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# Housing with care fund evaluation: a theory of change and evaluation framework report

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# Housing with care fund evaluation: a theory of change and evaluation framework 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

## **Disabled Facilities Grant (DFG)**

Local authority grants designed to help adapt homes for disabled people or older residents.

## **Housing with Care Fund (HCF)**

A Welsh Government capital investment programme to support housing schemes that meet the needs of people with care and support needs.

## **Integrated Care Fund (ICF)**

A former Welsh Government fund that supported integration across health and social care, and which preceded the Housing with Care Fund

## **Integration and Rebalancing Fund (IRCF)**

A Welsh Government capital programme to transform health and care services in Wales and which is intended to support integrated community hubs, residential care and eliminate profit from the provision of children's residential care.

## **Marmot principles**

Principles which promote a whole-system, preventative approach to improving health and well-being, focusing on fairness and social justice.

## **Monitoring Information (MI)**

Information which can be used to assess the implementation, performance and effectiveness of a programme or activity.

## **Out of county (OOC) placements**

Placements made outside a person's home county or local area.

## **Programme for Government (PfG)**

The Welsh Government's strategic plan outlining its main priorities, commitments and policy objectives over a Senedd term.

## **Regional Integration Fund (RIF)**

A Welsh Government fund that is intended to transform health and social care by supporting preventative, integrated and sustainable services.

**Regional Partnership Boards (RPBs)**

Statutory regional bodies that bring together health boards, local authorities, and other partners to plan and deliver integrated health and social care services.

**Registered Social Landlord (RSL)**

A social housing provider registered to provide and manage affordable housing.

**Social Housing Grant (SHG)**

A Welsh Government capital grant available to registered providers and local authorities to support the development of affordable housing.

**Social Return on Investment (SROI)**

An approach used to assess and quantify the wider social value created by a programme or an intervention.

**Theory of Change (ToC)**

An approach used to describe how and why a programme is expected to achieve its intended outcomes, including the link between inputs, activities, outputs and impacts.

# 1. Introduction

The Welsh Government has commissioned OB3 Research, in collaboration with University of South Wales (USW) Commercial Services Ltd to undertake an evaluation of the Housing with Care Fund (HCF).

## 1.1. An overview of the Housing with Care Fund

The HCF is a capital programme which supports housing and accommodation for vulnerable people in society with care support needs. Funding of up to £242 million was made available over a 4-year period to the end of March 2026 with additional funding of £61.7 million available for 2026 to 2027.

The HCF is intended to support residential developments that enable individuals from 5 priority groups with care and support needs to live independently within their communities. The 5 priority groups are:

- older people, including those with dementia
- children and young people with complex needs
- neurodivergent people and people with learning disabilities <sup>[footnote 1]</sup> or neurodevelopmental impairments
- unpaid carers
- people with emotional health and mental well-being needs <sup>[footnote 2]</sup>

The HCF is allocated using a formula to support 3 types of schemes and projects – those which provide housing with care, those which provide intermediate care and accommodation, and those which are minor projects. To support this tripartite structure, the HCF is structured into 3 funding objectives:

- Objective 1 (housing with care): this objective supports housing and accommodation that must be let as social rented tenancies (e.g. extra care housing, supported living accommodation)

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<sup>1</sup> This report uses the terminology chosen by representative organisations for people with learning disabilities. We acknowledge that the term 'people with learning disabilities' is not compatible with social model language given that 'disabilities' is used in place of impairments to denote disabling barriers.

<sup>2</sup> People with emotional health and well-being needs can sometimes find it difficult to maintain a home which can make them vulnerable to harm and to experiencing homelessness, resulting in further deterioration of their mental health and well-being. A safe and secure home with appropriate support to meet their needs can provide stability and a strong platform for future independence and improved well-being.

- Objective 2 (intermediate care and accommodation): this objective supports accommodation provision investment (e.g. emergency bed spaces, short-term reablement). Under this objective, service users do not hold tenancies; accommodation is managed by the provider
- Objective 3 (minor projects): this objective is allocated at the discretion of the Regional Partnership Board (RPB) and can account for 10% of a region's allocation of the fund. Projects may include a range of smaller-scale investments (e.g. repairs, refurbishments, equipment, and adaptations to existing homes). It can also be used to supplement the cost of local authorities' Disabled Facilities Grants (DFG)

## **1.2. Evaluation aim**

The aim of the evaluation is to understand the progress made by funded HCF schemes to increase the stock of housing to meet the needs of people with care and support needs.

The evaluation is intended to address 8 research objectives:

- how effective has the HCF been in relation to the objectives, governance, and administration?
- how far has the HCF supported populations which are ageing to continue to live independently with care and support at home?
- to what extent has the HCF ensured that accommodation provided for vulnerable groups who are not able to live fully independently at home, is as close as possible to their home?
- to what extent has the HCF reduced out-of-area placements for children with higher needs, by providing accommodation closer to home?
- how has HCF integrated with the Regional Integration Fund (RIF) and the Integration and Rebalancing Fund (IRCF), and to what extent has the HCF contributed to changes in models of care?
- what impact has HCF had on the provision of facilities that provide step-up/ step-down, re-ablement and rehabilitation in the community?
- to what extent has the HCF ensured that carers can access respite themselves or for the people they care for?
- to what extent are HCF housing solutions suitable for the long term?

### **1.3. Structure of report**

This theory of change and evaluation framework report sets out:

- the method adopted for undertaking the evaluation to date, at Chapter 2
- a policy context and a theory of change for the HCF, at Chapter 3
- a review of programme monitoring data, at Chapter 4
- the findings from the scoping interviews undertaken, at Chapter 5
- initial conclusions and recommendations for the Welsh Government to consider, at Chapter 6
- an evaluation framework and work programme which will inform the remaining stages of the evaluation, at Annex A

## 2. Methodology

The methodology adopted for preparing this theory of change and evaluation framework evaluation report involved:

- attending an inception meeting with the client to agree the approach, timetable and gain access to relevant documentation and data relating to the fund
- a desk-based review of policy and programme documentation and the development of a theory of change and underpinning logic model for the HCF
- a desk-based review of programme monitoring data
- the development of a scoping aide-memoire (set out at Annex B) and supporting privacy notice. The aide memoire was used to inform discussions with 4 Welsh Government officials and 24 representatives from across the 7 Regional Partnership Boards (RPBs) to clarify the aims and intended outcomes of the HCF and to better understand its implementation model. An additional scoping interview was undertaken with a representative from a Registered Social Landlord (RSL) to understand the sector's involvement with the fund and a written submission was received on behalf of the RSL sector to set out their experience of the fund
- facilitating a Theory of Change workshop with Welsh Government officials. The feedback gathered from this workshop has been considered within this report

## 3. Policy review and Theory of Change

### 3.1. Overview of the Housing with Care Fund

The Housing with Care Fund (HCF) is a central component of Wales' strategic shift toward a "home-first" model of care, enabling people with care and support needs to live independently within their communities for longer. It responds to increasing demand (particularly among older people and those with complex needs) and to the limitations of traditional, institutional models of care. In this context, the HCF is positioned as both a capital investment programme and a strategic lever, supporting the development of housing that enables prevention, independence, and community-based support benefiting children, adults and older adults.

The fund operates through capital investment in housing and accommodation linked to care, including supported living, specialist housing, and intermediate care provision. Its core mechanism is to increase the supply of appropriate, adaptable housing environments that support new models of care delivery. This reflects a broader policy emphasis on the social model of disability, where accessible environments play a central role in shaping outcomes.

The HCF is underpinned by a strong policy and legislative framework, including the [Social Services and Well-being \(Wales\) Act 2014](#), which promotes independence and person-centred care, and the [Well-being of Future Generations \(Wales\) Act 2015](#), which emphasises long-term, integrated approaches. It also aligns with [A Healthier Wales](#), which sets out a system-wide shift toward prevention and community-based services as well as the [Marmot principles](#) to tackle health inequalities.

Importantly, the HCF operates within a wider system of funding and reform, alongside programmes such as the [Regional Integration Fund \(RIF\)](#) and the [Integration and rebalancing capital fund \(IRCF\)](#). Within this landscape, the HCF provides the housing and infrastructure component, while other programmes support service delivery, integration, and market development. Its impact is therefore dependent on how effectively these elements align.

The rationale for the fund is shaped by ongoing system pressures, including shortages of suitable housing, workforce constraints, and pressures on health and care services, particularly around hospital discharge and community capacity. These factors reinforce the need for housing-based solutions that improve system flow and reduce reliance on crisis

care, while also highlighting that capital investment alone is insufficient without wider system support.

Overall, the HCF represents a substantial investment aimed at integrating housing and care to improve independence and wellbeing, but its effectiveness depends on the extent to which housing delivery is successfully linked to service provision and broader system reform.

### **3.2. The role of Theory of Change**

The Theory of Change (ToC) provides a structured framework for understanding how and why the HCF is expected to achieve its intended outcomes. Within complex policy interventions such as the HCF, the ToC serves as a critical tool for articulating the logical relationships between programme inputs, activities, outputs, and outcomes. It enables stakeholders to make explicit the assumptions underpinning programme design and to identify the causal pathways through which impact is generated.

In the context of the HCF, the ToC is particularly important given the fund's flexible and locally adaptive nature. By clearly defining how resources are transformed into tangible benefits for households, the ToC helps ensure coherence between policy intent and implementation. It provides a common framework through which programme delivery can be assessed, allowing for comparison across different local authorities and identifying areas of consistency or divergence.

Furthermore, the ToC supports evaluative practice by establishing a clear basis for measurement and analysis. It enables the identification of appropriate indicators at each stage of the intervention, from immediate outputs (such as the number of schemes approved) to longer-term outcomes (such as improved independence). The ToC also facilitates the consideration of external factors (such as demographic changes, economic conditions, and labour market dynamics) that may influence programme effectiveness. In this way, it acts not only as a descriptive model but as a practical tool for guiding implementation and evaluation.

### **3.3. Evaluation approach and methods**

This evaluation was designed to assess the extent to which the HCF is achieving its intended outcomes, as conceptualised through the ToC. It should be noted that the development of the ToC has been undertaken retrospectively, i.e. after the Fund has been

in place for 4 years and is informed by the policy documentation in place at the time. This is atypical and will have an influence on data collection and impact measurement.

A structured evidence review was undertaken, focusing on existing literature and related policy documentation (see section 3.3.1). The objective was to extract main themes, mechanisms, and outcomes that could inform both the refinement of the ToC and the broader understanding of programme effectiveness.

### **3.3.1. Extracted policy documents**

The policy documents reviewed to inform the ToC can be found in Annex C.

The methodological approach centred on a systematic extraction of relevant studies and reports. Sources were identified through targeted searches of policy documents. Inclusion criteria were established to ensure relevance, with priority given to studies addressing capital investment, supported housing, specialist accommodation, community-based care provision and integrated care models.

Data extraction focused on several core dimensions, including programme design, delivery mechanisms, target populations, and observed outcomes. Particular attention was paid to identifying causal relationships between intervention components and outcomes, as well as any reported challenges or unintended consequences. The findings were synthesised thematically, allowing for the identification of recurring patterns and insights across the body of evidence.

Each policy document was reviewed by a member of the research team completing an extraction form. These forms were then reviewed by another member of the research team to ensure completeness and accuracy of extraction. Following this, the research team agreed the most important implications of the findings and how they related to the developments and validation of the ToC and the fund more broadly.

## **3.4. Main findings from the evidence review**

The main findings of the extraction are summarised below; this is then followed by a more in-depth discussion of the main findings. These findings have been used to make determinations about the content of the initial ToC (see Figure 3.1) and are reflected therein.

### **3.4.1. Headline findings**

- **Capital-led, supply-side intervention model**
  - The HCF and related programmes rely primarily on capital investment to expand infrastructure and housing provision as the driver of change.
- **Capital acts as an enabling not a direct mechanism**
  - Investment creates the conditions for change (e.g. infrastructure, co-location), but outcomes depend on how services operate within these environments.
- **Integration is central but weakly operationalised**
  - Integration across housing, health, and social care is a core assumption of impact, but is often conceptual rather than clearly defined in practice.
- **Long and indirect causal pathways**
  - The link between capital investment and system-level outcomes (e.g. reduced hospital demand) is complex, multi-stage, and difficult to attribute directly.
- **Strong reliance on system conditions and external factors**
  - Programme success depends on factors outside direct control, including workforce capacity, revenue funding, and partnership effectiveness.
- **Variation in regional implementation**
  - Delivery through Regional Partnership Boards (RPBs) introduces flexibility but leads to differences in how the fund is applied and experienced.
- **Multi-level change with system-level emphasis**
  - Interventions target system restructuring and service reconfiguration, with individual outcomes positioned as indirect and downstream effects.
- **Evidence of misalignment between timescales and outcomes**
  - Short-term capital funding cycles contrast with long-term ambitions around system transformation and population-level outcomes.

The evidence review highlights a set of consistent and interrelated themes concerning how the HCF and associated programmes are expected to operate, and the extent to which their underlying assumptions are supported by policy logic. Rather than presenting a single, clearly bounded intervention, the findings indicate that the HCF sits within a wider ecosystem of capital funding programmes and system reforms, including the IRCF, RIF, and

Regional Strategic Capital Plans and the Social Housing Grant Scheme. As such, the mechanisms through which outcomes are achieved are diffuse, multi-layered, and highly dependent on contextual conditions.

A central finding across the evidence is the dominance of a supply-side, capital-led model of change. Both the HCF and related programmes are built on the premise that investment in physical infrastructure (particularly specialist housing and integrated care environments) will enable improved outcomes across health and social care systems. In the case of the HCF, this takes the form of increasing the availability of housing with integrated care, while IRCF extends this logic to the development of co-located service hubs and broader system infrastructure.

The causal logic underpinning the programme is broadly consistent: capital investment increases the availability and appropriateness of built environments, which in turn enables new models of care delivery, leading ultimately to improved individual outcomes and reduced system pressures. However, the evidence suggests that this causal chain is often assumed rather than explicitly evidenced, particularly in relation to downstream outcomes such as reduced hospital admissions or improved wellbeing.

Closely linked to this is the finding that capital investment functions primarily as an enabling mechanism, rather than a direct driver of outcomes. Across the reviewed documents, including IRCF and regional strategic plans, capital funding is conceptualised as creating the conditions for change (through infrastructure, co-location, and system alignment) rather than delivering change directly at the level of individuals.

This introduces an important distinction within the ToC: outcomes are mediated through service delivery, workforce capacity, and organisational behaviour, all of which sit outside the direct control of capital programmes. As a result, the effectiveness of the HCF is contingent on the extent to which these enabling conditions are translated into actual changes in practice.

A further main theme is the central role of integration as both a mechanism and an intended outcome, albeit one that is often weakly specified in operational terms. Across multiple documents, integration is positioned as a core driver of improved outcomes, with co-located services, joint planning through RPBs, and alignment between housing, health, and social care systems forming central components of the policy logic.

However, the evidence highlights a gap between the conceptual framing of integration and its practical implementation. While capital investment can facilitate co-location and shared

infrastructure, it does not in itself guarantee integrated working. The assumption that physical proximity will lead to coordinated service delivery represents a critical but under-tested link in the causal chain.

The review also identifies the importance of system-level governance and planning structures, particularly the role of RPBs and Regional Strategic Capital Plans in coordinating investment and delivery. These structures are intended to align capital funding with local needs, ensure strategic coherence, and support the development of integrated care models. However, this introduces variability in how programmes are implemented across regions, as local interpretation and capacity influence both the selection of schemes and their delivery. As a result, the HCF does not operate as a uniform intervention, but rather as a flexible funding mechanism whose impacts may differ substantially depending on regional context.

Another important finding concerns the multi-level nature of change targeted by the HCF and related programmes. The evidence consistently points to interventions operating simultaneously at the individual, service, and system levels, with a strong emphasis on upstream, system-level transformation. While this multi-level approach reflects the complexity of the challenges being addressed, it also complicates evaluation. The long and indirect pathways between inputs (capital investment) and impacts (e.g. reduced institutional care, improved wellbeing) make attribution difficult, particularly within the relatively short timeframes of funding cycles.

The evidence further highlights a set of critical assumptions underpinning the effectiveness of the HCF, many of which relate to factors beyond the scope of the programme itself. These include the availability of sufficient workforce capacity to deliver care alongside new housing, the alignment of capital and revenue funding streams, and the ability of partners to work effectively across organisational boundaries. In particular, the reliance on complementary revenue funding (e.g. through RIF) is a recurring theme. Without adequate service provision, the potential benefits of capital investment may not be realised, suggesting that the HCF should be understood as one component within a broader system of interventions rather than a standalone solution.

Finally, the findings point to a degree of misalignment between programme timescales and intended outcomes. While capital programmes such as the HCF are typically delivered over relatively short periods (e.g. 4 years), many of the outcomes they aim to influence (such as reduced hospital demand or improved system sustainability) are inherently long-term and influenced by a wide range of external factors. This creates challenges in demonstrating

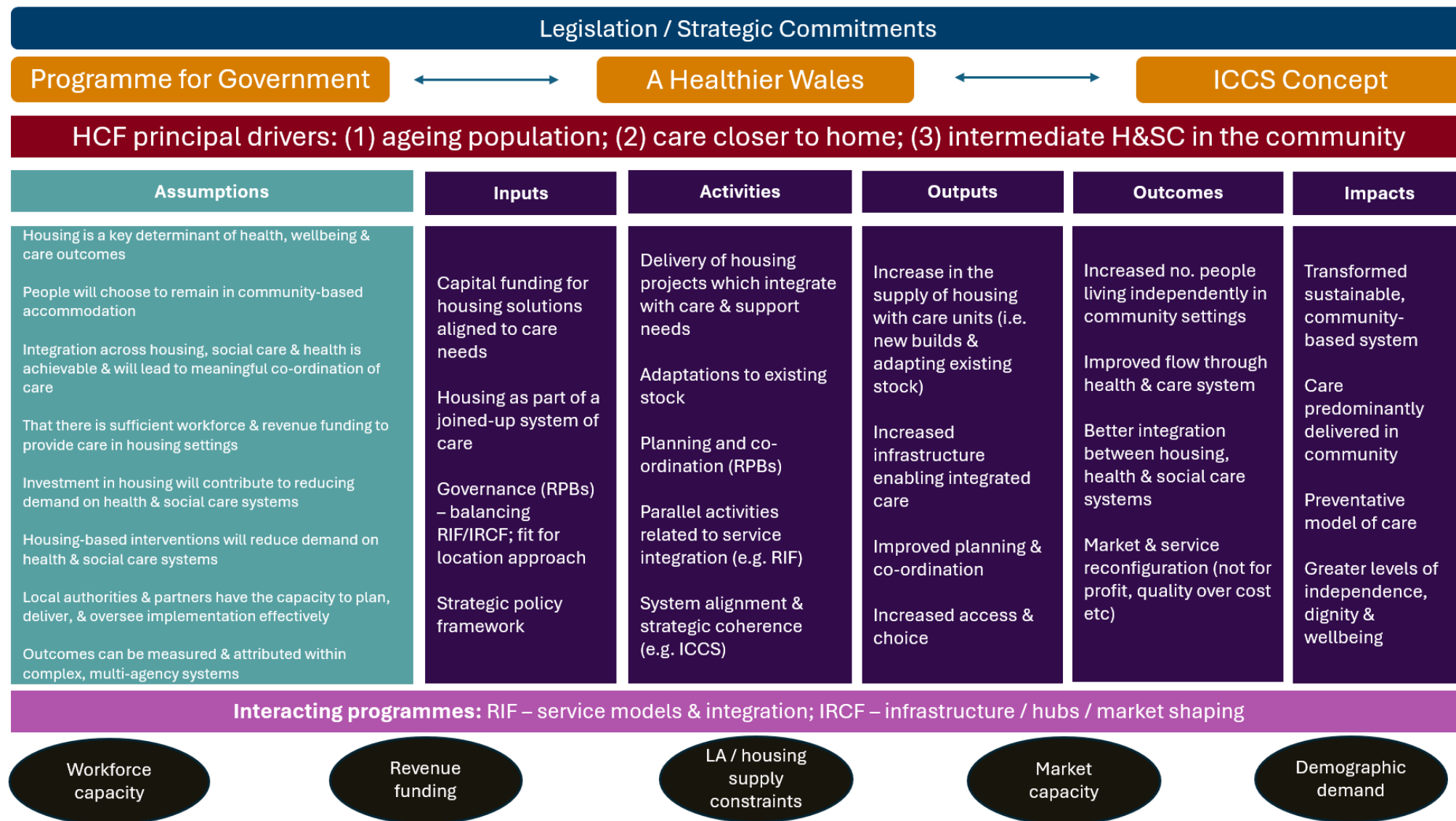
impact, as observable changes in system-level outcomes may lag considerably behind the delivery of capital schemes.

In summary, the evidence review suggests that the HCF operates within a complex and interconnected policy landscape, characterised by supply-side investment, system-level ambition, and reliance on integration as a main mechanism of change. While the underlying logic of the programme is coherent at a high level, it is mediated by a range of assumptions and dependencies that introduce uncertainty into the causal pathway. These findings highlight the importance of developing a ToC that explicitly accounts for these dynamics, including the enabling role of capital investment, the conditions required for integration, and the broader system context within which the HCF operates.

### **3.5. Initial Theory of Change**

The development of the ToC for the HCF was grounded in a synthesis of programme guidance and wider policy documentation. Through the extraction process, a coherent programme logic was identified, articulating how capital investment in housing and infrastructure is expected to contribute to system-level transformation in health and social care. However, the review also highlighted a number of gaps, implicit assumptions, and areas of uncertainty within this logic. As a result, the initial ToC presented here represents both a reconstruction of the intended causal pathway and a critical assessment of its limitations.

**Figure 3.1: Theory of change**



At a high level, the ToC follows a sequential pathway linking inputs, activities, outputs, outcomes, and impacts. The primary inputs are centred on capital funding directed toward housing solutions aligned with care needs, supported by governance structures such as RPBs and a broader strategic policy framework. These inputs are intended to enable a set of activities, including the delivery of specialist housing schemes, adaptation of existing stock, and coordination of investment and planning across sectors. Importantly, these activities are not undertaken in isolation but operate alongside parallel programmes (e.g. RIF and IRCF) and broader system reforms, which together form a wider ecosystem of intervention.

These activities are expected to generate a series of immediate outputs, most notably an increase in the supply of housing with care, improved infrastructure to support integrated service delivery, and enhanced coordination across partners. In turn, these outputs are intended to lead to outcomes such as increased numbers of people living independently in community settings, improved system flow, and greater integration between housing, health, and social care systems. The ultimate impacts are framed in ambitious, system-level terms, including a transition toward a preventative model of care, reduced reliance on institutional provision, and improved wellbeing and quality of life.

Underpinning this model is a set of core assumptions, including the central role of housing as a determinant of health and wellbeing, the feasibility of integration across sectors, and the availability of sufficient workforce and revenue funding to deliver care within housing settings. The ToC also assumes that individuals will both choose and be able to remain in community-based accommodation, and that capital investment can meaningfully reduce demand on health and social care systems. These assumptions are critical, as they form the foundation upon which the causal logic is built.

While this reconstructed model provides a clear and internally coherent narrative, the analysis identified several important limitations that required refinement of the ToC. Most notably, the review highlighted the presence of a number of “black boxes” within the causal pathway. There are points at which the mechanisms through which change is expected to occur are insufficiently specified. For example, the transition from inputs and activities (e.g. housing development and planning) to outputs and outcomes (e.g. improved independence or reduced hospitalisation) relies heavily on factors such as workforce capacity, effective integration between partners, and user uptake of services. However, these mechanisms are largely implicit rather than explicitly articulated within programme documentation.

This issue is particularly evident in relation to integration. While the ToC assumes that aligning housing, health, and social care systems will lead to more coordinated and effective service delivery, the specific processes through which integration is achieved are not clearly defined. The role of RPBs is central in this regard, yet their effectiveness is contingent on local capacity, governance arrangements, and the willingness of partners to collaborate. As a result, integration functions as both a main mechanism and a noteworthy uncertainty within the model.

A further refinement relates to the recognition that many of the programme's intended outcomes are dependent on factors beyond the direct control of the HCF. The ToC as originally conceived implies a relatively direct relationship between capital investment and outcomes such as reduced hospital admissions or improved wellbeing. However, the evidence suggests that these outcomes are mediated by a range of external dependencies, including the availability of care services, workforce capacity, access pathways, and individual preferences. This introduces a level of uncertainty into the model and reinforces the need to view the HCF as contributing to, rather than solely driving, observed changes.

To address this, the ToC needs to distinguish more explicitly between different levels of outcomes and their associated dependencies (see section 3.5.1). At the level of immediate outcomes, such as increased access to appropriate housing and local provision, the causal link to HCF activity is relatively direct, although still dependent on successful delivery and completion of capital schemes. At the level of system and population outcomes, including increased independence and reduced reliance on institutional care, the pathway becomes more complex, requiring the effective functioning of care systems, workforce availability, and user engagement. At the level of long-term impacts, such as system sustainability and a shift to preventative care, the ToC extends into broader system dynamics, where attribution becomes increasingly diffuse and outcomes are shaped by multiple interacting factors.

### **3.5.1. Discrepancies and measurement challenges**

The main discrepancies and measurement challenges relating to the outcomes and impacts set out in the ToC are:

#### **Immediate outcomes**

- more people housed appropriately
- increased access to local provisions

- more people supported

Dependencies: planning, delivery and build completion

### **System and population outcomes**

- increased independence
- reduced hospital admission / stays
- reduced out of area placements
- reduced reliance on residential care

Outcomes influenced by: care provisions, workforce capacity, access pathways, user choice / uptake

### **Long-term system impact**

- sustainable care system
- prevention focused model
- improved wellbeing and quality of life

Attribution challenges: multi-factor system change, long time horizon (lags beyond programme end)

Measurement challenges: indirect indicators, requires modelling / contribution analysis.

These distinctions also highlight measurement challenges within the ToC. While outputs and some immediate outcomes can be quantified relatively straightforwardly (e.g. number of housing units delivered), longer-term outcomes require more complex forms of evidence, including system-wide data linkage and, in some cases, modelling or contribution analysis. The attribution of long-term impacts to the HCF alone is particularly problematic, given the influence of parallel programmes, wider policy reforms, and external socio-economic conditions.

Finally, the refinement of the ToC emphasises the importance of understanding the HCF as part of a broader, interconnected system of interventions. The programme does not operate in isolation but interacts with other funding streams (e.g. RIF and IRCF), strategic frameworks (e.g. Programme for Government), and local planning processes. In addition, its effectiveness is constrained by structural factors such as housing supply, market capacity,

and demographic demand. These parallel influences run alongside the formal ToC and shape both its implementation and its outcomes.

In summary, the ToC retains the core structure and intent of the original programme logic but introduces a more critical and nuanced understanding of how change is expected to occur. It makes explicit the assumptions underpinning the model, identifies main dependencies and areas of uncertainty, and differentiates between levels of outcomes and their associated causal pathways. In doing so, it provides a more realistic and analytically robust framework for understanding the role of the HCF within a complex and evolving system of care. In future, a ToC for this type of programme would benefit from greater clarity about the mechanisms through which change is expected to occur and the metrics that will be used to assess progress and success.

### **3.6. Concluding comments**

This chapter has outlined the policy context, programme design, and theoretical framework underpinning the HCF, situating the fund within a broader system of reform focused on integration, prevention, and community-based care. In doing so, it has demonstrated the value of the ToC as a tool for articulating how capital investment in housing is expected to contribute to improved outcomes across health and social care systems.

The analysis has also highlighted important limitations in the underlying programme logic, particularly in relation to implicit assumptions, dependency on wider system factors, and the presence of under-specified causal pathways. By making these elements explicit, the refined ToC provides a more realistic and analytically robust account of how change is expected to occur, recognising both the enabling role of the HCF and the constraints within which it operates.

Overall, the refined ToC offers a coherent framework for assessing programme effectiveness, while also supporting a more critical and nuanced interpretation of findings in subsequent stages of the evaluation.

## **4. Review of programme monitoring data**

The monitoring information (MI) shared for this evaluation provides an overview of Housing with Care Fund (HCF) capital allocations and expenditure by Regional Partnership Board (RPB) between 2022 to 2023 and 2025 to 26, together with cumulative information on schemes funded under Objective 1, Objective 2 and Objective 3.

As with any monitoring data, the analysis should be interpreted with some caution. The tables are useful for describing the scale and pattern of investment and delivery, but they do not, in themselves, provide evidence of the outcomes that the wider evaluation is seeking to examine, such as whether people are able to live independently for longer, whether placements are closer to home, or the extent to which HCF has changed models of care.

The monitoring information data presents annual financial information and scheme-level records on different bases, including differences in the timing of awards, claims and payments, and phased funding. As such figures drawn from different parts of the monitoring data are not always directly comparable.

Most of the analysis in this chapter is based on the monitoring data for Objectives 1 and 2 allocations within HCF. Objective 3 funding cannot be analysed in the same way, as the MI identifies award holders rather than delivery organisations, and therefore does not provide a sufficiently robust basis for inclusion.

### **4.1. Capital allocations and expenditure**

Table 4.1 shows that HCF allocations increased substantially between 2022 to 2023 and 2024 to 2025, before reducing in 2025 to 2026. Total capital awarded across the 7 RPBs increased from £31.4 million in 2022 to 2023 to £43.1 million in 2023 to 2024, and then to £55.9 million in 2024 to 2025, before falling back to £44.4 million in 2025 to 2026.

Overall, the monitoring data suggests that the programme was able to mobilise and spend capital funding effectively during its first 3 years, at 95% or more of total grant award spent, before falling to 73% in 2025 to 2026. The lower spend rate in 2025 to 2026 suggests weaker in-year expenditure performance in the final year of the programme although this may reflect timing, changes to payment process and reporting factors as well as delivery issues.

**Table 4.1: HCF capital allocations and expenditure by year**

| <b>Year</b>         | <b>Total grant awarded</b> | <b>Total spend</b> | <b>Spend rate</b> |
|---------------------|----------------------------|--------------------|-------------------|
| <b>2022 to 2023</b> | £31,444,251                | £30,698,697        | 98%               |
| <b>2023 to 2024</b> | £43,125,676                | £41,145,394        | 95%               |
| <b>2024 to 2025</b> | £55,861,072                | £53,327,094        | 95%               |
| <b>2025 to 2026</b> | £44,440,680                | £32,485,309        | 73%               |

Source: HCF MI data

## **4.2. Regional variation in expenditure performance**

The aggregate expenditure in Table 4.1 does not show the variation across RPBs. As seen in Table 4.2, across the 4-year period, the largest total allocations were recorded in Gwent, North Wales and Cardiff and Vale. Looking across all 4 years combined, overall spend rates were highest in Powys, Cardiff and Vale and North Wales, while lower overall spend rates were recorded in West Wales, Gwent and Cwm Taf Morgannwg. These differences indicate variation in the pace at which regions were able to convert allocations into expenditure over the lifetime of the programme.

**Table 4.2: HCF capital allocation, expenditure and spend by RPB across the 4-year period 2022 to 2026**

| <b>RPB</b>               | <b>Total grant awarded</b> | <b>Total spend</b> | <b>Spend rate</b> |
|--------------------------|----------------------------|--------------------|-------------------|
| <b>Gwent</b>             | £39,997,333                | £33,746,733        | 84%               |
| <b>North Wales</b>       | £34,728,190                | £33,245,879        | 96%               |
| <b>Cardiff and Vale</b>  | £32,899,854                | £31,714,719        | 96%               |
| <b>Cwm Taf Morgannwg</b> | £25,336,774                | £21,716,566        | 86%               |
| <b>West Wales</b>        | £19,019,346                | £16,068,642        | 84%               |
| <b>West Glamorgan</b>    | £13,445,623                | £11,999,698        | 89%               |
| <b>Powys</b>             | £9,444,559                 | £9,164,257         | 97%               |

Source: HCF MI data

Table 4.3 shows variation in the proportion of 2025 to 2026 awards recorded as spent during the year. North Wales and Cardiff and Vale had the highest recorded spend rates, while Cwm Taf Morgannwg and Gwent had the lowest. However, these differences should not be interpreted solely as variation in delivery performance. A change to financial management reporting meant that expenditure was recorded when it became bookable as spend, rather than when funding was awarded. This introduced a time lag, with some expenditure associated with 2025 to 2026 awards recorded in 2026 to 2027.

**Table 4.3: HCF total spend by RPB in 2025 to 2026**

| <b>RPB</b>               | <b>2025 to 2026<br/>grant awarded</b> | <b>2025 to 2026<br/>spend</b> | <b>2025 to 2026<br/>spend rate</b> |
|--------------------------|---------------------------------------|-------------------------------|------------------------------------|
| <b>North Wales</b>       | £8,659,833                            | £7,933,586                    | 92%                                |
| <b>Cardiff and Vale</b>  | £8,412,664                            | £7,591,447                    | 90%                                |
| <b>West Glamorgan</b>    | £5,692,387                            | £4,342,422                    | 76%                                |
| <b>West Wales</b>        | £6,579,257                            | £4,392,782                    | 67%                                |
| <b>Powys</b>             | £256,000                              | £160,898                      | 63%                                |
| <b>Gwent</b>             | £9,067,695                            | £5,204,464                    | 57%                                |
| <b>Cwm Taf Morgannwg</b> | £5,772,845                            | £2,859,710                    | 50%                                |

Source: HCF MI data

### **4.3. Delivery by programme objectives**

Across the 4-year delivery period, £68.4 million has been awarded for Objective 1 schemes, £81.5 million for Objective 2 schemes and £50.8 million for Objective 3 projects. This equates to approximately 34% of total awards under Objective 1, 41% under Objective 2 and 25% under Objective 3. The original HCF guidance indicated that Objective 1 should account for at least 50% of the fund, Objective 2 for at least 20%, and Objective 3 for no more than 10% of a region's nominal allocation. The funding arrangements subsequently evolved, with an additional 5% allocation made available for Disabled Facilities Grants and further Objective 3 funding provided at year end. The final distribution of awards therefore reflects both the original funding parameters and additional funding made available over the delivery period.

Table 4.4 shows that the HCF supported a substantial volume of scheme activity under both Objective 1 and Objective 2, with a collective total of 193 funded schemes. The data indicates that Objective 1 was associated with larger-scale housing-led schemes at an average of 5 accommodation units and 10 beds per scheme, while Objective 2 contained a larger number of smaller, often more specialist schemes, with an average of two accommodation units and five beds per scheme.

**Table 4.4: Outputs for Objective 1 and 2 funded schemes**

| <b>Objective</b> | <b>No. of funded schemes</b> | <b>No. of accommodation units</b> | <b>No. of bed spaces</b> |
|------------------|------------------------------|-----------------------------------|--------------------------|
| <b>1</b>         | 90                           | 462                               | 931                      |
| <b>2</b>         | 103                          | 201                               | 491                      |
| <b>Total</b>     | 193                          | 663                               | 1,422                    |

Source: HCF MI data

Spending across Objective 3 is reported against two broad strands of activity: minor projects and Disabled Facilities Grant (DFG). Minor projects accounted for the larger share of Objective 3 allocations, at just under two thirds of the funding allocation (64%) with DFG at 36%.

**Table 4.5: Objective 3 financial profile**

| <b>Objective 3 strand</b> | <b>Grant awarded</b> | <b>Spend</b> |
|---------------------------|----------------------|--------------|
| <b>Minor projects</b>     | £32,474,086          | £22,219,628  |
| <b>DFG</b>                | £18,337,150          | £12,075,423  |
| <b>Total</b>              | £50,811,236          | £34,295,051  |

Source: HCF MI data

## **4.4. Geographic distribution**

Table 4.6 shows that the HCF has supported schemes across a wide geographic footprint. The table records 193 schemes at 183 sites across the 7 RPBs under Objective 1 and 2, with the largest number in Gwent, followed by North Wales and West Wales. The data shows that some regions have supported a large number of smaller schemes whilst others have concentrated funding in fewer, larger developments.

**Table 4.6: Objective 1 and 2 schemes by RPB**

| <b>RPB</b>                   | <b>Number<br/>of sites</b> | <b>Objective<br/>1 and 2<br/>schemes</b> | <b>Objective 1 and<br/>2 grant awarded</b> | <b>Objective 1 and 2<br/>accommodation<br/>units</b> | <b>Objective<br/>1 and 2<br/>bed<br/>spaces</b> |
|------------------------------|----------------------------|------------------------------------------|--------------------------------------------|------------------------------------------------------|-------------------------------------------------|
| <b>Gwent</b>                 | 47                         | 49                                       | £35,847,028                                | 110                                                  | 264                                             |
| <b>North Wales</b>           | 36                         | 38                                       | £30,145,355                                | 101                                                  | 243                                             |
| <b>Cardiff and Vale</b>      | 16                         | 18                                       | £27,138,137                                | 152                                                  | 203                                             |
| <b>Cwm Taf<br/>Morgannwg</b> | 24                         | 24                                       | £21,004,999                                | 115                                                  | 274                                             |
| <b>West Wales</b>            | 30                         | 30                                       | £15,931,600                                | 41                                                   | 131                                             |
| <b>Powys</b>                 | 10                         | 10                                       | £10,632,279                                | 94                                                   | 221                                             |
| <b>West Glamorgan</b>        | 20                         | 24                                       | £9,241,153                                 | 50                                                   | 86                                              |
| <b>Total</b>                 | 183                        | 193                                      | £149,940,551                               | 663                                                  | 1,422                                           |

Source: HCF MI data Table 4.7 shows the distribution of Objective 3 awards across the 7 RPB regions over the four-year period. North Wales received the largest overall award, followed by Gwent and Cwm Taf Morgannwg, while Powys received the smallest.

**Table 4.7: Objective 3 allocations by RPB**

| <b>RPB</b>               | <b>Objective 3<br/>awarded</b> |
|--------------------------|--------------------------------|
| <b>North Wales</b>       | £11,977,650                    |
| <b>Gwent</b>             | £9,775,600                     |
| <b>Cwm Taf Morgannwg</b> | £7,659,886                     |
| <b>West Wales</b>        | £6,723,150                     |
| <b>Cardiff and Vale</b>  | £6,508.350                     |
| <b>West Glamorgan</b>    | £6,652,400                     |
| <b>Powys</b>             | £1,514,200                     |

*Source: HCF MI data*

Analysis of the two years for which complete award and expenditure data was available, 2023-2024 and 2024-2025, shows that £20.4 million was awarded under Objective 3 and £19.9 million was recorded as spent, representing an overall spend rate of 98%.

## **4.5. Scheme type**

Children's Residential is the largest scheme type by total award across Objectives 1 and 2, with around £59.4 million across 76 schemes, delivering 95 units and 277 beds. The average award per scheme is around £722,000.

Supported Living is the second largest scheme type by total award value across Objectives 1 and 2, with around £52.0 million awarded across 83 schemes, generating 220 units and 476 beds. The average award per scheme is around £627,000, suggesting a large number of medium-sized schemes rather than a small number of very large flagship developments.

Extra Care accounts for around £36.6 million across 12 schemes in Objectives 1 and 2, but it delivers the largest volume of accommodation in bed and unit terms, with 301 units and 603 beds. The average award per scheme is around £3.1 million, much higher than for other scheme types, indicating that Extra Care schemes tend to be larger, more concentrated and more capital intensive.

The remaining scheme types are much smaller in aggregate terms across Objectives 1 and 2:

- Intermediate Care accounts for about £3.3 million across five schemes
- ‘Other’ categories accounts for about £1.7 million across seven schemes
- Transitional Accommodation, Sheltered Housing, and Independent Living each account for relatively small values and very small numbers of schemes.

There are also some regional differences that are worth noting. Cardiff and Vale and Powys are most strongly associated with Extra Care scheme types, whilst Cwm Taf Morgannwg, Gwent and North Wales are most strongly associated with Children’s Residential schemes. West Wales and West Glamorgan are most strongly associated with funding for Supported Living schemes.

#### **4.6. Priority group**

The monitoring information records funded schemes, accommodation units and bed spaces as separate measures. A single scheme may provide several accommodation units, and an accommodation unit may contain more than one bed space. For example, one Extra Care development is recorded as a single funded scheme but may provide tens of apartments and bed spaces.

**Table 4.8 HCF awards by priority group across Objective 1 and 2**

| <b>Priority group</b>                                                                                          | <b>Funding awarded</b> | <b>Number of funded schemes</b> | <b>Total number of reported accommodation units</b> | <b>Total number of reported bed spaces</b> |
|----------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------|-----------------------------------------------------|--------------------------------------------|
| <b>Children and young people with complex needs</b>                                                            | £62,754,030            | 93                              | 132                                                 | 341                                        |
| <b>Older people, including people with dementia</b>                                                            | £43,728,949            | 21                              | 326                                                 | 700                                        |
| <b>People with learning disabilities, neurodivergent people and people with neurodevelopmental impairments</b> | £36,252,412            | 64                              | 164                                                 | 314                                        |
| <b>People with emotional health and mental wellbeing needs</b>                                                 | £6,989,159             | 8                               | 40                                                  | 62                                         |
| <b>Unpaid carers</b>                                                                                           | £216,000               | 1                               | Not stated                                          | Not stated                                 |

Source: HCF MI data

There are also some notable differences per region. Cardiff and Vale and Powys lead on funding schemes for older people, including people with dementia, whilst Cwm Taf Morgannwg, Gwent, North Wales and West Glamorgan have the largest concentration of funding for Children and young people with complex needs schemes. In West Wales, the largest share of funding has been awarded across schemes for people with learning disabilities, neurodivergent and neurodevelopmental conditions. These differences are consistent with regions using the fund to respond to differing local accommodation and care priorities.

## **4.7. Delivery organisations' profile**

Table 4.8 shows that Objective 1 schemes were delivered predominantly through registered social landlords (RSLs) (at 75%), while Objective 2 schemes were led primarily by local

authorities (at 73%). This is consistent with the intended design of the fund, with Objective 1 aligned more closely to long-term housing development and Objective 2 more closely associated with intermediate care and local service infrastructure. Only a small number of schemes have been delivered directly by the third sector or by health boards in either objective.

**Table 4.8: Profile of funded scheme delivery organisation by objective**

| <b>Objective</b>   | <b>Local authority</b> | <b>Registered social landlord</b> | <b>Third sector</b> | <b>Health board</b> |
|--------------------|------------------------|-----------------------------------|---------------------|---------------------|
| <b>Objective 1</b> | 19                     | 68                                | 1                   | 2                   |
| <b>Objective 2</b> | 75                     | 21                                | 5                   | 2                   |

Source: HCF MI data

A further layer of analysis was undertaken <sup>[footnote 3]</sup> to examine which organisations delivered HCF schemes in its entirety and the data is set out at Table 4.9. Local authorities accounted for the largest aggregate share of HCF funding, at £87.4 million, followed by RSLs at £63.1 million and health boards at £51.7 million. Third sector organisations accounted for a much smaller share, at £2.7 million. In broad terms, this supports the wider narrative that HCF delivery has depended primarily on a mixed system of council-led service infrastructure and housing association-led accommodation development, while health boards have played a particularly important role where funding has been routed through Objective 3 for minor projects and DFG allocations.

<sup>3</sup> Data from the Pivot Control tab was used to consider which organisations have received HCF funding and through how many projects. This analysis required substantial cleaning because the workbook notes indicate that variation lines update the original scheme record, while second and third awards are recorded separately as Objective X lines and should not be counted as separate funded projects. Draft schemes (objective D) were excluded. A-lines, which are used where acquisition and construction occur in the same year, were retained for financial totals but treated cautiously in project counts so that split phases did not inflate the number of schemes.

**Table 4.9: HCF funding by delivery sector (Objective 1, 2 and 3)**

| <b>Delivery sector</b>            | <b>Funded schemes</b> | <b>Total award</b> |
|-----------------------------------|-----------------------|--------------------|
| <b>Local authority</b>            | 104                   | £87,423,459        |
| <b>Registered social landlord</b> | 84                    | £63,063,141        |
| <b>Health board</b>               | 80                    | £51,746,001        |
| <b>Third sector</b>               | 6                     | £2,733,557         |

Source: HCF MI data

When the analysis is restricted to funds awarded across Objectives 1 and 2, local authorities and RSLs accounted for a much higher proportion of the funding allocated. Among local authorities, Rhondda Cynon Taf County Borough Council and Cardiff Council received the largest total allocations, while among RSLs the most prominent organisations are First Choice Housing Association, Wales and West Housing Association and Codi Group.<sup>[footnote 4]</sup> This suggests that delivery of Objectives 1 and 2 depended on both council-led commissioning and direct development, and housing association-led delivery of major accommodation schemes.

Further analysis of the data suggests that a relatively small number of RSLs account for a substantial share of HCF funding under Objectives 1 and 2. First Choice Housing Association had the widest spread of scheme references across Wales, with around £16.9 million of HCF funding across 38 funded schemes in 7 RPB areas. Codi Group accounted for around £16.1 million across 13 funded schemes in Cwm Taf Morgannwg, Gwent, Powys and West Glamorgan. Wales and West Housing Association accounted for a similarly large total value of funding, at around £15.6 million, but this was concentrated in just three schemes across Cardiff and Vale and Powys. Smaller but still notable allocations were made to United Welsh Housing Association (around £3.6 million across five schemes, all in Gwent) and Melin Homes (around £1.7 million across 4 schemes in Gwent and Powys).

It is notable that the way in which RSLs have accessed the funding differs. Some RSLs appear to have accessed HCF through a relatively large number of schemes, many of them

<sup>4</sup> The Codi Group was created through the merger of Linc Cymru and Pobl, and formally merged in 2024. They adopted the Codi Group name from January 1<sup>st</sup> 2026. Awards recorded under Linc Cymru and Pobl in the monitoring information have therefore been combined for this analysis.

more modest in financial size and spread across several parts of Wales. By contrast, other RSLs appear to be associated with a much smaller number of large capital developments. This suggests that access to HCF has not simply varied in terms of how much funding organisations received overall, but also in terms of the type and scale of schemes they were able to bring forward.

On the basis of Objective 1 and Objective 2 funded scheme data, the Gwent RPB area appears to have enabled the widest spread of RSL-funded delivery, with the highest total value of RSL-linked awards and the largest number of RSL providers represented. Cardiff and Vale and Powys also show high levels of RSL-linked funding, although this appears to be concentrated in a smaller number of very large schemes, particularly involving Wales and West Housing Association. Cwm Taf Morgannwg also stands out, largely because of the scale of funding associated with Codi Group-led schemes.

It is important to note that this analysis cannot be extended in the same way to Objective 3 as much of Objective 3 is recorded as minor projects and DFG allocations held by health boards or local authorities but distributed to other delivery organisations. This means that a notable portion of Objective 3 funding could also be allocated to various RSLs and other third sector delivery organisations.

## **4.8. Funding source**

Analysis of Objectives 1 and 2 schemes suggests that HCF has operated both as a stand-alone capital source and as part of wider blended funding packages involving, in particular, legacy [Integrated Care Fund \(ICF\)](#), Integration and Rebalancing Fund (IRCF) and Social Housing Grant (SHG) as seen in Table 4.10. Most schemes appear as HCF only. However, a substantial minority of schemes show evidence of being part of wider funding packages, including 28 schemes with apparent HCF and legacy ICF funding, eight schemes with HCF and SHG, and four schemes where HCF, SHG and ICF appear to be combined.

This suggests that most schemes appear to rely primarily on HCF as the main identifiable capital source, but that a smaller set of strategically important, higher-value schemes have been financed through more complex funding packages. In particular, the largest jointly funded schemes are concentrated in Extra Care and other large accommodation developments. Examples include Penarth Extra Care in Cardiff and Vale and Brecon Extra Care in Powys, both delivered by Wales and West Housing Association, utilising HCF, SHG and legacy ICF funding. Porth Extra Care in Cwm Taf Morgannwg and Mountain Ash Extra Care, both delivered by the Codi Group also show use of joint funding involving HCF, SHG

and ICF. Croes Atti in North Wales used HCF, legacy ICF with IRCF and commercial funding for a scheme delivered by Flintshire CC.

However, the data analysis should be treated with caution, because the presence of SHG, ICF, IRCF or other funds is often mentioned in the scheme description rather than consistently recorded in a dedicated financial field. The patterns identified nevertheless show that joint funding is a meaningful feature of the HCF portfolio, especially for larger accommodation developments.

**Table 4.10: Funding source for Objective 1 and Objective 2 schemes**

|                                | <b>Number of<br/>schemes</b> | <b>HCF award</b> |
|--------------------------------|------------------------------|------------------|
| <b>HCF only</b>                | 146                          | £95.9m           |
| <b>HCF and legacy ICF</b>      | 28                           | £21.4m           |
| <b>HCF and SHG</b>             | 9                            | £13.5m           |
| <b>HCF, SHG and legacy ICF</b> | 4                            | £19.1m           |

Source: HCF MI data

## 5. Findings from the scoping interviews

This chapter sets out the main findings from the scoping interviews held with Welsh Government officials, representatives from the 7 Regional Partnership Boards (RPBs) and one Registered Social Landlord (RSL) as well as a written submission received on behalf of the RSL sector.

### 5.1. Rationale

The scoping interviews indicated that the aims and objectives of the HCF are well understood by contributors. Interviewees generally agreed that the purpose of the HCF is clearly defined and that the fund “does what it says on the tin.”

Interviewees identified several core objectives of the HCF which align with those set out in the guidance:

- increase the supply of housing for people with care and support needs who cannot be accommodated within general housing, due to the requirement for specialist or adapted provision
- improve the quality of supported housing, with the expectation that more suitable accommodation will enhance health and wellbeing and reduce the need for further interventions
- provide a targeted intervention to address the housing needs of priority population groups
- support strategic investment in areas of identified need, as set out in Regional Strategic Capital Plans

The need for the HCF was seen to arise from several factors, including:

- a shortage of high-quality, appropriate accommodation for priority groups
- increasingly complex needs across different population groups
- limited availability of suitable accommodation close to individuals' homes and communities
- a reliance on costly out-of-area or out-of-country placements, particularly for children and young people
- a fragmented and insufficiently strategic approach across housing, care, health, and the third sector

RPB representatives emphasised the importance of their Strategic Capital Plans in articulating need and setting priorities for the HCF at a regional level. The adoption of these plans was viewed positively, as they were thought to have helped to stimulate a stronger pipeline of scheme applications which were aligned with HCF objectives.

In terms of policy fit and contribution, scoping interviewees perceived strong alignment between the HCF and Welsh Government policy ambitions and legislative frameworks. In particular, they identified strong alignment with A Healthier Wales, the Well-being of Future Generations (Wales) Act, and the Marmot principles, particularly the emphasis on prevention and reducing inequalities across these policies and legislation.

Frequent reference was also made to the previous [Programme for Government \(PfG\) for 2021 to 2026](#). Interviewees considered the HCF to be well aligned with PfG commitments at the time of its publication, which served to reinforce several core elements of the fund. These included support for innovative housing solutions and the delivery of appropriate accommodation for priority groups. The PfG had also resulted in a sharpened focus on specific priorities, notably the elimination of profit in children's residential care provision and the promotion of low-carbon homes for social rent. Overall, interviewees suggested that the PfG did not necessitate any fundamental redesign of the HCF, as its main priorities were already embedded within the programme's structure and design.

## **5.2. Alignment with other funds**

The scoping interviews explored the alignment of the HCF with other capital funding programmes, notably the Regional Integration Fund (RIF), the Integrated Revenue Capital Fund (IRCF), and the Social Housing Grant (SHG). Interviewees recognised that these funding streams are intended to operate in tandem rather than in isolation. This was thought to be supported not only by shared governance arrangements, but also by the expectation that schemes will combine funding sources. For example, Objective 1 housing with care schemes typically draw on both HCF and SHG funding, while Objective 2 schemes are often jointly supported by HCF and IRCF.

However, the scoping fieldwork also highlighted the complexity of the overall capital funding landscape, given the number of funding programmes operating across health, housing, and social care. Views among RPBs were mixed. Some considered the current structure to be effective, as it enables a blended funding approach, allowing multiple funding streams to be combined to support larger or more complex developments. Others, however, argued for simplification and rationalisation of the capital grant funding infrastructure as this would

reduce delays associated with blended funding applications. RSLs highlighted the potential to align elements of the HCF more closely with SHG arrangements whilst others went further and suggested that the Objective 1 element of the HCF could potentially be incorporated into the SHG framework. This issue warrants further exploration as part of the evaluation, particularly to assess whether greater rationalisation of funding streams could help to simplify processes, improve coherence, and reduce potential duplication.

### **5.3. Design**

Scoping interviewees viewed the HCF as a natural successor to the Integrated Care Fund (ICF) capital programme and suggested that it has incorporated crucial learning from its predecessor. The transition from ICF to HCF was driven by the need to increase the supply of suitable housing and to achieve closer alignment of capital investment across health, housing, and social care. Interviewees also noted a stronger emphasis within HCF on supporting the not-for-profit children's care sector, representing a shift in policy focus compared to ICF.

RPB representatives suggested that the HCF provides greater clarity to them than the ICF in terms of its purpose and priorities. The more clearly defined focus of the programme was seen to have helped direct investment towards areas of greatest pressure, particularly bed-based provision. However, this increased clarity has also resulted in a narrower scope, with certain types of community-based provision, such as community centres, now falling outside the remit of the fund.

Despite this, RPBs continued to view the HCF as sufficiently flexible to respond to diverse and evolving regional needs. This flexibility was valued as it allows RPBs to respond to emerging opportunities, especially in relation to property acquisition. This responsiveness was considered especially important in a competitive housing market, where delays can result in missed opportunities.

#### **5.3.1. Governance arrangements**

An important issue raised by scoping interviewees in relation to HCF governance concerned the fact that the fund's guidance has not been updated since its initial publication in May 2022. Although it was recognised that there have been no major changes to the HCF since its establishment, interviewees felt that the guidance would benefit from being reviewed and refreshed on an annual basis.

Some RPBs expressed concern that, despite providing feedback and suggestions for revisions to the Welsh Government, the guidance has remained unchanged. This was contrasted with other capital funding programmes, such as the IRCF, where guidance is updated more regularly. Interviewees suggested that more frequent updates would help ensure that the guidance remains current and responsive to emerging priorities, as well as reflective of operational learning over time.

In parallel, RPBs reported that they have strengthened and formalised their own governance arrangements since the introduction of the HCF. This development has largely been driven by the need to support a more strategic and coordinated approach to the planning and delivery of capital schemes through their Regional Strategic Capital Plans. RPBs also recognised that the scale and ambition of the HCF required them to adopt more robust regional governance structures.

The scoping interviews found that governance arrangements vary across regions. While all regions broadly adopt a tiered approach, where smaller schemes are approved at lower levels and larger schemes are escalated to the full RPB, there are notable differences in how these processes operate in practice. For example, one RPB has introduced an expression of interest stage to help filter out applications that do not meet the criteria at an early stage, thereby reducing the number of unsuccessful full submissions.

The scoping interviews also highlighted a perceived lack of ongoing mechanism for sharing learning and good practice across the programme. It was noted, however, that a conference involving the RIF and IRCF has been held to support the sharing of good practice. Although HCF guidance states that RPBs should lead participation in a community of practice focused on accommodation-based solutions, this was not evident in practice. Instead, RPBs reported engaging in informal collaboration to share experiences and, more recently, to develop a common outcomes framework and evaluation approach. While this was viewed positively, interviewees indicated that a more structured and coordinated approach, potentially led by the Welsh Government, would strengthen learning, consistency, and the overall effectiveness of the fund.

### **5.3.2. Programme administration**

A further point of difference compared with the ICF which was raised by scoping interviewees related to programme administration. Under ICF, capital funding was allocated to RPBs, which were responsible for administering grants. In contrast, under the HCF, the Welsh Government administers Objectives 1 and 2 funding directly to recipient

organisations whilst RPBs have retained responsibility for Objective 3 (the minor projects element). The decision to bring the application and administration process in-house for Objectives 1 and 2 funding was intended to streamline procedures and accelerate payments.

Scoping interviewees identified both advantages and disadvantages associated with this model. Perceived benefits included increased consistency and fairness in decision-making, enhanced opportunities to share learning across Wales, and the ability for the Welsh Government to make payments directly to lead organisations. These factors were seen to support a more standardised and transparent approach to fund administration. However, a number of challenges were also highlighted. In particular, the requirement for Ministerial approval of panel decisions was viewed by some as disproportionate, introducing additional stages to the process and creating potential bottlenecks. Interviewees suggested that there may be a case for greater delegation of funding decisions, in order to improve efficiency and timeliness.

In addition, there was a view that the resource implications of centralising the administration process may have been underestimated. The Welsh Government has experienced a substantial increase in the volume of claims processed centrally, without a corresponding increase in staffing capacity. This has placed additional pressure on the team responsible for programme delivery and may have implications for processing times and overall efficiency.

### **5.3.3. Application arrangements**

Scoping interviews suggested that robust processes are in place at the application stage of the HCF. Proposals were thought to be subject to detailed financial and technical scrutiny, including assessments of design standards, accessibility, planning status, and capacity. However, once schemes are approved, monitoring was thought to focus primarily on financial claims rather than ongoing delivery or outcomes.

RPBs reported mixed experiences of the application process, and it will be useful for the evaluation to explore these further. Some RPBs viewed the HCF as a quicker and more responsive funding programme compared to other capital programmes such as the IRCF. In one of these areas, there was a sense that this had led to increased reliance on HCF due to its relative simplicity and flexibility. However, concerns were raised by other RPBs, particularly in relation to refurbishment schemes under Objective 2, where the level of technical scrutiny adopted during the application stage was seen to contribute to delays.

RSLs reported that accessing funding under Objective 1 was more complex than equivalent SHG arrangements and called for clearer guidance, greater consistency, and improved communication throughout the assessment process. Important issues identified included delays resulting from multiple approval stages, the absence of defined timescales for application decisions, duplication in the information requested across application forms and supporting documentation, and a lack of standardised application processes and documentation across RPBs.

#### **5.3.4. Objective 3 funding**

Approaches to administering Objective 3 funding vary across regions, although the fund is typically oversubscribed in all areas. Some RPBs use an annual call for project proposals across the region, while others allocate a set amount of funding to each local authority to use at their discretion. In one region, the approach has recently evolved: funding was previously distributed to each local authority based on population share, but a mixed model is now in place, with most funding still allocated to local authorities by population and a proportion reserved for regional priorities.

### **5.4. Delivery and progress to date**

#### **5.4.1. Use of the funding**

Scoping interviews indicated substantial regional variation in how the HCF has been utilised, reflecting differing local priorities, needs, and delivery contexts. While some regions have focused predominantly on Objective 1 schemes, others have placed greater emphasis on Objectives 2 or 3. This highlights the importance of flexibility within the funding framework and suggests that the appropriateness of current allocation limits may warrant further examination within the evaluation.

This variation in approach was consistently reflected in feedback from RPBs. In one region expenditure has been dominated by a small number of large-scale schemes, particularly for older people. However, the introduction of the eliminate profit agenda has led to a notable shift, with increased development of children's residential provision through the HCF. In another region, funding has been directed towards supporting children with complex needs, with a particular focus on developing local residential provision to reduce reliance on out-of-area placements. In a third region, there has been a stronger emphasis on Objective 2 schemes, including small group homes and care-related housing whilst in a fourth region, investment has focused on supported living accommodation for working-age adults with

learning disabilities. Overall, this variation shows that the HCF is being used flexibly to meet different regional needs and priorities. However, it also suggests some inconsistency in how the fund is used across Wales, which could affect fairness, alignment with strategy, and how funding is distributed between different groups.

In terms of the take-up and use of Objective 3 funding, a consistent message from RPBs was that demand has been high and often exceeded the 10% allocation for these smaller-scale projects, suggesting that the allocation might be too low. Interviewees suggested that this reflects both underlying levels of need and the relative ease with which these projects can be developed and delivered, compared to the larger and more complex schemes funded under Objectives 1 and 2. There will be merit in the evaluation exploring whether the funding allocation across the three Objectives continues to be appropriate or not.

A wide range of activities have been supported through Objective 3 funding, including:

- aids and adaptations
- specialist and community equipment
- small-scale refurbishments and recommissioning of unused space
- interventions to prevent hospital admission or enable earlier discharge
- technology-enabled care solutions
- care and repair schemes
- small grants to address barriers to safe hospital discharge (e.g. essential household items)
- specialist lifting and support equipment in care homes

RPBs also suggested that Objective 3 investments can deliver disproportionately high benefits relative to their scale. Although the funding represents a relatively small proportion of the overall HCF allocation, it was widely viewed as generating substantial and immediate impacts. As such, interviewees indicated that these projects should be included in the sample selected to inform this evaluation.

### 5.4.2. Delivery challenges

Several delivery challenges were identified during scoping interviews, and it will be worth exploring these further over the course of the evaluation:

- misalignment with funding cycles. Capital delivery timescales were not thought to be well aligned with annual funding cycles, and this was thought to have accounted for the underspend in the early years of the programme. While this improved over time as ideas came forward, interviewees noted that short-term and uncertain funding can disrupt momentum, weaken pipeline development, and create challenges for delivery organisations. Delays in issuing funding award letters were also reported in some regions, further reducing the time available for delivery
- limited capacity and expertise. Several RPBs reported that they initially lacked the technical expertise required to develop and deliver housing-focused capital schemes. Although this has improved over time, capacity remains an issue, with a relatively small pool of staff possessing the necessary skills and experience to develop capital schemes
- developing scheme pipelines. RPBs acknowledged that they lacked “shovel-ready” schemes at the outset of the HCF, and that this combined with the absence of established Regional Strategic Capital Plans, contributed to a slow start and early underspend. Many regions have since developed stronger scheme pipelines, although long lead-in times for major schemes continue to affect the pace of delivery
- availability of revenue funding. A recurring challenge was considered to be the lack of revenue funding to support new HCF-funded assets. This has affected scheme viability, with some schemes withdrawn or repurposed, and in some cases newly completed facilities remaining unused while revenue arrangements are confirmed
- practical delivery challenges. Interviewees identified a range of practical delivery challenges which have affected schemes, including planning delays, contractor failure, and rising construction costs. Inflationary pressures have also led to increased delivery costs and a higher number of variations, placing additional demands on both scheme sponsors and Welsh Government administration
- variation in access. Some interviewees highlighted regional variation in the extent to which RSLs have been able to access HCF funding, suggesting potential inconsistencies in awareness, engagement, or processes across regions

## **5.5. Data collection and reporting**

### **5.5.1. HCF outputs**

Feedback from scoping interviewees suggests that data is available for the following programme outputs:

- funding allocated
- funding spent
- number of schemes approved
- intended number of bedspaces to be created

At present, no comprehensive programme-level data is available for the following outputs on:

- number of schemes completed
- number of bedspaces created
- number of bedspaces utilised as intended

### **5.5.2. HCF outcomes**

The scoping interviews identified a range of expected outcomes for the HCF, and these can be grouped into individual level outcomes and system level outcomes:

#### **Individual level**

- people living (semi) independently for longer
- people living in better quality/suited accommodation
- people living at home, closer to home and in their communities
- people engaging in community activities
- people feeling safer and more settled at home
- people reporting improved health and wellbeing
- people being discharged quicker from hospital

#### **System level**

- higher-quality supported housing stock
- more integrated approach to planning accommodation solutions

- removal of profit from children's care provision
- reduction in children and young people placed in out of county (OOC) placements
- reduced pressure on hospitals
- reduced pressure on care settings and family care
- cost savings for public services

While RPBs regularly present the outcomes of investments to Welsh Government at governance meetings, there is currently a lack of uniform, comprehensive monitoring data available at programme or regional level to evidence the outcomes identified for this evaluation. Though the Welsh Government requires RPBs to report their monitoring data to them using Capital Investment Plan (CIP) spreadsheets, RPBs generally do not collect and report the information in a consistent way. This presents a major gap for this evaluation in the programme-level evidence base, likely constraining the extent to which the achievements and impact of the HCF can be demonstrated in the final evaluation report. Despite this, the remaining fieldwork activities with RPBs, project staff, and service users will still capture evidence of impact. One action taken to mitigate the data gap is that funded projects invited to interview have been sent a data capture form and asked to complete it prior to interview. The form asks for numbers on the outputs and outcomes identified in the Theory of Change (for example, the actual number of bedspaces created and the number of people currently living at home or closer to home and in their communities as a result of the HCF funded project). Though also not to be considered comprehensive, the aggregate results will help provide context to the evaluation qualitative findings and will be published in the final report.

Scoping interviews revealed that an important barrier has been limited central and regional staff capacity to develop and implement an outcomes monitoring framework for the fund. There is therefore clear scope to strengthen monitoring arrangements, including the development of a consistent set of outcome measures to support more robust evaluation and ongoing programme improvement. RPBs reported that they have been working together on a suitable evaluation approach, but this work is still at an early stage and yet to be implemented in full. Several RPBs mentioned that they are developing a set of suitable indicators and plan to implement data capturing methods such as post-construction questionnaires for contractors, post-occupancy surveys for service managers, and user case studies. However, it is not clear whether this data will be available in time for consideration within this evaluation.

Feedback from RSLs suggests that the HCF has been instrumental in supporting the delivery of specialist housing schemes. In the absence of the fund, many of these larger and more complex developments would either have displaced general needs housing funded through SHG or experienced significant delays. RSLs also highlighted the substantial benefits the fund has delivered for individuals. These include enabling people to live independently for longer within their homes and communities, while reducing the need for more intensive health and social care support in settings such as residential and nursing homes and hospitals.

Scoping interviewees also suggested that the HCF achieves substantial potential financial savings for the health and social care sector but that data to evidence this is not captured. Whilst this evaluation could seek evidence of this type of data for schemes which are included within the primary research, a more structured approach to evaluation is required for any future iteration of the scheme to include approaches such as a social return on investment (SROI).

## 6. Initial conclusions and recommendations

Based on the findings of the desk review and scoping interviews we offer the following initial conclusions and recommendations for the Welsh Government to consider at this stage.

These conclusions and recommendations will be reviewed and enhanced over the course of the evaluation as further evidence is captured from the primary fieldwork phase.

The initial findings suggest that the HCF is a strategically important capital programme, with a clear rationale and broad stakeholder support. However, the evidence from scoping interviews indicates that aspects of the guidance would benefit from review to ensure it remains current and reflective of how the programme has evolved in practice. This points to the value of refreshing the guidance to support greater clarity and consistency in delivery across Wales.

- **Recommendation 1:** The Welsh Government should update and refresh the HCF guidance, drawing upon the feedback already provided by RPBs.

The evaluation also highlights regional variation in governance arrangements, delivery approaches, and the way in which learning is shared across the programme. While some informal collaboration takes place between RPBs, there are limited opportunities for disseminating good practice across regions and delivery organisations. Strengthening opportunities for collective learning could help improve consistency and support more effective delivery of the fund.

- **Recommendation 2:** The Welsh Government should establish a more formal mechanism for sharing learning and good practice stemming from the HCF, either through the accommodation-based solutions community of practice or via a dedicated network.

Although HCF monitoring data provides a useful overview of allocations, expenditure and intended outputs, there is currently very limited programme-level evidence on completed schemes, use of provision, or the outcomes achieved for individuals and services. This will constrain the extent to which the achievements and impact of the fund can be demonstrated within the evaluation. There is therefore a clear need for a more consistent outcomes and evaluation framework, supported by agreed indicators and improved monitoring arrangements.

- **Recommendation 3:** The Welsh Government should work with RPBs to develop a programme outcomes and evaluation framework, building on the outcomes set out in

the HCF guidance. This should include an agreed set of programme level indicators and an increased focus on consistent monitoring and reporting of their achievement.

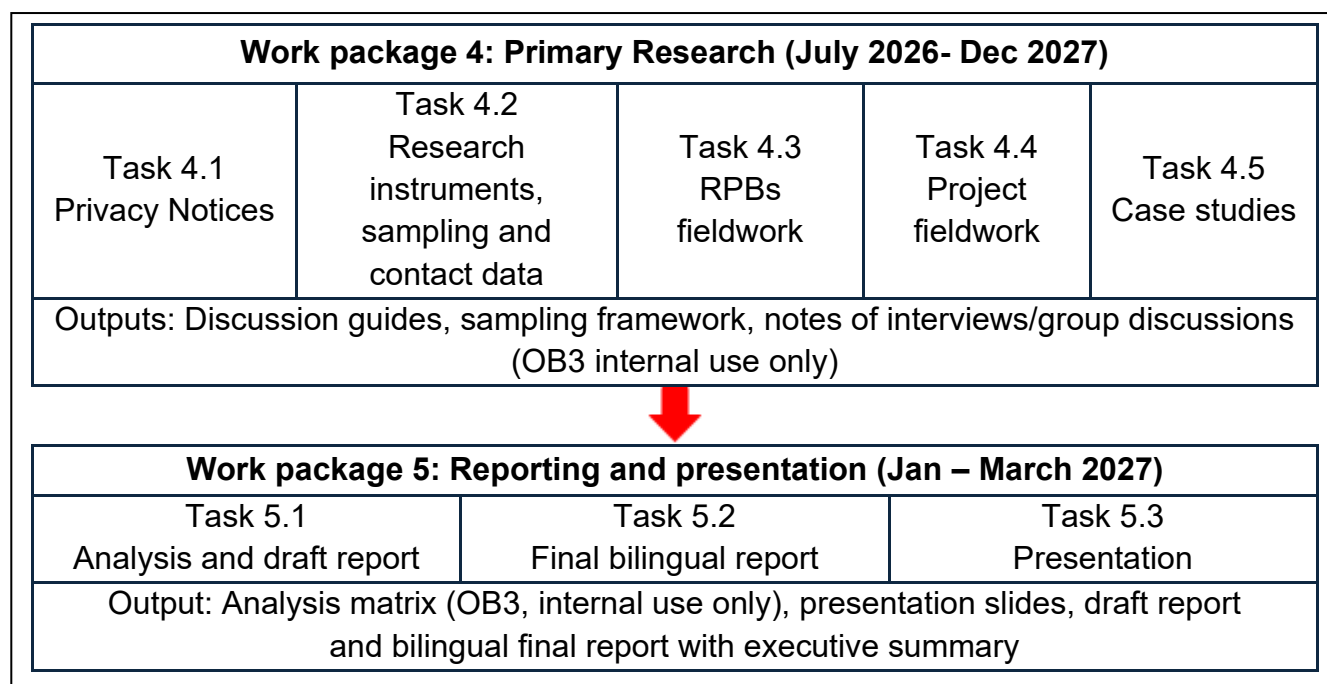
Finally, the findings suggest that the HCF operates within a complex system in which capital investment acts primarily as an enabling mechanism rather than a direct driver of change. Its contribution to longer-term outcomes depends on a range of wider conditions, including service integration, workforce capacity and revenue funding, many of which are not made sufficiently explicit in the current programme logic. This points to a need for developing a clearer and more operational Theory of Change for future funding or successor programmes.

- **Recommendation 4:** For future funding or successor programmes, the Welsh Government should develop and embed a more explicit and operational Theory of Change, clearly setting out the mechanisms, assumptions, and system dependencies that underpin intended outcomes. This would strengthen programme design, support more robust evaluation, and improve understanding of how capital investment contributes to wider system change.

# Annex A Evaluation work programme and framework

The remaining stages of the evaluation are set out in this Annex and summarised at Figure A.1.

**Figure A.1: Remaining stages of the evaluation**



## Work Package 4: Primary research

This stage will involve:

- Task 4.1: developing a set of bilingual Privacy Notices, including accessible versions, as well as invitation messages, easy to read information sheets and consent forms to distribute as appropriate to contributors
- Task 4.2: developing discussion guides for interviewing users of funded services, and their families/carers; funded scheme staff and RPB leads and members

We will also develop a sampling framework to ensure the qualitative fieldwork reflects the nature of schemes and projects funded via the HCF. The sampling framework will be informed by our desk analysis and take into consideration:

- RPB region. Three schemes will be selected from each region in order to provide a geographical cross-section of schemes within the sample

- Priority groups. Schemes will be selected from across the 5 priority groups eligible for HCF in line with the number funded, with over-sampling where necessary to ensure good coverage
- Funding value. A cross-section of large, mid, and small-scale funded schemes will be included within the sample; with additional consideration given to the fact that the Objective 3 funding structure has supported a larger number of minor projects
- Funding structure. A representative sample of schemes in accordance with the Objective within which they have been funded will be identified
- Task 4.3: arranging and interviewing up to 35 representatives from across the seven RPBs, approx. five from each region. RPB leads will identify suitable contributors from their area to be interviewed, and we will achieve a cross-section of contributors including the RPB leads and some of their supporting staff, RPB Chairs and Deputy Chairs, directors of services, third sector organisations and service user representatives
- Task 4.4: in line with the sampling framework developed at Task 4.2, we will approach 21 funded schemes to contribute to the evaluation. We will request and familiarise ourselves with scheme-level documentation and in each case, interviews or small group discussions will be held with the scheme lead (to cover strategic and integration issues as well as governance and administration aspects) and an operational manager (to understand the impact facilities have had upon the target population)
- Task 4.5: we will undertake fieldwork with users of services across seven of the selected schemes and will aim to meet and interview on a face-to-face basis some 28 individuals in all. Our approach to these case studies will be to understand the real difference the service has made to users (and their carers/families), in their own words. To aid this, we will use the Most Significant Change approach<sup>5</sup>

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<sup>5</sup> Davies, R., and Dart, J. (2005) *The 'Most Significant Change' (MSC) technique: A guide to its use*, available at <https://mande.co.uk/special-issues/most-significant-change-msc/>

## Work Package 5: Analysis, reporting, and presentation

This stage will involve:

- Task 5.1: using the Framework Method to synthesise the findings of the desk research, analysis, and fieldwork; and preparing a peer reviewed draft report for the Welsh Government, using the GSR template. The report will also set out a finalised ToC logic model and narrative and include scheme level case studies drawing on interviews with scheme staff and users of services
- Task 5.2: receiving Welsh Government comments on the draft and making amendments, as necessary, and submitting a revised version setting out clear recommendations for the future with a supporting executive summary and technical appendix. We will then arrange for the final report to be translated into Welsh
- Task 5.3: presenting the findings of the evaluation in a workshop with Welsh Government officials

## Evaluation Framework

An evaluation framework is set out at Figure A.2. It reflects the specific objectives of the evaluation as well as additional research questions identified over the course of the scoping stage (these being research questions 7 to 11, and 29).

**Figure A.2: Evaluation framework**

|                                                                                                                 | Secondary Research |                           |                               | Primary Research    |                     |                      |                   |
|-----------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|-------------------------------|---------------------|---------------------|----------------------|-------------------|
|                                                                                                                 | Policy review      | Programme document review | Management Information review | WG policy officials | RPBs / Stakeholders | Funded project staff | Users of services |
| <b>The effectiveness of the programme in relation to objectives, governance, and administration</b>             |                    |                           |                               |                     |                     |                      |                   |
| <ul style="list-style-type: none"> <li>• RQ1: How effective has the delivery of the HCF been for the</li> </ul> | ✓                  | ✓                         |                               | ✓                   | ✓                   | ✓                    |                   |

|                                                                                                                                                                                                          |   |   |   |   |   |   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|--|
| Regional Partnership Boards and Delivery Partners (Regional Partnership Boards, Local Authorities, Registered Social Landlords, Health Boards and Third Sector Organisations)?                           |   |   |   |   |   |   |  |
| <ul style="list-style-type: none"> <li>RQ2: How successful has the alignment of the Objective 1 application and technical scrutiny process with SHG been in delivering joint funded projects?</li> </ul> | ✓ | ✓ |   | ✓ | ✓ | ✓ |  |
| <ul style="list-style-type: none"> <li>RQ3: How effective and aligned are the commissioning processes for Objective 1 projects at a regional and local level for joint HCF/SHG projects?</li> </ul>      | ✓ | ✓ |   | ✓ | ✓ | ✓ |  |
| <ul style="list-style-type: none"> <li>RQ4: How successful has the Objective 2 application process been in delivering HCF projects?</li> </ul>                                                           | ✓ | ✓ |   | ✓ | ✓ | ✓ |  |
| <ul style="list-style-type: none"> <li>RQ5: What have been the successes of the HCF programme in terms of the objectives, governance processes and administration?</li> </ul>                            |   | ✓ | ✓ | ✓ | ✓ | ✓ |  |
| <ul style="list-style-type: none"> <li>RQ6: What challenges have there been for the delivery of the HCF programme in relation to the objectives, governance processes and administration?</li> </ul>     |   | ✓ |   | ✓ | ✓ | ✓ |  |
| <ul style="list-style-type: none"> <li>RQ7: How could HCF governance processes and administration be improved in the future?</li> </ul>                                                                  |   | ✓ |   | ✓ | ✓ | ✓ |  |

|                                                                                                                                                                                                                        |   |   |   |   |   |   |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|
| <ul style="list-style-type: none"> <li>RQ8: What accounts for the difference in how HCF funding is used across regions?</li> </ul>                                                                                     |   |   |   |   | ✓ | ✓ |   |
| <ul style="list-style-type: none"> <li>RQ9: How appropriate is the current HCF funding allocations across Objectives 1, 2 and 3? What changes, if any, should be made in the future to these allocations?</li> </ul>   |   | ✓ | ✓ | ✓ | ✓ |   |   |
| <ul style="list-style-type: none"> <li>RQ10: How appropriate is the overall capital funding landscape across health, housing and social care in Wales and is there scope to improve or rationalise this?</li> </ul>    | ✓ | ✓ |   | ✓ | ✓ | ✓ |   |
| <ul style="list-style-type: none"> <li>RQ11: What have been the main challenges faced by RPBs and funded projects in delivering the HCF? How, if at all, could these challenges be addressed in the future?</li> </ul> |   | ✓ |   | ✓ | ✓ | ✓ |   |
| <b>How far HCF supports populations which are ageing to continue to live independently</b>                                                                                                                             |   |   |   |   |   |   |   |
| <ul style="list-style-type: none"> <li>RQ12: What sort of housing support has been provided as part of the HCF for populations which are ageing?</li> </ul>                                                            |   | ✓ | ✓ |   | ✓ | ✓ |   |
| <ul style="list-style-type: none"> <li>RQ13: How far has the HCF contributed to improvements in quality of life and health for populations which are ageing?</li> </ul>                                                |   | ✓ |   |   | ✓ | ✓ | ✓ |

|                                                                                                                                                                                                                   |  |   |   |  |   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---|---|--|---|---|---|
| <ul style="list-style-type: none"> <li>RQ14: How far does Objective 3 funding support this population group?</li> </ul>                                                                                           |  | ✓ | ✓ |  | ✓ | ✓ | ✓ |
| <b>Extent to which HCF has ensured accommodation provided for vulnerable groups is as close as possible to their home</b>                                                                                         |  |   |   |  |   |   |   |
| <ul style="list-style-type: none"> <li>RQ15: What has been the impact of the HCF for the outcomes of vulnerable groups unable to live fully independently at home?</li> </ul>                                     |  | ✓ |   |  | ✓ | ✓ | ✓ |
| <ul style="list-style-type: none"> <li>RQ16: How far has the HCF contributed to improvements in quality of life and health for vulnerable groups who are not able to live fully independently at home?</li> </ul> |  | ✓ |   |  | ✓ | ✓ | ✓ |
| <b>Extent to which HCF has reduced out-of-area placements for children with higher needs by accommodating them closer to home</b>                                                                                 |  |   |   |  |   |   |   |
| <ul style="list-style-type: none"> <li>RQ17: What has been the outcome of the HCF for children with higher needs?</li> </ul>                                                                                      |  | ✓ |   |  | ✓ | ✓ | ✓ |
| <ul style="list-style-type: none"> <li>RQ18: What has been the impact for children with higher needs' families?</li> </ul>                                                                                        |  | ✓ |   |  | ✓ | ✓ | ✓ |
| <ul style="list-style-type: none"> <li>RQ19: How far has the HCF contributed to improvements in quality of life and health for children with higher needs?</li> </ul>                                             |  | ✓ |   |  | ✓ | ✓ | ✓ |

|                                                                                                                                                                       |   |   |  |   |   |   |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|--|---|---|---|---|
| <b>Explore the integration of HCF with RIF and IRCF, and extent to which HCF has contributed to changes in models of care</b>                                         |   |   |  |   |   |   |   |
| <ul style="list-style-type: none"> <li>RQ20: How far has the delivery of HCF been integrated effectively with RIF and IRCF?</li> </ul>                                | ✓ | ✓ |  | ✓ | ✓ | ✓ |   |
| <ul style="list-style-type: none"> <li>RQ21: What joint funding mechanisms have emerged through the delivery of HCF, RIF and IRCF?</li> </ul>                         | ✓ | ✓ |  | ✓ | ✓ | ✓ |   |
| <b>Impact of HCF on community facilities that provide step-up/step-down, reablement and rehabilitation</b>                                                            |   |   |  |   |   |   |   |
| <ul style="list-style-type: none"> <li>RQ22: What has been the outcome for step-up/ step-down, re-ablement and rehabilitation facilities in the community?</li> </ul> |   | ✓ |  |   | ✓ | ✓ | ✓ |
| <ul style="list-style-type: none"> <li>RQ23: How far have these facilities impacted on quality of life and health for target populations?</li> </ul>                  |   | ✓ |  |   | ✓ | ✓ | ✓ |
| <b>Extent to which HCF ensures that carers can access respite themselves or for those they care for</b>                                                               |   |   |  |   |   |   |   |
| <ul style="list-style-type: none"> <li>RQ24: What has been the outcome for carers through the delivery of HCF?</li> </ul>                                             |   |   |  |   | ✓ | ✓ | ✓ |
| <ul style="list-style-type: none"> <li>RQ25: How far have target populations benefited from the delivery of respite?</li> </ul>                                       |   |   |  |   | ✓ | ✓ | ✓ |

| Extent to which HCF housing solutions are suitable for the long term                                                                                                              |   |  |  |   |   |   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|---|---|---|--|
| <ul style="list-style-type: none"> <li>RQ26: What are the financial, operational and environmental factors that may have impacted the future of HCF housing solutions?</li> </ul> | ✓ |  |  | ✓ | ✓ | ✓ |  |
| <ul style="list-style-type: none"> <li>RQ27: To what extent have future needs been identified and planned for?</li> </ul>                                                         | ✓ |  |  | ✓ | ✓ | ✓ |  |
| <ul style="list-style-type: none"> <li>RQ28: How far is the work within HCF integrating into the broader health and social care system?</li> </ul>                                | ✓ |  |  | ✓ | ✓ | ✓ |  |
| <ul style="list-style-type: none"> <li>RQ29: What evidence is available that funded projects have achieved financial savings for the health and social care sector?</li> </ul>    |   |  |  |   | ✓ | ✓ |  |

# Annex B Scoping interview discussion guide

## A: Background

1. To start, could you tell me about your current role and your involvement with the HCF?

- Job title, role and a brief overview of your responsibilities?

[Explore responsibilities related to: programme design, implementation, management, policy, monitoring, governance, evaluation]

- How long have you been in the role?
- Has your role or involvement in the HCF changed over time?

## B: Rationale for the HCF

2. [Welsh Government policy leads] How does the HCF fit into the current Welsh policy and legislative context?

3. [Welsh Government policy and RPB leads] Before the HCF [it is now in its 5<sup>th</sup> year], what funding programmes were in place in Wales/your region to support housing and accommodation for under-represented people in society with care support needs?

- How is HCF different to the predecessor Integrated Care Fund (ICF)?

4. [Welsh Government policy] What were the key considerations when designing the HCF?

- How did you anticipate the HCF would complement the
  - Integration and Rebalancing Capital Fund (IRCF)
  - Regional Integration Fund (RIF) and
  - the Social Housing Grant (SHG) programme?

5. [Welsh Government policy and RPB leads] What need is the HCF trying to address?

- Ask about system pressures, workforce shortages, delayed hospital discharges, insufficient step-down and reablement capacity

6. [Welsh Government policy and RPB leads] What are the main aims and objectives of the HCF?
- What does success look like at the national/regional level?
  - What does success look like for the priority groups eligible for HCF?
  - [Welsh Government policy and RPB leads] Have these objectives changed at all over time? In what way?
  - [Welsh Government policy and RPB leads] What do you see as the main risks to achieving the aims and objectives of the HCF?

## **C: Design and delivery**

7. [Welsh Government policy leads] How has the HCF been administered?
- What governance and management arrangements are in place to oversee the delivery of the HCF at a Wales level?
  - What has worked well?
  - What challenges have been experienced?
8. [Welsh Government policy leads] How has HCF funding been awarded by RPBs and across the three programme objectives?
- What application and scrutiny processes have been adopted?
  - How have processes differed across Objectives 1 to 3?
9. [Welsh Government policy leads] How many projects have been commissioned across each Objective area? How are these projects spread across the five priority groups for HCF?
- What type of housing support projects have been supported across Wales? How does this vary between regions?
  - How has the commissioning of joint Objective 1 HCF/SHG projects worked in practice?
10. [RPB leads] How is the HCF administered within the region?

- What governance and management arrangements are in place to oversee the delivery of the HCF at a regional level?
- What application processes have been put in place?
- How has the RPB overseen the awarding of Objective 3 (minor projects) across the region?
- Who are the main delivery partners in the region?

11. [RPB leads] How has HCF funding been used across the region and across the three programme objectives?

- What type of housing support projects have been supported across the region?
- How many projects across each Objective area have been funded to date in your region?
- How are these projects spread across the five priority groups for HCF?

## **E: Progress to date**

12. [Welsh Government policy and RPB leads] How many of the HCF projects:

- Have been completed?
- Are still underway?

13. [Welsh Government policy leads] What financial spend information can be shared with us?

- Is spend data available at a programme, objective, RPB and individual project level?

14. [Welsh Government policy leads] What have been the main challenges which HCF projects have faced?

- And what has worked well for HCF projects?
- Is there any emerging learning about what works/does not work for a funding scheme which supports the provision of supported housing and accommodation?

## **F: Data collection**

15. [Welsh Government policy and RPB leads] What administrative and monitoring data can be shared with us about the progress made by HCF projects?
16. [RPB leads] What type of evidence do you collect about the impact of HCF projects upon their target users?
- What gaps are there in the evidence?
  - Is any other data collected at a project or regional level beyond the data reported to Welsh Government?

## **G: The evaluation work programme**

17. [All] What key areas of learning are you hoping for from this evaluation?
- How would you use this?
18. [RPB leads] [Note to researcher]: Describe planned approach to primary research and offer opportunity for questions.
- What do you think of this?
  - Do you anticipate any challenges in us taking this approach?
  - We are looking to interview circa 5 stakeholders from your region. Would you be able to suggest names and secure their agreement to share their contact details with us?
  - Are there any flagship HCF projects which we should consider including in our sample?
  - Are there any HCF projects which would lend themselves to fieldwork with users?
19. Would staff from these projects be prepared to help encourage users to contribute?

# Annex C Extracted policy documents and approach to extraction

The policy documents reviewed to inform the ToC were:

- Welsh Government: Housing with Care Fund (HCF) – Guidance 2022 to 2023
- Welsh Government: Social Housing Grant Scheme (last updated 2024)
- Welsh Government: Rebalancing Care and Support (white paper) – a consultation on improving social care arrangements and strengthening partnership working to better support people's well-being (12/01/2021)
- Welsh Government: Health and Social Care Regional Integration Fund (RIF) – Revenue Guidance 2022 to 2027
- Regional Strategic Capital Plans: 7 documents reviewed, one per region
- Welsh Government: Health and Social Care Integration and Rebalancing Capital Fund (IRCF): Guidance 2022 to 2025
- Welsh Government: Health and Social Care Integration and Rebalancing Fund (IRCF): Guidance 2025 to 2027
- Welsh Government: Programme for Government: Update (2021)

The approach to extraction was designed to be used across a diverse range of documents, including legislation, strategies, policy statements, programme guidance, and monitoring materials, each of which plays a different role in shaping the logic of the programme. The purpose of the extraction form was not to produce a comprehensive summary or reproduce blocks of text from each document. Rather, it aimed to extract the main elements of policy logic that explain why the HCF exists, what problems it is intended to address, how change is expected to occur, and what outcomes are envisaged. The emphasis was on identifying the causal assumptions and pathways embedded within policy and programme documentation.

Given the variation in document type and level of detail, a flexible and interpretive approach was adopted to extraction. Some documents articulated mechanisms and outcomes explicitly, while others only implied them or focused primarily on principles, aspirations, or constraints. Where mechanisms, assumptions, or outcomes were not fully specified,

extractors drew out as much relevant information as possible using professional judgement, making the underlying logic explicit rather than implicit.

In short, the extraction process was selective rather than exhaustive, focusing on what is most relevant for understanding how the HCF is intended to generate change, while acknowledging that policy logic is often distributed, uneven, and incomplete across documents.