



**HOUSING
FIRST WALES
ACCREDITATION
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**ACCREDITATION REPORT
HOUSING FIRST SWANSEA
APRIL 2025**

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1. INTRODUCTION

Housing First is a recovery-oriented approach to ending homelessness that is focused on quickly moving people experiencing homelessness into a settled home, while providing person-centred, multi-agency support for as long as it is needed. The model has been most successful with people with chronic and complex support needs, for whom traditional models of support have failed.

Housing First was developed in New York in the 1990s, primarily by community psychologist Sam Tsemberis. Tsemberis found that providing housing to vulnerable people who were living on the streets, without the kinds of preconditions usually associated with homelessness services, had a hugely beneficial impact on their lives.

Over the years, robust international evidence has proven how effective Housing First can be, with the model rolled out across many countries in Europe. Finland was an early adopter of Housing First, with the model being credited as a key factor in significantly reducing the level of homelessness in the Nordic country.

Housing First is based on a set of principles that underpin the model and make it so effective, leading to strong tenancy sustainment internationally, which has been proven over decades. By effectively implementing Housing First in Wales, we have a real chance to help people access and maintain accommodation for the long term - people who have, in some cases, spent years sleeping rough and living with co-occurring trauma, mental health and/or substance use issues.

The Housing First Wales Network, a group of stakeholders who have varied roles in delivering the model locally and nationally, developed a set of Wales-specific principles in 2018. These were based on the principles established by Homeless Link and FEANTSA, but reflected the Welsh context. Additional principles were included, focused on multi-agency partnerships and psychologically-informed approaches.

In order to have the greatest possible impact, it is vital that projects calling themselves Housing First, or claiming to deliver this approach, are doing so in accordance with the Housing First principles for Wales. There are, of course, many people and services doing fantastic work across the country, using other approaches. However, any service that claims to deliver Housing First, or uses the Housing First name, must adhere to all the principles.

Housing First Wales Principles (at the time of the accreditation process)

1. People have a right to a home that is affordable, secure, habitable, adequate both physically and culturally, and with availability of services (as per UN International Covenant on Economic, Social and Cultural Rights). It should also be dispersed in the community and not as part of an institution
2. Housing and support are separated
3. The service is targeted at people who demonstrate a repeat pattern of disengagement with hostel accommodation and/or, individuals accessing rough sleeping or accessing EOS (Emergency Overnight Stay) at the point when the referral is made
4. Flexible support is provided for as long as it is needed
5. An active engagement approach is used
6. Individuals have choice and control
7. A harm reduction approach to substance misuse is used
8. The service is delivered in a psychologically-informed, trauma-informed, gender-informed way that is sensitive and aware of protected characteristics
9. The service is based on people's strengths, goals and aspirations, and as such has an explicit commitment to a small caseload
10. The widest range of services are involved from the outset (health, substance misuse, mental health, police), so individuals can access them if needed or wanted

Additional context: principle review

It should be noted that, at the time of carrying out this accreditation work, a review of the Housing First principles used in Wales was also taking place. A task-and-finish group, comprised of volunteers from the Housing First Network and its sub groups, working in different roles in the homelessness and housing sectors, was set up to go through each principle, and face-to-face events were offered to Housing First clients and their support workers, giving them the opportunity to feed into the process.

The revised principles have now been published in [English](#) and in [Welsh](#). While there have been no substantial changes that affect the core ethos of how Housing First is delivered in Wales, there have been some changes in wording and emphasis in the revised principles. It is therefore important to state that this accreditation process was undertaken using the original Housing First Wales principles, as listed above.

DEVELOPING THE ACCREDITATION

As the development and delivery of Housing First projects in Wales increased, it became clear that a mechanism to ensure fidelity with the principles would be required. As such, the role of Housing First and Lived Experience Manager (hereafter referred to as ‘the Housing First Manager’) was funded by Welsh Government, to work within Cymorth Cymru. The role started late summer 2019. With the support of colleagues, and the Housing First Wales Network, the Housing First Manager developed a framework to evaluate a Housing First project’s fidelity to the principles listed in a subsequent section. Accreditation work is now carried out by the Housing First Manager, with the support of Cymorth Cymru’s Housing First Policy Officer, as well as Cymorth Cymru’s Director.

This report details the findings and outcomes of this framework being applied to the project being delivered by The Wallich, and various partner organisations and agencies, in Swansea.

It should be noted that this report does not seek to evaluate the effectiveness of Housing First as a model, which has been done repeatedly over many years - nor does it seek to evaluate the ‘quality’ of the support delivered within the Housing First project in Swansea. This is for the commissioning body and funders to monitor and ensure. The view taken by the Housing First Network Wales, and Cymorth’s Housing First Manager, is that if a project delivers Housing First according to the principles above, it is likely to deliver support in an effective way, transforming lives in the process.

2. METHODOLOGY

This research was carried out as per the Housing First Wales Accreditation Assessment Framework, devised by the Housing First Manager in partnership with the Housing First Wales Network and the Welsh Government. The main steps of this process are included in the image below.

PRE-ACCREDITATION

Initial conversations with provider.

STAGE ONE

Commitments agreement signed; documents sent to Housing First Manager. Interview plan agreed and carried out according to Assessment Framework.

STAGE TWO

Interim Recommendations Report shared with provider. Recommendations phase.

STAGE THREE

Final Report shared with Accreditation Panel. Final accreditation decision made.

POINT OF CONTACT AND EVIDENCE SOURCES

The main point of contact at the project in Swansea were agreed upon and would liaise with the Housing First Manager throughout the process. This person is Anna Hooper, who was at the time The Wallich's Service Manager for Swansea's Housing First and Rapid Rehousing. Anna took on a different but related role quite late in the process, but continued to act as the point of contact, supported by Karina Winter, who had taken on this role.

Evidence for adherence to each principle comes from two sources:

- Documentation provided by the support providers, as well as partner organisations, agencies and individuals
- Interviews carried out by Cymorth Cymru's Housing First Manager and Housing First Policy Officer

THE INTERVIEWS

Video-call interviews were carried out using online conferencing software.

Eighteen people associated with the project were interviewed, including members of the Housing First team, the team's managers, representatives of local RSLs, local mental health and substance use experts, commissioners and clients.

Three current (at the time of writing) clients were interviewed as part of the process.

In all cases, the relevant consent forms were signed; interviews were recorded solely for the purpose of making note-taking and evidence-gathering easier.

As part of this accreditation process, we interviewed and had discussions with people involved in commissioning services local to the Swansea area. Their responses and input were useful to establish how the Housing First model has been commissioned and established, and commitment to the principles at the strategic level, but should not be seen as an endorsement of any specific organisation, or as commenting on the quality of any specific organisation. Tendering and re-tendering processes are a normal part of service commissioning, and the accreditation of particular organisations should not be seen as impacting such processes.

THE DOCUMENTATION

Documentation was requested as per the Assessment Framework, or identified by the Service Manager for Swansea's Housing First (hereafter referred to as the Swansea Housing First Manager) as being of use. Additional documents were provided after the project received its Interim Recommendations Report, to evidence the response. Similarly, when questions arose during the process, or clarification was needed, documentation was provided, in some cases, to provide answers or said clarification.

In all cases, identifying elements for specific service users were redacted from the documents prior to them being sent to Cymorth Cymru.

As is the case for all accreditation work, hard copies of documentation have been kept in a secure place, and electronic materials stored in a protected folder online. Any personal data is destroyed four months after the accreditation process, but other material is kept securely to potentially aid services as they enter into subsequent stages of accreditation.

EVIDENCE TYPE, QUALITY AND SCORING

Evidence from each type was catalogued in an Interim Recommendations Report, which was developed by the Housing First and Lived Experience Manager as part of the accreditation process. The report has only been seen by staff at the Swansea project, senior Cymorth Cymru staff (primarily for quality control purposes), and in some cases other stakeholder groups with recommendations aimed at them. Welsh Government representatives have been made aware of the general nature of the contents of this report.

Evidence sources divided into five types:

- Internal policy documentation
- External policy documentation
- Practitioner interviews
- External Interviews
- Client interviews

Evidence was scored as being very low, low, adequate, high or very high. In part, this scoring takes into account the variety of different evidence types (that is, the more types that are represented, the better - making a higher score more likely). In addition, the judgement of Cymorth Cymru's Housing First Manager and Housing First Policy Officer were used, based on the quality and/or depth of the evidence. As such, evidence scores should be read in conjunction with the associated explanatory notes. This is discussed in more detail alongside each principle in the next section.

Areas of concern were identified, and any issues with a particular principle were outlined in the Interim Recommendations Report that was shared with the project.

RECOMMENDATION AND ACTION PLAN

Various recommendations were devised, based on evidence scores and on areas of improvement identified from the evidence provided; these are included in this report, alongside any areas of concern (as well as associated mitigating factors that go some way towards explaining the areas of concern).

Several recommendations were labelled 'critical' at the stage of drafting the Interim Recommendations Report. These were highlighted and discussed as such during conversations with Swansea project staff about the Interim Recommendations Report. As such, several recommendations are marked 'critical' in this report.

The Interim Recommendations Report was shared with the Manager at The Wallich service in Swansea, and several meetings were had to discuss them. Senior project staff committed to working on the principles, and it should be noted that interesting ideas to meet the recommendations were discussed in these meetings, laying a positive foundation for the work ahead.

The Swansea Housing First Manager and Cymorth Cymru's Housing First Manager agreed on timescales to begin work on enacting and evidencing work on the principles, and determined that they would meet again several months after the report was shared, staying in touch via email with any additional questions or updates.

In this case, accreditation has been recommended, provided that work on the recommendations continues.

PRODUCTION OF FINAL REPORT, PANEL DISCUSSION AND SUBSEQUENT STEPS

This report forms the main piece of evidence which members of the Housing First Accreditation Panel used as the basis of their decision whether to provide accreditation, or not, to Swansea's Housing First, run by The Wallich.

The panel met and discussed a draft of this final report. Sections have been added at the end of the report to make clear what these discussions involved.

Some sections of this report were added after the Accreditation Panel met, identifying discussions had by the Panel, in addition to issues for the Housing First Network, or other appropriate groups or individuals, to consider.

The finalised version of this report will be shared with The Wallich's team in Swansea, as well as the appropriate contacts in Welsh Government.

Representatives from The Wallich make the decision whether to publish and/or share this report more widely. One aim of the accreditation is to highlight and demonstrate good practice, learning, and areas for improvement within the Housing First model in Wales. As such, services are encouraged to allow this document to be shared.

3. EVIDENCE

FIDELITY EVIDENCE LEVEL SCORING

In the following text, the evidence level was scored according to the following options:

Very low

Low

Adequate

High

Very high

Categories of evidence based on sources were as follows:

Abbreviation	Evidence Type
IPD	Internal policy document - a document governing the way Housing First is implemented, created within the Housing First team itself.
EPD	External policy document - a document governing or affecting the way Housing First is implemented, created by an organisation or individual outside the Housing First team (the local authority, for example).
PI	Practitioner interview - an interview carried out with a member of the Housing First team, who has experience delivering the service on a day-to-day basis.
EI	External interview - an interview carried out with someone outside the Housing First team itself, but who is a stakeholder when it comes to the delivery of Housing First (some interviewees, for example, worked for a different part of the local authority, but sat on the Housing First Steering Group).
CI	Client interview - an interview carried out with a client, service user, or citizen, receiving support from the Housing First team and either accommodated or waiting to be accommodated in Housing First accommodation.

RECOMMENDATION EVIDENCE LEVEL

The evidence provided in response to the recommendations has also been scored, but using a simpler scale than the evidence relating to an entire principle.

None

Low

Adequate

High

Additionally, the timescale agreed for recommendations to be acted on have been graded as follows:

- Short term: Up to six months
- Medium term: Six to twelve months
- Long term: More than a year
- Ongoing

4. PROJECT CONTEXT

This text has been adapted by material provided by members of staff from The Wallich's team in Swansea.

The Wallich's Housing First service in Swansea was established in October 2019, comprising a team of four Housing First support workers and a Project Manager. Working in partnership with the substance use charity Kaleidoscope, a full-time substance use/harm reduction worker was also funded. In 2021, additional Housing Support Grant funding enabled the recruitment of another support worker, leading to the five in post at the time of writing. The service works with up to 25 clients at a given time.

The project was established with a focus on the Housing First principles from the start, which required buy-in on the part of the various partner agencies, the local authority, and several social landlords. A steering group was created with members representing these organisations - including the housing options team, social landlords working locally, Barod, Kaleidoscope, the health service, and the local police.

The main Swansea office is based in the city centre near to many other services that the Housing First clients engage with, making partnership working easier on a practical level.

The client group was initially identified via the rough sleeper and Housing Options homeless registers and rough sleeping data. These initial clients were identified as people who had been sleeping rough for some time, and who had repeatedly been failed in terms of engagement with services. Initial outreach was carried out in the city centre, building relationships with people sleeping rough in the area. This work was carried out in collaboration with other local outreach services, some also run by The Wallich: breakfast runs, for example, and the Rough Sleeper Intervention Team (RSIT). Some Housing First clients were first housed in January 2020, and by the end of July that year, nine people had been housed.

The COVID-19 pandemic pushed the service to adapt criteria, widening the potential group of clients. Most of the people who had been sleeping rough have been housed either by the Housing First service or are in other supported accommodation. However, the Swansea Housing First team continues to abide by the principles and challenge any recommendations that members of staff feel don't fit the project.

Each Housing First worker manages a caseload of up to five people; caseloads are deliberately kept low, and have remained this way, reflecting a dedication to the principles, and the complexity of the clients receiving intense support. Support workers are often paired, providing support to each other and offering clients a chance to develop relationships with other workers in the team.

Since the service launched, the team in Swansea has worked with 37 people. Fourteen people have had support ended, for various reasons. These include long prison sentences, being better suited to being housed in supported accommodation, and two deaths. Readers looking for more statistical information should look to the comprehensive Wales-wide Housing First statistics gathered and published by Cymorth Cymru [LINK: <https://www.cymorthcymru.org.uk/housing-first-stats-sep-2022/>], though these do not provide service-specific numbers.

Staff turnover has remained low, according to the Housing First Manager, who explains that 'only four staff changes' have taken place since the project launched.

At the time of writing, the service is supporting 23 people. Of these, 18 are housed in their own tenancies with various degrees of stability. The local authority has provided the majority of these properties; this is mainly due to amount of housing stock in and around the city centre, where most of the Housing First clients have chosen to live.

As the Manager puts it, 'we continue to work in partnership with all statutory agencies and third sector partners and contribute to multiagency meetings such as DV/SV MARAC, complex client care meetings and a city centre problem solving group.'

5. REPORTING ON PRINCIPLES AND FIDELITY

GENERAL RECOMMENDATIONS

As has been the case with recent accreditation reports, a set of ‘general’ recommendations for the project in question has been devised.

In many cases, recommendations make themselves apparent through discussions and documentation, covering a range of principles rather than individual ones. The nature of some of the actions that would be beneficial in this instance mean that some ‘general’ recommendations make sense.

As such, the recommendations listed below are general in nature (but no less important than those attached to specific principles).

Recommendations

1. Make documentation more HF-specific where appropriate.
2. Ensure existing documentation is fit for purpose, and reviewed appropriately.
3. Ensure documentation takes into account both staff and clients as appropriate

Some context is necessary here. The Wallich, as an organisation, aims to be trauma-informed and work in a person-centred and strength-based way. This aligns well with a Housing First approach, but The Wallich delivers services across Wales, focusing on Housing First specifically in just a few areas. Housing First is a unique housing and support model with discrete, clear principles, and should continue to be seen as such, even if an organisation delivers more general support in potentially similar ways.

As such, some work should be done when it comes to the policy documents, and other documentation, governing the approach taken at The Wallich’s Swansea project. These recommendations have been made in that spirit. It is worth noting that The Wallich’s Housing First service in Anglesey has already undergone accreditation; similar recommendations were made then, and the Anglesey service has developed some amended documentation. There is an opportunity for this work and learning to be shared.

After some brief discussions, nearly every policy in use at the Swansea project had a Housing First section added.

However, the text added to each document was the same in every case, and was a brief summary of the Housing First model. The content and nature of each document (for example, a lone working policy) was not linked to Housing First specifically. As such, recommendations to amend documentation to genuinely reflect the unique nature of Housing First remain in place.

This deals with the first two recommendations. The third refers to the fact that some policies in use were aimed at and referred to staff, not clients - the alcohol policy, for example. It is of course crucial to have a plan for staff wellbeing, and in the case of Housing First particularly, take a strength-based and trauma-informed approach to this subject. However, topics and issues likely to affect those receiving Housing First support also require the appropriate amount of attention at the policy level.

Response to recommendations:

It is worth emphasising the fact that when it comes to the various recommendations set out in this document, staff at The Wallich and beyond have taken a pro-active approach to working on them.

Several meetings between Cymorth Cymru’s Housing First Manager and Policy Officer and senior representatives of the Swansea project, covering the recommendations, demonstrated an understanding of each recommendation, as well as its appropriate context and importance.

Beyond this, the entire Swansea team, as well as other relevant organisational staff, have been made aware of this same information. Specific taskforce meetings focusing on the accreditation process - and the Swansea service’s and wider organisational response to it - have been held, with partners involved where appropriate. Additional information about the response to specific recommendations will, of course, be provided throughout this document.

When it comes to the three recommendations that have been made above, updated documents have been shared with Cymorth Cymru as the accreditation process has gone on, with clear and appropriate changes planned for other documents. Email exchanges have also been shared that demonstrate how The Wallich's quality assurance processes will take these new documents into account. These processes will ensure that the documents are created according to the organisation's rigorous standards, and reviewed and updated in a similarly rigorous manner when appropriate. (This demonstrates the clear commitment to the accreditation process that exists beyond just the team in Swansea, but across the organisation; this was similarly apparent during the accreditation undertaken by The Wallich's Housing First service in Anglesey.)

The substance misuse policy is being reviewed to more accurately reflect the well-developed partnership with local partners like Kaleidoscope; the same applies to initial documentation that clients go through with their support workers as they begin receiving support, which will be amended to reflect a more psychologically-informed approach.

Later during the accreditation process, examples were provided demonstrating the changes being made to the substance use policy and associated procedures. More information about this will be discussed in the section covering the response to recommendation twelve.

INDIVIDUAL PRINCIPLES AND THEIR RECOMMENDATIONS

The next sections deal with each principle in turn, as well as the recommendations associated with each. Where areas of concern have been identified, readers should bear in mind that the set of general recommendations discussed above might address them, along with other potential actions discussed below.

PRINCIPLE ONE EVIDENCE LEVEL

Very high

People have a right to a home that is affordable, secure, habitable, adequate both physically and culturally, and with availability of services (as per UN International Covenant on Economic, Social and Cultural Rights). It should also be dispersed in the community and not as part of an institution.

Summary notes

The Swansea service demonstrates a great deal of good practice when it comes to the first principle. The same goes for the various partners involved. For example, the housing options team used available funding to ensure that a property was clean for a client's return from a short prison sentence. Several interviews highlighted the focus on ensuring the quality and suitability of housing. One support worker emphasised the lack of 'jumping through hoops' that had to be done by Housing First clients, which appropriately demonstrates the prioritisation that should be taken into account as part of the model. They linked this aspect of Housing First with 'better outcomes' for the person involved.

The Wallich team work closely with accommodation providers - usually the local authority or one of a variety of Registered Social Landlords (RSLs) in the area - to ensure that housing meets the criteria of being affordable, secure and habitable. While work with the Private Rented Sector (PRS) has been more limited, which will be discussed in more detail, The Wallich employs a team to focus on PRS collaboration. This team will confirm that any housing provided privately has been inspected by the environmental health department and is registered with Rent Smart Wales; Rent Smart Wales registration is legally mandated in Wales, but this verification is worthwhile, as concerns have been raised in other parts of Wales about some PRS landlords not registering with RSW. There has been no suggestion that this issue exists in Swansea.)

Additionally, several interviews emphasised the fact that a previous lack of engagement shouldn't affect chances of future accommodation. In fact, one member of staff referred specifically to historical rent arrears, and to the past evictions of some incoming Housing First tenants. This person described some Housing First tenants as 'tough cookies', not in a negative way, but in the sense of many organisations and agencies potentially being reluctant to provide housing or support for these people, or having shown this tendency in the past, before buying in to the Housing First model.

Another person pointed out that Housing First does not involve 'cherry-picking' in terms of assessing somebody's 'riskiness', but merely whether they show an initial interest in maintaining a tenancy via the model, which is the only kind of 'minimum standard' that should be taken into account.

Email exchanges with members of staff at The Wallich discuss the active approach taken by the service and its partners in the local housing options team to secure accommodation, by working with RSLs in the area to take on as many one-bed allocations as possible, so they can be ring-fenced for the homelessness register. This attitude towards prioritising Housing First clients aligns well with the active ethos of the approach, and is a core part of principle one.

The principles used in Wales have always made clear that Housing First in the country needs to be delivered according to a dispersed model (unless client choice leads to a different situation - two Housing First clients sharing a property, for example). The team in Swansea have clearly demonstrated, via lists of addresses and explanations of maps, that the model in use here aligns with this dispersed approach.

Initial paperwork, it was explained, makes clear how the model works, and what should be expected of not just clients but, crucially, the members of staff and the partners working with them. The 'first visit' paperwork, aimed at newly-arrived tenants expecting their first support worker appointment, is an example of documentation that takes this approach, and clearly aligns with Housing First as a model. Clients being taken on by The Wallich's Swansea service are then supported with a homelessness application, to ensure the process of securing accommodation is as quick as it can be.

It bears repeating that partner organisations take the same approach, and do not mandate any kind of engagement with support. The service-level agreement with Kaleidoscope, for example, governs the relationship between The Wallich as support provider and the Kaleidoscope as the provider of specialist support around substance and alcohol use. No compulsion to engage with services is mentioned in this documentation - although the lack of mandating could be made more explicit, rather than implied in the absence of a mention of forced engagement with support. (This will be considered as part of the document review mentioned in an earlier section.)

The Wallich works according to an organisational 'PIE vision' document that outlines the development of psychologically-informed work over the coming months and years - this document clearly emphasises the importance of homes being safe and secure, with links to the wider community where possible and appropriate. While, as this report makes clear elsewhere, a more specific focus on Housing First would be a positive development when it comes to documentation, the approach to PIE taken by The Wallich as a whole aligns with the model.

Clients emphasised the adherence to principle one during their interviews. In each of the three interviews, clients affirmed the fact that they didn't need to commit to anything, including engagement with support (beyond a basic interest in Housing First and a theoretical commitment to trying to maintain a tenancy). No client has expressed issues with accommodation prior to moving in (which would be acted upon by support workers, as their advocates) which suggests the process by which properties are found and viewed by clients works well. Any issues with the accommodation that clients report afterwards are acted on in the appropriate way, and the clients interviewed expressed satisfaction with the way this has worked.

Areas of concern or mitigation

There are references in some documentation to Key Performance Indicators (KPIs) and outcome measurements that might potentially clash with the ethos of Housing First as a model; while it is understandable that services are commissioned and funded with certain aims and specifications, and might well need to prove their efficacy compared with other services and options, the true measure of Housing First's 'success' is tenancy maintenance. The 'core information' documentation mentions 'monitoring progress' and 'funding requirements'. KPIs should not overrule the number of people maintaining their tenancies, and the client's perspective on their tenancy is a vital part of this. Clients should not be made to sign the core information document if they don't feel comfortable doing so.

There is also some evidence suggesting that clients are not happy with certain aspects of their temporary accommodation. While this is a symptomatic of the significant pressure on, and lack of choice and quality of, temporary accommodation in many parts of Wales at the moment, it is important to recognise this as a risk to someone's Housing First journey. Additionally, one of the support plans provided mentions that one client's aim was to 'feel safe in [their] property'. This might well be a perfectly appropriate goal, but it is worth checking whether the client feels unsafe in their property for any particular reason, and whether any measures can be taken to make the person feel safer.

During the interview process, one client seemed to suggest that they were in some way compelled to seek out a methadone prescription, and the associated medical support, before they'd receive Housing First support. That is to say, this seemed to be something made mandatory, with Housing First accommodation and support contingent on this person being on a certain prescription.

This was, again, carefully followed up for verification. No clients are required to be on any kind of prescription, or engaging with medical treatment of any kind. They will be supported to access any treatment they desire based on discussions with their support workers, and the relative prevalence of people with substance use issues in the Housing First population also means a relatively high incidence of people on prescriptions like methadone, buprenorphine and, more recently, Buvidal. It should be noted that Buvidal is a brand of slow-release buprenorphine administered by injection, but at the time of writing, is the only brand available for use in this way. As such, this document will refer to the brand 'Buvidal' going forward, rather than the ingredient 'buprenorphine'.

While the specifics of the harm reduction approach taken at The Wallich in Swansea are discussed in the relevant section later, it was necessary to double-check that no kind of treatment was mandatory - this is indeed the case. Sometimes confusion like this arises during the accreditation process from communication or perception issues; on the subject of the latter, it is worth pointing out that if the client seemed distressed because they perceived that they were mandated to take a certain prescription, this would also be an issue, whether it were true or not. In this interview, that did not seem to be the case.

According to members of the team, Housing First workers do their best to ensure that, at least from a client's perspective, the main metric of 'doing well' in terms of Housing First is to be maintaining a tenancy. This demonstrates that, whatever the rules around funding and KPIs are, the support provider understands the primacy of this tenancy sustainment metric above all others.

In terms of documentation, and whether clients are required to sign any of it, we were told that documents covering confidentiality, and consent to share information with partner organisations, need signatures. This is reasonable. A lot of agreements early on, however, tend to be verbal, which is also fine.

The team in Swansea has, at the time of writing, not had huge successes when it comes to working with the PRS, which can be a way of sourcing additional accommodation, in a wider variety of areas. Working more with private landlords is something that the team would like to do - this was clearly expressed during interactions taking place as part of the accreditation process. At the current time, it is extremely challenging to find affordable PRS properties in most parts of Wales, due to very high rents and insufficient levels of housing benefit. With regards to Housing First in particular, establishing strong, substantive relationships with private landlords in Wales and beyond is a challenging process that can take many years. It usually involves changing attitudes and building genuine buy-in to what can be incorrectly perceived as a model that comes with substantial risks.

The Wallich team in Swansea has an advantage in the fact that colleagues running the organisation's Housing First service in Anglesey, which has been [accredited](#) via this same process, work primarily with the local PRS. As such, there is likely a considerable amount of knowledge and experience that can be shared within The Wallich. This does not mean, however, that there is an easy solution when it comes to fostering a working relationship with the PRS.

It is also worth pointing out that this recommendation is often made during accreditation reports - given the choice between a scenario in which a Housing First service works well with local private landlords, or one in which it doesn't work with them at all, the former is almost always preferable.

As such, the recommendation made for this principle covers this area, and more specifically suggests using an evidence-based approach by demonstrating how effective Housing First can be (with the help of colleagues from Anglesey, who will have this evidence in a PRS-specific context).

Recommendations

4. Explore ways of sharing good practice and case studies, with the PRS (via the PRS access team where appropriate) and other stakeholders

Response to recommendations

A member of the Housing First team is currently developing a set of presentations that can be delivered and shared with other departments within the wider organisation at The Wallich, partner agencies, other stakeholders and, indeed, clients. Reinforcing this, the Housing First team that the organisation runs in Anglesey, which has already received accreditation, has shared templates that can be used to gather and then showcase good practice and case studies.

Additionally, the Swansea team has started conversations with the organisation's communications team covering the idea of filming, in a trauma-informed and empathetic way, some brief case studies with Housing First clients who are willing to share their stories. This material could then be shared on the website or in other contexts (again, consent would be needed and careful consideration given to this).

To help facilitate other ways of demonstrating the effectiveness and transformative power of the Housing First model, members of staff at the Swansea service will be inviting The Wallich's PRS and Bond Board teams to team meetings to discuss ways of using a case study approach to build buy-in among relevant stakeholders, and to ensure that everyone involved remains up-to-date when it comes to other developments, including but not limited to the Welsh Government Leasing Scheme, and legislation such as the Renting Homes (Wales) Act 2016.

This will again be relevant for a later principle, but it is also worth mentioning here - specific case studies are also being gathered concerning those clients prescribed Buvidal treatment, explained more thoroughly later in the report, which would be used specifically to contribute to research being done in this area, but might also bolster the other resources described in this section.

Recommendations evidence rating: High

PRINCIPLE TWO EVIDENCE LEVEL

Very high

Housing and support are separated.

Summary notes

Clear evidence of support and housing management being separated exists at The Wallich in Swansea. A separate rent collection function exists, regardless of the type of accommodation the tenant is living in.

One client, during their interview, affirmed the idea that their support worker acted as an advocate and was clearly 'on their side'. The first visit paperwork, as has been mentioned previously, makes clear the roles of the different teams and members of staff with whom clients will be engaging.

Once clients are housed, housing management is carried out by the relevant social landlord. The Wallich team will 'always advocate for the client and challenge [landlords] whenever necessary'.

Support workers facilitate introductions between clients and landlords, helping maintain contact between all parties when appropriate. Clients who have issues with their accommodation, and who request support, are helped to raise these issues with the appropriate housing managers - asking for repairs, for example, or making a complaint.

Clients are supported by support workers to apply for the appropriate benefits as tenancies are arranged; because of this, rent arrears are rare. When they do accumulate, it is usually because of clients spending time in custody. In one case, a client accrued a 'considerable' amount of arrears, but rather than surrender the tenancy, was supported by The Wallich team; the team applied for a Prevention Fund to clear the debt. In this way, the Housing First approach clearly prevented homelessness of some kind. Clients backed this up in interviews, explaining that they had received support to set up their benefits and, in most cases, direct payments (though this was not mandated); in one case, a client pays their landlord for use of electricity, and was helped to set up the direct debit to do so.

In other similar cases, Housing First support workers will liaise and engage with rents teams, as part of the advocacy for clients mentioned above. Crucially, each case is looked at individually by the local authority, rather than blanket rules or processes being applied. This reflects the unique nature of the Housing First approach, and the specific needs of its clients. Instances of alleged anti-social behaviour are handled in the same way - the Housing First team members will support clients to respond to claims of ASB, and to work with housing officers to resolve them (for example, via a Behaviour Improvement Plan). During interviews, clients reinforced this idea, and highlighted the support they'd be given by their support workers during meetings with landlords and others.

When it comes to raising issues concerning property maintenance, clients are free to follow their landlords' processes themselves, but can also ask for support from their Housing First worker. This can be carried out by a variety of methods, depending on the landlord, but might well involve support being provided to contact a landlord via telephone or online.

Similarly, when a client's non-engagement is affecting crucial maintenance work (for example, servicing the gas system to keep a property safe), members of the Housing First team can work directly with housing officers (while keeping clients informed every step of the way) to discuss access arrangements. Housing First workers have developed strong relationships with the various local authorities, RSLs, and other partners key to managing accommodation.

The same attitude to complaints, made by either the client or whoever is managing the property, is taken: members of the Housing First team will gather all the information they can, liaising with all partners as well as - crucially - the client, someone for whom the support workers know they must advocate. Whatever the situation, context or origin of the complaint or issue, clients are actively involved throughout. In most cases, this partnership working, bolstered by the time spent developing relationships with district teams and other partners, 'work[ing] together to resolve issues before escalation'.

Areas of concern and mitigation

As has already been discussed, recommendations made covering the specificity of Housing First documentation, and keeping documents fit for purpose, apply here.

During the first phases of the accreditation process, some of the awareness expressed by representatives of the housing management function concerning legal standards of properties probably left a little to be desired.

Acting as advocates and clearly being willing to challenge the housing provider and housing management function, support workers from The Wallich's Swansea team have expressed concerns about certain accommodation in the city centre - various blocks of flats, to be specific. This has been a challenge, because Housing First clients often 'choose [the] city centre as their preferred area' to live. As such, this is considered reasonable accommodation by the local authority, and as client choice is to be respected (although clients can be made aware of potential risks and consequences), these flats have been used for Housing First clients.

In one example, a client was housed in one of these city centre flats. Instances of anti-social behaviour and other issues (not necessarily caused by the tenant) were putting the tenancy at risk, so the Housing First team worked closely with the district housing team in the area to enable a move to another property. After the move, which was carried out at the client's request, anti-social behaviour stopped, and the tenancy was maintained.

This process of moving took nine months, which is not ideal, but a valuable lesson was learned about the importance of the context of an area. Again, while client choice takes primacy, open and honest communication about potential issues can take place, with The Wallich's team building knowledge and insight into what needs highlighting. This extends to details as practical as the fact that ground-floor flats can lead to more issues than flats on other floors.

One of the interviewees we spoke to made an interesting point about the service's interactions with the local PRS. The housing crisis and high demand for the housing that is available, as well as uncertainties brought about by increases in mortgage interest rate and changes to housing legislation in Wales, are acting as barriers leading to a perception of increased risk of Housing First for increasingly risk-averse landlords. (This is not to suggest that without these contextual factors, large numbers of private landlords would engage with the model and offer properties.) As has already been recommended, taking an evidence-based approach here might be a way of improving these links.

Recommendations

5. Continue working to build buy-in to, and understanding of, the Housing First model in the local PRS, housing management partners, and other partner organisations - bolstering relationships along the way (CRITICAL)
6. Ensure that all stakeholders understand the importance of accommodation standards, and feel supported in raising issues with accommodation when necessary, as well as in encouraging clients to highlight issues to their support workers

Response to recommendations

Senior staff from the team in Swansea have already shared screenshots and email exchanges organising various properties for the team's clients. Emails to local PRS landlords have also been included. It has been emphasised, and it is apparent in this evidence, that the team does everything it can to secure as wide a choice of accommodation in the area as possible; it is also clear that high standards are adhered to, as is required by Housing First (and, to a lesser extent, the law).

The minutes of some of the meetings had with PRS-related teams, taking place after these recommendations have been shared, and there is clear evidence of the Housing First team, and The Wallich's PRS teams, and PRS landlords working hard to develop an understanding of how the other partners work.

The situation regarding client choice was discussed - in the past, it seems, clients have believed local authority properties to be more secure than social rented properties, although this perception is changing. The Wallich team in Swansea is also working to support the nationwide rapid rehousing initiative using a mixture of these properties.

The Swansea team will be providing The Wallich's PRS and Bond Board teams with information via regular meetings, to keep them abreast of developments like the Welsh Government [Leasing Scheme](#) and changes to the Renting Homes (Wales) Act 2016, over the coming months.

In addition to the recommendations being discussed in taskforce meetings, as well as Swansea team meetings, as has already been discussed, this report and its contents will be discussed with landlord partners.

Recommendations evidence rating: High

The service is targeted at individuals who demonstrate a repeat pattern of disengagement with hostel accommodation and/ or, individuals accessing rough sleeping or accessing EOS (Emergency Overnight Stay) at the point when the referral is made.

Summary notes

The service being accredited clearly works with people who are most likely to benefit from Housing First. The partners involved in referrals work in an informal and flexible way, via processes that emphasise the knowledge, understand and expertise that the partner organisations and individual members of staff possess. This leads to the people who would most benefit from Housing First being offered support via the model.

The nurse who works closely with the service, specialising in substance use, demonstrated this, pointing out that ‘most...clients are high risk when it comes to substance use.’ Similarly, another interviewee explained that most of the people receiving support have some history of ‘entrenched rough sleeping’. One of the clients reinforced this idea, saying during their interview that they’d spent nineteen months on the streets.

All this is to emphasise what support workers explained in interviews - the team will not turn anyone down on the basis of being ‘too complex’. Several examples were provided, including a client who needed long-term substantive mental health support; more details are provided below.

The exemplary ‘first visit’ paperwork that has been mentioned several times in this report, as well as other documentation, makes clear that staff at The Wallich, and partners, understand the potential issues that clients might have experienced or be experiencing. What is more, the service-level agreement between The Wallich and Kaleidoscope mentions that the client group include people traditionally seen by other services as ‘hard to engage’ and complex.

It was also pointed out during the accreditation process that the housing options team covering the area have ‘excellent insight’ into the ‘barriers and challenges facing [Housing First] clients’. This buy-in to the Housing First model on the part of the housing options team, which plays such an important role in allocation, is vital; the understanding that Housing First has prioritisation at its core means that support can be genuinely pro-active and person-centred. An understanding of the nature of the issues that Housing First clients are likely facing is, according to interviewees, on full display by all the partners attending the multi-agency meetings that regularly take place as part of the Housing First service.

Areas of concern and mitigation

One of the interviewees explained that sometimes a person ‘not right for the project’ will be ‘pushed’ towards the service.

This was investigated in more detail, and one potential example was discussed. The client in question had a variety of complex needs, and the situation was nuanced; this is only a brief summary. The Swansea team started to provide support to the person, who had already been accommodated in temporary housing, but was at risk of homelessness unless some of the issues affecting their tenancy and health were addressed. The client, who was ‘known to the local authority’, was care managed under receivership but wasn’t engaging in support. The person had been moved to several different properties, causing a ‘considerable amount of damage’ in some of them.

It was questioned by the team whether Housing First was the right approach for this person, as it seemed that fairly severe mental illness was involved - mental illness about which members of the team recognised had little expertise, which they recognised fairly quickly. While the client accepted support initially, they engaged very little, meeting briefly with the team once or twice a week. (This in itself is not an issue when it comes to the Housing First approach, though those who want to engage with intensive Housing First support should find it available.)

During the period in which this person was receiving Housing First support, they were also spending 'quite a bit' of time in prison. The last arrest during this period led to further psychiatric assessments and detainment, in a specialist unit, under the Mental Health Act (1983). Ultimately, the receivership team ended the person's tenancy with the local authority, and The Wallich closed the support case. Members of the Swansea team acknowledge how sad this sequence of events was, for the client and others involved, but are hopeful that a more suitable support option can be provided now.

Other comments suggested that the referral process, and associated early stages of an individual's Housing First journey, could benefit from additional consistency. The aim is not to make this process overly formal, but to ensure that all stakeholders clearly understand it, as well as the Housing First model, and that those who might benefit from it have an experience that is person-centred but also, to some extent, consistent and predictable with other clients or potential clients. That is to say, there needs to be a clear rationale for working with clients at the same time that the support itself is person-centred and strength-based.

Efforts in this area have already been made. According to senior staff within the team, the decision to take on a new client is a 'mutual decision' between the Swansea service and the local housing options team. Further meetings with 'other involved parties' also take place before a decision is made - examples included outreach nurses, probation, and substance use teams. This is done to 'ensure that we've considered the whole case and the complex needs that require support.' It was emphasised during this exchange that the client's desire for support would also be at the centre of any decision-making.

Recommendations

7. Continue to ensure that referral process is consistent and fair, while flexible and not over-formalised. Decision-making processes should be captured to ensure knowledge is maintained around how and when decisions were made, and who made them. This knowledge will be vital to avoid single-point failure in the event of staff turnover and as processes change in accordance with developments at a national level. Client choice must also be at the centre of the decision. (CRITICAL)

Response to recommendations

Members of senior staff within the Swansea Housing First team have drafted an up-to-date referrals and allocation policy that outlines how potential clients are identified, what considerations need to be made at various stages of the process, who is involved in the relevant decision-making, and what happens once certain decisions are made.

As is the case with the other ongoing documentation changes, this work is being carried out in accordance with The Wallich's organisational processes when it comes to document creation and review, as well as quality assurance. It is worth mentioning that the local allocation process is also undergoing changes, so any documentation produced by The Wallich that is affected by events in Swansea, like changes to local policies, will need review and potential further amendment in the near future; this is something that the team is aware of, and will be pro-active about doing.

Drafts of the updated referral and assessment documentation go a considerable distance to ensure that the process is fair and consistent without being over-formal.

Additionally, the integration of assertive outreach and active engagement within the referral process (which already happens via the work of the team and colleagues in the Rough Sleeper Intervention Team (RSIT) that The Wallich runs in the area - this is discussed further in the section on principle five) will be bolstered, and collaboration strengthened, by further updates and regular communication between the Housing First team and RSIT colleagues working with clients and potential clients on the streets.

Recommendations evidence level: Very high

Flexible support is provided for as long as it is needed.

Summary notes

The evidence representing principle four is strong and varied. The job descriptions and job advertisements for members of staff working at The Wallich in Swansea emphasise the need for flexibility and avoiding a one-size-fits-all approach. Similarly, the support plans associated with clients highlight the deep level of flexibility and variety inherent to the support that is planned with each person, and then delivered.

For example, there are references in the documentation to clients being able to access dieticians, which is unique among services of this type. This highlights the drive that support workers have to address whatever issues their clients want to work on addressing, and to achieve whatever goals they choose for themselves. This report has already mentioned the fact that clients are provided with support, should they request it, contacting any of the stakeholders involved in delivering the Housing First service - including, but not limited to, landlords.

Meeting minutes provided as part of the accreditation process show a specific focus on team members discussing complex needs, and the flexibility of support that their presence mandates. One relevant example of this approach came up in an interview with a support worker, who perceived trust issues on the part of one of their clients. Because of this, they more slowly introduced other members of the team, and indeed partner organisations, to that person. This shows a genuine, thoughtful commitment to flexibility that goes beyond the willingness to have support meetings in a variety of locations and contexts - which is vital, and which the Swansea service also delivers.

One approach taken by staff at The Wallich in Swansea is to think, in a rough sense, of support needs fitting into certain 'tiers' of intensity, which can change over time. As such, support can flex accordingly, and team members have a clear and shared way of explaining a client's needs, and level of need, to colleagues.

Partners also demonstrate an understanding of the complexity of clients, and the according flexibility required. 'Sometimes,' a specialist nurse working with the project said, 'it can take months or even years to make a difference.' Comments like this also form strong evidence for principle three. Other people made similar comments: 'varying needs require varying solutions', for example, and 'the support is open-ended'. This last remark highlights a commitment to support that is not only flexible, but that does not have time limits associated with it. Another interview had someone emphasise the longevity of Housing First, regardless of the funding situation at the time. Likewise, someone else contrasted Housing First as an approach with more traditional models by saying the model 'goes above and beyond [normal support].'

All the clients interviewed were asked whether they'd ever been involved in discussions about their support ending, or having any kind of time limit or deadline to achieve their goals. They all affirmed that they'd been given the clear impression that the support would continue as long as they needed it.

The service-level agreement with drugs charity Kaleidoscope also emphasises the importance of flexibility on the part of anyone involved in the client journey, not just the main support provider.

Several other interviews contrasted the intensity of support, with many of these specifically noting the flexibility too. Support workers offer support to their clients in a wide range of contexts - from housing options meetings to doctor's appointments.

One interviewee explained how important it is that Housing First support has the time it needs for relationships to develop and then flourish, saying, 'we...recognise that relationships take time to build and strengthen, and someone is unlikely to open up fully in the first few weeks (or even months) [of support].' This person pointed out that processes, assessments, and support plans are designed 'with this [concept] in mind', highlighting how flexible the support provided by the Swansea team is. The same person summarised this approach by saying that they expect relationships to 'change and build over time...as...trust is built'. Relevant documentation and face-to-face approaches to clients can then change over time.

The case closure documentation is another exemplary feature of the support being delivered by The Wallich. In the updated Housing First version, it makes clear that clients are unlikely to have their cases closed, but rather would go 'dormant' and still be able to access flexible support according to their needs, when those needs might arise.

The team also receives daily update of people sleeping rough in the area, and liaise with the local RSIT to remain up-to-date about clients in this position. The teams then collaborate to convey messages such as information on new appointments and updates on wellbeing.

Clients, for their part, also emphasised the flexibility of support, and all seemed confident with the idea that support would go on for as long as they needed it. Clients provided examples of different kinds of support sessions, taking active roles in planning their own support, and being able to make their own choices - which, as is often the case when it comes to evidence for principle four, also emphasises the delivery of principles six and nine.

Areas of concern and mitigation

One interview discussed plans to expand the service. Caseloads are discussed in more detail elsewhere - there is little to suggest that clients up to this point have not received support at the intensity they needed - but this kind of planning does require that staff wellbeing as well as client support are not negatively affected.

One example was discussed in which a client was woken up by on-call staff and attended an appointment with Dyfodol on their own. It is not clear whether they required, or were offered, support in getting to or attending this appointment.

When this was put to the team, it was made clear that clients are indeed offered support when it comes to attending appointments. Clients vary, and some are more independent than others - this is something that can also change for one person at different times. Some clients will ask to be woken up for appointments, or to be given a reminder during the day. Others will want to be collected by a support worker, who will then potentially attend the appointment with the client. Interviewees identified the key part of this as asking the client what they want. There is an on-call service with phone support out-of-hours (which was used in the example mentioned above), but clients with weekend appointments can still have support arranged if they ask.

A recommendation has been made to ensure that these policies and processes are made clear to all clients, so they can take advantage of the level of support they need.

Recommendations

8. Continue to ensure that clients understand their options when it comes to being accompanied to appointments

Response to recommendations

The ethos discussed above, of making to sure ask clients what they want when it comes to appointments and associated support, was emphasised by different members of the team. Senior staff acknowledged the fact that they might need to ensure that staff understand this idea and put it into practice, and have committed to working on this during team meetings and in one-to-one contexts.

Recommendations evidence level: High

An active engagement approach is used.

Summary notes

A wide array of evidence exists that demonstrates The Wallich's delivery of principle five in Swansea. The support plans, for example, demonstrate that the project works to begin or continue the support of potential clients and clients serving prison time. Similarly, several interviewees highlighted the fact that short stays in custody do not impact Housing First provision, and the team continues to work with people in this situation. People are supported with ensuring that their benefits situation doesn't result in lost tenancies. Members of staff work hard to ensure that this difficult situation is handled smoothly in a practical sense, too - by organising food parcels for the person's release and arrival at accommodation, for example.

The active work undertaken in partnership with the local housing options team to secure one-bed accommodation, to ensure as many clients and potential clients can access housing as part of a Housing First, has already been discussed. It clearly aligns with an active approach to not just providing support, but 'preparing' to provide it in a proactive way. As has been described, this approach continues as incoming clients are supported to make homelessness applications, thus speeding up the process by which accommodation can be secured.

Support workers make clear to clients that they are there when the person is ready, even if the clients themselves are content not to engage at a given time. There are, to quote one interviewee, 'no repercussions' for clients or potential clients acting in this way. That said, members of the team work hard to contact clients, and to make it clear they are ready to engage with clients at any time the client might feel ready to. There were several examples discussed of clients deciding they were ready for an initial conversation, or to engage with a support worker after a long period of not doing so, and support workers then taking a 'soft-touch' approach, as well as determining what a client would most want or appreciate. In one case, for instance, a support worker took their client for a coffee, and asked what the client wanted in terms of support going forward. (As has already been mentioned, this kind of active approach also demonstrates the flexibility of principle four.)

When Housing First clients waiting for housing are staying in emergency accommodation, the team will carry out visits and ensure they know exactly where their clients are, and what the context is. The same goes for clients living on the streets. As was mentioned above, the team will also make similar efforts to get in touch with clients who haven't been in contact with their support worker for a while (without in any way making engagement mandatory).

Partners involved in this outreach work are also impressive; members of The Wallich's Swansea staff speak very highly of the active outreach carried out by the local Housing Options team, for example.

Quotes from some of the interviews summarise and underscore the approach taken to outreach and engagement by The Wallich's team. 'We'll be out and about,' one support worker said, 'and do what's needed doing when it's needed doing.' This demonstrates the commitment to flexibility and being active. Similarly, one person said of their colleagues, 'they'll go out and make sure someone has their script.' This kind of dedication to ensuring that clients have what they need - in this case, the appropriate medication - is impressive.

The Wallich runs several Rough Sleeper Intervention Teams (RSITs) across Wales - there is a team that operates in Swansea, and as such is likely to be part of the journey for many of the Housing First clients. These RSITs are trained to work in a trauma-informed and active way, and as such, fit neatly into the Housing First approach, aligning with the work of the Swansea project.

Housing First support workers collaborate in an active way with local housing options and landlord staff to arrange viewings, to ensure potential tenancies and the accommodation on offer are properly understood, and decision-making is easier. Clients can request that support workers attend viewings with them.

Finally, other activities undertaken by the project also demonstrate an active approach - the 'valuing your views' survey, for example, could be seen as an active way of learning how clients want to engage. What is more, the 'PIE future vision' document, which details The Wallich's planning for PIE developments, mentions some aspects of outreach and engagement that align with Housing First's active approach - in particular, the use of outdoor spaces, and the idea of making office space restful and relaxing for all who use it.

Client interviews also emphasised and demonstrated the Swansea team's delivery of principle five. They gave examples of assertive outreach, and how members of The Wallich's local Rough Sleeper Intervention Team would work with them, alongside the Housing First support workers, as they began their support journeys. Comments from clients also highlighted the fact that their Housing First workers would make it clear that they were available to provide support, when the clients were ready; that is to say, they were active and persistent, without being irritating or pushy.

Areas of concern and mitigation

The integration of the RSIT into many Housing First journeys could, potentially, cause some issues. Given that the Housing First team itself is not involved in the outreach work, it is vital that the RSIT works according to a trauma-informed and person-centred way that aligns with Housing First as a model. Representatives of the RSIT in Swansea, interviewed as part of the accreditation process, mentioned that they will not provide a bed for someone the next night if that person has been 'aggressive or threatening'.

Nobody has ever been permanently excluded or banned from interacting with the RSIT, or the Housing First team, and the safety of members of staff, as well as all clients, is an important aspect of support. That said, this aspect must be carried out in a trauma-informed way. The fact that the RSIT, technically, does not need to follow the Housing First model, means that careful attention is needed here (again, as an organisation, The Wallich emphasises its general commitment to a trauma-informed way of working).

Recommendations

9. Continue to ensure that the RSIT continues to work in a trauma-informed way that aligns with HF. Ensure that this continues in the event of staffing changes (CRITICAL)

Response to recommendations

When the areas of concern and recommendations associated with this principle were discussed with senior staff in the Swansea team, the organisational commitment to trauma-informed work, and PIE in general, was emphasised. Evidence of this commitment was also provided, via relevant documentation and training materials. The Swansea RSIT also employs a harm reduction worker, who also has extensive knowledge about Housing First (though this might not be the case if someone else were to take on the role, meaning appropriate training will be vital).

Two Housing First clients, at the time of writing, are waiting for permanent accommodation and are choosing to sleep on the streets in the meantime. Both are 'very well-known to the RSIT and the outreach nurses'. It is worth noting that both clients have been encouraged to seek temporary emergency beds and engage with Housing First workers, with honest conversations taking place - but none of this has been made mandatory, and the clients have chosen to continue sleeping rough for the time being. This aligns with the fact that, within the Housing First model, clients might make choices that surprise support workers. While honest, open conversations about potential consequences of choices can and should take place, clients are free to make what a support worker might not understand or even consider a mistake.

The RSIT can be used as a way of communicating with Housing First, or potential Housing First, clients - messages and updates can be conveyed early in the morning as part of the breakfast runs carried out by the RSIT. Impressively, Housing First workers will often accompany the RSIT on these morning runs, to provide information about Housing First support, as well as to actively engage with these potential clients, and clients on the streets, like those mentioned above.

The entire RSIT will carry out assertive outreach across Swansea, particularly in the city centre, asking if any kind of support is required or desired (often, the answer is ‘I don’t know’ or ‘no’). This outreach is bolstered by the Housing First workers who can provide more information about the model and how it might be different to other approaches to support. This approach is described as ‘very much collaborative’ due to concerns around rough sleeping and the associated health risks. Multi-agency meetings take place in this context, involving: the local housing options staff; representatives of a range of substance use organisations (Barod, Dyfodol and Kaleidoscope, for example); outreach nurses; and the RSIT itself.

The manager at the Swansea service also explained that the team ‘receive[s] daily updates of...rough sleepers in the city centre. [The team] often liaises with the team over clients [who are]...still rough sleeping.’ The vital collaboration that enables conveying messages about appointments, and wellbeing updates, was also emphasised. Beyond this, a presentation is being devised by the Housing First team in Swansea that can then be delivered to The Wallich’s various RSITs, to ensure that existing and new staff understand the Housing First model, and where the work of the outreach team might fit within the model.

These steps will all contribute to engagement and outreach in an active and assertive way to determine the best possible options, with the client’s input, for a person-centred and trauma-informed set of steps.

Recommendations evidence level: Very high

Individuals have choice and control.

Summary notes

Clear evidence exists that demonstrates The Wallich's commitment to choice and control as part of its service in Swansea - in support plans, for instance. Clients can exercise some choice and control when it comes to their support workers - including the gender of that support worker (this is referenced again later, as it is part of a gender-informed approach to support).

Support workers and partners work to ensure that decision-making takes places with as much awareness of context, options and potential consequences as possible. Clients are supported in arranging and attending property viewings, for example, meaning they can make genuine choices about the home that is right for them; as has already been pointed out, they can request that a Housing First support worker can accompany them to viewings. The fact that, as has been discussed elsewhere, partners outside the support provider (including those on the multi-agency panels involved in the service) understand the trauma and potential issues faced by clients means that most people involve understand the need for the appropriate time and context to be allowed for decisions.

Organisation-wide alcohol and drug policy documents make it clear that abstinence has to be 'client choice', meaning that such an approach to substance use would never be forced on any client, including Housing First clients.

During interviews, instances were discussed when clients requested that they be assigned a different support worker - requests that were acted upon. As one interviewee put it: 'Clients will identify their lead needs.' This understanding and enabling of client choice is exemplary. Another person discussed the example of clients being empowered to go and view potential properties, with the option of turning them down (which happens rarely but, crucially, is allowed). The 'first visit' paperwork provided by the team in Swansea also demonstrates the fact that clients are enabled and empowered to make their own decisions throughout the Housing First journey.

One example was discussed in which a client decided to continue to sleep rough while waiting for permanent accommodation, rather than move into any kind of temporary housing. It was made clear during the interview that honest conversations were had with the client about the risks associated with the individual - and that these conversations were not patronising in any way. In fact, the support worker in question clearly understood the fact that their client understood what it was like to live on the streets, having had extensive experience doing so. This person was still supported in a flexible and active way, and continued to make their own choices until they moved into their permanent home, and beyond.

Members of staff accept and understand when their clients choose not to attend court or probation dates (which is not the same as staff encouraging this or viewing it as a positive choice). A key part of Housing First is making it clear to clients when there might be negative consequences for tenancies, but letting clients live independently by making their own decisions.

Personalised budgets are made available for clients to decorate their accommodation and create places that feel like 'home' (rather than just 'accommodation') immediately. One interviewee pointed out that clients have taken active roles in obtaining supplies and paint for their homes. Clients reinforced this idea during their interviews - one, in particular, discussed the freedom and support they'd been given to adapt the environment in which they'd be living.

Partners contribute to the delivery of this principle, too; the housing options team mentioned in interviews that members of staff might have their own concerns about where somebody might want to move - and might communicate these honestly - but ultimately respect that person's decision-making. In fact, this kind of choice is enabled by approaching it from the opposite direction, starting with the question, 'where wouldn't you want to live?' and continuing from there. As one person put it, 'Client are asked their preferred areas and areas they will not consider and confirm any restrictions.' This reinforces the idea that clients can make genuine choices, with the only caveat being the unfortunate general scarcity of housing, rather than the views or rules in place locally.

The team actually bolsters informed choice by seeking insight from colleagues in the local authority who know the area or areas being discussed, and getting additional context into local antisocial behaviour, available amenities, and so on. This can then be discussed with the client who might be looking into the area.

Clients reinforced all the above, explaining how they made their own choices when it came to where to live, acknowledging that they had discussions with their support workers about where more properties might be available, and potential risks associated with certain areas. Similarly, client interviews confirmed the fact that clients feel free when it comes to making choices about their support, aspirations, and goals.

Areas of concern and mitigation

Interestingly, clients do not express much interest in PRS properties. This could be down to a variety of factors, including but not limited to: an individual's sense that they wouldn't be successful attaining or maintaining a private tenancy (there might be a justifiable sense of increased risk when it comes to a private as opposed to a social tenancy); previous negative experiences with private tenancies, whether their own or experiences a person has heard about from others; a lack of private tenancies available, whether generally or for Housing First clients, potentially coming from a less-developed relationship between the Swansea service and PRS landlords in the area. As one interviewee put it, discussing the options available when it comes to accommodation, clients don't have as much choice as they should - not because of the Housing First model and how it is delivered, but because of property scarcity, except in special circumstances. This use of special circumstances for Housing First allocation has been discussed in other accreditation reports, so it is heartening that it is in use here.

One interviewee reinforced some of these ideas, discussing the lack of accommodation; further investigation suggested that this person was talking about the scarcity of housing generally, not just for Housing First services, and phrases like 'no choice' or 'not much choice' should be understood in this context.

Other issues with the ideas of choice and control were discussed. One client, for example, wanted to live in an area that most staff thought would not be suitable. However, because of a desire to maintain fidelity to the principles, the move went ahead. The tenancy failed, and the team reflected that more open and honest conversations could have been had to try and avoid this - even if choice would still take primacy in the end. Admirably, members of the team said they felt the impulse to say 'you can't move there,' but instead acted in a way aligning with the principles, making the client aware of concerns and potential consequences in an honest way.

Senior staff within the team emphasised the fact that clients are 'asked what areas they would like... and for a list of areas that they would not consider'. During interviews, the example of a client who no longer liked their area was highlighted. This person has been given support using the HomeSwapper Wales system, as well as other mechanisms for moving and transferring tenancies.

It was also made clear that before properties are offered to clients, the area and context is double-checked and confirmed, to ensure that clients are not offered properties in areas they have said wouldn't be suitable, which would lead to exasperation and frustration with the system.

On one particular occasion, a client wanted to live in a specific part of Swansea where one-bed properties are very limited, and there is very little turnover in tenancies. This person was made aware of these issues (as part of the open communication so vital to Housing First as an approach) and told that the private rented sector was an option, albeit a difficult one. The client was also told that expanding the area of choice would likely expand the options available, but - crucially - that this would be their choice. The client did indeed choose to expand the preferred area, but at that point their circumstances changed - and their preferred area along with it.

This example was raised by various interviewees, representing different stakeholders within the Housing First journey, as highlighting the strong working relationships between the housing options team and The Wallich's Swansea staff.

What is more, we were told, the housing options team 'help...[to communicate] the importance of Housing First principles when [the Housing First team works] with the housing teams' locally.

Recommendations

10. Continue to ensure that client choice when it comes to properties is respected, and at the core of moving into accommodation, without views being imposed on clients; at the same time, honest and transparent conversations about accommodation availability and potential local issues are required (CRITICAL)

Response to recommendations

The team is committed to maintaining the primacy of client choice as well as communicating about risks and consequences in an open and honest way (as is already the case).

Locally, some changes to the allocation policy are taking place; as such, some of the documentation being produced by The Wallich will need to change too. This also aligns with the concept of consistency in the referral process, as well as the recommendations covering document review, both of which have been discussed earlier in this report.

A referral and allocation document has been drafted to ensure that clarity exists when it comes to how clients and potential clients are identified, 'what considerations are made, and who is involved in decision making', as well as 'what happens when the decision is made,' according to the team manager. This document will be reviewed and signed off at higher levels within the organisation, but further work might need to wait for changes to the local allocation policy.

Meetings with the housing options team to discuss the approach to voids and current cases have been set up, with this recommendation in mind. Additionally, the team will reflect on communication with clients, and how choice is handled in a positive and a constructive way, on an ongoing basis - using this report (and this recommendation in particular) as a starting point.

Recommendations evidence level: Very high

PRINCIPLE SEVEN EVIDENCE LEVEL

High

A harm reduction approach to substance misuse is used.

Summary notes

The Wallich's Swansea service clearly takes a harm reduction approach to support, in line with Housing First's requirements as a model. A range of evidence of different kinds, from a range of sources, demonstrates this. The drug policy that is aimed at clients of The Wallich, for example, emphasises that stability of accommodation is vital, and that prohibition of substance use within accommodation 'doesn't work'. This documentation accepts the fact that slowing down or stopping substance use is the individual's choice, and that somebody will slow down or stop substance use when they are ready - as well as the fact that somebody might never be ready to take such steps.

The alcohol policy for Housing First clients is exemplary, written in a person-centred and trauma-informed way. Similarly, the substance use policy is written along the same lines. What is more, the safety assessment documentation also discusses a harm reduction approach, rather than mandating abstinence. Part of this harm reduction approach involves the availability of naloxone kits for both clients and staff, who will administer the substance during overdoses as appropriate.

While the post was vacant at the time interviews were carried out for this accreditation process, a harm reduction worker is usually employed, which highlighted the Swansea service's commitment to the concept.

What's more, this approach is taken on a multi-agency basis, through the involvement of a Dyfodol substance use specialist nurse who works closely with the Housing First service. Similarly, links with blood-borne virus screening services and specialists were evidenced, and clients are encouraged to attend, and signposted to, needle exchange facilities.

This approach to reducing harm extends to healthcare more generally, as clients are offered, and encouraged but not mandated to access, regular health checks - including sexual health screening. This is a good example of a wide-ranging harm reduction ethos. To help ensure that these services are as readily available to Housing First clients as possible, the specialist nurse will visit clients in their homes; the same applies to the sexual health screening services. This means that individuals are able to access the support they need in a way that is accessible, and that does not demand that they attend appointments at specific times.

This commitment to harm reduction is also apparent in the general attitude manifested by support workers and other members of The Wallich's frontline staff working in Swansea; if a client requests it, support workers will escort them to collect prescriptions, meaning they can avoid the town centre and certain acquaintances who might be using substances. Another example of similarly creative harm reduction was highlighted by one interviewee, who described their approach of offering to take a client out for coffee on the day that their probation restrictions expired, with the aim of avoiding behaviours the client had made it clear they wanted to avoid. Crucially, none of this is mandated, but only offered. In this case, the client credited their support worker's approach with helping them avoid substance use that day.

This is reinforced by a similar example, which a different interviewee raised - in particular, they explained, the day of release from prison can be a risky time when it comes to substance use; not only does the likelihood increase, but substance use carried out after time in custody can be riskier, due to lowered tolerance. Opioid tolerance specifically can drop to the extent that the risk of overdose is substantially increased, should somebody use what they'd consider a normal dose before prison time. By focusing on particular risks, frontline staff and partners are taking an approach that genuinely reduces harm.

According to interviewees, the working relationships and links with local substance use specialists are strong and close-knit, having been developed over time. Training is provided covering new substances, and reflection on the part of staff on substance use and associated issues is enabled and encouraged.

The Wallich's Swansea team and its various partners approach substance use within permanent properties in a way that aligns with Housing First; while it is not encouraged or enabled, there is an understanding of the issues that clients have likely faced in the past and might still be dealing with. (This is a totally appropriate trauma-informed approach.) This understanding comes with an acceptance of the fact that substance use might take place in a variety of contexts - and should not be dealt with in a surveillant or punitive way, which would be counterproductive.

Finally, as has already been mentioned, there is a service-level agreement in place that outlines the relationship between staff at The Wallich in Swansea, and the local Kaleidoscope team, including the different roles providing support according to a trauma-based ethos. This clarity at an organisational level benefits members of staff and clients, and as such is an exemplary and effective part of taking a wider harm reduction approach.

After serious incidents (including two recent unfortunate deaths) team debriefing and reflection is built into daily work. The support workers of the clients who passed away were offered counselling through a partner organisation - this is normal practice for the service after this kind of serious and potentially traumatic incident. Members of staff repeatedly referred to trauma-informed work during their interviews; representatives of partner organisations did the same. The specialist nurse mentioned the 'extensive trauma' that clients had likely experienced. Support workers demonstrated a solid understanding of their roles and the boundaries associated therewith, pointing out 'we won't try and counsel [clients] because we're not [qualified].'

Counselling for clients was mentioned throughout the interviews, as was reflection being embedded into staff practice. Clients emphasised the flexibility in the support offered to them when it came to using substances and alcohol, and the fact that they could set their own goals in this area.

In addition, during interviews, clients described the history and current context of their substance use in a variety of ways - all of which emphasised the absence of any kind of forced abstinence. The clients we spoke to also made it clear that they could maintain trusting and open relationships with their support workers, regardless of their chosen substances and patterns of use. Some of the interviewees also discussed the practical aspects of harm reduction they were offered, like support accessing needle exchanges.

Areas of concern and mitigation

The needle stick injury procedure, while comprehensive, seems to be a document that discusses what to do when members of staff receive needle-related injuries. While this scenario might be perceived as more likely than any other, some consideration of clients and their guests should also be included, either in this document or a separate one. The processes that follow these incidents, and the aspects to consider, might be different in each case, and as such deserve proper documentation.

In the 'core information' documentation that clients are provided with, a section titled 'things we expect from you' (i.e., the client) features some language that could be perceived as not aligning with a harm reduction approach, but this is mostly understandable. Additionally, Housing First workers go through this document in detail with their clients, which allows them to emphasise certain ideas over others, and explain the practical context behind the language.

As has been discussed in other contexts, the substance use policy provided as part of the accreditation process applies organisation-wide; while it is an impressive and comprehensive policy, it is general in nature and would benefit from focussing more on the Housing First approach specifically - this has been covered in the general set of recommendations made earlier.

Another issue here that is in some ways out of the control of the service, but there are things that the Swansea team can do about it, is the fact that many clients would like to be treated for opioid addiction via the [Buvidal](#) injection.

Buvidal is unique in that it can be delivered as a monthly injection, rather than dispensed on a weekly or even daily basis like methadone, for example. While Buvidal contains the same active ingredient (buprenorphine) as Subutex and Suboxone, which are also common treatments for opioid issues, both the latter options bring with them the same issues of frequent dosing as methadone. The Buvidal injection releases the active component very slowly.

It also shares the potential advantage of Subutex or Suboxone prescription, in that it blocks the effects of opioid use effectively, making it almost impossible for someone to get ‘high’ from, for example, heroin.

The use of Buprenorphine has been particularly effective for the Swansea service - as the Housing First Manager puts it, ‘a few cases’ have been prescribed the treatment for around for years. Additionally, a couple who had been on Buprenorphine at ‘one of [the local] fast-prescribing places’ have come off their scripts and are now managing tenancies and day-to-day life independently and without medical treatment. The couple has been consulted throughout the process to determine what kinds of support they both want. The use of fast-prescribing is also impressive.

For some people, Buprenorphine can be a very effective treatment for opioid addiction, and it has been viewed by the Housing First service as being particularly successful in the Swansea area. Clients prescribed this option have also highlighted how effective it has been. Buprenorphine was made more readily available during the COVID-19 pandemic, because it reduced the need for frequent face-to-face contact during appointments and prescription collection, while still appearing to be an effective treatment option. The Welsh Government has recently commissioned an evaluation of the rapid roll-out of Buprenorphine since the pandemic, which will assess the benefits and challenges of this treatment. This will affect decisions about Welsh Government funding and policy on Buprenorphine, which means that there is a level of uncertainty about its future.

The existence of the harm reduction worker job role is a valuable addition to the team, but care needs to be taken with roles like this to avoid single-point dependency. Too much reliance on one person can lead to issues if that person changes jobs, goes on long-term sick leave, or is absent even in the shorter term. Clients will need to be enabled to work with a variety of team members, and to be able to discuss their harm reduction needs with those people, who will involve the harm reduction worker at the appropriate points.

The example of the client who appeared to believe that they needed to have the correct prescription before they’d be allowed Housing First support has already been discussed. The issue here is not one of practice - nobody else spoken to pointed to this as fact - but of perception on the part of clients.

We were reassured that no property offers were made and then reneged on because of perceived or actual substance use. In many cases, the housing options team and the relevant landlord, working with the Swansea Housing First staff, will have discussions about whether certain locations in the area are known for substance use. Crucially, this information is never used as the basis for stopping any tenant moves, but to help enable informed choices for individuals who might be trying to reduce or eliminate their substance use.

This has already been discussed, but it has been emphasised that no conditions around prescriptions are placed on receiving either tenancies or support. The team has taken on board the fact that at least one client had this view.

Recommendations

11. Review initial documentation for clients to ensure language is trauma-informed and takes a harm reduction approach - the ‘what we expect from you’ section in the core document in particular
12. Amend the excellent substance use policy to not just apply organisation-wide, but to reflect Housing First as a distinct and unique model across the Swansea service, including partners
13. Where possible and appropriate, managers and partners to make the case for the effectiveness of Buprenorphine, contributing to the current national evaluation -

Response to recommendations

The first two recommendations align neatly with the general recommendations outlined earlier in this report, in that they form part of a document review process. The two recommendations here are, of course, more specific in nature. Evidence has already been provided that the documentation review is underway and different parts of the organisation as a whole are feeding into documentation affecting their areas of work appropriately, which is excellent to see. Similarly, feedback from The Wallich's Housing First service in Anglesey has been incorporated into this process, and text shared where it makes sense to do so. (It bears mentioning that, while The Wallich might run two Housing First services, the contexts of the two areas are very different and as such we would not expect to each policy document to be identical.)

As has been mentioned in the earlier section covering the general principles, the initial documentation that support workers discuss with their new clients is in the process of being amended to reflect a more psychologically- and trauma-informed approach to language, with phrases like 'we expect you to' ('you' in this case referring to the client) being removed. This amending, and the review of other documentation, is ongoing, aligning with The Wallich's document creation, review and quality assurance processes.

What is more, changes are being made to this and other relevant documentation to more accurately highlight the close working relationship between The Wallich in Swansea and local substance use organisations like Kaleidoscope. As such, these links will be more clearly apparent to all stakeholders, including clients.

Based on this strong initial progress, we are confident that work on this recommendation will continue.

Examples demonstrating how the substance use policy and processes are changing have been provided, clearly highlighting the general commitment being shown to acting on the recommendations being made as part of this process, both on the part of the team in Swansea, but also organisationally. Drafts of a new substance use policy aimed at those working and living in The Wallich's residential projects have been shared, although staff at The Wallich acknowledge more work is needed on these documents.

The harm reduction-based approach is clear, as is the trauma-informed nature of the text and ethos. For example, a 'language guide to drugs' document clarifies for staff what statements and terms might be interpreted in a negative way, contrasted with those that are more trauma- and psychologically-informed. These contrasted terms and phrases include, but are not limited to, examples like the following. Staff should use 'someone who injects drugs' in favour of 'injecting drug user', and 'positive for substance use' or 'actively uses drugs' should be used as opposed to the term 'dirty'. It is clear that the organisation is empowering staff (and clients) to use less dehumanising and judgemental terminology when it comes to the use of substances.

In terms of ensuring that Housing First is specifically represented as a model in this updated documentation, as has already been recommended, plans for this are underway. The use of trauma-informed language is part of the organisation's ethos, and the specific updated policies that have been shared are aimed at residential services run by The Wallich.

Once these have been finalised, updated drug policies and procedures will be devised for 'community-based services, where we can add a Housing First section', according to a member of staff whose focus is on PIE. Email exchanges already provided demonstrate that these specific references to Housing First align with the aspects of the model that make it unique.

For example, references to 'police protocols' will be changed and parts of them removed, and 'appropriate amendments' will be made to the documents to reflect an understanding or acceptance of 'people using drugs in their own homes'. Once these documents have been updated they will be followed up on as part of subsequent accreditation steps.

When it comes to recommendation thirteen, much of the actual work being done to understand Buidal's effectiveness is clearly outside the day-to-day work of the Swansea service. That said, several clients have had very positive experiences with Buidal prescriptions, as has been discussed above.

Additionally, the use of Buprenorphine, when chosen by a person from a range of treatment options, can easily form part of a harm reduction approach. The ongoing Welsh Government-commissioned research into Buprenorphine's recent effectiveness across Wales, led by academics at the University of South Wales, has been discussed and the relevant information shared with various groups that representatives of Cymorth Cymru oversee or participate in - the Housing First Network, for example, as well as the Substance Use Network.

As such, Housing First services in Wales have been given the information they need to make the representations and contributions they feel appropriate, participating in the national conversation around Buprenorphine and the best ways it can be funded and prescribed. Conversations with the team in Swansea confirm their commitment to do so.

The first step that has been agreed is that the harm reduction worker will begin gathering case studies that represent the experiences clients at the Swansea project have had with Buprenorphine prescriptions.

Recommendations evidence level: Very high

PRINCIPLE EIGHT EVIDENCE LEVEL

Very high

The service is delivered in a psychologically-informed, trauma-informed, gender-informed way that is sensitive and aware of protected characteristics.

Summary notes:

The amount of substantive evidence covering this area is impressive. The Wallich is an organisation that has long been committed to psychologically-informed environments (PIE), and this practice is clearly demonstrated by staff at the Swansea service, as well as partners.

Crucially, there is demonstrated and extensive commitment to supporting members of staff in a trauma-informed and strength-based way, as well as clients and potential clients. The strength of this commitment is in part demonstrated by the extensive documentation that describes how a trauma-informed approach is taken at all levels of the service.

Another key part of this approach is the PIE Portal, accessible by all staff, which acts as a repository of relevant documentation, but also interactive training and a space to reflect. The latter, specifically, is found in the 'reflective evaluation plan'. The documentation provided also discusses positive interactions between The Wallich, Pobl, and Housing First clients, particularly when it comes to taking a person's trauma into account. Screenshots from interactive training show topics like dealing with challenging behaviour, and compassion-focused ways of working.

Support plans demonstrate an awareness of risks around cuckooing, as well as discussion of an individual's potential triggers. This discussion also includes strategies to mitigate triggers, or to reduce trauma once it is triggered - for example, providing more intensive support if it is required, or ensuring a client can access a place they consider safe.

This is all reinforced by the job descriptions for Housing First roles, which make repeated and explicit references to trauma- and psychologically-informed approaches. The same applies to the roles of those within the Rough Sleeper Intervention Team (RSIT) working locally - these members of staff, as has been discussed above, perform a crucial role within the Housing First journey. One interviewee also mentioned other staff roles specifically set up to provide counselling to clients and staff, with reflective practice built into the daily work of everyone involved. This interviewee summarised their approach to Housing First support as essentially asking, with a positively framed question, 'how can we help this person?'

The personalised budgets discussed in more detail in the section on principle six, governing choice and control, are also an important part of allowing clients to shape a 'home', rather than just a house - this is an effective part of a trauma-informed approach.

The Wallich as an organisation employs a team of PIE specialists (material included in the PIE Portal highlights the existence of a PIE operations and therapeutic services team), and these members of staff work effectively with the Swansea Housing First service. Interviews with the team in Swansea highlighted the strong links between the two groups. Similarly, the range of documentation visible in the PIE Portal screenshots is impressive, in terms of the resources available to staff.

One interviewee, again, highlighted themes of being trauma-informed and aware of triggers, saying '[members of staff] are stepping into [the client's] world...we don't expect them to join us in ours.' This participant emphasised the fact that at no point would threatening or inappropriate behaviour be excused, but the focus would instead be on understanding 'where someone is coming from' at a particular moment.

When it comes to training, various substantive sessions and courses have been set up and run for members of staff. (Again, the materials have been uploaded to the PIE Portal for access by anyone at any time.) The organisation's PIE Co-ordinator is just one of several PIE-focused roles that demonstrate The Wallich's commitment to the concept.

During their interviews, clients highlighted what seems to be an appropriately therapeutic approach, where support workers and other colleagues - including partners like members of staff from the RSIT - will take into account a person's story, and current circumstances. This might include a support worker taking the necessary steps to understand and empathise with a person's substance use issues, for example. (This echoes a description given by a support worker in an earlier accreditation process, who summarised what a trauma-informed approach meant to them with the word 'empathy'.) Clients all made it clear that staff worked in non-judgemental, patient and understanding way.

Clients also emphasised throughout interviews the flexibility of support, which has already been discussed; their responses and descriptions of support work, however, also provided substantive evidence for this principle. Clients explained that they'd be given time and space to calm down after negative interactions with staff, and that the support sessions (that they could exercise choice and control in terms of planning) took into account what they might find positive or negative.

Support workers make clear to clients when they are available, stressing this at different times of year, for example, more than others - they also, according to clients, know when to 'back off' and give a client space. The Christmas period, for example, is often a time of strong and potentially traumatic emotions for some people, and this is taken into account every step of the way.

Some of the subsequent comments made during interviews demonstrated alignment not just with principles eight and nine, but the harm reduction ethos emphasised in principle seven. This is due to the introduction of safety and the idea of feeling safe into conversations, as an interviewee explained: 'We will talk to [clients] about their safety so that we can complete a safety assessment and relevant safety plans.'

The idea of feeling safe is not relevant only as part of a harm reduction approach; the following questions, which support workers will often pose to clients when they feel the time is right, demonstrate that the concept of feeling safe is key to a trauma-informed and person-centred way of working. Such questions include, 'do you feel safe right now?'; 'what makes you feel unsafe?'; and 'is there anything about me [or] the service that makes you feel unsafe?'

Members of staff at The Wallich emphasise how the service's approach to psychologically-informed working and alignment with protected characteristics legislation essentially makes the two concepts interdependent.

The view taken by the Housing First Network and Cymorth Cymru, as well as Welsh Government, is that Housing First as a model should go beyond merely following the law when it comes to protected characteristics, but as part of a person-centred and strength-based approach, celebrate people for who they are, and enable or empower them to live the lives they want to live.

The Wallich's equal opportunities policy makes it clear that the organisation, including the Swansea service, adheres to protected characteristics legislation. This documentation also outlines the relevant training for staff, which shows that an active role is taken when it comes to sharing knowledge in this area. The policy also highlights the extent to which The Wallich's clients, and their support, form the heart of the organisation's practices. The document also includes information that points to the developing nature of the work being done in this area, specifically that an 'equality impact assessment' will be completed once certain new roles are introduced at the organisation; the idea being that every role and its work will be scrutinised with equality and inclusion in mind; this will be followed up as it develops as part of next steps in the accreditation process.

Partnerships are also a key part of the approach to PIE, which includes a gender-informed ethos; the Swansea project has links with Women's Aid and IDFA workers locally, and there is involvement with the Women's Pathway. Partner organisations run women-only sessions, meaning staff at The Wallich are aware of what is available for women locally. The Wallich has recently sourced training in this area, with more incoming. Clients are also given some freedom and flexibility when it comes to their support worker, including the gender of that support worker.

One interviewee emphasised that the team will work in a way that is 'PIE and trauma-informed... person-centred and strengths-based' and that is based on showing 'respect [to]...service users and any protected characteristics they may have.' (As is often the case, work delivering principle eight overlaps with the strength-based approach mandated by principle nine - something highlighted by statements like this.)

This person went on to provide practical examples of how Housing First support workers will engage with their clients. ‘When we first meet someone,’ they said, ‘we will ask them how they like to be addressed, [their] preferred name, how they like to receive support, what they hope to achieve whilst they’re with us, or what they want to do with the support they receive.’

These questions are posed to determine ‘what affects someone’s safety or wellbeing’, but staff working in the Swansea team explain that the questions ‘can also help people talk about their needs around any neurodiversity, gender-specific [issues], or disabilities.’

On a practical level, The Wallich’s online resources include ‘equalities information’ documentation, which has been adjusted over time to reflect the organisation’s growing awareness of how to work with people in person-centred ways. The support planning documentation will include information on somebody’s preferred name and pronoun, for example. This information is ‘attached’ to a client’s file in such a way that, should this person move between services provided by The Wallich, it is readily available. This means that a person would not need to go through the potential re-traumatisation of repeating parts of their story.

A new policy, the ‘equality impact assessment’ will soon be rolled out across The Wallich, and all services provided by the organisation will align with it. As well as the legally required protected characteristics, this policy will ensure that other things that might carry stigma or negative connotations, like substance use issues or interactions with the criminal justice system, are accommodated and accepted, just as protected characteristics would be.

Similarly, the addition to the most recent version of this document of an anti-racism statement also reinforces the idea that at an organisational level, alignment with protected characteristics legislation goes beyond carrying out the minimum legal requirements, but involves actively considering what steps can be taken to ensure that the spirit of the law is followed. This aligns with Welsh Government’s Anti-Racist Wales action plan, published in 2022, which highlights the taking of overtly anti-racist actions as a key part of a truly anti-racist approach.

For their part, clients affirmed that they felt accepted and celebrated for who they were, and were offered opportunities to determine and pursue goals they’d chosen, in line with an inclusive and strengths-based approach (discussed in more detail in the subsequent section covering principle nine).

Areas of concern and mitigation

During interviews, the ‘PIE Portal’ system in use at The Wallich was mentioned frequently. However, initially, there was not much evidence of the inner workings of said portal - which, broadly speaking, acts as a resource repository for members of staff, covering aspects of PIE.

In response to the request for more evidence of the contents and nature of the PIE Portal, staff from The Wallich have provided a wealth of material. Screenshots, examples of the training content, and more information about the job roles dealing with the portal, are just some of what has been provided. Clearly, the portal is a well-used collection of valuable resources, and an easy way for members of staff to access and re-access training related to PIE and beyond. The resources are also varied and cover different aspects of psychologically informed work.

Some of evidence suggested that in areas, concerted reflective practice on the part of the staff was a little lacking. The aim is an eight-week cycle of reflection, which doesn’t seem to be followed by all staff. Perhaps this is a little inflexible, particularly for Housing First as a model; what is more, some of the comments made during interviews suggest that there is more to learn about reflection. ‘I’m not very good at [reflection],’ one person said, for example. There seemed to be the recognition among members of staff that reflection might be easier carried out on a day-to-day basis, thus becoming a routine (but crucial) part of a job.

Staff need more reassuring that they should be practising reflection in ways that are effective for them, on a repeated basis of their choosing.

Recommendation

14. The team needs to undertake more reflective practice, enabled by managers (CRITICAL)
15. Ensure policies about reflection emphasise different forms it can take, to avoid staff perceiving their reflection to be 'wrong' or 'bad'

Response to recommendations

Work on principle eight's two recommendations is already underway. Senior staff from the Swansea Housing First team have met with other staff within The Wallich to discuss the training and communications requirements needed to ensure that reflection is being presented in the most effective way. The team that oversees PIE at The Wallich is also devising a set of materials, aimed at new members of staff, to provide 'more guidance on reflective practice'. To align with earlier recommendations made in this report, some thought will need to be given to ensuring that Housing First is treated as a unique model, but the initial commitment to addressing this issue is clear.

On a more practical level, the Housing First team in Swansea have already participated in guided reflective practice sessions, and from this point on, reflection will be a regular part of team meetings. The organisational weekly bulletin and other appropriate communications will also emphasise this topic at a wider level.

The changes to initial documentation for clients will make them more trauma-informed, as has already been discussed. Drafts of this documentation have been shared, and the changes are clear: references to expecting certain things from clients have been removed.

Additional training and development for the various staff involved in providing support to the Housing First clients in Swansea (including the Rough Sleeper Intervention Team) will be coming in the form of more active team collaboration via meetings, updates, information sharing and presentations. These will include teams like The Wallich's PRS and Bond Board teams, the RSIT, and other stakeholders - and will also, of course, be useful for the Housing First workers themselves.

Recommendations evidence level: Very high

The service is based on people's strengths, goals and aspirations, and as such has an explicit commitment to a small caseload.

Summary notes

The Wallich's Swansea service makes a clear and apparently effective commitment to working in a strength-based way with both its clients and members of staff. Core project documentation makes the aims of the service, and how it works with its clients and members of staff, very clear. Some of the aforementioned training that staff receive has a clear focus on taking a strength-based approach, with courses and topics like 'promoting positive mental health', which align with supporting someone's goals and strengths, rather than focusing on problems and issues.

One interviewee discussed at length the importance of this strength-focused work, explaining how clients would be supported to find activities right for them, in order to achieve goals they set themselves. One client, for example, sought out and then attended various adult education courses, something they were empowered and enabled to do by staff at The Wallich.

Similarly, clients have been offered the opportunity to sit on interview panels to recruit staff to the Swansea project - something that several clients have indeed done. This echoes comments made by harm reduction specialists working with the service, who made aforementioned remarks about people finding their strengths, or at least what they enjoy, through varied activities.

The Wallich, at an organisational level, runs two schemes aimed at building skills and employability - the Steps to Progress scheme, and the Working in Sustainable Employment (WISE) programme. The former comprises of a series of employability sessions, while WISE provides work experience opportunities in varied roles across The Wallich. These schemes also involve peer mentoring, meaning that someone who has experienced or is experiencing the support offered by The Wallich can choose to work with another client to help find their strengths. This peer mentoring relationship can often provide a valuable kind of strength-based opportunity for both those involved.

The Wallich is also unique in that it runs a 'shadow board', a group of clients and ex-clients that sits and makes decisions alongside the board of trustees. This gives unprecedented agency to clients that is open to and will at times include Housing First clients.

One support worker highlighted an interesting aspect of working in a strength-based way; they pointed out the importance of not rushing or pressuring someone who might not yet be interested in future plans or goals, but is instead focusing on living day-to-day. There is nothing wrong with this, and support workers will encourage this approach as part of a strength-based approach, if this is a client's focus at a particular time.

Specific pieces of documentation reinforce this strength-based approach - the first visit documentation, for example, for clients focuses on their goals and aspirations for their home. Similarly, the 'valuing your views' survey mentioned earlier in this report could also be considered part of a strength-based approach, as it gathers the perspectives of clients and, where possible and appropriate, takes action based on them - that is to say, the survey acts upon the clients' expert views of their support and the service with which they are engaging.

It is also worth pointing out that The Wallich takes a strength-based approach when it comes to staff, which can also form a key part of the Housing First model. When it comes to reflection, for example, staff are encouraged to base activities on their strengths, and reflect in ways that are right for them.

Principle nine also references small caseloads. In this case, caseloads are kept at a maximum of five clients per member of staff, with two-to-one visits taking place at certain times, to mitigate staff stress and maintain wellbeing. This also enables clients to get to know more than just one support worker, which can make things easier if someone leaves or takes time off sick.

One interview participant emphasised the importance of flexibility when it comes to support needs, which can vary hugely over time, and the fact that the team and its partners accept this variation. Another interviewee made a similar point, highlighting the different levels of need a client might have over time. What's more, this person added, different support approaches work with different people. These concepts are also directly relevant to the delivery of principle four concerning flexible support.

The team has 'regular briefings' to look at caseloads and 'levels of support'. Interviewees acknowledge that some clients are 'more challenging to engage', and that these clients require the highest levels of support. In interviews, clients themselves also understood the fact that they were likely presenting some level of complexity to the people with whom they were engaging. The Swansea team works closely with outreach teams and other partners, like substance use organisations and the local probation team, to 'communicate [the level of] support' required for different people, and the availability and caseloads within the team; this helps ensure that everyone involved contributes accordingly, keeping caseloads small but flexible, and that clients get the support they need when they need it.

Clients emphasised the focus on strengths during their support sessions, building on the choice and control they could exercise, as well as the flexibility their support workers showed. They named examples of the kinds of activities offered by The Wallich that could enable them to discover and build on their strengths - from examples like the shadow board and volunteering programmes, offering employability opportunities, to walks and activities in the local area to develop skills in terms of hobbies and day-to-day life in the community.

Areas of concern and mitigation

While in theory there is always room for improvement, reflection and development when it comes to delivery of a principle, no specific issues were recorded in relation to principle nine..

Recommendations

No recommendations were made covering principle nine, and as such no responses have been recorded, and there is no associated evidence level.

PRINCIPLE TEN EVIDENCE LEVEL

High

The widest range of services are involved from the outset (health, substance misuse, mental health, police), so individuals can access them if needed or wanted.

Summary notes:

While the picture in Swansea is varied, as is often the case with this principle, enough evidence exists to merit a rating of 'high'. There are many examples of specialist organisations and individuals collaborating with the Housing First team to provide the best possible support for clients.

The harm reduction job role, which has already been discussed in this report, has clearly been well-integrated into the Swansea team and acts as a solid link between the support provider and the more specialist substance use team. The job description for this role makes clear the need for an appropriate harm reduction approach, as has been discussed above, as well as the need for support for Housing First clients to be prompt and available in a variety of contexts.

Similarly, the support plans provided for this accreditation demonstrate that clients are supported to access a wide range of local services - including GPs and pharmacies, for example. This demonstrates an appropriate awareness of the services that clients might need to access as they engage with support. One interviewee mentioned the importance of being able to signpost in this way, and highlighted the close working relationships the Swansea service has developed with various partner organisations in the area.

Partner organisations include Crisis, the local authority housing options team, and the local police force. Members of the housing options team, during interviews, emphasised the strength of this relationship, and support workers also highlighted the good relationships with the police. What is more, local GPs have apparently developed working relationships in several cases with some of the Housing First clients they see frequently. This is relatively unusual in Housing First projects and should be commended; building on these relationships, and taking advantage of the seemingly amenable local doctors, should be encouraged.

A mental health outreach nurse also works with the Swansea team, and links with occupational therapists have also been evidenced, as part of the NPT360 project. This is more evidence of the service going 'above and beyond' the expected features of a Housing First project, and genuinely ensuring that clients have access to varied and substantive support that can be person-centred and trauma-informed.

In fact, interviews emphasised the involvement of the nurse role from the inception of the service, which is an exemplary instance of the kind of forward-thinking commissioning that takes a firmly pro-active role when it comes to the model and fidelity. The nurse in question, during interviews, reinforced the idea that the working relationships are strong.

Evidence was also provided that suggests the relationships between support workers, and the various neighbourhood managers with whom they work, are just as solid and well-developed. One such manager commented that '[support workers] have really good links with local drug services... [together] they do a lot of harm reduction.' This is an example of the Swansea team's partners having high regard for the other partnerships that they perceive as working particularly well. The service-level agreement with Kaleidoscope, and the harm reduction approach taken by this service, has already been discussed and is a clear example of strong partnership work.

Similarly, a client interview highlighted the 'supportive and empathetic' support provided by the substance use team. Clients generally understood that referrals to other services could be made with the help of support workers, and praised the way this worked in practice.

Interviews with representatives of the housing options team, as well as several documents, showcased the strong working relationships between said team and The Wallich's staff in Swansea. Some of the processes collaborated on have already been discussed (particularly in the sections on principles two, five and six), but the partnership working here merits highlighting in this section too.

The local housing options team and members of staff from The Wallich stay in close contact, with regular meetings and updates to review Housing First cases and potential cases. In addition to this face-to-face engagement, frequent email contact takes place. Clients and potential clients are offered support in attending meetings with housing options staff, which is an impressive way of providing the intensive person-centred support Housing First is built on from the earliest points in the client journey. Once an offer of accommodation is made, Housing First workers liaise with the housing options team, the relevant housing provider, and the client to arrange further viewings and offer support in setting up a tenancy.

As has previously been discussed, the housing options team's insight into the issues being experienced by Housing First clients is substantive, and this team's role in chairing the multi-agency meetings armed with this knowledge seems to work well. As one of the senior Swansea staff puts it, these two partners have worked well together 'for many years', with developments and improvements over time.

One client interview, as well as an interview with a member of staff, also highlighted the links developed between The Wallich's support workers and the local probation service. Client situations are discussed, and a harm reduction approach to risks and behaviour taken. In a way, the variety of services mentioned on the forms given to clients, confirming consent to share information, demonstrates the range of services involved in delivering Housing First in Swansea.

Email exchanges provided as part of the accreditation process demonstrate the team actively promoting Housing First as an approach and as a service to local partners. Doing this is crucial to develop and reinforce understanding of the model. In summary, the Housing First team in Swansea has developed strong relationships with the various local authority teams, RSLs, and other partners key to managing accommodation.

Areas of concern and mitigation

The substance use policy provided as part of the accreditation process doesn't mention any other organisations or agencies; the same applies to the policy covering working with people who use substances. This omission seems strange, given the robustness of the service-level agreement between The Wallich's Swansea team and the local representatives of drug charity Kaleidoscope. This omission can also be contrasted with the fact that certain job roles within the Housing First team specifically align with substance use support - and the fact that the support worker for substance use role specifically references residential projects, but not Housing First.

Similarly, it is strange that the Housing First steering group terms of reference list all the current principles used in Wales except one that is specifically relevant to that group's work - this last one, principle ten. This would not take much work to change and would be covered by the document review already recommended. Additionally, one set of steering group minutes mentions a lack of buy-in from the local health service; by the same token, there have been some issues with mental health links, although these have apparently seen considerable improvement.

One client mentioned receiving an appointment letter from a local drug service far too late to achieve its purpose - that is, to give advanced notice of the appointment. Given the strict rules that some drug organisations are known, or at least perceived, to have by those engaging in support, and their similarly wary perception of authorities that might have let Housing First clients down in the past, this can easily be understood as a stressful and upsetting situation

Recommendations

16. Continue to develop collaborative working relationships with other organisations and agencies, particularly when it comes to substance use (CRITICAL)

17. Continue to work on and build relationships with mental health partners, including the mental health outreach nurse; share lessons learned from developing relationships like this (CRITICAL)

18. Continue to look for ways to overcome issues with partner organisations and dual diagnosis (CRITICAL)

19. Collaborate with partner organisations to ensure that clients receive communications in a timely and empathetic manner

Response to recommendations

In addition to the recommendations being discussed in taskforce meetings, as well as Swansea team meetings, as has already been discussed, this report and its contents will be talked through with not just landlord partners, but the other stakeholders mentioned in this last section - including, but not limited to, representatives of mental health and health teams, substance use organisations, and probation. The team in Swansea have also, as has been mentioned, committed to attending various forums and meetings held by other organisations and agencies to continue to build buy-on to Housing First.

Recommendations evidence level: High

6. ACCREDITATION RECOMMENDATION

This section was written prior to the Accreditation Panel meeting.

Cymorth Cymru's Housing First team, comprising the Housing First and Lived Experience Manager and the Policy Officer for Housing First, recommend that the Accreditation Panel award Housing First Wales accreditation to The Wallich's Housing First service in Swansea.

As is always the case when it comes to this accreditation process, there are areas where fidelity to the principles would benefit from examination, reflection, and improvement. Some of the specific recommendations made to highlight and facilitate these areas have been seen in similar forms in other accreditation reports, while others are unique to this service. Again, as is often the case, some of the recommendations need to take higher priority than others - particularly those marked 'critical', which are particularly important and need to have clear commitment attached and progress made before accreditation would be awarded.

The work that has already been done in terms of addressing nearly all of these recommendations is impressive. The commitment to this work at service-, organisational- and even partnership-levels is obvious. Beyond that, specific plans have been made for nearly all the recommendations. The actions identified in these specific plans are concrete, practical and clear - in many cases, actions have already been taken to address the recommendations.

As is the case across Wales (and further afield), Housing First faces a set of challenges - some are endemic, some are systemic, and some are felt more keenly in different areas. This report proves that The Wallich's Swansea service is no exception, and there are particular uncertainties present across the sector (demonstrated via concepts like the unclear future of Buvidal prescribing, and legislative changes that will affect landlords in different ways) that the team are aware of.

However, the team are clearly ready to face such uncertainties and to take on these challenges. It is heartening and commendable to see knowledge and learning that came from the accreditation of The Wallich's Housing First service in Anglesey being discussed and shared with members of the Swansea team, but other areas of the organisation too.

As such, it is fair to say that the team in Swansea, the various partners involved in delivering Housing First, and The Wallich as an organisation, have accepted the accreditation in the spirit in which it has always been meant: as a supportive, constructive journey that fosters learning and development of the model, and a strengthening of the understanding of the principles

7. ACCREDITATION PANEL MEETING

As per the Panel's Terms of Reference, three members of the Panel met with Cymorth Cymru's Housing First and Lived Experience Manager, and Director. To make a final decision on accreditation, the Terms of Reference dictate that all panel members must agree on a decision.

ISSUES RAISED DURING PANEL MEETING

As is usually the case, this accreditation process has highlighted various issues that go beyond the scope of the work of one service, either in part or completely. The topics below will be discussed at meetings of the Housing First Network and its various sub-groups, and raised with Welsh Government and other stakeholders as appropriate.

The Private Rented Sector and Housing First

Developing relationships with the local PRS is difficult for any Housing First service, but should be seen as a positive goal, even if it takes time. Expanding the number of properties available to Housing First tenants is valuable, especially given the current context, provided that landlords genuinely understand and are bought into the Housing First principles (the same, of course, applies to social landlords too). The properties themselves must conform the language of principle one and be safe, secure, and well-integrated into the local community.

The Wallich as an organisation is in a relatively strong position here, given that its own Anglesey Housing First service works almost exclusively with the PRS in its area. That said, the current context is making it more difficult to secure private rented properties at an affordable rate. Demand for properties, increases in mortgage rates and changes to legislation mean that private sector landlords increasingly risk-averse, and establishing links with the private sector, an already difficult and lengthy task, will likely become more difficult. Any knowledge and experience from the Anglesey service can and should be shared within the organisation and, ideally, with the wider Housing First Network, as various services continue their efforts in this area.

Buvidal prescriptions and their future

As has been discussed, clients and staff at the service in Swansea have reported positive results coming from treatment using Buvidal, a long-lasting opioid blocker that is usually delivered by monthly injection, allowing opioid users who wish to remain abstinent a chance at having the effects of cravings satiated, while avoiding the need for frequent dosing and associated appointments and clinic visits.

While the future of Buvidal is uncertain, Welsh Government-commissioned [research](#) into the experience that Wales has had with the drug, since its use increased greatly (largely due to the COVID-19 pandemic and the associated need for less frequent face-to-face contact), is underway. As has been discussed above, it would be beneficial for as many Housing First (and other) services as possible to feed into this research and share their perspective with the research team.

The Network and other relevant groups (like the Third Sector Substance Use Network) have been made aware of this research and how to get in touch with those carrying it out. This can be re-emphasised and re-promoted at a future date.

Moving on from Housing First and the concept of dormancy

In previous reports and discussions, this concept has been discussed repeatedly as a wider issue for the Housing First Network - and, potentially, its sub groups. It is worth noting that the idea of somebody leaving Housing First support, at a time when they feel ready, has been referred to, by some people, as 'graduation'. We have chosen not to use this term, given the implication that not 'graduating' implies some kind of failure, which shouldn't apply to a model of support that has no time limits associated with it, and the understanding that some people might need varying levels of support for the rest of their lives, should they choose this.

The concept of leaving Housing First support behind, and the associated idea that a person might be 'dormant' on a project's caseload (that is, they might not need support for the moment, but still be able to receive the appropriate level of support in a quick, flexible and responsive way when they need it - which is a nuanced but significantly different situation from somebody still being active on a caseload and not being in need of an intensive level of support at that time) still forms part of an active conversation in Wales, across the UK, and beyond.

The principle review (which was briefly discussed in the earlier sections of this document) has considered caseloads, and how they are managed in a way that ensures flexibility while aligning with Housing First's inherent requirement of small caseloads. Additionally, to a large extent, it is up to service themselves to plan their own resourcing and staffing, and have plans in place to avoid single-point dependency and similar issues.

That said, the Network still has an active role to play in fostering discussions around good practice in this area, and these should continue.

The Swansea team has shared their approach; this could be used to provoke or inspire discussion during a Housing First Network meeting, or similar appropriate forum. The team manager emphasised the fact that this is very much an active and recently evolving topic, for both the organisation and the service - this reinforces the inclusion of it here, as something for continued consideration at the Network.

The team in Swansea has had to think through how support is stepped down when somebody is 'doing really well on their journey'. A tiered approach could be an option; alternatively, clients who have left the service but might need support again later could be included in a 'follow up' category - similar to the 'dormancy' concept that has been used by various services in Wales and the rest of the UK.

In any case, nobody who decides that they need to continue receiving Housing First support from the service after stopping - at any intensity - is turned away, the manager has emphasised. Members of the team acknowledge that in Swansea they are 'very fortunate to have several support services operating' and to have developed 'great relationships' with other support providers. (It should be noted here that the word 'fortunate' suggests luck is responsible for this situation - while there is likely some element of luck here, the work of the Swansea team and The Wallich as an organisation has contributed far more, as, we hope, this report has made clear.)

In one case, the service ended support with a Housing First client because no support was being provided; the client was choosing not to see their support worker. This client's partner was, in fact, still receiving support. Given the client's choice, the service agreed with the local authority that this person was housed in a secure tenancy, had no apparent tenancy issues, and was maintaining this tenancy independently (along with their prescription and treatment).

Several visits were attempted to have the conversation face-to-face, but given the client's absence during these attempts, a letter was written to make clear support would be withdrawn. Crucially, the letter emphasised that this person could contact The Wallich's Swansea team again at any point, and provided the information to do so. A 'move on monitoring' process assessed the situation around six and twelve months later and it was determined that the tenancy was being maintained.

Some of the clients receiving support from the team in Swansea have been doing so for up four years. One couple receiving support who were, previously, receiving Buvidal treatment, have now come off their prescriptions and are managing their tenancies and 'day to day life independently'. The reduction and potential ending of support was not discussed until both individuals felt stable off Buvidal, in accordance with their choices. Discussions about what the future looks like for this couple, with the choices of both people at the heart of such decisions, are ongoing. This is another example that highlights the person-centred approach taken by The Wallich in Swansea.

Members of the team explained that the concept of 'dormancy' does exist, usually for clients who are given custodial prison sentences. A flexible approach is taken here, with discussions between the team and representatives of the local authority. Not only does this ensure flexibility and person-centred work, but it aligns Housing First workers with their proper role as advocates of their clients.

These discussions take into account the length of support a person had received up to the point of sentencing, and whether the client was housed in a permanent tenancy. It bears emphasising that support would never be ended with somebody in this position, but in terms of available accommodation, the team needs to strike a difficult balance of continuing to provide support to individuals who need it, and having capacity to provide opportunities for other people who could benefit from Housing First.

Housing First-specific policy documentation

Several accreditation processes have demonstrated, to different extents, that services, usually those involved in delivering several models of support, lack truly Housing First-specific policy documentation. Given the importance of clearly defining Housing First, and it being seen as a particularly intensive part at the end of a spectrum of housing-led approaches, this should be reflected in documentation. An organisation's documentation might include overlapping policies and procedures, but Housing First should be represented as distinct from other forms of support, and understood as such by everyone involved (and, ideally, beyond).

The idea here is not to over-formalise processes at the heart of a flexible model, or to create unnecessary bureaucracy for Housing First services; rather, it is to ensure that Housing First is seen as the unique model that it is - one that works well with specific groups of people, and one that has specific principles, used (for the most part) the world over.

Given that this has, again, been included as a recommendation, it makes sense that the Network could discuss and share good practice in this area, with possible scope for document or template sharing.

8. AWARDING

Cymorth Cymru, after meeting with the panel, was pleased to announce full accreditation to the Housing First Swansea service, led by The Wallich, in partnership with Swansea Council, Kaleidoscope, Pobl, Caredig, Dyfodol, Barod, Primary Substance Abuse Liaison Team, Mental Health Outreach Nurses (Homeless and Vulnerable Adults) and Swansea Bay UHB Community Mental Health Service.



Awarded by Cymorth Cymru:

- Alex Osmond (Housing First Policy Manager)
- Catrin Elliot Willams (Housing First Policy Officer)
- Katie Dalton (Director)

With thanks to our Accreditation Panel:

- Catherine Docherty (Salvation Army / Chair of Housing First Network)
- Rebecca Jackson (Centre for Homelessness Impact)
- Joy Williams (Carmarthenshire County Council)

9. GLOSSARY

Various terms are used throughout the documents associated with the Housing First Wales Accreditation. So that different stakeholders understand exactly what we mean when we use certain phrases, we have devised this brief glossary. Any questions about the terms here should be addressed to the Housing First and Lived Experience Manager.

- **Active engagement/assertive outreach** - these terms refer to an approach to engaging with and communicating with clients or potential clients, whether they are experiencing or at risk of homelessness, or potentially suited to Housing First specifically. Essentially, working in an active or assertive way means a support worker should bear in mind that the person they are trying to reach might have many reasons not to want to engage. Some of these might be short-term and temporary while others might be more ingrained. While respecting the right of anybody not to engage with someone else, support workers should be willing to try different approaches with their clients - at the same time as working in a way that is trauma-informed and person-centred.

For example, a support worker might be on the receiving end of verbal abuse, and should make it clear that they are willing to draw a line under it if the client decides at any point they want to talk (while also making it clear that such abuse is not acceptable). Support workers, understanding that somebody might not want to talk to them at one moment, might tell a client that they will be sitting in a nearby café, should they change their mind. Support workers will need to be patient and understanding. A support worker might suggest a venue for speaking that they perceive would put a client most at ease - a local park, for example. Because many of the clients suited for Housing First will have been let down by the system repeatedly, active and assertive engagement means making clear that the same thing will not happen in this instance, and that the support worker will always be willing to talk; however a client is feeling, and whatever trauma they have internalised, 'the system' as represented by a support worker or outreach worker will be there for them when they are ready. Building relationships takes time, of course, and support workers should be prepared to put this time in.

Engaging in an assertive way means ensuring that the different organisations, individuals and agencies are committed to the same approach, so that it becomes a multi-disciplinary way of working. That said, it should be remembered that certain clients might have difficult relationships with certain organisations, and as such, the support offered should be separate from any specific organisation or agency.

Support workers and other people offering support should be willing to meet clients in a variety of settings - in a police station after an arrest, for example, or in a GP's surgery. Similarly, clients should be seen at a variety of times - people might swap shifts to see clients at night, for example, or in the early morning.

A key element of active engagement is that clients are offered a situation better than the one they are currently in - for example, the might prefer bed and breakfast accommodation to a hostel place. Support workers should, in effect, have a toolkit of approaches, in recognition of the fact that different clients might have very different needs and engage differently.

- **Choice and control** - these concepts are fundamental to the delivery of Housing First, but can mean a range of different things. In practice, choice and control refers to the support and accommodation being client-led. For example, choice might refer to the client expressing a preference for an area in which they want to live - but might equally refer to them taking the lead role in deciding how their home should be decorated.

Control means giving them an active role in these decision processes. The fact that Housing First imposes no conditions on tenants, beyond the basic requirements any tenancy agreement would impose, means that basic choices like whether to engage with a specific kind of support are down to the client.

It should be noted that, at a minimum, clients usually need to commit to at least having a conversation with a support worker at regular intervals. Housing First support workers often need to build relationships with clients, so that they can discuss the choices open to clients in a fair, open and non-judgemental way. As one Housing First worker has put it: “How can we know what a client wants if we don’t talk to them?”

Support workers should bear in mind that different clients will have different needs, and encourage them to make positive changes to their lives, while still respecting their decisions. This requires compassion, respect and understanding. Support workers should not offer help that clients do not need, and should be open and honest about the various choices that might exist at a particular point in time.

- **External organisation** - service, organisation or agency that is neither the support provider engaged in delivering Housing First, nor the landlord letting the accommodation, but is built into the Housing First project as a key stakeholder. See the definition for ‘stakeholder’, below.
- **Fidelity** - the extent to which a Housing First project aligns with the principles of the approach; in this case, the principles drawn up by the Housing First Network Wales.
- **Gender-informed approaches** - a service that, when planning and providing support, considers how a person’s perceived gender might affect their situation and support needs. It is more likely, for example, that a female sleeping rough has experienced domestic violence; this might necessitate ‘target hardening’ for their accommodation, or affect their choice of accommodation. Services should also be able to respond sensitively to requests for male or female support workers where appropriate.
- **Harm reduction** - policies and approaches aimed towards reducing the negative consequences of drug use, while emphasising the quality of life of an individual over the cessation of their drug use. A harm reduction approach accepts drug use a complex phenomenon and focuses on keeping people safe, and on the rights and needs of people who use drugs. For a more complete definition, visit this [page](#) at the Harm Reduction Coalition.
- **Housing First accredited project** - a service that adheres to the principles drawn up by the Housing First Network and has gone through the accreditation process before being awarded accreditation.
- **Housing First Network Wales** - the group of experts and practitioners in housing, homelessness, and related fields, who meet to oversee the implementation of Housing First across Wales, and how it can be carried out effectively.
- **Housing First Network Wales Accreditation** - sometimes abbreviated to ‘Accreditation’, it affirms that a project delivers Housing First according to the principles drawn up by the Housing First Network Wales. Organisations that do not receive accreditation do not deliver Housing First, but may well deliver an effective and necessary service.

- **Housing First target clients/client group** - This phrase will be used throughout the assessment process and associated documents. Housing First works most effectively with people who tend to experience issues with substance use and mental health. In many cases, but not exclusively, they will have experienced or be experiencing rough sleeping, or homelessness of some sort. They may have engaged with various services and organisations to varying extents.
- **Housing management** - A collection of activities taking place as part of the letting of a rented property; including, but not limited to, rent collection, housing maintenance, dealing with ASB, and resolving disputes with neighbours. Housing management tasks are usually carried out by a landlord, whether private or social.
- **Landlord** - the organisation or individual letting the accommodation to a Housing First client.
- **Potential Housing First project** - a project undergoing assessment for the Housing First accreditation.
- **Psychologically-informed approaches/environments** - support approaches and environments that take into account a person's psychological context, and work according to the five principles listed in this document, as well as reflective practice.
- **RSL Management Function** - the arm of a Registered Social Landlord acting as landlord according to the definition in this glossary. This will often involve activities such as collecting rent, addressing concerns or complaints about or from tenants, overseeing repair and maintenance and other similar duties.
- **Separation of housing and support** - In order to ensure closest adherence to the Housing First principles, there should be no undue influence on the way support is provided to clients. It must be accepted that the provision of housing is not conditional on engagement with support; people accessing Housing First need to be assured that the support provider is there to focus entirely on support issues, and this will not affect their housing. Housing management activities are to be kept as separate as possible - for example, support workers will not deliver or enforce such activities (rent collection, for instance, or ASB enforcement). They might, however, choose to discuss such issues with tenants, acting as advocates for the clients.
- **Service provider** - the organisation delivering the potential Housing First project support, as opposed to letting the accommodation itself. This may be abbreviated to 'provider' or 'provider organisation' in various documents.
- **Stakeholder** - any agency, organisation, group or individual involved in a Housing First project and therefore likely to be part of the accreditation process. These would include, but might not be limited to, the commissioning team, staff at the service provider, representatives of the health service, representatives of local mental health teams, representatives of local criminal justice, representatives of local substance misuse teams, and the tenants themselves, as well as clients who might be engaging with an organisation but who have not yet been accommodated in a Housing First property.
- **Trauma-informed approaches** - models that recognise the trauma that people have faced in their lives and structure systems around recognising and responding to that trauma. This definition comes from [AVA](#).

This is a living glossary - if you think other terms should be included, please contact us directly.