

Frontline Network Wales – Report to the Expert Review Panel

How public services can prevent and respond to homelessness in Wales

April 2023

1. Background

The Welsh Government has committed to reforming homelessness legislation in Wales and has established an Expert Review Panel to provide advice and proposals to the Minister for Climate Change. From the outset, panel members expressed their commitment to hearing from two key groups: people with lived experience and frontline workers. It was agreed that Cymorth Cymru would use the Frontline Network Wales to engage with homelessness and housing workers across Wales. This paper is based on the views and experiences shared by frontline workers in the most recent round of regional meetings. Thank you to all of the people who contributed to this paper.

2. Engagement

A series of regional Frontline Network Wales meetings were held online during March 2023. Over 30 frontline workers were in attendance, including people working for third sector homelessness and housing support providers, registered social landlords, local authorities and probation. They worked in a variety of settings, including in temporary accommodation, Housing First, supported accommodation and tenancy support services. We posed a number of broad questions about their experiences of how public services interact with people experiencing or at risk of homelessness, and what they thought public services should do better to prevent and respond to homelessness.

3. Primary health care services

Frontline workers made a number of comments about the need for primary care, and GP surgeries in particular, to be more trauma-informed when speaking to people with experience of homelessness. They also talked about the importance of ensuring that information about the person's background and experiences was up-to-date and reflected in their notes, as well as the need for healthcare professionals to read and understand this before speaking to the person.

“They don't even have a record that the young person has been in care. Young people are having to repeat their story / trauma which can be distressing. The young person may have moved around a lot, might have been in foster care, might have had 4 or 5 GPs, but their history doesn't follow them around (in their GP notes). Why should a young person have to go in and repeat their story their trauma? The GP expects them to start at square one. They just say 'Come and see me in a fortnight, or come back in another month'. They're not recognising that these issues have been ongoing and building up over time, and the young person needs help now.”

“GPs in particular concern me. Some understand but some do not. When you try and explain ACEs and the impact on people in supported accommodation, some just brush it aside.”

Frontline workers also talked about the difficulties posed by appointments increasingly taking place over the telephone or online, something that was done out of necessity during the pandemic and has since become common practice. They raised concerns about GPs being unable to read body language and identify signs of distress when appointments take place on the telephone, particularly when someone with a history of trauma finds it hard to communicate how they are feeling. A number of frontline workers also talked about the difficulties faced by people experiencing homelessness who do not have phones, laptops or access to the internet to receive call backs or participate in telephone or online consultations.

"If we're lucky we get the appointments, but these are usually on the telephone, so the GP is not picking up on body language, which we know is important when their mental health is getting out of hand."

"Difficult on the phone, people have to tell the receptionist, which is not easy when it's about their mental health. Then they wait up to 7 days for a call back."

"GPs are really variable. With some you get a face to face appointment quickly, but there are others who you have to make hundreds of calls. Client doesn't have a phone, so call backs are really difficult. E-consultations are the same."

There were also some comments about the impact of prescriptions not being ready for clients, which is frustrating for the general population, but could have serious consequences on someone's ability to cope and maintain their accommodation if they have experienced homelessness.

"I have a client who has ADHD and has medication. Without his medication his problems start and he goes off the rails, but medication really helps. We tell the NHS that the prescription is coming to an end but they never seem to get it right. Two weeks before they get it right."

Another frontline worker commented on the cost of getting letters from GPs to help people access their benefits entitlement or free transport, when people are homeless and have little to no income.

"Recently helped a lady with a learning disability to get a bus pass. She had a couple of points short on the mobility element of PIP that would help get her transport for free. I spoke to Transport for Wales and had to get letter from her GP. The GP charged £20 for the letter. She helps out in a charity shop, so getting on a bus was an important part of her day. Why does a GP charge that for a letter that was so important for her wellbeing?"

One frontline worker shared the difficulty in trying to access primary health care for clients who are under the 'Safe Haven' scheme, which is an alternative treatment service for people who have previously been aggressive or violent in their GP practice. They can only attend within a particular timeslot on a particular day, when the service is supported by the police. However, this can make it difficult for the person to access primary healthcare at other times.

"We have a number of clients with Safe Haven through the GP – but they only have appointments on the Thursday, where you have to ring to book on Tuesday. There have been instances where they are unwell on the Wednesday but have to wait an additional week to access health. So we end up having to take them to A&E for something that doesn't need A&E, and the person is unable to sit there waiting."

4. Mental health and substance use services

There were a number of comments about the need for mental health and substance use services to be more trauma-informed, with particular concerns raised about people being removed from services after missing appointments.

"I have a client with mental health and substance misuse issues. These services are saying he's not turned up to two appointments so we're not going to anything."

"80% of our clients are on scripts or working with substance use services. For example, we have a client who has been using since aged 14, they're now 45, they can't just give up like that. But if they miss one appointment, they take him off script."

"We are supporting someone who seems to have fallen through the net with community mental health due to no fault of their own, due to not opening their mail. Sometimes if they miss an appointment they're off the list so have to go through whole referral again. What would they do if they didn't have our support / advocacy? It's not a trauma informed system. Understand that there has to be set processes in terms of what agencies offer and clear pathways, but a culture change is needed, not one size fits all. Some organisations are willing to work more flexibly. Need to have an understanding that if someone has complex needs then there's an increased likelihood of missing an appointment."

Others said that clients were being refused help due to having both mental health and substance use issues. This is something we heard from a number of frontline workers (as well as people with lived experience) who are told that their client needs to deal with their substance use issues before getting help from mental health services, and vice versa.

"If he doesn't meet this criteria or tick the boxes, then he doesn't get help. It's like everybody is ready for him to kill himself. Mental health and substance misuse services will pass the buck, so they slip through the net and don't get any help."

Another theme arising from the discussions was how people were not reaching the threshold for mental health services or were not getting help until they reached crisis point.

"There's a guy who needs help now with mental health, if he doesn't get it we will find him dead, and the family say he is a threat to himself, but there was still no help for him from the mental health services. They're still digging their heels in. He didn't get help until a family member took on the case and emailed all the services and GPs, so there is a paper trail, but people shouldn't have to do that."

"We've had suicidal attempts this week. We are pushing people somewhere where they can't get help."

Others talked about mental health services not taking support workers seriously when they highlighted risks with someone's mental health.

"There was a person who was having a very bad episode, but he was dismissed by mental health services. The next day he took a child from a pram and was arrested for abduction. [The mental health service] dismissed the concerns of the support worker, despite us knowing that person really well. We bust a gut to support a person, so it's really disappointing, we feel looked down on by other professions."

Waiting times were also raised as a concern, for people trying to access talking therapies and crisis services. Frontline workers told us how lengthy waiting times could lead to people giving up on services and their mental health escalating to the point where they are at risk to themselves, other people and at greater risk of homelessness.

"If a client has a psychotic episode, we take them to the crisis team, but takes 5 hours to be seen, they are not going to wait around."

A number of frontline workers spoke positively about multi-disciplinary homelessness and housing support teams, and advocated for these to be increased across Wales. By employing specialist mental health and substance use workers within homelessness teams, not only did client access specialist help more quickly and easily, but these workers were able to navigate the health system or provide a 'bridge' into external mental health and substance use services much more quickly and effectively.

"Multi-disciplinary team for substance use and mental health – we've found that to be really useful. Almost a bridging service into mental health and substance use services. They are willing to work flexibility, they come out and do home visits, rather than getting people into an office. [...] they are willing to work in a more flexible way to ensure people have the pathways into support they need. This is especially effective for the more complex vulnerable individuals who often slip through the net."

"We would like a multi-agency hub, with substance use services there. Avoid the journey to lots of different services, which reduces time and improves access. Start with dual assessments, build trust, and only require people to tell their story once."

It's a headache on times when we feel we up against closed doors, fighting against mental health and housing needs, with the trauma the person has gone, is going through. Doctors can be a nightmare, it depends the area and situation. It would be nice to have all services under one roof for each geographical area, in an ideal world."

"Would be great to have own funding and own mental health support team. I've got a client who is at risk of suicide, so I've been working with them, trying to distract them, doing cooking with them. I've made a referral, but I worry about [mental health services] not picking it up."

5. Social services

Several frontline workers called for social services to be more trauma-informed and called for a better understanding of how adverse childhood experiences and other traumas affect how people are able to build trust and regulate their emotions. This was highlighted as being particularly important for young people who had experienced homelessness and/or been through the care system.

"Social services are not looking at why people are not complying with rules. Some of the younger social workers don't recognise the past life experiences and traumas that lead to certain behaviours."

"They hold out carrots: 'well if you want this then you have to do this for me'. But sometimes the young person can't do what is asked of them e.g. they are asked to travel to another office but they don't have a bus fare. They are then asked 'why haven't they got savings?'. Lack of understanding of young people who are care experienced or have experienced homelessness and have no financial support."

There were several comments about the difficulty in getting help from social services. Some frontline workers talked about the high threshold for being accepted by social services or people not meeting the criteria, while others commented on the pressure on services and the challenges for capacity within social services.

"Social services saying people don't meet the criteria."

"Social services are very under staffed and do let the community and families down."

"It is really hard to get interaction with them, they don't want to take people on, they do not accept that these people need help. Maybe this is due to a lack of staff or resources?"

Some frontline workers talked about young people being 'bounced' between social services and housing, something that we have also heard from people with lived experience.

"Young people are being bounced between social services and housing."

"With care leavers, it would be good to have more involvement between social services and housing in advance of approaching them leaving care."

One frontline worker highlighted the need for education and social services to ensure that children and young people get the right diagnosis and support in relation to neurodiversity. They talked about young people falling out of the school system, becoming at greater risk of homelessness, and only being diagnosed once they had entered housing support services. It was suggested that earlier intervention could have prevented them from leaving education and facing other challenges, as well as receiving more appropriate support from social services.

Some frontline workers talked about people being passed between different services when concerns about risks were raised by support workers. This highlights the importance of getting any new legal duty right, and not creating a system where responsibility can simply be passed onto another agency without action being taken and help being offered. There were also examples of where a perceived 'lack of engagement' led to people not being given the support they needed.

“One case where I did a safeguarding report because I thought they were a risk to themselves and the community, social services passed it onto CPN and then the CPN said he’s not engaging so we can’t do anything.”

Another support worker told us how social services were not giving one person the level of domiciliary care they needed. As a result, the support worker ended up undertaking some of the care, which wasn’t part of their responsibilities.

“I visited someone whose council gave them a commode. However, social services only visited once a day, if that, so it was overflowing. The support worker ended up emptying it - social services said that because our staff visit, they should do it. We’re having to do this because other services aren’t there.”

We also received some comments about people with chronic health and/or social care needs being placed in transitional supported accommodation, which was inappropriate for their needs. This sometimes happened to people who had previously experienced homelessness and issues with drugs or alcohol, but should now be having their needs met by health and/or social care services.

6. Police, prison and probation

Police

There were mixed views expressed by frontline workers about the police and how they interacted with people being supported by homelessness and housing support services. Some said that community police were better at developing relationships with projects, citing examples of them visiting hostels or supported accommodation to get to know tenants.

“Community police are really good, we get on well and they know if we’ve housed someone with issues, they will keep a look out for them, and they come to the hostel often to get to know people.”

Others felt that the police sometimes had a negative impact on the people they support, referencing the need for the police to be more trauma-informed and understand the backgrounds and experiences of people within homelessness and housing support services. They also referenced how the police can be viewed as a threat or trigger for many people who have experienced homelessness and had negative interactions with police.

“And if police are called, they don’t know anything about the clients background, need more training - should know this before attending the house- clients who are triggered by police attitude, some are great, but others talk to them like they are crap.”

Prison

A number of frontline workers expressed their frustration at people being released from prison without accommodation or support, and the lack of timely communication with other agencies. People wanted to see an end to Friday releases and much better communication and planning far in advance of someone being released from the secure estate.

“Released with no support and no input from us. That was really frustrating.”

“Sometimes the LA housing department takes the duty, sometimes they don’t. There’s not enough accommodation. Housing applications are not being put through the prison in a timely manner. LAs are not receiving housing applications until a day before they’re released.”

One person highlighted the difference in outcomes when prison and probation services communicate with the local authority and support services in advance of release, so that the person has wrap-around support when they re-enter the community.

“Recently had an individual who was very, very complex. She was on the street, put back into prison, but there was contact within prison, probation, and the council, so when she was released we were there to

go and pick her up to do wrap around support immediately which worked so well. It was amazing and what it should look like. Another time she went to prison but was released without them telling anyone, with nothing in place, no input from services, so it broke down very quickly.”

Probation

Again, there were mixed views about the effectiveness of probation services when they worked people experiencing or at risk of homelessness. Some felt that the probation officers in their area were quite trauma-informed, whereas others felt that there was a lack of understanding about the issues and challenges facing people they were supporting.

As with the comments about mental health and substance use services, there were concerns that probation services were not flexible or trauma-informed in their response to people missing appointments, increasing the risk that the person would be recalled to prison and become homeless again.

“Probation are quite good at being trauma informed.”

“Probation threatened to take a client back to court because he turned up 10 minutes late for an appointment or missed an appointment. They were about to refer him back to court. We got in touch with the probation manager, had a meeting with them, and they showed an understanding of the issues. As a result, they agreed a different way of working with the young person. But what if he didn’t have a support worker? He would have been back in court and back in prison. And we know the impact that a prison sentence has on people’s risk of experiencing future homelessness.”

Some people also commented on the lack of information, or incorrect information, they received from probation when someone was released from prison and referred to support services. One frontline worker told us how support workers were put at risk by inaccurate information received from the probation service.

“Getting referrals without proper risk assessment probation is a problem. For examples, in one case there was no note of their domestic abuse and that they shouldn’t work with a female worker. It’s risk for members of staff. You read through a referral, try to allocate to right member of staff, then the staff member comes back and says something is not right. It turns out there should have been 2 to 1 [staff members to the client] and should not have been a woman.”

Others talked about a sense that probation were sharing less information than they used to, which made it more difficult for them to manage risk. They told us that sometimes they would find out key information after weeks of supporting someone, which would have affected the nature of the support they had provided, if they had known about it beforehand. One person said that support providers could stop taking referrals from probation if they were not given the information they needed to support someone and manage risk.

“An unknown risk is harder to manage than a known risk.”

Access to legal advice

One of the frontline workers in attendance at our meetings talked about the lack of legal advice available to people experiencing homelessness, at risk of losing their home, or experiencing a mental health crisis. She talked about the need for staff within a range of public and third sector services to have better information and training about legal issues and commented that people seeking advice from specialist agencies often faced lengthy waiting times, often due to demand for legal advice being much greater than existing capacity within the system.

“Needs to be better training of staff within support services regarding legal issues and greater capacity in specialist legal advice services to cope with demand and ensure people get seen in a timely manner.”

7. Key themes

There were a number of key themes that arose from our conversations with frontline homelessness and housing support workers in Wales:

- The need for trauma-informed approaches across all public services
- Better information sharing across agencies
- Support workers should be respected for their expertise and knowledge of their client
- Earlier intervention is needed
- People are being passed between services without anyone taking responsibility
- High thresholds for mental health and social services stop people getting help
- People experiencing or at risk of homelessness need easier access to specialist services
- Multi-disciplinary homelessness and housing support teams, with specialist mental health and substance use workers, are having a positive impact

Relying on individuals vs systemic approach

A common theme was the inconsistency in approach, which often depended on an individual working within the public service, rather than a sense that multi-agency working was built into the system. Others recognised that we all have a part to play in collaboration, but this was often impacted by lack of capacity and resources.

“I’ve got instances where it has worked really well, where agencies have come together and formed wrap around support – mental health, substance misuse services, probation - and it has worked really well. But on the other hand, it depends who is working within those organisations. Some individuals who are multi-agency oriented, where people understand importance of working together. Then come up against others who don’t work together as well.”

“I don’t think we work enough with other services. Sometimes it’s a bit of ‘them and us.’”

However, there was a recognition that when people across different agencies worked together and developed a shared understanding of the issues, it could have a really beneficial impact on the person using services.

“When I meet with them and share some information about the person’s background, they will develop a better understanding, and change their approach (to engaging with that person).”

“Being connected with those services can make such a difference. It’s so important we work together. We’re all here for the good of the person, we need to remember that.”

Support for legal duties

There was a lot of support for strengthening legal duties on other public services. Frontline workers were clear that homelessness is not just a housing issue and that other services needed to play their part. They also recognised that while some individuals are doing a great job of working in collaboration, others are not. They saw some kind of legal duty as a way of trying to reduce the inconsistency and ensure that multi-agency approaches to preventing and responding to homelessness were built into the system instead of being reliant on individuals.

“If there is a legal duty, it can hopefully play a really good part, even if it’s just statutory services. We’re willing to go for anything that works more positively for the individuals we are supporting.”

However, as highlighted in the examples above, frontline workers also emphasised the importance of getting any legal duty right and ensuring implementation is effective, rather than resulting in people being referred from one service to another, without any real action.