



Llywodraeth Cymru
Welsh Government

Phase 2 – Planning Guidance for Homelessness and Housing Related Support Services

3rd June 2020

FOREWORD



During this pandemic the decisive and compassionate action taken by Local Authorities in Wales, in partnership with health, third sector, RSLs and voluntary organisations, to bring people in from the streets has undoubtedly saved lives.

To protect us all, you have made sure that everyone is included in measures designed to protect individuals and communities. You have supported people facing homelessness into safe and stable accommodation – perhaps for the first time in their lives, and you have helped people start building trust in services they have never, or rarely, engaged with before, and all in a few short weeks.

The response to this emergency has brought us closer together in many ways, recognising our shared common purpose, but also closer to achieving our vision of making homelessness in Wales rare, brief and non-recurrent. However, as we are all acutely aware, providing temporary accommodation is not ending homelessness. We have a unique opportunity to harness the creativity, innovation, collaboration and willingness to work differently to make a long term, sustainable and fundamental change to homelessness services in Wales.

Planning for phase two of our response to the pandemic must now focus on how we move with pace to transform our approach to preventing homelessness. We cannot fall back from the huge progress we have made.

I am now asking every local authority in Wales to prepare a phase 2 plan. This document provides the framework for those plans which will need to reflect the local context and local partnerships. Our collective aim is to ensure that everyone we have brought in to temporary accommodation is supported into long term accommodation. Beyond that, we aim to transform our whole approach to homelessness provision so that those who present as homeless each and every day experience a system focused on real prevention and where that fails, as it occasionally will, homelessness is rare brief and non-repeated.

Innovation, remodelling and building must form the bedrock of how we address, prevent and end for good homelessness in Wales.

This plan is ambitious and challenges us all to think, plan and work differently; rightly so. The new investment I have announced to support this plan will not fund everything we need to do but it clearly reflects our commitment as Welsh Government to lead and invest in what we believe in. The last few weeks have shown us how much greater than the sum of our parts we can be when we work together

I am truly excited about the opportunity we have before us. It will be highly challenging, but based on what we have achieved together thus far I am confident that we can now make a significant step change toward achieving our goal of ending homelessness in Wales.

A handwritten signature in blue ink that reads "Julie James". The signature is written in a cursive, flowing style.

Julie James, MS
Minister for Housing and Local Government

CONTEXT

Since the start of the outbreak, thanks to the huge efforts of authorities and partners, nearly 900 people across Wales have been supported into emergency temporary accommodation and more continue to be supported each day. A truly astonishing achievement that is testament to the capacity and commitment of local authorities and the whole housing sector to respond to an unprecedented global health emergency.

Many people who have previously been unable to engage with services are now benefiting from support and advice including mental health support and substance misuse treatment, laying the foundations for a permanent exit from homelessness.

We are aware that the pressures on services that existed prior to the outbreak remain, and new presentations are placing strain on the increasingly limited emergency accommodation options. We also know that managing large numbers of people in emergency accommodation is challenging for local authorities and their partners.

We must now turn to planning for the future and helping people into more permanent housing. We must work to help ensure that people facing homelessness continue to be protected from the virus - to ensure that they are included in any continued or new public health protection measures introduced, and ultimately that no-one is forced to return to the streets or another form of homelessness.

We are clear that whilst the first phase of our response has been extremely successful in bringing people into emergency accommodation, we have not ended homelessness for these people, and a slowly increasing number of people remain rough sleeping in our towns and cities.

Emergency accommodation has helped us to protect people from a global pandemic; transition to settled housing is the critical next step.

SCOPE AND PURPOSE

This document provides a clear direction of travel and sets out the priority areas and key principles that local authorities, working with their partners, should consider and adopt as part of their strategic and operational planning for tackling homelessness, moving people on from emergency accommodation and developing effective supported accommodations. This applies not only for phase 2 of transitional planning, but as guiding principles for phase 3 and beyond.

Whilst the scope of this guidance focuses on the planning around the resettlement of those in temporary accommodation and developing innovative options for suitable temporary and supported accommodation for the future, support services will be a critical part of the solution. Transitional plans will need to take into account strategic planning requirements for the Housing Support Grant (HSG) and how that and other existing grant mechanisms can support the delivery of the next phase. Within HSG

there is flexibility to alter current delivery models, with the agreement of support providers, to adapt and respond to the new challenges of COVID-19.

The plans must also be flexible enough to take account of the potential for a second or third wave of COVID-19 cases.

Explanation of phases of planning:

Phase 1	March 2020 – August 2020	Crisis Management
Phase 2	July 2020 – March 2021	Phase 2 Response
Phase 3	January 2021 – March 2022	Move to 'New Normal'

Note these phases deliberately overlap reflecting the need to have an eye to the next phase even as we deliver on a current phase to avoid 'cliff edges' for our services and the people we support.

OUR VISION: THE 'NEW NORMAL'

As we move out of the immediate crisis response, we have the opportunity to reflect on what has been achieved, reflect on the many examples of excellence and innovation from the last few weeks, and to decide how we can design and build resilient, sustainable services for the future.

We have the opportunity to re-set services and consider what we can learn from the current culture of doing 'whatever it takes' to ensure everyone is re-accommodated and supported in a way which meets their needs and ensures a successful move on.

Our [Homelessness Strategy](#) set out our vision for prevention of homelessness as the first and guiding principle but where it cannot be prevented, ensuring it is brief and non-repeated.

At the core of our proposals, to ensure it is brief and non-repeated, is the adoption of rapid re-housing across Wales. Rapid rehousing starts with providing people with long term housing, and offers additional, sometimes intensive, support if needed to help them retain it and thrive. The focus will be on providing appropriate, stable housing and support as quickly as possible to those who need it through a range of models, including Housing First, tenancy support and assertive outreach. It will reduce the dependency on emergency housing as we seek to ensure swift, housing-led solutions with the right support.

With nearly 900 people brought into emergency accommodation, together with those who were already in temporary or emergency provision, we have a unique opportunity to ensure that they do not experience repeat homelessness.

Now we have the opportunity to examine closely the types of accommodation that we offer across Wales. Whilst we remain committed to moving away from temporary

accommodation, we acknowledge some will continue to be required in the short/medium term while we build and secure the necessary numbers of long term affordable homes. We therefore need to innovate to offer high quality temporary and semi-permanent accommodation that offers a dignified 'home' and ensure the models of delivery are sustainable in the short/medium term.

Local authorities must balance the need to provide short term solutions during phase 2 with the long term desire to avoid investing limited resources in unsuitable accommodation. It is no longer acceptable to offer 'floor space' or 'pods'; we must move rapidly and permanently to provision of new types of short term accommodation that meets minimum expectations and the needs of people facing homelessness in Wales.

HOW TO GET THERE: SUPPORT, PLAN, BUILD, TRANSFORM

There are 4 essential requirements:

Support – continue to support people who remain sleeping rough, everyone in emergency provision (both those there before this emergency and those brought in during it) and those newly presenting - prioritising rapid move on through appropriate cohorting to address and prioritise different support needs.

Plan – prepare clear transition plans for services and provision setting out how they will move towards providing more sustainable models of accommodation and support that meets the needs of everyone currently in emergency provision and future presentations.

Build – innovate, remodel, procure and build accommodation to improve the quality of emergency provision and increase the availability of permanent and semi-permanent move-on and supported accommodation.

Transform – commit to and plan how to rapidly move away from the use of night shelters and 'floor space' and approaches where significant resource, particularly from the voluntary sector, is required to support people sleeping rough. Rather, we must urgently prioritise better quality emergency provision which quickly supports people back into permanent housing, allowing street services to prioritise professional assertive outreach focused on resolving homelessness.

KEY ASPECT AND PRINCIPLES FOR PLANNING

Authorities are now requested to develop a **Phase 2 Plan**, which will form the basis of a funding bid to the new one-off £20m fund. The plan will set out how each area, working in a collaborative manner, intends to ensure the long-term resettlement of every person currently residing in a form of temporary accommodation in Wales, those who continue to present to local authority homelessness departments and the anticipated increase in homelessness as lockdown measures are eased.

When developing the plan, authorities should take account of the following and ensure they are addressed in the plan (these are set out in more detail in the next section):

- a) Have a move-on protocol in place with rapid re-housing at its heart.
- b) Improve the quality and reduce the dependency on emergency/ temporary accommodation solutions.
- c) Put rapid re-housing at the heart of services and utilise a range of support models (i.e. Housing First, Critical Time Interventions (CTI), floating support, assertive outreach) for people experiencing or at risk of homelessness.
- d) Increase the availability of social housing for people experiencing or at risk of homelessness.
- e) Increase the availability of private rented housing for people experiencing or at risk of homelessness.
- f) Bring empty properties back into use to house people experiencing or at risk of homelessness.
- g) Provide support for young people experiencing or at risk of homelessness.
- h) Multi-agency involvement at a strategic level and in the delivery of support.
- i) The adoption of a psychologically-informed and trauma-informed approach to commissioning and service delivery within local authorities, housing and support providers (including health, mental health and substance misuse services).
- j) The appropriate combination and safe delivery of remote and face to face support.
- k) Up-skill and empower local volunteers and community assets to help deliver a strategic, coordinated response to ending homelessness.
- l) A collaborative approach to planning and delivery.
- m) Solutions for people with No Recourse to Public Funds.

TRANSITIONAL PLAN REQUIREMENTS

a) A move-on protocol with rapid rehousing at its heart

The initial focus for all authorities must be on the development of a **move on protocol** for re-housing those in emergency/temporary accommodation into more suitable permanent accommodation.

The protocol should enable local authorities to carry out a rapid triage assessment utilising a multi-agency approach to gauge and provide for people's support and accommodation needs. It should as a minimum contain the following components/stages:

STEP 1: Mapping Exercise: Accommodation and support provision

Authorities must gauge the level of accommodation and support available at present in their area, to include consideration of:

- Location – including accessibility to health and support services
- Tenure – social and private rented sectors
- Affordability - whether the accommodation cost is within or outside LHA rates (and, if outside, how authorities can cover the cost of the housing).

- Size: Single, family or shared accommodation
- Accessibility – for people with disabilities or physical health issues

Authorities will need to develop close working across teams who deliver outreach services and support staff in both hostels and supported accommodation to understand the capacity available within each area. Authorities should consider combining the existing private rented sector (PRS) access teams with the allocation teams to ensure a consistent approach.

STEP 2: Mapping exercise: Accommodation and support needs

Authorities should develop and utilise a consistent process for the rapid assessment of accommodation and support needs of individuals to help develop an **individualised housing plan** for each person residing in temporary accommodation and any new people presenting as homeless. Authorities should assess and have a full understanding of the accommodation and support needs of each individual and have a plan covering every phase of the process (i.e. before, during and after a person is resettled).

Local authorities should also assess the likely increase in homelessness including violence against women, domestic abuse and sexual violence (VAWDASV) presentations once the social distancing measures are eased.

The plans should consider accommodation needs (tenure, geography, affordability), support requirements including health, substance misuse and/or mental health support needs which will be needed to ensure and individual can sustain accommodation. **Annex A** includes a checklist in terms of questions/areas that need be considered during this phase.

It is vitally important that this plan takes account of the knowledge and experiences of other services who have provided support to individuals, in some cases for a number of years. Liaison with services such as substance misuse and mental health must take place during the development of personalised re-accommodation plans. To save time, it would be appropriate for this liaison to take place to discuss multiple plans rather than on a case by case basis.

STEP 3: Once authorities have an understanding of individual needs they can then prioritise and should be able to set out the range of housing and support options required to meet the differing needs of various cohorts. Authorities should have a system in place for '**Cohorting**' people broadly into the models of support needed and identify a) the number of people requiring each model and b) the staff and resources needed to meet each cohort's needs.

People who had previously been sleeping rough for a long period of time but are now engaging successfully with support and/or treatment services are likely to be at risk of the greatest harm if they become homeless again. It is important that they are prioritised appropriately to ensure that we can build on their successes, do not lose this opportunity to find a lasting solution and ensure that they avoid a return to the streets.

Cohorting should not take account of intentionality, local connection or a past history of engagement.

Cohorting will need to be continually assessed as new presentations join local caseloads.

b) Improve the quality and reduce the dependency on emergency/ temporary accommodation solutions

Providing long term settled accommodation will continue to be the overarching aim for all homelessness services in the long term, but we acknowledge that this will be a significant challenge given the numbers of people who have been supported into accommodation during the pandemic. It is therefore paramount that authorities improve the quality and variety of emergency and temporary accommodation currently being provided in the short and medium term.

Authorities should have a coordinated procurement approach to sourcing properties with local partnerships (e.g. council, RSLs, PRS, businesses and public institutions etc.) and Welsh Government working together to expedite the process and to ensure that acquisition of new temporary accommodation is limited to only what is absolutely necessary.¹

Authorities should exploit all of their available resource to the maximum, be that the social, private or supported accommodation settings, to achieve this. However, the following principles must be considered to ensure quality, suitability and appropriateness.

What is not acceptable space/accommodation?

The following solutions are no longer considered acceptable:

- Floor space
- Provision of tents & sleeping bags
- 'Pods' or 'Porta Cabins' – these are not considered suitable modular accommodation. The Welsh Government will be providing a detailed guide in due course on suitable modular options.

What is acceptable space/accommodations solutions?

Authorities are urged to look at expanding their stock of temporary accommodation to ensure that there are genuine, appropriate options for people with a variety of characteristics and support needs. This means, for example, provision specifically for women, provision accessible to disabled people, provision that allows pets and provision that caters for both those with an ongoing addiction and those wishing to reduce their exposure to others who are still using substances.

¹ In Scotland some local authorities have taken approaches to temporary accommodation that we can learn from, e.g. Midlothian and Fife. These approaches are described in the Crisis report on Scottish rapid rehousing transition plans: https://www.crisis.org.uk/media/241640/crisis_rapid-rehousing-report_web_spreads_v2.pdf

Clearly the best type of accommodation is self-contained in terms of both bathroom and cooking and eating facilities, but where this is not possible, consideration should be taken to congregate models of accommodation that allow for aligned services to be positioned in the same block (i.e. mental health and substance misuse in particular). This may be the purchasing or leasing of disused student accommodation, holiday accommodation or hotels, or it could be the re-modelling of existing provision or both.

Options available:

- Triage Centres: Some authorities are investigating the potential use of Triage Centres which are enhanced hostel-type accommodation where people can be supported on a short term basis while a decision is made on the most appropriate accommodation and support to assist them to move towards a permanent accommodation solution. Be that into supported accommodation where needs reach a certain point, or through mainstream private or social housing routes.

The key principles to a successful Triage Centre is that it must be:

- Single occupancy accommodation - As a minimum, the accommodation should have en-suite, but ideally also include a small kitchen area with sink and microwave;
 - Inclusive - Ensure provision covers all groups (i.e. men and women, young people, those with pets, etc.). This may include different buildings, entrances or different floors for different cohorts;
 - Open 24 hours a day, 7 days a week - Staff cover allows for emergency accommodation to be available at all times of day, every day;
 - Hub approach - Centre allows for a multi-agency approach and co-location with key services such as primary health services and substance misuse services.
- Repurposing temporary accommodation: This could include authorities supporting temporary accommodation providers to convert existing services to more permanent, supportive and psychologically informed forms of accommodation. In addition, increasing provision for self-contained temporary accommodation with potential conversion of existing buildings, such as old care homes, decommissioned university blocks, hotels and B&B units into longer term forms of emergency accommodation should be explored. This would help ease the transition as well as acknowledge the increased demand. This should be single occupancy accommodation with en-suite facilities.
 - Modular accommodation: Different forms of modular accommodation have been used across Wales in recent years. As outlined above, not all is considered suitable as we move forward to transform services and provision. Any investment in modular must be in high quality provision, offering a single occupancy home that offers not only a short term solution but also offers the flexibility to move the provision to provide a longer term housing option. When used as short term emergency provision, evidence suggests that it works best when it is placed within a context of support and where the location of the accommodation is

secure and safe in relation to the community and the individual. The best examples have been within the compounds of existing homelessness services and not visible from the street.

Small micro villages of modular accommodation may be appropriate for longer stays as long as there are identified needs and the necessary support packages are in place to assist in the eventual move on into more permanent settled accommodation.

c) Put rapid re-housing at the heart of services and utilise a range of support models for people experiencing or at risk of homelessness

This section also refers to the type of support required to continue to engage with those who are still sleeping on our streets or find themselves sleeping rough during the transitional phase.

As part of the planning process, local authorities should seek to increase move on options and ensure there is sufficient provision of suitable and sustainable move on options for those residing in emergency/temporary accommodation. This should include both accommodation solutions and a variety of different support models.

The Welsh Government endorses the following four models of support that authorities should focus on. The models of support best suited to individuals will reflect their support needs, and the intensity and duration of these. The indicative assessment matrix at **Annex B** and the indicative model of support should help inform planning for move on.

- **Housing First** should be the default approach for those with very complex needs with a history of repeat homelessness/rough sleeping and/or difficulty in sustaining any forms of accommodation (be that hostel, supported or independent).

The focus of support is on the individual and is aimed at helping to firstly engage with support; support them to be matched to the best tenancy fit; and then to help them sustain their accommodation for as long as necessary after placement. A holistic approach is taken to other issues, and a harm minimisation approach taken rather than requiring compliance with specific treatment objectives. The accommodation may be provided in either social housing or private rented tenancies, but it is important to maximise the choice and control the individual has (within usual constraints).

Local authorities should gauge the needs of the cohorts' and individuals' needs for Housing First support as part of the assessments of need. Staff:client ratio in projects should be around 1:5-8, but should be flexible based on differing levels of support needs at different stages.

For those who meet the criteria, services are urged to support them in a way that meets as many of the [key principles](#) as possible to ensure a successful transition. Failure to do so will result in a reduced likelihood of a successful resettlement.

- **Rapid re-housing with Critical Time Interventions (CTI)** can help meet people's needs and bridge the gap between homelessness (including people in emergency accommodation) and life in the community, to ensure there is continuity of support. While time-limited CTI can offer more intensive support, particularly earlier on, with decreasing intensity over time. Caseloads of staff:client are usually 1:15 with flexibility, largely due to more intense support needed earlier on (1:10-12 during the first 3 months).²

Following many of the key principles of Housing First, but time limited from the outset, a CTI is intended to be an initially intensive approach with support worker and client working in partnership with a focus on a limited number of key areas that are identified as barriers to finding accommodation during the development of the re-accommodation plan. This could be in relation to substance misuse or mental health needs, but could also be in relation to gaining a better understanding of community and creating social links. In addition, the CTI support worker will help with the emotional impact of making the transition into more permanent accommodation solution and potentially be an option of low intensive post-placement support.

- **Rapid re-housing with floating support** is a much less intensive approach aimed at supporting those with low needs into accommodation. It usually involves a staff:client caseload of approximately 1:30-40, depending on the mix of needs in the caseload. Some clients would be supported weekly, others fortnightly and some monthly, while there will also likely be flexibility required where someone requires more support at different times. During coronavirus lockdown there might need to be more remote or digital support than would normally be the case.

There is no fixed support timescale but it is likely to be required for 6-12 months and longer for some. It should be able to flex in intensity, typically becoming less intense as people's situations become more stable. Like CTI, floating support can take a case management approach and ensure clients are able to access more specialist support services. Floating support is holistic in nature and will address a range of needs, including progression support needs (improving social capital, reducing isolation, learning, skills and employment) to ensure a tenancy can be sustained.

- **Assertive outreach** is a particular form of street outreach that targets the most disengaged rough sleepers and is recognised as more effective than traditional outreach. It is focused on housing people, the service is multi-disciplinary, and the support is persistent, purposeful and person-centred. The report 'Assertive Outreach: Principles for Wales'³ was published in October 2019 and sets out the approach that commissioners and service providers should aspire to.

Annex C provides more detail in relation to the different approaches and the generic principles that apply to the first three approaches.

² See Crisis draft move-on protocol for more information

³ <https://www.cymorthcymru.org.uk/en/news-blog/news/cymorth-publishes-assertive-outreach-principles-wales>

d) Increase the availability of social housing for people experiencing or at risk of homelessness

The allocation of existing accommodation must be aligned with local authority transition planning. It is essential that all social landlords, including RSLs and LAs, play their part in increasing the availability of housing for people accommodated during phase one. This includes reviewing allocations policies so that people aren't unnecessarily excluded from social housing, bringing properties back into use and preventing additional pressure on local authorities by continuing our shared endeavour to end evictions into homelessness.

The current crisis has resulted in some excellent practice in relation to partnership working between local authorities and RSLs in order to support meeting the challenge of finding accommodation for all. This approach must be adopted in all areas and must continue for the foreseeable future if long term homes are to be found for all those who have been and will need to be accommodated.

Alongside this, and while ensuring the safety of the necessary contractors, social housing providers should continue to prioritise the bringing of all available stock back into use in order to expand portfolio's locally.

e) Increase the availability of private rented housing for people experiencing or at risk of homelessness

All authorities across Wales have invested significantly in services aimed at engaging and expanding access to the private rented sector (PRS). This support includes not just landlord engagement, but in some areas, the provision of management services on behalf of landlords. It is of paramount importance that this work continues and where possible expands.

A side effect of this pandemic will likely be an increase in the number of landlords whose tenants are facing challenges in meeting rent and other bills. For some landlords they may be more open to working with local authorities to support local efforts during the recovery. Some landlords will need information, advice and support with their tenants to maintain their tenancies and help prevent evictions. There may also be an increase in the availability of rental properties in university towns and cities, as lower student numbers and/or remote learning could be a feature of the next academic year.

Some landlords may be willing to lease their properties to local authorities on a short or long term basis or even sell their property which could help increase the stock of housing available to local authorities.

It is important that authorities continue to engage with Rent Smart Wales, but also ensure that local intelligence is gathered from other stakeholders such as NRLA, RICS and ARLA Propertymark so as to expand future portfolios.

f) Bring empty properties back into use to house people experiencing or at risk of homelessness

There have been some excellent examples of partnership working between local authorities and RSLs in getting empty properties back into use. Local authorities should continue to work with partners to identify where there may be an increase in empty properties due to COVID-19. Former commercial properties in town centres may no longer have tenants and could be transformed into residential properties to increase the housing options available in the local area.

g) Provide Support for Young People experiencing or at risk of homelessness

Homelessness should be prevented wherever possible, for example by supporting young people to stay in their family network through the use of family mediation or preventing the loss of a tenancy through providing tenancy support and skills. For young people who need accommodation there should be a range of safe, decent affordable accommodation solutions available to best meet their needs, such as supported accommodation specifically for young people.

Specialist services for young people should also be used to provide advice/support on education, training and employment, health services, life skills, tenancy skills and any benefit entitlements. Those with complex needs may need more intensive support. Local authorities should also look at the Welsh Government innovation fund projects within their area that are offering housing solutions to young people such as Housing First for Youth.

Thought should also be given to the provision of affordable housing solutions for young people, particularly those who are reliant on the welfare system and therefore restricted by the shared accommodation rate.

h) Multi-agency involvement at a strategic level and in the delivery of support

Providing accommodation alone will likely not be enough to ensure a sustained tenancy for many people. Any provision must be supported by a wraparound support service to help the individual maintain their tenancy, such as tenancy support services, mental health support and substance abuse support.

During the pandemic, the centralised coordination cells have forged good relationships with agencies such as the police and substance misuse services and it is important that these continue into phase two.

It is recommended that a multi-disciplinary approach is taken where appropriate, but as a minimum should form part of the Triage Centre. A multi-disciplinary team could include the following elements:

- Mental Health Worker
- Housing Support Worker

- Advocate
- Primary Care Nurse
- Substance Misuse Worker
- Social Worker input
- Mental Health Social Worker
- Occupational Therapist
- Probation
- Rapid Prescribing Service
- Therapeutic Outreach Workers and access to ring-fenced psychological services
- Counsellor
- Peer Mentor Co-ordinator
- Community Engagement Role
- PCSO

Phase 2 Transitional Plans should outline proposals on how a multi-disciplinary approach can be developed and then adopted in every local authority prior to phase 3.

In particular, local authorities should work closely with Health Boards and Area Planning Boards to ensure that people have rapid access to mental health services and substance misuse treatment. There have been some excellent examples of collaboration during this pandemic which have seen numerous people in emergency accommodation begin treatment and this must continue as we enter phase 2.

Harm reduction should be at the heart of substance misuse support and partners should continue to work with Area Planning Boards to ensure access to rapid prescribing and alternative treatment (such as injectable buprenorphine) as we enter phase 2. This will be critical to helping some people to make the transition into more permanent accommodation and maintain it in the long term.

i) Psychologically informed and trauma informed approach to commissioning and service delivery within local authorities, housing and support providers

Many people using homelessness services have experienced multiple, complex trauma in their lives and are living with the psychological impact on their lives. The COVID-19 pandemic is likely to have increased people's exposure to trauma and there may be significant psychological impacts on people using and delivering services for many years to come. As a result, it is even more critical that services are psychologically informed and provide appropriate clinical support to staff and people using services.

Psychologically Informed Environments (PIE) take into account the psychological makeup – the thinking, emotions, personalities and past experience of trauma – of its participants in the way that it operates. They are intended to help staff and services understand where so-called challenging behaviours are coming from, and so to be able to work more creatively and constructively with people. As part of this approach, services should be working within a broadly therapeutic framework, enabling them to

develop clear and suitably consistent responses to clients who may be chaotic and distressed and who have learned not to trust.

Support services should be commissioned and delivered using a psychologically informed approach that recognises and responds appropriately to the impact of trauma. Local authority commissioners and service providers should ensure that service delivery is shaped by the five key components of psychologically informed environments:

- Psychological framework
- Relationships
- Physical and social environment
- Staff training and support
- Evidence and learning

This is particularly important when the support being provided is in temporary accommodation settings and when dealing with complex needs or people with challenging behaviour.

j) The appropriate combination and safe delivery of remote and face to face support

Due to the pandemic and public health advice regarding social distancing and self-isolation rules, many services have adopted alternative digital/virtual means in order to continue to provide this crucial support remotely. We expect that this need will continue for some time even as social distancing rules eases, and therefore support provision should have a 'remote approach' strategy built in to be able to deliver more of your services to service users through the telephone, on-line and social media when needed.

Local authorities and service providers should consider whether elements of virtual support would be a useful option to retain after the pandemic has ended. Some people may prefer this way of engaging with their support worker, particularly young people. It could also benefit people in rural areas (depending on broadband availability), where services are more dispersed and transport links are more challenging).

However, lots of people will need face-to-face support and local authorities should work with their partners to develop safe working practices as they return to this mode of delivery. All partners should recognise the fear that some staff will experience and do all they can to ensure that no member of staff feels that they are putting themselves at unnecessary risk. All local authorities, housing and support providers should ensure that they are aware of the guidance set out in the Public Health Wales Advisory Note for Housing, Health, Social Care and Support Settings⁴.

⁴ <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/information-for-healthcare-workers-in-wales/housing-health-social-care-and-support-settings-examples-to-inform-implementation-of-the-updated-infection-prevention-and-control-guidance-covid-19/>

k) Up-skill and empower local volunteers and community assets to help deliver a strategic, coordinated response to ending homelessness

Local volunteers have long provided valuable services to support people experiencing homelessness, but as we move to the 'New Normal' with rapid rehousing at the heart of our strategy, we need to ensure that the energy and passion of people and community assets are harnessed to have maximum possible impact. Many have the trust of local people, promote compassion towards people experiencing homelessness, and have the ability to harness goodwill to encourage fundraising and practical support.

Local authorities should consider how they can involve local community and faith groups as part of more strategic discussions which focus on long term, strategic solutions to homelessness. Effective communication will be vital and they should seek to provide appropriate training and support to help volunteers to become part of more sustainable models of delivery such as assertive outreach.

l) A collaborative approach to planning and delivery

Local partnerships: It has been excellent to see such effective collaboration between local authorities and their partners within the centralised coordination cells, as they shared information, contingency plans and resources during this pandemic. This approach must continue as we seek to ensure that people in emergency accommodation are provided with more permanent housing solutions – and we transform homelessness services for the long term.

Centralised coordination cells should adapt to meeting the goals of phase 2 plans in order to ensure that all partners are engaged in the planning process and continue to share information about needs, capacity and resources. We also encourage local authorities and their multi-agency partners to continue to operate with a spirit of trust and openness, offering flexibility to help each other achieve the shared vision of ending homelessness.

Regional working: Where appropriate, we would encourage authorities to work on a regional basis to address specific challenges or needs. Mental health, substance misuse and VAWDASV services will be critical to successfully ending homelessness and the benefits of engaging on a regional basis with Mental Health Partnership Boards, Substance Misuse Area Planning Boards and VAWDASV Commissioning Boards should form part of a collaborative regional approach.

m) Find solutions for people with No Recourse to Public Funds

Whilst the current public health emergency remains, we continue to advise local authorities to utilise alternative powers and funding to provide emergency shelter and support for those who have No Recourse to Public Funds.

The UK Government position on those who have No Recourse to Public Funds remains unchanged. As such, Welsh Government will continue to work with local

authorities and wider partners to explore the potential options available to support individuals who have No Recourse to Public Funds in the longer term, including through hosting schemes.

SUBMITTING PLANS AND BID FOR FUNDING

Authorities will need to develop their phase 2 transitional plan in conjunction with partners in RSLs, public and third sectors, and submit to Welsh Government as part of their funding bid for the new £20m fund by **30th June 2020**.

Authorities should use the template provided by Welsh Government for this purpose.

Welsh Government will be providing direct support to authorities or groups of authorities and their partners to help develop their plans.

Annex A: Suggested approaches to assessing accommodation and support needs

Assessment

Income & entitlements

An individual's income (or entitlement to an income) will influence the accommodation they can afford. Currently, our benefits system limits most people aged under 35 years to a lower level of entitlement for their housing costs.

Income source	Requires accommodation within LHA rate?	Could top up above LHA rate?
Working FT		
Working PT		
Pension		
Universal Credit		
UC plus PIP/ other additional		
No income but entitled		
NRPF – but could achieve EUSS		
NRPF		
Other		

Accommodation requirements

Should consider the following:

- **Location** – areas people will accept (noting that realistic conversations about what is possible and affordable within LHA rates will need to be held). Information packs about transport routes, local facilities (JCP, libraries, leisure facilities, open spaces etc.) and community and specialist services (GPs, treatment services, day centres, community support groups) should be collated for the local area.
- **Tenure** – conversations should be held about the tenures available including with registered providers about social stock available. The PRS may offer less security but may offer greater choice of location.
- **Affordability** – whether the accommodation cost can be met either or if not, how the shortfall can be funded in the short and long-term.
- **Size** – i.e. single, family or shared accommodation.
- **Accessibility** – i.e. ground floor / lifted access; accessible (e.g. for wheel chair users); whether people can take pets, furniture and equipment (white goods, including washing machines, cookers and fridges)
- **Equipment** - cleaning materials (including vacuum cleaners, mop & buckets), bedding and carpets/ curtains need consideration and provision within a reasonable timescale.

Support requirements:

In addition to accommodation requirements, it is vitally important that support needs are assessed and full addressed in order to ensure that move on options are sustainable in the short term and longer term.

While assessing support it is important that the level of intensity and the duration of support is carefully considered, including an assessment of when the intensity of support is reduced.

Three broad areas of support can be used to inform assessments and focus advice and assistance for people to help them move on and sustain their accommodation in the longer term:

- **Practical** – which includes support to set up utilities, source furniture and white goods packs, make benefit claims, budgeting as well as general tenancy sustainment support, etc.
- **Specific/specialists** – which includes addressing physical health needs (i.e. registering with a GP), emotional and mental health needs, drug and alcohol needs as well as supporting someone to cope with issues of isolation and where they have learning or language difficulties.
- **Progression** – which includes supporting people to develop additional learning and skills, possible employment or volunteering.

The focus of the assessment should be on practical and specific/ specialist support needs given this is about enabling people to access and manage accommodation. Progression support needs should be addressed once accommodation is sourced and people are settled. It can be accessed from mainstream and community services.

In order to inform planning, this assessment will seek to identify the support needed to support the transition to new accommodation, as well as identifying longer term support needs which should be delivered through “mainstream” services and informal support networks.

Annex B

Support Matrix – Assessment Template

Intensity	Duration		
	Long term (12m+)	Medium term (3 – 12m)	Short term (<3m)
V high 24/7	Supported housing	Supported housing	Supported housing
High 3+ pw	Housing First	CTI	CTI (+Rapid re-housing)
Medium 1 – 2 pw	Housing First	CTI	Rapid Re-housing
Low < 1 pw	Rapid Re-housing (+floating support)	Rapid Re-housing (+floating support)	Rapid Re-housing

Assertive outreach support will be aimed at supporting all of those rough sleeping and should transition into the support outlined above.

Annex C: Housing-led support Models

- Housing First – the default approach for those with complex needs and/or experienced repeat rough sleeping.
- Critical Time Interventions (CTI) – time-limited approach, providing an intensive level of support for a short duration, which decreases significantly over time.
- Rapid rehousing (with floating support) – much less intensive approach aimed at supporting those with low needs into accommodation.
- Assertive Outreach – persistent support offered on the street to disengaged rough sleepers focused on helping people into accommodation.

The following provides more detail in relation to the different approaches, but authorities are also advised to utilise the same following principles for all four approaches:

Accommodation

- Accommodation is based on choice and individual needs - this includes an exercise to understand the needs of the individual and 'match' them to properties and locations that allow them to continue such things as positive relationships with family and friends as well as access services to services and healthcare. Fundamentally, however, the issue of affordability must be central and with the aim of providing settled long term accommodation as soon as possible.
- Accommodation is provided unconditionally - unless the individual otherwise agrees in advance, there are no conditions placed on accommodation such as requirements to engage with other services.
- Wherever possible, accommodation permanent and settled - if this is not possible, then movements, in particular in forms of temporary accommodation are kept to an absolute minimum. This is to minimise the disrupting factor of moves between accommodation. We understand that there will be challenges on finding permanent settled accommodation for all, but authorities are urged to understand the resilience of individuals when considering movements.

Services and support

- Services are individualised - while we ask that accommodation is provided unconditionally, services must be aware of the potential need to ensure that key services, in particular substance misuse services, must be retained during the move on period which will likely cause a peak in stress and anxiety.
- Support for everyone - level of support is based on level of need, but no accommodation is provided without some level of support being offered/provided both during the move on phase and for a period after placement. The period of post-resettlement support will depend on the needs of the individual. Authorities should consider how Housing Support Grant projects can support this aim.
- Single contacts - where possible, support is provided consistently. This could mean support being led by the same support worker, but certainly as few different support workers as possible to allow for positive relationships to develop. Likewise, where relationships are proving difficult, services may consider reallocating resources in order to develop a more positive relationship with the individual.

Personalised budgets and discretionary funds – allocate small funds to outreach and support teams that support with the costs of modest items that help with the rehousing of individuals.

- Psychologically Informed Environments (PIE) take into account the psychological makeup – the thinking, emotions, personalities and past experience of trauma – of its participants in the way that it operates. They are intended to help staff and services understand where so-called challenging behaviours are coming from, and so to be able to work more creatively and constructively with people. As part of this approach, services should be working within a broadly therapeutic framework, enabling them to develop clear and suitably consistent responses to clients who may be chaotic and distressed and who have learned not to trust.

There are five key components of PIE:–

- **Psychological framework:** organisations have a strategic and operational commitment to psychologically informed approaches. Service design, development, and evaluation are informed by an evidence-based, trauma informed model and the organisation’s culture is reflective, compassionate and person centred.
 - **Relationships:** High quality relationships are recognised as the principal tool in effective service delivery and staff have the time to develop trusting relationships with people using services. Psychologically informed approaches are used regardless of whether experiences of trauma are known and expectations are communicated in a clear, consistent and respectful way that avoids re-traumatising people.
 - **Physical and social environment:** Assessment and support environments are safe, welcoming and flexible, enabling positive, trauma-informed interaction between staff and people using services. People have choice and control over how they engage with services and the physical environment supports their wellbeing.
 - **Staff training and support:** Staff receive training and support to increase their understanding of trauma and how this can impact on people’s engagement and relationship with services. Reflective practice, continuous learning, professional supervision and therapeutic support ensure that staff feel confident to work in a psychologically informed way.
 - **Evidence and learning:** Evidence is gathered to demonstrate the impact of psychologically informed approaches and this is used to support continuous learning and improve the effectiveness of services. Information on the experiences of people who use services is regularly gathered and is used to inform service planning.
- Accessing Mental Health Support

Emotional and mental health needs should be considered as a key component of transition support, with a multidisciplinary approach to care planning led by the individual’s key worker.

Practitioners should use a trauma-informed approach, and additional training in supporting people to tolerate distress (such as grounding techniques or CBT principles) should be considered for staff across sectors.

A range of wellbeing and emotional supports are available across Wales, delivered by the voluntary sector as well as the NHS. These include community groups, one to one support and access to phone or text support. The Community Advice and Listening Service (CALL) can offer confidential conversations about mental wellbeing or distress, as well as connecting individuals to local services, and providing online self-help resources. It can be accessed 24 hours a day 7 days a week on 0800 132 737 (or text 'help' to 81066). The website is www.callhelpline.org.uk

Primary Mental Health Support Services offer drop in group sessions around anxiety management, stress control and managing difficult emotions. These are often drop in and do not require prior assessment to take part. GP practices also offer counselling services via appointment.

Access to formal mental health support is via GP referral. Appointments are offered on an emergency (2-4 hour), urgent (24-48 hour) and routine basis (up to 28 days), depending on level of need. Where a person is unable to access formal supports such as attending appointments, they should be supported to address the factors that are preventing them from engaging, through 1:1 support work based around individual needs. The principles of Maslow's hierarchy of need (ie. food, shelter and safety) often need to be addressed before a person is able to engage in formal courses of treatment. For those with trauma issues, engaging too soon in therapy before they are able to follow through with regular sessions risks re-victimisation and further psychological harm

Care and Treatment Plans (CTPs) should also be in place for people receiving secondary mental health services, which should include: Early warning signs of crisis or relapse (recording the thoughts, feelings and/or behaviours that may indicate when a person is becoming more unwell); actions that need to be taken should a person become more unwell ('crisis plan'); details and contacts of local support that is available to help prevent a person's circumstances escalating into a crisis; who the person is most responsive to (and who the person wishes services to contact when becoming unwell); and any factors that are significant to a person being able to remain as independent as possible. In relation to the Crisis Plan – this should include Contingency Planning and an appropriate detail of planned support to mitigate crisis – including easy and fast access to a crisis prevention service (this could either be a statutory service such as a Crisis Team or a community service).

<https://gov.wales/sites/default/files/publications/2019-10/wales-crisis-care-concordat-national-action-plan-2019-2022.pdf>

- Accessing Substance Misuse Support

Across Wales the seven Area Planning Boards (APBs) are responsible, within their regions, for the assessment of need, commissioning and monitoring of delivery of substance misuse services, using the funding allocated by the Welsh Government. APBs have been the key vehicle for supporting the delivery of substance misuse services and this will continue to be the case.

Each APB commission services based on needs assessments within their areas with a strong emphasis on partnership working to provide a more coordinated approach to engaging and sustaining engagement of vulnerable individuals.

Since the outbreak of the COVID-19 virus and the subsequent lockdown period, substance misuse commissioners, service providers and a wide range of delivery partners have adapted quickly, appropriately and where possible effectively to meet the complex needs of the substance misuse service user population to minimise further harm being caused to this vulnerable cohort. For example, during the lockdown period new interventions such as Buvidal have been supported by Welsh Government in response to the issue of accessibility to Pharmacies and their respective services.

A harm reduction approach remains key to reducing the relative risks associated with drug and alcohol use/misuse. This is carried out by a range of measures such as reducing the sharing of injecting equipment, providing support for stopping injecting, interventions to reduce drug related death and providing a range of both pharmacological and psychosocial treatments for both drugs and alcohol. Recovery and abstinence also form part of the harm reduction journey; they are not mutually exclusive.

It is likely that no single service will be able to provide all the support needed by an individual. Specialist services and specific philosophical approaches can maintain their individuality while still embedding the principles of both harm reduction and recovery focused practices into the ways in which they deliver their services.

As an overarching principle, significant consideration needs to be given to collaboration and coordination specifically with mental health and housing services and all other criminal justice strategic delivery partners. Significant partnership working developed during the COVID -19 response period and we should, where possible be built upon.

APBs and delivery partners are encouraged to consider other alternative treatment options with a view to relieving pressure on the current systems, thus potentially allowing for smarter ways of work. Individuals that have been housed temporarily during the COVID-19 crisis who have accessed substance misuse treatment options need to be supported to continue to engage in the variety of treatment options available through the 4 Tiers of substance misuse interventions.

Further guidance on the role of APBs including commissioning of services within their areas can be found <https://gov.wales/substance-misuse-revised-guidance-area-planning-boards-2017>

Welsh Government Delivery plan - <https://gov.wales/sites/default/files/publications/2019-10/substance-misuse-delivery-plan-2019-22.pdf>