person-centred approaches.

8.10 One funded project recruits staff with lived experience, and ensures this is a requirement of the post. The project also works with ex-service users who support the project as volunteers and contribute due to having an in-depth understanding of issues from a lived experience perspective. The project is in the process of involving volunteers in putting together a welcome pack for other volunteers.

Contributing to strategic direction

8.11 Service users supported through a YIF project (many of whom have lived experience of neurodiversity and/or mental health challenges) participated in the End Youth Homelessness Cymru research into Homelessness and Neurodiversity (Russell, no date), and also took part in the National Shelter Cymru Conference in June 2022.

8.12   Some projects reported on co-production activities at an organisational level - which also incorporated service users of the Welsh Government funded projects. This included a health led multi-agency project, which evolved through using Phase 2 funding and identified that as a relatively new service, the input of service users with lived experience of substance misuse to inform development was essential. This has included attending multi-agency meetings and designing visual service user journeys to raise awareness. The project holds a weekly service user forum via the Area Planning Board which fed into and is perceived as starting to influence wider health and substance misuse services across the local authority, and at regional level. A service user described feeling listened to, and reflected how he felt being involved had improved his wellbeing and confidence:

> 'A few people across services give feedback about what happening. I tell them about my life experience. I feel able to speak…I am getting more confidence in myself; I would never speak in a group before –I can talk about my past – the others have been in the same situation as me'. (Case study interview - lived experience).

Conversations are happening at regional and national level

8.13   The national key informant interviews identified some promising avenues through which projects can link, such as Cymorth Cymru's Experts by Experience programme and activities, which feeds lived experience views into the national strategy development or Homelessness Advisory Groups. Shelter Cymru have a Take Notice Panel and have published a series of resources around how organisations can increase levels of service user participation (Shelter Cymru, 2017). These offer some great learning opportunities for projects and local authorities. The evaluation identified a few staff members who had an awareness of and valued these and other external regional and national sources of support around co-production, be that through training or cross-sector forums, or learning from wider service

user groups. But based on the evaluation these resources are less likely to trickle down to those working directly with service users.

8.14   The evaluation highlighted that there is still some work to do at national level around supporting local authorities to co-produce with regards to homelessness interventions – with Shelter Cymru highlighting the lack of a national 'ethical framework' which considers issues related to GDPR, data sharing and risk assessments, for example.

Barriers

Barriers to applying service user involvement

8.15   Overall, there was a sense that operational staff are less aware of what co-production is and that this is an underpinning principle of the Welsh Government policy. This was evidenced by relatively low levels of service user involvement, and a lack of awareness of how to embed values and create the right opportunities. Based on this evaluation, the main reasons for this are described below. As the number of examples of service user involvement are low, we are unable to identify specific barriers for different groups.

Lack of clarity

8.16   Participating programme leads highlighted the importance of projects involving service users to help shape project design and implementation, with this being a stated funding requirement, with grant holders needing to demonstrate how this is being achieved through annual progress reports. Yet the research team were unable to identify any specific description of what shape this should take, or how projects are expected to operationalise this requirement.

8.17   Within the case study sites, project staff conflated co-production with other elements of service provision, such as having effective feedback

mechanisms, or offering a choice e.g.: 'it's part of the project, so if somebody says they want to do something we try and fulfil that desire.... encourage them to come forward and we plan a lot of things… walks and cooking.' (Case study interview). Whilst these factors may be necessary to co-production, they are not sufficient to confirm co-production has/ is taking place.

8.18   In a project where co-production was better understood, a staff member concluded that they were not applying it despite highlighting some good practice around service user involvement:

'No co-production as such though [we collect] regular feedback from young people and state our occupancy conditions are peer-based, formed by discussion, reviewed and implemented by the Project Manager. We try to encourage a sense of ownership and seek to engage as much as possible with our service users.' (Case study interview).

8.19   This suggests that though service users are involved, it is not seen to meet the 'high' threshold of co-production. Making it clear what co-production means in this context, and ensuring this is realistic, could help improve its use. Yet some national informants felt that co-production was not always embedded at the Welsh Government level – with an example of the implementation of Rapid Rehousing Transition planning not feeling sufficiently co-produced with local authorities. The key informant research to date has found that some local authorities would welcome the opportunity to share learning from co-production approaches with each other and the Welsh Government to help inform planning.

Lack of linkage between co-production ambition at strategic/policy level and implementation

8.20   There was a noticeable disconnect between the values and intended implementation actions around service user involvement included in original bids and ongoing progress reports, and what was taking place on the

ground. In some projects strategic staff described how the project should work 'theoretically', sometimes with less awareness of what is happening on the ground (e.g., strategic staff from one organisation referred to co-production being central, but frontline staff were not embedding this).

Perceived value is not clear

8.21   Though all interviewees acknowledged the need to consult with service users; in a few cases, staff did not recognise what role co-production would play in improving service delivery. This may explain why co-production did not appear to be meaningfully considered across a few projects. For example, one project reported that although they had asked young people to get more involved and have their say (including attending multi-agency meetings) most did not wish to do so. When asked why this was the case staff reported that service users were busy, or that their lives were complex. Yet it did not appear that the project had explored with service users if there were ways in which they would like to get involved outside of the options presented to them (e.g., some may not feel comfortable sitting in a meeting with professionals).

9.   Using Evidence: Measuring Performance and Impact

9.1   Projects funded through the ongoing Housing First and YIF programme are required to complete a monitoring report every 6 months in which ongoing key performance indicators (KPIs) are recorded. Projects also complete an annual delivery plan, to update on any changes and confirm the ongoing funding that is required (to note, individual project KPIs are not collated at programme level). The research team found that robust measurement processes are generally not in place across funded projects, with more of a focus on outputs than outcomes and learning. Where projects provided evidence, this tended to reflect their wider service offer rather than being project focused.

Phase 2 projects

9.2   Due to the nature of the rapid funding and the fact that the revenue funded projects have now either been mainstreamed (typically under the Housing Support Grant, which has its own monitoring and reporting framework), are delivered through a range of different funding streams, or are no longer operating, we were unable to gather robust KPI data and KPIs are no longer being collated. This meant the level and quality of data being captured is mixed and, where services are still running, depends on the requirements of specific funding streams.

YIF

9.3   YIF monitoring outputs are set at project level, which means that a very broad set of outcomes are present which focus on housing, community, lifestyle, health, wellbeing and service level outcomes. A few measure wider system impact, such as developing specialist training to support organisations who work with particular cohorts (e.g., LGBTQ+). As YIF is specifically targeted towards young people, all measures relate to this group, though in most cases, the projects do not provide a further breakdown based

on cohorts (unless working with a particular group, such as care leavers/LGBTQ+).

Housing First

9.4   The Welsh Government funded Housing First outcomes are monitored at project level and based on outcomes developed directly with projects. National outcomes for all Housing First projects across Wales (including those projects not entirely funded by the Welsh Government) are captured by the Housing First Network Wales *Housing First Wales Tracker*.

9.5   Housing First Network Wales (2023) reported a tenancy sustainment rate of 91% for all Housing First projects across Wales for the period February 2018 - September 2022. Housing First Network Wales also released figures specific to this evaluation. According to the most recent figures, correct as of September 30th, 2022, tenancy sustainment rates for all 8 of the Welsh Government funded projects is 91.9% and 88.8% for the 4 case study sites selected for the evaluation.

9.6   For specific Welsh Government funded Housing First projects reviewed here, additional outcome measures detailed in progress reports to the Welsh Government include a range of measures such as current case load, people accessing or being supported while waiting for housing, the number of tenancies created and high-level tenancy sustainment figures. Waiting times for housing is sometimes reported, as is the number of support hours dedicated to outreach and/or intensive support across the project. A few projects report on well-being measures and include case studies in their funding applications.

Good Practice and enablers

9.7   Nearly all projects report on at least one non-housing-related outcome or output. For example, 10 YIF projects measure employment, education and training outcomes and nearly all factor in measures related to health,

wellbeing, confidence and improved relationships. As highlighted elsewhere in this report, given the importance of working with 'what is on top' and understanding that positive housing outcomes need to look beyond housing measures, this breadth appears positive.

9.8   Where data is recorded, projects report high levels of tenancy sustainment. For example, one Housing First project reports a tenancy sustainment rate of 92% across 25 tenancies since 2019 and with only one case where the tenancy ended due to long term imprisonment.

9.9   A few case study areas are collecting information internally to gather feedback, measure progress and/or distance travelled, such as through exit questionnaires, or Outcome Stars measurement tools. Some projects reported regularly meeting with clients to review their goals, with one combining assessment and progress data in a single system to allow more detailed reports. Though some projects are small scale, this can offer some useful learning for the Welsh Government.

Barriers

Lack of consistency

9.10   Whilst some projects measure outcomes that may be of wider value, these are set at project, rather than programme level. Where common themes do emerge (e.g., around wellbeing, housing outcomes), the ways in which information is collected differ (e.g., the specific wording is different, or it measures either a service or user focused outcome/output. Some use numbers, others report percentages). This meant that the research team have been unable to identify programme level outputs robustly.

9.11   To some extent this can be expected, as projects funded through this stream vary widely in terms of project model, target group, scale and intended outcomes. This can range from providing emergency or preventative support (working with up to a 100 people or more), to testing different

accommodation models (lodger or sharing schemes, training flats, HF4Y – many of which have small accommodation-based capacity).

Most are more output-focused

9.12   Across most projects, information was mainly collected for the purpose of reporting set KPIs to the Welsh Government, which tended to be framed around specific outputs (albeit for YIF, there was some flexibility in how these were set). A project which acknowledged that current KPIs are 'quite basic' told us that they would welcome the opportunity to discuss learning and improvement with the Welsh Government, and the opportunity to refresh the KPIs, neither of which has happened to date.

Lack of clarity

9.13   Some KPIs picked up on 'softer' outcomes, such as improvements to wellbeing and education, training and employment; however, it was not always clear how this evidence is being collected. In the case of one project, the research team were informed that wellbeing KPIs had been assessed by staff members, rather than through asking young people directly.

COVID-19-related barriers

9.14   Some projects had planned to collect additional information, such as to assess cost benefit or apply longitudinal measures through the Warwick Edinburgh Mental Wellbeing scales[4]. However, the research team identified that in the main, this did not take place. Some interviewees cited COVID-19 as a reason for this due to start dates being delayed and disruption meaning projects could not get off the ground or operate as intended. Housing First and shared accommodation models in particular had struggled to deliver as

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[4] Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) © University of Warwick 2006, all rights reserved.

planned at the outset due to the pandemic. This meant that additional 'robust' measurements were not implemented from the outset.

Communication issues

9.15 Some participating project staff were unsure about how KPIs were being measured. For example, in one project a strategic interviewee suggested frontline staff were collating information (as they worked directly with service users), yet when asked, this was found not to be the case. In a partnership project being delivered by a third sector organisation and a local authority, interviewees from both partners suggested that the other partner was collecting the KPIs.

Collecting robust evidence across small scale projects working with complex individuals

9.16 Projects which were smaller and worked with more complex individuals whose housing journeys may take longer and be less linear expressed that traditional quantitative indicators and numeric KPIs did not measure some of the factors identified as 'success'. A few indicated that non-housing related outcomes were sometimes more appropriate. For example, a project reported an indicator as enabling people with a range of mental health issues to engage with services that can help them recover. From this point, the client is in a better position to develop life skills and reduce future homelessness. Another project felt that a qualitative approach would offer more valuable learning and collected client case studies for this purpose.

Lack of lived experience voice

9.17 As highlighted above, it has been recommended that people with lived experience feed into the evaluation of services. However, whilst a few projects referred to involving young people in evaluation, this was not evident across the case studies. It may be that COVID-19 factors initially hindered set up here though, through speaking to staff, it appeared that this had not been considered beyond collecting feedback.

10. Conclusions and Recommendations

10.1   The evaluation identified positive outcomes and impact at individual project level, with examples of service users experiencing a person-centred service, and where positive housing outcomes were achieved, despite widespread reports of a challenging environment where suitable accommodation options are becoming increasingly scarce. The most fundamental barrier to projects applying and working toward the Welsh Government national vision (as highlighted in the policy level theory of change see Annex C) was the lack of join up at a local system level. This meant that some service users only received a positive service across some elements of the housing pathway. Operational staff in particular worked hard to achieve a positive experience for service users within projects, though with an assessed lack of awareness of where this fitted into the system or how to conceptualise or apply national policy priorities. This section offers some overarching reflections and recommendations to guide the national funding strategy moving forward, to ensure it is aligned to the national policy vision, considering ways in which grant holders and the Welsh Government can work together in the most effective way to build a Rapid Rehousing system which has the needs of service users at the centre.

Explore ways to embed a whole system approach at local level

10.2   A few projects successfully navigated different phases across the Rapid Rehousing system – such as where licences were 'flipped' to secure tenancies and partnering with a housing provider who has purchased accommodation and earmarked these properties for move on from the project. However, many projects were assessed as 'siloed', lacking strategic buy-in across the phases and touchpoints that exist across local rehousing pathways. Awareness of local systems was patchy, and though established partnerships were sometimes in place across elements of the pathway, links with both early intervention and move-on services were often assessed as

weak. This meant that whilst person-centred support may be present within a particular project, this invariably was not the case within the overall pathway, particularly move on (where we heard examples of service users moving 'backwards' into less secure accommodation, remaining in accommodation where the level of support offered was no longer required or feeling pressured to accept a settled accommodation offer despite it being unsuitable).

Recommendations

10.3   The following recommendations explore ways in which the Welsh Government may work with existing or future grant holders to help them link projects into local strategies and plans and ensure they are more embedded in local housing and homelessness systems: the Rapid Rehousing diagram (Fig 1, see paragraph 2.14) presents a high-level vision of how this works across local areas.

10.4   Projects should continue to be required to demonstrate an understanding of where the local opportunities and bottlenecks are, and additionally be required to consider the steps that will be taken, and what contingencies will be in place to overcome issues as they arise - for example, where there is a lack of settled accommodation options that meet the needs of particular groups. The grant holder should make clear how progress will be measured and reported.

10.5   Projects should be expected to state how they fit into the Rapid Rehousing system, e.g., to secure settled accommodation and provide support to transition to this. This may include the setting up of more formalised partnerships with a service which works across a different part of the system (for example a supported housing project may partner with a resettlement project). Applicants should highlight clearly the responsibilities of each partner; this might be achieved through setting up a service level agreement,

match funding arrangements or providing proof of existing multi-agency structures that will be used to jointly agree responsibilities.

10.6   Projects should be prioritised for funding where they have inbuilt flexibility to support service users to move more seamlessly across the housing pathway – particularly where they are linked to services which offer early intervention and move-on support.

10.7   When assessing future funding applications, preference should be given where applicants have considered where a project embeds strategic planning for the long-term care needs of service users if/when they move beyond service provision. This might for example include:

- Models to step-down Housing First support to free up places where intensive support is no longer needed, without risking a 'cliff-edge' of support for people whose circumstances can easily change.

- Building in partnerships where a service can support those who 'transition' into adulthood, such as HF4Y working closely with Housing First for adults – this can also support a smoother, more trauma-informed transition to a new support worker, if needed.

- Partnerships with adult social care and health to deliver additional or alternative models of care where people age in place within a model and/or they develop care needs.

10.8   Once funding is in place (and for existing projects) the WG (perhaps via programme managers) should play an active role around encouraging projects to explore options to grow their offer beyond the main programme funding (such as Phase 2 projects – which used funding as a springboard to expand remit). This could entail navigation around available funding opportunities, and advice and suggestions around how to build and develop relationships across the system.

10.9   A more ambitious suggestion is to consider funding pathways from 'end to end' or at larger scale and ideally in partnership with other local authority departments and public services to galvanise local systems. This could be particularly impactful for Housing First/HF4Y, where we heard that small or

relatively short-term pots of funding make it hard to recruit specialist staff, and where the model needs to be embedded in a wider strategic response to multiple disadvantage which cannot sit with homelessness services alone. Most importantly, this can ensure a more seamless, person-centred offer.

Building in early intervention and prevention

10.10   As a Welsh Government homelessness priority, early intervention and prevention should form an element of most (if not all) funded projects. We heard examples of a few projects successfully building in elements of preventative work, such as through providing family mediation, partnering with 'transition' services (hospital/prison/social care) and offering specialist floating support for cohorts with particular needs (such as young LGBTQ+ people). Of the projects evaluated which provided targeted and more upstream prevention work, positive outcomes were reported around diverting cases away from statutory services. At present, due to the statutory pressures faced, accommodation projects in particular tend to accept referrals for those at more acute stages of housing need. This means that those at secondary and even tertiary stages of prevention may become acute and require more costly statutory intervention in the future.

Recommendations

10.11   Alongside building prevention into a system approach, we offer some additional recommendations.

10.12   Whilst acknowledging local area challenges, we would recommend requiring projects to ensure at least a proportion of referrals are reserved for those at less acute stages of homelessness (e.g., those at secondary and/or tertiary stages on the continuum adopted by the Welsh Government), with projects being required to provide a breakdown of where/what proportion of/ how referral pathways will meet this. Within this, consider how to build in mechanisms to measure impact and show where projects have diverted the

need for statutory intervention (as we heard through qualitative fieldwork). This can help achieve 'buy-in' from local authorities and help to unpick which models which better in different local contexts.

10.13 Encourage potential funders to build in elements of preventative work as part of the service models adopted. For example, this may include a floating support element to work with those on a waiting list, with a focus on diverting need through exploring other suitable housing options. Projects which offer accommodation-based tenancy training or support can offer outreach elements – so service users can benefit from receiving skills to maintain tenancies once they acquire accommodation (which may not be through the project).

Measuring local and national level impact

10.14 Funded projects have the potential to provide valuable and useful insights, but at present this is not being achieved, due to a mixture of inconsistent measures and a lack of clarity around how reported data has been collected. More broadly, we observed too much emphasis on outputs and less on how existing measures can support the Welsh Government to ensure projects are achieving VFM and working toward national policy priorities. We heard examples of projects, particularly those working with groups (such as LGBTQ+) or newer/less tested models (such as training flats), picking up valuable qualitative learning, which existing KPIs were not really picking up.

Recommendations

10.15 The specific measures in place, and how they contribute to working toward a Rapid Rehousing vision will be dependent on the funding models adopted, below are some suggestions.

10.16 Ensure measures align to the Welsh Government strategic aims. Whilst acknowledging that projects within programmes (more specifically YIF) differ – exploring common measures across these is recommended. The recently

published Ending Homelessness Outcomes framework (Welsh Government, 2024) sets out a structured approach to defining and creating measurable indicators. The framework covers the key strategic themes considered in this report such as: working in a trauma-informed way (one example of an indicator here is that people are not discharged from other public services into homelessness), providing a person-centred approach and supporting the workforce, and frames this within a preventative, Rapid Rehousing model. The Housing Support Grant (HSG) Outcomes Framework (Welsh Government, 2023), which has been in place since April 2023 is also relevant to providers who draw on this at least in part to fund their projects. The framework covers outcomes specific to different types of housing or non-housing related support, alongside secondary measures which pick up on person-centredness and are framed around service user reported outcomes. Testing finalised indicators across different local environments in which projects are run will be necessary, to ensure they can pick up robust data across different local contexts and conditions.

10.17　We suggest considering whether building a Theory of Change (TOC) can help guide thinking around how to measure outcomes and impact, overlaying the policy TOC produced through this research to draw out the national priorities across the 3 phases in the Rapid Rehousing pathway (see paragraph 2.14).

10.18　Explore designing more 'bespoke' measures for projects which have been funded explicitly to provide learning across demographics, or project models where less is known, particularly those which the Welsh Government are interested in testing for potential scalability (e.g., training flats, sharing models). Whilst most of these projects are small in scale, a common measure which links to characteristics that projects share can support wider learning.

- Whichever measures are created, these should be consistent and appropriate to given project model intended outcomes – see below). As a minimum they should include measures of flow within the wider system,

such as where homelessness has been prevented or service users have been supported to move-on to accommodation. Projects which deliver prevention or move-on should be supported to measure tenancy sustainability – so long-term impact can be tracked.

- Where client level outcomes are reported (e.g., around health and wellbeing), mechanisms should be put in place to ensure these are self-reported by service users (ideally anonymously).

- The Welsh Government should ensure regular progress meetings are in place with the specific purpose of monitoring and supporting projects to capture quality evidence, good practice and insights, keeping track of how these are picking up outcomes and impact as per key Welsh Government priorities.

Building in clarification and oversight across concepts which form WG key national priorities

10.19   The evaluation highlighted that operational staff in particular were either unfamiliar with or had misinterpreted some of the key concepts which form the Welsh Government priorities (specifically Rapid Rehousing, coproduction, person-centred and trauma informed approaches and model specific concepts – such as HF4Y). Examples of this included viewing that supported housing has no place in a Rapid Rehousing system, that a trauma informed approach entailed referral to a 'specialist' service. There was also an observed lack of clarity around how to apply these priorities operationally (e.g. how to embed elements of co-production). There was a sense that staff did not necessarily see how some of these priorities fitted into their project and/or how they might help to improve project outcomes.

Recommendations

10.20   The recommendations here suggest ways to build awareness of and provide support to projects to embed these priorities practically.

10.21   Build in oversight and clarification of key concepts as part of managing projects. Work closely with grant holders at the start to clarify and build in key concepts (Rapid Rehousing, coproduction, person-centred/ trauma-informed approaches, etc) within their projects – with an open discussion around the most effective ways to build these into their local contexts. This might include identifying who the key stakeholders are, the most effective ways to operationalise priorities, and realistic and impactful ways to measure these.

10.22   Integrating key concepts within the Welsh Government's funding activities can send a strong message to projects around their importance. For example, embedding coproduction within the programme commissioning process can show that it is taken seriously as a key action in ending homelessness in Wales, while supporting potential grant holders to become more familiar with what it means, how it works, and how it can add value. Coproducing with those who deliver projects can also provide a route to developing tailored guidance aimed at staff who deliver services, which may include themes such as 'minimum standards' and 'good practice'.

10.23   Projects would benefit from more practical guidance to help them see the value of key concepts, such as making the case for co-production in terms of individual wellbeing outcomes and benefits to projects and wider systems, how building relationships with housing and support providers can support Rapid Rehousing ambitions. Sharing current good practice as evidence across some projects evaluated could support these aims.

10.24   Engage funded projects in national and regional-led conversations, or peer networks relating to key priorities as are relevant to them, to share practical examples, successes or challenges.

10.25   For projects which deliver specific models, such as Housing First or HF4Y - funding applications should go beyond statements such as 'all staff are trained in trauma informed practice' or which provide reference to the Welsh Government guidelines. Perhaps potential grant holders can be asked to demonstrate how they plan to embed their project within wider strategies and

ensure their project, and the principles within it, continue to evolve as scaling these models continues across Wales and learning is developed. This might involve training operational staff about key principles within models that should be applied (such as trauma informed).

10.26   Look to apply a strategic approach to measuring, reflecting on and applying learning over the course of the funding period – and setting out how this will look at the procurement stage. As a starting point, the Welsh Government should consider if there are existing mechanisms and structures available may help to support this approach. We also suggest referring to existing guides as a starting point, and then testing and tailoring an approach in partnership with grant holders. Some examples include a Human Learning Systems approach (Lowe et al, 2021) (which takes a collective learning and adaptive improvement approach to performance management). Another possible approach to explore may be social franchising (The Health Foundation, 2024) to support system change and replication.

10.27   Applying a reflective approach at a strategic level supports a pre-determined space to identify learning and escalate barriers, particularly those present within wider systems that impact on delivering person-centred and trauma-informed practice. This links in with the earlier suggestion of requiring potential grant holders to show they have procedures in place to better manage challenges beyond the control of the project. Feedback collated through this process can be aggregated and regularly fed back (to grant holders as well as government). This can also help the Welsh Government to identify where potential issues can be mitigated locally and which require policy change or further investment or guidance from government.

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Annex A

Research questions:

Process research questions

1) How are projects being delivered across local authorities?

   a. Can common theories of change be established?

2) What are the barriers and enablers in establishing different types of project?

   a. How might these differ for project types?

   b. Are there common factors which enable effective delivery?

3) What are the resource implications for delivery partners for the project types?

   a. What are the factors which reduce resource requirements for some projects?

4) What is the impact of local context in establishing projects?

5) To what extent have psychologically informed and trauma-informed approaches been integrated into ways of working?

Outcome research questions

- Outcomes for service users:

6) Are resources reaching the intended service users?

   a. Are service users being matched with appropriate housing solutions?

7) What do service users identify as the enabling and/or disabling factors associated with their outcomes?

   a. Do any groups of service users face greater barriers to appropriate homelessness solutions? E.g., Those with protected characteristics.

8) Does impact vary by a service user's homelessness and other public service interactions (e.g., mental health services)?

9) What impacts can be seen on service users and how do these differ? Specifically, in terms of:

   a. Housing stability

   b. Use/interaction with housing support, health, social services and the criminal justice system

  c. Physical wellbeing

  d. Emotional/ mental wellbeing

  e. Participation in risky behaviours

  f. On those with no recourse to public funds.

- Outcomes for providers and other related services:

10) What impact can be seen on providers and other related services? Including:

  a. Resources

  b. Ways of working

11) How has the funding supported increasing capacity in the system for adults and young people? Including:

  a. Access to and quality of tenant support

  b. Access to and quality of accommodation

  c. Provider capacity

  d. Provider capability

12) What is the extent of partnership working in the projects supported by the fund? Including:

  a. What is the range of activity being undertaken in partnership?

  b. How did the effectiveness of the fund/bidding process support the development of partnership working?

  c. What is the impact of the partnership working?

Strategic Outcomes:

13) What are the strengths and weaknesses of different types of homelessness intervention in Wales?

14) How do the different types of intervention contribute to the aims of the Welsh Government's Homelessness Strategy?

  a. Where different models have been developed which are more closely aligned with homelessness strategy objectives?

15) Have the projects been delivered as intended?

16) Do the interventions achieve the expected outcomes?

17) What was the value-for-money of the intervention for housing and other services? Including:

   a. What are the benefits?

   b. What are the costs and savings?

   c. Do the benefits outweigh the costs?

   d. What is the ratio of costs to benefits?

18) How does this compare across different models of housing support?

19) How sustainable are the homelessness prevention and alleviation approaches developed by local authorities? Including:

   a. How successful outcomes might be effective in the longer term?

   b. Challenges and barriers to this?

   c. Foundations that should be maintained?

20) What should be considered or improved if these types of intervention were to be delivered again or somewhere else in Wales?

Annex B

Descriptions of projects included in case study approach

This appendix includes descriptions of the funded projects and local authorities which formed the more in-depth case studies. Illustrative examples from these projects and our overall findings in relation to the challenges, enablers and impacts in these different contexts have been presented under the main thematic headings of the report. The appendix starts with descriptions of the Housing First and Housing First for Youth models, both of which are being implemented in several of the case study projects.

Model descriptions

As many of the projects evaluated for this report follow a Housing First or Housing First for Youth approach, an overview of each of these models is provided.

Housing First: overview of model and its development in Wales

Housing First is an evidence-based approach to successfully supporting homeless people with multiple support needs and histories of entrenched or repeated homelessness to live in their own homes. The following Housing First principles were co-produced with and endorsed by Cymorth Cymru and the Welsh Government (Welsh Government, 2018)[5]:

1. People have a right to a home.
2. Flexible support is provided for as long as it is needed.
3. Housing and support are separated.
4. The service is targeted at individuals who demonstrate repeat patterns of disengagement with hostel accommodation and/or, individuals accessing rough sleeping or accessing EOS (Emergency Overnight Stay) at the point of referral.
5. Individuals have choice and control.
6. A harm reduction approach to substance misuse is used.
7. The service is delivered in a psychologically informed, trauma informed, gender informed way that is sensitive and aware of protected characteristics.

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[5] Welsh Government (2018) Housing First (HF) National Guidance and Principles for Wales

8. An active engagement approach is used.

9. The service is based on people's strengths, goals, and aspirations, and as such has an explicit commitment to a small caseload.

10. The widest range of services are involved from the outset (health, substance misuse, mental health, police), so individuals can access them if needed or wanted.

Using data up to September 2021, Housing First Network Wales (2022)[6] identified Housing First schemes in 15 local authorities in Wales, which had, at that time, supported a total of 221 people to sustain their tenancies.

HF4Y: overview of model and its development in Wales

Housing First has been adapted for younger people (HF4Y), with the following principles (Housing First Network Wales, 2023)[7]:

- Immediate access to housing with no preconditions

- Youth choice and self-determination

- Positive youth development orientation

- Individualised and client-driven supports

- Social and community integration

In March 2023, Cymorth Cymru (Osmond, 2023)[8] identified over 10 projects in Wales which were exclusively delivering HF4Y, only some of which are funded by the YIF.

Project Outline 1: Housing First for Youth
Provider information
Geographic location and operational context

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[6] Housing First Network Wales (2021) *Housing First Wales Tracker (February 2018 – September 2021).* Cardiff: Cymorth Cymru. (Accessed: 09/02/2024).
[7] Housing First Network Wales (2023) *Principles for Housing First for Youth, Cymorth Cymru*. (Accessed: 09/02/2024).
[8] Osmond, A. (2023) Housing First for Youth in Wales, Housing First Network Wales/ Cymorth Cymru presentation. (Accessed: 09/02/2024).

West Wales coastal, mainly rural county. The service covers a large rural area though is located within a coastal area where there is a high concentration of rough sleepers. Two universities are within the county boundaries, which together with tourism has increased pressure on available and affordable accommodation. The area has low levels of social housing, it works with the local authority and has a close relationship with an RSL which it merged with around 5 years ago. The provider works with local agencies including attendance at multi-agency meetings.

Organisation(s) delivering project

A charity which provides housing and tenancy related support to people aged 16 and over who are affected by homelessness to acquire the skills and resources they need to sustain a tenancy.

Project overview

Project model and purpose

Small scale Housing First for Youth Project (see separate model description), comprises of a block of 5 self-contained, furnished flats, providing accommodation and on-site staff support for people (aged 16-25), with on-site office area has sections accessible to both staff and residents. It is designed to address the needs of developing young adults by providing them with immediate access to accommodation that is safe, affordable, and appropriate, with age-appropriate support. Each young person is allocated a support worker. The project runs monthly house meetings, weekly community meals/gardening, walks and a politics workshop with an outreach worker. Progress reviews take place every 2-3 months.

Overview of funding source

YIF. Housing Support Grant (HSG) top-up funding.

Staffing structure

Project Keyworker staff are based on site (including evening and weekends, though not 24/7), supported by security officers, a temporary accommodation officer and senior

management oversight. On call responsibility is spread across the Management Team providing a pool of 6 staff, one of whom is on call every night.

Referral routes

Referral pathways across local authority departments, particularly housing, youth offending, social services (leaving care).

Targeted Service users

People aged 16-23 at time of access, with a focus on care leavers, those who have been through the criminal justice system and with mild to moderate learning difficulties.

Partnerships and networks

Additional funding has been provided by the local authority via the HSG. The organisation has an established partnership with a housing association provider and is working with them to identify suitable move on accommodation for service users.

Performance measures

The project collects outcome measures around reduced homelessness, those accessing advice, specialist services and education and training. It also measures outcomes around mental and physical health and wellbeing and social inclusion (family networks and the wider community).

Project Outline 2: Housing First for Youth

Provider information

Geographic location and operational context

Mid Wales, large geographic mainly rural area with the lowest population density of all the principal areas of Wales. Impacting issues for people locally include transport links, equitable access to services and job opportunities. The service works jointly with youth services and statutory partners and has built relationships over time within broader efforts towards multi-agency working. The service has access to council owned stock, though waiting times are long in some areas.

Organisation(s) delivering project

Partnership between local authority Youth Services and Children's Services team.

Project overview

Project model and purpose

A Housing First for Youth project (See [separate model description](#)). Provides intensive support to young people aged 16-25, following a trauma informed 'what matters' and 'signs of wellbeing' approach. Detached Youth Workers lead on the young person's wrap around support and bring on board partners as and when appropriate. A second strand, led by the social work team targets early Intervention and prevention to reduce demand on statutory services and emergency accommodation through offering expert support to people who present as homeless, and people aged age 14+ with a focus on earlier prevention of homelessness for young people in transition from care.

Overview of funding source

YIF, some additional funding from the WG Youth Support Grant and HSG.

Staffing structure

Housing First for Youth element supported by a Youth Homeless Coordinator and detached Youth Work team to provide intensive support - part of a wider Detached Youth Work Team – which has played a role in highlighting the importance of prioritising the 16-25 cohort's needs and is influencing the Local Authority's agenda. For the advice strand, funding is provided for a Social Worker and Homelessness Prevention Crisis Worker (linked to care leavers).

Referral routes

Referrals mainly come through the local authority children's social care and homelessness teams.

Service users

Referrals accepted from people aged 16-25 who present as homeless, rough sleepers and young people leaving care. A focus on those who are not in Education, Employment or Training.

Partnerships and networks

Works in partnership with a housing association provider which values Housing First principles and has provided a number of accommodation units. Works closely with age 14+ Through Care Team to support early intervention and prevention.   A few young people regularly attend the wider HF4Y network. In-depth assessments are being conducted jointly between Housing and Social Services for young people who present as homeless for the first time.

Performance measures

The [Richter Scale Distance travelled tool](#) is being used to review each young person's reflections on their progress in key areas and will act as a gauge of the efficiency of the project going forward. The project measures the percentage of young people who record improvements in emotional wellbeing and confidence, budgeting skills and those who sustain accommodation or move on to a suitable alternative. Also records those not accommodated who receive a joint assessment from children's services and housing and where homelessness is prevented through young people and their families receiving targeted support.

Project outline 3: Transition training flats

Provider information

Geographic location and operational context

South Wales, coastal city with large population. There is local authority strategic focus on health and collaboration. The area has significant council owned housing stock, though also works with several social landlords but does not have relationships within the PRS. Locally there is a particular shortage of suitable and affordable 1-bed properties and increasing numbers of people with multiple and complex health needs coming through the homelessness system.

Organisation(s) delivering project

Partnership between local authority Child and Family services, Housing Department and a national children's charity.

Project overview

Project model and purpose

A transition training flat scheme to assist young people at risk of homelessness or who are Looked After aged over 17, or care leavers up to the age of 25. The aim of the training flats is to support young people to build independence and provide a realistic experience of independent living. Child and Family Services hold the tenancy and 'let' the flat to the young person through an agreement which does not establish a legal tenancy with the young person but which stipulates the expectations around behaviour and responsibilities. Packages of support are based on individual need and include support to develop practical and emotional skills in preparation for independent living.

There is also an advice strand, delivered through an outreach programme which offers: independent living skills training to young people 15+ while they are still living at home, in foster care or in a residential placement; intensive support to 16+ at risk of placement breakdown, or at risk of homelessness.

Overview of funding source

YIF.

Staffing structure

The charity provides workers who offer intensive floating support to the young person while they live in the training flat (available until 10pm each weekday and up to 6pm on the weekend). It includes a Children's Service Manager who provides operational management of the project, and 4 full time support workers. Each service user has an allocated worker.

Referral routes

Referrals are via a young person's social worker, supervising social worker, residential care staff, homelessness prevention officers or personal advisors.

Service users

The project targets mainly care experienced young people aged 16 to 25 who are at risk of homelessness or where risk of placement breakdown has been identified.

Partnerships and networks

The charity delivers training and independent living support sessions through wider commercial and third sector partnerships and recently received a grant to develop wellbeing through encouraging young people to take part in outdoor activities. Presence at a fortnightly cross sector Accommodation Pathway provides an information sharing route for new referrals. The training flats are leased through a Service Level Agreement with the Housing Department.

Performance measures

The project uses the Tenancy Outcomes Star to monitor outcomes. Also collects measures on the number who successfully complete training flat occupancy, those who complete tenancy related training and increase knowledge of their housing options. There is an additional measure on contributing to the reduction in the number of homelessness presentations (indicator – number of people supported through the project who do not present as homeless).

Project outline 4: Shared accommodation scheme

Provider information

Geographic location and operational context

Southeast Wales, covering 4 local authority areas consisting of urban commuter belts, coastal and rural areas. A lack of affordable 1-bed properties is an issue though the service is a collaboration between support and accommodation providers.

Organisation(s) delivering project

A not-for-profit housing related support and accommodation provider.

Project overview

Project model and purpose

This offers shared accommodation placements for 2 young people in partnership with registered social landlords, with floating support. After an initial 'match making' exercise, service users are offered a 6-month licence agreement. At the end of this period the licence is either transferred to an assured short hold tenancy (if the person wishes) or the licence agreement can be extended if further support is required. Young people are encouraged to develop their own house rules, the aim being to build their resilience, skills and support them to make meaningful plans for their future. The service provides each young person with £750 to contribute towards personalised training, education and learning experiences. All staff are PIE trained.

Overview of funding source

YIF. Small pots of money awarded from Asda, Tesco and Fund for Wales (applied through a forum led by service users).

Staffing structure

The project is staffed by 4 Housing Intervention Officers who facilitate the match making process, provide support to young people once they are in the shared accommodation and support move-on where appropriate (support ratio around 8 to 1). Service users are also linked to 2 Youth and Community development staff who support young people into education, employment and volunteering activities. Oversight is provided by a Project and Service manager.

Referral routes

Mainly local authority housing options or 16+ teams across the county.

Service users

Targets all young people aged 16-25.

Partnerships and networks

The project is linked in with housing associations across the counties, and works in partnership with social services 16+ teams and local authority housing option teams. Also linked in with a range of third sector organisations who support young people.

Performance measures

Measures percentage of service users who sustain their accommodation, are more financially stable and have increased engagement in education, employment and training activities, along with identified improvement to physical and mental health needs and wellbeing.

Project outline 5: Housing first for Youth

Provider information

Geographic location and operational context

South Wales including coastal city and former industrial areas. The service functions within a multi-agency approach characterised by local strategic focus. Housing waiting lists are large, with one local authority providing its own stock and the other acquiring accommodation through an RSL partner.

Organisation(s) delivering project

Charitable organisation specialising in support for young people, children and families working directly with 2 local authorities.

Service Model Overview

Service model and purpose

Housing First for Youth pilot service which addresses the specific needs and requirements of young people aged 16-25 including those with care experience. The service provides

support to remain in a property for young people who are at distance from independence. The model works directly with 2 local authority areas (though not commissioned by them) with RSL stakeholders providing 20 units (10 in each local authority area). A multi-disciplinary team of professionals deliver support including in-house clinical/ counselling psychologists, mental health specialists and multi-agency network specialists in health and social care. Individuals are supported to quickly access permanent, secure and safe accommodation within which to develop independent living skills and thereby improve resilience. The support package is characterised by an intensive trauma informed and personalised offer, 24 hours a day.

Overview of funding source

The project is entirely funded by the YIF, though general donations and grants made to the charity are additional resources which the service draws upon e.g., food packages, kitchen utensils, clothing and digital and educational support etc.

Staffing structure

The service includes a head of service delivery, a contract and quality assurance manager, a clinical psychologist, 2 project managers, 6 support workers relief and double cover and an early intervention and prevention manager.

Referral routes

Referrals are received from a range of agencies including Children's services, Youth Offending services and Housing Support Grant teams. The team has also developed referral pathways with its networks and partners including local partners, Cymorth Cymru and regional housing first sub-groups.

Service users

Young people with high and complex needs and who have repeatedly disengaged from homelessness pathway services.

Partnerships and networks

The service partners with local authority homelessness teams and housing departments, social services teams, community mental health teams, substance misuse teams, local youth offending teams, RSLs in both areas and private landlords. The charitable organisation attends a fortnightly multiagency meeting and 2 regional forums and has developed links to the adult Housing First pilot project running in one of the local authority areas and participates in its multi-agency steering group.

Performance measures

In addition to numbers engaged and housed, and tenancy sustainment rates, the service reports on a wide range of outcomes-based performance indicators related to different aspects of wellbeing, harm reduction, and engagement with wider services.

Project outline 6: Supported housing project

Provider information
Geographic location and operational context

North Wales, covering a large area with a mix of coastal, rural and urbanised areas with the service accessing local authority housing stock in the main area of delivery. Evidence suggests that the target cohort is disproportionally affected by homelessness nationally. Development of the service may include remote delivery to other regions and local authority areas nationally.

Organisation(s) delivering project

A partnership between a large voluntary sector supported housing provider, a local charity working with LGBTQ+ young people, and a local authority.

Project overview
Project model and purpose

Small scale, high intensity supported housing project for young people (16-25) that identify as LGBTQ+. The purpose is to provide a safe and therapeutic environment for LGBTQ+ young people, where they can access the bespoke support required to develop the skills,

confidence, and resilience to achieve sustainable independent living and quality of life, reducing the risk of homelessness now and in future.

Three units of housing are provided in a 24-hour staffed shared house, and a fourth in a nearby shared house. The supported housing model grew out of an outreach service and the project continues to provide outreach support to people in the local community and beyond (remotely) to prevent homelessness and support resettlement. It is the only project of its kind in Wales.

Overview of funding source
YIF

Staffing structure
24/7 staff cover is provided within the house; all support staff are LGBTQ+ themselves, so they can act as role models and provide specialist support. Project Manager oversees referrals and manages support worker and assistants. The project receives 12 hours support per month from a specialist psychotherapist (who provides a mixture of group, 1-1 and staff support); a youth worker provides activities and training. Quality assurance is provided by Service Manager.

Referral routes
The Project Manager administers a referral process involving representation from each partner agency along with key stakeholders drawn from local authority Homelessness Prevention teams, Children's Social Services, housing associations, education and voluntary sector agencies.

Targeted Service users
Young people (16-25) that identify as LGBTQ+. Those in greatest need (based on a psychologically informed assessment process) are prioritised. There is no local connection policy, though reasonable preference is given to young people from within the host local authority.

Partnerships and networks

The project is delivered by a partnership between a local authority and 2 charities. A key part of the model is the provision of training and awareness raising on LGBTQ+ youth issues by the project staff to local authorities, providers, homelessness and housing officers and other partners.

Performance measures

The project has developed a detailed set of bespoke outcome measures, which cover psychological, housing, social, financial, health, educational, and emotional aspects. They also collect data of need for LBGTQ+ supported housing, according to enquiries and referrals to the project.

Project outline 7: Floating support project

Provider information

Geographic location and operational context

Operates across the whole of the North Wales region, including coastal, rural and small urban settings. As a result, the region is characterised by diverse housing markets, each bringing different challenges, for example in relation to affordability, or access to services. There have been a number of examples of collaboration and joint commissioning between local authorities and at regional level.

Organisation(s) delivering project

National charity working with young people, children, and families.

Project overview

Project model and purpose

The project provides holistic, strengths-based support and advocacy to young people aged between 16 and 25 experiencing or at risk of homelessness or where they have just moved into a new tenancy. On referral, young people co-produce an assessment which covers housing, social connections, health and wellbeing, daily living, and attitudes and behaviour, and agree what they want to focus on whilst they are being supported by the service. The

exact duration of the support depends on the individual's needs and preferences, but 20 weeks is average.

Overview of funding source

YIF, supplemented by charitable trust funding and local authority commissioning via Housing Support Grant.

Staffing structure

Two senior practitioners who share team leadership role, 2 practitioners, 2 engagement workers (with lived experience), volunteers (with lived experience); senior manager provides oversight. Each of the practitioners typically holds a caseload of 10-12 young people at a time. Additionally, the engagement workers offer group or one-to-one wellbeing sessions, which might include social activities, wellbeing checks and intensive support around life skills, such as cookery.

Referral routes

One local authority in the region has commissioned 10 places within the project using Housing Support Grant and controls and regularly reviews referrals into these; across the rest of the region, referrals come from a wide range of sources including: local authority leaving care teams, charities working with young people, and homelessness services.

Targeted Service users

The project typically works with around 40 young people (aged 16-25 years) at any time. The service can work with people regardless of their current tenure or accommodation, whether they are living with family, in local authority temporary or supported accommodation or in their own tenancy.

Partnerships and networks

Support workers liaise with a wide range of agencies, including local authority homelessness services, landlords and accommodation providers, health, criminal justice, children's services, and the third sector. This includes making referrals to, advocating for, and joint working. Young people are supported to invite professionals and/or family and

friends to a meeting to build a joint action plan around the objectives they have identified. The ethos is one of transparency: the service copies young people into any communications it has with other professionals about them and supports them wherever possible to contact other services themselves.

Performance measures

In addition to output measures (referrals in and out, sessions and group conference meetings held), the service also records young people's reported outcomes in relation to their housing situation, isolation/ loneliness, satisfaction with support, improved confidence in resolving problems/ difficulties on their own, improvements in family relationships/ network of support.

Project outline 8: Housing First

Case study 8 covers 3 Housing First services operating in the same local authority area and working closely together to share learning. Two of the services are delivered by the same organisation/ team structure so we have combined these into one template; one is provided by an independent organisation, so we have reported this in a separate template.

Geographic location and operational context

City in South Wales where housing is generally in high demand, leading to significant challenges with affordability of the private rented sector. The city is developing a range of initiatives to respond to the relatively high number of individuals – many with multiple and complex needs – who have been placed within the homelessness system more than ten times.

Provider information
Organisation(s) delivering project
Large charity

Project overview

Project model and purpose

Housing First model (see [separate description](#)). Engagement with individuals through outreach to build trust, and with a range of mostly social and some private sector landlords to identify and access settled housing options that best meet people's needs and preferences. Ongoing intensive case management support model.

Overview of funding source

The project started in 2017, with local authority funding to pilot a 5-unit scheme. Additional revenue funding was then secured from the Welsh Government to expand the scheme to include 20 individuals. The project has received ongoing year-on-year funding from the Welsh Government under its Housing First programme and is currently funded to provide 25 places.

Staffing structure

- 5 FTE specialist support workers from multi-disciplinary backgrounds who bring an understanding of therapeutic and trauma-informed support. One is a PRS Specialist Support Worker, who works to engage, incentivise, and recruit landlords into the scheme.
- 2 FTE Assistant support workers, who deliver diversionary activities, and help people to develop life skills, build relationships with others in their community, and improve their wellbeing.
- Programme Manager (40 hours per week) and Service Manager (14 hours per week) provide oversight. Administrative Assistant (20 hours per week) supports the team.

Referral routes

At the start of the project (and following a roadshow to secure buy-in), a steering group was established, including all Registered Social Landlords operating locally, local authority (adult safeguarding, housing), mental health, substance use services, and probation. This group made referral decisions, though this has now been superseded by a multi-disciplinary team and there have been few new places available since the Housing First service reached capacity.

Targeted Service users

The project works with adults (men or women) who have multiple and complex needs, with a particular focus on people sleeping rough who have become disengaged and alienated from other accommodation and support services.

Partnerships and networks

See referral routes above for details of multi-agency partnership structures surrounding the project.

Performance measures

Key Performance Indicators are tenancy sustainment and the number of rough sleepers identified as appropriate to participate in the Housing First Project. Additional measures capture outcomes in relation to physical and mental health, substance use, financial wellbeing and a decrease in street culture activities and anti-social behaviour.

Provider information

Organisation(s) delivering project

Local authority

Project overview

Project model and purpose

Housing First model – as described above and in the model overview. The project works with local private landlords to source good quality 1-bed room accommodation, using a package of financial support and regular landlord liaison. More recently, it has extended its housing partnerships to focus on social landlords too.

A specialist scheme was developed in 2018 to enhance the council's existing Housing First scheme, by focusing primarily on prison leavers with multiple and complex needs, with a particular focus on accessing properties in the Private Rented Sector. The team start building relationships with the individual while they are in prison (and can also support existing Housing First clients serving custodial sentences). Since its initiation in 2018 the scheme had secured 25 units for rough sleepers, by the end of 2021/22; a further 10 prison

leavers were receiving support from the prison project (pre-/post-release). The project also began a Housing First for Youth pilot in September 2022, working with 5 young people (and funded by Children's Services).

Overview of funding source
- The Housing First Project is funded by the Housing First Trailblazer Grant.
- Housing Support Grant 22/23 contributes towards staff salaries to ensure continuity of the service.
- The Prison Leavers' project is funded by the Welsh Government: Homelessness Prevention Grant – Housing First

Staffing structure
The project is staffed by a FTE Service Manager, 2 x FTE Housing First Support Workers, 1 x FTE Prison Link Housing First Support Worker, ad hoc relief workers and an administrator (25 hours per week). The project also has a specialist Landlord Liaison Officer who builds relationships with new and existing private sector landlords and provides additional housing management. Out of hours support is available from the local outreach team.

Referral routes
Referrals to the prison link service come through the council's Prison Leaver Pathway and people are assessed whilst in custody by the Prison Link Housing First Support Worker. Monthly referral panels are held for referrals being made through RSL accommodation to ensure all referrals are managed and responded to in a timely manner.

Targeted Service users
The project works with adult men and women with multiple and complex needs, with a particular focus on those who are sleeping rough and/or coming up for release from prison.

Partnerships and networks
Both Housing First projects can refer into the city's multi-disciplinary team to help access health, care and a range of other services needed by their clients. The prison project works across 4 prisons (including women's as well as men's) and has partnerships in places with

prison resettlement teams, probation, Prison Link Cymru, Police and third sector organisations. Both services have worked to engage a network of private landlords and are now expanding to partner with Registered Social Landlords.

Performance measures

Key performance measures are number of people supported into a tenancy on release and tenancy sustainment. Additional measures capture outcomes in relation to physical and mental health, substance use, financial wellbeing and a decrease in street culture activities and anti-social behaviour.

Project outline 9: Housing first

Provider information

Geographic location and operational context

City, east Wales with a high number of rough sleepers. The service has good links to accommodation providers locally but a shortage of accommodation for permanent move on affects delivery. A strategic ambition of the initiative was to establish a multi-disciplinary team, operational and strategic groups and close partnerships with the rough sleeper team though statutory assessment backlogs are a barrier.

Organisation(s) delivering project

Not for profit organisation providing housing and support to a range of groups.

Service Model Overview

Service model and purpose

Regional Housing First service (see [model overview](#)) with caseloads of 5 clients per housing first coordinator.

Overview of funding source

Housing First Trailblazer funding for all revenue costs, non-revenue landlord fund available on a case-by-case basis via the lead of the not-for-profit organisation with claims made by

landlords for management charges incurred for a standard tenancy for rent arrears, property damage and legal costs associated with the termination of a tenancy.

Staffing structure

The staffing structure for the region service includes an Assistant Director for East Wales, and Area Manager for the city, a Housing First (HF) Service Manager, 2 HF support assistants and 5 city-based HF coordinators.

Referral routes

Referrals are generated from assertive outreach and partner / network intelligence to identify the most suitable candidates. Once identified, a street-based phase of engagement begins, though where resources allow emergency temporary accommodation may be used whilst suitable settled permanent accommodation is sought. The service does not hold a waiting list but acts on a case-by-case basis.

Targeted Service users

The HF service assessment criteria is met when adults have been affected by rough sleeping, have entrenched issues and have been unable to sustain supported or independent accommodation.

Partnerships and networks

The grant holding organisation delivers HF in other locations and links into this. Locally, it has supported local health board colleagues in securing funding to establish a multidisciplinary team (MDT) to work alongside the HF service coordinators. HF operational and strategic groups have been established meeting fortnightly and bi-monthly, respectively. The city council housing and support teams, 2 local housing providers, drug and alcohol service team and local health board have all engaged in HF awareness sessions. The grant holder also works collaboratively with other charitable organisations providing rough sleeper and/or outreach support in the locality. The organisation works with local police and probation.

Performance measures

The service captures a range of measures, including a number relating to housing (waiting time, offers, choice, tenancy sustainment) and other outcomes (substance use, financial stability, street-based activity, physical health, etc).

Project outline 10: Floating support service

Provider information

Geographic location and operational context

Southeast Wales regional project. A relatively densely populated area, the local authority has been faced with a number of challenges including increased use of temporary accommodation in recent years with presentations being high in complex health needs. In recent years demand in the private rented sector has risen increasing pressure on access to affordable and suitable accommodation. Supply of supported accommodation is also barrier.

Organisation(s) delivering project

A multi-agency partnership between 3 county councils, the NHS, a University Health Board and a substance misuse charity.

Service Model Overview

Service model and purpose

Offers one to one support for service users with mental health and substance misuse issues who are placed in temporary accommodation, ensuring they have access to outreach crisis intervention support and are referred to appropriate agencies. Additional work is ongoing to provide additional outreach services such as podiatry and dentistry.

Overview of funding source

Phase 2 funding. Currently receives funding through the WG Area Planning Board; HSG funding for additional trauma informed counsellors and a Domestic Abuse advisor.

Staffing structure

The team is evolving. At the time of research, the team consisted of: administrative support, Independent Domestic Violence Advocate, 2 x Co-occurring Support Workers, A specialist Substance Misuse Nurse, A specialist Mental Health Nurse, A General Practice Nurse, 4 x Trauma Councillors.

Referral routes

Referrals are accepted from third sector providers who oversee hostels, temporary accommodation placements and Housing First Projects.

Service users

This is aimed at single people experiencing homelessness with complex needs, who are experiencing mental health and substance misuse issues, who struggle to access traditional services, are in crisis and in need of a rapid health intervention.

Partnerships and networks

The Specialist Mental Health and Substance Misuse Housing Outreach Service is a collaboration of agencies (Health, L/A and Third Sector) working across the area.

Project outline 11

Case study 11 consisted of interviews with 3 local authorities to understand how they had used their Phase 2 funding allocations; in local authority 2, our brief was to focus on joint initiatives with health.

Local authority 1

Geographic location

North Wales

Operational context

- Full stock transfer and relatively small proportion of general needs social housing (relative to private ownership/ rent) in the borough.
- Limited PRS in more rural areas; in coastal areas there is high demand.
- Emergency accommodation largely provided in Bed & Breakfast/ hotel/ holiday accommodation. Temporary accommodation is leased from private/ RSLs.

Overview of projects funded using Phase 2 funding

- Temporary one bed self-contained accommodation scheme (10 units), with concierge and tenancy management support (8 months' revenue funding)
- 9 months' funding for 2 additional support workers for existing Housing First scheme
- 9 months' funding for 4 x Rapid Rehousing Floating Support workers
- 9 months' funding for Private Sector Liaison Officer to prevent PRS evictions
- Additional Mental Health & Wellbeing Coordinator for Assertive Outreach project (shared with a neighbouring authority)
- 9 months' funding for Young Persons' Support Officer, to provide support to young people to prevent them from becoming homeless or to assist them in finding/ sustaining accommodation. The local authority was not successful in any of its bids for Phase 2 capital funding but was successful in receiving revenue funding.

Design and governance of Phase 2 projects

- Developed at same time and by same team who produced the Rapid Rehousing Transition Plan and the
- Strategy (combining Homelessness and Housing Support Grant strategies)
- Operational steering group (including elected member and police) overseeing the temporary accommodation 'village'

Outcomes and sustainability

- Self-contained, supported temporary accommodation village has received partial ongoing funding from Housing Support Grant
- The accommodation village model has been replicated in 2 other sites

- The other posts funded by Phase 2 (Housing First, Rapid Rehousing Floating Support workers, Young Persons' Support worker) and the regional projects have continued with Housing Support Grant funding
- The Private Sector Liaison post received core homelessness prevention funding

Local authority 2

The brief was for this case study to focus on partnership projects with health.

Geographic location
South Wales

Operational context
- Council still owns significant housing stock; though also works with a number of social landlords. Particular shortage of affordable 1-bed properties
- Increasing numbers of people with multiple and complex health needs coming through the homelessness system; however, At the time of the interview, rough sleeping reported to be the lowest for more than a decade.
- Existing homeless health initiatives being delivered in partnership with the Health Board.

Overview of projects funded using Phase 2 funding
- Salary costs for 4 x Rapid Rehousing Workers and an Asset Coach to engage and support people from emergency/ temporary accommodation into settled housing
- 6 months' salary for Team Leader and 3 workers for pilot Critical Time Intervention project, providing intensive support into housing for those on release from prison
- Salary costs for a substance misuse engagement worker, focusing on those who are homeless (including rough sleepers) or are at risk of homelessness and have multiple needs

- Funding for handover period as one Clinical Nurse Specialist retired and another started, also enabling a more intensive offer to people in temporary accommodation during handover.
- Match funding to double the working hours of existing Mental Health Outreach Nurse to enable nursing input in triage and assessment
- Triage centre funded
- Capital funding was also used to fund acquisitions of properties to use as permanent homes for people experiencing homelessness.

Design and governance of Phase 2 projects
- Phase 2 projects were designed by a long-standing commissioning team
- Existing operational partnerships with funding and delivery partners (NHS and CVS providers), reportedly strengthened by project cells and more strategic working through Phase 2.

Outcomes and sustainability
- All posts have continued to be funded via HSG or Health Board (as relevant)
- Various outcomes are being monitored, including but not limited to HSG outcomes framework.

Local authority 3

Geographic location
North Wales

Operational context
- Historically, high numbers of rough sleepers; however, rough sleeping had been reduced to net zero at time of interview.
- Planning at standstill due to issues with phosphates
- No single party has overall control of the council

Overview of projects funded using Phase 2 funding

- 12 months' revenue funding for staffing of new triage hub (the Phase 2 bid for capital funding was unsuccessful, so the building was purchased with authority's own funds)
- Revenue funding to expand Lettings Agency Empty Homes scheme
- Specifically, the revenue funding enabled:
    - Team Leader for temporary supported living projects
    - Housing Support Officer- supported temporary accommodation
    - Housing Options Officer
    - Temporary Accommodation Officer and Assistant: supported temporary accommodation
    - Criminal Justice Housing Options Officer
    - Local Lettings Private Rented Sector Access Officer
    - Peer Mentor
    - 50% contribution to Substance Misuse Officer (regional bid)
- Capital funding to purchase 5 previously owned council homes (Right to Buy)
- Capital funding for RSL to redevelop former night shelter into self-contained units

Design and governance of Phase 2 projects

- Homelessness and Housing Support Grant responsibility sit in same team
- Council-led multi-agency Homeless Steering Group has oversight of homelessness and housing support; though Executive Group signed off on Phase 2 application, due to need for fast turnaround and match funding.

Outcomes and sustainability

- Increase in Housing Support Grant allocation has enabled the authority to permanently fund the 12-month posts funded via Phase 2

Annex C

Policy Level Theory of Change

The following Theory of Change was developed by the research team from the Welsh Government (2019) Strategy for Preventing and Ending Homelessness. See the Evaluation Design chapter for further details of the methodology.

Defining the problem / situation analysis (What is the problem?)	Solutions focus (What is the solution?)	Causality (What will cause the solution to happen?)
How well is the problem understood? Is it well founded? Does it rely on assumptions, if so which assumptions?	What is the aspiration/ambition for the solution? On what principles/ tenets are the solutions founded? What is different about this policy compared to what has been done before?	How is the causal relationship between problem and solution described and anticipated? What is the rationale underpinning the process of change?
Overarching: - Is built on the premise that housing (or lack of it) is not the only cause of homelessness and should not be the sole area of focus. The policy has a strong emphasis on whole system approaches and a single strategic view on	1. Take steps to understand local level demand and what works: a) consider the scale of the problem through improving homelessness data b) look to evidence the impact of services and interventions and share this to inform wider learning	1. Lack of sufficient data means that the size of the problem and the extent to which current service provision is effective is not properly understood at national and local level. Better evidence gathering will facilitate improvement and enable WG to provide clear guidance to LA's about 'what

homelessness. However, this relies on assent from relevant partners and agencies. *[Assumes assent].* - Homelessness is broadly defined i.e., to encompass hidden homelessness. - The overarching vision 'rare, brief and unrepeated' is open to interpretation. - Identifies a shift away from current policy which is limited or absent in terms of: whole system approach; trauma informed and person-centred practice; co-production; emphasis on early intervention and prevention within the spirit, not the letter of the law; rapid and appropriate housing solutions and secure tenure; innovative and housing and support solutions. - Focus shifts: away from crisis management, homeless release, ETA,	*[Assumptions for the above:* *An evidenced based approach to assessing impact of services and interventions will support WG to provide clearer guidance on effectiveness and assist commissioning decisions across LAs]*	works' in Rapid Rehousing. *[Assumes no distinction between what kind of impact evidence will inform future policy and commissioning decisions.]*
	2. Ensure earliest prevention is the intervention of first choice *[Assumption: early intervention and prevention is more cost-effective, 'true prevention' starts pre-56 days]*	2. To achieve early intervention and prevention, authorities should take action before 56-day Duty. Duties within the Housing Act should be considered as the 'last line of defence' / treated as a 'safety net' when all other preventative avenues have failed – working to the 'spirit not the letter of the law'. Greater investment in more primary, secondary and tertiary

temporary accommodation etc to upstream early intervention, and away from staircase/ reward-based models to long term housing-led solutions.		prevention to reduce flow of households falling into homelessness will also be required.
	3. Ensure rapid and permanent rehousing is prioritised as an approach to tackling homelessness *[Assumption: demand will fall and will help reduce demand on hostels, temporary accommodation and ETA overtime]*	3. To ensure that rapid and permanent rehousing is prioritised, there needs to be: a) shift away from 'staircase', earned rewards model of service delivery b) implement long-term housing-led solutions c) shift away from provision of ETA, temporary accommodation and hostel services d) explore adopting HF as part of a whole system approach, ensuring wraparound support is in place e) Increase supply and choice of affordable housing (via development of social housing, fairer allocations, better access to private rented sector)

		[Assumption: this requires alternative service delivery models jointly owned and funded by relevant public services, including MH, substance misuse, primary care, community safety and housing to ensure specialist multi-disciplinary teams support individuals to address their needs and take a trauma informed approach]
	4. Adopt a person-centred approach	4. all services should be offered in a trauma informed way, working with partners to achieve this
	5. Support a joined-up approach with local partners – with a focus on prison leavers, care leavers, hospital discharge and young people *[Assumption: system level joined up approach is possible and will facilitate ending homelessness]*	5. Homelessness is not solvable with housing alone, rather it is a 'public services matter' requiring system level approaches *[Assumption: all relevant public services assent to this view/there is buy-in at all levels]* via:

		a) engagement with local public services (including health boards, RSLs) and the third sector. b) Implementation of a prisoner pathway in partnership with HMPPS *[Assumption: the pathway will prevent recurrent homelessness for this group]*. c) Investment in targeted secondary prevention aimed at young people through the youth service and a range of partnerships *[Assumption: these organisations are active in the LA / will bid for contracts and are fundamentally aligned to the vision of the policy]*. d) Working with the care system to ensure successful transition for care leavers into permanent accommodation.

		e) Working with hospital discharge services.
		f) Working with housing management and RSLs and PRS to support prevention and avoid unnecessary evictions.
		g) Policy, service delivery and practice being informed and shaped in a co-productive manner and by those with lived experience.
		h) Specialist multi-disciplinary teams (established via jointly funded alternative service delivery models).