



HOUSING SUPPORT PROGRAMME STRATEGY

2022-2026

A single strategic view of Caerphilly's approach to Homelessness Prevention and Housing Support Services.

Our vision to brief, rare and unrepeatable homelessness for Caerphilly.

Contents

Foreword.....	0
1. Introduction.....	0
1a Purpose of the Strategy.....	0
1b Legislative and policy context.....	0
1c Vision and principles.....	1
2. Needs Assessment.....	0
2a Needs Assessment Process.....	0
2b Key findings.....	0
2c Conclusion.....	2
3. Strategic Priorities.....	1
Priority One – Adopt a Rapid Rehousing Model.....	1
Priority Two – End Rough Sleeping.....	3
Priority Three – Early Intervention and Targeted prevention.....	3
Priority Four – Invest in Workforce Development.....	4
4. Stakeholder Engagement.....	5
4a Stakeholders Engaged with.....	5
4b Stakeholder feedback.....	1
5. Impact Assessments.....	3
5a Impact Assessment Process.....	3
5b Key findings.....	4
6. Implementing, monitoring and reviewing the Strategy.....	5
6a Working with partners.....	5
Work with Health.....	5
Social Care.....	7
Criminal Justice.....	8
Others.....	9
6b Funding sources.....	10
6c Monitoring, reviewing and evaluation arrangements.....	10
Annex A.....	0
Annex B.....	3
Appendices.....	4

Foreword

I am pleased to share with you Caerphilly's Housing Support Programme 2022-2026. The programme not only builds on the considerable achievements of the authority's housing support service but also notes the work already undertaken to prevent and address homelessness across Caerphilly. The provision of housing support services across the borough is central to our aim of early intervention, preventing homelessness and stabilises housing situations for many people. It is crucial that we ensure all citizens, regardless of tenure have equal access to quality support and accommodation to meet needs, which is vital to prevent further crisis. The Council is systematically looking to expand its housing and support services to meet the need of a broad range of people while working with stakeholders to achieve this. The ongoing pandemic and changes to legislation have expedited service development and engagement with wider stakeholders demonstrating its commitment to joint working and meeting the Housing Support goals of all. This strategy and accompanying statement of needs document evidences our understanding of the borough and its implementation will help achieve continuous improvement in Housing Support Services.

Cllr Shayne Cook

1. Introduction

1a Purpose of the Strategy

The purpose of the strategy is to outline a single strategic direction for the local authorities approach to homelessness prevention and housing support services for the next four years, 2022-2026, whilst considering that there will potentially be many changes throughout the journey during this period.

It aims to identify and set out priority areas and key principles for the Local Authority and all partners to consider and adopt, following extensive evidence from its needs assessment and stakeholder engagement findings. The strategy takes into account how the priorities and delivery actions support the Welsh Government's vision and aims with details of how we plan the transformational shift required to move to a rapid rehousing approach.

This strategy satisfies the existing statutory homelessness functions, funded through the Revenue Settlement Grant under Part 2 of the Housing (Wales) Act 2014. The strategy includes the reviewed and updated Local Authorities Homelessness Strategy 2018-2022.

BRIEF, RARE, UNREPEATED

1b Legislative and policy context

There is plentiful legislative and policy context to support the Housing Support Programme, the key legislation is the Housing (Wales) Act, 2014, Well-being Future Generations (Wales) Act 2015 and

Social Services and Well-being (Wales) Act 2014. There are many others that all affect the implementation of the strategy with the focus of all being on homeless prevention, partnership working and fluid service delivery.

In terms of local and regional context, again there is a wide range of sources available including Rough Sleeper Action Plan, Caerphilly's Corporate Plan that focus and compliment the HSP strategy around protection of vulnerable people, transforming services to become more efficient and with a greater focus on customer engagement and alternative delivery models. The strategy is in line with the Rough Sleeper Action plan as a key stakeholder across both; understanding the root cause and ensuring services are available to meet a range of needs.

For full details on how each relevant policy and act effects the strategy, please see Appendix 1.

1c Vision and principles

Vision

All citizens of the Caerphilly borough have safe homes to live in, can easily access integrated support services to meet individual needs, prevent homelessness and ensure all lives are healthy, successful and independent.

Principles

- 1- That access to support services is swift and transparent and partners will work to prevent homelessness where possible
- 2- We will work to ensure that everyone has access to fair and suitable accommodation that is affordable sustainable and energy efficient
- 3- That access to advice and assistance is readily available across a number of platforms for people to be able to understand what Housing related rights they have and what support services are available to allow them to have access to good quality housing and related support.
- 4- That relevant pathways for signposting are in place to allow access to information so people are empowered to, where viable, support themselves

2. Needs Assessment

2a Needs Assessment Process

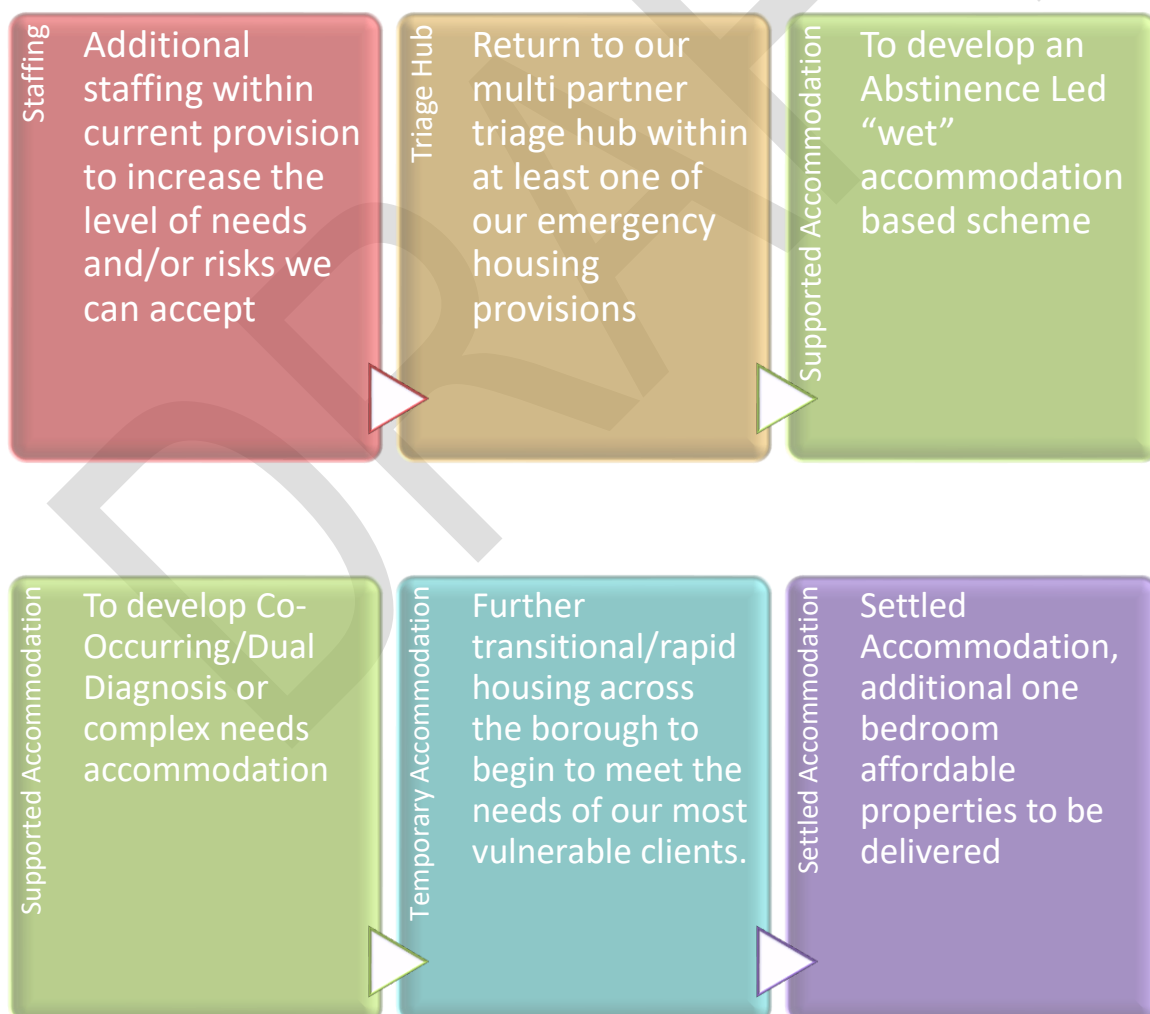
The Local Authority has compiled a comprehensive needs assessment by gathering information and evidence of the individuals and services within the borough from a wide range of sources, using this data to understand the ever-changing needs to prevent homelessness and deliver Housing Support Services.

The process that was undertaken includes both desktop research such as analysing local and regional sources, in addition to interviews, completion of surveys from stakeholders and exploring various case studies. Focus of evidence base is around key outcomes data and various assessments of need.

Here is a link to the Statement of Need document. [To be actioned in due course, document attached in interim]

2b Key findings

The evidence from the findings support our requirement for



Evidence includes

- Multiple and co-occurring needs are increasing and 70% have a common mental disorder, with Mental Health being our highest lead need across Housing Support.
- 66% of referrals for Mental Health Accommodation were accepted and 64% for Substance Misuse. The main reason for refusal of referrals across our supported accommodation is due to Complex Needs, or Dual diagnosis, some require Abstinence led services and input from Health colleagues including palliative care.
- Feedback about the services were generally positive with any negative feedback being related to a lack of suitable provision – i.e. people being in B&B who needed higher levels of service and those in service who needed a different and more focused type of provision for dual diagnosis.
- Number of failed occasions within supported or rehab provisions due to unsuitable or unsustainable goals
- Number of rough sleepers who fall between services (MH and SM) as they don't meet criteria for either service
- Feedback about the services were generally positive with any negative feedback being related to a lack of suitable provision – i.e. people being in B&B who needed higher levels of service and those in service who needed a different and more focused type of provision for dual diagnosis specifically

Adaptation of Floating Support Services is another requirement; to increase early intervention and targeted prevention; increase mental health support and improve access of services

Evidence includes

- 42% of spend is on Floating Support Services, with 15% for Mental Health and 10% for generic which includes Homeless Outreach
- Outcomes show increases in Services for Families, Mental Health and generic services
- 16-64 year old are the highest age band in Caerphilly
- Crisis workers constantly working at full capacity
- Referrals are increasing – 92% increase in referrals received in Jan 20 compared to Jan 21 and a 50% increase between November 2020 and 2021
- Outcomes show increases in Services for Families, Mental Health and our generic service
- Increased length of stay within Interim Accommodation but an increase in the number of people who are maintaining their accommodation independently

Summary of Other key findings/issues identified:

- 16-64 year old are the highest age band in Caerphilly (merged OP into Generic)
- Caerphilly has an above average proportion of Lower Super Output Areas with three wards in the top 7 (increased crisis and geographical support workers)
- 62% of residents are of working age, 75% are economically active, benefit claims and unemployment has decreased across Caerphilly with the number of those claiming JSA unchanged at 0.5% in 2021. 16% have a professional or technical Occupation
- Caerphilly has seen an increase of 15% in its weekly gross pay for full time workers and the Gwent Valleys have a higher than average increase in gross disposable household income by 10.0% since 2015
- Year 11 NEET school age children have increased across Caerphilly, as have the Year 11 school leavers.
- The general health of the population is of concern with 63% of adults overweight, 40% drinking above guidelines daily and the lowest percentage of people eating five or more fruit or veg portions.
- Stakeholder feedback largely focused around one area - Lack of suitable affordable housing, specifically single person accommodation.
- Staffing resource availability is of concern

The source for the key findings are as follows:

- Infobasecymru.net
- NOMIS
- ONS
- SP Team Data – referrals, gateway, monitoring
- Provider data – Hospital Discharge
- Local Housing and Homelessness data
- Outcomes
- VAWDASV
- DWP
- LA Wellbeing Assessment
- Careers Wales
- Trussell Trust.org
- Providers Needs data
- WIMD
- Service User Feedback
- Stakeholder Feedback
- Gwent Population Needs Assessment (findings from the 2020 assessment will be updated as soon as document published.)

2c Conclusion

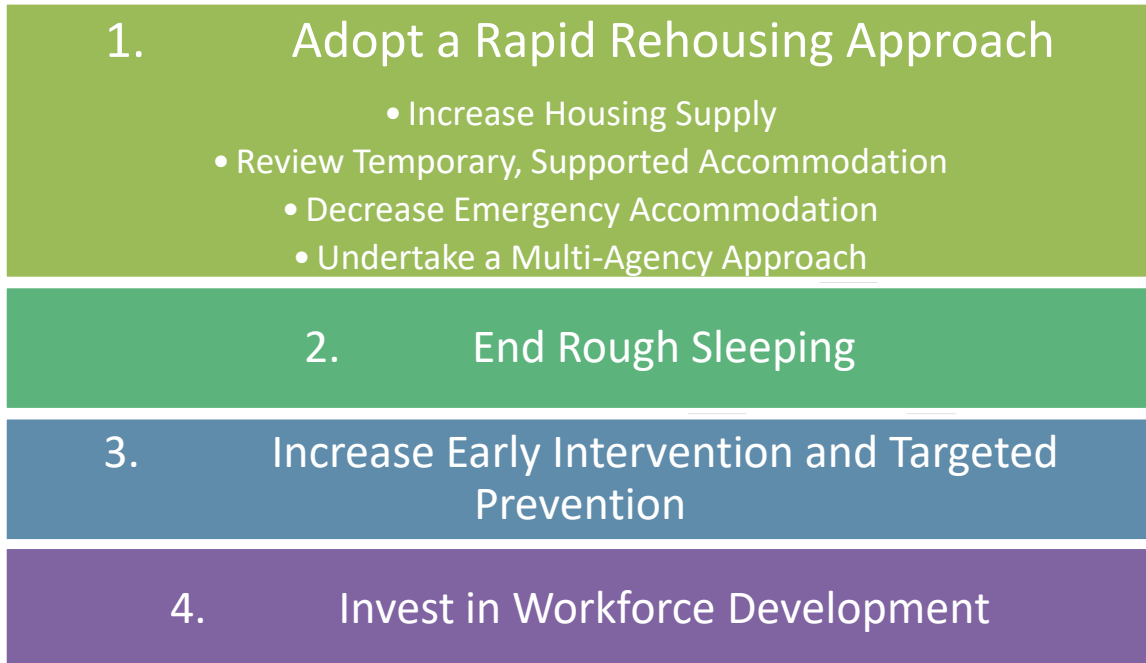
In conclusion we understand where our needs are currently and what we need to change in order to get to a place we need to be – there are many stumbling blocks along the way and these are not such that can be solved over night or in the short term. House building for general needs can take years, accommodation suitable for those with chronic or complex needs has previously taken even longer and so we need to overcome the planning issues and communication with the communities around what we are trying to achieve. It is important that we show how individuals can successfully live within a community if they have the correct levels of care and support.

To meet needs successfully, as identified in this assessment, we will need to undertake joint working and address the continuous concern relating to staff, this includes retaining existing workforce and attracting new labour. By sharing knowledge and skills, set in a holistic service delivery manner will provide optimum services, prevent homelessness and maintain homes by empowering those in our community.

3. Strategic Priorities

There are four clear Strategic Priorities for Caerphilly CBC.

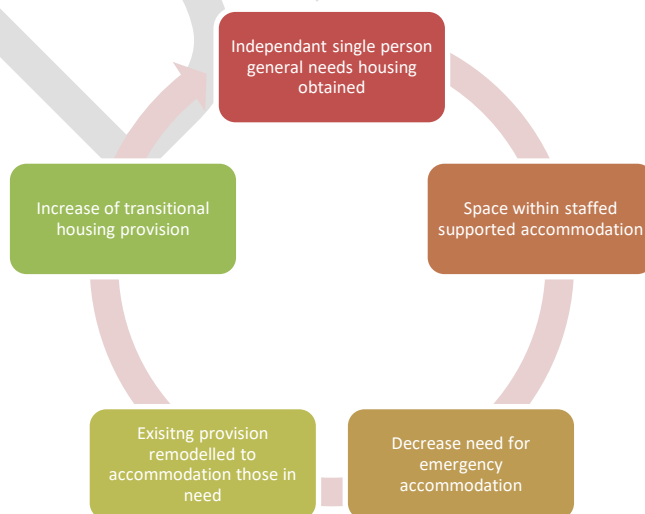
Additional details are contained within Annex A describing key actions



Priority One – Adopt a Rapid Rehousing Model

As part of Welsh Government policy direction, this overarching priority will address a number of sub actions below; details will be available as the Rapid Rehousing Transitional Plan is developed.

In order to achieve rapid rehousing, we have considered the current provision and concluded additional general needs provision will be key to adopt this model. A large number of people currently in supported accommodation need to move to a lessor level of support or on to their own long-term independent housing, both require greater levels of general needs housing to achieve this aim. Accommodation is required across all locations of the borough, mainly in the form of single person accommodation that is affordable, within distance to amenities, transport, employment and existing supportive friends and family and not always, where we currently hold social stock.



It is evident from the statement of needs that there is a large number of people unable to access our existing supported accommodation, we are temporarily considering the option of increasing staffing levels to manage the risks and needs of those accessing services, without causing any negative effect on those current residents.

We need to understand the criteria to access schemes and the reasons people are unable to access those to date. There is a long-term requirement is for a dedicated abstinence led or “wet” scheme and specific complex care or dual diagnosis projects to meet the needs of those currently unable to access existing projects. Numerous stakeholder feedback sessions have also highlighted the gap.

We currently have accommodation that was originally an assessment centre, however over the past two years this emergency housing has become static in its tenants, mainly caused by the lack of single person accommodation needed within the borough. A key action will be to bring this provision back to the multi-agency assessment hub that we require whilst considering the same action for the other existing emergency housing provision we have to provide the assessment centre activities across the borough and reduce the need for individuals to travel. The key priority to achieve this is move on those currently resident.

Work has already commenced with our Development and Housing Strategy teams to consider various parcels of land that would be suitable to build upon, as well as working with our external partners to identify existing developments for refurbishment and remodelling.

A key action will include information analysis from the Local Housing Market Assessment when completed.

In addition to completely new accommodation, we will review our existing services, for some of the services we will be able to remodel by amending current staffing levels and increase the acceptance of referrals. This will in turn provide us with the evidence base we require for the number of units required in future.

We aim to consider our existing emergency housing stock as potential accommodation for repurposing, while decreasing the need for the emergency housing we can develop accommodation-based provision for those with chronic life limiting alcohol problems, those with complex care and dual diagnosis that are currently not eligible for existing services

With an increased general needs and transitional housing portfolio, we can move those no longer needing supported environments on to their preferred accommodation and in turn will use the spaces for those in emergency housing to take their place and benefit from the staff available to help support them to achieve independent housing in the near future.

Working with key partners such as Health, Probation and Social Services, we have seen an increase in successful retention of supported accommodation tenancies as well as successful long-term retention of independent tenancies. Collaboration from colleagues in CMHT have enabled us to work through the cause of homelessness, not only supporting that individual but also using the data to inform future interventions and prevention.

Currently we jointly commission a number of services between Supporting People, Housing and Children’s Services. We aim to build upon this holistic approach and jointly commission further projects, as mentioned above, the requirement for Abstinence Led “Wet” housing and Complex Care/Dual Diagnosis will only be achievable with the direct commissioning between numerous partners; Health, Social Services and Housing. The plan is to develop all staffs skills and share this knowledge with each – recommendations of joint initial visits will achieve our goal of anybody in service only having to tell their story, and repeating their trauma once.

Priority Two – End Rough Sleeping

This priority is around entrenched rough sleepers. how our support can provide innovative and preventative measures. It is evident there are entrenched rough sleepers within the borough, we have an active outreach team who cover the whole borough making sure that any individuals are supported and provided for as necessary. We have directly housed around 40 rough sleepers from the street via this team so far this year and the partnerships created with Estate Agents and other stakeholders including Social Housing provision has assisted with the success of these.

Key actions include improve access to accommodation, as above, we need to increase the single person accommodation across the borough, we also need to provide access to affordable accommodation as well as improve physical contact with our teams, not only during the day but as and when needed which includes weekends and out of hours. A key action will be to scope the current client group, establish the reasons for their rough sleeping and identify how we can mitigate these. Another action is to increase joint visits to those entrenched rough sleepers with Housing Solution team members, colleagues in GDAS, GSSMS and Housing First to provide a holistic service as well as continuing the amazing collaboration we have already started with the Enhanced GP Service specifically for homeless individuals.

Consideration of the criteria for our existing supported and temporary accommodation will take place to understand the reasons for previous evictions etc. and to identify and remove any barriers to accessing this and the support services.

Working with private property owners, through our Caerphilly Keys project and directly with Estate Agents will be key, affordable accommodation for single males is often preventing these individuals successfully accessing accommodation. Our aim is to assist them while in temporary accommodation to obtain a positive rental history and reference for property owners moving forward

Priority Three – Early Intervention and Targeted prevention

While early intervention and targeted prevention are wider than Housing Support, it is a key priority to strengthen early intervention services and jointly work with a range of partners to target specific cohorts. To achieve this we will continue working with our colleagues in offender services, children's services and substance misuse and mental health.

We currently have solid foundations for joint working with colleagues in offender services and key actions include returning to our way of working pre pandemic where we had Housing Support Staff based in the prisons, able to provide support prior to release to improve the housing situation of all leaving custody. This will revert shortly and we will continue to improve on the staff able to access and attend the prison. In conjunction with this we have been assisting colleagues with providing data around housing need for services such as Approved Premises and continue our work with identifying suitable housing for those coming to the borough

We currently have considerable accommodation provision specific to young people; the gap is around emergency provision, short-term assessment provision and those with significant needs over and above housing related support. Children's Services have made a financial contribution towards additional staff resources within an existing supported accommodation project, which has provided activities outside of the HSG terms and conditions. This holistic service is still premature and we are learning more about assessment of needs prior to allocation as well as how we can meet the specific needs of this cohort.

We have identified that both Housing Support and Housing Solutions Workers need to work more collaboratively and as such we are currently undertaking an exercise which identifies the workers

involved with each individual and allows for a more joined up approach to support, actively promoting better communication and thus improving prevention outcomes. Through monitoring of the temporary accommodation projects, it is evident that many individuals do not require the high level of support provided within these provisions. Identifying financial incentives and methods of moving on will be a key action for all involved.

Priority Four – Invest in Workforce Development

Our staff are key – we need to find ways to retain them and attract new people to the sector. As commissioners, we need to improve the understanding of this unique role and help to promote the sector and its achievements. One way of achieving this is to build on the vFair (virtual event platform) that we have recently organised and access many of the dedicated agency or temporary housing and support staff actively seeking employment.

As a driving force to create integration and collaboration we will also be bringing staff from different sectors together to understand each other's roles and language, enhancing their skills and knowledge and enable a faster, more effective service delivery for all. To achieve this next steps will include sharing provisions and environments across partners; this includes Housing Support staff based in the Flying Start Integrated Hub, Health staff based in Homelessness provision, Housing Support staff and Housing staff from Registered Social and Local Authority Landlords sharing community venues to deliver a holistic service directly to service users. Integration of staffing across accommodation and floating support.

Key actions include identification of specialist roles; we already have dedicated workers within various communities, these include crisis services and staff who attend specific events such as the Armed Forces Hub meetings. We are looking to further interact and realign roles across Housing and Support to provide a flexible, yet short pathway into services, specifically for those leaving institutions such as prison or hospital.

We have recently introduced a number of specific workers across our accommodation provisions that cover both pre and post housing support to provide that continual seamless service thus reducing need for individuals to re-tell their stories and as such suffer the re-traumatisation of reliving past trauma. This in turn reduces paperwork and administration burden. Commissioning services in this way allows for services users to receive a consistent service that they will receive maximum benefit from, encouraging them to build relationships and rapport to enable them to feel safe to share how we can support.

Training is core to maintaining a higher effective workforce, ongoing, updated training is core to all service delivery specifications, and we support our providers to access and achieve a high rate of attendance at all training opportunities.

Currently there are at least 23 posts vacant across the service, 9 providers have already had to utilise relief staff and felt they “had no choice to do this, particularly for waking night and double staff cover” they also stated “Christmas cover is a major concern”. There has however been some positive responses including “it's worked well for us, the staff member is brilliant, and we'll be offering a full time position”. Others shared it was “increasingly difficult to attract people to the sector when salaries do not compare favourably” so we will be looking deeper into this feedback and working with providers.

A key theme included across all policy, strategies and responses from our stakeholder engagement included the need to continue with financial capability being at the core of our services. Our priority will continue to be around training and joint working with organisations. A recent example is the work we have initiated across Gwent with the Money and Pension Service, building this relationship has provided free access to training for all of our providers, which in turn will assist us to retain staff and ultimately provide a thorough service for all service users. Our jointly commissioned Citizen Advice service will continue to provide a high level of support and assistance for all those with debt and income support

needs to provide a long-term sustainable solution opposed to short-term remedies that just delay the inevitable. We are also working with providers to deliver substance misuse training for Naloxone delivery

4. Stakeholder Engagement

4a Stakeholders Engaged with

In order to understand our priorities and identify needs in our services we have engaged with many different stakeholders. Due to restrictions around the pandemic still in place and time constraints, majority of the research is via Stakeholder questionnaires and interviews over MS Teams or telephone. Some face-to-face consultation has taken place specifically with internal services, Housing Solutions and Emergency Housing Teams.

As well as consulting with our Housing Strategy Team in the process of developing the Strategy, we consulted with the following stakeholders during the period

- Health
 - NHS
 - GP service – Advanced Nurse Practitioner
 - ABUHB
 - LD/MH Housing Manager
 - GSSMS Team Leader
- Caerphilly Social Services
 - CDAT Team Manager
 - CLDT and PDSI Team Manager (interview)
 - 16+ Homelessness Social Worker/Senior Practitioner (interview)
- Wales Probation Service
 - Accommodation Pathway Coordinator Gwent
- VAWDASV Partnership Boards
- Substance Misuse Area Planning Boards
 - Substance Misuse Team Manager
- Children and Communities Grant
 - Flying Start Team Manager (both survey and interviews)
- Providers – existing information such as LQA's
 - Age Cymru Gwent
 - GDAS - AO
 - Homestart (interview)
 - Llamau YP
 - Llamau DA (interview)
 - Mind (Interview)
 - Pobl Group (both Survey and Interviews)
 - Platform (both Survey and Interviews)
 - St Vincents (Interview)
- Landlords
 - Caerphilly Housing
 - United Welsh
- People who use HSG services – Exit Questionnaires as well as interviews
 - A number of current and previous service users were called via telephone/WhatsApp (FaceTime offered)
- Carers and families of people who use HSG services
 - A number of current and previous service users carers and families were called via telephone/WhatsApp (FaceTime offered)

Discussions will take place around anything specific raised throughout the consultation directly with stakeholders to achieve a collaborative response, to address any concerns and identify how we can improve services. Majority of the points raised through the strategy are directly from stakeholders, usually via our conversations with them that come from their own principles or priorities.

The strategy aims to work in conjunction with all stakeholders own principles and ultimately our joint aim is to prevent homelessness and support all individuals.

4b. Stakeholder feedback

As well as the stakeholder questionnaire completed via our Gwent website [www.gwenhousingssupport.co.uk], we have carried out additional interviews with key stakeholders where a survey was not completed. A summary of the key issues and findings along with improvements suggested and any other comments are below

Lack of

- housing stock, specifically one and two bed properties,
- affordable or suitably located stock, especially around social housing stock, locations that are on public transport routes
- supported accommodation for people
 - who work
 - with a Dual Diagnosis and/or harm reduction TA
 - with addiction issues and addiction with mental ill health and further lack for those with addiction, mental health and forensic needs
- abstinence led schemes
- night shelter provision alternative
- gender specific supported accommodation for women with multiple trauma including exploitation
- accommodation generally for wheelchair uses, age restrictions on extra care and warden controlled accommodation that would be suitable
- housing options when moving from refuge into accommodation
- emergency room for young people

Gap in

- Accommodation for assessment of homeless for under 18's
- Emotional support
- PRS accommodation for those who are not in employment
- Scale and scope of Domestic Abuse staff in Housing Solutions
- Services for those young people in supported lodgings due to the impact on their homelessness application
- Staffing; finding it increasingly difficult to attract and retain staffing in the area of support.

Consider how

- intentionality, priority need and local connection will affect the hardest to accommodate citizens
- High rental cost, specific to Private Rental Sector (PRS)
- PRS only accepting "Mature or Professional" and the additional fees that aren't affordable
- Social isolation created by Covid, Universal Credit cuts and the effects of such on Mental Health
- More location choice for Supported housing for very vulnerable young families who are moving out of the homeless unit and need more intensive support.

Positive Feedback: 55% said it had improved over the last year

- Increased collaboration across Children's and Community Grant and HSG across the region – Caerphilly have a high level of this but unsure of other areas.
- Links across the region with Early Years Integration Transformation Programme
- "Increase Dispersed Supported Accommodation or STAR model – people needing high levels of support can still seek employment without losing the support due to the costs"
- Many respondents mentioned they are now missing the Psychology staff who were based across emergency housing services, "just as they were starting to make everything better it ended"

- Introduction of Health specialist and Dual Diagnosis being identified
- Flying Start report positively closely working with SP both strategically and on the frontline.
- Positive relationships SP and Housing due to individual relationships as opposed to the services as a whole
- High level of HSG funded initiatives to assist removal of barriers to health and wellbeing in relation to their primary and secondary mental health needs
- Network meetings allow for HSG providers to share information and discuss needs, vital for signposting and joint collaborative working
- Working with Gwent Specialist Substance Misuse Service and Rough sleeper services, also Gwent Drug Alcohol Service to improve understanding of services available and know who and how to access services.
- Learning Disability and Physical Disability Sensory Impairment stated they have an excellent relationship with Supporting People and services commissioned by the team as well as Housing Advice colleagues
- Probation Accommodation Pathway has been maintained throughout the pandemic serving the clients with one of the most advanced services, communication and information sharing is vital to continue offer of best possible service

Negative Feedback and areas of improvement 45% stated there had been little or no improvement

- Some stated this was due to Covid and home working
- The wider Covid approach has been to detriment of other service user groups, B&B placements being full and need for out of county placements
- Local Health crisis teams are not responding in a helpful way to our staff contacting for support when one of our tenants is in crisis. This has been a long-term pattern – crisis teams asking us to call the police, the police asking us to call the crisis team.
- As a third sector provider, our voice in meetings involving Caerphilly Mental Health Teams can be limited and undervalued. The workers we have in those teams and the hospitals helps with this on a local level but this does not always permeate out across the borough with people supported in the community by our wider workforce.

Improvements suggested

- Centralised Emails for departments (SP already have a team email)
- Multi-disciplinary teams/Shared or Joint funding streams
- Non specialist HRS staff ability to identify VAWDASV
- Multi agency/disciplinary Forum headed by SP to update on their ongoing successes. Annual or half-yearly progress report and ability to identify support needs across the borough for review.
- Better ways to share information
- Increase multi agency support for those with specialist requirements

Additional feedback

- Increase in children with emerging developmental or complex medical needs with a shortage of suitable homes in the borough in locations that are suitable, close to family support.
- Rising number of families struggling with finances and affordable housing of the right size
- HSG to facilitate workshop / meetings between third sector providers and the Health Board / local CMHTs / HTT's etc., to forge better mutual understanding of expertise and the benefits of person-led responses to the people we are supporting.
- Partnership still not recovered from pandemic and reactive approaches continue.
- Need to return to the full early intervention model to stop the revolving door scenario

- Increase service user involvement in identifying what type of support is most helpful when moving from homelessness not assuming traditional or current support range is what is wanted.
- “I would like to thank SP for their outstanding and ongoing work within the Borough for vulnerable service users during the pandemic - despite the multitude of challenges they have faced.”

Opportunities we are considering

- How to convert or refurbish existing stock
- How to increase PRS involvement
- Increase communication with all landlords
- Develop communities with a mixture of generations
- Increase the buy in from all stakeholders – RPB and PSB to jointly tackle the rise in Mental Health and Substance Misuse issues, address the complex needs and take more of a holistic approach including palliative care.

Also using documents such as Cymorth’s Lessons From The Frontline to inform our commissioning decisions

- considering the caseloads of support workers,
- ensuring they are at the correct levels to include both virtual and face to face meetings
- clarity around the services we need to meet need while working within a post-lockdown way
- we are looking at co-locating a number of staff across developments
- having office bases that are available to all staff regardless of employer

Stakeholder Questionnaire Gwent in Appendix 2, 3 and 4

5. Impact Assessments

CCBC have an integrated impact assessment that is used to support informed and effective decision making whilst ensuring compliance with a range of relevant legislation including

- Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011
- Welsh Language (Wales) Measure 2011
- Socio-economic Duty – Sections 1 to 3 of the Equality Act 2010
- Well-being of Future Generations (Wales) Act 2015
- Statutory Consultation v Doctrine of Legitimate Expectation and Gunning Principles

The Local Authority includes its Strategic Equality Plan when completing the Impact Assessment.

A link to the document is included here {"HSP Impact Assessment"}

5a Impact Assessment Process

The process includes individual assessment of all protected characteristics of the Equality Act 2010 to determine if the proposal being made has any positive, negative or neutral impact and how, if any negative impacts are identified, a further investigation is compiled to understand how these can be mitigated and how evidence is recorded to support the view.

Further to this, all socio-economic duties are considered and how each impact on the proposal may or may not have on them –these include Low Income/Income Poverty, Low and/or no Wealth, Material and Area Deprivation, Socio-economic Background and Disadvantage. The impact assessment considers if the proposal has any positive, negative or neutral impacts and mitigation of any identified negative impacts and any evidence data, extracts from legislation guidance policy to support are included.

The Corporate Plan's objectives are considered and how the proposal delivers against such in terms of positive, negative or neutral impacts on each of the six objectives and mitigation of negatives. Further to this consideration of any policies or plans CCBC have in place are considered and listed for reference.

Wellbeing of Future Generations Five Ways of Working are each considered in terms of sustainable development principles and how the proposal improves economic, social, environment and cultural wellbeing. The proposal considers how each of the wellbeing goals will maximise our contribution to each and refers to our outcomes information.

The Welsh Language (Wales) Measure 2011 and Welsh Language Standards are separate requirements within the document to which the proposals are compliant with both with no negative impact. Relevant evidence is included within the document.

The proposal uses key relevant data to evidence its findings. There were no gaps identified in terms of the evidence and data used to develop, however we have chosen to revise some of our equal opportunities information to update and keep in line with recent changes.

Consultation such as stakeholder's questionnaire and interviews identify local and regional specific needs. Monitoring and review evidence around implementation and impact of the proposal includes any amended as well as detail of the practical arrangements and how they are used to develop future proposals and when they are due for review.

A final summary provides reasons for recommendations and a summary of the IIA.

5b Key findings

This integrated impact assessment (IIA) has been designed to help support the Council in making informed and effective decisions whilst ensuring compliance with a range of relevant legislation, including:

- Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011
- Welsh Language (Wales) Measure 2011
- Socio-economic Duty – Sections 1 to 3 of the Equality Act 2010
- Well-being of Future Generations (Wales) Act 2015
- Statutory Consultation v Doctrine of Legitimate Expectation and Gunning Principles

The IIA has identified overall the Strategy and Development Plan will have a positive impact upon all aspects of the Assessment. Promotion of equal opportunity for all citizens over 16 years of age, all tenures including homeless and roofless.

Whilst we do not provide specific services for those under the age of 16, the support provided to adults within the family will prevent homelessness and retain housing. To mitigate this we ensure signposting and collaborative working with other services is paramount and have recently joined Flying Start to include a dedicated Support Worker within their hub, including Health staff as well as Social Services.

The Housing Support Programme is fully inclusive, including people with disabilities and long-term conditions, regardless of anybody's gender identity, marriage or civil partnership status. The strategy includes women who are pregnant, on maternity leave and the wider family. Referrals taken are for the household regardless of race, religion or belief or sex and sexual orientation.

The overarching strategy is to improve people's socio-economic situation, all impacts are positive by providing services to address low income and income poverty, those with low or no wealth and in material or area deprivation. The services are for any socio-economic background and disadvantage and therefore has positive impacts on all.

In terms of the Welsh Language (Wales) Measure 2011 and Standards there are no negative impacts on the Welsh language as the services are fully compliant with the measure and all Service Providers are fully aware of their responsibility and obligations. The strategy enables us to procure services based on detailed specifications that include the Welsh Language Standards to mitigate any negative impact. All services are available bilingually and the terms and conditions of the grant enable us to fund any interpretation fees.

6. Implementing, monitoring and reviewing the Strategy

6a Working with partners

The authority will work with key partners such as Health, Social Care and Criminal Justice in order to deliver and optimise the impact of the strategy as follows:

Work with Health

Learning Disabilities and Mental Health

In April 2021, ABUHB via Campbell Tickell commenced their housing needs analysis for LD, Autism Spectrum Disorder and MH. Numerous interviews with Housing Support leads and sessions to gain insight from a housing and support perspective were undertaken. The key conclusions from the assessment evidenced that for those individuals with learning disabilities purpose built supported living would be required, in addition to specific PMLD and specific Autism Supported living as well as a jointly commissioning designated general needs housing scheme between the LA and Health Board. Currently Caerphilly has a plethora of LD supported living provision however this is all shared accommodation and the needs assessment indicated majority of people wanted to live alone. We have a dedicated floating support service for people who are transitioning from supported living to living alone within the community. There is no specific Autism Support currently provided via Housing Support Services; however, we are aware of the Autism Strategy and plan to be involved in the near future.

There were multiple proposals for development around people with mental health problems including step down, semi supported (YP) and long-term supported accommodation. Caerphilly have 3 supported accommodation projects already in place, these are for all from 16 and cover 24/7, 8-8 with on call and intensive support models for step down provision. We are also increasing the number of dispersed supported accommodation options across the borough with RSL's but there is no provision via the LA to date.

The close working relationship with the Housing Manager for Mental Health and Learning Disabilities continues and the addition of the Inpatient Flow Coordinator has cemented the relationship between Housing Support Workers based in the Acute Inpatient Hospital within the borough and across both the Local Authority Mental Health and Drug and Alcohol Teams

We continue to discuss a Gwent wide hospital discharge service; one that is co funded across Gwent to provide support with move on and to prevent homelessness regardless of the LA the patient lives in or is currently in whilst attending hospital.

Homelessness HUB

Between June 2020 and August 2021, Phase 2 funding enabled us to offer additional services to the homeless population in conjunction with colleagues in Health. A partnership agreement with Aneurin Bevan University Health Board helped to create a mental health "triage Hub" to employ specific staff to help improve mental health and provide psychological support to everyone within emergency and temporary housing and cover as many floating support individuals as were accessible. The main aim was to consider the psychological effects of homelessness its origins and any underpinning reasons for people becoming homeless in the hope that this might help support an effective and meaningful solution to homelessness and social instability. Staff from across Health and CMHT were delivering a range of

training to support staff and direct provision to service users in collaboration with key workers and Housing Solution Staff. The methodology around the knowledge and skills share was to make the service as sustainable as possible – initially we were not able to guarantee how long the staff would be available for and so this way felt like the optimum measure for ensuring longevity of the service. Unfortunately, due to capacity with the ongoing pandemic, staff were relocated but it is hoped that we can recommence the service as soon as ABUHB are able to provide capacity.

Substance Misuse

In addition, a dedicated GSSMS worker is working across all accommodation provisions, providing training and a knowledge share session with all support workers as well as jointly attending appointments with support workers and the Service User working directly with individuals around their addictions. Other work includes being fully included in developments of services for any future accommodation model in terms of its design and availability.

We also have dedicated GDAS staff who are assisting with all individuals across the Housing Support service, they are currently providing one to one sessions with all people who are in B&B provision and are developing a drop in service to our colleagues in the local Probation Office.

Enhanced GP Services

Early 2020 saw the partnership between an Advanced Nurse Practitioner in a local GP surgery and Housing Support Services, the result was a dedicated Enhanced GP service for people who are homeless; either currently rough sleeping or in emergency or temporary accommodation, by November 1st, 76 patients were assessed and supported with 42 remaining open to the surgery.

The Advanced Nurse Practitioner will register patients at the clinic and holds a clinic once a week at the practice as well as attending projects and going to sites frequented by individual rough sleepers. Rough sleepers are encouraged to engage with the service and transportation can be arranged, as this is the main barrier to addressing significant health issues such as infections, pneumonia, feet and skin issues or alcohol/substances intake. Urgent health needs will be guaranteed a same day appointment.

We have also been able to offer each individual both Covid-19 vaccines due to an expedited schedule and will be offering boosters in due course.

Our colleagues in GDAS and GSSMS as well as the Police and Mental Health Teams work closely with the Rough Sleeper Support team to provide a truly holistic service to ensure we can meet as many needs of this population as safely as possible.

Gwent Suicide and Self Harm Prevention

Attendance at various meetings chaired by Health including the Gwent Suicide and Self Harm Prevention assists us to make links and have an input into the services – just recently; this meeting assisted us to set up support groups with the 2Wish foundation and Papyrus Youth Suicide across our temporary accommodation provision around suicide and attempted suicides.

Neighbourhood Care Network

Housing Support staff continue to attend the three local NCN meetings to understand and collaborate with Health – this has assisted us greatly for mutual benefits around vaccinations for Covid-19 and Flu of late but also around identifying places for support workers to signpost to and promoting the Housing Support Services.

Integrated Wellbeing Network

Housing Support staff continue to attend the ABUHB Integrated Wellbeing Meetings and continue the promotion of the programme but also learn about local groups and how to access services for example:- Community centre co-ordinators, Cub/scout groups, Exercise and wellbeing classes, Choirs, Church

Groups, Foodbank co-ordinators, Volunteer groups, Alzheimer's society. In addition, staff from the SP team are Community Champions for Health and share information with housing and support staff regularly.

Social Care

Mental Health

For many years Housing and Support Services have focused on individuals with mental ill health; we have a number of supported accommodation units across the borough and dedicated staff based within the community delivering Housing Support. A team of people who work across CMHT, CDAT and the hospital service to provide holistic support to those who have complex needs or dual diagnosis. Previously evidence led to the conversion of supported accommodation into long-term housing with social care and secondary MH services to enable the individuals living there to remain. All support workers liaise regularly with the In-patient Flow Coordinator, Housing and other providers to ensure we are offering the full package of Housing and support to these individuals

Drug and Alcohol

We have an increasing number of people with drug and alcohol issues presenting to Housing Support Services, these individuals often also display mental health needs that requires accommodation currently unavailable; models that allow for alcohol consumption and abstinence led schemes are urgently required within the borough, in conjunction with Health and palliative care provision. Our social workers work in conjunction with our support workers and dedicated GDAS and GSSMS staff who provide vital outreach services and enable access to prescribing places to understand needs and future demand for accommodation and support services. Since bringing in dedicated staff, we have gathered various pieces of evidence to support our of understanding of need in this area and continue to work with Housing Strategy colleagues to develop suitable provision, until this is completed our floating support staff will continue to provide optimum services to maintain and reduce needs as best we can.

Learning Disability

Previously the HSG and LD teams jointly commissioning a purpose built, eight unit, self-contained apartment block. It originally contained one unit used as a base for care staff who could assist with individuals moving in from supported living, the shared lives scheme or directly from a family home, providing care during transition with a dedicated support worker to assist with any housing related support. The support remains present to the current day and has seen significant advances for each person resident to the point they only receive ad hoc support with no need for staff to be resident on site, which enabled us to use the flat for an additional person. We also continue to support Shared Lives placements and provide housing support to those moving out of service into their own independent accommodation.

Children's Services

Extensive work is ongoing around provision for young people; we have a large number of supported accommodation units for the age group with transitional housing attached and however there are cohorts of young people with additional and complex needs that require a different environment, which will include joint working with our colleagues in 16+. There is also a lack of dedicated young people emergency bed provision since the relocation of the previous supported accommodation, while this is being considered, we continue to work with B&B provision to identify a suitable location to use in its place.

Family First

We currently jointly commission services with Families First around vulnerable families, specifically relating to debt, financial inclusion and housing support. The current service will in future encompass housing services around debt relief to provide a holistic and all-encompassing service for all, regardless of tenure. The HSG Manager is also a member of the Families First Board.

Flying Start

We have worked in collaboration with Flying Start for many years; however, the introduction of the Early Integration Transformation Programme and its Hub has strengthened this work and allowed us to place a support worker directly within the hub that also houses Health Visitors, Midwives, Parenting Programmes and all Flying Start staff. This will enable us to deliver our model in a truly holistic way and work will continue around identifying individuals we work with who may benefit from the wide array of service provided at the Hub and within the community. These staff also work with Support Workers providing support to the dedicated units across the borough for vulnerable families.

Occupational Therapy

Recently we have undertaken some work directly with Occupational Therapists working within our Housing Division; mainly to understand and ascertain how we can assist with overcoming delayed discharge of care from hospital settings but also around the increasing promotion of our services within hospital settings.

Criminal Justice

Probation

Caerphilly are part of the Probation Accommodation Pathway for Offenders and continue to provide dedicated support and accommodation for those leaving prison. Working closely with Probation and Housing we have developed robust pathways for all MAPPA/MARAC and DACC involvement. There are dedicated support services available for those who leave prison with or without an address and currently all offenders accommodation offers are in line with the revised guidelines due to Covid-19.

We continue to work with WG around accommodation pathways, regularly liaising with HMPSS Co-ordinators for Accommodation Pathway and Partnership Integration and attending the Housing First Network for Women quarterly.

We are currently in the process of understanding how the fit of the recently developed National Camau project fits with the local provision of services. In order to avoid any potential duplication we are meeting with partners across Probation and Camau to ensure the existing Pathway Process is not effected and all referral routes are clear.

We have recently instigated drop in sessions at the local Probation office for our dedicated GSSMS staff with a view of knowledge transfer between staff and for direct work with Service Users – this dual use is what we are trying to promote across all platforms currently.

Police

We understand that any new development or change in use is going to cause concern for local neighbourhoods so we always ensure local CADRO officers are involved with all new schemes, we share addresses with them before commissioning to decide if location is optimum as well as regular updates received around any antisocial behaviour or general concerns.

A wide range of partners regularly attends the 'HUB tasking' meeting, its aim is to provide intel about frequent callers and discuss issues within specific neighbourhoods. Various stakeholders attend including the HSG team, Community Safety, Police, Housing, Youth Justice, Social Services, key providers dealing with rough sleepers and the dedicated offender floating support worker attends to provide up-to-date feedback on any service users involved and to take new referrals if needed.

It is important to note there is a lack of involvement in Youth Offending and this is something we continue to work on.

Others

Housing Benefits

Housing Benefits are a key partner, we communicate regularly in terms of emergency and temporary placements as well as all new supported developments to ensure they are aware of the tenancy related to the address; this prevents any delays with claims and ensures the service user does not have any delays with covering rental payments.

Covenant Officer

Over the past few years, we have been working closely with the Regional Armed Forces Covenant Officer providing data to support development of services and business cases for additional funding, and we have a dedicated provider attending the local drop in sessions to address any Housing Support needs.

Environmental Health

Recently we have identified a number of individuals via colleagues in Environmental Health who are at risk of homelessness due to the condition of the property, many of these individuals have mental health or physical health needs and so we have set up a direct referral pathway to deal with these individuals. Further to this work, we continue to work with individuals who have hoarding behaviours and our RSL partners to prevent the issue of notices and offer support and signposting to relevant organisations. This service quickly became inundated with referrals so consideration of its development opportunities with wider partners is underway.

DWP

We continue to work close with our colleagues in DWP; plans are already in place for our dedicated support worker to return to the bases across all DWP offices in the Borough, in line with COVID guidelines. In addition, we plan to increase this opportunity by offering drop in sessions from our newly recruited staff such as Housing First, GDAS and GSSMS to provide a knowledge exchange and skills share session. A member of the HSG team continues to attend quarterly partnership meetings to maintain links between services and to obtain and provide updates and discuss cases anonymously. All job coaches across the borough have contact details for housing support services and know how to contact us when staff are not present in their offices. DWP staff attend our Provider Forum and give updates regularly.

Landlords

We work closely with all RSL partners and of late have been making progress with our Housing First and Transitional RR Housing models across all client groups from 16 years onwards. We currently have 3 HF properties and 4 transitional one bed properties with 2x 2bed room properties in development and a further 5- 8 1 bed properties.

For the last decade, we have been refurbishing our supported accommodation to ensure the quality of stock meets expectations around PI & TI environments.

Across all B&B provision, we currently have dedicated support workers to deal with all housing support needs to address any concerns by the proprietors and as a way to manage the increasing numbers additional staff are employed with a dedicated role around admin and management of the emergency and temporary accommodation.

All property owners involved with supported accommodation provision are invited to attend the panel meetings we hold and involvement with the process and decision making of individual being offered a placement.

Working with RSL's

We continue to identify Step Up-Step Down/transitional and Housing First properties at each new site and are considering existing accommodation that can be remodelled to produce appropriate housing on two sites across the borough

Over the past decade we have refurbished our supported accommodation properties with local RSL's and are currently refurbishing four, two that were due to be completed in 2019 which will hopefully be finalised in the New Year, a third that has just commenced and a fourth that is currently being used for additional emergency accommodation. These developments are being delivered with two different RSL partners. The buildings were no longer fit for purpose and so a plan of how to refurbish while maintaining maximum independence has been put in place, also an exit strategy (long term use) is the first consideration so we ensure the property can be converted to general needs if we no longer have requirement.

For all new builds, we are asking Automated External Defibrillators (AED) to be included if not already one nearby and that WIFI as a default setting provided for all new schemes or dispersed schemes to ensure we can continue to contact our clients via multiple means.

Outside and over and above – We always looking to work with services for the homeless population and last year we were fortunate enough to work with the owner of a hairdresser who offered all homeless residents known to the HSG team free haircuts. We are looking to replicate this again this year and in future in various areas of the borough.

6b Funding sources

The different funding sources below assist to deliver the Strategy include:

- Housing Support Grant
- Covid-19 Local Government Hardship Fund
- Homeless Prevention Grant
- Youth Innovation Fund
- Revenue Support Grant,
- Housing Revenue Account for council tenants
- Tenancy Hardship Grant
- Social Housing Grant
- Integrated Care Fund – revenue and capital
- Discretionary Assistance Fund DAF
- Provider specific funds – Bright Ideas Fund, Community Assets, National Lottery, NEST

6c Monitoring, reviewing and evaluation arrangements

The monitoring, review and evaluation of the Housing Support Programme Strategy will take place quarterly in line with outturn submissions to Welsh Government. However, there will be a continual review at HSG planning group meetings and as and when different research projects are completed or if any new or additional service needs, are uncovered.

There are also budget monitoring requirements to ensure we are spending according to terms and conditions of the grant and that the spend is based on a credible plan and the strategic priorities in line with the commissioning plan intentions as laid out in the development plan. The quarterly monitoring and local spend plans evidence spend to date and highlight any variances. As well as the spend updates a narrative progress report is provided. To ensure compliance local authority audit departments carry out very thorough audit checks.

Annex A

Strategic Priority	Action required to deliver the priority	Timescales/ By When	Lead person	Outcome/Outputs
<p>ONE</p> <p>Adopt a Rapid Rehousing Approach</p> <p>Increase Housing Supply</p> <p>Review Temporary, Supported Accommodation</p> <p>Decrease Emergency Accommodation</p> <p>Undertake a Multi-Agency Approach</p>	<p>As outlined in RRTP to follow</p> <p>Reclassification of stock</p> <p>Understand LHMA</p> <p>Work with all property owner types</p> <p>Review Allocation policy</p> <p>Understand scheme criteria; needs and risks of each person requiring accommodation</p> <p>Remodel Supported Accommodation</p> <p>Provide abstinence led “Wet House” provision</p> <p>Provide Dual Diagnosis/Complex Needs Accommodation</p> <p>Identify all partners required and provide space to access within assessment centre</p> <p>Consider options within current portfolio on how to improve access, exit and holistic support during stay</p>	<p>June 2022</p> <p>2022 continually</p>	<p>Kerry Denman, Housing Solutions Manager</p> <p>Shelly Jones, Housing Support Manager</p>	<p>Plan produced</p> <p>Increased accommodation general needs, single person / one bed properties</p> <p>Increased options of accommodation, (LCHO/Shared/Social/Transitional/ PRS/ Housing First)</p> <p>Assessment Centre revived and duplicated across sites</p> <p>Supported Accommodation meets needs to all client groups/optimum model reduces evictions and increases sustainable housing</p> <p>Reduced time spent in suitable interim accommodation</p> <p>Access to support is available when needed</p> <p>Work with partners across the board, Health, Probation, Social Services and RSL’s.</p> <p>Allocations are quicker and meet individuals needs</p> <p>Successful long term sustainable tenancies, independent living</p> <p>All services delivered understanding PIE and TIE</p>

<p>TWO</p> <p>End Rough Sleeping</p>	<p>Improve access to accommodation</p> <p>Additional affordable accommodation</p> <p>Improve access (Contact) to Outreach support services</p> <p>Scope current client group and reasons for entrenched rough sleeping</p> <p>Work with multi agency stakeholders to deliver holistic service</p> <p>Consider the criteria of existing supported / temporary accommodation</p> <p>Identify and remove barriers to access support</p> <p>Maintain contact with rough sleepers</p> <p>Identify property owners to assist with housing to meet needs</p>	<p>2022/2023 continually</p>	<p>Shelly Jones, Housing Support Manager</p>	<p>Increased accommodation</p> <p>Dedicated phone lines for outreach</p> <p>Understanding of entrenched homelessness and consider options to overcome</p> <p>Collaboration and integrated work with Housing, GDAS, GSSMS</p> <p>Change to access criteria for supported/temporary accommodation</p> <p>Increase Housing First properties</p> <p>Increased number of people able to access services</p> <p>Specialist housing solutions provided</p> <p>Identified new rough sleepers immediately</p>
<p>THREE</p> <p>Increase Early Intervention and Targeted prevention</p>	<p>Identify key partners and stakeholders to be present within the Assessment Centre/HUB</p> <p>Improve the collaboration between providers and Health, Housing, Probation and Social Services</p> <p>Revert to accessing prisons and hospitals pre-pandemic</p> <p>Work with providers to share data and highlight areas for improvement</p> <p>Develop process maps to ensure we understand pathways to all services</p> <p>Consider any other methods of identifying potential referrals before they fall into crisis</p>	<p>2022/2023 continually</p>	<p>Shelly Jones, Housing Support Manager</p>	<p>Reduced number of people accessing homelessness provision</p> <p>Reduced number of people needing supported or temporary accommodation</p> <p>Sustained housing without the need to move, resettle or require expensive services (storage, van etc.)</p> <p>Access services appropriately and in a timely manner.</p> <p>Streamlined approach to services and planned moves, less emergency access and long-term provision required.</p>

	Attend transitional groups and be aware of changes in legislation, policy or practice that will identify potential service users at the earliest opportunity			
FOUR Invest in Workforce Development	<p>Identify staff who can work from various Hubs – Assessment Centre and Flying Start Integration Hub</p> <p>Re-introduce CMHT staff to our Assessment Centre/Hub and across all Supported Accommodation</p> <p>Integrate and connect CMHT, GDAS, GSSMS, CDAT staff</p> <p>Improve collaboration with Probation, Police and local CADRO officers to improve communication</p> <p>Consider specialist roles (pre and post workers) and increase staffing across accommodation and floating support services</p> <p>Ensure all services are working in a PIE TIE way</p> <p>Identify and assist with recruitment and retention issues for all staffing</p> <p>Improve relationships with colleges to provide apprenticeship opportunities.</p> <p>Establish all staff mandatory training levels and access to training for all types of staffing</p> <p>Identify any unique pilot or training opportunities such as MAPS and support its widespread approach across all providers and services</p>	2022/2023 continuously	Shelly Jones, Housing Support Manager	<p>Holistic services provided at point of contact</p> <p>Access to mental health services improved</p> <p>Evidence need for specific supported accommodation for DD and AL as above</p> <p>Improved outcomes for service users and shared knowledge and skills for staff</p> <p>Joint services to improve and enhance Service User experience</p> <p>Realigned services</p> <p>Retain and increase number of staff</p> <p>Support Vfairs partnership work to increase staffing provision</p> <p>Staff have access to numerous training and pilot platforms and are able to keep updated on current practices.</p>







Annex B

Insert Rapid Rehousing Transition Plan

To Follow

DRAFT

Appendices

1	Legislative and policy context	 Caerphilly HSP Strategy 2022-2026 A
2	Gwent Housing Support Strategic Objectives	 V2 Gwent Housing Support Strategic Obj
3	Gwent Stakeholder Survey responses	 Stakeholder Survey Responses 2021.pdf
4	Gwent Housing Support Survey Service User Responses	 Gwent Housing Support Survey. Servi
	Statement of Need	 Statement of Need Final Draft2.docx
	Integrated Impact Assessment	 IIA-form-housing-sup port-programme-stra