Expert Review Panel on Homelessness

Briefing for Meeting 7: Health, Social Care and Homelessness

March 2023

This briefing is intended to provide background and a contextual outline for the Expert Review Panel's discussion on **health, social care and homelessness.**

Throughout the panel's work to date, there has been widespread calls for broader public sector duties in relation to ending homelessness. This will be a central theme within the panel's considerations.

This briefing paper should be read in conjunction with the Cymorth Cymru Experts by Experience paper and the Crisis paper summarising feedback from stakeholder engagement on health, social care and homelessness.

The paper covers:

1. **Statistics and trends in Wales**
    a. Health
    b. Mental health
    c. Substance use
    d. Disability
    e. Social care
2. **Current legislation on health, social care and homelessness across Great Britain**
    a. Relevant legislation in Wales
    b. Relevant legislation in England
    c. Relevant legislation in Scotland
3. **Policy context in Wales**
    a. Health
    b. Mental health
    c. Substance use
    d. Disability
    e. Social care
4. **Key barriers and suggested solutions**
    a. Access to health services for people experiencing homelessness
    b. Access to housing for people with mental health needs
    c. Multi-agency collaboration
    d. Data collection on health and homelessness
    e. Discharge from hospitals into homelessness
    f. Substance use
    g. Co-occurring mental health and substance use
    h. Barriers for disabled people in accessing appropriate housing

   i. Accommodating children under social services
   j. Adults receiving support from social services
5. **Approaches across the globe**
6. **Guiding questions for discussion**
7. **Appendices**

A note on definitions and terminology

Under the Equality Act (2010), disability is defined as "physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities." However, there is inconsistency in definitions across the wider legislative context and the research that this paper outlines – some legislation/information is relevant to both physical and mental impairment as defined by the Equality Act, but other information is only relevant to one or the other.

This paper will aim to be as specific as possible and use subsections to make clear where legislation or research is only relevant to one of these groups or a particular subgroup. For example, we acknowledge that substance use is not separate to physical and mental health, but there are specific laws and housing challenges experienced by people who use substances that are not relevant to people with other health problems, therefore we include separate sections on substance use within this paper.

We are also aware that there are differing views on the most respectful terminology to use when discussing disability, mental health and substance use/addiction. This paper will use 'disability' to refer to 'physical impairment', and 'mental ill-health' or 'neurodiversity/neurodivergence' to refer to what the Equality Act 2010 would consider 'mental impairment'. However, there may be instances where it is necessary to use other terms to reference legislation and research that uses less considerate language.

1. Statistics and trends in Wales

a. Health

Poor health is both a cause and a consequence of homelessness.

Homelessness can have a significant impact on health, with individuals often suffering poor mental health, physical illness, substance dependencies, reduced life expectancy, and excess preventable morbidities. As a result, these individuals have a disproportionately high need for healthcare services, but often find it difficult to access healthcare.[1] The average age of death among people experiencing homelessness at the time when they die is 46 for a man and 42 for a woman in England and Wales.[2]

[1] https://phw.nhs.wales/publications/publications1/health-of-individuals-with-lived-experience-of-homelessness-in-wales-during-the-covid-19-pandemic-infographic/

[2] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2021registrations

In 2021, Public Health Wales also published research which aimed to "*capture the full consequences of 'lived experiences of homelessness' on an individual's health that extends beyond the actual homelessness event(s)."*[3] The research used data from across the health services in Wales (primary and secondary care, substance misuse services) to build an e-cohort of 15,000 people who experienced homelessness between 1st January 2014 and 31st July 2020 to explore their health needs. The study compared this cohort to a comparison group of over 15,000 people who were not believed to have experienced homelessness, during the Covid-19 pandemic.

As a snapshot of this research the report found:

- Health care use was higher amongst those experiencing homelessness during the Covid-19 pandemic
- Nearly a third (30%) of those with lived experience of homelessness were managing long-term health conditions at the point of being identified as homeless in routine health data.
- 13% of individuals with lived experience of homelessness were managing two or more long-term health conditions in secondary care settings, compared to only 3% in the population comparison group
- The three most common long-term health conditions identified amongst individuals with lived experience of homelessness were alcohol dependency (17%), depression (15%) and drug dependency (11%). Within the general population the three most common conditions were hypertension (5%), chronic pulmonary disease (3%) and cardiac arrhythmias (2%).
- From January to July 2020, nearly half (47%) of individuals with lived experience of homelessness accessed at least one secondary healthcare service, compared to one in five (22%) of the general population comparison group.
- Attendance in emergency services was 562 A&E attendances per 1000 population in those with lived experience of homelessness, compared to 83 in the general population comparison group during 2020

Homeless Link's Health Audit in England found that 78% of people who are homeless surveyed reported having a physical health condition, with 29% having between 5-10 diagnoses.[4]

Preventable mortality amongst some causes of death is at a much higher rate for a person with experience of homelessness than that of the wider population in Wales.[5] For example, people experiencing homeless are twice as likely to die as the general population from heart

[3] Song J, Moreno-Stokoe C, Grey CNB, Davies AR. (2021). Health of individuals with lived experience of homelessness in Wales, during the COVID-19 pandemic. Cardiff: Public Health Wales.

[4] https://homeless.org.uk/knowledge-hub/unhealthy-state-of-homelessness-2022-findings-from-the-homeless-health-needs-audit/

[5] Grey CNB and Woodfine L. (2019). Voices of those with lived experiences of homelessness and adversity in Wales: informing prevention and response. Cardiff: Public Health Wales NHS Trust

attacks and chronic heart disease, at an average age of 59 years, younger than the general population.[6]

b. Mental health

Evidence highlights that timely access to mental health services can be particularly problematic for people experiencing homelessness and for those living on the streets, especially if they also experience problematic substance use.

There is a lack of robust data on mental health and homelessness in Wales, but research demonstrates this connection. For example, as part of its *Health Matters* report in 2016, Cymorth Cymru[7] surveyed homeless people across Wales on their health needs. The results indicated that a range of mental health issues were prevalent, with depression and anxiety being the most common.

Meanwhile, statistics in England demonstrate that mental health is the most common support need for those who approach local authorities for homelessness assistance in England.[8] For example, in Q2 2021 in England, 26% of the households owed a prevention or relief duty reported a mental health need. This proportion has been slowly rising each quarter since in Q2 2018 when 22% reported a mental health support need.

In Wales, we also know that people who have suffered adverse childhood experiences (ACEs) are 16 times more likely than the general population to experience homelessness as an adult.[9] Becoming homeless as a child could also be classed as an ACE in itself.

c. Substance use

The Public Health Wales study[10] analysing the health needs of with lived experience of homelessness during the COVID-19 pandemic showed that 30% of people experiencing street homelessness cited substance misuse as a contributing factor to their homelessness.

The research found housing status was most commonly recorded by substance misuse services, with over half (58%) of patients identified as homeless at least once in this service. Of the individuals identified as homeless in substance misuse services, 78% attended another National Health Service (NHS) facility within a month of being identified as homeless, but only 3% had their housing status recorded in the other NHS services accessed during this period, despite homelessness status impacting on effective treatment and care.

Among respondents to Cymorth Cymru's *Health Matters* research,[11] 8% of participants had both drug and alcohol problems, and more than two thirds had either a drug or alcohol

---

[6] Watson I, MacKenzie F, Woodfine L and Azam S. (2019). Making a Difference. Housing and Health: A Case for Investment. Cardiff, Public Health Wales.

[77] See Cymorth_Cymru_Health_Matters_report.pdf (cymorthcymru.org.uk)

[8] Department for Levelling Up, Communities, and Housing. (2021). Homelessness Statistics.

[9] https://phw.nhs.wales/files/aces/voices-of-those-with-lived-experiences-of-homelessness-and-adversity-in-wales-informing-prevention-and-response-2019/

[10] https://phw.nhs.wales/publications/publications1/health-of-individuals-with-lived-experience-of-homelessness-in-wales-during-the-covid-19-pandemic-infographic/

[11] Cymorth Cymru (2016) Health Matters The health needs of homeless people in Wales

problem. The researchers noted that drug problems seem to be more prevalent (about a quarter of participants) than alcohol problems (about one fifth).

WEDINOS, a project testing and profiling substances submitted from across the UK provides evidence of a substantial market for SCRAs (cannabinoid receptor agonists often referred to as 'Spice') in Wales amongst vulnerable populations, particularly those who are homeless or incarcerated.[12]

Research from England tells us that the length of time spent homeless is also connected to alcohol or drug support use. More than a third of people who experience intermittent and long-term street homelessness had substance or alcohol support needs, but that proportion is much lower among those who are new to the streets (alcohol 15% and substance 14%).[13]

d. Disability

The 2021 Census tells us that 21.1% of the Welsh population are disabled.[14] Within the Census, disability is defined as physical or mental health conditions or illnesses lasting or expected to last 12 months or more. There is no data which looks at the proportion of people experiencing homelessness in Wales who also have a disability but data from England shows last year 17% of households who had a homelessness duty accepted had one member of the household who had a physical ill-health and disability issue and further 5% had a 'learning disability'.[15]

e. Social care

According to a Public Health Wales report," approximately 650 children leave their care placement in Wales each year. While the majority move to suitable accommodation, over one in 20 move to unsuitable accommodation. When followed up on their nineteenth birthday, almost two in every five of those with care experience were not engaged in either education, employment or training and nearly a quarter (23%) of them had obtained no qualifications."[16]

2. Current legislation on health, social care and homelessness in Britain

a. Relevant legislation in Wales

Well-being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act 2015 requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty and health inequalities.

---

[12] WEDINOS (2015) Philtre annual report, 2014-15. Public Health Wales. http://www.wedinos.org/newsletter.html

[13] St Mungo's CHAIN data.

[14] Disability, England and Wales - Office for National Statistics (ons.gov.uk)

[15] DLUHC, Statutory homelessness live tables: Tables on homelessness - GOV.UK (www.gov.uk)

[16] See Harnessing peer support key to reducing homelessness in care leavers - Public Health Network Cymru

The Future Generations Commissioner for Wales role was created alongside the Act to provide advice to the Government and other public bodies in Wales on delivering social, economic, environmental, and cultural well-being for current and future generations, and assessing and reporting on how they are delivering.

Equality Act 2010

The Equality Act introduced the Public Sector Equality Duty. The duty requires public authorities and organisations carrying out a function of a public nature to take a proactive approach to the prevention of discrimination, promotion of equality and fostering of good relations, including a duty to consider the needs of those who are socio-economically disadvantaged.

Tai Pawb explain that Registered Social Landlords in Wales are covered by the general equality duty in relation to their functions of a public nature (for example allocation, management and termination of social housing). This is tied to a landmark case in 2009 (Weaver vs. London and Quadrant Housing Trust) which ruled that the housing provider in question was carrying out public functions, for the purposes of the Human Rights Act in the allocation, management and termination of social housing.[17]

The Equality Act 2010 includes an underpinning duty on services to make reasonable adjustments.

Housing Wales Act (2014)

Priority need

A person who is 'vulnerable as a result of old age, mental illness or handicap or physical disability or other special reason' is categorised as in priority need.

Substance use is not specifically included in the legislation as a specific reason to consider applicants as vulnerable, but authorities may consider substance use as a 'special reason' for vulnerability, and substance misuse is specifically referenced in the guidance, as explored further below.

Section 52(6): A homelessness strategy must include provision relating to action in relation to those who may be in particular need of support if they are or may become homeless, including

- people leaving hospital after medical treatment for mental disorder as an inpatient
- people receiving mental health services in the community

Section 57(3): When considering whether the physical conditions of a property are reasonable for an applicant they must take '*account of their particular needs, particularly for people with physical disabilities'.*

Section 65: Examples of reasonable steps given to help to secure accommodation include:

[17] Equality Act 2010 - Tai Pawb

- working in partnership with health and social care to develop a holistic plan to prevent an applicant's homelessness, which may be integrated into a statutory care and support plan under the Social Services and Well-being (Wales) Act 2014
- looking at funds to support housing or adaptations.

The Homelessness (Suitability of Accommodation) (Wales) Order 2015

In the discharge of any of the homelessness duties in Part 2 of the Housing (Wales) Act 2014, local authorities must confirm that the accommodation is suitable for the applicant and all members of their household. Considerations for assessing suitability are included in Sections 9 and 10 of the Housing Act 1985, Sections 1-4 of the Housing Act 2004, Section 59 of the Housing (Wales) Act 2014 and the Homelessness (Suitability of Accommodation) (Wales) Order 2015[18].

Part 1 of the Suitability Order outlines 'matters to be taken into account in determining whether accommodation is suitable for persons who are, or may be in priority need'. Those related to health are as follows:

- the specific health needs of the person;
- the proximity and accessibility of family support;
- any disability of the person;
- the proximity and accessibility of medical facilities, and other support services which are currently used by or provided to the person; and are essential to the well-being of the person.

Social Services and Wellbeing Act Wales 2014

The duty to accommodate and support the following groups of people falls to social services under the Social Services and Wellbeing Act 2014:

- children under 18 who are homeless or about to become homeless
- an adult responsible for a child who normally lives with them
- an adult who is ill, disabled or has mental health needs

The Act's accompanying Code of Practice advises that many services provided under the Act are to be delivered in partnership with others, including housing and health services.[19]

The Code of Practice states that local authorities must work with and support people who need care and support and carers who need support to achieve greater economic well-being, have a social life and live in suitable accommodation that meets their needs.

In order to achieve this, in the exercise of their social services functions, local authorities must support people to access living accommodation that meets their needs and facilitate independent living.

---

[18] The Homelessness (Suitability of Accommodation) (Wales) Order 2015 (legislation.gov.uk)

[19] https://www.cysur.wales/media/lvzb1wy0/160322part8en.pdf

Disability

The Social Services and Well-being (Wales) Act 2014 sets out the duties on local authorities, relating specifically to support services for disabled people, and regarding the choice and control disabled people should be able to exercise over support, including where and with whom to live. The code of practice says that: 'when exercising social services functions in relation to disabled people who need care and support and disabled carers who need support, local authorities must have due regard to the United Nation Convention on the Rights of Persons with Disabilities.'

Care leavers

The Social Services and Well-being (Wales) Act 2014 brings together social services law in Wales including Welsh local authorities' duties to children in their care, as well as introducing the 'When I Am Ready' scheme,[20] which enables young people to stay with their foster carers beyond the age of 18 if there is an agreement between a foster carer and the young person.

Part 6 of the Code of Practice[21] states that a care leaver's pathway plan must address their health and development, building upon the information in the young person's health plan, which formed part of their Part 6 care and support plan when they were looked after. It should include physical, emotional and mental health.

The professional preparing a care leaver's pathway plan should consult with the specialist nurse for looked after children or any other medical professional providing health care or treatment named in their health plan.

This part of the Code of Practice also includes a section on the support that might be needed by disabled care leavers and the potential for their support needs to continue as they transition into adulthood.

Where a disabled young person has needs which can be met through an adult placement scheme, the code of practice advises that it may be appropriate for the former foster carer to become that person's adult placement carer once they turn 18, if they are willing to continue in a caring role.

Mental Health Wales Measure 2010

Section 25 of the Mental Health Wales Measure 2010[22] contains a duty to assess the housing or well-being services (if any) which might improve or prevent a deterioration in the mental health of the person being assessed.

Section 28 outlines that:

1. Unless subsection (2) applies, where a secondary mental health assessment has under section 25(c) identified a housing or well-being service which might help to improve, or

[20] Welsh Government Guidance (2016) 'When I am Ready' Good Practice Guide

[21] part-6-code-of-practice-looked-after-and-accommodated-children.pdf (gov.wales)

[22] Mental Health (Wales) Measure 2010 (legislation.gov.uk)

prevent a deterioration in, an adult's mental health, the partner must ask the responsible service provider to consider whether to provide the service to the adult or, if that is not appropriate, whether to invite the adult to apply for the service.

2. Where the local authority mental health partner would be the responsible service provider in relation to such a housing or well-being service, the authority must decide whether the provision of the service is called for or, if that is not appropriate, whether to invite the adult to apply for the service.

Welsh Government guidance on the residence of mental health patients states that where a person 'ceases to be detained' under the Mental Health Act 1983, they are eligible for aftercare services, including housing. In this case the assessment is made under section 47 of the National Health Service and Community Care Act 1990.

The Health and Social Care (Quality and Engagement) Wales Act

This Act will come into force in June 2023 and will:

- strengthen the existing duty of quality on NHS bodies and extend this to the Welsh Ministers in relation to their health service functions;
- establish an organisational duty of candour on providers of NHS services, requiring them to be open and honest with patients and service users when things go wrong;
- strengthen the voice of citizens, by replacing Community Health Councils with a new all-Wales Citizen Voice Body that will represent the interests of people across health and social care; and
- enable the appointment of Vice Chairs for NHS Trusts, bringing them into line with health boards.[23]

Guidance for Local Authorities on the Allocation of Accommodation and Homelessness (2016)

Local authorities must have regard to Guidance for Local Authorities on the Allocation of Accommodation and Homelessness when exercising their functions under the Housing Wales Act 2014 and Part 6 (Allocations) of the Housing Act 1996.[24]

The guidance consistently references health/medical/welfare needs and disabilities in a general sense and also naming specific disorders, illnesses, etc. These sections are included in full in **Appendix 1.**

[23] https://www.gov.wales/health-and-social-care-quality-and-engagement-wales-act-summary-html

[24] allocation-of-accommodation-and-homelessness-guidance-for-local-authorities.pdf (gov.wales)

b. Relevant legislation in England

The Priority Need clause within the Housing Act 1996

This clause requires housing authorities to provide temporary accommodation until such time as the duty is ended, either by an offer of settled accommodation or for another specified reason, for all persons who are eligible for assistance, not intentionally homeless, and are in priority need. "A person who is vulnerable as a result of old age, mental illness, learning disability or physical disability or other special reason, or with whom such a person resides or might reasonably be expected to reside" is considered to have priority need, though thresholds for meeting the required level of 'vulnerability' can be very high.[25]

The Duty to Refer within the Homelessness Reduction Act 2017

This duty[26] significantly reformed England's homelessness legislation by placing duties on local housing authorities to intervene at earlier stages to prevent homelessness in their areas, and to provide homelessness services to all those who are eligible, though the full duty to provide an offer of settled accommodation and temporary accommodation in the interim still only applies to those who are considered to be in priority need and not intentionally homeless. The Act also introduced a duty on specified public authorities to refer service users who they think may be homeless or threatened with homelessness to local authority homelessness/housing options teams. This currently includes hospitals in their function of providing inpatient care, emergency departments, urgent treatment centres, and social services. It does not include other areas of healthcare, such as primary care.

The Health and Care Act 2022

This act[27] places a duty on all Integrated Care Systems (England's health boards) to reduce health inequalities. Integrated Care Systems are required to develop Integrated Care Partnership Strategies that demonstrate how they aim to improve population health in their area. Statutory guidance on how systems should develop their strategies includes details on homeless and inclusion health.

The Care Act 2014

Over recent years, legislative reform in England has led to considerable changes in how adult safeguarding and adult social care is arranged and understood. The Care Act 2014, which came into force in April 2015, now brings all of adult social care and adult safeguarding into one single statute.[28] This means that the adult social care duties that arise under the Care Act 2014 can potentially trigger two possible courses of action:

- Assessment of care and support needs: The local authority must carry out an assessment if a person appears to have care and support needs, regardless of their nature or level. They must then decide whether the person's needs are eligible to be

[25] https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/download-this-guidance
[26] https://www.legislation.gov.uk/ukpga/2017/13/contents/enacted
[27] https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted
[28] https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

met when judged against the national eligibility criteria and whether there is a duty to meet them.
- Safeguarding enquiries: The local authority must make enquiries (or cause enquiries to be made) where an adult with care and support needs is experiencing or at risk of abuse and neglect and, as a result of their care and support needs, is unable to protect themselves. The purpose is to determine whether any action should be taken to help protect the person, and, if so, what and by whom.

The Care Act removes reference to 'eligible' and 'ineligible' groups so that potentially any adult with any level of need will be entitled to an assessment. This change opens up access to adult social care and personal budgets for groups previously excluded, including 'people experiencing homelessness'. However, in reality, to qualify for a service, individuals' needs will have to be significant, but it is the intention of the Care Act to ensure equal access to adult social care services.

The Care Act 2014 also requires each local authority to set up a Safeguarding Adults Board (SAB) in order to provide assurance that local safeguarding arrangements and partners are acting to help and protect adults with care and support needs who they suspect are at risk of abuse or neglect (including self-neglect). In England, rough sleeping and multiple disadvantage is seen as a safeguarding issue. In line with the recommendations of the National Institute for Health and Care Excellence (NICE) guidelines, DLUHC and DHSC have strongly recommended that every Safeguarding Adult Board has a named member advocating for people sleeping rough.

Evidence on Impact of Homeless Health Legislation in England

People with multiple and serious support needs often do not meet the threshold of priority need, despite overlapping complex needs. This can leave people 'cycling' round the homelessness system as traditional homelessness support services do not meet their needs effectively. People are often required to move through different steps of accommodation, including hostels and other forms of temporary and supported accommodation, to be able to demonstrate 'tenancy readiness' before being able to access mainstream housing.

Evidence suggests that the Duty to Refer is having a positive impact, with Crisis' longitudinal research project finding that 59% of people in the final wave survey were advised to approach Housing Options from another service, up from 39% when the researchers carried out the first wave.[29] Both staff and people using Housing Options described the positive impact that this involvement of other services had, on both ensuring people were guided to relevant support, and on speeding up the receipt of support. However, the same research also found that opportunities to refer people to Housing Options from another service are being missed.

The UK Government's independent review of the Homelessness Reduction Act 2017 also found that the Duty to Refer was not always working as intended. Less than 50% of local

[29] https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/services-and-interventions/i-hoped-there-d-be-more-options-experiences-of-the-homelessness-reduction-act-2018-2021/

authorities said that adult social services, children's social services, local health providers, youth offender institutes and other public authorities were responding effectively to the Act, though evidence has shown that the Duty to Refer has enabled partnership working in some areas. Perceptions of effectiveness and referral numbers were lowest for adult social services, children's social services, and health providers.[30]

The review found that some local authorities that had sought to use the duty as a springboard to develop integrated arrangements with other public authorities, including adult and children's social services and health providers, said they had found this difficult. Rather than wanting to engage, it was suggested that other public authorities were treating the Duty to Refer more as a "duty to dump". The perception was that they were trying to transfer responsibility for meeting a client's needs onto the housing options team and disengage themselves after the point of referral.

In areas where these types of public authority had fully engaged with the Duty to Refer, this had often been because the local authority had committed some of its own staff resource to the process, for example by having a housing officer attend social services case meetings or by creating a dedicated job role or team with responsibility for engaging with local health providers. Reviewing the public authorities that are currently subject to the Duty to Refer, local authorities have queried why GPs had not been included whilst other health providers had.

With regard to the wider duties in the Homelessness Reduction Act, Crisis research has found that having a support need often means you have a worse experience or outcome than others under the Act, despite needing help with additional challenges as well as homelessness.[31] This reflects other research showing how people with this kind of 'multiple disadvantage' often face a unique form of dislocation from society that means they can fall through the cracks and not receive the right help. Whilst more likely to have a more positive housing outcome, disabled people were also more likely to feel the accommodation secured under the Act was neither secure nor suitable for their needs. In addition, while there were more positive housing outcomes for people with physical health conditions, there were worse outcomes for people with mental health conditions.[32]

It is at present too early to tell whether the Health and Care Act has had any impact upon the commissioning and provision of health services for people experiencing homelessness. We have been informed that numerous Integrated Care Strategies do mention homeless healthcare, but given these bodies are only a year into existence, time will tell whether the strategies translate into practice.

[30] https://www.housing.org.uk/resources/government-review-of-the-homelessness-reduction-act/

[31] https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/services-and-interventions/i-hoped-there-d-be-more-options-experiences-of-the-homelessness-reduction-act-2018-2021/

[32] Ibid.

c. Relevant legislation in Scotland

It is important to note that legislation affecting housing and homelessness in Scotland is in a transition at present.

The Scottish Government has recently indicated that it would like to create a new 'National Care Service' equivalent to the NHS. Initial plans did not integrate homelessness into this service, although probation and mental health services were integrated. Plans for the service have now been postponed until after the leadership election.

Current regulatory framework

Under the Public Bodies (Joint Working) (Scotland) Act 2014, Scottish ministers may prescribe national outcomes for health and wellbeing. Health and Social Care Integration Authorities must have regard to these. These are backed by Health and Social Care Integration Indicators which include the following of potential relevance to people at risk of homelessness:

- Percentage of adults able to look after their health very well or quite well
- Percentage of adults supported at home who agree that they are supported to live as independently as possible
- Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided
- Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated
- Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
- Percentage of adults supported at home who agree they felt safe.

Homelessness Prevention Review Group

The Scotland Homelessness Prevention Review Group (PRG) was tasked to identify legal duties needed for local authorities and other public bodies to prevent homelessness in Scotland. It published its report, including a section on health and social care, in 2021.

The PRG recognised that a high proportion of homeless applicants in Scotland have health and social care needs, and that people with experience of homelessness make up the majority of attendances at some health services, particularly more acute services. The Group also noted that whilst mental and physical health needs contribute to loss of housing for a substantial proportion of applicants, there is also evidence of a lack of co-operation and/or join-up between health and social care and homelessness services as regards preventing homelessness.

PRG recommendations[33] called for Health and Social Care Partnerships to:

- set out a clear statement of their contribution to preventing homelessness within the Local Housing Strategy

[33] 75-ways-to-prevent-homelessness.pdf (crisis.org.uk)

- identify the housing circumstances of patients, and where necessary, work with partners to ensure patients are assisted into suitable housing or that a risk of homelessness is prevented. Often the point of entry will be a critical point to intervene, for example where someone is entering hospital for inpatient psychiatric assistance. Where the housing need is related to a lack of accommodation or housing support needs, this should be a referral to the local authority for housing options and homelessness assistance
- hold the primary responsibility for meeting accommodation needs of people whose needs are of such complexity they cannot be supported in mainstream housing, even with additional support (this is intended to capture the needs of those who require highly specialist medical or other support, not needs that might be met by Housing First)
- have a statutory duty to co-operate with the local authority in planning to meet an individual's health and social care needs identified as part of an assessment of homelessness, risk of homelessness, or housing support needs

It also called for GP practices:

- to refer to the local authority where a housing need is identified

For social workers or social care workers should:

- make a referral to the relevant part of the local authority where a risk of homelessness is identified
- carry out a care needs assessment if they consider such an individual has unmet social care needs

And for the local authority, working with other partners, they must:

- ensure homelessness prevention/alleviation services are designed to meet needs Health & Social Care partners of people leaving hospital and people with mental illness or impairment
- provide assistance to anyone who is going to be discharged from hospital in the next six months and is considered as threatened with homelessness.[34]

The PRG also considered:

- Duty to 'ask and act' – should this be at health board level or on specific services like hospitals?

- Duty (across a range of bodies) to co-ordinate assistance for applicants requiring lots of input (e.g., complex needs)

- Strategic joint working, partnership and planning duties – these can provide the structural support for delivering some of the other duties locally, like health funding an occupational therapist in the homeless assessment team etc.

[34] 75-ways-to-prevent-homelessness.pdf (crisis.org.uk)

- Duty to get involved in homelessness assessment where there are possible contributing factors from unmet health or social care needs

- H&SC to take responsibility where health or social care needs are so complex that someone cannot maintain mainstream accommodation including Housing First (also links to thinking about social care supported accommodation for people with enduring social care needs – in Scotland supported accommodation means different things in homelessness and in social care, but this is not always realised by professionals working in each)

- Whether there are some areas where new duties in relation to housing may not work effectively – for example, GPs

3. Policy Context in Wales

a. Health

A Healthier Wales

Within the remit of the Future Generations Commissioner, *A Healthier Wales: a long-term plan for health and social care* was published in June 2018.[35] The plan sets out an intention for closer working between health and social care and also states:

> *"New partnerships between health and housing will develop joint solutions and enable improvements in step-up and step-down support for people in the community."* (Page 11).

It also calls for Regional Partnership Boards to ensure Area Plans and commissioning strategies more prominently include the housing sector.

Ending Homelessness Action Plan

In 2021, the Welsh Government published a 5-year action plan for ending homelessness. The plan acknowledges the important role of health and social care in reaching this goal and includes the following actions that are relevant to the health and social care context:

- *"The Welsh Government, with tailored support, appropriate interventions and housing solutions for groups at risk of harm (children at risk of adverse childhood experiences, people leaving prison, those fleeing VAWDASV, ethnic minority people, care experienced young people, disabled people, including those with mental health problems and those with learning disabilities, former members of the Armed Forces, refugees, etc.). This will lead to public services adopting a no discharge/release into homelessness policy. Measures should recognise the urgency of need and deliver support at pace whenever that is required."*

- *"We will continue to support our key actions within the mental health delivery plan to enable tailored mental health support for individuals to manage tenancies independently, and support the trial of new approaches to working in partnership to*

[35] A Healthier Wales (gov.wales)

support rough sleepers and people who are homeless or who are at risk of homeless. We will identify and map, through a programme of research, the spectrum of individuals and the differing needs of people who are experiencing homelessness. This will include developing a better insight into the differing groups of people (for example those using stimulants, depressants or opioids) and their mental health and substance misuse needs, as well as those with protected characteristics under the Equality Act 2010. We will use this information to strengthen pathways to services that will help prevent or address homelessness."

- *"Although many people who experience homelessness or at risk of homelessness will not have substance misuse or mental health problems, homelessness may lead to pressures that make sustaining a tenancy difficult. We will continue to support our key actions within both the substance misuse and mental health delivery plans to support the homeless. This will include learning from the £1m in Complex Needs we have provided to four pilots in Wales specifically supporting this work. Further development will be led through our Deep Dive group supporting improvements in provision for those experiencing co-occurring substance misuse and mental health."*

The Ending Homelessness Action Plan is supported by the Ending Homelessness National Advisory Board. The board consists of representatives from across the housing sector in Wales and seeks to advise on the Welsh Government's delivery of the Action Plan. The Board consists of a number of Task and Finish Groups which take a closer focus on specific aspects of the plan, this includes a newly established Health and Homelessness subgroup, which is currently working on setting out its workplan.

Six Goals for Urgent and Emergency Care

The Welsh Government published the Six Goals for Urgent and Emergency Care policy handbook[36] as an early marker of the delivery of their commitment in the 2021-26 Programme for Government to provide 'effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration'.

The handbook outlines six strategic goals for health boards with regard to urgent and emergency care.

Goal 1 states:

"Health and social care organisations should work in collaboration with public service and third sector partners to deliver a coordinated, integrated, responsive health and care service, helping people to stay well longer and receive proactive support, preventative interventions or primary treatment before it becomes urgent or an emergency."

Goal 6 focuses on discharging patients home from hospital at the earliest safe opportunity.

[36] See Six goals for urgent and emergency care: policy handbook for 2021 to 2026 | GOV.WALES

NICE Guidelines

In 2022, NICE published guidance[37] on Integrated health and social care for people experiencing homelessness. The main recommendations from NICE guidance are that providers and commissioners should:

- Provide care through specialist homelessness multidisciplinary teams across sectors and levels of care, tailored according to local needs. Homelessness multidisciplinary teams should act as expert teams, providing and coordinating care across outreach, primary, secondary and emergency care, social care and housing services.
- Work with health and social care providers to improve recording of housing status so that the information can be used by services to best meet people's needs and plan, audit and improve services.
- When developing services for people experiencing homelessness, commissioners should work together to strategically plan and deliver health and social care across larger areas, recognising that people move between areas.
- Recognise that more effort and targeted approaches are often needed to ensure that health and social care for people experiencing homelessness is available, accessible, and provided to the same standards and quality as for the general population.
- Promote engagement by providing services that are person-centred, empathetic, non-judgemental, aim to address health inequalities, are inclusive and pay attention to the diverse experiences of people using the service.
- Consider using psychologically informed environments and trauma-informed care. Recognise that people's behaviour and engagement with services is influenced by their traumatic experiences, socioeconomic circumstances and previous experiences of services.
- Recognise the importance of longer contact times in developing and sustaining trusting relationships between frontline health and social care staff and people experiencing homelessness.
- Commissioners of health, social care and housing services should work together to plan, and fund integrated multidisciplinary health and social care services for people experiencing homelessness, and involve commissioners from other sectors, such as criminal justice and domestic abuse, as needed. These services should contribute to the government's aim of ending rough sleeping and preventing homelessness.
- Conduct and maintain an up-to-date local homelessness health and social care needs assessment and use this to design, plan and deliver services according to need.
- In areas assessed as not needing a full-time homelessness multidisciplinary team because of low numbers of people experiencing homelessness, establish links with multidisciplinary teams in nearby areas and designate homelessness leads in all relevant mainstream services, for example, in primary, secondary and emergency care, palliative care.
- Design and deliver services in a way that reduces barriers to access and engagement with health and social care, for example, by providing outreach services (see the

[37] https://www.nice.org.uk/guidance/ng214

section on outreach services), low-threshold services and in adult and child social services.

- Take health and social care services to people experiencing homelessness by providing multidisciplinary outreach care in non-traditional settings, such as on the street, hostels or day centres.
- Provide intermediate care services with intensive, multidisciplinary team support for people experiencing homelessness who have healthcare needs that cannot be safely managed in the community but who do not need inpatient hospital care. These may be for people who are discharged from hospital (step-down care), referred from the community who are at acute risk of deterioration and hospitalisation (step-up care).
- Homelessness multidisciplinary teams or leads should support people experiencing homelessness through transitions between settings (such as the street, hostels, Housing First and other supported housing, hospital, mental health services, social care, residential or community drug and alcohol treatment, and custody).
- Recognise that providing accommodation suitable for the person's assessed health and social care needs (see the section on assessing people's needs) can support access to and engagement with health and social care services and long-term recovery and stability.
- Designate a person to lead on safeguarding the welfare of people experiencing homelessness, including engagement and face-to-face practical safeguarding support.
- For people who struggle to engage with services, plan long-term engagement to help meet the person's needs at their own pace.

The guidelines were published in March 2022, and no analysis has yet been done on how well they are being implemented in practice.

b. Mental Health

Together for Mental Health

The Welsh Government's flagship strategy for mental health[38] emphasises the strong connection between mental wellbeing and homelessness. It identifies stable housing as a key foundation for mental wellbeing and acknowledges that those who are homeless are at higher risk of poor mental health and vice versa. The strategy also highlights the need to ensure availability of supported housing solutions for those in need of mental health support.

In addition, it highlights that Care and Treatment Planning for secondary care service users should drive planning and operational improvements in joint working between mental health and housing services.

c. Substance use

The following policies offer guidance to services engaging with people experiencing substance use problems, specifically referencing homelessness and housing and the necessity for multi-agency, joined up working:

[38] See https://www.gov.wales/together-mental-health-our-mental-health-strategy

- Substance Misuse Delivery Plan[39]
- Good Practice Framework for the Provision of Substance Misuse Services to Homeless People and those with Accommodation Problems[40]
- Working Together to Reduce Harm Revised Guidance for Substance Misuse Area Planning Boards[41]
- The Welsh Government's Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem[42]

d. Disability

Framework for Action on Independent Living

The Welsh Government adopted a Framework for Action on Independent Living published in 2013.[43] The Framework aims to fulfil the Welsh Government's obligations arising from the UN CRPD. It includes commitments to improve access to adapted and accessible housing for disabled people and encourages the development of Accessible Housing Registers. The Framework has not been considered to effectively drive significant change for disabled people in its current form.[44]

Action on Disability: Right to Independent Living and Action Plan

Following on from the above, this plan, published by the Welsh Government in 2019,[45] acknowledges the difficulties of disabled people in accessing housing, highlighting both issues with supply and accessibility of the housing system. It outlines a number of actions, including:

- Implementing recommendations made in the Equality and Human Rights Commissioner and the Auditor Generals 2018 review of Housing Adaptations, including revised data monitoring arrangements
- Producing an Accessible Housing Register standard.
- Working with local authorities to enhance the granularity of the Local Housing Market Assessment process to better capture the range of needs including the requirements of older and younger age groups, disabled people and other groups.

Autism: A Guide for Practitioners within Housing and Homelessness Services

In 2019, the above guide[46] was published in collaboration with the WLGA, Public Health Wales, the Welsh Government and the National Autism Team. The guide was published in response to research that demonstrates the higher proportion of homeless people who are autistic and of the particular challenges faced by this group in accessing homeless services.

---

[39] See https://www.gov.wales/sites/default/files/publications/2019-10/substance-misuse-delivery-plan-2019-22.pdf
[40] See Substance misuse: homeless people and those with accommodation problems
[41] See Substance misuse: revised guidance for area planning boards 2017 | GOV.WALES
[42] Welsh Government (2015) Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem
[43] See Framework for Action on Independent Living
[44] housing-and-disabled-people-wales-hidden-crisis.pdf (equalityhumanrights.com)
[45] See action-on-disability-the-right-to-independent-living-framework-and-action-plan.pdf (gov.wales).
[46] Welsh Government, Public Health Wales, WLHA, National Autism Team, Autism: A Guide for Practitioners within Housing and Homelessness Services, 2019.

The guidance is good practice only but covers key considerations in working with autistic people through the homelessness process, including points to consider with regard to tenancy sustainment.

Note: this guide is included in the disability section as the guide itself refers to autism as 'a hidden disability'.

e. Social care

Review of services for care experienced children

The Children, Young People and Education Committee is currently exploring radical reform for care experienced children,[47] including services as children move on from care. Initial findings from the Committee's inquiry have highlighted:

- That young care leavers need long term support and yet support for those over 21 is limited with 25 years of age being a cut off point for staying in supported accommodation.
- That care leavers often struggle to secure private rental properties with no guarantors. Care leavers have no priority over others in accessing social homes, which is exacerbated by the shortage of one bedroom living spaces.
- Young care leavers are often discouraged from getting jobs – otherwise they could not afford the rents in their social supported housing. The income from employment can impact their rights, entitlements, and levels of support.[48]

4. Key barriers and suggested solutions

a. Access to health services for people experiencing homelessness

Respondents within the research report *Health Matters* from Cymorth Cymru[49] identified a number of common barriers to accessing health services for people experiencing homelessness, including difficulty getting an appointment (30%) and being placed on a waiting list for mental health support (26%).

The report also makes a series of recommendations on how health provision might be improved (see **Appendix 2** for the full list of recommendations.) These recommendations cover a broad range of referral and planning responsibilities, such as ensuring that housing needs are referenced within patient Care and Treatment Plans and that services collaboratively plan open access and outreach support for local homeless populations.

'What works in inclusion health: overview of effective interventions for marginalised and excluded populations'[50] recommends that barriers to accessing services, such as

---

[47] See Services for care experienced children: exploring radical reform (senedd.wales)
[48] See Engagement findings - March 2023.pdf (senedd.wales)
[49] Cymorth Cymru (2016) Health Matters The health needs of homeless people in Wales
[50] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31959-1/fulltext

communication problems, bureaucracy, or stigma, should be addressed through ongoing staff training, technical assistance, and monitoring of adherence to protocols.

b. Access to housing for people with mental health needs

During our stakeholder engagement sessions, it has been noted that unsupported mental health needs can be misinterpreted as unacceptable or anti-social behaviour. This can have a significant impact on a person's ability to obtain or maintain a tenancy.

In 2010 the Wales Audit Office released a report[1] looking at the quality and accessibility of housing for adults with mental health needs. Although published ahead of the Housing (Wales) Act 2014 the report highlights some consistent barriers. Key findings of the report included:

- Despite the clear expectations set out in the National Service Framework, progress in delivering its housing targets had been poor;
- Strategic planning of housing and support services for people with mental health needs has remained of poor quality, largely because of inadequate analyses of the need for services and ineffective joint planning between local partners;
- In many parts of Wales, some people with low-level mental health needs continued to face difficulties in accessing suitable housing and related services.

To remedy this, the report made a series of recommendations around multi-agency working including around support for sustaining tenancies within social housing and establishing a more cohesive data set around housing and mental health to better address need.

Within its 2019 evidence review, *Housing insecurity and mental health in Wales*[51] the UK Collaborative Centre for Housing Evidence identifies the strong connection between housing stability and mental wellbeing. It makes a number of policy recommendations to the Welsh Government (see **Appendix 3** for the full list), which include improving housing advice to those on low incomes as a means for preventing mental health difficulties and raising awareness of mental health among landlords.

c. Multi-agency collaboration

Centre for Homelessness Impact's evidence review on mental health[52] found that joint mental health and housing services are reported as superior to mental health care alone. A systematic review reported that mental health support with housing had a much greater impact than just mental health interventions.

The same evidence review also found that most of the work around mental health is focused on treatment, rather than the different mechanisms to prevent mental ill-health

---

[51] See https://housingevidence.ac.uk/wp-content/uploads/2019/03/190327-Housing-insecurity-and-mental-health-in-Wales_final.pdf

[52] https://assets-global.website-files.com/59f07e67422cdf0001904c14/61deb16c421740401955c829_CHI.WWC.EvidenceNotes.MentalHealth.pdf

from taking place. There is a substantial gap around the role of screening (primary prevention) and targeted support for people at risk of mental health problems such as victims of domestic abuse (secondary prevention).

'What works in inclusion health: overview of effective interventions for marginalised and excluded populations'[53] found that multicomponent interventions with coordinated care are most effective and should include both health and non-health services, and that partnership working and service design around the whole person is necessary to achieve the best results.

Fieldwork conducted as part of the Homelessness Monitor: Wales 2021 described a positive increase in multi-agency working with health colleagues throughout the COVID-19 Pandemic.[54] This collaboration between health and homelessness services resulted in better outcomes for people experiencing homeless trying to gain access to mental health services or to withdraw from substance use. Key informants to the monitor expressed disappointment that the links formed during the pandemic were beginning to revert to 'business as usual.'

The Senedd Health and Social Care Committee's 2022 report on tackling mental health inequalities also identifies calls for closer working between agencies and mental health services. It outlines that the Children's Commissioner for Wales raised concerns about the progress of joined up working between mental health and social services. The report also highlighted that the Royal College of Psychiatrists Wales suggested that joined-up working should go beyond health services to take account of people's broader needs and reflect the wider social determinants of mental health. For example, it suggested co-locating financial and housing advice services with mental health services to help address the root causes of distress as well as mental health and wellbeing needs.[55]

d. Data collection on health and homelessness

Unlike in Scotland and England, Wales does not currently collect data on people experiencing homelessness' contact with wider health services,[56] with information on statutory homelessness in Wales being described as 'unusually sparse'.[57] This makes it difficult to draw comparison with the wider population. Public Health Wales has identified data on the provision of suitable accommodation, and access to health and social care services as 'key evidence gaps.'[58] It has recommended that work I done to '*improve the*

[53] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31959-1/fulltext

[54] Fitzpatrick, S., Pawson, H., Bramley, G., Young, G., Watts, B. & Wood, J. (2021) The Homelessness Monitor: Wales 2021. pp.35

[55] https://senedd.wales/media/1uchw5w1/cr-ld15568-e.pdf

[56] Song J, Moreno-Stokoe C, Grey CNB, Davies AR. (2021). Health of individuals with lived experience of homelessness in Wales, during the COVID-19 pandemic. Cardiff: Public Health Wales.

[57] Fitzpatrick, S., Pawson, H., Bramley, G., Young, G., Watts, B. & Wood, J. (2021) The Homelessness Monitor: Wales 2021. pp. xvii

[58] Woodfine L, Green L, Evans L, Parry-Williams L, Heathcote-Elliott C, Grey CNB, Irving-Clarke Y, Kennedy M, May C. Azam S, and Bellis MA (2021). No place like home? Exploring the health and well-being impact of COVID-19 on housing and housing insecurity. Main Report. Cardiff, Public Health Wales NHS Trust pp.33

recording and sharing of information on housing status between healthcare services to help identify and address wider challenges to supporting an individual's health care needs.'[59]

e. Discharge from hospitals into homelessness

Hospital admissions are a key point of contact for people experiencing homelessness. Despite this we know that too many people are still discharged to the street and not connected with services.

Although there is limited data available on how many people are discharged from hospitals into homelessness, it is clear that discharge into homelessness presents risks for perpetual health issues and continual difficulties with homelessness.

Cymorth Cymru's *Health Matters* report shared how only 65% of participants in their research were asked by staff on discharge from hospital if they have anywhere suitable to go, and 11% of them were discharged onto the street.

In July 2021, Chartered Housing Institute Cymru published its research *From hospital to home; planning the discharge journey.*[60] This research pointed to the potential for timely referrals from health staff to assist in cases where a patient is to be discharged from hospital. The report acknowledged that there can be difficulties in ascertaining a patient's housing status in some instances and that other cases can be complex as a patient's housing needs may alter during their hospital stay.

The report outlines that there is not a consistent approach to addressing hospital discharge across hospitals, health boards and local authorities. It outlines that "*some had developed their own Social Work Hospital Discharge Teams, whilst others created a range of teams or team roles, including a First Point of Contact Team, Patient Flow Coordinators, Mental Health link workers, Discharge Solutions Officers, Occupational Therapy led discharge teams and individual specialist posts."*

The report also indicated that planning varied widely from hospital to hospital. *"In some cases starting on or just after admission, in other cases taking place a couple of weeks prior to discharge, or even as late as when the patient is deemed clinically optimised/discharge ready/medically fit."*

The report makes a number of recommendations, including suggesting that health boards review assessments made when looking at discharging patients as well as the need for Area Planning Boards to take the lead on establishing a multi-agency approach to discharge planning. (A full list of the recommendations can be found at **Appendix 4**.)

In England, forthcoming research from Crisis and Pathway will demonstrate that significant barriers to effective use of the Duty to Refer include system-wide pressures (such as the

---

[59] Song J, Moreno-Stokoe C, Grey CNB, Davies AR. (2021). Health of individuals with lived experience of homelessness in Wales, during the COVID-19 pandemic. Cardiff: Public Health Wales. pp.4

[60] See from-hospital-to-home-final.pdf (cih.org)

crisis in the NHS and the housing shortage), and a lack of integration between these two services – such pressures also exist in Wales.

A further issue exacerbating the likelihood of discharge into homelessness is that the range of accommodation provision needed for people with complex health needs is severely lacking – this was raised in our stakeholder engagement and is supported by a recent study which conducted a patient audit of people who were homeless and in hospital in London.[61] The study found that:

- Most people (92%) were unable to return to their pre-admission living environments as they were not appropriate, safe or secure for their needs.
- Appropriate accommodation with a range of additional care and support services (including community in-reach or floating support) is needed to meet their complex needs, less than 1% of inpatients needed 'just' accommodation.
- More than four in 10 (45.2%) were projected to need short-term intermediate care/step-down.
- 46.1% were projected to need long-term accommodation with a range of support services, including 14% who needed specialist long term care
- Nearly one in four people were not entitled to housing and social care support (NRPF), most of whom had care needs (62.5%). They all would have likely benefited from short-term intermediate care to prevent delayed discharges and support ongoing care and specialist case-working.

f. Substance Use

13% of respondents to the Cymorth Cymru *Health Matters* research stated that their drug or alcohol use was the reason they were unable to access healthcare or mental health services.[62]

Reviews of the evidence around housing interventions suggest Housing First (HF) and other supportive housing interventions on substance use are deemed potentially helpful for stabilisation, which is important if the aim is to reduce homelessness.[63] This is consistent with other reviews including CHI's review of accommodation-based interventions which suggest the intervention is more effective in improving housing stability compared to no intervention but has less pronounced impacts on other outcomes such as improving health.

There was evidence of Intentional Peer Support (the type of peer support that is fostered and developed by professional organisations) reducing overall harm related to substance use, relapse rates and amount of money spent on substances, and number of days using drugs and alcohol.

[61] Health, housing and social care integration for people experiencing homelessness: needs identified in an inpatient audit - Transformation Partners in Health and Care (healthylondon.org)
[62] Cymorth Cymru (2016) Health Matters The health needs of homeless people in Wales
[63] Ibid.

These findings echo the findings from the Advisory Council on the Misuse of Drugs report[64] on homelessness and drug-related harms, which found that it can be extremely difficult to improve substance use outcomes without also supporting someone with their housing need. The Council stated:

> *"an integrated health, social care and community care approach to the recovery and housing needs of people who are homeless would provide the optimal model of service delivery. This is particularly important for individuals with comorbid disorders, including mental health and substance use and who are at the greatest risk of homelessness. In addition, safe, stable housing is essential for people who are homeless and who have problematic drug use and is associated with increased engagement with services."*

Other systematic reviews have found that "the *way* in which services and treatment are delivered is more important than the *type* of treatment provided. Substance use interventions should address these components, including prioritising good relationships between staff and those using services, person-centred approaches, and a genuine understanding of individuals' complex lives."[65]

Crisis stakeholder engagement has consistently shown that the lack of appropriate accommodation is a barrier to a person using substances who is experiencing homelessness. It has been fed back that there is a lack of both 'wet' and 'dry' service provision across local authorities.

g. Co-occurring mental health and substance use

Mental health and substance use can often co-occur, presenting particular barriers in relation to homelessness. Of the respondents to 2022 Homeless Link research, 45% of respondents reported they are self-medicating with drugs or alcohol to help them cope with their mental health.[66] People with co-occurring needs are often not able to access treatment and support due to disagreements about lead needs making it difficult to find a service that will treat both issues at the same time.[67]

The Welsh Government's Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem[68] encourages mental health and substance use services to work in partnership to ensure that people get timely, person centred, holistic treatment and support. However, within its 2019 inquiry, the Equality, Local Government and Communities Committee outlined concerns that more work is needed to support those with co-occurring mental health and substance use issues. The Committee report[69] made a number of recommendations, which are outlined in full at **Appendix 5**, but

[64] https://www.gov.uk/government/publications/acmd-report-drug-related-harms-in-homeless-populations
[65] https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-020-0356-9
[66] Homeless Link (2022) Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit
[67] Homeless Link (2022) Unhealthy State of Homelessness 2022: Findings from the Homeless Health Needs Audit
[68] Welsh Government (2015) Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem
[69] See https://senedd.wales/laid%20documents/cr-ld12937/cr-ld12937%20-e.pdf

focus on services working more collaboratively, sharing information and looking at co-commissioning arrangements. In addition, the Committee recommended that the "UK Government and non-devolved bodies such as the Police to minimise the risk of landlords being prosecuted where residents or tenants are using drugs on their property, as part of a harm reduction programme."

h. Barriers for disabled people in accessing appropriate housing

As identified within the stakeholder engagement paper, disabled people are facing many barriers in accessing housing. There are many aspects to consider within this, including the availability of accessible homes, consideration of whether allocation policies work effectively for disabled people and questions around whether housing services and application systems themselves are accessible.

Many of these points are echoed within the Public Services Ombudsman for Wales' 2021 in-depth review[2] into homelessness services in Wales. The Ombudsman made specific observations on disability including:

- The suitability of accommodation offered to disabled people not always meeting standards. Although it was acknowledged that it is not always possible, due to resourcing, to fully meet each person's needs these needs should at the 'very least, be fully explored and taken into account when making an offer of interim and permanent accommodation';

- A lack of overt evidence, through the Ombudsman's case file reviews, of a local authority's duty to consider the Equality Act 2010. It was noted in particular a lack of consideration of protected characteristics;

- Examples where not all relevant information was taken into account when considering 'priority need'. The Ombudsman noted that in some cases, only the priority needs of the client were considered, and not, medical evidence relating to the health or disability needs of a partner or dependent. Meaning people were offered accommodation that was 'wholly unsuitable to the family member's needs or inaccessible'.

Similarly, the Equality and Human Rights Commission launched an inquiry in 2016 into disability and housing. The subsequent report, *Housing and Disabled People: Wales' Hidden Crisis,*[70] highlighted a number of issues relating to access to housing for disabled people in Wales. Key themes included:

- **The need to build more accessible and adapted homes**. The report identified that supply of housing to meet the varied needs of disabled people was an issue, exacerbated by the failure of broad duties in planning legislation to pay regard to the needs of disabled people to translate into full consideration of disabled people within strategic housing plans and Local Housing Market Assessment.

[70] See housing-and-disabled-people-wales-hidden-crisis.pdf (equalityhumanrights.com)

- **The need to improve the installation of home adaptations.** The EHRC found that disabled people are waiting too long for homes to be adapted to meet their needs and recommended increasing awareness of the Disabled Facilities Grant. In addition, it identified that landlords can create a barrier to adapting homes and recommended that Rent Smart Wales play a role in training landlords.
- **The need for improvements in supporting people to live independently.** The report indicated that homelessness systems as well as RSL bidding and application systems were often inaccessible, placing disabled applicants at a disadvantage. The EHRC highlighted the need for greater advocacy to support disabled people to navigate housing systems. The report also outlined the importance of the Supporting People Programme funding which provides local authorities with grant funding to assist disabled people in maintaining tenancies, but felt that further support was needed. It recommended that Regional Partnership Boards jointly commission support to help disabled people sustain tenancies.
- **Matching homes to the people who need them.** The report outlined that **"**disabled people are overwhelmingly represented in social housing, because of its lower affordable rent, security of tenure and provision of support." But, despite this concluded that allocation policies and practices frequently disadvantage disabled people." It highlighted that application processes were often inaccessible and that often disabled people felt pressurised to accept unacceptable accommodation for fear of being removed from housing lists.

The report also acknowledged that there is a lack of knowledge regarding the supply of accessible housing. While the Welsh Government in its Framework for Action on Independent Living (2013) encourages local authorities in Wales to develop Accessible Housing Registers to help record where accessible homes are, only 52% of local authorities utilised such registers. It also noted a lack of national data on accessible housing stock.

The report suggested that good practice was found where there are dedicated disability teams or specialists within housing departments, and links with other health and social care professionals.

A full list of recommendations made by the EHRC are available at **Appendix 6**. Research with stakeholder organisations suggests that the recommendations made within this report are still very much of relevance today.

Many of these points are further reinforced within the EHRC's 2017 *Disability Rights: Supplementary submission to inform the CRPD List of Issues on the UK*,[71] which emphasises the need for Accessible Housing Registers to be more consistently used across Wales and for digital housing application systems to be more accessible.

[71] ehrc_feb_2017_disability_rights_in_wales.pdf (equalityhumanrights.com)

i. Accommodating children under social services

A Public Health Wales report on prevention and experiences of homelessness and adversity in Wales[72] highlights how many of the participants in their research had experience with social services, multiple care homes in different areas, or going in and out of foster care from a young age. The report also shares how service providers felt that accessing children's social services was difficult outside of emergencies because of organisational pressures.

The Children, Young People and Education Committee is currently running an inquiry which seeks to consider whether a considerable overhaul of social services support is needed, including whether transitional support is needed for care leavers. The inquiry has received more than 46 responses[73] from a wide range of organisations. Common emerging themes include:

- The need for young care leavers to have greater support to learn independent living skills, including financial skills
- The requirement for supported and specialist accommodation for young people, citing incidents of children and young people being placed in inappropriate or poor-quality temporary accommodation.
- The need for extending the age range for specialised support care leavers, including personal advisors. Many believe the recommendation to make this up to the age of 25, accepted in 2017 but not yet placed into legislation, should be carried forward. However, another organisation suggested support for care leavers should be in line with a person's need and emotional age so from time to time, extending beyond those who are 25 years of age.
- The need to consider care experience as a specialist need similar to a protected characteristic.
- The response form the Children's Commissioner Office also called for changes to the "regulatory system in Wales to award young people stronger protections, particularly for those aged 16-18, and to identify any shortfalls in accommodation to ensure young people are not housed in unsuitable accommodation."

The call for extended access to the support of a personal advisor for care leavers is reiterated within the Children's Commissioner Annual Report 2022[74]:

"We are concerned that without the support of a Personal Advisor and without good quality, semi-independent accommodation, some young people are having to navigate the transition to adulthood with limited guidance and assistance. Personal Advisors play an important role in supporting young people with advice on education and work options, housing, finances and living independently, and can signpost to other important

[72] Grey CNB and Woodfine L. (2019). Voices of those with lived experiences of homelessness and adversity in Wales: informing prevention and response. Cardiff: Public Health Wales NHS Trust.
[73] See Consultation display (senedd.wales)
[74] See Annual report 2021-22 | Children's Commissioner for England (childrenscommissioner.gov.uk)

services for health and wellbeing. a particular issue raised with us for young people from rural areas."

The need to improve support for children transitioning out of care has also been raised within our stakeholder engagement, for example:

- A call for care experienced people to be treated as a lifelong protected characteristic given their lack of family network for support later in life. For example, it has been suggested that care experienced people should be able to access funding to attend university, support for independent living, for the local authority to act as guarantors on paying rent.
- A call to look again at the age ranges used within legislation around care for children. At the moment, post- 16, children in care can move into supported lodgings, but these are unregulated, or they can stay with foster carers beyond 18 and until the age of 25 under the When I'm Ready scheme. However, this scheme requires foster carers to become lodgers and lacks incentives.
- Concern that Pathway Plans often start at 14, which can mean that children are moving away from foster care earlier than they would otherwise do so.
- Suggestions that housing options should ask whether a person is care experienced on presentation.

Concern that the transition out of care leaves young people 'falling through gaps' and into homelessness is echoed by Public Health Wales research[75] where service providers highlighted the importance of ensuring support remains, as a child transitions between services. These service providers also highlighted that information should be shared between the two services at this time. For example, as a child in care transitions from children to adult social services, particularly if specialist support is needed such as mental health, which may not be as available in adult services.

j. Adults being supported by social services

The Social Services and Wellbeing (Wales) Act 2014 Section 19, 'Duty to assess the needs of an adult for care and support' and the Housing (Wales) Act 2014 Section 62, 'Duty to assess' have been identified as covering similar ground[76] with potential scope for aligning these assessments to ensure both housing and care and support needs are considered in conjunction with one another. At present the housing department of the local authority should be working in partnership with colleagues within the authority's social services department with scope to develop a "holistic plan" to prevent the applicant's homelessness can be integrated into a statutory care and support plan under the Social Services and Well-being (Wales) Act 2014.

[75] Grey CNB and Woodfine L. (2019). Voices of those with lived experiences of homelessness and adversity in Wales: informing prevention and response. Cardiff: Public Health Wales NHS Trust.
[76] Welsh_Government_Housing_Policy_Division_presentation.pdf (socialcare.wales)

In England, evidence has demonstrated the significant difficulties people experiencing homelessness have in accessing any form of social care. Commonly reported issues include significant waiting lists for Care Act assessments; some statutory social care services refusing to conduct a Care Act assessment on the grounds that someone is also receiving support from homelessness services, and therefore inappropriately pre-empting the outcomes from any assessment; and disagreements between mental health services and social care services as to whom is responsible for the welfare of an individual.

In 2020, the Local Government Association (LGA), in partnership with Directors of Adult Social Care Services (ADASS), published a briefing entitled 'Adult safeguarding and homelessness A briefing on positive practice'.[77] The overarching themes of the briefing are that the following are helpful for an effective response to someone experiencing homelessness' complex social care needs: a person-centred approach, with assessments and interventions that respond to mental distress and substance misuse; multi-agency, multidisciplinary teams around the person, with flexible and bespoke responses; and converting learning from complex cases into lessons for commissioning by connecting staff with strategic and operational responsibilities, which promotes a collegiate approach and community of practice.

5. Approaches across the globe

Screening for social determinants of health in the USA

The Hennepin County Health Center in Minnesota uses several screening tools to determine whether their patients are housing insecure. Two of these tools are:

I) a general housing status screening administered to all patients, and
II) a housing status survey administered to high-risk patients.

If patients indicate they have an unstable housing situation, their provider will record a code for homelessness into their electronic health record and they will then connect to housing services as well as an interdisciplinary team comprised of a community health worker, clinical pharmacist, alcohol and drug counsellor, nurse practitioner and two part-time physicians.[19]

The right to adequate housing for people with disabilities

In 2017, the UN Special Rapporteur on adequate housing examined the right to housing of persons with disabilities.[20] The Special Rapporteur made the following recommendations. In consultation with persons with disabilities and their organisations, these include:

- Prioritise and recognise in domestic law the obligation to realise the right to housing of persons with disabilities to the maximum of available resources, tying this legal obligation to the commitment to ensure adequate housing for all by 2030, in accordance with target 11.1 of the Sustainable Development Goals;

[77] https://www.local.gov.uk/publications/adult-safeguarding-and-homelessness-briefing-positive-practice

- Ensure that all persons with disabilities are able to live free from institutionalisation and that access to adequate housing, the requisite services and appropriately trained support is provided in the community;
- Adopt a clear policy framework for the inclusion of all persons with disabilities in all areas of housing policy and design, ensuring that those living in poverty or homelessness, women, ethnic, religious or linguistic minorities, indigenous peoples, migrants and both young and older persons are fully included;
- Address homelessness among persons with disabilities on an urgent basis and prioritize measures to address the circumstances of those living in informal settlements and homeless encampments;
- Provide adequate financial and other support to persons with disabilities in a manner that ensures choice as to where to live and how support will be provided and that covers the full cost of housing and related expenses;
- Adopt accessibility requirements that apply to new housing and implement a clear time frame for ensuring accessibility within existing housing stock;
- Ensure that local governments implement and adhere to the right to housing in all municipal action, including urban planning, zoning, planning of transportation and the production and maintenance of housing;

There were also recommendations regarding how civil society and organizations of persons with disabilities should take forward or support legal challenges to structural violations of the right to housing of persons with disabilities and seek systemic remedies.

Good practice on substance use

A 2017 report by FEANTSA[21] considers approaches across Europe and highlights the following guiding principles for effective drug service for people who are homeless:

- Harm reduction at the centre of homeless and drug service provision
- Housing as part of the treatment and recovery process
- Addressing underlying risk factors, causes or motivations of problematic drug use
- Client-centred approach with an emphasis on choice
- Relapse considered as part of recovery
- Drug treatment tailored to individual needs
- User involvement
- Community integration
- De-stigmatisation
- Move away from criminal justice-led responses

The report also showcases some examples of good practice of targeted interventions for homeless people who use drugs. These included mobile health clinics, drug consumption rooms and night shelters specifically for homeless people using drugs.

6. Guiding questions for discussion

Core housing/homelessness legislation

- How might legislative change help people with learning disabilities and/or neurodivergence to better navigate housing systems?
- People may be excluded from social housing allocation schemes based on unacceptable or anti-social behaviour – how can unacceptable and anti-social behaviour measures be more considerate of neurodiversity and mental ill-health?
- If priority need were to be abolished, how might the panel ensure that people with disabilities and mental-ill health are able to access appropriate accommodation and support services?
- Should people with disabilities, neurodivergence or mental ill-health be exempt from the local connection test? Or should guidance be used to safeguard these groups?
- The Housing Wales Act (2014) requires local authorities to produce a joint strategy between housing and social services to address homelessness. Could statutory guidance help to further embed specific considerations for supporting people with disabilities and mental ill-health?

Wider duties

- Is there learning that Wales can take from the England experience of the Duty to Refer? Could a similar duty be enhanced to a "duty to collaborate" in order to learn from some of its shortcomings?
- Should this duty apply to a wider range of health bodies than in England, such as GPs, outpatient mental health, and drug and alcohol treatment? Should social care also be considered within the scope of the duty?
- The PRG in Scotland made several recommendations concerning homelessness and health and social care. Which recommendations might the panel want to recommend for equivalent bodies in Wales? *See pages 13-15 of this paper.*
- Could Wales explore increased duties around discharge planning? *(List of recommendations on this area from CIH included in Appendix 4)*
- Much guidance recommends specialist multi-disciplinary healthcare for people experiencing homelessness – could legislative change help to make strategic planning in this way more of a priority?

Disability

- Should the holding of Accessible Housing Registers be mandatory across Wales?
- The Local Government Act sets out requirements for a local Housing Authority to put together a strategy from which the housing market assessment powers are drawn. Should there be an explicit requirement in legislation/guidance for local authorities to consider the housing needs of disabled people when preparing strategies and their LHMA?

Mental Health

- Should statutory guidance be amended to ensure that key assessments and plans such as Care Treatment Plans more routinely consider housing needs?

Social care

- Should legislation be amended to better meet the needs of children leaving care, including through the use of Personal Advisors to support care-leavers to navigate the system, and reviewing the age ranges used within legislation around care for children?
- Can more be done through legislation to integrate policy and practice between homelessness and social care in Wales?

Appendix 1

Guidance for Local Authorities on the Allocation of Accommodation and Homelessness - sections in which the guidance references health/medical/welfare needs and disabilities

Communications

Sections 1.25 & 1.26

Communications should be clear and accessible to people with both physical and non-physical communication needs, e.g., people with sight loss, learning disabilities, and literacy problems etc. Local Authorities and Housing Associations are also obliged to make reasonable adjustments when communicating with disabled people under the Equality Act 2010.

Allocations

- **Section 2.39 – test of unacceptable behaviour**
  In reaching a decision to decide if an applicant is to be treated as ineligible for allocation based on unacceptable behaviour, the local authority must have regard for each applicant's personal circumstances (and the personal circumstances of the applicant's household), including his or her health and medical needs, dependents and any other factors relevant to the application.
- **Section 2.70 – property adaptations**
  The Welsh Government's Rapid Response Adaptations Programme is administered by Care and Repair Cymru and aims to offer a quick service to elderly and disabled owner occupiers by providing small property adaptations to enable them to remain in their homes or be discharged from hospital or longer-term care.
- **Sections 3.27, 3.31, 3.32, 3.33, 2.35 – reasonable preference on medical, welfare or hardship grounds**
  3.27 Local authorities must ensure that reasonable preference is given to people who need to move on medical, welfare or hardship grounds.
  3.31 Where it is necessary to take account of medical advice, Local Authorities should contact the most appropriate health professional who has direct knowledge of the applicant's medical condition, as well as the impact their medical condition has on their housing needs. Authorities should be mindful of the potential cost to applicants of securing medical evidence to support their applications and should endeavour to ensure that where the primary need for re-housing is on medical grounds, applicants are not penalised by this.
  3.32 'Welfare grounds' is intended to encompass not only care or support needs, but also other social needs which do not require on-going care and support, such as the need to provide a secure base from which a care leaver or other vulnerable person can build a stable life. It would include vulnerable people (with or without care and support needs) who could not be expected to find their own accommodation.
  3.33 Where accommodation is allocated to a person who needs to be rehoused on medical or welfare grounds including grounds relating to disability, it is essential to assess any support or care needs. Local Authorities will need to liaise with Social Services, the Supporting People Team, Local Health Boards and other relevant agencies, to help ensure the allocation of appropriate accommodation.

3.35 Reasonable preference for an applicant on hardship grounds includes, for example, a person who needs to move to a different locality in order to give or receive care, to access specialised medical treatment, or to take up a particular employment or training opportunity.

- **Section 3.33 – connection with social services**
  Where accommodation is allocated to a person who needs to be rehoused on medical or welfare grounds including grounds relating to disability, it is essential to assess any support or care needs. Local Authorities will need to liaise with Social Services, the Supporting People Team, Local Health Boards and other relevant agencies, to help ensure the allocation of appropriate accommodation.

Homelessness duties – prevention

Sections 12.149 - 12.167 detail the different ways in which particular groups are at higher risk of homelessness, including a general reference to people who have experienced poor mental or physical health and specific paragraphs on:

- **12.149 People with mental impairment/learning difficulties**
- **12.150 - 12.152 People with mental health needs**
- **12.153 - 12.157 – People with Autistic Spectrum Disorder (ASD)**
- **12.160 & 12.170 – people with a substance misuse problem**

Homelessness duties – priority need

- **Section 16.16 – priority need as a result of vulnerability for a special reason**
  An Authority should have regard to any advice from other professionals such as medical professionals, social services, providers of care and support and specialist voluntary organisation who may have significant and relevant information about the applicant. In cases where there is doubt as to the extent of any vulnerability, Authorities may also consider seeking a clinical opinion
- **Section 16.21-16.24 – priority need as a result of mental and physical illness and mental and physical disability including Autistic Spectrum Disorder (ASD)**
  16.21 Mental or physical impairment, such as those defined by the Equality Act 2010, which impinge on the applicant's housing situation and give rise to vulnerability may be readily ascertainable, but advice from health or social services staff should be sought, if necessary.
  16.22 The assessment of vulnerability will need to take into account any medical information given in support of the application. It is for the Local Authority to make any further inquiries it deems necessary with any health professionals involved in the provision of any treatment.
  16.23 Local Authorities may seek the opinion of a medical or other relevant professional not directly involved in the provision of treatment, where this will enable Local Authorities to develop a better understanding of the nature of the condition and how this affects the ability of the person with the medical condition to fend for themselves. Where the opinions of the medical professional directly involved in providing treatment differ from that provided by professionals not directly involved, then the Local Authority will need to show how they have reconciled this difference, taking into account the quality of the information provided, the level of knowledge of the applicant's condition and any other

particular expertise. The final decision on level of vulnerability must rest with the Local Authority, who are not bound by the information provided by any medical professional opinion given, though they must show that this has been taken into consideration and the reasons why it has not led to a decision that the applicant is in priority need.

16.24 Factors which an Authority will need to consider include:

i. the nature and extent of the illness or impairment which may render the applicant vulnerable;
ii. the relationship between the illness or impairment and the individual's housing difficulties; and
iii. the relationship between the illness and or impairment and other factors such as drug/alcohol misuse, offending behaviour, challenging behaviours, age and personality disorder.

- **Section 16.26 – priority need for people in receipt of psychiatric services**
  Local health boards have an express duty to implement a specifically tailored care programme for all patients considered for discharge from psychiatric hospitals and all new patients accepted by the specialist psychiatric services. People discharged from psychiatric hospitals and Local Authority hostels for those with mental health problems are likely to be vulnerable. Effective liaison between housing, social services and local health boards will assist in such cases but Authorities also need to be sensitive to direct approaches from discharged patients who are homeless. Local Authorities will need to work within the statutory guidance on the Mental Health (Wales) Measure 2010 in planning the discharge of people from hospitals. They will also need to collaborate with mental health services on implementing the needs assessments of people in secondary care under the care pathway planning arrangements.
- **Section 16.27 – priority need for chronically sick people**
  People in this group may be vulnerable not only because their illness has progressed to the point of physical or mental impairment but also because the manifestations or effects of their illness, or common attitudes to it, make it very difficult for them to find stable or suitable accommodation.

Suitability

- **Section 12.28 – (un)suitability of shared accommodation**
  Authorities should consider the needs of the applicant and be sensitive around the needs of applicants who have medical conditions that make communal living very difficult. E.g., OCD, eating disorders Authorities may wish to consider sourcing small shared housing units for applicants with these needs.
- **Section 19.11 – suitability for physically disabled applicants**
  The accommodation must be suitable in relation to the applicant and all members of his or her household, who normally reside with him or her, or who might reasonably be expected to reside with them. Authorities should therefore have regard to the relevant circumstances of the applicant and his or her household. Authorities also need to take account of any medical and/or physical needs, and any social considerations which might affect the suitability of accommodation. For example, accommodation may be unsuitable for disabled applicants because of its location (e.g., in hilly areas), and some disabled applicants may require certain

facilities to be close at hand (e.g. an exercise area for a guide dog or a parking space for a car on which they rely).

- **Section 19.19 – suitability: proximity to medical facilities**
  Account will also need to be taken of medical facilities and other support currently provided for the applicant and their household. Local Authorities should consider the potential impact on the health and wellbeing of an applicant or any person reasonably expected to reside with them, were such support removed or medical facilities were no longer accessible. They should also consider whether similar facilities are accessible and available near the accommodation being offered and whether there would be any specific difficulties in the applicant or person residing with them using those essential facilities, compared to the support they are currently receiving.
- **Section 19.75 – suitability for vulnerable applicants**
  The Order provides that in determining whether it would be reasonable for a vulnerable person to occupy accommodation and in determining whether accommodation is suitable for a vulnerable person, there shall be taken into account the following matters:

b) the specific health needs of the vulnerable person;
c) the proximity and accessibility of social services;
d) the proximity and accessibility of family support or other support services;
e) any disability of the person.
f) The location / proximity of alleged perpetrator of domestic abuse to the accommodation provided.

Annex 15 of the guidance provides a template for a housing solutions first contact assessment form. The applicant has the opportunity to tick a box which advises that they are requesting assistance because of ‘medical, welfare or disability need, mental health, substance misuse’.

Annex 16 of the guidance provides a template for a support assessment form. One of the questions asks the applicant, ‘which of the following applies to you?’:

- Suffering from Domestic Abuse / Violent Relationship
- Person with learning difficulties
- Person with mental health issues
- Older Person
- Person with drug dependency issues
- Refugee with support needs
- Person with alcohol dependency issues
- Young single homeless person who requires support or young person leaving care
- Ex-offender / Criminal Justice
- Family at risk of homelessness due to anti-social behaviour (ASB)
- Person with a chronic Illness (including HIV, AIDS)
- Vulnerable single parent who requires support Person with a Physical Disability or Sensory Impairment

Appendix 2

Below is the full list of recommendations within the Cymorth Cymru *Health Matters* report[78]

Improving access to healthcare services

• Health Boards: Pilot assertive outreach support for people who have experienced repeat and/or long-term homelessness.
• Health Boards: Arrange for GPs and dentists to regularly visit homelessness centres.
• Health Boards: Encourage GP surgeries to register homeless people as 'care of the surgery' if they don't have an address, rather than turning them away.
• Health Boards: Consider running emergency clinics and drop in services for homeless people, rather than requiring them to book appointments.
• Health Boards: Consider walk in / open access substance misuse services.
• Health Boards and Local Authorities: Increase awareness that people can access Local Primary Mental Health Support Services without a fixed address.
• Health Boards: Increase awareness of Part 3 of the Mental Health (Wales) Measure that enables people to re-access secondary mental health services more quickly.
• Health Boards and third sector: Support Rough Sleeper Intervention Teams to assist homeless people to access and register with health and dental services.
• Local Authorities: When 56 day homeless duty is being applied, ensure all health needs are assessed, including physical health, mental health, alcohol and substance use issues.
• Local Authorities: Ensure that when homeless people access services they are encouraged and helped to register with a GP and a dentist.
• Social landlords: Use pre-tenancy support to identify health needs and support people to access appropriate physical health, mental health, and substance misuse services.
• Social landlords: Support tenants at risk of eviction to identify and access appropriate physical health, mental health and substance misuse services.

Making contacts count

• Health Boards: Increase primary care use of social prescribing and signposting/referrals to housing and debt advice and support services.
• Health Boards: Ensure that mental health Care and Treatment Plans address people's accommodation needs and risk of homelessness - and ensure care coordinators work with appropriate partners in social housing, local authorities and third sector to address needs.
• All services: Consider the introduction of a 'Don't let go service' - where one person coordinates the health and housing needs of a homeless person to avoid them becoming lost in the system or losing contact with services entirely.
• All services: Adopt trauma informed and psychologically informed approaches to supporting with people who are homeless or at risk of homelessness.
• All services: Ensure health, criminal justice, homelessness and housing related support services are aware of each others services and how to access or refer to them.

[78] See Cymorth_Cymru_Health_Matters_report.pdf (cymorthcymru.org.uk).

Co-occurring mental health and alcohol/substance misuse

• Health Boards: Focus on effective implementation of the Service framework for the treatment of people with a co-occurring mental health and substance misuse problem - to prevent homeless people with a dual diagnosis from being bounced between services.
• All services: Monitor and address the impact of new psychoactive substances on the health and wellbeing of homeless people.
• Health Boards and police: Provide treatment and support to people experiencing a mental health crisis who have used alcohol or substances - do not turn away or use police cells.

New approaches for people with the most complex needs

• All services: Work collaboratively to develop Housing First models for homeless people with the most complex needs / co-occuring mental health and substance misuse problems.
• All services: Consider specific approaches to meeting the health and housing needs of young, single homeless people who face the additional challenges of welfare reform and not having priority need status.

Multi-agency co-location

• Health Boards and Local Authorities: Consider placing housing and homelessness staff (statutory or voluntary sector) on hospital wards to help people to address housing issues and maintain/secure their tenancy while in hospital.
• Health Boards and Local Authorities: Consider placing staff with mental health and substance misuse expertise (statutory or voluntary sector) in housing and homelessness departments to help identify issues, give advice and signpost/refer to appropriate services
• Health Boards: Consider placing staff from third sector organisations with housing and debt expertise in GP surgeries.
• Health Boards and Local Authorities: Consider placing nurses with prescribing capabilities in homelessness centres.

Improving discharge from hospital

• Health Boards and Local Authorities: Ensure all patients have their housing needs assessed before discharge and are assisted by housing and homelessness staff (statutory or voluntary sector) to help address housing issues and maintain/secure their tenancy while in hospital.
• Health Boards, local authorities and third sector: Work in partnership across health and housing to prevent delays in discharge and prevent people being homeless or at risk of homelessness when they are discharged from hospital.
• Health Boards: Discharge people who are homeless or at risk of homelessness to specialist homelessness health services and/or professionals.
• Health Boards: Ensure local hospital discharge protocols are in place which meet the standards in the Hospital Discharge Protocol for Homeless People in Wales, and applied consistently.

Assessing population need and planning delivery

• Health Boards and Local Authorities: To re-prioritise the development, review and implementation of the Standards for Improving the Health and Well-being of Homeless People and Specific Vulnerable Groups' including HaVGHAPS

• Welsh Government and Public Health Wales: To support and monitor implementation of the Standards for Improving the Health and Well-being of Homeless People and Specific Vulnerable Groups, including HaVGHAPS.
• Local Authorities: Ensure that the impact of homelessness on health and wellbeing is considered and addressed as part of population needs assessments.
• Health Boards and Local Authorities: Include homelessness as part of impact assessments when considering service design and development.
• Regional Collaborative Committees, Public Service Boards, Regional Partnership Boards: Consider health of homeless people as an agenda item or as a joint workshop. Support and facilitate the sharing of best practice regionally and nationally.
• All services: Support appropriate information sharing to improve assessment of needs and access to health and support services.

Appendix 3

Housing insecurity and mental health in Wales - UK Collaborative Centre for Housing recommendations[79]

- Policy interventions that seek to reduce mental ill health should target individual socioeconomic deprivation, as well as increasing the affordability of housing across tenures for low-income groups.
- Residents across sectors need consistent access to housing advice, to help limit housing-related stress before it escalates to more serious mental health issues.
- The Welsh Government should consider this in relation to the increasing emphasis on digital methods of communication, and limited access to broadband internet in some areas of Wales.
- A national telephone advice service could be one way of supporting this as part of homelessness prevention duties.
- An advice service would be particularly valuable for people living in areas with more HMOs, and in rural areas.
- Landlords, particularly in the private rented sector, need to be supported to improve their knowledge of mental health issues, and how to assist tenants to access support. This requires leadership at a national level, but may draw in partners to deliver training and advice services.
- There is a significant opportunity to build on and learn from the mandatory registration and licensing scheme, Rent Smart Wales. Monitoring evictions, no-fault evictions, grievances, and discrimination against tenants, would provide a national-level focus on understanding security of tenure in the private rented sector. It would also provide a clear pathway for tenants to raise complaints.
- The legislative framework for environmental health emphasises building maintenance and hazards to physical health. A more holistic approach should consider the psycho-social impacts of lack of privacy and the condition of communal areas, particularly in relation to HMOs

[79] cache03192.pdf (thinkhouse.org.uk)

Appendix 4

From hospital to home; planning the discharge journey - full list of recommendations[80]

1. **The Welsh Government should lead on ensuring that a definition of housing advice is more widely shared and disseminated among professionals and across disciplines, in order that it forms the basis for the assessment of housing needs with patients.**
   They should consider:
   - The multiplicity of language and terminology used to both describe the discharge process and to identify professionals involved in discharge. It would be beneficial if a communality of understanding could be developed to ensure that misinterpretation around professional roles or discharge arrangements does not occur, or negatively impact on successful discharge taking place. The use of a clear set of terms, definitions, or descriptors (such as the housing advice definition) could be a useful aid in this.
   - We would also note the value of establishing clarity of definition, as a tool to reinforce the importance that housing plays in the discharge process

2. **Health Boards, relevant Housing bodies (Local Authority Housing Departments and Housing Associations) and other key partners (Social Services, Care Coordinators, 'Community Connector' teams) should review the assessment that is used when patients are admitted, and:**
   - Identify and confirm the importance that housing plays in effective discharge planning
   - Adopt a clear understanding of the language being used relating to housing, resulting from recommendation 1
   - Confirm what is housing related within the assessment
   - Ensure it covers all aspects of a patient's housing situation
   - Ensure it addresses the needs and capabilities of carers when they are or could be involved
   - Agree how to approach or escalate the assessment when patients are vague, or possibly not being accurate in describing their housing situation
   - Confirm essential information that health staff need to be aware of regarding housing issues relating to discharge; specifically information that assists housing bodies in managing expectations regarding housing options
   - Identify whether the (re)allocation of staffing resources at the stage of (housing) assessment, could offset additional time and resources being expended later in the discharge process, or when a patient may be re-admitted to hospital
     Identify the training or resources required to ensure health staff are competent in carrying out the housing aspect of the assessment

[80] from-hospital-to-home-final.pdf (cih.org)

3. **Health Boards, relevant housing bodies and other key partners should review when and how the above assessment is carried out and used, and:**
   - Consider the timing of the assessment
   - Consider the consistency of conducting the assessment with different staff, wards and hospitals
   - Confirm the best approach to how the housing aspect of the assessment is updated to reflect the changing health needs of the patient
   - Identify who is best placed to provide the right housing advice when it is required, considering the various case studies (and other options) provided within the Appendices
   - Establish an effective notification or referral mechanism that health staff need to trigger when housing (and carer involvement) needs are identified, or where a lack of understanding of a patient's housing situation may adversely affect their discharge
   - Confirm how to decide when the optimum time for discharge planning is to be initiated for each patient (reflecting on the challenges identified within the process outlined in this report)
   - Agree how the patient's housing related needs are then considered within the discharge planning process
   - Confirm how those relevant housing bodies/experts are then consistently involved within the discharge planning process to ensure the best housing advice is provided
   - Establish how carers are brought in and involved in the discharge planning process.
   - Identify how those relevant housing bodies/experts are updated in line if/when the health needs of a patient may change
   - Agree how to identify the most appropriate known point of contact within wards/ hospitals for community based staff that facilitates effective and efficient communication relating to discharge

4. **Health Boards, relevant housing bodies and other key partners should review whether the integration of services involved in hospital discharge is beneficial and possible, and consider:**
   - How to overcome conflicting priorities, policies and frameworks
   - How information can be shared most efficiently and effectively
   - Whether joint funding services/posts is viable and beneficial
   - Whether the sharing of multiple or a single IT resource is possible
   - Developing an automated referral/ notification mechanism to housing bodies and care coordinators upon housing needs being identified

5. **Health Boards should review the impact of how the pressures and priorities placed on ward staff to free up hospital beds can lead to rushed and poorly planned discharges, giving consideration to:**
   - Ensuring the (wider) causal factors of admission have been resolved
   - The negative impact on the patient, if discharge is not addressed adequately
   - The negative impact on family and carers

- The potentially avoidable costs, to the NHS/Health Board associated with re-admission to hospital

6. **Health Boards and Local Authority Housing departments should review the following:**
   - How the housing needs of people entering mental health units for assessment (possibly for hours/days), who are not formally admitted to hospital (due to not meeting treatment criteria) and who then consequently have an immediate housing need, can still be effectively met
   - How professionals may assume or expect families/carers are able to fill the gap in coordinating or fulfilling the (housing) arrangements for patients in the discharge process
   - How Health Boards and Local Authorities can work together to identify or create the space for the Carers Assessment to be undertaken from 'day one' with carers, with housing need forming a part of the assessment and supporting discharge planning arrangements. Better use could be made of Carers organisations and the resources and expertise they have to support this work taking place. Their involvement could support and promote greater awareness among health staff of the roles of family/carers in supporting vulnerable individuals.

7. **Health boards should review how expert staff with housing knowledge and information can remain linked-in and accessible to patients, family members, carers and health professionals in the current COVID-19 climate, where involvement in meetings and face to face interactions remains limited.**
   This would ensure that clarity of communication is maintained, and that changing patient needs or the availability of housing options are relayed in a timely fashion to each person or organisation engaged in discharge planning.

8. **Area Planning Boards should take a lead in bringing all organisations involved in hospital discharge together to explore and develop solutions to address the wider social issues that patients may face. Loneliness, isolation and maintaining positive mental wellbeing should be reflected and addressed in discharge planning.**
   There is a clear need to adopt a multiagency approach to identify, plan and address these issues, which have the potential to impact upon a successful discharge taking place. It is clear from our research that social issues may not be the responsibility of any one organisation, but that a failure to address them can lead to a DTOC, or unsafe discharge occurring.

9. **Relevant Housing bodies and other key partners should:**
   - Review and update / develop new hospital discharge protocols that ensure the details and requirements relating to patient needs are shared in a timely manner with professionals working in community based services, with a view to 'getting things right the first time'
   - Establish a bi-annual review of the protocol's implementation, providing an opportunity for key bodies and individuals to keep talking, and ensure consistency of

application, identification of barriers and solutions, and ensure that the protocol continues to underpin effective hospital discharge

10. Welsh Government should lead on the following:

- Developing and enhancing practice guidance to all organisations involved in hospital discharge that shares expertise and knowledge, and provides learning from good practice examples. It is vitally important to ensure that all partners are working towards the same goal and have a clear understanding of the remit and limitations of their roles
- From our research it is apparent that Health Boards and Local Authorities across Wales have approached hospital discharge in different ways, but have identified areas of good practice, which could be used to address similar challenges professionals may face in other geographical areas. This presents a clear opportunity for professionals across sector and discipline to share the learning and successes of colleagues across Wales.
- During the pandemic it is clear that some hospitals and Local Authorities responded to the challenge in ways that saw processes streamlined, 'red tape' removed, and which ultimately improved their ways of working. Such gains should not be lost, and this work offers Welsh Government the opportunity to share and promote learning from those experiences, using it as a driver to inform broader system and service delivery change
- Welsh Government should undertake an urgent analysis of the temporary accommodation available for local authorities to utilise in discharge planning and delivery. This should include due consideration of the standard and quality of this accommodation to ensure its use to support hospital discharge is appropriate and makes best use of resources.

Appendix 5

Recommendations made by Committee for Equalities, Local Government and in its 2019 inquiry report, *Rough sleeping follow up Mental health and substance misuse services*[81]

Recommendation 1. We recommend that the Welsh Government provide the Committee with an update on the implementation of the relevant actions in the Rough Sleeping Action Plan; and to what extent the Service Framework for the Treatment of people with a Co-occurring mental health and substance misuse problem has been implemented across Wales.

Recommendation 2. We recommend that the Welsh Government identifies best practice to improve sharing across the sector, and ensures that the commissioning process does not act as a barrier to this

Recommendation 3. We recommend that the Welsh Government takes more steps to support harm reduction initiatives. This should include:

- clarifying whether the devolution settlement enables safe injecting rooms to be set up in Wales; and if not, whether they will seek such powers; we would expect any decision to be informed by the evidence base demonstrating the effectiveness of this intervention and
- working with the UK Government and non-devolved bodies such as the Police to minimise the risk of landlords being prosecuted where residents or tenants are using drugs on their property, as part of a harm reduction programme.

Recommendation 4. We recommend that the Welsh Government takes a lead role in working with organisations across sectors to drive forward the necessary cultural change to bring organisations together to deliver fully integrated services. The Welsh Government should update the Committee on the actions it has taken and timescales for future actions to deliver this recommendation at six, nine and twelve months.

Recommendation 5. We recommend that the Welsh Government reviews the training available to all those who provide support to rough sleepers; identifies any particular gaps and considers supporting the development of training to ensure that all those who work with rough sleepers have sufficient knowledge and skills to support those with co-occurring disorders. As part of this, the Welsh Government should consider the efficacy of specialist psychiatry training.

Recommendation 6. We recommend that the Welsh Government either undertake or commission an urgent review into commissioning practices and guidelines to investigate the concerns raised, in particular looking at whether better performance management approaches, shared outcomes; pooled budgets; more long-term commissioning and addressing potential conflicts of interest would help support better integrated services for rough sleepers with co-occurring disorders. It should also consider the impact of barriers to

[81] cr-ld12937 -e.pdf (senedd.wales)

pooling statutory and non-statutory funding, and how collaborative approaches including both statutory and third sector providers can be developed. While the focus should be on these services, the findings could be applied more widely across the sector.

Recommendation 7. We recommend that the Welsh Government undertake further work to understand the scale and extent of the barriers faced by rough sleepers with co-occurring disorders and neuro-diverse conditions in getting substance misuse and mental health difficulties.

Recommendation 8. We recommend that the Welsh Government provide their views on the recommendations in the APPG on ADHD report that relate to devolved responsibilities in sections 1a Early intervention and prevention – screening at second exclusion from school (temporary or otherwise); section 2, adherence to the NICE guidelines for ADHD within the prisons system; and section 3 screening for ADHD.

- Services need to be responsive and focused on the needs of the people they are supporting. They should be designed to meet their needs, rather than fitting the support around the design of the service.
- For those who need the support offered by Housing First, we need to ensure there is sufficient suitable accommodation in the right location. The concept of Housing First is based on the accommodation being a long-term home for the individual, not on being moved on once their support needs reduce. This means ensuring a pipeline of suitable accommodation that can be used for the Housing First model.
- There needs to be an increase in residential and community detox capacity. We heard that for many community detox is the most appropriate solution, but for some residential detox is the answer, and there is not enough current capacity within Wales to meet the needs for Tier 4 detox.

Recommendation 9. We recommend that the Welsh Government ensures that there is sufficient capacity and funding for residential and community detox in Wales to ensure all who require this form of detox are able to access it in a timely manner.

Appendix 6

Housing and disabled people – the Equality and Human Rights Commission recommendations[82]

The need to build more accessible and adaptable homes

We are calling for:

- Welsh Government to introduce a national strategy to ensure there is an adequate supply of new houses built to inclusive/universal design standards and to wheelchair-accessible standards, across all tenures. This should include a review of the way that building standards are enforced, particularly in the private rented sector. The strategy should recognise that housing support, advice and advocacy is often necessary to enable people to maintain their housing and their right to independent living.
- National and local governments to take action to improve the way that data is collected and shared, both on the requirements of disabled people and on the accessibility of existing housing stock.
- Welsh Government to require all new homes are built to Development Quality Requirements and to mandate local authorities to ensure that 10 per cent of new homes are built to a wheelchair-accessible standard.
- Welsh Government to publish annual data on the number of accessible, adaptable and wheelchair-accessible homes built.
- Local authorities to apply the five ways of working of the Well-being of Future Generations (Wales) Act 2015 in their strategic planning for accessible homes, in particular when developing Local Development Plans and Local Housing Market Assessments.
- Local authorities to publish Equality Impact Assessments alongside their Local Development Plans and Local Housing Market Assessment

Improving the installation of home adaptations

We are calling for:

- Local authorities to urgently address the bureaucratic hurdles and delays that exist within adaptations systems, to ensure that low-cost, minor adaptations in particular can be installed quickly and easily.
- Welsh Government to provide additional funding to disabled people's organisations and advice agencies, to increase the supply of independent advice and information regarding housing options, including adaptations, with a particular focus on the private- rental sector.
- Welsh Government to pilot training for private sector landlords on accessibility as part of the Rent Smart Wales scheme, of licensing landlords and agents under the Housing (Wales) Act 2014.

[82] Housing and disabled people: Wales's hidden crisis | Equality and Human Rights Commission (equalityhumanrights.com)

Matching homes to people who need them

We are calling for:

- Local authorities and Registered Social Landlords to embed independent living principles into assessment and allocations policies for social housing, to ensure real choice and control.
- Local authorities to significantly increase their knowledge of existing accessible social housing stock, and develop specialist support and information services to facilitate suitable matching.
- Local authorities to apply best practices on the use of Accessible Housing Registers, with the longer term aim of the use of a standard methodology across all local authorities.
- The Welsh Government to publish standards and monitor and publish effectiveness of Accessible Housing Registers.

Supporting people to live independently

Across England, Scotland and Wales, we are calling for:

- The UK Government to ensure that the new policy and funding model for supported housing upholds the rights of tenants, and that freedoms and choice are not restricted, in line with the UN UNCRPD. The new model needs to address the current uncertainty and deliver a stable market for both housing providers and those providing specialist support.
- Local authorities to ensure that housing, care and health services are fully integrated and sufficient funds are available to support people to live independently, and that there is an increased focus on prevention.
- Local authorities to provide increased specialist disability advice and advocacy services for housing options.

In England and Wales, we are calling for:

- The UK Government to ensure that its review of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 considers the impact of removing housing from the scope of legal aid for disabled people, and takes effective steps to mitigate any identified impacts.