

Ending Rough Sleeping in Scotland

A framework for discussion

DRAFT

This report starts by providing some contextual analysis and key findings from work to end rough sleeping around the UK. It sets out a series of actions in five areas for ending rough sleeping in Scotland:

1. Prevent
2. Rehouse
3. Support
4. Understand
5. Work with UK Government

Rough sleeping in Scotland: context

Scale

Official statistics in 2016/17 show 1,500 people across Scotland sleeping rough the night before presenting as homeless to their council. Since 2006/7 Scottish local authorities have recorded a 61% reduction in the number of people who slept rough the night before presenting to the council as homeless. The numbers of people have fallen every year since at least 2002/03 until 2015/16, however in 2016/17, there was a 10% increase on the previous year¹.

It is recognised that not all people who sleep rough present to their council, and therefore are not captured in the official data. In particular migrants are less likely to show in official figures. According to data from the 2012 Scottish Household Survey, around 5000 adults sleep rough every year in Scotland, or 660 people on a typical night.²

Research published by Crisis suggests that if no action is taken, the number of rough sleepers in Scotland is projected to rise by nearly 90% over the next 25 years, primarily as a result of economic factors and changes to welfare benefits. However, policies of maximising homelessness prevention and increasing housing supply would have a substantial impact on reducing homelessness³.

Geography

¹ By contrast, England has seen a 130% increase in the number of people recorded as sleeping rough, rising from 1,768 to 4,134 between 2010 and 2016; DCLG (2017), Rough Sleeping Statistics Autumn 2016, England, London: DCLG

² Fitzpatrick et al (2015) Homelessness Monitor Scotland

³ Crisis (2017) Homelessness Projections: Core homelessness in Great Britain

During 2016/17, every local authority in Scotland reported people to presenting as homeless who have slept rough in the previous three months⁴. This indicates that rough sleeping is something that affects every part of the country.

However, it is concentrated in particular parts of Scotland. 27% of those recorded as sleeping rough in Scotland the night before presenting are in Glasgow, with a further 15% in Fife and 8% in Edinburgh^{5,6}.

Data from the Glasgow winter shelter⁷ shows that 602 people used the service in winter 2016/17, well above the 400 officially presenting to the council during the year. There has been a 64% increase in the number of individuals accessing the shelter since 2012/13.

Similarly, the care shelter run in Edinburgh by Bethany Christian Trust accommodated 691 individuals during winter 2016/17⁸, compared to 115 people who presented as homeless to Edinburgh Council reported having slept rough the night before over the course of 2016/17. Analysis cross-referencing different data sources in Edinburgh found that during a 23 month period in 2014 to 2016 there were nearly 2000 unique rough sleepers identified in Edinburgh⁹.

Nature of need

There is little official data detailing the nature of rough sleeping and the people who experience it in Scotland. Two key sources of data are reports from the winter shelters in Edinburgh and Glasgow and a review of rough sleeping carried out by Homeless Action Scotland in 2015¹⁰.

It is generally accepted that the vast majority of rough sleepers are male and British¹¹. The most recent winter shelter reports show that in Edinburgh and Glasgow 70-80% of service users were British males in 2016/17.

A significant proportion of shelter users in Edinburgh and Glasgow are from non-UK backgrounds (28% in Edinburgh and 21% in Glasgow). The proportion of people from European backgrounds was significantly higher in the Edinburgh shelter, where a quarter (25%) were from European backgrounds, than the Glasgow (11%). Glasgow found that the non-UK service users were more dependent on using the shelter over the course of the season than those from the UK. Homeless Action Scotland identified that 39% of rough sleepers in Edinburgh were from non-

⁴ All but two Scottish local authorities (West Lothian and South Ayrshire) report people presenting to them having slept rough the night before coming to the council.

⁵ The highest rates of rough sleeping as a proportion of homelessness applications are found in Fife and Inverclyde (where 9% of all applications slept rough the night before presenting to the council) and Dundee City (8%).

⁶ Scottish Government (2017) Homelessness in Scotland 2016/17

⁷ Glasgow Homelessness Network (2015) Annual homelessness monitoring 2014-2015 <http://www.ghn.org.uk/wp-content/uploads/2015/10/GHN-Annual-ODM-Monitoring-Report-2014-15-FINAL.pdf>

⁸ Bethany Christian Trust (2017) Care Shelter Annual Report 2016/17

⁹ Reference – Shelter Scotland for Edinburgh Council

¹⁰ Homeless Action Scotland (2015) An overview of rough sleeping in Scotland

¹¹ Fitzpatrick et al (2015) Homelessness Monitor Scotland

UK backgrounds. Aberdeen and Perth & Kinross were also identified as having high proportions of rough sleepers from non-UK backgrounds¹².

8% of those using the Glasgow shelter, and 4% of those using the Edinburgh shelter said their most recent accommodation was prison. For over half (56%) of service users at the Glasgow shelter, and 40% of service users in Edinburgh, this was their first experience of homelessness.

It is known that the proportion of people with support needs who make homeless applications has been increasing in recent years¹³, and some of these people may experience rough sleeping at times. Glasgow is known to have particularly high levels of people with complex needs. An estimated 1,500-1,800 people approached housing services with complex needs in 2013-14, the equivalent of about one quarter of all homeless applications received in Glasgow. These include people with drug or alcohol dependency, mental health issues and criminality or antisocial behaviour issues. The majority were male, single and aged 25-59 years old¹⁴.

Why are people sleeping rough in Scotland?

There are no clear cut answers to why people are sleeping rough in Scotland, but it is possible to speculate likely factors:

- **Inability to access statutory support:** this is an issue in both Edinburgh and Glasgow. 65% of people using third sector homelessness services in Glasgow were told by the council that no accommodation was available in 2014/15¹⁵. The report from the Edinburgh shelter noted a lack of temporary accommodation in the city and that the council “frequently” referred people to the homeless shelter, with few successful referrals back to the council’s out of hours service.
- **Lack of entitlement to statutory support.** For example, 21% of those using the Edinburgh shelter had been in the city for less than a week and would therefore have no local connection to access statutory support. Some who are assessed to be intentionally homeless may find no alternative to rough sleeping.
- **A discrepancy between the benefits system and homelessness rights** in Scotland. A wider group of people are entitled to support through Scottish homelessness legislation than are entitled to housing-related benefits, which fund their accommodation. This can cause complications for people who are not entitled to benefits.
- **Inadequate or wrong information** about available services and entitlements. For example some individuals are not aware of where to get help or believe that they will be deemed intentionally homeless by the council and can receive no help.
- **Complex or chaotic circumstances**, or deeply entrenched rough sleeping. This can mean some individuals are unable to access appropriate support which addresses their situation.

¹² Homeless Action Scotland (2015) An overview of rough sleeping in Scotland

¹³ Scottish Government (2017)

¹⁴ Anna Evans Consultancy (2014) Homelessness and Complex Needs in Glasgow <http://aehousing.co.uk/wp-content/uploads/2015/01/FINAL-SUMMARY-ON-AEHC-WEB-30.1.15.pdf>

¹⁵ Glasgow Homelessness Network (2015) Annual homelessness monitoring 2014-2015 <http://www.ghn.org.uk/wp-content/uploads/2015/10/GHN-Annual-ODM-Monitoring-Report-2014-15-FINAL.pdf>

Previous interventions to end rough sleeping: key learnings

Over the last twenty years there have been successful interventions to reduce the number of people sleeping rough throughout the UK. The Rough Sleepers Initiative (RSI), originally set up as a short-term response to the growing number of people sleeping rough in London, was adopted in Scotland in 1997.

A target was introduced in 1999 to make sure that no one had to sleep rough in Scotland by 2003. As a result of the initiative, the numbers of people rough sleeping who presented to services fell by over a third between 2001 and 2003. Although small numbers of people continued to present to services as sleeping rough, the Initiative led to enhanced support in cities, while in some areas rough sleeping services were set up for the first time. The Initiative also drove political and cultural changes within local authorities and led to a much stronger strategic focus on rough sleeping and homelessness at both local and national level¹⁶.

Rough Sleeper Initiatives in England focused on providing advice and outreach work, creating new emergency hostel places and a range of temporary and permanent accommodation places in the private rented sector and housing association stock. Evaluations of the schemes have stressed the importance of high levels of support and a multi-agency approach which coordinated housing support services, drug and alcohol services, mental health services and employment support services.

Another notable area of improvement has been the reduction in rough sleeping and homelessness among ex-armed forces staff. A Crisis commissioned report in 1994 found that approximately a quarter of single homeless people had served in the UK armed forces.¹⁷ In 2008 a report from the University of York found that among London's hostel and rough sleeper population, only 6% had served in the UK armed forces.¹⁸ The reduction of homelessness amongst ex-armed forces personnel is the direct result of a highly-targeted programme embedded within the Ministry of Defence to prevent homelessness for this cohort.

Cost effectiveness

The primary argument for ending rough sleeping is one of social justice. Nevertheless, it is important to recognise the cost effectiveness of intervening to end rough sleeping, not least to make the case to other services who may not recognise the costs of homelessness to their services. Analysis by Crisis shows that the financial cost of allowing one typical rough sleeping situation to persist for 12 months might cost over £20,000 in terms of costs to health services, accommodation and justice services. This compares to a cost of under £1,500 to intervene at an

¹⁶ Fitzpatrick, S., Pleace, N., Bevan, M. (2005) Final Evaluation of the Rough Sleepers Initiative. Scottish Executive <http://www.gov.scot/Resource/Doc/37428/0009584.pdf>

¹⁷ Randell G & Brown S, Falling Out: A Research Study of Homeless Ex-Service People, London: Crisis, 1994

¹⁸ Jones A, Quilgars D, O'Malley L, Rhodes D, Bevan M and Pleace N, Meeting the Housing and Support Needs of Single Veterans in Great Britain, York: University of York, 2008.

early stage and provide support in their own tenancy. Thirty people sleeping rough for 12 months, with an equivalent pattern of service use, would cost over £600,000 a year in additional public expenditure, rising to £1.2 million if the situation persisted for two years¹⁹.

A key focus of the proposal outlined below is to shift services towards providing rapid rehousing into permanent accommodation and an appropriate package of support to ensure that people do not return to rough sleeping and are able to turn their lives around. This approach has been proven to be extremely cost effective. Housing First, which provides permanent housing for people with complex needs has a strong international evidence base which demonstrates high tenancy sustainment rates and improved wellbeing outcomes. A study looking at the feasibility of implementing Housing First across the Liverpool city region found that replacing most of the region's 1500 units of 24/7 supported housing would generate estimated cost savings of £4 million²⁰. Furthermore, rapid rehousing for people with lower support needs into the private rented sector has also been proven to be highly cost effective. From 2010-2014 Crisis, with funding from DCLG, ran the Private Rented Sector Access Programme in England. Evaluation of these schemes showed that, on average, in just three months of operation, 92 schemes saved a total of £13,546,151 in non-housing costs to the public purse.²¹

An approach to ending rough sleeping in Scotland

1. Prevent

The strong link between poverty and homelessness is well established²². There is also considerable evidence to show that for some of those experiencing the most extreme forms of homelessness, experiences in childhood play a significant role²³.

Interaction with government agencies and local public bodies provides an important opportunity to effectively prevent homelessness for a significant proportion of rough sleepers and those at risk of falling into rough sleeping.

In addition, there are some easily identifiable groups of people who are overrepresented within the homeless and rough sleeper populations. 6% of homelessness applications across Scotland came from people leaving institutions such as prison, care or hospital²⁴. During winter 2016/17 Glasgow City Mission identified that for 8% of those using its winter shelter their most recent

¹⁹ Pleace, N (2015) At what cost? An estimation of the financial costs of single homelessness in the UK https://community.crisis.org.uk/file/no-one-turned-away/CostsofHomelessness_Finalweb.pdf

²⁰ Blood, I et al (2017) Housing First Feasibility Study for the Liverpool City Region <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/housing-models-and-access/housing-first-feasibility-study-for-liverpool-city-region-2017/>

²¹ Gousy H, Home: No Less will do, Improving access into the private rented sector for single homeless people, London, Crisis, 2016.

²² See for example Johnsen, S, Watts, B (2014) Homelessness and poverty: reviewing the links; JRF (2016) UK Poverty: causes, costs and solutions <https://www.jrf.org.uk/report/uk-poverty-causes-costs-and-solutions>

²³ Fitzpatrick, Bramley, Johnsen (2012) Multiple exclusion homelessness in the UK https://www.hw.ac.uk/schools/doc/MEH_Briefing_No_1_2012-wfXDukdd48_JAxjaKbvICfnIn0T47e4Egx9n6DCASyS.pdf

²⁴ Scottish Government (2017) Homelessness in Scotland 2016/17

accommodation had been prison²⁵. Looked after children continue to be overrepresented amongst young homeless people²⁶ and Who Cares Scotland cite Scottish Government figures showing that at least 21% of care leavers become homeless within five years of leaving care²⁷. Specific interventions should focus on the following groups: care leavers; people fleeing domestic violence, prison leavers and people leaving hospital.

- a. **Embed rough sleeping and homelessness in anti-poverty and other related government agendas, such as poverty, employability and fair work, social security, justice, children and families and domestic violence.** The new socioeconomic duty²⁸ provides a key opportunity to address homelessness and rough sleeping, one of the most extreme forms of poverty and exclusion. Relevant directorates and departments in national and local government could be required to audit existing policies to assess their impact on homelessness and design programmes to identify people most at risk as well as putting clear measures in place to reduce rising levels of homelessness.
- b. **Review and progress recent work identifying key actions to tackle homelessness among prison leavers.** There have been three recent reviews of the homelessness and housing support available to prison leavers, including a wide ranging review of housing and reoffending²⁹. Shelter Scotland have made a number of recommendations aimed at the Scottish Prison Service and local authorities to improve outcomes for people living prison with nowhere to stay.
- c. **Develop proactive outreach models to reach people who are sleeping rough or at risk of rough sleeping.** Good practice includes access to rapid response Housing Options advice and intervention, the use of named lists and the collection of detailed data from people who use the service and information on their journey into homelessness. Such data can be used to create typologies of new rough sleepers, and determine the most appropriate response to end their homelessness.

2. Rehouse

Previous interventions to reduce rough sleeping have placed less emphasis on access to permanent accommodation, undermining their long term success. Lack of suitable affordable

²⁵ Glasgow City Mission (2017) Glasgow Winter Night Shelter 2016-17: Data Tables <https://www.glasgowcitymission.com/admin/resources/gwns2016-17datatables.pdf>

²⁶ Homeless Action Scotland (2015) Youth Homelessness in Scotland 2015

²⁷ <https://www.whocarescotland.org/who-we-are/media-centre/statistics/>

²⁸ <http://www.gov.scot/Publications/2017/07/8131>

²⁹ Scottish Government (2016) Housing and Reoffending: Supporting people who serve short-term sentences to secure and sustain stable accommodation on liberation <http://www.gov.scot/Resource/0049/00492021.pdf>; Shelter Scotland (2015) Preventing Homelessness and Reducing Reoffending – Insights from service users of the Supporting Prisoners Advice Network, Scotland

http://scotland.shelter.org.uk/_data/assets/pdf_file/0010/1185787/Preventing_Homelessness_and_Reducing_Reoffending_092015_FINAL.pdf/_nocache; IRISS (2015) Insight Prison leavers and homelessness <https://www.iriss.org.uk/resources/insights/prison-leavers-and-homelessness>

accommodation supply was identified as a barrier to ongoing work to reduce homelessness within the Rough Sleepers Initiative in 2005.

Hostels and other forms of temporary accommodation should act as an emergency platform to assist rough sleepers into permanent housing. However, people often get trapped in expensive temporary accommodation for much longer periods of time either due to a lack of affordable accommodation or because they fail to demonstrate that they are ‘housing ready’ in order to gain their own tenancy.

- a. **Work with local authorities to procure affordable permanent accommodation for rough sleepers.** Local authorities should develop strategies to procure and manage social rented and private rented permanent housing for rough sleepers, as well as those at risk of homelessness. Many rough sleepers will have complex needs, but some will have lower levels of needs and will require less intensive interventions.

In addition to housing rough sleepers, it will be necessary to make an assessment of an individual’s needs and ensure that an appropriate package of support is put in place to help people sustain their tenancies and resolve problems such as drug and alcohol and mental health issues, to ensure that people do not return to rough sleeping.

- b. **Rapid rehousing for people with lower support needs.** The recent policy focus on rough sleeping in Scotland has largely overlapped with discussions around multiple and complex needs. However, not all rough sleepers will require as robust a package of support as Housing First. Some rough sleepers are far less entrenched and have lower support needs. In 2016/17, the Edinburgh winter care shelter identified that 40% of shelter users had been homeless for less than a week³⁰. These people might require advice and initial financial assistance to access a property, support into employment and a lower level of on-going tenancy support. This model of support is already delivered via Private Rented Sector Access Schemes which should be available in every part of Scotland. However only 5% of unintentionally homeless applicants were discharged into the private rented sector in 2016/17³¹. In contrast, local authorities in Wales now use the private rented sector to prevent and relieve 39% of homeless cases³², suggesting there is substantial scope to increase the use of the private rented sector in Scotland to rehouse people quickly.

- c. **Housing First for people with high support needs.** In contrast to the ‘treatment first’ approach used in much of the UK, which often requires people to prove that they are

³⁰ Bethany Christian Trust (2017)

³¹ Scottish Government (2017) Homelessness in Scotland 2016/17

³² Mackie, P, Thomas, I, Bibbings, J (2017) Homelessness Prevention: Reflecting on a Year of Pioneering Welsh Legislation in Practice *European Journal of Homelessness* Volume 11, No. 1: 28-107 <http://www.feantsa.org/download/article-4592410342917616893.pdf>

ready to live in permanent housing (e.g. by undertaking treatment/ addressing mental health and drug and alcohol problems) Housing First has been widely adopted internationally, and has formed a central component of national plans in Canada, Denmark, Finland and France to reduce and stem rising homelessness. Housing First was successfully piloted in the UK by Turning Point Scotland³³, and Glasgow has committed to becoming a “Housing First city”. Other parts of Scotland are seeking to adopt Housing First as a model in their area.

Housing First prioritises rapid access to a stable home for someone, from which they can then begin to address other support needs through coordinated wraparound support and case management. Importantly, someone does not have to prove that they are ‘housing ready’ to access permanent housing and there is no requirement to engage in support services to continue to maintain a tenancy.

Rent could be funded through the mainstream Housing Benefit system at lower cost than hostel accommodation. In addition, a robust package of support to help someone access key services including drug and alcohol services and mental health treatment, coordinated by a support worker in the housing agency, would be provided. A recent report from the Centre for Social Justice found that this type of support could be funded for as little as £5,304 per year, per person.³⁴ Research from the Joseph Rowntree Foundation found that if this support is provided to 46,000 people with multiple and complex needs, the Government would save £200 million every year after the first two years of implementation.³⁵

The Scottish Government could consider scaling up a national Housing First programme to ensure that people with multiple and complex needs in every local authority area are able to access permanent housing with robust wraparound support to help them successfully exit rough sleeping.

- d. Pilot the abolition of local connection and evaluate the impact of extending this across Scotland.** For some homeless people a lack of local connection presents a barrier to accessing homelessness services and receiving support. Crisis works with clients in Edinburgh who have slept rough for six months until they have established a local connection. The power to abolish local connection was a recommendation of the Homelessness Taskforce in 2002.

- e. Eliminate the use of unsuitable forms of temporary accommodation except in emergency circumstances and invest in evidence-based short term emergency**

³³ Johnsen, S (2013) Turning Point Scotland’s Housing First Project Evaluation Final Report <http://www.turningpointscotland.com/wp-content/uploads/2014/02/TPS-Housing-First-Final-Report.pdf>

³⁴ Centre for Social Justice (2017), *Housing First*, London: CSJ.

³⁵ Joseph Rowntree Foundation (2016), *UK Poverty: causes, costs and solutions*, York: JRF.

accommodation. The primary intervention for people sleeping rough or at risk of sleeping rough should always be to rehouse them into permanent housing as quickly as possible. Where this cannot be done emergency accommodation is required. Some parts of Scotland rely on unsuitable accommodation such as bed and breakfast to meet their statutory duties for single homeless people, while other areas have eliminated this. There should be parity for single people and families with dependent children, so that no one is in unsuitable accommodation for more than seven days.

The evidence base for transitional housing/hostel interventions successfully moving people into permanent accommodation and addressing complex needs is weak. This does not mean that hostels are ineffective, rather that the evidence we have is limited. A stronger evidence base is required to support the development and use of suitable short-term accommodation options.

- f. Identify and implement the most appropriate accommodation options for young people.** Where possible young people at risk of rough sleeping should be diverted away from mainstream homelessness services to help ensure that rough sleeping does not become entrenched and that they are able to move into permanent accommodation as quickly as possible.

Supported lodgings give people the opportunity to live in the home of an approved person who will help them prepare for independent living. A 2008 Government evaluation found that young people experience better outcomes in supported lodgings compared to supported housing, foyers and floating support.³⁶ The OVO Foundation's report into youth homelessness found that a room in a private community host's home was particularly effective.³⁷ Rock Trust have recently started a two-year pilot of Housing First for Youth in West Lothian. This should be monitored so that the learning can be rolled out across Scotland.

3. Support

Rough sleepers will often have complex needs and live in chaotic circumstances which can make it difficult to engage with services. Services may need to adapt their ways of working to ensure that these groups can access them

- a. Ensure that homelessness services maintain contact with rough sleepers and others with complex needs who approach them to end their homelessness.** Local authorities currently lose contact with 17% of people after their homelessness assessment (rising to 35% of intentionally homeless households)³⁸. While some of these households may

³⁶ DCLG (2008), *Making a difference Supported lodgings as a housing option for young people*, London: DCLG.

³⁷ Watts B, Johnsen S & Sosenko F (2015), *Youth Homelessness in the UK*, Bristol: The Ovo Foundation.

³⁸ Scottish Government (2017) Homelessness in Scotland 2016/17

resolve their homelessness themselves, comparisons have been made with the proportion of people who are currently being deemed to have failed to co-operate under the new Welsh system³⁹. It is likely that many of these households will lose contact with services because they have complex needs and may have a history of sleeping rough. It is known that having complex needs makes it more difficult to engage with services particularly if those services are not able to be flexible⁴⁰.

For those found intentionally homeless, many of whom will have chaotic circumstances or complex needs, the second largest outcome (after lost contact) is to move in with friends or relatives (17%). For more than half of those applying for statutory homelessness help who are found intentionally homeless, the outcome appears not to lead to a more stable housing situation.

- b. **Ensure commissioning processes and outcomes allow service providers to work appropriately and personalise support for people with complex needs.** For some people with complex needs a minimum of two years is required to support people towards recovery. Soft outcomes measures, such as the Outcomes Star, can help to track the progress individuals are making, and therefore the effectiveness of service provision⁴¹.

Personalising support enables people to develop a greater level of choice and control. For example, a small pilot of personalised budgets for rough sleepers in London found that a trusting relationship was established, people had an incentive to move into and stay in accommodation, and people sustained accommodation – for example by paying off small arrears or by buying gas, electricity or food when there were problems receiving benefits⁴². Simon Community Scotland have also led on work on self-directed support in Scotland⁴³.

- c. **Make use of best practice in assertive outreach.** Although widely (and controversially) used in other parts of the UK, interventionist approaches to homelessness including assertive outreach have not been widely used in a Scottish context. Discussions amongst statutory and voluntary organisation representatives in Scotland⁴⁴ point to there being a role of assertive outreach approaches in Scotland. These should be founded on best practice to ensure that the offer is ‘good enough’, and that the approach is founded on

³⁹ Mackie, P – workshop on implementing the Wales legislation, Crisis Ending Homelessness conference, May 2017, Cardiff. See also Mackie et al (2017)

⁴⁰ Shelter Scotland (2016) Complex needs: Homelessness services in the Housing Options East Hub

⁴¹ Shelter Scotland (2016)

⁴² Hough, J, Rice, B (2010) Providing personalised support to rough sleepers <https://www.jrf.org.uk/report/providing-personalised-support-rough-sleepers>

⁴³ <http://blogs.iriss.org.uk/homelessness/its-personal/>

⁴⁴ Johnsen, S (2016) Enforcement and interventionist responses to rough sleeping and begging: opportunities, challenges and dilemmas

building and maintaining relationships with rough sleepers, drawing on learning on the value of ‘stickability’ in supporting people with complex needs.

- d. Enhanced specialist mental health and addictions support for rough sleepers, including specialist mental health and addictions outreach workers.** The last five years have seen a gradual increase in the proportion of people with support needs who are applying as homeless, with 44% stating that they have at least one support need in 2016/17. The proportion of homeless applicants with mental health problems has increased in the last three years from 26% to 30%, while the proportion with stated drug or alcohol dependency has fallen from 23% to 17%⁴⁵.

Investment in these services would ensure that specialist mental health teams are able to coordinate and carry out assessments with people sleeping rough, on the street if necessary. Examples include the Trauma and Homelessness Team and the Personality Disorder and Homelessness Team, both within Greater Glasgow and Clyde NHS⁴⁶. These teams can also provide treatment, including medication and talking therapies. In areas where fewer people sleep rough, street outreach teams should be able to draw on support from mental health workers from within the NHS when they need to.

4. Understand

There are gaps in our knowledge about who is rough sleeping, particularly beyond the statutory data. Notable exceptions are the Glasgow Homelessness Network’s Online Data Management system⁴⁷ and the work to link data on homelessness applications with health service data⁴⁸. There has been little monitoring or evaluation of the effectiveness of interventions to reduce rough sleeping, including interventions through statutory homelessness services. In order to effectively reduce and end rough sleeping we must invest in evidence-based solutions to ensure that the most effective interventions are put in place to reduce and end rough sleeping.

- a. Develop effective tools to monitor the numbers of people rough sleeping around Scotland and the outcomes of homeless applications for people with a history of rough sleeping.** Databases such as Glasgow Homelessness Network’s monitoring system and the CHAIN database in London can provide information to complement official statistics, particularly where this provides more detailed demographic information on rough sleepers and their reasons for becoming homeless. This type of information is vital in enabling local authorities to design the most effective services. Where this requires additional data collection, it may be appropriate to focus particularly on cities with growing numbers of rough sleepers where street outreach teams operate.

⁴⁵ Scottish Government (2017)

⁴⁶ <http://blogs.iriss.org.uk/homelessness/trauma/>; <http://blogs.iriss.org.uk/homelessness/personality-disorder/>

⁴⁷ <http://www.ghn.org.uk/our-work/inquiry/homelessness-monitoring/>

⁴⁸ <http://www.gov.scot/Resource/0047/00475473.docx>

Outcomes from statutory data those who have reported as rough sleeping should be analysed and published.

- b. **The proposed set up of a Centre for Homelessness Impact would enable the evaluation of the effectiveness of homelessness and rough sleeper services in Scotland.** The Centre could develop outcome matrices to help homelessness services and a range of services across government departments audit the number of homeless people they work with and the outcomes achieved. Capturing data from across services would allow for large scale data merging, evidencing the cost benefit of interventions. The Centre would proactively improve the evidence base for different services and would also evaluate service user experiences of them.⁴⁹

5. Work with the UK Government

Two key areas of policy relating to rough sleeping remain reserved to the UK Government, specifically key social security powers covering income-replacement benefits and the key levers for support with housing costs, and policy over immigration.

The UK Government's policy on benefits is a significant factor in homelessness trends^{50, 51}, including both changes and cuts to the available amount of help for housing costs, and restriction access to benefits for non-UK citizens. A significant proportion of homeless people in Scotland are from non-UK backgrounds. The UK Government is also taking a tough stance on rough sleeping amongst migrants by removing people and returning them to their country of origin.

Areas where continued interaction with the UK Government are required include:

- a. **Continue to lobby the UK Government to ensure that changes to social security do not result in homelessness.**
- b. **Building on The Passage's Before You Go campaign⁵², the Scottish Government should work with Embassies to develop more effective prevention work.** This will be important in ensure that people are not trafficked or brought into the UK on false pretences and end up working illegally or involved in modern slavery.
- c. **Work with UK Government to ensure that people are only returned to their country of origin where they have positive social networks and a realistic prospect of re-establishing themselves.**

⁴⁹ Teixeira, L (2017) Ending homelessness faster by focusing on 'what works': Towards a world-leading centre for homelessness impact outline business case and feasibility study

⁵⁰ National Audit Office (2017) Homelessness <https://www.nao.org.uk/report/homelessness/>

⁵¹ Crisis (2017) Homelessness Projections: Core homelessness in Great Britain

⁵² <http://passage.org.uk/go-awareness-campaign/>

INITIAL REACTIONS FROM HOUSING OPTION HUB PARTNERS

A quarterly housing options hubs meeting was held on 28 September which took the opportunity of looking at the questions that will be covered by the Homelessness and Rough Sleeping Action Group.

This was an opportunity to hear directly from local authority homelessness managers of their thoughts about how they would approach the challenges posed by the questions:

- What to do to minimise rough sleeping this winter?
- What to do to end rough sleeping for good?

The group fed back the following points.

People tend to migrate to the cities in winter as they know that's where the services are. The night shelter model could be made more accessible in more areas.

Scotland is a community. Rough sleeping might take place most in the big cities but every authority needs to take ownership, the solution lies far wider. Rough sleepers are in the cities but maybe the solutions lie across all of Scotland. Could local authorities help each other with their rough sleeping problem? E.g. disperse resources to alleviate what is happening elsewhere in the country. Idea about involving the 'wider homelessness community' including LA's with neighbouring LA's offering accommodation to others where bed space is the issue. A central list of what is available, for a set period of time, over the winter. Utilise what's available, and consider revisiting allocations policy to make the best of this, but recognising this may not work as well in stock transfer areas.

We need to find out who the rough sleepers are - drill down on those who are occasional and more frequent rough sleepers, as well as visible versus sofa surfing.

Are DWP linked in with the night shelters? Some causes of rough sleeping are due to sanctions. They should be on hand to give advice at night shelters.

How do you take someone from a night shelter with complex needs to suitable accommodation? They need support and assistance and have normally already disengaged with statutory services. We need to look at extra interventions in terms of follow on from the night shelter; each local authority should have responsibility, through a peer worker model. Peer support is a big part of success of Housing First and this model could be extended for rough sleeping.

Reception centres would help people return to their communities.

Would be good to see analysis/stats on night shelters. It would be good to see the path rough sleepers take following their stay at the night shelter e.g. successful transition to temporary accommodation.

It was recognised that rough sleeping was due to complex issues and people not engaging with services. This was felt to be partly because some accommodation providers barred people with history of ASB or with drug alcohol issues. Some local

authorities considered Housing First as the way to go and that providers needed to be more flexible around supporting people with complex needs to access and sustain accommodation rather than excluding them.

The group felt that support was the crucial element and that although services were joined up in places they needed to respond much quicker.

A response similar to that which was done for the Syrian refugee programme should be considered – local people volunteering to take people in.

In North Ayrshire, only small numbers are rough sleeping and this may be because they do not want to access TA/ hostels. Already have 'WinterWatch', which is a local campaign to ensure all partners know who to contact when they are concerned about someone to quickly find out what the options are to try to avoid anyone needing to sleep rough.

As an alternative to night shelters, Falkirk have access to 'crash pads' where someone can be accommodated for a night in order to prevent them rough sleeping. They are then supported to access services the next day.

In Dumfries and Galloway, it is seen as more of a hidden issue, rural areas and about the supply of the right type of supported accommodation. Also a stock transfer area.

In Aberdeen, the establishment of a night shelter working with Bethany was not a success. There was a perception that it led to people using the service that were not necessarily rough sleepers needing the service. Most rough sleepers appear to be linked to third sector services. There is a Street Begging Liaison Officer, drawing out the links between begging and homelessness. As above Aberdeen voiced a broader idea about tapping into public wish to help refugees, etc and look at bringing private individuals on board who could offer rooms, etc.

Homelessness and Rough Sleeping Action Group Recommendations from the Community Hosting Working Group

This Working Group¹ was established to consider the role of ‘community hosting’ in meeting the aims of the Homelessness and Rough Sleeping Action Group (HARSAG).

Community hosting models

There are a variety of community hosting models – namely, Nightstop, Supported Lodgings and Shared Lives Plus – each focusing on different (sometimes overlapping) target groups, with differences in how they operate and are funded:

- **Nightstop services** offer emergency accommodation (from one night up to several weeks) to 16-25 year olds experiencing or at risk of homelessness in the homes of volunteer private households. A small but growing number of services currently operate in Scotland: the Edinburgh service has recently extended its capacity; a West Lothian service opened in 2017 and Glasgow service in January 2018; and local partners are exploring establishing Nightstop in Aberdeen. Twenty-eight further Nightstop services operate elsewhere in the UK, and two of these also cater for those over 25.
- **Supported Lodgings (SL)** or Supported Carers schemes offer longer-term supported accommodation for young people in the homes of private households who receive a rental/support income as self-employed providers. They are often used for those leaving care in England and Scotland. In England SL schemes are used in some areas to accommodate the wider youth homeless population, but this is not the case in Scotland.
- **Shared Lives** schemes cater for a wide variety of age groups, tending to focus on higher levels of need (from mental health issues and learning disabilities, to physical disabilities and health needs), and can involve day care, respite, medium term (transitional) placements or very long-term (up to several decades) arrangements. They also work in some cases with lower need groups (e.g. victims of domestic violence, young people in transition) and there are a small number of case studies of Shared Lives addressing the needs of people experiencing or at risk of homelessness with complex needs.

The role of community hosting

Taken together, these models offer a spectrum of community hosting provision that sees placements in ‘normal’ homes as an appropriate, desirable and effective housing option for some groups of people experiencing or at risk of homelessness. Their effectiveness is supported by a promising emerging evidence base. A table giving more detail on each approach can be found in Appendix 1.

¹ Beth Watts, I-SPHERE, Heriot Watt University (Chair); Jacqui Thompson, Barnados; Kate Polson, Rock Trust; Ben Hall, Shared Lives Plus; Nicola Harwood, Depaul UK; Hazel Bartels/Catriona MacKean, Scottish Government; Lorraine McGrath, Simon Scotland; Ian Forster, De Paul/Nightstop; Catherine Francis, Shelter; Alana Nabulsi, Aberdeen City Council; Josh Littlejohn, Social Bite

This family of approaches have a role to play in meeting the second, third and fourth aims of HRSAG, namely: eradicating rough sleeping for good; transforming temporary accommodation; and ending homelessness in Scotland. Furthermore, they reflect the evidence-informed principles adopted by the Action Group:

- **Local:** community hosting models provide temporary, supported or longer term accommodation in 'ordinary' homes rather than institutional settings, and have particular benefits in tackling isolation and (re)integrating people with experience of homelessness into normal community and social networks;
- **Tailored:** they offer flexible and personalised accommodation and support, both on an emergency or short term basis (Nightstop/Supported Lodgings) or on a longer-term basis (Supported Lodgings/Shared Lives Plus) as needed;
- **Respectful:** they can enable people to build their own life; support them to develop their strengths and pursue their ambitions; extend the choice of accommodation options open to those at point of need (short term); and widen the range of longer term housing options;
- **Realistic:** by minimising building and infrastructure costs compared to other accommodation models, and drawing on community assets as well as formal supports, community hosting schemes can provide a sustainable and affordable accommodation option.

Community hosting options complement to the housing-led response to homelessness being pursued by the Action Group, providing temporary accommodation or longer term homes for those at risk or experiencing homelessness in the community and out of institutional and congregate environments.

Specifically, a continuum of community hosting provision can offer:

1. **Homelessness prevention:** Nightstop services record a 70-80% successful move on rate², and can provide respite for struggling families allowing for mediation work to take place and return home (where appropriate) or other suitable accommodation option to be put in place during at Nightstop stay rather than at point of crisis. Supported Lodgings and Shared Lives can give people the space to develop life skills in a normal home environment, potentially reducing risk of future homelessness compared to less home-like environments.
2. **Emergency/temporary accommodation:** community hosting models can offer a swift access alternative to unsuitable emergency/temporary accommodation (Bed and Breakfast, all age hostel accommodation and congregate models). With a diverse pool of hosts, these models can cater for groups with low to high support needs, and may be adaptable for adults as well as young people. Nightstop schemes can be used as 'breathing space' to enable a more appropriate temporary

² Service level data provided by Nightstop NE and SASH who provide Nightstop in Yorkshire.

accommodation option to be found, including allowing time to organise a Supported Lodgings placement.

3. **Supported accommodation:** community hosting models (SL and Shared Lives) can offer supported accommodation (short or longer term) in the community and catering for a range of levels and kinds of support needs.
4. **Long-term accommodation for adults with complex needs:** the working group are particularly interested in the potential of community hosting models (particularly Shared Lives) to cater for the small group of homeless adults with complex needs for whom Housing First provision has not worked or who do not wish to live alone/in their own tenancy.
5. **Rural/urban options:** because community hosting models use community resources by providing accommodation in private households homes, it may be a particularly valuable model in providing housing options in rural or isolated areas, and in other areas and neighbourhoods not usually accessible to those with experience of homelessness or on a low income.
6. **Extended choice:** community hosting models can extend the choice of accommodation options open to those at risk of or experiencing homelessness.
7. **Better outcomes:** an emerging evidence base suggests that community hosting models can be associated with better outcomes in relation to move on, placement failure rates, education, employment and training outcomes, health, social integration and wellbeing than alternative forms of provision, and are viewed positively by both young people and hosts/providers.³

The working group are particular interested in the possibility of developing the full range of community hosting models in a local area, and the gains this could accrue in terms of programme **efficiency** (staffing, training and support costs) and **flexibility** (by building a diverse base of 'hosts' in a range of areas, with different skills and willing to accommodate guests in the short, medium and long-term). Depaul already have examples of joint Nightstop/SL projects providing some initial learning on how the models can be managed alongside each other.

The Vision

Develop, scale and test the spectrum of community hosting models in Scotland to provide short, medium and long term housing options for those at risk of or experiencing homelessness, used in particular to (1) divert people away from unsuitable temporary accommodation (2) provide accommodation in 'ordinary' home settings (3) provide a platform to reintegration into mainstream community, social, educational and employment networks and opportunities and (3) provide a platform for effective homelessness prevention and personalised, flexible support.

Context

³ See appendix one and Nightstop service data. A Social Return On Investment study of Nightstop is due to be published in February 2018.

The group note the following context in Scotland relevant to the development and scaling of community hosting models:

- While social work teams in Scotland are familiar with SL and Shared Lives schemes and some operate or commission these kinds of services, local authority housing and homelessness teams have not adopted these models, potentially due to perceptions of risk, lack of awareness or implementation barriers;
- Funding for community hosting models comes from a variety of sources: LA social care and social work budgets; grant funding from non-statutory sources; care benefits; guest contributions; and housing benefit/local housing allowance (HB/LHA) (see appendix one). Schemes relying on HB/LHA can be complex to administer and depend on good working relationships with local Revenue and Benefits teams;
- Key to the success of any scheme is sustainable funding of infrastructure costs;
- Post-2020 Supported Accommodation funding will change: this may offer an opportunity to mainstream community hosting models into funding frameworks and address the work-disincentive effects of funding youth homeless accommodation through housing benefit;
- Implications of funding changes for long-term (2 years plus) supported accommodation and temporary accommodation are also relevant;
- Social work teams have in some cases been reluctant to use Nightstop services given concerns over how they can effectively manage their statutory duties in a community hosted model, particularly in relation to their corporate parent responsibilities;
- Health and Social Care Partnerships may offer an opportunity to utilise or bring together housing/social care budgets to fund community hosted accommodation for those with higher levels of need;
- Community Hosting models may offer an employability opportunity for those with lived experience of homelessness;
- The role of peer support within such models should be considered;
- The evidence base on community hosting is positive but limited: enhancing this evidence is essential to this agenda.

Proposals to HARSAG

Based on these considerations, the Working Group propose that the following recommendations are made by HARSAG to Scottish Government:

- **Scottish Government and organisations working in this area to hold Community Hosting Event in 2018:** possibly linked to Housing Options Hub national annual event if timing appropriate (usually in December/November); target audience LA housing and homelessness teams and commissioners; Scottish Government endorsement of community hosting models would be pivotal first step in winning 'hearts and minds' on this issue and increasing knowledge in the sector about potential of such models to prevent and effectively respond to homelessness. Event to focus primarily on building a Nightstop network across Scotland, but also speak to opportunities of Supported Lodgings schemes and Shared Lives

and start conversation about spectrum of community hosting. Following endorsement via/at this event, Scottish Government to consider options for further endorsement, e.g. through Housing Options guidance.

- **Community Hosting Pilot (3-5 years):** Scottish Government to fund 3-5 year pilot allowing two local authority areas to develop, scale and test full range of community hosting models, and explore efficiencies and flexibilities gained from running Nightstop, Supported Lodgings and Shared Lives schemes alongside each other. By funding two pilots, this investment could test the model in urban/rural and different housing market contexts. Undertaking a pilot in an area where some community hosting (e.g. a Nightstop service) is already in operation, may enable the pilot to get further faster. Learning from these pilots could inform the national role out of community hosting models to complement the housing-led initiatives also recommended by the Action Group and diversify the housing offer available to those experiencing or at risk of homelessness. Significant work will need to be undertaken to design a pilot effectively such that a local authority would be prepared to undertake it, and to maximise the pilots' capacity to generate effective change. The Nightstop event above can be considered step 1 on these tasks. Estimates on the cost of running Nightstop, SL and Shared Lives schemes (see appendix one) provide a starting point for estimating the costs of such a pilot.

Ongoing actions from members of the Working Group

- Lorraine McGrath (Simon Community/Streetwork) and Ben Hall (Shared Lives Plus Scotland) are developing thinking on how Shared Lives can be tailored to the homelessness context, including meeting with the Care Inspectorate.
- Depaul have resourced their Nightstop network manager Ian Forster to spend two days a week in Scotland developing Nightstop provision, to be reviewed in March 2018.
- Beth Watts and Catherine Francis are working on a Scottish Government/European Social Innovation Fund project on the feasibility of scaling Supported Lodgings in Scotland for young people at risk of or experiencing homelessness. Final report and event in Summer 2018.

**Community Hosting Working Group
January 2018**

Appendix 1: Summary of current Community Hosting models

| Model | Nightstop | Supported Lodgings | Shared Lives |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Description</p> | <p>Nightstop is the provision of emergency accommodation for 16-25 year olds experiencing or at risk of homelessness in the homes of vetted and trained community hosts. It is a flexible model and placements can be from 1 night up to 3 weeks.</p> <p>Young people are provided with an evening meal, a bedroom, a chance to wash clothes, breakfast and a packed lunch and will leave the following morning.</p> <p>All Nightstop services are accredited by Nightstop UK, comply with the Nightstop Quality Standard and are subject to Quality Assessment visits on a 2 year rolling programme and a minimum of 6 monthly support visits.</p> | <p>Longer-term placements (up to several years) in private household's homes, with support also provided by external organisation. Regulated by the Care Inspectorate.</p> | <p>Day visits, respite, short term, long term (transitional) or very long term (up to several decades) arrangements where guests live with and are cared for by carers in the carers home. Traditionally, a community-based alternative to residential care. Carers share homes, social networks, meals, holidays etc. with guests. Regulated by the Care Inspectorate under the Adult Placement Regulations.</p> |
| <p>Target group</p> | <p>'Low risk' 16-25 year olds. Three Nightstop services successfully place over 25s as an extension to the existing model. Currently over 25s can only be added once a</p> | <p>16-25 year olds, often focusing on the younger side of the youth spectrum. Commonly used with care leavers (including extension to foster placements, part of</p> | <p>Range of individuals traditionally with higher support needs, including very high support needs and requiring specialist medical care. However, can also cater for</p> |

| | | | |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | successful 16-25s service has been established. | <p>Staying Put/right to return). Less commonly used for wider youth homeless population. Suitable for some young people with higher support needs (e.g. mental health), as well as lower need group.</p> <p>Barnardo's distinguish between schemes/placements that are universal (catering for youth homeless population broadly), targeted (medium needs group) and specialist (higher needs group requiring more specialist training of host/carer).</p> | <p>wider group with wider spectrum of need (payments are banded according to need) including youth in transition; those with mental health problems; dementia; learning disabilities; experience of domestic violence; substance misuse issues.</p> <p>Higher need profile linked to usual funding routes via social work. Could cater for lower needs groups not eligible for social work support if alternative funding stream (e.g. supported accommodation funding) could be secured.</p> |
| Host status | Volunteer | Provider/carer (usually self-employed) | Carer (self-employed) |
| Referrals | Each Nightstop scheme can determine and control where their referrals come from and how the referral process works, unless they a commissioned service, in which case they may be restricted to working with particular groups i.e. based on age. Some Nightstop services (e.g. part of a wider service) do their own referral and | Care teams/social work; ? | Traditionally Social Work teams, and more recently some health teams in England, particularly mental health teams. |

| | | | |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | risk assessment processes with young people directly. | | |
| Financing - | <p>Requires infrastructure costs plus £15 expenses per night for hosts, usually funded by LA/Grant funding mix. Benefits from using support/institutional infrastructure of existing commissioned/grant funded provision.</p> <p>Estimated cost of establishing and running a Nightstop service for a year in medium sized city - £75k.</p> | <p>Care leavers provision funded predominantly via LA social work/through care and after care budgets.</p> <p>In England, provision for wider youth homeless provision can be funded in various ways, including commissioning of supported accommodation by LAs and (via close partnership working with local Revenue and Benefits teams) via Housing Benefit (LHA plus Intensive Management Fee).</p> <p>Post-2020 funding via localised Supported Accommodation funding?</p> <p>Sometimes includes young person contribution to household costs.</p> <p>Potential tax implications for hosts.</p> <p>Estimated costs: TBC.</p> | <p>Funding mix involving:</p> <ul style="list-style-type: none"> - Housing Benefit/LHA covers rent; - Guest contribution (approx. £60/week); - Payment for care via social care/social work funding (approx. £175-£455/week in current models); - Self employed carers are eligible for Qualifying Care Allowance from HMRC. This gives a potential to earn £36,000pa tax free. <p>Estimated set up costs. £270,000 over three years (£250,000 for service provider & £20,000 for Shared Lives Plus support). This would establish a Shared Lives scheme supporting 75 people by mid point of year 3.</p> |

| | | | |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Current scale in Scotland</p> | <p>Operating in Edinburgh, Glasgow West Lothian. New services under consideration in East Lothian and Aberdeen.</p> | <p>Schemes for care leavers (extensions of foster placements or a 'return' option) in operation in majority of Scottish LAs. Not used for wider youth homeless population (though schemes catering for this group are fairly common in England).</p> | <p>Shared Lives services have existed in Scotland for more than 30 years and are regulated by the Care Inspectorate under the Adult Placement Regulations. There are currently 15 Shared Lives schemes in Scotland providing care and support to 382 people.</p> <p>Well-established schemes in Moray and Fife run by local authorities but no established schemes working with those experiencing homelessness.</p> <p>Some individual case studies of Shared Lives Plus arrangements for those with mental health problems, substance misuse issues and homelessness.</p> |
| <p>Key evidence</p> | <p>Social Return On Investment study to be published by Depaul in February 2018.</p> <p>Insley, E. (2011). Staying safe: An evaluation of Nightstop services. London: Depaul UK,</p> | <p>Sewel, K. (2016) Evaluation of Barnardo's supported lodgings services. Ilford, Essex: Barnardo's.</p> <p>CLG. (2008). Making a difference: Supported Lodgings as a housing option for young people. London: CLG.</p> | <p>Shared Lives Plus (2017) State of Shared Lives in Scotland 2017. www.sharedlivesplus.org.uk</p> <p>Harflett, N. and Jennings, Y. (2016) Evaluation of Shared Lives Mental Health Proiect. NDTi.</p> |

| | | | |
|--|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>Watts, B., Johnsen, S., and Sosenko, F. (2015) <i>Youth Homelessness in the UK</i>. Heriot-Watt University: Edinburgh.</p> | <p>Watts, B., Johnsen, S., and Sosenko, F. (2015) <i>Youth Homelessness in the UK</i>. Heriot-Watt University: Edinburgh.</p> | <p>Todd, R. and Williams, R., (2013) Investing in Shared Lives. Social Finance.</p> <p>Mearns, J. and Fawcett, G., (2015) Your Voice Counts. Shared Lives Plus.</p> |
|--|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

HRSAAG

SUPPORT TO FRONT LINE

next steps to implementation

- PRIORITISED RESPONSES – MOST IN NEED FIRST WITH RAPID ACCESS
- INTEGRATED, RESILIENT SUPPORT
- A SHARED APPROACH TO PRIORITISATION OF VULNERABILITY, NEED AND ACCESS TO SUPPORTED RESPONSES
- INTENSIVE CASE MANAGEMENT - SELF MANAGED MULTI-AGENCY COLLABORATION – HIGH FLEXIBILITY IN TIME, ACTION & RESOURCES
 - formalise and provide national guidance on by name list and ISN approach
 - recommend shared assessment approach eg NDT tool
- INCREASED FLEXIBILITY – TAKING SERVICE/ASSESSMENT/INTERVENTION TO THEM
 - develop desired service response model, rapid tirage, devolved assessment roles, minimum criteria
 - test resource implications - better with what we have or new/redirected capacity

- ▶
- ▶ EMPOWERED FIRST POINT OF CONTACT – ASSESSMENT AND DIRECT ACCESS
 - ▶ mapping of key points of entry in each city/locality - street team, day centres etc
- ▶ WIDER RANGE OF EMERGENCY ACCOMMODATION OPTIONS - LOW THRESHOLD/HIGH TOLERANCE
 - ▶ learning from DA in Edinburgh, block funding arrangements
- ▶ REMOVE BARRIERS TO ACCESS - LOCAL CONNECTION AND HOUSING BENEFIT ENTITLEMENT
 - ▶ national approach required
- ▶ LESS EMPHASIS ON ‘INTENTIONALITY’ FOR THOSE IDENTIFIED AS COMPLEX NEEDS
 - ▶ linked to by name list and development and role of ISN type forums

- ▶ **RAPID TRANSITION TO PERMANENT ACCOMMODATION**
 - ▶ Linked to accommodation access workstream with clarity of roles and room for devolved decision making and nomination arrangements linked to by name list.
- ▶ **TRAUMA INFORMED APPROACH**
- ▶ **TRAUMA TRAINING TO INFORM PRACTICE AND DRIVE CULTURE**
- ▶ **DIRECT SUPPORT RE TRAUMA THEY HEAR AND SEE - REFLECTIVE APPROACH**
 - ▶ develop national definition and articulation of trauma informed in homelessness
 - ▶ identify and assess current training options - TNA of key groups to assess need for awareness and or competence based learning
 - ▶ map and test reflective practice approaches - taking account of differing front line settings

- ▶ **AVAILABILITY OF RESOURCES - EMPOWER STAFF TO ACT ON THE SPOT**
 - ▶ Testing/evidencing value of devolved decision making and sharing practice - key evidence from winter initiative

- ▶ REMOVE POSSIBILITY OF TRANSITION FROM STATUTORY CARE (HOSP/CUSTODY) TO ROUGH SLEEPING
 - ▶ linked to shared public duty agenda
 - ▶ SHORE standards roll out, learning capture for other statutory care settings
 - ▶ process developed and tested for roll out in hospital settings - general and specialist eg mental health

- ▶ EASILY UNDERSTOOD AND ACCESSIBLE RIGHTS TRAINING AND INFO - mandatory for key roles
 - ▶ Identify what is available - online resources?

- ▶ CROSS AGENCY INDUCTION AS STANDARD - ROLE SHADOWING ETC
 - ▶ Gathering local impact evidence and sharing good practice

- ▶ PERSONALISED BUDGET ACCESS - BOTH RAPID AND PLANNED INTERVENTIONS
 - ▶ Developing national guidance on Scottish experience for providers and decision makers including commissioners
 - ▶ Testing more



Minimum Standards for Winter Night Shelters

In relation to the Scottish Government's Question 1, Govan Law Centre believes there is an opportunity to (a) raise the existing standards of Winter Night Shelters (WNS) in Scotland's four major cities this winter and (b) improve the efficiency and operation of WNS to reduce the number of rough sleepers in the four major cities this winter. This would require relatively modest additional funding from the Scottish Government from December 2017 to March 2018; and could be tied into meeting minimum essential standards.

The requirement of Winter Night Shelter services illustrates the acute problem with rough sleeping in Scotland and the failure of the current homelessness system to help those in most need. Section 29 of the Housing (Scotland) Act 1987, as amended, places a duty on a local authority to provide *interim* accommodation if they have reason to believe that an applicant may be homeless.

Vulnerable people seek assistance from council services for various reasons including domestic abuse, relationship breakdown, eviction or living in unsuitable housing. They can quickly lose confidence in the system that is designed to help them when they are turned away without any offer of help. WNS's are providing a vital resource over the coldest months of the year and is a life line to those at risk of rough sleeping.

Shelters should run according to clear procedures and be effectively managed. There should be enough trained volunteers to provide a safe and secure environment. Local authority homeless departments should attend WNS and provide a homelessness service *on situ*.

Best practice – Raising Minimum Essential Standards

Accommodation

Clean area

*** Clean bedding and raised beds with use of personal locker**

*** Privacy screen around each sleeping space**

Ability to create double sleeping area for use by couples including same sex couples

Adequate toilet and personal washing facilities

*** Laundry facility**

Basic food area, hot/cold drinks, snacks

Hot Breakfast or breakfast take away pack available

Provision of clothes (donations)

*** Provision for guide dogs, bedding, water and food**

Medical room/area – for basic first aid

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Access</p> <p>Set opening and close times – Indoor waiting area</p> <p>Extend the late night hours of street work teams (whether for referral to WNS, or assistance to access 24/7 statutory emergency services).</p> <p>Disability – disabled access, hearing loop system</p> <p>Links to out of hrs Pet Fostering services for users with Pets.</p> |
| <p>Complaints & Feedback</p> <p>* Written complaints procedure for Service Users</p> <p>* Feedback box – anonymous</p> |
| <p>Services</p> <p>Statutory homelessness service on site, taking homeless applications making enquires for temp accommodation/preventing homelessness (tenants who refuse to return to home address).</p> <p>Independent legal advice services available</p> <p>Support services available</p> <p>* Independent link worker (to co-ordinate advice, health and support services for individual WNS users to ensure maximum take up and transition to temporary/supported accommodation, and ultimately access to tenancies).</p> <p>*Access to language interpreting services</p> <p>Referral pathway with day services; Statutory, legal, Vol sector support, NHS and Nurse, DWP, Podiatry, Dental</p> |

* **Additional/improved services**

HOMELESSNESS & ROUGH SLEEPING ACTION GROUP

Ending Homelessness Together Fund: Discussion Paper

Background

1. Programme for Government sets out that SG will *'create a 'Ending Homelessness Together' Fund of £50 million over a five year period to support anti-homelessness initiatives and pilot new innovative solutions to drive further and faster change'*
2. The Action Group have been asked to consider questions 2, 3 and 4 in the context of the Government's commitment to spend an additional £50m over the next 5 years. The Action Group may also wish to make recommendations on how that additional resource should be used to address those questions.
3. If Action Group members agree it would be appropriate, we recommend that a set of shared messages and guiding principles be developed. These would be used to communicate with stakeholders and to underpin the development of the framework and operation of the fund between now and April 2018 when the money will first become available.

Principles

4. While it will be helpful to set out further clarity on the Fund, we also wish to ensure sufficient flexibility to be able to respond to the forthcoming recommendations of the Action Group and consultation with key stakeholders such as COSLA and other members of the Homelessness Prevention and Strategy Group.
5. It is useful to maintain the attention and build on the momentum created by the PfG commitments, Action Group and high profile public events such as the Sleep Out. However, it will also be important to take the appropriate time to develop the framework for the fund in line with best available evidence and in coproduction with the sector, to ensure we maximise the use of the £50m to secure lasting change and improvement.
6. To balance the benefit of communicating on the intentions for the Fund with the need to allow flexibility in approach, we recommend communicating a set of overarching principles to clarify expectations and lay the groundwork for further details in due course. This would ensure early clarification that the fund:-
 - Will be aligned with the commitments to eradicate rough sleeping and transform the use of temporary accommodation
 - Is intended as a catalyst for transformational, sustained change and improvement, rather than simply providing additional funding for a period of time.
7. We propose to set out the following principles for the fund:-
 - The fund will be a **catalyst for transformational change** towards ending homelessness and rough sleeping

- **People** who are homeless or at risk of homelessness will be **at the centre** of proposals
- Projects must be rooted in a **clear theory of change** to demonstrate how the proposal will secure improvement, sustainability and spread
- Projects **must draw on available evidence**, including direct personal experience of people who are homeless or who have been homeless
- Projects must demonstrate **commitment from all relevant local partners**
- There will be a **continued focus on acting quickly** to secure both immediate and long term change
- The fund will be open to a mixture of models and approaches in line with the above, but it is expected that projects will be **housing led and person centred**

Process

8. Following views from the Action Group, we propose to communicate these principles with the sector ahead of developing further detail of the operation of the fund.
9. We propose to then undertake a further period of consultation with key stakeholders, particularly the Action Group, the Homelessness Prevention and Strategy Group and COSLA in order to help develop options for the mechanism of this fund. At the same time as consulting with stakeholders we will explore different models used within Scottish Government and beyond, such as the Child Poverty Fund and the Empowering Communities Fund.
10. Following this consultation and development phase we will present options for the operation of the fund for decision in the new year, with a view to announcing further details around the time that the Action Group make their next set of recommendations.

[REDACTED]
[REDACTED]
Better Homes Division

18 December 2017

HOMELESSNESS & ROUGH SLEEPING ACTION GROUP

Implementation, Monitoring & Measurement of Q1 recommendations

Overview

1. The Homelessness and Rough Sleeping Action Group provided their recommendations on action to minimise rough sleeping this Winter to Ministers following agreement at their 3rd meeting on 22 November. The actions were accepted by Ministers and an announcement was made on 28 November by the First Minister.
2. Partners across Glasgow, Aberdeen and Edinburgh (the Q1 Implementation Group) are now working to implement the recommendations as set out below.
3. Scottish Government officials intend to host regular (weekly) teleconferences with the leads from each partner organisation to keep in touch and monitor progress, as well as ensuring a forum that organisations can use to highlight any concerns and share learning.
4. Scottish Government officials will use these conversations to populate a weekly report template which will be shared back with the share back with the Q1 Implementation Group, and will also inform regular updates to Ministers and to the Action Group throughout the Winter period.
5. As implementation progresses, we may look to adapt the process e.g. by making additions to the template or moving to fortnightly teleconferences.

Latest developments

6. The first partner teleconference took place on Monday 18 December. On the call wer [REDACTED] from Simon Community/Streetworks; [REDACTED] from Glasgow City Mission; [REDACTED] from the Rock Trust; [REDACTED] from Bethany Christian Trust and [REDACTED] from Aberdeen Cyrenians. Apologies were received from [REDACTED] from Edinburgh Council. A draft report of this call is attached for information. Please do not circulate further at this point as it has not been confirmed with the Implementation Group.
7. Key points raised on the call include:-
 - People have responded swiftly and all recommended actions in the 3 cities are either in place or in the process of being implemented (with additions besides)
 - While the emergency responses and outreach elements are crucial; ensuring people have a plan to secure sustainable long term solutions is also vital to ensure appropriate 'flow' through the system

Further work

8. Work is still in progress around the measurement of impact of the Q1 recommendations. We hope to be able to provide an update on this to the next meeting of the Action Group in January 2018.

[Redacted signature block]

Better Homes Division

18 December 2017

Edinburgh

| Action | Lead | w/c 18 December |
|-------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Winter night shelter expansion | Bethany: [REDACTED] [REDACTED] | Bethany Care Shelter has been operating with increased capacity (60 up to 75) since 4 Dec. Up until 7 Jan they will operate from a combination of rotating venues with capacity of 75. From 8 Jan-22 Apr have been able to secure a fixed venue at Meadowbank Church. This will enable easier arrangements to get people to Streetworks' Holyrood Hub in the morning. Have engaged with 343 unique individuals over the 10 weeks, broadly equivalent to this time last year reflecting a maintenance of high numbers seen in recent years. Have seen slightly fewer presentations which is encouraging and suggests the beginnings of a downturn in presentations. |
| Dedicated rapid access temp accommodation | CEC: [REDACTED] | Provision has been in place since 10 Dec and it has housed 18 people during the first week. Focus now is on progression via intensive work with these individuals to secure sustainable solutions for them, which will free up spaces again for others. |
| Night Stop | Rock Trust: [REDACTED] [REDACTED] | Key aims are to increase referrals and increase placements. Have seen a slight increase in referrals (35 up to 43) but there is still unused capacity. Can currently offer 8 places a night (which is expected to increase through increased media/awareness raising and host recruitment, including those identified by Social Bite through Sleep in the Park pledges) but only seeing 3-5 places per night taken up at the moment. Focus now is to work with councils to increase confidence in referrals; particularly by demonstrating sharing stories of successful referrals and highlighting all the ongoing development work. In discussions with Aberdeen Council & Aberdeen Foyer over opening service in Aberdeen in the new year. |
| Extreme weather provision | Streetworks: [REDACTED] [REDACTED] | Streetworks scaling up with extra staff available to go out and get more people to the Care Shelter as well as assessing option to open the Holyrood Hub building overnight. Also putting together 'survival packs' to ensure these are available as the very last resort to keep people as safe as possible. Inter-agency group meeting 19/12 to discuss actions for winter, including to agree the 'triggers' for extreme weather provision being put in place. |
| Flexible emergency fund | Streetworks: [REDACTED] [REDACTED] | Newly established inter-agency group meeting for the first time on 19/12. Key task will be to discuss and agree approach to managing and distributing this funding, to ensure it is available for frontline staff to immediately access at point of need. Money has already been made available to frontline teams in advance of this agreement being made, though it has not yet had to be drawn down. |
| Multi-agency partnership working | Relevant partners | New inter-agency group being brought together. Bethany reporting continuation of a range of positive partnerships including Crisis, healthcare professionals; council officers; Nightstop and linking people in to Streetworks in the morning. CEC officers are coming more often to Streetworks Holyrood Hub and better use of technology enabling housing officers to complete assessments 'on site'. [REDACTED] and [REDACTED] [REDACTED] also met with Scottish Prison Service to identify further actions for those leaving prison. It was reported that all partners are prioritising this work and a huge effort being made to put plans into action. |

Glasgow

| Action | Lead | w/c 18 December |
|-----------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Night Stop | Simon Community: [REDACTED] [REDACTED] Glasgow City Council TBC | Night Stop will launch in Glasgow on 19 Jan. Work is ongoing now to generate referral routes including with British Transport Police and the Health and Social Care Partnership. Confident that capacity will be high from the outset. |
| Increased outreach | Simon Community: [REDACTED] [REDACTED] and Govan Law Centre: [REDACTED] | Simon Community have increased link up with the Winter Night Shelter with a dedicated worker on site and increased team capacity. Reported that there has been a really positive collaborative response using by name list approach and highlighting key individuals to ensure they are using the Winter Night Shelter and working across services to find solutions for people. |
| Winter Night Shelter | City Mission: [REDACTED] [REDACTED] | Efforts to maximise use of the Winter night shelter rely on being able to persuade people to go in part by sharing how many people are able to get their issues successfully resolved by accessing other services. This approach works, but starting to see evidence of overall numbers creeping up. Last year there appeared to be a better flow of people finding solutions quickly. A focus now is to work with the Council and the HSCP to ensure solutions are found to improve 'flow', particularly before the expected 'spike' in January. [REDACTED] will discuss further with SG officials as the situation progresses. |
| Extreme weather provision | City Mission: [REDACTED] [REDACTED] | Glasgow City Mission are considering whether the best approach will be to open a separate facility in Crimea Street <u>or</u> to reshape the offer of the Winter Night Shelter by understanding what barriers there are to using the shelter and considering whether/how these could be addressed. Simon Community have winter survival packs being prepared to be made available as a last resort to keep people safe. |
| Flexible emergency fund | Simon Community: [REDACTED] [REDACTED] | Partners have seen proposed approach to this funding and will meet to discuss and agree approach on 19 Dec. Again money has been made available to frontline teams in advance of finalised agreements, but this has not yet been drawn down. |
| Multi-agency partnership working | Relevant partners | Interagency group are well established in Glasgow and continues to operate well in support of this work. |

Aberdeen

| Action | Lead | w/c 18 December |
|-----------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Establish outreach capacity | Aberdeen Cyrenians: [REDACTED] | Have made considerable progress from a standing start, commenting that Aberdeen City Council have been very supportive and staff have stepped up. Outreach was established from 4 Dec and have worked with 12 individuals in the first week of operation operating their service from the Summer Street premises, with all the assertive evening shifts started from West North Street, the local authority residential facility. This allows the team to check on available space for individuals before setting off on the outreach shift. Initially the focus is on the city itself but will look to expand into Aberdeenshire recognising that some individuals move out to rural areas to avoid issues in the city centre. As in other areas – ‘what happens next’ is crucial particularly in a context where many accessing the outreach service will have no recourse to public funds; no local connection; or will have had engagement with the council already and will have met conditions of ‘discharging’ the homelessness duty |
| Extreme weather provision | Aberdeen Cyrenians: [REDACTED] | Cyrenians are developing their position on ‘triggers’ to initiate this provision which will lead them to open their Summer Street facilities. Also preparing extreme weather survival packs, being funded by donations from Aberdeen’s big oil companies. |
| Multi-agency partnership working | Relevant partners | In addition to positive partnership with Aberdeen City Council have been working with the community safety partnership; A&E and police custody service to ensure high awareness of the service and capture everyone rough sleeping or at risk of doing so. |

Temporary Accommodation in Scotland

Suzanne Fitzpatrick, January 2018

Introduction

At the last meeting of the Homelessness and Rough Sleeping Action Group (HARSAG) on 20th December 2017, I was asked to bring forward a proposal for a fast-turnaround study of temporary accommodation in Scotland. This is to support the HARSAG in tackling one of the key questions it was charged with addressing by the Scottish Government: "**how to transform the use of temporary accommodation**". The relevant extract from the meeting minutes states:

"The Action Group agreed that the issue was complex and that there are wide geographical variations in the rules applied and the quality, nature and average length of stay in temporary accommodation. The Action Group agreed that the original concept of temporary accommodation as a short-term stop-gap should be the aspiration and that there was a need for further data to determine the nature of the current situation. The Action Group agreed that further research on the current landscape was required to allow the Group to assess the nature of the change needed. It was agreed that Suzanne Fitzpatrick would consider further and produce a proposal for the next meeting.

Action: Suzanne Fitzpatrick to consider and produce a research proposal for looking at the current position on accessing temporary accommodation building on the paper that ALACHO developed.

After discussion with Jon Sparkes, it seems that what is required at present is a broad outline proposal and ballpark costing to be discussed by HARSAG. If the Group supports the idea in principle, and a funding source is identified, we can then work up into a fully costed proposal.

Research aim and questions

The overall aim of the study is to provide detailed ('granular') understanding of the nature, purpose and use of temporary accommodation across Scotland.

- How is temporary accommodation currently **defined** in Scotland? How ought it to be defined? What is the relationship/overlap with definitions of supported accommodation?
- What is the intended **purpose/function** of temporary accommodation? How has this changed over time and why? What role, if any, have Housing Benefit and other aspects of funding arrangements had on how its use and purpose has evolved?
- What **types** of temporary accommodation are currently used in Scotland? Has this evolved over time? Does the profile of temporary accommodation vary between local authorities? What accounts for this variation? How does this variation impact on management/homelessness challenges at local level?
- What is known about the **quality** and appropriateness of temporary

accommodation in Scotland? Does this vary between local authority areas/by homeless group?

- What is known about the **costs** of temporary accommodation, and variations in this across Scotland?
- What is the **experience**, at individual household level, in terms of length and patterns of use of temporary accommodation? Can we discern anything about impacts of temporary accommodation on residents and their levels of satisfaction?
- What should the **future** shape, nature, scale and function of temporary accommodation be in Scotland?

Methods

Think this will involve following:

1. A review of existing literature, evidence and financial information on temporary accommodation in Scotland (focused on the post-devolution period). Shelter Scotland in particular has done a lot of policy/research work and thinking on this in recent years.
2. An analysis of official temporary accommodation statistics (HL2 and HL3)
3. Interviews with national key stakeholders from statutory and voluntary sector interviews (c.10 interviews in total?)
4. Local case studies - six in total? Selected purposively to capture variation across Scotland (as evidenced in Stages 1-3 above). In each case study area:
 - examine local statistics
 - interview key statutory and voluntary sector interviews (4 on average per case study area x 6 = 24 in total)
 - one focus group of temporary accommodation residents (= 6 focus groups in total)

Budget and Timescale

Ballpark estimates at this stage would be around 6 months and £40K. (Actual cost will depend on final methodology/scale of fieldwork, whether statutory or voluntary funder (i.e. that determines whether University overheads are applied), precise timing, staffing profile, whether VAT is applicable, etc.).

So there is still to work through timetable and costs in detail but these ballpark estimates take into account that: there is much more fieldwork to do than with the Social Bite report, and less opportunity to piggy-back on existing work; the selection of case study local authorities/securing their agreement may take time; and setting up the focus group with residents may take quite a bit of work/liaison with the local authorities.

Clearly the project cannot start until funding is secured and a detailed proposal agreed. Ideally, it would be well underway before HARSAG completes its work in May, but realistically it will not be completed and would have to form part of the 'handover' to the standing SG/COSLA group.

Homeless & Rough Sleeping Action Group – 2nd November 2017, Glasgow

Enhanced Cross-Boundary Collaboration & Short-term Use of Temporary Accommodation to reduce rough sleeping

1. Challenge from the Action Group – 5th October 2017

To examine some of the “structural factors which have a role to play in addressing rough sleeping this winter”.

2. Action to date

The ALACHO meetings held in September and October 2017 have discussed the general approach of how to enhance cross-boundary working to potentially reduce the number of rough sleepers in the main cities prior to this Winter.

A short questionnaire was distributed on 23rd October 2017 to seek views from the Local Authority Sector with a target of 30th October for returns. The questions were:

1. The concept of working more collaboratively within our Housing Options Hubs was suggested as a means to help rough sleepers off the street in time for this Winter, particularly where Local Authorities may have some spare capacity in terms of temporary accommodation. Can you provide your views on the following?
 - a. Would you be in favour of cross-border allocations of rough sleepers?
 - b. What are the main concerns/constraints to participating in this type of arrangement? –
 - c. What would you as a Local Authority need is the scheme was to proceed in time for December?
2. In relation to Night Shelters operating in your area, are there are any barriers to opening up access to rough sleepers this winter? Are there any examples of curfews/bans/pet restrictions etc.?
3. What is the current use of B&B in your area – is it increasing or decreasing?
4. Could we make use of more B&B to temporarily house rough sleepers?
5. Are there any other short-term solutions that you would could be making use of?

3. Questionnaire Returns

As of 31st October, a total of 9 questionnaire returns were received. One City Authority responded (Dundee). The other 8 were mixed urban/rural, or mainly rural. Most Local Authorities confirmed that they had identified limited numbers of rough

sleepers. The response was to offer temporary accommodation, including B&B accommodation where that was available.

The findings confirm:

Movement Across Boundaries – Some Local Authorities reported that there are already good cross-border working arrangements, particularly with immediate Local Authority neighbours to offer temporary accommodation to homeless people. West Dunbartonshire commented that

“...we would be supportive of the principle of cross border allocations through the HUB. The support is strengthened with our view that West HUB is already well established and works well together.”

There is concern in general about rough sleepers being forced to move across Local Authority boundaries, potentially within Housing Options Hubs to access accommodation and services. Chief Housing Officers are doubtful whether rough sleepers would agree to move from their local areas to another area outwith their support networks. We believe that rough sleepers themselves will need to be the prime mover in any out of area placement. They would need to agree to the specific move and the support arrangements that go with it;

For Local Authorities, movement would put pressure on homelessness services, housing support services, and health & social care services in the receiving authority. For rough sleepers, losing their local connection to their “patch” and difficulties in travel from their local support networks were highlighted.

Collaborative working to assist rough sleepers who were willing to move would need to be carefully co-ordinated and commissioned to assist receiving Local Authorities. There are potential links/learning points from the Syrian Resettlement scheme in operation in Scotland. To enhance the potential for cross-border/HUB working, financial; concerns would need to be addressed, and there would be a need for clear and agreed case management and referral processes, and partnership agreement. The overall constraint remains the lack of availability of temporary accommodation.

North Ayrshire Council has put forward a list of criteria that should be considered to take the Scheme forward, should the Action Group agree that this would be a contribution to reducing rough sleeping:

- The local authority from which the individual presents would need to retain responsibility for the household through to discharge of duty.
- Any costs related to the accommodation and support provided to the individual would have to be covered by the responsible LA.

- Availability of accommodation can vary on a daily basis and careful consideration will need to be given to how households are transferred across LA's should accommodation be required for local people within the accommodating LA.
- There will need to be discussion with elected members and Senior Managers to ensure there is clarity around responsibilities.
- There needs to be a robust risk assessment process prior to referral of any request for accommodation.
- There needs to be a named worker within the presenting LA to whom any enquiries are addressed.
- Careful consideration must be given to the impact on other services (Health, prescribing services, additions, mental health, GPs etc.)
- There will need to be a robust Referral pathway which considers issues such as transportation, time of referral, how long accommodation can be held for etc.)

Night Shelter Operation – None of the responders reported that Night Shelters were a feature of their temporary accommodation provision. There was also a lack of support for their use. There are no current plans to set-up Shelters as a response to rough sleeping. Dundee confirmed that they are:

“...currently reviewing barriers to Homeless Applicants (Rough Sleepers) accessing temporary accommodation with our Third Sector Providers to being more flexible and tolerant in regards rules and regulations in relation to curfews/bans and pet restrictions”.

Use of B&B and use for Rough Sleepers – Most Local Authorities reported a reduced use of B&B accommodation since 2012, although some rural authorities reported an over-reliance on B&B despite efforts to increase other forms of accommodation. Local Authorities are concerned about the current pressure on their temporary accommodation stocks, and the length of time people are spending in temporary accommodation.

There is a willingness to use B&B as a short term solution to rough sleeping, but it is expensive (in housing benefit subsidy terms) and may only be suitable for some people. The Scottish Government and the Scottish Housing Regulator would need to support the short-term additional use of B&B as this is an area of government and regulatory criticism of homelessness performance in Local Authority context.

Other Short-Term solutions which could be applied? – Additional use of B&B was highlighted as one short-term solution for this Winter, recognising that the Homelessness & Rough Sleeping Action Group needs time to propose a more detailed plan to end rough sleeping on a more sustainable basis. The question was asked, “Do we take the hit on extra



Homelessness & Rough Sleeping Action Group Follow up from 1st Meeting

Mobilising Person Centred Approaches



Introduction

Allocated actions and areas of enquiry relating to developing interventions, capacity and increased activity to reduce rough sleeping this winter.

Mobilising person centred approaches for those at risk of rough sleeping this winter, looking specifically at the role that can be played by:

- Housing Options
- Personalised Budgets
- Triage approaches
- By name lists
- Assertive Outreach
- Rapid staff training/cultural change
- Better coordination (council/health/prisons; 3rd sector; community; church networks)

Approach taken

A significant proportion of the required intelligence is directly available from within SCS and Streetwork, as the organisations tasked with delivering street outreach in Glasgow and Edinburgh and by default reaching and engaging with more rough sleepers than any other organisation. This has been enhanced with extended understanding from recent redesign consultation with service users, the CAN (City Ambition Network) in Glasgow, direct engagement with key experts on specific areas of interest eg Housing Options and SDS, and utilising existing specialist provider forums to attract intelligence from across the country.

Conclusions

There are a number of interdependencies here between the focus areas suggested and we need to approach the responses as much within a whole system perspective as possible, whilst empowering flexibility to make room for the most unique of circumstances.

What is clear is that if we are to deliver increased impact for rough sleepers this must be approached on an individual by individual basis and an acceptance that service norms are not sufficient and more often we will require a set of exceptional responses from the support and care services that are available. Appendix 1 outlines just how exceptional attitudes and responses can make the difference. Detailed there is an overview of where increased impact might be achieved through the targeting of resources and the empowerment to act being

delivered to the frontline services. It outlines a not too unusual case scenario of a woman and her current partner, both of whom have experienced chronic homelessness 'for as long as anyone can remember'.

There is much good practice around assertive approaches, improved coordination and tireless tenacity from frontline staff but there remains too many people like the man and woman outlined in this case scenario. Bottom line is that we will only achieve real change for those with the most extreme needs and circumstances if we can replicate, at some scale, the flexibility and exceptional response demonstrated here.

By Name Lists

By Name Lists provide a platform and mechanism to prioritise need, target resources and support multi-agency communication and coordination. They offer a way of reaching out to key agencies and harnessing responses from across the agency framework by making sense of how and why the individual is of major concern and what targeted and unique response may be required. The vast majority of rough sleepers across the main cities are known to frontline services, but only limited formal approaches exist with empowered staff to prioritise need, target resources and coordinate multi-agency responses.

It is therefore recommended that:

- Frontline services in the four major cities are invited to establish a by name list of those engaged in chronic rough sleeping
 - **Glasgow**
 - Extend the by name approach utilised within the CAN initiative to include all identified entrenched rough sleepers (possible within existing resource)
 - Empower the existing ISN (Inter-agency Street Network forum) and GWNS forum (Glasgow Winter Night Shelter) to utilise the by name list to target and gain rapid access to resources (requires devolved decision making)
 - Empower frontline provision with direct access to multi-agency responses without the need for further assessment (requires devolved decision making)
 - Dedicated staff role to provide daily coordination across agencies and to match and connect the most vulnerable with available resources and accommodation (additional resource)
 - **Edinburgh**
 - Formalise and validate an extension the 'escalating concerns' approach to develop a well informed by name list of those most vulnerable (achievable within existing resources)

- Establish daily review with the street outreach team of winter care shelter users, prioritising responses through the by name list (additional staffing flexibility required)
 - Manage access to the Access Point (Homelessness Assessments) on the basis of by-name priority (altered protocols required)
 - Empower street outreach staff with direct access to emergency accommodation places (devolved decision making and altered protocols)
 - Added flexible capacity to enable outreach staff to accompany people from the care shelters to access resources and accommodation without compromising routine street outreach (additional short term staffing flexibility required)
- **Aberdeen**
 - Establish a short life street outreach provision linked to Street Alternatives, crisis intervention service provided by Aberdeen Cyrenians (additional short term staffing resources required)
 - **Dundee**
 - Establish a short life street outreach provision to deliver targeted and assertive outreach over the winter period (additional short term staffing resources required)
- Key informants within frontline services are supported to utilise a vulnerability, risk and prioritisation tool eg NDT Assessment (as used by CAN initiative in Glasgow and attached)
 - Suspend the first come first served approach to homelessness assessments and accommodation access by delivering a managed approach which prioritises the most vulnerable and chronic rough sleepers
 - Dedicated accommodation access coordination, linked to local circumstance eg targeted staff member throughout winter period who coordinates communications and matching of available accommodation with those on the by-name list, eg twice daily updates on available vacancies and role in prioritising access for the most vulnerable.

Triage

The potential to fully empower frontline services to more easily target assessment, treatment, advice, care and support can play an important role in improving outcomes for rough sleepers and achieving more purposeful engagement with service responses.

However triage approaches may only be useful if they are linked to a prioritisation approach that enables rapid access to key interventions, including targeted assessments eg mental health, acquired brain injury, welfare benefits, immigration status etc. This can be linked to by-name prioritisation and easy access and availability of the most critical resources and

expertise must accompany the operation of any triage approach. It is therefore recommended that :

- Frontline street outreach and advice hubs staff are empowered to use a rapid triage assessment approach (potential within existing resources in Glasgow and Edinburgh)
- Key statutory services are enabled to extend/provide flexible outreach, to work in partnership with the Street Teams, and flexible in-reach, to offer direct access within the advice hub settings eg CPN, homelessness assessment, welfare advice. Delivering low threshold access to those most in need and most at risk (requires the release of resources from statutory provision and altered access protocols)

Assertive Outreach

The current Street Outreach Teams in Glasgow and Edinburgh already adopt a strongly assertive outreach approach, however this is not at present formally linked to any prioritisation process or routinely part of a multi-agency targeting of resource.

The most obvious example in Scotland of where a heavily coordinated assertive approach has delivered improved outcomes would be in the CAN initiative in Glasgow. The CAN has at times been empowered to negotiate the most exceptional outreach responses from traditionally building and appointment based services to reach and engage the most chronic and at risk rough sleepers (please see the enclosed case scenario). This example demonstrates that even the most tenacious of street outreach staff can only be as successful in assertively engaging people if they have the required resources alongside them. It is therefore recommended that we enhance existing assertive engagement with:

- Increased flexibility from statutory assessment services, closely linked to the by-name priority and triage approach detailed above. Enabling outreach and hub staff to call upon unique and exceptional service responses in support of an assertive engagement approach eg Homelessness Assessments carried out at begging pitch, Job Coaches from JCP accompanying street outreach staff to address benefit issues for a rough sleeper, targeting inreach for individual service users within hub settings (*willingness for flexibility and at time suspension of standard protocols from statutory and partner agencies*).

Personalised Budgets

The role that personalised budgets can play in tackling long term and entrenched rough sleeping has been well evidenced across the UK. It is currently being explored as part of the homelessness and self-directed support programme led by Simon Community Scotland across the central belt and funded by Support in the Right Direction (Scottish Government). Traditional approaches focus on utilising access to funds to build relationships and

intervention over time or more recently to facilitate rapid access to home making resources when settled living options have been secured.

Using personalised budgets to achieve rapid intervention, as in addressing rough sleeping this winter, is less well tested with the key questions being about the level of the available resource and the flexibility of how the funds might be expended.

The availability of additional and immediately available funds (requires resourcing) that frontline staff can access on a personalised basis has the potential to add significant impact this winter and the recommendations are:

- Allocations are based on local context and understood numbers of chronic rough sleepers
- Prioritisation is matched to the by-name list approach detailed above
- The sums available are at a level that they can be used to widen, secure and/or subsidise accommodation choices where no other option can be secured, particularly vital in Edinburgh.
- Principal decision making devolved to the front line services forum to assist with rapid intervention with only key criteria relating to spend being directly linked to resolving rough sleeping eg Interagency Street Network meeting in Glasgow
- Recognition that a specific programme for young people, supported by specialist youth homelessness services will be required.

Better Coordination

The proposals above can all contribute significantly to an improved level of coordination, however there remains three further areas where a more targeted approach may prove more fruitful in linking all the key strands of activity together to ensure we are making best use of the available resources:

- Prison leavers remain a challenge across the country and specifically in Glasgow and Edinburgh where the numbers alone drive a higher level of risk towards rough sleeping.
- Accident and Emergency use by people who are believed to be rough sleeping is reported as high in both Glasgow and Edinburgh and there is limited coordination of effort on discharge.
- Public perception of increasing rough sleeping is driving an increase in compassionate and charitable activity on the streets of the major cities and these are not resources that are being in any channelled constructively or that formal services may even be aware of.

The recommendation is that we consider a specific targeting of improving links with each of these strands within the four main cities, but we further consult on where this resource is best placed.

The Role of Housing Options

The Housing Options approach, whilst founded on a set of national principles, is applied in a very local context. Whilst there is expert guidance available on how to make use of the approach to facilitate a prioritisation and rapid intervention approach, it would require a coordinated capacity building programme and, therefore, might be more worthy of further consideration as part of the longer term agenda for the action group.

It is recommended that we examine the role that Housing Options can play in the longer term by drawing in expert guidance and exploring local applications.

Other considerations

We must hold a focus on a rapid housing access priority and continue to work to establish a support and care network to enable the principles of a Housing First agenda to begin to be seen as the service norm, rather than the exception. However it is clear that the service constructs that we currently have do not lend themselves to a rapid deployment of a housing first approach for rough sleeper in the next 8-10 weeks. There is potential to drive that agenda for some in areas where accommodation may be more readily accessible and that capacity building approach cannot be suspended whilst we focus on this winter's priorities.

City of Edinburgh Council is currently exploring the potential to deliver a short term direct access service, via a dedicated existing bed and breakfast type accommodation with a view to offering some control over access to frontline purchased provision. This will only be possible with additional resources, at an as yet to determined level.

In Edinburgh and Aberdeen there are particular challenges in apparent increasing numbers of people who present as having no recourse to public funds in the UK. A short term initiative in Edinburgh is testing a framework of specialist supports and interventions, targeting those who present as having no recourse and without accommodation/.

Appendix 1

CAN case scenario - as described by ██████████ CAN Coordinator - a full time role in making connections, managing communications and fostering relationships with services to elicit unique and exceptional responses for the most chronic and at risk rough sleepers in Glasgow.

██████████ is 46 and ██████ is 51 and a member of the SCS Street Team nominated the couple for Phase 2 of the CAN. They had no live homeless application, no connection to addiction service and no live benefit claim.

██████████ has had the same begging spot on Sauchiehall Street for as long as people can remember.....and a regular group of contributors. This is just as well as she tells us that she has to make £120 a day to support the couple's drug habits, the perception is that ██████ can usually be found sitting some distance away and that he does not beg.

When the keyworkers ██████████ first introduced the idea of working with the CAN the couple were delighted as they were staying with a friend but an eviction date was looming so they agreed we could help them get accommodated before they were forced to return to rough sleeping. To start this process they needed to have updated risk assessments and for weeks the keyworkers went to sit with them at all sorts of different times of the day, offering taxis and support to get them to present at the South CCT but when they could be found there was always a reason why they couldn't go - not yet made enough cash, needed to go and get 'squared up', only one of them could be found etc etc.

They returned to rough sleeping.....both of them were emotional and tearful at different points over these weeks and at one point ██████████ even said that she wished that the keyworkers could just physically force them to go. ██████ was able to explain the circumstances to a caseworker who agreed that she would try and come and meet the couple if she got a call when they were found but this never worked in practice. Finally ██████████ (dedicated housing access role from Glasgow HSCP) and the caseworker were able to get a risk assessment form to ██████ (Street Outreach) who completed it with ██████████ up at her begging pitch and it was uploaded without the couple having to go anywhere.

A couple of days later, when a room was found in a B&B the keyworkers were able to drop everything else and find them, taking assertive outreach to a whole new level as they got the couple to the CCT as they had to sign a housing benefit form and then took them to the B&B. I wouldn't be able to do justice to how they described the relief and gratitude on ██████████ and ██████████ faces when they saw their room at the B&B.

The first call the next morning was to say that they had lost the room, that ██████████ had been incontinent and the room was closed. The couple had already gone into town to start begging so it was going to be ██████████ (street outreach) who had to break the news. As ██████████ was off I went with ██████████ and thankfully ██████████ (dedicated accommodation access role) was able to take my calls as we went to find the couple....and she was able to get them a room at another B&B.

I was just in awe of how [REDACTED] handled the next couple of hours..... [REDACTED] would say that it's just what they all do every day. Breaking the news was hard (even to watch), even with the 'softener' of another room being made available, [REDACTED] was distraught and trying to explain that she had woken up 'rattling' so badly that she couldn't even get to the toilet on time. [REDACTED] was veering from anger at the B&B to anger at [REDACTED] and walked off. We knew we had to get them to the South Community Team (CCT) as another housing benefit form had to be completed, 2 problems with that.... [REDACTED] had disappeared and [REDACTED] was still strung out and was £4 short of the money needed to get sorted out.

I got hold of [REDACTED] who assured us that we could get the form signed by taking just one of them to the South CCT. In the middle of all this [REDACTED] daughter and granddaughter appeared, his daughter was lovely and gave [REDACTED] the £4 on the condition that she came with us.

In the middle of all the crowds on Sauchiehall Street [REDACTED] managed all of this while de-escalating the aggressive, obnoxious, drunken bystander who was trying to interfere!

[REDACTED] got her stuff together, [REDACTED] called a taxi and then [REDACTED] appeared so all 4 of us whisked to the South CCT.

It's hard to believe that there has not been a deliberate effort to make a visit to the CCT as far from a PIE (Psychologically Informed Environment) as possible.....we were there for a much shorter time than most visits I hear about, but poor [REDACTED] had as much work to convince me to relax as she did with [REDACTED] and [REDACTED]

We dropped them back in town as they still had money to make then we asked Glasgow City Mission to make up a food parcel, we got some food from the Hub and went to buy some basics - fresh underwear, a spare set of bedding in case of any more 'accidents' [REDACTED] dropped all of this off at the B&B on her way home.

What did this take that hadn't been previously done.....lots and lots of time, flexibility and persistence from [REDACTED] and [REDACTED] and giving them the freedom to keep trying. [REDACTED] and Elaine being able to convince people that this couple were never, ever going to comply with all the requirements of the system. Attempts to work around the bureaucracy....not trying to convince them to go and present to be told there was nothing available, allowing [REDACTED] to complete the risk assessment with [REDACTED] sitting in the street, waiting until there was accommodation and then reacting, [REDACTED], the 2 CCT's, Street Team and CAN keyworkers all pulling together, taxis, food parcels.

Postscript - During their month in the B&B [REDACTED] and [REDACTED] continued to meet with [REDACTED] and Elaine and settled in really well. [REDACTED] agreed to visit them there to begin their assessment for Hunter Street (Homeless Addiction Team). [REDACTED] agreed to access a TFF (Temporary Furnished Flat) through Y People and they moved into a flat on 30 August.

It's obviously still early days but already on the first day [REDACTED] said to [REDACTED] that she wanted to be able to get up the road early, have a bath and a takeaway curry.

They have started on ORT, they say that their methadone is now holding them till early evening and last week they went to Hunter Street alone; this is the couple who could not be persuaded for month after month to be supported and transported by taxi from their Sauchiehall Street pitch to any appointments,

██████ has taken at least one day off from begging.

There have been some issues with the flat, the main one is that there was no tv, we had bought them a cheap mobile phone and their only entertainment has been listening to the radio on the phone. So we bought them a 2nd hand tv, and then the aerial didn't work.....the landlord won't fix it so we have just decided to get it fixed, hopefully today.....██████ and ██████ are looking forward to having a tv, they are saying that they are not going to go out to beg once it's fixed - they are going to have a 'normal' evening.

Appendix 2

The New Directions Team Assessment (Chaos Index)

Background

The New Directions Team in the London Borough of Merton is one of twelve pilots from the Adults Facing Chronic Exclusion (ACE) national programme. The ACE Programme aims to ensure collective responsibility for inclusive services by taking an integrated approach to addressing services for adults facing chronic exclusion

This national programme is a partnership across the departments of Work and Pensions, Health, Communities and Local Government, and the Home Office.

The aim of the New Directions Team is to provide an early intervention for residents from the London Borough of Merton who are not engaging with frontline services, resulting in multiple exclusion, chaotic lifestyles and negative social outcomes for themselves, families and communities. The development of an agreed local 'chaos index' to identify individuals or groups to target for the New Directions Team was an outcome of the development of the new service.

Chaos Index

The development of the Chaos Index began by asking partners from the multi-agency steering group, who had been actively involved in the development of bidding to become a pilot site, for case studies of individuals whom they thought the New Directions Team (NDT) would be serving.

It was important from the start to understand the different perspectives of the multi-agency steering group members and who they considered the new team would actually be serving based on real case studies from local services. Members of the steering group included Primary Care, Social Services, Mental Health Services, Housing, Youth Inclusion services, the Police, Drug and Alcohol services, Jobcentre Plus, the Learning & Skills Council and the volunteer bureau.

Early discussions with the steering group combined with a review of the research evidence about people with chaotic lives who have multiple needs showed that a high proportion tend

to have mental health problems, often in combination with substance use or personality disorder.

Whilst the local case studies were being developed a brief review of the literature of people who did not engage or were rejected by mental health services was undertaken to identify key individual characteristics.

The multi-agency steering group were keen that the Chaos Index focused on behaviours. The local case studies were analysed to ascertain consistent behaviours across the case studies and to understand the level of impact of these behaviours.

The first draft of the Chaos Index simply listed the behavioural criteria and anchor points. Feedback from the multi-agency steering group consisted of several semantic changes, the want to tier the Index so 'engagement with front line services' was the key to eligibility and to load the scoring for the two criteria for 'risk to others' and 'risk from others'. To ensure both reliability and consistency in assessment it was agreed that when the NDT became operational the team manager would carry out all the Chaos Index assessments of referrals to the NDT team.

Piloting

The Chaos Index was piloted across several of the agencies from the multi-agency steering group: the Police, mental health services, alcohol/drug services and the Youth Inclusion Services (for example, anti social behaviour team, youth justice team, 16+ team). Each agency carried out the piloting as a desktop exercise based on existing knowledge of clients and considered clients they thought should be eligible for the NDT and people they thought would not. Agencies were also asked to comment on how easy it was to use, how understandable it was, whether there were criteria that were missing and whether the anchor points on the index were correct and the distance between them understandable/sensible. A key aim of the piloting was to try and establish a threshold from the Chaos Index for eligibility to the NDT. Interestingly, the Youth Inclusion Services looked at the piloting for both the young person but also separately for the parents.

The piloting identified that the Chaos Index was both easy to use and understandable however, there were concerns about people who were potentially marginal especially clients whom services considered the scoring of the individual could change in a short period of time. For example, there was a concern that whilst a person might be leading a chaotic lifestyles resulting in current negative social outcomes they were scoring 2 on the 'engagement with frontline services' criterion which would not make them eligible to continue the assessment therefore not making them eligible for the NDT however, agencies thought that this could change and the person moves to scoring 3 or 4 within a short period of time thus making the individual potentially eligible for the service – this will be addressed through ways of working between the NDT and other agencies. Through the piloting exercise there were several consistently high scoring criteria across agencies: risk to others, risk from

others and drug/alcohol abuse. In addition, members of the multi-agency steering group and several of the agencies who piloted the index suggested the name of the index should be changed to a less pejorative term. The name of the assessment has now been changed to the New Directions Team Assessment – nobody wanted an individual who had been assessed under the Chaos Index to see this as a 'badge of honour'!

Outcome

Through discussion of the piloting exercise at the multi-agency steering group a threshold for eligibility to the NDT has been set. The eligibility threshold will be reviewed over the next 6 months as referrals from local services and assessments are carried out to check that the threshold is correct and the team are targeting people who are not engaging with frontline services, resulting in multiple exclusion, chaotic lifestyles and negative social outcomes for themselves, families and communities.

New Directions Team Assessment Instructions

The New Directions Team assessment is used in assessing whether someone referred to the New Directions Team is appropriate for the service. The assessment will not be the only criterion to be used in determining service eligibility, and certain vulnerable groups of people will be given priority:

- care leavers, particularly those with multiple risk factors e.g. school exclusion
- young offenders
- prisoners facing release from HMP Wandsworth
- repeat offenders or former prisoners with drug/alcohol problems
- people with particularly pronounced housing difficulties

The items in the assessment are rated on a 5-point response format with 0 being a low score and 4 being the highest score, there are two criterion where 0 is the lowest score and 8 is the highest.

There are 10 criteria in total each with 5 anchor points. Criterion 1, engagement with frontline services, tests the basic eligibility for New Direction team, if a score of 0 - 2 is achieved then the person is not eligible to complete the assessment or be considered for the team.

• Client Name: _____ Date of birth: _____

Address: _____

—

Telephone: HOME: _____ MOBILE: _____

Referrers name, organisation and contact details: _____

Person carrying out assessment: _____ Date: _____

Select ONE statement that best applies to the person being assessed. Base all scores on the past one month.

1. Engagement with frontline services

0 = Rarely misses appointments or routine activities; always complies with reasonable requests; actively engaged in tenancy/treatment

1 = Usually keeps appointments and routine activities; usually complies with reasonable requests; involved in tenancy/treatment

2 = Follows through some of the time with daily routines or other activities; usually complies with reasonable requests; is minimally involved in tenancy/treatment

3 = Non-compliant with routine activities or reasonable requests; does not follow daily routine, though may keep some appointments.

4 = Does not engage at all or keep appointments

If score for 'co-operation with frontline services' is 0 – 2 please stop, end of assessment

If score is 3 or 4 please continue

2. Intentional self harm

0 = No concerns about risk of deliberate self-harm or suicide attempt

1 = Minor concerns about risk of deliberate self-harm or suicide attempt

2 = Definite indicators of risk of deliberate self-harm or suicide attempt

3 = High risk to physical safety as a result of deliberate self-harm or suicide attempt

4 = Immediate risk to physical safety as a result of deliberate self-harm or suicide attempt

3. Unintentional self harm

0 = No concerns about unintentional risk to physical safety

1 = Minor concerns about unintentional risk to physical safety

2 = Definite indicators of unintentional risk to physical safety

3 = High risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment

4 = Immediate risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment

4. Risk to others

0 = No concerns about risk to physical safety or property of others

2 = Minor antisocial behaviour

4 = Risk to property and/or minor risk to physical safety of others

6 = High risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour

8 = Immediate risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour

5. Risk from others

0 = No concerns about risk of abuse or exploitation from other individuals or society

2 = Minor concerns about risk of abuse or exploitation from other individuals or society

4 = Definite risk of abuse or exploitation from other individuals or society

6 = Probably occurrence of abuse or exploitation from other individuals or society

8 = Evidence of abuse or exploitation from other individuals or society

6. Stress and anxiety

0 = Normal response to stressors

1 = Somewhat reactive to stress, has some coping skills, responsive to limited intervention

2 = Moderately reactive to stress; needs support in order to cope

3 = Obvious reactivity; very limited problem solving in response to stress; becomes hostile and aggressive to others

4 = Severe reactivity to stressors, self-destructive, antisocial, or have other outward Manifestations

7. Social Effectiveness

0 = Social skills are within the normal range

1 = Is generally able to carry out social interactions with minor deficits, can generally engage in give-and-take conversation with only minor disruption

2 = Marginal social skills, sometimes creates interpersonal friction; sometimes inappropriate

3 = Uses only minimal social skills, cannot engage in give-and-take of instrumental or social conversations; limited response to social cues; inappropriate

4 = Lacking in almost any social skills; inappropriate response to social cues; aggressive

8. Alcohol / Drug Abuse

0 = Abstinence; no use of alcohol or drugs during rating period

1 = Occasional use of alcohol or abuse of drugs without impairment

2 = Some use of alcohol or abuse of drugs with some effect on functioning; sometimes inappropriate to others

3 = Recurrent use of alcohol or abuse of drugs which causes significant effect on functioning;

aggressive behaviour to others

4 = Drug/alcohol dependence; daily abuse of alcohol or drugs which causes severe

impairment of functioning; inability to function in community secondary to alcohol/drug abuse; aggressive behaviour to others; criminal activity to support alcohol or drug use

9. Impulse control

0 = No noteworthy incidents

1 = Maybe one or two lapses of impulse control; minor temper outbursts/aggressive actions, such as attention-seeking behaviour which is not threatening or dangerous

2 = Some temper outbursts/aggressive behaviour; moderate severity; at least one episode of behaviour that is dangerous or threatening

3 = Impulsive acts which are fairly often and/or of moderate severity

4 = Frequent and/or severe outbursts/aggressive behaviour, e.g., behaviours which could lead to criminal charges / Anti Social Behaviour Orders / risk to or from others / property
Drugs include illegal street drugs as well as abuse of over-the-counter and prescribed medications.

10. Housing

0 = Settled accommodation; very low housing support needs

1 = Settled accommodation; low to medium housing support needs

2 = Living in short-term / temporary accommodation; medium to high housing support needs

3 = Immediate risk of loss of accommodation; living in short-term / temporary accommodation; high housing support needs

4 = Rough sleeping / "sofa surfing"

Scoring

Please insert the assessed score against each criterion point and add up the total score.

Criterion Score

1. Engagement with frontline services

2. Intentional self harm

3. Unintentional self harm

4. Risk to others

5. Risk from others

6. Stress and anxiety

7. Social Effectiveness

8. Alcohol / Drug Abuse

9. Impulse control

10. Housing

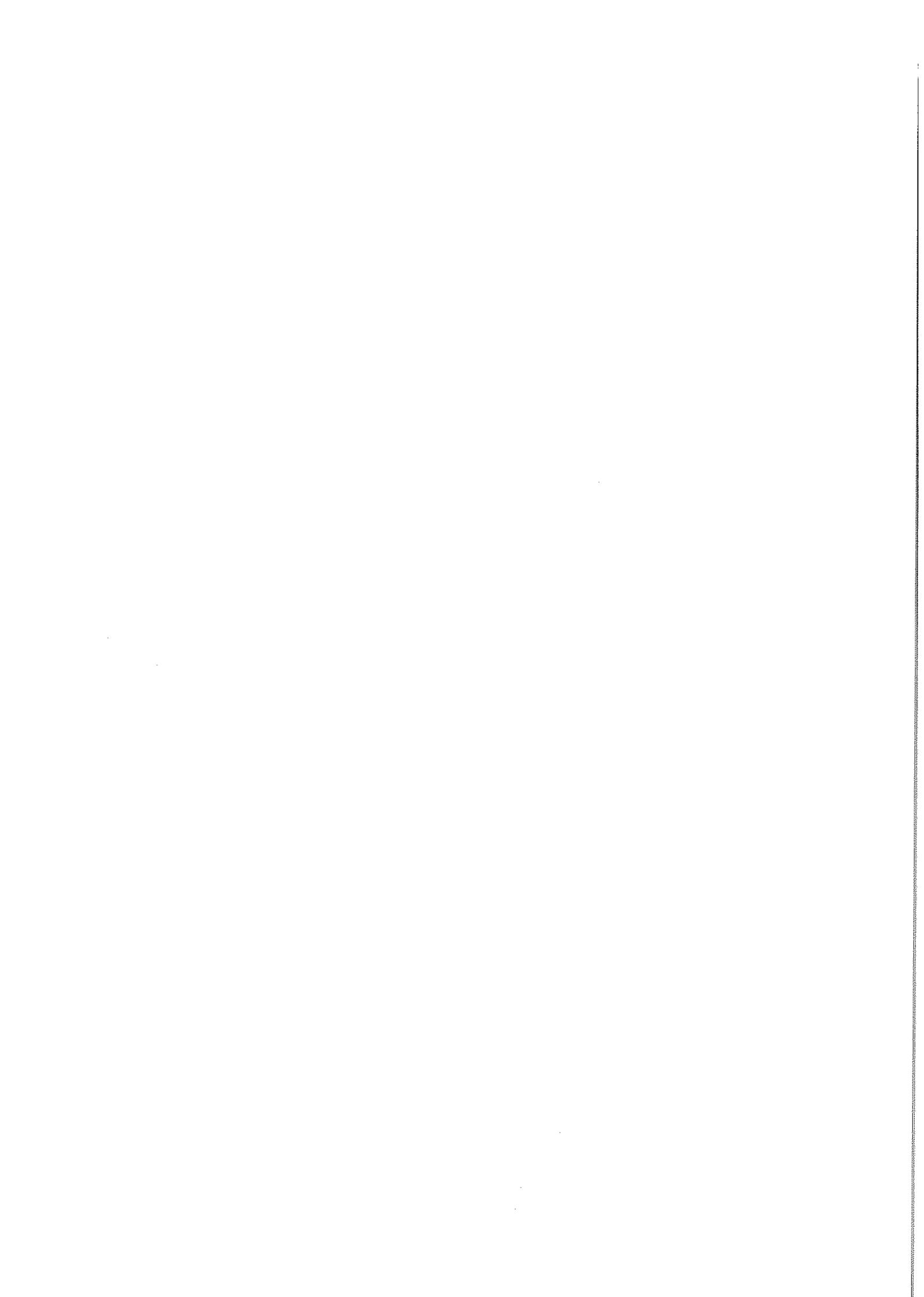
TOTAL SCORE / 48

Outcome

Referral accepted: YES / NO

If not accepted what advice guidance has been given to referrer?

—
—
—



Scottish Government

Homelessness and Rough Sleeping Action Group

October 2017

Overview of Task:

“Public perceptions of rough sleeping and how to shift this in a way which will help address rough sleeping this Winter”

This paper describes the approach which it is recommended that the Scottish Government adopt in addressing this task, with the key recommendations built around:

- Adopting core communication principles
- Agreeing target audiences
- Establishing a narrative
- Identifying additional and complementary work which Action Group members could undertake in support of the government’s planned communications.

Initial considerations

In order to meaningfully address the above task, it is recommended that the Action Group should first consider better framing this issue, to assist the government’s deliberations concerning which specific actions on public perceptions would most effectively complement the broader based aim of reducing rough sleeping this winter. For example, to what end is there evidence to suggest that public perceptions of rough sleeping play any role in contributing to rough sleeping this winter? If this evidence exists, what does it tell us in detail? If it does not exist, can the government seek to commission research to this end? It is only with this insight that we can then look at targeting the most relevant groups/audiences and then seeking to target, educate or counter any misconceptions. These considerations will also assist the government in determining the level of resourcing that will be dedicated towards this task.

Shelter Scotland has a well-established national marketing and communications function based in Edinburgh covering marketing, events, media, social media, graphic design, digital and campaigning that would be well placed to potentially take this work forward, but as with any communications activity, this would have to have a clear resource, objective, deliverables and measurable outcomes assigned to this work in order to assess its effectiveness.

Timelines

The sub-group which considered this task were acutely aware that the scope for broad-based action on public perceptions was limited, with the focus being on this winter. This paper offers for consideration the factors which would underpin a successful communications plan that both delivers impact this winter and be supportive of the longer-term planning and delivery of programmes aiming to secure more lasting change in rough sleeping and homelessness.

Specific Aims of Planned Communications

The specific purpose of communications to support the aim of reducing rough sleeping this winter are recommended to be:

- Broadcast the practical assistance available for people who will experience rough sleeping this winter
- Direct the public to existing resources offering information and advice relevant to people who are rough sleeping
- Agree messaging which will be consistently adopted to underpin all communications about the work of the Action Group
- Consider planned communication opportunities and events that will carry the planned messaging
- Establish a network for carrying key communications.

Core Communication Principles

The following are core communications principles that should be considered by the Scottish Government in any efforts taken forward to address this task:

- **Evidence led/data driven** – Is the planned communication informed by accurate and current evidence and led by tangible data of need, impact or effect?
- **Outcome Focused** – Is the planned communication conceptualised with a clear and coherent objective and target audience/group in mind?
- **Consistent Messaging** – Is all messaging consistent? This is particularly true for the diverse homelessness/housing sector which often talks mostly to itself and uses a lot of jargon in its communications.
- **Shareable Content** – Is any part of the planned content which supports the communications work conceptualised from the beginning with the idea of being easy to share on social and more traditional forms front and centre?
- **Integrated Effort** – Any one organisation can only ever achieve so much, underpinning the importance of creating a truly integrated approach to how things are communicated.

Target Audiences

The following are an initial overview of potentially relevant target audience groups to be considered for this activity, as “general perceptions” is too broad a term to allow for any meaningful targeted communications work, particularly in relation to the amount of time available to progress this work:

| Audience | Details/Example | Reason to target |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Advice Providers | Shelter Scotland, Crisis, Simon Community, CAS, HAS, Salvation Army, Churches, other Third Sector orgs, Community groups LAs, RSLs etc | Already prominent in the sector and engaged with some of those individuals or groups at greater risk of homelessness or rough sleeping this winter. |
| Third party stakeholder orgs and networks | GP practices, Hospitals, Police Scotland, Scottish Prison Service, Community Justice Scotland etc | Many of these represent organisations that are a common part of people’s journey to homelessness and rough sleeping. |
| Local media outlets | There are 129 publishing local newspapers in Scotland | Worth consideration about targeting with information about local resources available in each LA community for rough sleepers over winter – in many ways these would be more effective to target than national news publications |
| Elected local officials | MPs, MSPs and Cllrs | Ensuring all elected officials and their support staff have accurate and up to date information to inform constituents about local provision for rough sleepers this winter and raise awareness about support available. |

What Does Existing Research Tell Us?

2008 ScotCen Research

Although now somewhat outdated, [research commissioned by Shelter Scotland](#) in 2008 and conducted by the Scottish Centre for Social Research across 1,500 adults in Scotland has some useful insights and is worth the group being aware of. It found that:

- 45 per cent agreed with the more 'critical' statement that 'most homeless people could find somewhere to live if they really tried', while 33 per cent disagreed.
- The survey also found that individual people could be 'sympathetic' in one respect (perhaps viewing someone becoming homeless as simply bad luck), but hold 'judgemental' attitudes in others (for example, thinking homeless people could get out of their situation if they really tried)
- Around 6 in 10 thought that some homeless people are more deserving of help than others.
- The research report made a number of recommendations including:
 - Challenging the widely held misconception that homelessness involves sleeping rough.
 - Highlighting the background and situation of different homeless people, to challenge more 'critical' views of the motives and behaviour of homeless people.
 - Targeting future campaigns/work particularly at those groups who hold the most negative views at the moment.

2016 YouGov Scotland Survey

Linked to the launch of Shelter Scotland's [Homelessness: Far From Fixed](#) campaign in September 2016, YouGov were commissioned to carry out a snapshot general population survey of 1,020 16+ adults in Scotland with the following relevant findings:

- Which ONE, if any, of the following do you think is the MOST COMMON reason people may become homeless in Scotland?
 - Drug or Alcohol Misuse = 29%
 - Not being able to pay the rent or mortgage = 19%
 - Lack of affordable housing = 14%
 - Breakdown of a family relationship = 11%
 - Falling out with those you live with = 2%
 - Being asked to leave by a landlord = 1%

2017 Crisis Frameworks research

As part of the research for the plan to end homelessness, being produced by Crisis in their 50th year, the Frameworks Institute were commissioned to conduct a major piece of research on public understanding and attitudes towards homelessness and the impact of communications from the homelessness sector and through the media on these.

In summary, the first stage of the research has found that the public have a narrow view of homelessness, centred around individualism (the idea that a person's circumstances are shaped by their willpower, character and choices) and the belief that the only solution to homelessness is direct remedial services such as clean beds and hot meals. The findings highlight that the public do not connect homelessness to wider social and economic forces and therefore do not appreciate that there are wider systemic solutions which can bring about an end to homelessness or that homelessness can, in many cases, be prevented. The report also concluded that communications from the homelessness sector and through the media have done little to shift this narrow view and there is a need to move away from focusing in on individual causes and consequences and towards systemic causes and collective solutions.

The next stage of the research will test which metaphors, values and frames are most likely to lead to a more productive understanding of homelessness amongst the public.

Establishing a Narrative

It is in the context of the above and other factors that is recommended that the Scottish Government develops the messages it wishes to communicate, to what end and to whom and then move quickly to establish a common narrative on these points.

Key messages would then be informed by the objectives and target audience agreed by the Action Group, but may consider issues including:

- Why people are sleeping rough
- Countering established misconceptions among certain demographics
- Promoting what support is available this winter in Scotland
- Practical information for people who want to help someone who is rough sleeping

In broader terms, there is a need to agree a common language on homelessness which shifts the narrative from 'the homeless' to 'people who are homeless' – driving the message that behind every statistic is a person with their own unique story about why they became homeless.

It is also critical to promote the message around prevention and seeking early support as well as the idea of recovery and routes out of rough sleeping, using the direct testimonials of people who have 'been there, done that' to reinforce the message that rough sleeping is not inevitable and people can successfully avoid it and/or move on and out of rough sleeping.

Telling Human Stories

Controlling how these issues are framed is important and it well established that the most impactful medium for this is **storytelling** of real life experiences of people who have slept rough - and particularly, those who found a route out and on from rough sleeping. Each time the message is carried the drive/call to action should be to highlight existing resources providing information and advice.

Building on Existing Work/Platforms

To ensure most bang for buck in the limited time available, and rather than re-inventing the wheel, the government could usefully consider how to support and align with existing work that is ongoing in this area:

Scottish Government Action Group (Oct – March)

- The Scottish Government wants to end rough sleeping for good and has established a dedicated Action Group and has pledged £50M to tackle this crisis.
- Ending rough sleeping needs all of us to work together: there are many ways in which you can help. There are a range of charities who work with people who are homeless, who would love your help. And you can offer practical help if you see someone on the streets - if someone looks like they need medical help, contact emergency services. If someone asks you for help, there are resources you can use:

Shelter Scotland Homelessness: Far From Fixed campaign (Oct – Mar)

- Highlighting that for many, homelessness is about "Chance not Choice" with campaign days scheduled in towns across Scotland
- Rough sleeping is about a lack of affordable housing; welfare reforms and a lack of support for people who need help keeping a roof over their head or help getting back on their feet when things go wrong in life
- Rough sleeping is not inevitable and together we can end it
- Launch of an educational resource for Scottish Schools in November 2017

Additional Resources:

For example, Street Soccer: <https://www.youtube.com/watch?v=-IU3N6jmk4c>

Events

There are also key events which are already planned which present opportunities to carry or reinforce the key messaging:

- Rock Trust Sleep Out, 3rd November
- HAS Conference, “Ever Changing Times”, 16 November
- STV documentary on Homelessness, 16th November
- Sleep in the Park, 9th December
- Crisis at Christmas, Dec
- Shelter Scotland Christmas Appeal, Dec

Networks

There are additional opportunities for driving communications through existing networks. It is recommended that a letter drawn up from the First Minister and Chair of COSLA to be sent to Local Authorities and a range of partners urging a positive response based on a partnership approach to addressing rough sleeping this Winter. This letter should clearly state the expectation that all agencies will engage in the effort and specifically, that elected members will support the initiatives to respond positively this Winter and beyond. This can also refer to the good practice guidelines on Winter Shelters which the Action Group will agree on November 2nd, 2017.

Russell Barr has already have written to every Moderator, church leader or general secretary of all the Christian denominations in Scotland asking for contact details of the person in their church who leads on issues of poverty and homelessness, to establish a network of names and contact details in advance of the agreed communication plan.

WINTER SHELTER: CORE CHARACTERISTICS

SECTION 1: Proposed Direction of Travel

The Problem:

- Winter shelters are an inadequate response to rough sleeping. There is no dignity in using a Shelter and it is not possible to create any due to shared sleeping arrangements and the high-alert risk response needed to reassure and provide peace of mind;
- Professionals are required to overlook service standards that would not stand up to regulation or inspection in any other social care, accommodation or building environment;
- Counter intuitive, but we need to ensure that Winter Shelters don't have such a range of services they become a better alternative to supported/emergency accommodation and mainstream health and care services;
- Some people will choose to sleep outside/elsewhere if their only other option is a Shelter.

What Works?

- The opportunity for people to engage immediately with advice, health and local authority casework services – especially if this leads to accommodation;
- The opportunity to have basic needs met (dry, warm, sustenance) and to receive human contact and kindness;
- Night Shelters have no difficulty attracting funding – visible and easy appeal for various value grants and donations;
- Some people will choose a shelter if the only other options is to sleep outside/elsewhere.

Recommendation

To phase out all winter shelter provision as *soon as possible* and within this 5 year programme. That the **local conditions** needed to enable a safe transition are agreed at the outset and should include:

- A cross-sector method of measuring rough sleeping
- A ringfenced local quota of emergency access accommodation available
- Immediate access to this accommodation by outreach/out of hours teams

With an ongoing package of practical **advice and support** for *existing* shelter providers to:

- meet/maintain the core characteristics of provision being recommended (section 2)
- connect firmly with local authorities and health and social care partnerships
- Transition/close their service

SECTION 2: Core Characteristics

Capacity:

- Glasgow will remain at 40; how do you pitch capacity in other 3 cities?
- Should it be a consistent address – note difference in approaches in Glasgow and Edinburgh with later using 25 different venues and Glasgow having same venue

Access:

- Ensure all relevant agencies, e.g. street teams, Police are aware of resource and can bring people
- Self-referral – need to be clear opening times, e.g. doors close at 11pm to allow facility to operate
- Needs to be some criteria – Shelters not able to manage people actively drinking and/or using drugs
- Some capacity required to gender specific areas within Shelter – issues around resource for trans gender individuals
- Inclusion procedure: open access, low threshold, low exclusion

Physical Environment:

- Access to food
- Access to washing facilities
- Availability of partitions

Core Partners/Service available:

- Third sector/volunteers identifying space, providing bedding, at front door and then offering food, opportunity for conversations, engagement
- OOH statutory resources on shift – access to IT systems to check status of client; ability to access resources/accommodation, including health services either immediately and/or follow up for next day.
- How would we facilitate capacity to actually make appointments for clients in health services?
- Advocacy/Rights resources able to offer immediate and/or follow up advice and support - do we need specific advice available in some (Edinburgh) on NRPF issues?

- Links to assertive outreach capacity – if people not willing to use Shelter and/or refused access due to active alcohol and drug misuse do we need overnight assertive outreach capacity to ensure their safety and health?
- Establish clear agreements to share information and gain consent to do so from people using the Shelter
- Establish ‘morning huddles’ with core staff from the Shelter and other agencies to identify care planning for particularly vulnerable individuals – with weekly meeting of key agencies to ensure ongoing overview of who is using Shelter and improve responses
- Ensure there is clear data gathering from outset and promote engagement of people using the Shelter in identifying longer term solutions
- Have clear pathways into daytime support services, including third sector activity based work and/or links to libraries etc.

Some Rural Considerations:

- Consider a carefully administered scheme for the use of holiday homes, lodges, empty homes including mobile homes
- Vast distances – provide community transport and/or travel fares
- Assertive outreach and out of hours
- Consider community hosting roll-out – already happens informally
- A smaller community means lack of anonymity and potentially greater embarrassment. This should be considered in rural service responses.