

APPENDIX 4

Housing Support Programme Strategy Questionnaire Summary

42 responses to the Provider Housing Support Programme Strategy Questionnaire were received by Flintshire. The responses are below:

Good awareness of what the HSG programme is in your LA?

- Twenty seven declared 'yes'.
- Eight responses declared 'no'.
- Six declared 'unsure'.

Easily accessible HSG for people to get support in your LA?

- Twenty three declared 'yes'.
- Two declared 'no'.
- Fifteen believed that the service 'could be improved'.
- One individual did not comment on this question.

How should we tackle increasing awareness of HSG?

- Thirteen suggested 'local'.
- Four suggested 'regional'.
- Twenty three suggested 'both, local and regional'.
- One individual did not comment on this question.

Will customers be given a choice of how they receive support?

- Thirty four declared 'yes'.
- Zero responses declared 'no'.
- Six admitted that they were 'unsure'.
- One individual did not comment on this question.

Are you able to provide the same quality of support prior to covid?

- Twenty six declared 'yes'.
- Two declared 'no'.
- Twelve declared 'sometimes'.
- One individual did not comment on this question.

Is there an increase in complex cases resulting in crisis intervention?

- Thirty three declared 'yes'.
- Four declared 'no'.
- Three declared 'sometimes'.
- One individual did not comment on this question.

How is the increase in MH impacting on you as a provider?

- Even though some individuals may be engaging with mental health services, we seem to be filling in the gaps whilst individual is waiting to be seen or are not being listened to with regards to medication. They want to talk rather than be on medication.
- Impact on staff resilience Can be more difficult to address housing needs if there are many complex needs Providing more support in areas that previously statutory agencies would be involved

- Lack of access to mental health teams has put staff under extreme pressure when supporting. Looking at models in other LA's in England - teams have direct fast track referrals route ways and have staff placed with teams to resolve issues and provide the support on the ground.
- There has been many increased mental health cases and would prefer more mental health services support from local mental health teams.
- Everything feels intensified and the above is having an impact on the service. We support people to the best of our ability and have a robust staff wellbeing system in place that is monitored by senior management as the impact is mainly on the staff and the overwhelming issues they are presented with more often.
- Staff are dealing with issues that trained mental health professionals should be addressing. Clients are being supported whilst they wait for appointments and assessments with statutory health services. These clients can be very demanding as the pandemic has increased anxiety levels and this takes its toll on staff and admin support. Staff are dealing with higher levels of client's self-harming/threatening suicide. Increasing levels of debt and complex welfare benefit problems, as well as immigration issues are being referred - projects at a low level are not supposed to be able to deal with specialist issues and yet there are no other services often available to do so, or they have long waiting lists.
- As a residential service, the team have been continuing to provide face to face support throughout. Whilst other agencies have not been doing this, this has led to individuals not receiving the same support from statutory services, which in turn has meant that support staff were sometimes "left" to try and manage these complexities. This can lead to more stress and pressure on staff.
- My clients are finding it extremely difficult to get appointments with GP, and community mental health services. They are being sent out letters asking them to attend appointments in five weeks' time for example, which often results in missed appointments due to either not remembering, feeling as though it's too far away and the service doesn't care. As a provider we try to help arrange the appointments for them, but sometimes it is not possible unless we are with the client, which isn't usually possible if for example the GP requires us to phone up at 8am. This impacts us as a provider as we are having to try and help as much as we can with their mental health, but aren't really trained to give this type of support.
- Within our Refuge provision, we have faced many challenges with clients accessing support when their lead need appears to be Mental Health. Domestic abuse is present and undoubtable they require support to address the impact, however, this has proven difficult whilst addressing and trying to engage with the MH team.
- Loss of employment.
- Often more time need to be spent on each client. Very complex issues coming though and some clients with several complex issues. A lot of referrals coming though where we are also needing to use language line. Some of these with complex needs and MH issues so can often take the time of 3-4 other clients combined. It can help slightly working from home as this works well for most clients, and frees up more time (no travelling, no wasted time when clients are out or miss appointments etc.).
- Sessions are taking longer and clients have higher levels of anxieties
- We are currently working with a lot of tenants with mental health issues.
- Due to the increase in clients presenting with mental health issues and lack of funding and support, we are provided basic mental health support to clients
- I am unsure if covid has impacted on my SU MH however I do feel that the tenants we work with needs are becoming more complex which can have an impact on providers knowing how to support them.
- Residents have to be reminded to wear face masks, hand sanitizer available around the project for residents to use.
- Residents not always using sanitizer and masks. Reminded constantly for both their own protection and staffs. Sanitizer is placed in various stations around the project.

- Since the pandemic there has not been as much stuff to go to for residents due to the course of the pandemic.
- People are having to wait longer to access services (or are limited to tel contact for example with GP) - this leads to a build-up of frustration and increasing issues incl increased substance misuse.
- Increased number of clients suffering with mental health issues who are not under or being supported by mental health services. Difficulty with accessing some services face to face.
- All services have additional pressures and an increase in waiting lists for support this has meant an increase in support each person requires which then reduced the number that can be supported and supported well.
- Pre-pandemic mental health was a contributing factor for many complex clients. Awaiting the full impact as landlords are increasingly able to serve eviction notices.
- Caseloads require more in-depth attention which impacts on time spent throughout the project. Due to the complex needs of each individual more training in this area is needed due to the high increase in the mental health and wellbeing of adults and children and a quicker response on sign posting individuals to relevant agencies. A care plan would be beneficial to keep on file to be able to support individuals whilst residing at the project and guidance in handling individuals who have a diagnosis maybe with a personality disorder, bipolar and even schizophrenic. Responsibility of re-homing families throughout Flintshire who the majority have failed the first time who present with the above and more takes time to earn trust and time which can be limited and then either no response or late response from outside agencies makes the position at the project difficult as we work to criteria's also.
- We have seen many residents' mental health and wellbeing being affected by the pandemic. Some residents have really struggled with not seeing mental health support agencies face to face.
- We are stretched currently as people coming into the service do present with more than one lead need and high support needs around Mental Health, staff have some training but not as much as they feel they want or need. We also have at least 80% of residents in the various schemes with high needs around Mental Health, we have never had it this high in previous years. We have more and more complex residents who have lots of Mental Health issues which impacts on other service users, staff time, resources etc.
- We are providing additional support
- Stretching our resources, especially as our outreach referrals are meant to have low support needs.
- There have been increase in conflict on site, along with an increased demand for support for tenants with complex needs that seems to go beyond the services offered on the project. This has meant an increased workload for staff that can impact on our ability to give adequate support to all tenants on site, as our direction is often diverted to resolving conflict and dealing with the incidents that arise from tenants with complex needs that we are struggling to accommodate. Police have had to frequently attend the site in order to support staff with ongoing issues, which results in a negative environment for the residents and staff.
- The impact on the project where I work has resulted in a huge increase in conflict between different tenants and negative interactions towards staff from these tenants. This has resulted in staff requiring more police help/intervention. This has also had an impact on staff regarding feelings of personal safety at work and has also negatively impacted on feelings of work related stress The increased amount of support and conflict resolution required has also hugely impacted negatively on work load and there are many times that tenants are not fully supported due to on site incidents involving other tenants that stop staff supporting people whose support needs are, at that time, not as paramount however they are equally as important to the person. I feel that this increase in work load is not recognised and that due to the increase of such negative incidents on site requiring police and/or social services intervention, that staff are deemed as not able to deal with such incidents or are not qualified to when in reality this is not the case - the increase in workload has not been met by an increase in staffing numbers.

- Staff are under a great deal of pressure to deliver the company goals while faced with a greater and sometimes unknown/undiagnosed support need from multiple residents. Staff can't always lone work due to the variation of complexes in the same building so a greater strain is felt as rotas are amended to support staff on duty by bringing in additional staff.
- Multiple needs cases are challenging to move forwards with covid restrictions on accessing other service areas
- More challenging behaviours in the workplace
- There is not enough support for mental health, refuge staff are unable to provide the support needed for a mental health patients appropriately.
- Making support a lot more difficult and at a rapid unsustainable pace
- An increase in challenging clients, people generally seem more volatile.
- We have seen our clients withdraw and reduce engagement with services. With well-being levels lowering, so have basic care requirements such as personal hygiene and housekeeping levels.
- We struggle to gain the appropriate support needed due to remote working and the strain on the service in general. More training to help understand some of the more complex issues that have been identified during these difficult times is needed.
- The cases are taking longer and the level of support is greater. Need to get to the route causes and ensure basic needs are met first before and support can be provided.
- We are struggling to manage complex clients in temporary accommodation as it is not suitable accommodation for clients with multiple and complex support needs. We have a real lack of suitable supported and temporary accommodation for clients with mental health issues. We do not get any support from the mental health service to support these clients in TA.
- Two individuals did not comment on this question.

What trends have you seen emerge since Covid-19 pandemic?

- Family disputes
- More cases not sustaining TA due to mental ill health and lack of understanding from that service with engagement with these cohort groups. Lack of services face to face contact and not being consistent. Feels like there's never a set plan and there has become a generalised way of dealing with homeless citizens. We have seen a rise in the number of self-neglect meetings, prevention of death meetings, safeguarding and general MDTs called by support staff to pull agencies.
- Increase mental health issues
- For the Refuge part of the organisation we have seen such a demand for our individual units, due to people being unable to access communal settings. We are receiving such complex referrals where DA is present but may not at that point be the lead need. This can make our support ineffective at that time.
- See above, clients being supported in the way they want - when and how they want to receive support. Staff happy at the success of remote working - time and journeys saved, engagement at good levels.
- More phone contact from other agencies rather than previous face to face contact with clients.
- Extreme high levels of abuse and violence, including perpetrators using covid - 19 and the fear of contracting the virus as a controlling tool.
- Initially service was quieter following the Covid-19 pandemic but the need for housing support has now increased, and is more than ever before. We are seeing more people in problem debt with their housing, and have been struggling to get the support that they need. Many more people presenting with mental health.
- Loss of employment
- More clients needing translation. More MH issues. Financial struggles for clients who would not previously have needed services.

- More child on parent abuse, more complex needs, more mental health issues, more examples of cohesive control. Greater levels of isolation and extra stress due to childcare. More people requiring emergency funding for food, clothes etc.
- Tenants have become a lot needier but in all honesty none of them believed in covid so we had a struggle with ppe being worn when entering the office.
- I feel that there are no new rents, but that once that were unrecognised are not being recognise.
- Children not attending school and parents failing to send children in when they could have done has had an impact on the tenants and also on safeguarding as the children have spent more time on site
- Residents reluctant to engage in support face to face, they tend to spend most of their time in their rooms.
- Residents not always happy to engage face to face and spend more time in their own room sometimes with others, sometimes alone.
- Increase in drug use. Infecting resident's mental health.
- Increased frustration. Lack of motivation to get out and attend community events, after so long not being able to. Increased substance misuse. Very long waiting times for properties.
- Some reluctance to re-start social activities and groups and gain interaction with others. Increased number of hoarding cases which could require more specialist support. Decline in many service users property condition also.
- Increase in private rents making it very difficult for people to afford any housing. Increase in waiting lists for services Increase in the waiting list for the housing register. Reduction/increased time taken to get properties from voids to get people moving, rapid rehousing is anything but.
- Awaiting the full impact as landlords are increasingly able to serve eviction notices.
- Long waits for appointments with all agencies, remote working by agencies for residents who some have mental health issues and don't understand or like this form of meeting which impacts on their benefits, DR's, Dentist etc. Residents stagnant even though ready to move on however unable to due to property not being offered, ready for them. DAF wait too long having moved into properties leaving families without necessary items. Outside agencies reliant on individual residents to be honest important issues needing to be recognised by staff and highlighted with no visits from health visitors which would be missed if staff were not vigilant and putting one of their many heads on with everyone being remote, putting immense pressure on the staff and their manager not to fail the project and the people who live here.
- We did see a rise in families whereby their engagement decreased. Some families discussed their apprehension of moving into the community. Feelings of isolation and increase in mental health issues.
- More people with Mental Health issues More chaotic referrals - we are taking people who we would not in the past have had referred to us, this I feel is due to getting people off the streets and into any accommodation possible - that then puts a lot of pressure on the provider to just "get on with it and manage the situation" as there have been no real consequences to poor unmanageable behaviour etc. while in the pandemic.
- We have seen more mental health within our project
- Increase substance mis use, debt, lack of self-care such as not eating properly
- There has been an increase in tenants with mental health issues as well as substance misuse taking place on the project. Bad behaviour on site and poor attitudes towards staff seems to be a worrying trend, which has been difficult to deal with due to the no eviction policy which has meant that tenants have not faced consequences and have no incentive to follow project rules.
- Increased tenants with more than one mental health diagnoses. Increased tenants with substance misuse issues. Increased tenants with mental health comorbid with substance misuse issues. Increased child protection referrals due to the above. Increased conflict between tenants requiring intervention. Tenants being aware of non-evictions has seemingly resulted in an increase of negative verbal and physical behaviour/threats towards staff.

- Residents who are ready to move on are unable to as there isn't the properties available. Residents who have been encouraged to stay isolated in their own properties during the pandemic are now reluctant to mix together now rules have relaxed. Loneliness, lack of contact with friends and family are becoming a major obstacle with supporting them.
- Longer stays of service users at refuge accommodation
- An increase in people coming through the door for our services.
- Lack of regard for project rules due to no consequences. People are aware of covid rules but only a minority abide by the rules e.g. social distancing, wearing a mask etc.
- We have seen a reduction in service charge payments being met.
- Unable to gain face to face appointments. Difficult to arrange appointments due to many agencies remote working. Long waiting times to gain support required. Move on was stagnant so people who were ready to move into the community after completing the support plans remained here. Long waits for property due to voids taking longer than usual to complete. DAF white goods taking 3-4 weeks to arrive with resident causing hardship due to having no cooking facilities or laundry facilities.
- Need basic need support, access to food, gas and electric top ups, support to speak to energy providers.
- 5 individuals did not comment on this question.

Are these trends still prevalent now?

- Thirty three declared 'yes'.
- Four declared 'no'.
- Four individuals did not comment on this question.

What are the main issues you face regarding move on?

- Not being suitable for an individual and their needs
- Accommodation - brick and mortar - not enough of the sort of accommodation needed eg one bed accommodation, supported accommodation
- Properties and mental health pathways are not strong enough to support citizens in a person centred way.
- lack of social housing
- Social housing seems to be taking a really long time, however is understandable following the pandemic etc. This results in people being in refuge longer than needed, blocking people in crisis being able to access the refuge when the risk is high.
- Lack of suitable accommodation. Affordability. Client not deemed in need of housing by provider.
- Lack of suitable move on accommodation. Difficulty obtaining furniture etc. in time for move on. Could possibly do with more floating support once clients to move on.
- Not many rapid re-housing properties being offered. Service users are moved from shared temp accomm, to one bedroom temp accomm then have to move again if they're offered somewhere later down the line. Several moves can be unsettling, stressful and traumatic for some. Would be better if they were moved on from their original temp accomm.
- Struggle to accommodate clients experiencing mental health and whom require 24 hour support
- Moving back to a face-to-face service.
- Sometimes difficult to find continuing lower level support and some clients need repeated support. We have welcomed being able to re-open clients within 6 months without full referral process.
- Lack of accommodation, suitability of clients for refuge, often referrals are to suitable for a Domestic Abuse service, this does not become obvious until they have been accepted into refuge.
- Lack of properties especially 2 bedroom ones

- Lack of affordable housing and Properties.
- At present accommodation actually being ready to move in when offered to our tenants is having an impact on them, staff chasing housing and offering additional emotional support to tenants and also bed blocking at the site
- There are not enough accommodation available in the area
- There are not enough move on accommodation for residents to move onto. They do not want shared houses.
- Not enough move on accommodation for over 25s.
- Lack of properties, long time for maintenance issues to be dealt with, and so longer voids.
- Difficulty to gain carpets/flooring for people on a low income. Removals having to be arranged with very little notice putting tenants at risk of building up debt before even moving into a property.
- Increase in costs Managing expectations
- Length of time between successful move on application, allocation and tenancy start date. Lack of available housing stock and possibly due to covid restrictions and maintenance / refurb schedules.
- People not wanting to move out as they become too comfortable. 2. Properties are not offered due to FCC and housing associations not being able to evict or complete work on offered properties. 3. Move on panels cannot meet as they used to and are done remote taking longer to come to decisions, then properties are not there to be offered causing back log.
- Lack of housing Affordability of private rent Residents not meeting the criteria for private rent is not having a working guarantor Time scale of residents being offered property and then waiting for repairs to be completed Residents are reluctant to explore private rental properties due to lack of housing security. Many have had bad experiences with private landlords.
- Not enough suitable move on accommodation, so we are bed blocking in hostels / schemes Residents are staying in schemes longer than they ever did as they present with more than one lead need and very complex issues, especially around behaviour and not paying rent. Due to the length of time it takes for people to move on when they are ready to move, the knock on effect for some is that they then go backwards, get in with the wrong crowd, stop paying rent or in some schemes they give in to peer pressure and go back to substance misuse. had they have moved on when ready they would have had a fresh start with staff support and be in own accommodation and not shared so temptation would not have been as strong maybe.
- Lack of single person accommodation there seems to be a lot of new builds however they are for over 55's
- Lack of move on accommodation, tenants having debts and M/H issues
- There are long wait times for houses once tenants have been offered properties, as well as poor communication- tenants can sometimes go weeks without hearing anything.
- Tenants not engaging in support or wishing to address their issues. Waiting times for housing. Lack of communication with other services regarding housing.
- Additional support requirements increased. Lack of appropriate premises to move on to. Young people who require additional support are restricted in accessing it as there isn't the provision of accommodation available.
- Lack of suitable move on accommodation
- Clients ready to move on and no properties available for them to move in resulting in refuge being full and other potential clients needed refuge unable to access.
- A lack of accommodation
- Delays with move on property.
- Residents have become comfortable in their temporary housing and are reluctant to move out into the community independently.
- Long delays on moving people on due to shortage of properties, time taken to turnaround voids.
- That loss of the support needs are complex and are taking longer

- Lack of suitable accommodation for clients with multiple and complex support needs - they are being refused as their needs are too high or risk is too high. Not enough accommodation for single people. Not enough affordable accommodation in the local area. Too many barriers to accessing accommodation such as needing to be working or have a guarantor.
- Three individuals did not comment on this question.

What issues have been encountered from Housing Options Team?

- Yes - unsuitable properties and setting up individuals to fail as they are either inexperienced at living independently or don't have the necessary skills.
- Properties are in short supply. Housing First has not been allocated a property for over 6 months. Denbighshire Housing and Cartefi Conwy has supplied the most properties so far over the period of the contract but still not the number committed too in the Welsh Government charter.
- No social housing available Private rental sector- many barrier clients face due to not able to take benefits, low income, high rental charges, no guarantor
- There is no consistency across the counties, all procedures are different, which can complicate things. Then referrals get missed, extended the 56 waiting period. Also, legislation states that people in Refuge should be in band 1, this doesn't always happen, staff have to consistently challenge to move from 2 to 1.
- Sometimes information about the move on accommodation is minimal which causes anxiety for clients. Some clients have mentioned that they don't feel they have enough contact with their housing officer.
- Temporary accommodation officers are brilliant, always there at time of need for clients. However, housing options team have poor communication with clients. I believe this is because they are managing a high caseload. More meaningful work could take place if staff had less clients.
- As above, Struggle to accommodate clients experiencing mental health and whom require 24 hour support.
- Yes, there are three separate teams working in one office. I was told by HSG that the service team must ask for the homelessness team - my service user had been inadvertently making a social housing application. The service user was left going around in circles. It is more complex than it needs to be.
- Sometimes lack of contact or waiting a long time for a response from housing options, however understood they have been under an enormous amount of pressure
- Housing options seem to pass a lot of people over to housing support without staying involved. Housing options also seem rushed off their feet. I think that housing support teams within LA's often are in the loop but outside agencies delivering housing support are often not filled in on changes within housing department, staff changes etc. and often find things out by chance rather than being fully informed. Has been harder to get hold of people in some cases.
- Long delays in properties being ready to move into due to shortage of materials. Also lack of communication from the housing officers.
- Main issues have been as above and updates being given to us and the tenant we are constantly chasing for info as tenants are left in limbo
- Since lock down, time appears to have stood still and residents reluctant to move on
- Not enough suitable properties in the area.
- The residents that have moved on since I have been working at the project there has been no issues.
- Can at times be difficult to get hold of. Some properties being allocated that are not appropriate for a service user specifically relating to medical needs.
- Increase in the waiting list for the housing register. Reduction/increased time taken to get properties from voids to get people moving, rapid rehousing is anything but.

- Move on panel appears to sit less frequently or decisions take a little longer due to covid restrictions Lack of available housing stock and possibly due to covid restrictions and maintenance / refurb schedules
- Issues that have arisen are lack of communication from the offer of a property and the residents being given excuse after excuse as to why their property is not ready this is after 12 weeks and then being told this could take at least another 8 weeks depending on condition of the property. Lack of properties available which extends the stay of the resident.
- Lack of communication has been an issue on occasion. This was in relation to a timescale of residents being offered accommodation and when they are actually able to move in.
- Lack of suitable move on Lack of move on to peoples preferred areas Barriers to moving on due to resident having previous rent arrears / debts from other accommodation. When move on identified and the offer made to the client they can then wait a long time to actually move in - this can be waiting for repairs to be done, Housing officers on leave / sick leave etc. - when a delay in moving out happens the room/ flat is bed blocked and referrals that have been accepted for that room then have to go on hold too.
- Suitable move on accommodation- a lot of accommodation is centred towards the elderly
- Contact issues- due to working from home and staffing issues it seems to have gotten a lot harder to get necessary information.
- Time taken to move into a property after being told that they were successful for Move On can be very long - however it is understood that this is due to supply issues with building materials.
- Lack of move on forever homes following leaving supported living and outreach
- Contact issues
- The pace of work has increased made more challenging due to PPE, some services not leaving homes and we soaking up their roles.
- Lack of available properties due to the 'rapid response' strategy Implemented in Flintshire
- Long delays on moving people on due to shortage of suitable properties and time taken for a property to be released once one is identified.
- Three individual advised 'no'.
- One individual advised 'yes'.
- Eight individuals did not comment on this question.

Are you having issues with recruitment? Or have had in past 12 months?

- Eighteen declared 'yes'.
- Thirteen declared 'no'.
- Six declared 'Not needed to recruit in the past 12 months'.
- Four individuals did not comment on this question.

Reason for recruitment issues?

- Pay more people wanting to work from home.
- Short term contracts, low paid salaries in relation to the nature of the work. You can earn more in less exposed jobs. Homelessness can burn staff out quickly if not supported with clinical supervision - Housing First is lucky to at least have that. But currently I have staff who have worked on the frontline since the start of the pandemic and with the most complex cases that homelessness has but yet they only have 6 months left on their contracts.
- There doesn't seem to be a lot of people applying, which is highly unusual, do not know why? But know it is happening across all fields of work.
- Possibly people looking for opportunities to work from home. Pay possibly Not enough awareness of the work
- No interest in the role, perhaps due to low pay of support worker roles.
- Due to lockdown we haven't really had the spaces to recruit residents
- Due to covid no move on was available. It would have been unsafe to move residents on.

- Due to the pandemic we found out that there was not much going for residents
- Salary, lack of experienced applicants.
- Suitable staff not applying due to minimum wage. Retaining staff due to minimum wage being increased leaving the gap between positions negligible for the responsibilities of some staff.
- Perhaps people are reluctant to embark on employment that is face to face and not flexible in terms on remote working.
- People are fearful of job insecurity.
- Too many staff join following on from university without Life Skills and become disillusioned by the behaviour of the residents they are supporting.
- Lack of suitable people applying for the roles. Lots of unemployed people applying for roles on websites like Indeed but not really wanting the job, they often don't turn up for interview or turn up not even knowing what the job is as they have to apply for a certain amount of jobs to keep benefits, they also accept jobs but then don't take them up as they say it's not "financially " worth it - we do pay a good wage so it's not the salary we are offering that's at fault.
- Stress with dealing with the tenants, contract changes, low pay-staff having to work overtime to get a better wage, then taxed heavily by the government.
- Unless... jobs are advertised, just little interest or people not suitable for the job.
- Twenty three individuals did not comment on this question.

What do you think are the current gaps in housing support and homeless provision?

- Compassion, empathy, direction, support, inappropriate and unsuitable housing.
- Homelessness needs properties to move people on to - keeping people in TA for lengthy periods of time isn't working or solving the problem. Assertive outreach teams for rough sleepers separate from the statutory homeless service.
- Social housing, affordable private rentals
- Unfortunately the lack of social housing is the main issue, which is not something that can be rectified overnight. There should be more move on accommodation for people leaving crisis accommodation, ready to move on. This would then free up the crisis bed spaces for people in need. Low level support can then be provided around tenancy maintenance to prevent future issues and becoming back involved in homelessness.
- Mental health needs training for support staff. Specialist services to deal with mental health issues who also have housing/homelessness issues. Domestic violence training for support staff.
- Need for more long term supported accommodation, especially for those who have used substances for a long time and are getting older. Accommodation to enable projects like Rapid Rehousing to be possible Possibly more floating support
- More suitable accommodation is needed e.g. more one bedroom properties rather than a chaotic shared building with 12 unstable clients all bunched in one place.
- Mental Health facilities especially for those with dual needs
- I don't think that people should be in dire straits before they receive support under homelessness provision - some sort of emergency support. Less waiting times.
- Long term support and the ability to dip in and out easier for the many that need this. Enabling clients is our aim but this is sometimes not possible for some clients.
- We have had a 40% increase in referrals there are not enough staff to deal with the increase. Support for CYP, there are long waiting lists as CYPMHS etc. are full
- People still working from home
- Lack of education and support around the process due to it being complete.
- Specialist MH services for tenants, maybe smaller units as not all do well in large units and PIE approach is easier to work with tenants in more homely environments. A halfway house for tenants who may need a few days away from the project when things are going on there to get

them away from a situation or even to allow them to be able to avoid having to leave, similar to a respite type accommodation

- Not enough supported living accommodation for residents with learning disabilities
- Mental health needs further priority, along with drugs and alcohol.
- I find that there is not much move on options for residents.
- The length of time between someone engaging with support, and then being allocated a property. Occasional lack of joined up working amongst services.
- Hoarding Officer per authority. Debt Officer, Benefit appeals - PIP etc.
- Additional support for the complex cases. Mental health we have an excellent support but they are only 1 person. Additional support with substances due to increased waiting times for NHS services
- Lack of available housing stock
- Lack of properties and size of properties on offer.
- Singles provisions LGBTQ+ provisions Provisions for residents whom will never be able to hold a tenancy without ongoing intense support
- Not enough hostels, Supported Living Accommodations available We need provision that could take people with very high support needs who could stay well over the 2yrs as needs they have / present with are so complex and will need more staff support to get them ready for independent living. More schemes that specialize in Mental Health More schemes that are smaller and can take complex needs - small schemes are better as the staff can do more intense work with smaller groups, behavioral issues don't impact on as many other residents in a smaller scheme etc. - when I say a smaller scheme I think beds of 4-6 at most with full 24/7 support from staff - right staffing levels so double cover and either a wake or wake and sleep depending on the needs of the people being accommodated
- Here in Flintshire we have all area's covered we also offer ongoing support when our tenants move to their forever homes
- Single and shared accommodation for move on, complex needs accommodation
- Affordable housing for young people who want to contribute to society by working but would then be ineligible for Housing Benefit. More floating support to be offered to young people for longer (if needed) when they move into their own homes. To help prevent young people failing once they are living independently would help break the cycle of homelessness.
- More specialist provision required - project workers dealing with more complex issues
- Move on accommodation and supported accommodation
- Property shortage, move on delays due to shortage of materials, staff isolating etc.
- 1 bedroom accommodation.
- Lack of parent and baby placements Lack of supported accommodation for vulnerable people more night stops Family supported accommodations
- It needs to be more holistic, support services need to work together more
- Five individuals did not comment on this question.
- Three individuals advised that they were 'unsure'.

What do you think your local authority should prioritise in HSG Strategy?

- Suitable housing options for individuals with relevant, wrap around support
- Suitable accommodation for rapid rehousing Floating support
- Intensive support provision for complex cases. Rough sleeper assertive outreach package - we need the right teams supporting citizens to access for assessments for TA.
- A more structured form of move on: As mentioned previously people are presenting with far more MH issues and accessing crisis accommodation, a move on phase would allow further support around tenancy maintenance. After receiving such intensive support, independent accommodation can be overwhelming and a huge step for people. This would then in turn could prevent homelessness occurring again.

- See above, long term support for clients who will always need to dip in and out of accessing a service which can reassure them and assist them as and when issues arise. Crisis support for those clients who cannot wait to access a service via a Gateway or waiting list and need help to stabilize/prevent a situation worsening, before accessing longer term support.
- Homeless services Supported accommodation
- Getting referrals sent to us sooner. Often our referrals are received too late, and our prison leavers have already been released with lack of support and feel left behind by the time we manage to reach them.
- Services to address mental health / dual needs
- Views of clients and front line staff.
- Long term funding, CYP funding
- Providing housing for our move on tenants so we can get people in who need support.
- Mental Health awareness/ training, PIE services
- Maybe look into more supported living accommodation for learning disabilities
- As above, more in depth support needed for mental health, drugs and alcohol.
- More move on flats for residents.
- A range of support approaches, including but not exclusively rapid rehousing. PIE training for all staff.
- Hoarding Officer and Officers who can deal with complex debt issues and Benefit appeals
- Continue as they are with the level of support staff but if possible extra specialist support that could help the current staff with complex cases.
- HSG would benefit from working closely with projects having a better insight into the people and families that they are providing for now and in the future. Education on running your own property and reality on incoming and outgoing costs so that future tenants have a more realistic insight into being out in the community. A longer period of working with projects supporting the homeless would be beneficial on both sides.
- Increase the amount of affordable and secure housing
- More provision for more complex needs more provision for longer stay - more entrenched behaviors etc. More move on provision More provision for Prison leavers - so this could be a hostel that takes just prison leavers when they come out of prison, they get assessed quickly, they then get the correct support put in place and then they move into suitable accommodation within 2 months so that could be to own accommodation, into hostels, into complex needs accommodation, back with family when some mediation with family is done etc. provision that is like "time out" so anyone in a scheme that has caused disruption etc. which might have meant eviction in the past could go to and more intense support could be put in to address behaviors, help with a mental health or drug issue etc. then return to the scheme or other suitable accommodation.
- Single and shared accommodation for move on, recruiting support workers
- Improved referrals and background checks on potential tenants coming to the project and the option to refuse unsuitable candidates.
- More support staff, dedicated housing stock in a community setting, more affordable one bedroom properties.
- Giving household essentials
- Supported accommodation for ex-offenders.
- Affordable housing- there are not enough affordable private rental properties. Housing stock- there seems to be a shortage of social housing available throughout the county. Supported accommodations - supported housing can offer the help and advice needed, but a lot of the issues residents present with are not just housing related. Agencies could work with HSG at their projects.
- Need to look more at the Private rented sector and the support that is available for both tenants and landlords.
- Two individuals advised that they were 'unsure'.

- 11 individuals did not comment on this question.

Why is your service PIE informed?

- We work with individuals, they inform the service they want and their needs considered and met
- We have a dedicated team Reflective practice sessions for staff PIE and TIC mandatory training Pizzaz assessment to monitor how PIE the service is
- Housing First has 10 set principles and PIE is one. The principles states - the service is delivered in a psychologically- informed, trauma-informed, gender informed way that is sensitive and aware of protected characteristics.
- We are currently undergoing trauma informed training through safe lives. This is intensive training around psychological theories and frameworks that are used to benefit the people we support and help staff understand how they think or behave given a set of experiences and environmental factors. All staff are also trained around ACE's and the impact this can have on a person's life.
- All staff have received training via Cymorth and the importance of this is regularly discussed.
- We have a dedicated team who are supporting the organization, projects and staff to work in a PIE way. The PIE training is mandatory for all staff along with the Trauma Informed Care As an organization we are working to implement the PIE evaluation programme to improve each service.
- I believe our service is psychologically informed as we are very client led. I am flexible in the sense that I allow the clients to choose the day and time of their appointment. This helps them to feel that their opinion matters and they are heard. We build strong relationships with the clients building trust, being there for them when THEY need it, and not just when we say they have an appointment. Clients also have the choice of the location of their appointments e.g. home visit or in the office. We understand the stress and anxiety is May because someone to have to travel to an appointment, so often they like the fact we are willing to conduct home visits to them instead. We run a wellbeing group whereby we go on walks to give the clients something to look forward to, keep active and get outdoors without having to worry about completing forms and paying bills etc. like their usual appointment consists of.
- In both refuge and community provisions we support clients on an individual basis tailored to their needs wants and wishes.
- We adapt the level of service to the needs of the end user, and have a range of ways in which the user can contact us for support, such as webchat, emails, telephone etc. We are able to switch channel easily. Good links with a range of local providers. Workforce have regular Support & Supervision meetings and supervisor is always available to answer queries or provide support.
- Most staff are nonjudgmental and would always try to gain trust of client and make allowances for issues we are aware of that may affect client. We have previously been told by SP Team that we must close cases quickly if clients don't engage or stop engaging (even where there could be damaging consequences) but this can go against what we have learned in PIE training. Using innovative ways of making contact and showing empathy and understanding towards clients and the issues they are faced with.
- All staff are trained to deliver therapeutic support. We offer a holistic service which we tailored to the individual's needs, we offer group programs, CYP and child/parent programs which take a whole family approach.
- I haven't done the PIE training yet so not the best person to ask.
- Staff work with a person centered approach based on tenant's wants/ needs and adapt their style to suit the tenant. The physical appearance is not PIE however we have started to put changes in place to make the service more SU friendly
- Working with our residents and having a none judgmental approach helps residents to engage in support

- As a housing association I feel that staff have a more caring attitude towards residents in their time of trauma/chaos/vulnerability, and feel that this comes across on many levels
- In the project we find the care aspect helps in the work place and they open up more to staff.
- Manager has been on PIE training and embraced the principles, which have been cascaded down to staff. Time is given for regular reflective practice. Emphasis on relationship building in support. Support is person centered. Efforts made to make office a psychologically informed physical space.
- Not Applicable - Unable to gain the relevant training.
- Staff have been trained in principles and are informed enough to consider multiple influencing factors of a client's presentation and strengths and needs. This helps to reduce stress, possible opportunities for conflict and increases the probability for trust, therapeutic relationship and positive outcomes
- Person centered environment although we offer temporary accommodation as a project we offer support in all areas. The project offers support in-house however recognizes the importance of liaising with outside agencies to get the best outcome for the individual. The project respects the individual and their lifestyle choices and encourages progress and embraces new ideas and as long as ideas are appropriate and relevant to the progress of the project and individual it supports and encourages freedom of choice and tries to adapt to help each resident and their family to achieve their goals.
- Staff are trained in Path PIE Implementation of skills and wellbeing plans Implementation of wellbeing sessions Being aware of trauma/ACE's and how we can best support our residents Treating residents with empathy and dignity No evictions
- This is a work in progress, we are currently transitioning over to PIE we offer support that's person centered we are currently overhauling our buildings to make them more PIE or moving to new schemes if we cannot achieve this in the building we are in.
- We have been for many years as we believe this empowers the service user's and also allows them choices
- As a complex needs project, we always try to look outside the box to get the person to make their own choices to benefit themselves.
- We tailor our support approach to every resident.
- Our support is totally tailored towards the person including where support sessions take place as some tenants do not engage well in support sessions in formal settings.
- We set boundaries but within those boundaries actions and consequences play a dominant role. We show by example and aim to explain why the right course of action is what it is.
- Detailed extensive referral process, good explanation of license agreement prior to intake. Good introduction and show around on arrival. Weekly house meetings
- I'm not trained in PIE
- Because it's a refuge.
- Person centered, holistic support, tailored to suit the individual.
- Our staff have become more empathetic towards clients. We use a preventative approach vs a reactive approach. We welcome open discussion and give the clients opportunity to express their views.
- Our service is person centered and not just housing support. We understand how past experiences can impact on a person's future so by identifying past experiences and helping to get help/advice...our residents feel more able to succeed in the future.
- Understanding where the person has come from, having that conversation and listening to them. Working with them to access support. We have all received ACE aware training so have that understanding.
- One individual advised that they were 'unsure'.
- Five individuals did not comment on this question.

What PIE approaches does your project excel at?

- Considerate of past traumatic events which may have occurred, honest, open and empathetic
- All staff have undergone PIE and Trauma Informed care training to embed the approach into the organization.
- Staff at the service are trained and are aware of the personal history, trauma and experiences of their clients, and work to ensure their interactions are sensitive and responsive to those experiences.
- Person centered approach
- Our ethos always has and always will be person centered. We tailor our support plans around the individual and are aware that their ACE's may have had an impact on their life and experiences. By working with them on these issues we aim to rehabilitate them back into the community and work closely with them during their time with us.
- Realizing a client will have more going on 'behind the scenes' than they may initially divulge, the importance of working with them as an individual in the way that they want, respecting their choices and providing support whilst referring on for more specialist help with some needs.
- We have been changing paperwork in line with PIE principles. We have been training all staff to work in a more PIE / TIC way with clients and colleagues - the language that we use and the way we approach barriers and potential issues.
- Giving clients freedom to choose time, day and location of appointment.
- Providing person centered support to meet the needs of clients at their own pace, in a way which works for them. Working to the client's needs wants and wishes allows for engagement, the establishment of trust therefore better outcomes for the client.
- As above, all staff are trained to deliver therapeutic support. We offer a holistic service which we tailored to the individual's needs, we offer group programs, CYP and child/parent programs which take a whole family approach.
- Tailoring the support delivery and content to needs of individual. Quickly identifying when a client has high support needs and may need a lot of assistance to achieve small goals. Noticing when very small steps are achieved, the significance for that particular client. Being able to tell when a client is able to deal with things themselves and working out the level of support needed. Non -judgmental and not afraid to challenge other agencies who on odd occasions show a more judgmental approach to get deserved outcomes for clients.
- As above, we adapt the level of service to the needs of the end user, and have a range of ways in which the user can contact us for support, such as webchat, emails, telephone etc. We are able to switch channel easily. Good links with a range of local providers. Workforce have regular Support & Supervision meetings and supervisor is always available to answer queries or provide support.
- Informal support based on what the tenant needs as opposed to structured support
- Taking a more caring approach helps with trust issues in relation to all aspects of our work
- See above, as a housing association I feel that staff have a more caring attitude towards residents in their time of trauma/chaos/vulnerability, and feel that this comes across on many levels.
- Given them that 1 to 1 engagement
- Person centered approach, reflective practice, physical environment
- Building on trust and therapeutic relationships
- Person centered approach. The project takes a holistic approach and listens to the individual and then together supports the needs of the family. Boundaries are suggested to encourage the individual to succeed in their journey at the project and then to continue to implement when they have achieved move on. These show the individual and the family that the project cares and is not just here to put a roof over their head at their times of need however to work through all types of issues housing being one of the many individuals experience. The project goes above and beyond anyone's expectations and this is proved by employees supporting families will help when not working will collect items on their travels for residents with permission from the

manager. The project excels in support however this is not always appreciated by residents as they are not aware staff work out of their work hours and try and access funding donation in their own time. Words cannot express the dedication of the team and the way the project is run by the manager highly enough.

- Building relationships.
- Being person centered No evictions - unless for serious violence
- Giving choices and empowering the service user's
- Looking outside the box with the tenants to empower them, very few incidents at our complex needs project
- Tailored support sessions to client's needs, flexibility in support.
- My project provides an enormous amount of training so that we can fully support tenants with complex needs. Staff are actively encouraged to meet to debrief and discuss tenant's needs and reflect on work undertaken with each tenant. This means that support offered is not only PIE and person centered but also holistic in that the whole team know exactly what is going on with each tenant and can support tenants even if they are not key working with them
- We encourage opportunities and to access those opportunities we encourage routines, self-care, fulfillment, positive mental attitude and physical wellbeing. Open discussion with our residents and feedback.
- Support of helpline out of hours. House Meetings. Open door Office
- Support sessions
- Person centered, holistic support. 24 hour staff
- We use a preventative approach vs a reactive approach. Rather than implement warnings for breaches we work with our clients to address the reason for the breach rather than give an immediate warning/NTQ
- As we are person centered, our resident will help to plan the support they need. It can involve all aspects of life, not just housing. Our residents will complete the resettlement passport along with completing the AIMS booklet. We help to build confidence and the resilience needed. I have worked here for 10 years and during this time I can see that working in a PIE has considerably changed how the project delivers its service and that positive outcomes have resulted. It is very rare to see a resident re-present after leaving. Also having the move on process has helped to achieve this.
- Having a conversation, listening to what is not being said. Being there for the person and not just using a tick box exercise to provide support.
- One individual advised that they 'did not know'.
- Eight individuals did not comment on this question.

Do you feel your comments / feedback are consulted on by your LA?

- Sixteen declared 'yes'.
- Four declared 'no'.
- Seventeen declared 'sometimes'.
- Four individuals did not comment on this question.

RR Model. What barriers do you think your LA will face to rapidly rehouse successfully?

- Not considering the needs of the individuals
- Suitable and required number of accommodations needed Recruitment
- Houses - I think teams don't have the move on properties to start the process of supporting citizens to build a life. This is a key element to rapid rehousing - maybe we need to understand the scope of building plans for 1 bed accommodation.
- More social properties, to make private sector easier for clients to move on and not solely rely on social housing. More supported accommodation for clients with high support needs.

- The lack of accommodation.
- Lack of suitable accommodation. Suitably trained staff. Local member support could be an issue, as could neighbors and potentially LA housing staff who may oppose the approach. Low support worker salaries put staff off applying/joining the profession.
- Housing stock Recruitment into the roles Potentially, practical support from other agencies
- Clients will have the universal credit cut next month, which means they will have lower income and therefore may struggle to pay service charge. This could mean clients won't be put forward for rapid rehousing.
- Due to the nature of the service, rapid re housing may not be the best solution for all clients due to additional support and needs being present. Often clients presenting to domestic abuse services have additional needs to the impact dv/sv and offering rapid re housing may mask any support needs.
- Availability of Housing Stock.
- Lack of housing stock. Lack of affordable quality private rentals.
- Not enough properties
- Having smaller 1 person accommodation to do this. wraparound services all being on board
- Again lack of housing could be an issue
- As said before I feel there is a lack of good move on accommodation
- Again not enough move on accommodation for the under 25s
- Lack of affordable, accessible housing
- Suitable properties - For both specific medical needs and enough 1 bed properties.
- How long it takes to get a property back from voids and the condition of the property when they do come back. I have been in Clwyd Alyn property and they were ready to move in. I have been in FCC and they were terrible I was embarrassed to be there encouraging my client to take the property.
- Successfully, matching needs to housing availability
- Funding is the big issue and having the appropriate staff to renovate and maintain the housing in the community. Lack of properties is another issue that is a barrier when trying to move on families to the appropriate areas and size of the property.
- Lack of housing options
- Accommodation will be the main one
- Lack of move on accommodation
- Finances, lack of property to move people on to, so tenants in supported living accommodation become institutionalized and bed block. Also, tenants on benefits will often have to pay a lot of their own HB which can lead to financial difficulties, especially if work is provided by an agency as the work can cease any time. This then leads to HB issues and other restrictions to moving into their own property.
- Lack of housing options/becoming overwhelmed by amount of service users. Staffing/supply issues to have properties habitable in a realistic timescale.
- Covid fallout
- Lack of resources such as accommodation. There is a huge demand for housing in Flintshire as it is seen as a good investment for those that can afford to buy privately, therefore increasing house prices and then rents following Buy to Let purchases.
- Availability of suitable properties to meet service user needs
- Sufficient supply of adequate housing
- Lack of accommodation
- Finance, availability and increased demand
- Clients are reluctant to work with private landlords for fear of the landlord selling the property and evicting them. Lack of housing availability.
- I think that the lack of housing stock, lack of supported accommodations/ night stops
- One individual 'did not know'.
- Six individuals did not comment on this question.

Where do you see your service or organization offering value to a RR approach?

- Filling the gaps - mentoring individuals
- Assisting with support
- The set of principles that housing first work to lend themselves well to being able to gain trust and engage hard to reach citizens. Providing intensive support provision allows staff to enable citizens to achieve things together and sustain it.
- Emergency accommodation for domestic abuse.
- We potentially could offer a middle/low level support to ensure maintenance of tenancies.
- Long record of providing housing and support services successfully in N Wales. Already have experience of delivering Housing First approach. Network of agencies working in partnership to deliver this and our HSG services. Nationwide presence of housing, debt, support and other services.
- We could potentially offer support to those accessing Rapid Rehousing
- We would be able to support the rapid rehousing approach as we can help move the clients in quickly, apply for furniture for them through funding such as DAF. We will be able to help set up utility bills to alleviate the stress of this on clients when they are offered their (first) property.
- This would work with clients who present with no additional support needs, other than requiring safe secure accommodation, free from harm
- Quality generic housing support from a very experienced long serving team.
- We offer advice with debt, budgeting, grants for household goods, target hardening and move on outreach support to victims of DA. These factors are crucial to supporting individuals who have been disempowered in a relationship to build confidence and self-efficacy. Approximately 12% of our clients would report as homeless as they are often fleeing an abusive home and could be staying with friends or relatives, sofa surfing or living in temporary accommodation.
- A starting point for families who need support to ensure the package they require moving forward is in place
- By introducing more move on accommodations in the area with support if needed
- By introducing good quality move on accommodation, with support if required, sometimes in close proximity to the original accommodation.
- Increasing move on accommodation
- Complementary value - nacro's Flintshire Doorstop is not technically rapid rehousing, but the service is very successful and has very good results for people achieving their support goals and moving on to live independently.
- Being able to support tenants moving into properties with setting up their tenancy, bills. Applying for white goods etc. To be able to continue long term support with them to help them live independently in their own homes.
- The service offered by the staff is excellent unfortunately we can be waiting weeks for the property to be ready which holds everything up.
- Identifying needs and building skills for enduring successful tenancy
- The project guides residents and works through scenarios to hopefully make sure the families do not return having been given the opportunity to be offered a tenancy within Flintshire. The project works around the housing referral they have been provided with and addresses the issues highlighted in hope that this does not occur. The project offers and searches for solutions for any of the needs of the families highlighted in their support sessions and act as an advocate on their behalf if requested guiding them and demonstrating how to address other agencies in appropriate ways to get the outcome they want.
- Staff are trained in assessment of needs and implementation of individual support packages
- This will ensure we have a more rapid turnaround of service users which will help reduce homelessness

- By employing staff that are well experienced to help move tenants sustain their accommodation and work with them on their ISP's and support plans so that they have a better chance of maintaining their tenancy.
- We are able to offer temporary accommodation to those at immediate risk of homelessness.
- The support offered to some tenants is unquantifiable as some tenants need almost constant support meaning that they require staff attention for anything up to 8 hours per day.
- By transforming run down properties in the least favorable areas. With investment in property these areas become more desirable and a community spirit develops.
- To residents that are ready for independent living but remain in supported living
- Faster move on where appropriate, fast turnaround of voids.
- Our service supports families who have struggled to maintain an independent tenancy. I feel our service is there to support the, local authority before a RR approach is able to be implemented and back up the local authority where the RR approach has broken down for a client.
- Due to the support the project offers and the criteria that has to meet to be put on move on....I feel that this helps with the strain on services in the community in the long run as support is put in place and concerns highlighted before move on making for a more successful outcome
- Two individuals advised that they 'did not know' or were 'unsure'.
- Eight individuals did not comment on this question.

How achievable do you think the Rapid Rehousing model will be?

- Depends on funding allocated to allow support staff to engage and work with people. We need to think outside the box and create an approach that works for the citizen and not just for the processes that LA's have.
- Unsure at this stage as not aware of any new accommodation being built or created and currently there is a massive shortage.
- Depends upon it being driven by the right staff internally, and having the right external organizations involved and committed from the start. Accommodation requirements need to be shared and committed to by housing providers. There needs to be awareness raising of the model across interested parties prior to the launch. LA's need to learn from existing Housing First projects.
- If accommodation could be identified, then it is achievable
- Unsure as not aware of budgets etc.
- If properties are available it is achievable
- Will depend on accommodation
- Anything is achievable if you put the work in
- With more properties this would be achievable
- I can't see why it couldn't happen
- Depends on availability of housing
- Difficult to answer without seeing the model and how it will work.
- If the properties are turned around quicker than it would be achievable and it would stop clients telling me they have seen a council property empty for months and why can't they have that !
- Only if there is availability and suitable stock
- I believe it is achievable if the funding and the correct people are in charged however I believe that liaising between projects and the council and organizations is vital to support the residents.
- If we are able to utilize empty spaces, build more housing and develop better relations with private landlords then it could be achieved
- Not sure hopefully this will be achievable as Flintshire is widespread
- A lot depends on the tenants we are sent to support and turn their lives around. The more complex referrals we receive, the longer and harder it takes to get them to engage with us and support with their ISP's.
- Fairly achievable.

- Very achievable with the right funding and certainly would be a benefit to the communities.
- I think it will be challenging for all services, our service users personal challenges and experiences impact on their individual readiness to move on
- Very difficult.
- I feel it is a positive approach and an achievable one. Our service personnel have the correct skill set to support people / families in the home to help them maintain the tenancy, once RR is implemented.
- I feel that the model will be achievable but not necessarily in the time scale it has placed on its self.
- Five declared that they 'did not know' or were 'unsure'.
- Twelve individuals did not comment on this question.

What are you hoping to see in your authorities RR Plan?

- The needs of the individual
- Achieving a good rapid rehousing model as quickly as possible
- Numbers around property allocations per year for single person accommodation broken down by LA, RSL and PRS. Staff training on working in a PIE way, what rapid rehousing is and what the expected outcomes are.
- Move on from supported accommodation within a good timespan, so we can accommodate more clients fleeing DA. More face to face housing appointments with clients, so they get to know their housing officer and be able to build a good relationship.
- Short term move on accommodation.
- Realistic goals and expectations. A commitment to provision of suitable housing units from providers. A commitment from support providers to be able to commit as required. Education around rapid rehousing model shared as required. Understanding of the complex needs of clients and their choices.
- No time limits to the support an individual may require to enable them to succeed. Identifying suitable accommodation.
- I would hope that the council can start to have meetings with partner agencies such as us (housing support charity) that usually know and understand the clients better than the council, and ask for our opinion on who should be put forward for rapid rehousing. Local authorities tend to go off what is written down on paper e.g. who's paid their service charge, and don't understand the complexity of what is really going on with the clients.
- Allowances for domestic abuse victims
- Quality housing with support (where needed). Cut out need for temporary accommodation involving B&B and unsuitable options.
- A joined up approach so that a clients on going needs can be addressed. Funding so they can be supported to deal with the impact of DA, learn to live safely and improve their wellbeing, help with budgeting, parenting skills, target hardening etc.
- Partnership working and commitment from statutory and voluntary services, planned and in place ready to go
- More move on accommodation
- As above, more properties.
- More move on properties for all age groups
- Properties!
- Designated support workers for the model and access to funds/grants to help re-house service users quickly. Quick start up packs to help service users who don't have any essential items.
- Increase in turnaround time and quality and condition of council properties.
- A coherent and achievable plan
- To see appropriate accommodation available for all however it needs groundwork done by projects to enable families to be able to keep their home in an appropriate condition and bills are

prioritized and this is where liaising between rapid rehousing and project such as ourselves should work more closely and have boundaries to work to making sure families do not represent in months or a couple of years to start the process over again.

- More housing options and less homelessness
- Affordable housing in suitable area's for our service users
- More support from professional outside agencies and liaising with staff better, more on properties with floating support
- Focus on quicker turnaround for properties to be moved into quickly and efficiently.
- More one bedroom affordable properties. More properties aimed at young single people.
- More move on accommodation availability -in suitable locations (bus services, local shopping, Dr's etc.)
- If it's called rapid then it needs to be rapid.
- Faster move on, increased availability of materials.
- I would like to see more suitable accommodations available to deliver the service that the authority is capable of delivering.
- Twelve individuals did not comment on this question.

Any other comments?

- We need a collective approach to working in homelessness across all teams that staff are aware of. Value based recruitment needs to be a key focus when recruiting staff. Use of the housing act - some staff use it in the spirit in which it is meant but there are some that used to keep people from accessing TA during the pandemic and thus shows the lack of need for services due to low numbers .
- To work together more with housing departments. We can quite often become in an "us and them" scenario with housing staff. It's frustrating as we are all trying to achieve the same outcome. We are funded by SP to achieve positive outcomes for people, the we are faced with barriers from housing or inappropriate accommodation offers i.e.: a person with significant MH issues and very vulnerable being told they need to look at shared accommodation - We know this could have a detrimental effect on their future but our view isn't always taken into account. By working together we can achieve better outcomes for people, then free up crisis accommodation for people presenting to homeless departments, creating an effective system.
- LA's working regionally could continue to support rapid rehousing, as is happening with Housing First in some LA's. There still needs to be a commitment to supported housing/floating support to prevent homelessness and other issues. There needs to be specific support for homeless prisoners/those with housing support needs.
- Consider that many people e.g. prison leavers suffer with mental health and have substance misuse issues. Being put into accommodation with 12 other similar persons, will clearly have a negative influence. More one bed temporary accommodation properties need to be offered to those with severe complex needs so that they are not set up to fail.
- Long term funding is essential to deliver high quality services, and recruit and retain skilled staff to provide lifesaving support.
- I think a range of approaches is important. Rapid rehousing, including HF is incredibly valuable (if enough properties!), however there is no one approach that fits everyone, and so we should be careful not to get rid of all other approaches in order to only provide rapid rehousing schemes. We must be mindful of competition (for staff, for properties etc.) amongst the different approaches and ensure that projects work together / communicate effectively. Also important to put time into systems change - i.e. to build partnerships and infrastructure to allow services such as mental health, adult social care and mainstream health care to work together effectively.
- Decorating grants are a fantastic idea that can help residents invest in their home. However, badly decorated or unfinished homes will rapidly become worse and not maintained. Many residents do not have the skills required or overestimate their skills and as such I believe the accommodation should be completed basic but sound-with no outstanding maintenance. There

must be a more environmentally sound and cost effective manner to avoid 'skipping' carpets and white goods?

- As a business, I think companies would benefit from having the authority to have tenants personal self-rent taken from source to avoid arrears, which restricts move on to our land lords as they are reluctant to have any tenants with arrears or ASB issues etc.
- Thirty three individual did not comment on this question.