

Background/HARSAG discussions to date

1. The front-line support workstream was asked to consider what is needed to help people who are already sleeping rough or might be at risk of rough sleeping, the majority of which have multiple & complex needs. This work builds on the solutions already being implemented to minimise rough sleeping this winter, and will ensure that evidence and learning is gathered and used to monitor progress, assess the impact and improve practice. The Action Group agreed actions this winter should look across:

- maximising the local Housing Options approach and flexibility in responses at local level
- triage approaches and support based on prioritising those with highest need
- by name lists for tracking and facilitating multi-agency working
- personalised budgets as the last resort to support those with most acute, entrenched needs in a highly personalised, immediate way where everything else being tried has not worked for the person at risk of rough sleeping
- assertive and empowered outreach through enhanced deployment, closer multi-agency working and an empowered culture
- winter and emergency provision capacity including extreme weather measures

Summary of key points from Workstream/Action Group considerations

2. A key point emerging from our discussions is that it is important to equip front line workers with the latest information and training and that multi-agency collaboration was essential to targeting and prioritising support. It is important also the definition of front-line workers is broadened and there is recognition that it reaches beyond those working directly in housing and homelessness and should incorporate outreach and day centre workers, health and social care workers, NHS, police and prison staff, community safety personnel, DWP staff including Job Centre Plus, and food access points. Staff need to be aware of the impact of their roles on homelessness prevention, their ability to take action and how they can play a part in achieving positive outcomes for people who experience homelessness.

3. People who are sleeping rough are likely to be experiencing a range of complex support needs and psychologically informed solutions need to be at the heart of any solution or intervention

4. For people with complex needs we should also be adopting a rapid access to housing approach, such as Housing First, as evidence identifies this as a highly effective solution to both ending their rough sleeping and tackling the other support needs they have at the same time. Although, it is recognised that this is not a one-fits-all approach and there needs to be a range of intermediary low threshold or open access emergency accommodation options.

5. It is also essential to make direct contact with people who are at risk of or actively rough sleeping to understand their experiences and the complexities around their support needs, and prioritise responses based on individual need. The benefits of this are highlighted in reports from the winter actions work where emergency interventions with rough sleepers have built a level of trust that has led to long-term rough sleepers engaging with support workers and transitioning to accommodation options, some for the first time in many months or years. It is recognised that a shared approach to assessing need and vulnerability is required, with less use of concepts such as

intentionality and local connection, and removal of benefits barriers to the provision that is needed to help extremely vulnerable people. The Action Group agreed that more work was needed to drill down into evidence from the winter actions initiative and this will be useful as we look to extending learning and good practice nationally.

6. It is key also that front line support staff are fully trained, empowered and supported so that they can provide effective and appropriate solutions for the people they support, particularly those with multiple and complex needs i.e. who have experienced: institutional care (prison, care, hospital); substance misuse; participation in street culture activities (begging, drinking, survival shoplifting or sex work); abuse, trauma, exploitation.

Summary of the evidence base

7. The Group has considered what we **know from experience**:

- History and evidence shows that assertive outreach approaches are important in enabling people to move off the streets at the earliest opportunity, but this requires those delivering the outreach to be able to take rapid action and needs to be achieved at the same time as recognising the complexity of need that might be involved
- Recession and policy decisions (especially austerity, housing & benefits) have had a significant impact on rough sleeping and homelessness, particularly in cities like Aberdeen, Edinburgh and Glasgow with existing high prevalence of the factors that create homelessness
- The periods that followed RSI and Hostel Closure Programme proved we can reduce rough sleeping when our offer is better than the alternative;
- Most people are seeking a home as part of a safe and secure community - the best base to build and live their lives
- Even the most multiply excluded people are ready for housing and can sustain mainstream housing when offered choice and the right wrap around support
- To end the need to sleep rough, we need to rebalance how accommodation is provided: increasing access to mainstream housing, widening the range of housing options available and reducing our reliance on congregate forms of living
- When we don't provide a strong enough option, people will get stuck in the system – or opt out of it altogether
- Political leadership and commitment and targeted resources works

8. In addition to this, people with lived experience of homelessness have told us through the '**Aye we can**' consultations that:

- Services should get involved earlier to avoid people losing/leaving their home;
- Better support and advice needs to be delivered when leaving places and more information about that support. Especially when leaving, hospital, prison, armed forces or care
- Multiple needs response needed from teams of staff who can provide support for all these needs and can act quickly
- Public (council and NHS) and charity sector should work together better and get involved earlier to support people to avoid a crisis

9. People with lived experience of homelessness also tell us that there is a need to respond better/more urgently and:

- Provide a permanent home with full, flexible support as quickly as possible and for as long as people want
- Have high quality street outreach services to work with people sleeping rough, who get actively involved in improving people's lives
- Make sure there is enough accommodation available that can be accessed immediately in emergency situations. There should be less barriers to accessing this accommodation

- Make sure that staff in hostels/homeless accommodation are fully trained to work with people who have multiple needs including addictions, mental ill health and trauma to provide a strong, positive basis for recovery
- Consider accommodation options for people with pets, or review any current rules that don't allow pets
- Consider accommodation options for couples, or review any current rules that don't allow couples
- Make the homelessness system easier to navigate so that people can get the help they need when they need it rather than approaching the 'wrong' services and getting 'lost' in the system

10. Evidence and Learning from **actions this winter** highlights that strong flexible multi-agency partnership working providing a rapid and consistent response, appropriate to the needs of the person, is vital to finding viable solutions for people who sleep rough. Front-line staff involved in outreach work report that the quick and flexible action they are able to adopt through personalised budgets, rapid access to emergency accommodation and distribution of extreme weather provision is producing positive results in transitioning people away from rough sleeping.

Options considered & discussion of pros and cons

11. We consider that the overarching principles for delivering the right solutions for people should include:

- People have a right to a home
- Flexible support is provided for as long as is needed
- Housing and support needs are separated
- Individuals have choice and control
- An active engagement approach is used
- The service is based on people's strengths, goals and aspirations

12. In the course of our considerations we identified the following potential solutions to enhance front-line services which the Action Group might consider and discuss:

- Develop a shared approach to prioritisation of vulnerability, need and access to support responses – adopting a nationally recognised and multi-agency assessment tool
- Empower first point of contact for assessment and direct access - taking a "no wrong door/person" approach and mapping key points of entry in each city/locality - street team, day centres etc.
- Have available, concentrated 1-2-1 support, in-reach and out-reach models, mental health support, psychology input, financial support, housing/tenancy sustainment support, training/education/employment input
- Responses should target the most in need first, utilising a shared assessment and recording approach, with rapid access to decision making and resources
- Provide intensive case management, high flexibility in time, action and resource
- Provide integrated resilient person-led support, with recognition of the need for a workforce development plan to ensure responses are well informed and highly skilled
- Adopt a multiagency approach with close coordination
- Increase flexibility by taking service/assessment/intervention to where people are, including on the streets:
 - develop desired service response model, rapid triage, devolved assessment roles, minimum criteria
 - Test resource implications - better with what we have or new/redirected capacity
- Develop a multi-agency, multi-disciplinary psychologically informed approach, which works with people with multiple and complex needs in a way determined by their own presenting issue/need, and supported by high standard professional development and direct support to those who witness trauma:
 - develop national definition and open up a national conversation of psychological/trauma informed practice

- identify and assess the quality of current training options and support to front-line staff, and map out what is needed - taking account of differing front line settings
- Empower front-line workers to act quickly, appropriately and with maximum flexibility to provide personalised solutions, with personal budgets so they can act on the spot. Delivering from evidence where testing of devolved decision making has been effective – key learning from winter initiative in Glasgow, Aberdeen and Edinburgh
- Develop national guidance on delivering a personalised budget model for homelessness, including rapid access to address rough sleeping and planned to alleviate further risk of rough sleeping. Develop understanding of what key decision makers need to support local implementation
- Deliver easily understood and accessible rights training and info, with an emphasis on housing rights - make this mandatory for key roles, identifying what is available and exploring the role that online resources might play
- Introduce a requirement for cross agency induction as standard – role shadowing etc. and gathering local impact evidence and sharing good practice

13. We also identified a number of cross-cutting solutions which, although important to the service and options available to front-line staff, they sit with and we expect could be covered by other workstreams. These are:

- Remove possibility of transition from institutions (e.g. prison, care, armed forces or hospital) to rough sleeping, while recognising that the transition from the institution is not the only point of risk, including:
 - review shared public duty across mainstream statutory services including health, education, criminal justice etc.
 - look to replicate the SHORE standards roll out within criminal justice, building on the learning to capture for other statutory care settings
 - develop and test homelessness duty process for roll out in hospital settings – general and specialist e.g. mental health
- Widen the range of emergency accommodation options – increase availability with low threshold/high tolerance, applying the learning from the Rapid/Direct Access service piloted in Edinburgh this winter, ideally with block funding arrangements
- Remove barriers to access for rough sleepers, in particular local connection, housing benefit and No Recourse to Public Funds, particularly for people with extreme needs, with a national approach driving local application
- Reduce emphasis on ‘intentionality’ for those identified as complex needs, link with a ‘by name list’ approach and development of the role of Inter-agency Street Network (ISN) type forums, as operating in Glasgow, Edinburgh and now Aberdeen over the winter
- Rapid access and transition to permanent accommodation, with clarity of roles and room for devolved decision making and nomination arrangements linked to a ‘by name list’

14. However, looking forward to the period beyond the current winter actions, we recognise that there are a number of challenges to delivering change in the longer term which will require some intervention, including:

- overcoming existing culture and approach
- lack of information sharing
- capacity management
- wider integration
- influencing across boundaries

Considerations for practical implementation

Key players in front-line homelessness service delivery are:

- Street outreach and day centres
- Health and social care settings
- Housing – local authority, housing associations, private landlords
- A&E, police, acute hospitals, prisons, community safety

- DWP – Job Centre Plus
- Food access points

Recommendations

The Front-line support workstream invites the Action Group to consider and agree the following recommendations:

1. Scottish Government should develop a consistent delivery model for front line outreach services based on a multi-agency approach to be adopted nationally, but tailored to the local situation (drawing on learning from this year's winter actions and other evidence e.g. use of personalised budgets). Once approaches have been tested and demonstrated improved outcomes, they should be 'hardwired' into systems and processes. This should have the following aims (TBD):

- Empower front line staff to prioritise based on needs, carry out intensive case management and deliver access to necessary services and resources to facilitate successful and sustained transition off the street.
 - Establish a national personalised budget fund that can be drawn down by local teams based on reliable data on the nature and number of rough sleepers in their area. Figures in the region of £1000 per person for both rapid intervention and planned transition to settled living from rough sleeping
 - Enable test of change initiatives for 'rapid triage' for non-statutory crisis response services including street based, eg mental health, cognitive impairment, long term conditions
- Ensure consistent, well managed multi-agency coordination to maximise effectiveness of support for individuals
 - delivering national guidance on embedding a 'by name list' including a nationally endorsed assessment tool such as the NDT assessment
 - rolling out of an Inter-Agency Street Network Approach with clear decision making powers to deliver immediate access for those most at risk
 - reviewing all current training and intervention models to enable the adoption of a nationally recognised psychologically-informed training and response model for people with multiple and complex needs and
- Ensure increased flexibility in statutory services to enable rapid transition in certain circumstances, including from the street – recognising that this may involve changes to current allocation policies
 - invite local areas (urban and rural) to model and carry out test of change initiative to deliver immediate/direct access via non-statutory street/assertive outreach
- Ensure access to training and information (including that generated by new data system) supports more effective and immediate multi-disciplinary front line interventions in real time

2. Scottish Government should review the success of the actions implemented to minimise harm of rough sleeping this Winter to identify innovations which have shown promise and which should continue in order to allow continued support to rough sleepers, and learning to be gathered with a view to mainstreaming those interventions which can be shown to be cost effective in the long term.

3. Scottish Government should review support to those who are at risk of rough sleeping and who are also involved in other street based activity, including street begging, with a view to developing a national approach, while recognising that not everyone who experiences rough sleeping is engaged in street begging and vice versa, and taking into consideration, where appropriate, work currently

being undertaken by Street Begging strategy groups in Glasgow and Edinburgh, who have both commissioned research on Street Begging and what is effective in tackling the issue.