Eradicating 'Core Homelessness' in Scotland's Four Largest Cities:

Providing an Evidence Base and Guiding a Funding Framework

October 2017

A Report to Social Bite by:

Mandy Littlewood, Glen Bramley, Suzanne Fitzpatrick, Jenny Wood, I-SPHERE, Heriot-Watt University

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SOCIAL BITE

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Institute for Social Policy, Housing and Equalities Research

Acknowledgements

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Acronyms

ACT	Assertive Community Treatment
ASBO	Anti-Social Behaviour Order
B&B	Bed and Breakfast
CAN	City Ambition Network
ESA	Employment and Support Allowance
GHN	Glasgow Homelessness Network
GHSCP	Glasgow Health and Social Care Partnership
HL1	Scottish Government homelessness monitoring data
LHA	Local Housing Allowance
MEAM	Making Every Adult Matter
PIE	Psychologically-Informed Environment
PSE	UK Poverty and Social Exclusion survey (2012)
RSI	Rough Sleepers Initiative
RSL	Registered Social Landlord
RSU	Rough Sleepers Unit
SAR	Shared Accommodation Rate
SHS	Scottish Household Survey (2012-2015)
SMD	Severe and Multiple Disadvantage
SRHMM	Sub-Regional Housing Market Model
TA	Temporary Accommodation
TFFs	Temporary Furnished Flat

EXECUTIVE SUMMARY

Background

Following the success of a major homelessness-related fundraising exercise in Christmas 2016, involving a 'sleep out' in which 300 CEOs and other senior figures participated, the co-founder of the social enterprise Social Bite, Josh Littlejohn, plans to mount a much more ambitious fundraising and awareness raising event at Christmas 2017 called Sleep in the Park. The aim is to have 9,000 people sleep out in Princes Street Gardens on 9th December 2017, with a view to generating a target of £4 million in funding to devote to Social Bite's work on homelessness and to distribute more broadly across the sector to support efforts to eradicate homelessness in Scotland. This funding is intended to be invested in a coordinated manner with Government and other institutional funding, and to operate alongside the key policy and structural changes that would be required to eradicate homelessness.

Alongside the sponsorship element of the event, sleep out participants will also be given the option of making one or both of the following additional pledges: a) to offer a homeless person an employment opportunity (if they are in a position to do so), and b) offer a homeless person 'supported lodgings' (based on the model used by Depaul UK, one of the pioneers of this approach in England).

Research focus and methods

Social Bite commissioned Heriot-Watt University's Institute for Social Policy, Housing and Equalities Research (I-SPHERE) to conduct research to provide an evidence base for the disbursement of these funds to relevant service provider organisations in Scotland's four largest cities (Glasgow, Edinburgh, Dundee and Aberdeen).

A central purpose of this research was therefore to inform a 'Funding Framework' in four key (overlapping) areas of interest to Social Bite: rough sleeping; substance misuse; temporary accommodation; employability and independent living. It was further intended to provide an evidence-informed framework within which sector-led solutions can be joined up in a coordinated effort to eradicate 'core' homelessness, and placed in the broader context of the government and local authority role in collaborative solutions.

This report starts from the premise that private charitable giving cannot provide a comprehensive and sustainable solution to homelessness in Scotland. That can only emerge from a system-wide approach and policy commitment to addressing the strucural causes of homelessness, in particular poverty and inadequate affordable housing supply[1]. However, it is hoped that the evidence provided in this report,

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[1] Bramley, G. & Fitzpatrick, S. (2017), 'Homelessness in the UK: who is most at risk?', *Housing Studies*.

together with the profile-raising activities of Social Bite, can help to shape the public debate in a progressive direction that makes positive policy responses more likely. It is also intended that the additional resources generated by Social Bite fundraising will be deployed on evidence-based practical solutions that will, if they prove effective, be mainstreamed as part of the public policy response in the longer-term.

In this report we focus on 'core' homelessness, by which we mean the more extreme forms of homelessness which the majority of stakeholders would agree represent the most pressing and immediate problems, i.e. those people we can say are 'homeless now'. The relevant categories of core homelessness are summarised in the table below.

Table 1: Definition of core homelessness

Rough sleeping
Sleeping in tents, cars, public transport
Squatting (unlicensed, insecure)
Unsuitable non-residential accommodation e.g. 'beds in sheds'
Hostel residents
Users of night/winter shelters
DV victim in refuge
Unsuitable temporary accommodation (e.g. B & B, HMO, 'out of area')
'Sofa Surfing' – staying with others (not close family), on short term/insecure basis/wanting to move, in crowded conditions (not student)

Note that these categories denote material housing circumstances rather than the duration and complexity of a homeless person's needs, which are captured by other terms often used in Scotland such as 'chronic' or 'acute' homelessness. The concept of core homelessness was developed in the context of an initial round of statistical modelling work undertaken for Crisis[2] in the first half of this year, with a further analysis of 'wider homelessness'[3] ongoing and due to be published towards the end of the year.

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[2] Bramley, G. (2017), 'Core Homelessness in Great Britain: Interim Summary Report'.

[3] 'Wider homelessness' includes such groups as (a) those facing eviction or other loss of accommodation, (b) those who have been assessed as homeless or at risk of homelessness who are living in acceptable forms of temporary accommodation; (c) concealed potential households, i.e. adults living with other households who would prefer/expect to live independently; (d) licensed squatters; (e) people living in caravans, boats, holiday accommodation, etc.

The focus in the present report on core homelessness is intended to galvanise action to resolve the most immediate crisis situations that people are facing right now, while bearing in mind the points above about the broader structural context that will ultimately determine the levels and distribution of homelessness in Scotland.

This rapid turnaround project commenced on 1st July 2017 and was completed by the of end September 2017. It drew on a range of recent and ongoing statistical and evidence review work being undertaken by I-SPHERE for Crisis, the Joseph Rowntree Foundation, and Lankelly Chase Foundation.

The primary data collection element comprised six focus groups with service providers across the four cities (two each in Edinburgh and Glasgow, one in Dundee and one in Aberdeen covering Aberdeen and Aberdeenshire). Focus group participants represented local authorities, health and social care providers, hostels and other temporary accommodation (TA) providers, and a wide range of agencies supporting people with multiple and complex needs. In all, 46 organisations participated in the study. A complete list of all participant organisations is included at Appendix A.

This report provides:

- An overview of the context for homelessness in Scotland, including national trends, underlying causes and drivers, and current policy and practice responses;

- A summary of the existing national and international evidence on 'best practice' in tackling homelessness and complex needs;

- An estimate of the overall scale of 'core' homelessness in Edinburgh, Glasgow, Aberdeen and Dundee, and a profile of the characteristics of the people experiencing it;

- An analysis of the views of key service providers in all four cities on the solutions needed in their specific contexts;

- Conclusions and recommendations.

Main Findings

Homelessness remains a significant problem in Scotland's main cities, despite the very strong statutory safety net in place since the coming into force of the Homelessness etc. (Scotland) Act 2003, and widespread support for the principles of the 'Housing Options' approach to homelessness prevention implemented since 2010. There is also evidence that the homelessness combined with 'complex needs', such as substance misuse, involvement in the criminal justice system, or mental ill-health, is becoming a proportionately greater problem for local authorities across Scotland, including the four core cities that are the subject of this report. Between a third and a half of homeless cases in the four cities have a degree of complex needs compounding their homelessness (depending on definitions), and the housing outcomes for complex

needs cases appear to be systematically less favourable than for other homeless applicants.

In Scotland, as elsewhere in the UK, the experience of homelessness is heavily concentrated on younger age groups (under 45), with relatively few people older people affected. Single working age people and lone parents are at far higher risk of homelessness than other groups in the population. Notwithstanding the latter feature, a slight majority of homeless households are headed by males, and among forms of core homelessness rough sleeping is distinguished by having a strong skew towards men. Recent academic research has demonstrated the very strong relationship between poverty, especially child poverty, and homelessness and other extremely poor outcomes in young adulthood[4]. Childhood trauma and poverty are common precursors for those who experience homelessness combined with complex needs'[5].

The available statistical data and testimony from service providers indicates that, contrary to media reports and some recent political debate, rough sleeping has been stable or even declining over the past few years in Scotland's major cities. The exception seems to be Edinburgh where there are widespread reports of increased numbers on the streets, with emergency accommodation struggling to cope amid acute pressure on all forms of affordable housing. Nonetheless, Glasgow still has by some margin the largest rough sleeping problem in Scotland. While the numbers on the streets in Scotland's largest city may be relatively stable, there was a sense that the visibility of rough sleeping had heightened in tandem with a more overt begging 'scene' in the city centre.

The relationship between begging and rough sleeping was discussed in the focus groups in all four cities and tackling this seems crucial in making progress on rough sleeping, especially as it is recognised by the public. There was general agreement about the central role played by addictions in driving both phenomena and also that, while not all of those begging will currently be sleeping rough, most will have done so in the past and many will continue to be homeless (e.g. living in hostels, sofa-surfing). There was, however, reference made to some small-scale 'organised' begging in Aberdeen and Edinburgh in particular, thought to be associated with 'gangs' and/or extended family networks, which represents quite a different phenomenon to the addictions-driven begging that mainly pertains.

Another particularly challenging policy issue identified in both Edinburgh and Aberdeen was apparently growing numbers of rough sleepers (mainly EU migrants) with no recourse to public funds, while in Glasgow significant system pressures are

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[4] Bramley, G. & Fitzpatrick, S. (2017), 'Homelessness in the UK: who is most at risk?', *Housing Studies*.

[5] Fitzpatrick, S., Bramley, G. & Johnsen, S. (2013) 'Pathways into multiple exclusion homelessness in seven UK cities', *Urban Studies*, 50(1). (pp. 148-168)

associated with the substantial numbers of asylum seekers granted refugee status and accepted as statutorily homeless.

There were other important distinctions between the four core cities that should inform interventions, particularly with respect to TA. In Glasgow and Aberdeen, the great majority of households in TA are accommodated within ordinary social housing in 'temporary furnished flats' (TFFs), whereas there is much heavier (and growing) reliance on bed and breakfasts (B&B) in Edinburgh, and in Dundee there is a far larger proportion of homeless households accommodated in hostels than in the other three cities. Each of these scenarios bring their own particular challenges. In Glasgow and Aberdeen there is concern about people spending far too long in TA as a result of difficulties in resettling households into longer-term tenancies (in Aberdeen this issue has been tackled to some extent by the conversion of TFFs into long-term lets). In Dundee, people often sleep rough because they are afraid to use the hostel provision. Glasgow, with its exceptionally large rough sleeping population, faces a major issue with those affected being barred from emergency accommodation provision, and fear of using the relevant congregate provision was also raised. In Edinburgh, the rising use of B&B reflects sheer desperation on the part of the local authority who simply have nowhere else to put people.

The key priorities emerging from the focus groups discussions in all four cities chimed strongly with the international best practice evidence reviewed in this report. Alongside affordable housing supply and access, participants emphasised the need for 'assertive', 'sticky' and 'flexible' services working with rough sleepers and other homeless people with complex needs. Models like Making Every Adult Matter (MEAM)'s 'link workers/service navigators' and the City Ambition Network (CAN) initiative in Glasgow were suggested as examples of good practice.

Service providers generally voiced strong support for the Housing First model of rapid rehousing into mainstream tenancies with wrap-around support that has been very influential across the developed world in recent years. However, some element of congregate provision was argued to be required for people for whom Housing First may not be suitable. Supported lodgings and other 'community hosting' models tended not to be mentioned by focus group participants, unsurprisingly given their lack of development in Scotland to date (other than with respect to care leavers).

In substance misuse, the (now mainstream) 'recovery' model commanded widespread support, though it was clear that access to relevant drugs services was very uneven across the four cities, and was particularly problematic in Dundee and Edinburgh.

Employability was acknowledged to be an especially challenging area for a group like homeless adults who often face severe labour market disadvantages. Nonetheless, there was support for training and access to work schemes, including the sort of direct placement and support services within ordinary workplaces that have shown very promising results in major evaluation studies with a range of complex needs groups.

There was support for encouraging the recruitment of 'peer workers' in homelessness and complex needs services, but a recognition of the challenges involved and their resource implications. The importance of making all relevant services 'trauma informed' was a broadly endorsed principle.

Focus group participants identified the need for better coordination of services and increased flexibility, as well as <u>less</u> emphasis on tenancy readiness and <u>more</u> tenancy sustainment support (echoing the key principles of Housing First). However, there were perceived barriers to collaboration – competition for funding leads to fragmentation of delivery, stifling strategic or innovative working. The new Alliancing model in Glasgow was highlighted as a potentially positive way forward and a means of promoting co-productive working. Alliancing may also offer a longer-term funding window and greater sustainability for organisations.

Wider issues raised by focus group participants included the need for more radical policy solutions in areas of extreme housing pressure, like a 'Tourist Tax' for Edinburgh; the need for more affordable housing options, including shared tenancies; the ongoing uncertainty created by welfare reform, which limits innovation and increases risks, and means that Scottish Government welfare policy and mitigation actions are critical; and the need for more guidance on housing options for people with no recourse to public funds.

It should be noted that the policy climate on homelessness in Scotland has shifted substantially since the commencement of this research, and the completion of all of the focus group discussions, with the recent announcement by the Scottish Government of a short-life 'Homelessness and Rough Sleeping Action Group' and the creation of a five-year £50 million 'Ending Homelessness Together Fund'. With 'core' forms of homelessness predicted to increase significantly in the medium to longer-term across Scotland as a result of welfare reform and other structural factors, this national-level policy commitment is a major opportunity to halt the expected negative trajectory and send it in a positive direction.

Recommendations

As noted above, one of the central purposes of this research was to inform a 'Funding Framework' in four key (overlapping) areas of interest to Social Bite - rough sleeping; substance misuse; temporary accommodation; employability and independent living - and to provide an evidence base for the disbursement of additional funds to relevant service provider organisations in Scotland's four core cities.

The other key purpose was to highlight key systemic and structural challenges beyond funding requirements. The report findings highlight that not all of the cities' challenges with regard to homelessness and associated issues require a major injection of resources. Some are more an issue of systems design or blockages. The clearest examples of this are in Glasgow and Aberdeen, where difficulties in accessing permanent rehousing are creating 'bottlenecks' which prevent people from moving on from temporary accommodation. These blockages arise from problems in the relationships between, and/or the policies or functioning of, relevant local authorities and social landlords. Question-marks were also raised about the 'assertiveness', reach and effectiveness of street outreach services across the four cities: this may be an issue of policy and practice, or resources, or both. Issues with people being barred from emergency provision were particularly problematic in Glasgow.

Other areas, however, definitely require additional resources - from voluntary and/or statutory sources - in order for progress to be made. In some cases, these funding

priorities are city-specific, while in others they are Scotland-wide. The main funding priorities identified were as follows:

- In **Edinburgh**, there is an urgent need to expand the availability of affordable housing, to relieve the acute pressure on emergency accommodation services, and to reduce the reliance on B&B. While **increased provision of appropriate TA** may be required in the short-term, the main emphasis should be **on improving the options for longer-term suitable accommodation, with an urgent need to expand social housing supply in the city**.

- In **Dundee**, consideration should be given to **reducing reliance on hostels** as a principal form of TA, and towards the use of TFFs (as in Glasgow and Aberdeen), given the apparent difficulties that some homeless people face using this communal provision. Such a major re-provisioning exercise is likely to have capital and revenue resource implications.

- In order to 'scale up' the **Housing First** model across Scotland, access to suitable mainstream tenancies is needed alongside investment in revenue funding for the open-ended, assertive, flexible and personalised support required. Housing First, done properly, is not a cheap option but has been shown to be a highly cost-effective one, with potential for savings to the public purse in the longer-term. A preliminary broad estimate of the costs of implementing Housing First in the four main Scottish cities is £2.7m gross in year 1 (but only about £1m net once cost offsets to the public sector are taken into account), rising to £5.5m gross (or £1.96m net) in year 2. This is based on 470 adults with complex needs being resettled annually across all four cities, ranging from 35 cases per annum in Dundee to nearly 300 per annum in Glasgow. After these first two years we anticipate that the implementation of Housing First would result in overall (net) savings to the public purse. However, no allowance is made in these preliminary costings for the one-off administrative costs involved in setting up the scheme, nor the ongoing investment required to provide Housing First interventions for the 'inflow' of new cases of complex needs over time.

- Any major expansion in **Supported Lodgings** provision and similar community-based models would require not only the recruitment of a sufficient number of suitable 'community hosts', but also a significant investment in the vetting, training, and support of these hosts, and in professional management of the schemes.

- The development and expansion of **Individual Placement Schemes** and **Job Coaching** opportunities requires, likewise, not only the recruitment of suitable employers but also investment in intensive support for both the homeless people offered placements and their workplace managers, and is likely also to necessitate targeted employer subsidies.

- In **Dundee and Edinburgh,** additional investment is needed in **drug treatment services** to improve access and availability.

- It is still relatively early days in the development of **trauma-informed environments** in Scottish homelessness services, and investment in the training and support of mainstream services to be more trauma-sensitive should also be considered.

- The introduction and sustainment of **peer workers** is an important but challenging new development in Scotland. The resource implications it entails should not be underestimated.

- Voluntary sector resources are likely to be required to support **safety-net services for EU nationals** and other groups facing homelessness and/or destitution in Scotland. This is an especially acute issue in Edinburgh and Aberdeen.

CHAPTER ONE: INTRODUCTION

Background

Following the success of a major homelessness-related fundraising exercise in Christmas 2016, involving a 'sleep out' in which 300 CEOs and other senior figures participated, the co-founder of the social enterprise Social Bite, Josh Littlejohn, plans to mount a much more ambitious fundraising and awareness-raising event at Christmas 2017 called Sleep in the Park. The aim is to have 9,000 people sleep out in Princes Street Gardens on 9th December 2017, with a view to generating a target of £4 million in funding to devote to Social Bite and other key providers' work on homelesness, as part of a broader ambition to eradicate homelessness in Scotland. This funding is intended to be invested in a coordinated manner with Government and other institutional funding, and to operate alongside the key policy and structural changes that would be required to eradicate homelessness.

Alongside the sponsorship element of the event, sleep out participants will also be given the option of making one or both of the following additional pledges: a) to offer a homeless person an employment opportunity (if they are in a position to do so), and b) offer a homeless person 'supported lodgings' (based on the model used by Depaul UK, one of the pioneers of this approach in England).

Social Bite commissioned Heriot-Watt University's Institute for Social Policy, Housing and Equalities Research (I-SPHERE) to conduct research to provide an evidence base for the disbursement of significant funds towards the eradication of the more extreme and immediate forms of homelessness.

Research aims

A central purpose of this research was to inform a 'Funding Framework' in four key (overlapping) areas of interest to Social Bite:

1. Rough Sleeping

2. Substance misuse

3. Temporary accommodation

4. Employability and independent living

At the same time, this study is intended to provide an evidence-led framework within which these various sector-led solutions can be joined up in a coordinated effort to eradicate core homelessness, and placed in the broader context of the government and local authority role in collaborative solutions.

This report starts from the premise that private charitable giving cannot provide a comprehensive and sustainable solution to homelessness in Scotland. That can only emerge from a system-wide approach and policy commitment to addressing the strucural causes of homelessness, in particular poverty and inadequate housing

supply[6]. However, it is hoped that the evidence provided in this report, together with the profile-raising activities of Social Bite, can help to shape the public debate in a progressive direction that makes positive policy responses more likely. It is also intended that the additional resources generated by Social Bite fundraising will be deployed on evidence-based practical solutions that will, if they prove effective, be mainstreamed as part of the public policy response in the longer-term.

Research methods

This rapid turnaround project commenced on 1st July 2017 and was completed by the end of September 2017. This timescale was made possible by drawing on a range of recent or ongoing research in I-SPHERE, including '*The Homelessness Monitor'* series (for Crisis/Joseph Rowntree Foundation)[7], '*Hard Edges'* work on multiple and severe disadvantage (for the Lankelly Chase Foundation)[8], a review of *'Poverty and Complex Needs'* (for the Joseph Rowntree Foundation)[9], *'Homelessness Projections'* statistical analysis (undertaken for Crisis)[10], and *'Destitution in the UK'* (for Joseph Rowntree Foundation)[11].

The qualitative aspect of the research involved six focus groups across four cities (two each in Edinburgh and Glasgow, one in Dundee and one in Aberdeen covering Aberdeen and Aberdeenshire). Focus group participants were identified and recruited in consultation with Social Bite and a local network of providers in each location and included representatives across a wide range of statutory and voluntary organisations.

Focus group participants represented local authorities, health and social care providers, hostels and other TA providers, and a wide range of agencies supporting people with multiple and complex needs. Support providers were involved in a wide range of frontline provision including housing/shelter, food, welfare provision, substance misuse, peer support and befriending, information, advice and advocacy, mental and physical health and well-being, domestic violence, work with refugees and asylum seekers, outreach/street-work, life skills, volunteering and employability. A complete list of all participant organisations is included at Appendix A.

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[6] Bramley, G. & Fitzpatrick, S. (2017), 'Homelessness in the UK: who is most at risk?', *Housing Studies*.

[7] https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/

[8] http://lankellychase.org.uk/multiple-disadvantage/publications/hard-edges/

[9] https://www.jrf.org.uk/report/uk-poverty-causes-costs-and-solutions (Chapter 9)

[10] https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/types-of-homelessness/homelessness-projections-core-homelessness-in-great-britain-2017/

[11] https://www.jrf.org.uk/report/destitution-uk

Report structure

This report outlines the findings of the research, including:

- An overview of the context for homelessness in Scotland, including national trends on homelessness; the structural factors driving homelessness, and the 'upstream' issues (such as experience of trauma in childhood) that can lead to homelessness in adulthood; and the role of central and local government in responding to it (Chapter Two);

- A summary of the existing national and international evidence on 'best practice' in tackling homelessness and complex needs (Chapter Three);

- An estimate of the overall scale of 'core' homelessness in Edinburgh, Glasgow, Aberdeen and Dundee (Chapter Four);

- A profile the people experiencing core homelessness in these four cities, insofar as data availability allows (Chapter Five);

- An analysis of the views of key service providers in all four cities on the solutions needed in their specific contexts, and the best possible use that could be made of significant additional financial resources in seeking to eradicate core homelessness (Chapter Six);

- Conclusions and recommendations (Chapter Seven).

CHAPTER TWO: THE CONTEXT FOR HOMELESSNESS IN SCOTLAND

Introduction

This chapter provides the broad context for the report by first reviewing recent trends in homelessness in Scotland, based largely on official statistics, before we consider evidence on the key drivers of homelessness, and responses from national and local government. While this chapter covers Scotland as a whole, we do highlight the particular position in the four core cities where possible, in readiness for the more in-depth analysis of these cities in later chapters.

Trends in official homelessness levels

There has been a significant reduction in the number of statutory homelessness applicants across Scotland in the last decade, a decrease of 41% from 57,327 applicants in 2007-2008 to 34,100 in 2016-17.

Figure 1: Homelessness applicants and assessments (Scotland) 2007-08 to 2016-2017
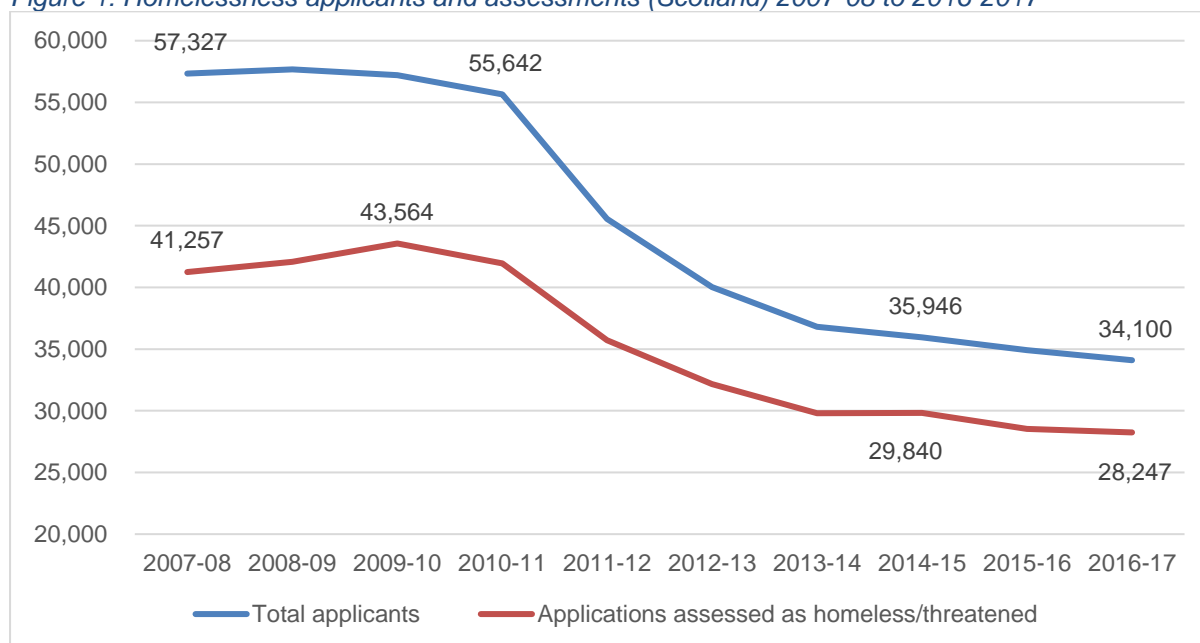
Source: Scottish Homelessness Statistics 2016-2017

Over the same period, the number of applicants assessed as homeless or threatened with homelessness has also decreased significantly (after an initial 6% increase between 2007-08 and 2009-10) by 32% from 41,257 in 2007-08 to 28,247 by 2016-2017. The number of applicants appears to have stabilised at around 34,000 to 35,000 with homeless assessments at around 28,000.

The most recent Scottish Homelessness Monitor[12] noted that this downward trend is largely the result of the introduction of the 'Housing Options' model of homelessness prevention from 2010 onwards (see further below). Taking into account 'homelessness-type' approaches to Housing Options services, in combination with formal homelessness applications, the overall annual level of homelessness presentations to Scottish local authorities has remained relatively steady in recent years (at around 54,000).

Rough sleeping scale and trends – statutory homelessness statistics

According to statutory homelessness statistics, since 2009-10 there has been a 45% reduction in the number of applicants reporting sleeping rough the night before presenting as homeless, from 2,745 in 2009-10 to 1,500 in 2016-17.

More recently, Figure 2 shows a 10% increase in the number of people reporting rough sleeping the night before their homelessness presentation, across Scotland, between 2015-16 and 2016-17 – up from 1,361 cases in 2015-16 (3.9% of all applicants) to 1,500 in 2016-17 (4.4% of all applicants). This is the first reported increase in rough sleeper numbers for over a decade.

Figure 2: Incidence of rough sleeping

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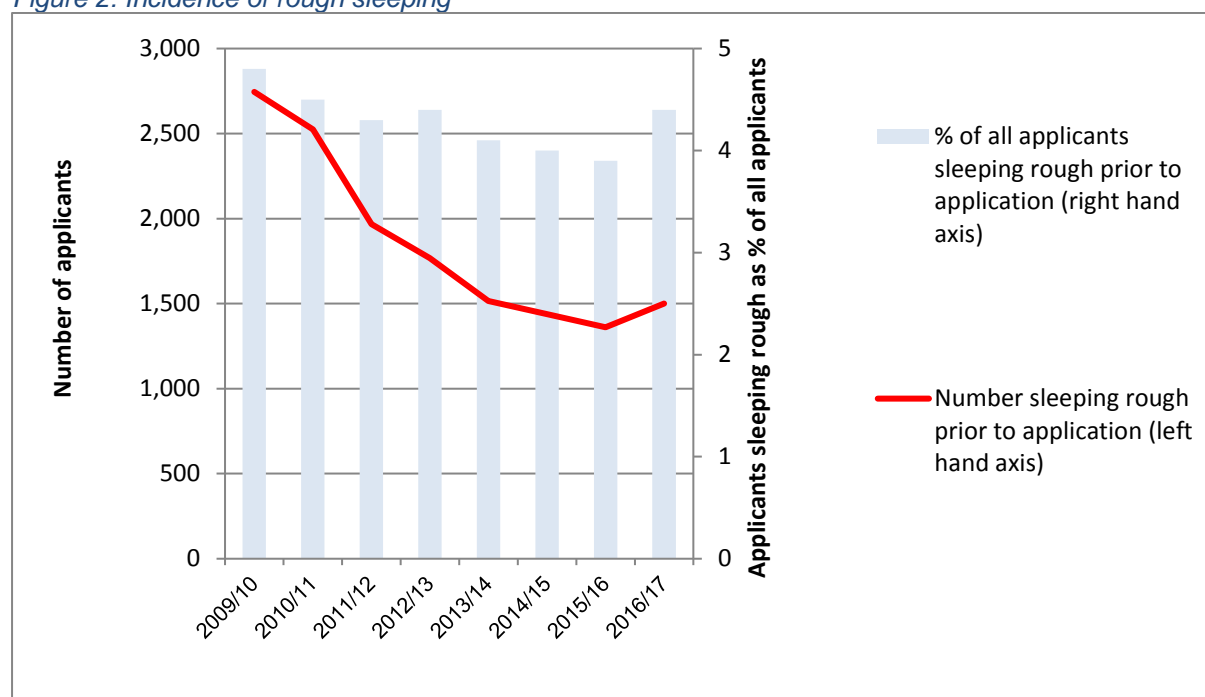
12 Fitzpatrick, S., Pawson, H., Bramley, G. Wilcox, S. & Watts, B. (2015), 'The homelessness monitor: Scotland', Crisis/Joseph Rowntree Foundation.

Table 2 below shows a mixed picture, across the four cities, with some numerically small changes, in different directions.

Table 2: Applications for homelessness where applicant slept rough

	At least once during the last 3 months				The night before			
	2015-16	2016-17	Change 2015-16 to 2016-17		2015-16	2016-17	Change 2015-16 to 2016-17	
			N	%			N	%
Scotland	**2425**	**2620**	**195**	**8%**	**1360**	**1500**	140	*10%*
Aberdeen City	165	120	-45	-27%	100	70	-30	-32%
Dundee City	180	185	5	3%	110	105	-5	-6%
Edinburgh City	260	235	-25	-9%	110	115	5	*5%*
Glasgow City	430	425	-5	-2%	370	400	30	*8%*

Source: Homelessness in Scotland: Annual Publication 2016-17. Note: Disclosure control has been applied to this table. All cells have been rounded to the nearest 5.

In Aberdeen, fewer applicants (a difference of 45 cases) reporting rough-sleeping in the past three months in 2016-17 compared with 2015-2016, and fewer reported rough-sleeping the night before (30 fewer).

In Dundee, reported rough-sleeping 'the night before' applying as homeless was down, but experience of rough sleeping 'during the previous three months' was up. This is just five cases, though. Edinburgh showed a decrease (of 25 cases) and Glasgow showed a decrease (of five cases) in reported rough-sleeping in the three months prior to homeless presentation. Both cities saw a small numerical increase in reported rough-sleeping on the night prior to assessment (up five cases in Edinburgh and 30 cases in Glasgow).

Figure 3 below shows that Dundee has the highest proportion of rough sleepers, at 8% of all applicants followed by Glasgow (7%) while 5% of applicants in Aberdeen and 3% of applicants in Edinburgh reported sleeping rough the night before.

'Sofa surfing' and long-term rooflessness

As well as logging whether an applicant slept rough the preceding night, the Scottish Government's statutory homelessness monitoring system also records cases where people were 'long-term roofless' prior to their application. As shown in Figure 4, this was true for 162 applicants in 2016/17. This is lower than the 2011/12 figure of 191, with variation between around 160 to 200 cases of long-term rooflessness over the six-year period.

Recent trends in 'long-term sofa surfer' applicants showed a 27% decrease between 2011/12 and 2012/13 from 788 to 576, before increasing by 25% back up to over 700 in 2015-16. In 2016-17, 680 long-term sofa surfers were recorded. The level of long-term sofa surfing seems to have stabilised at around the 700 mark.

Figure 3: percentage of homeless applicants in 2016-17 who slept rough the night before applying for assistance
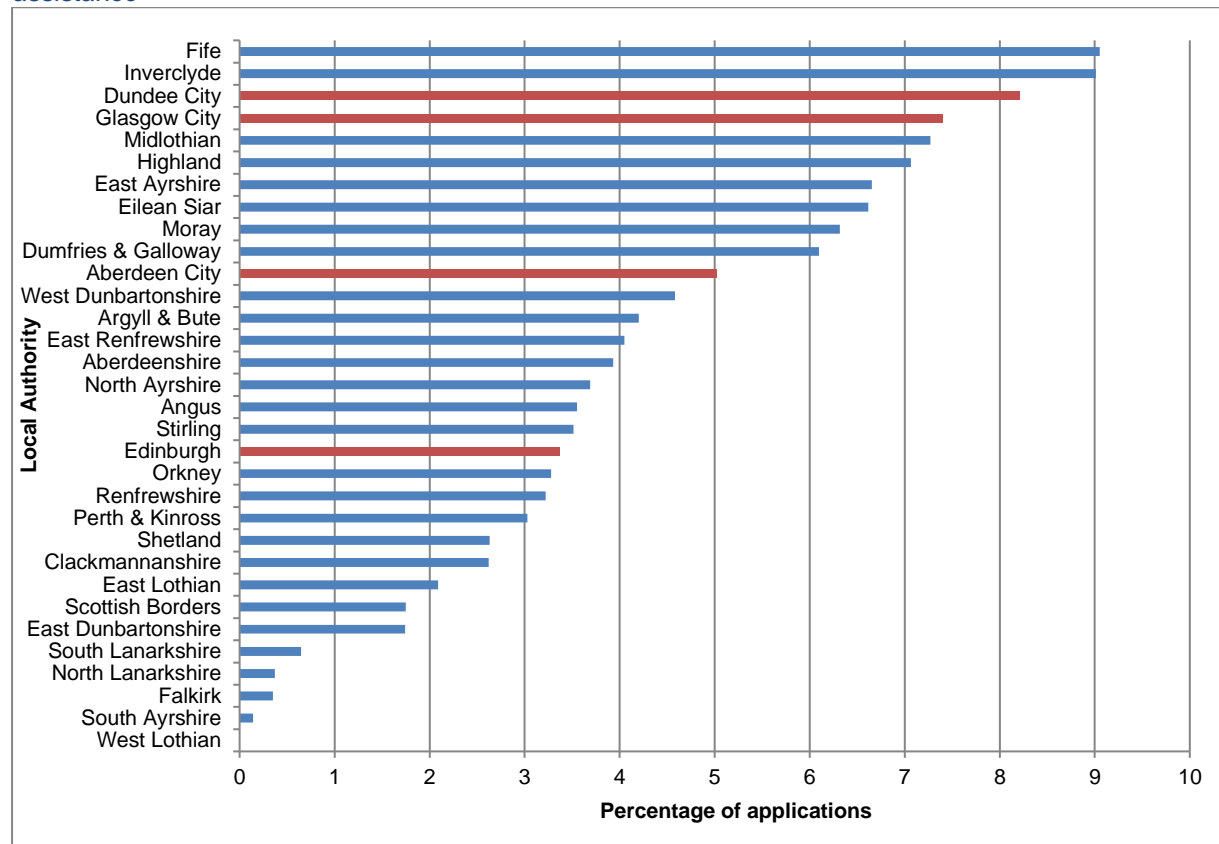
Source: Homelessness in Scotland: Annual Publication 2016-17

Figure 4: Incidence of long-term rooflessness and 'sofa surfing'
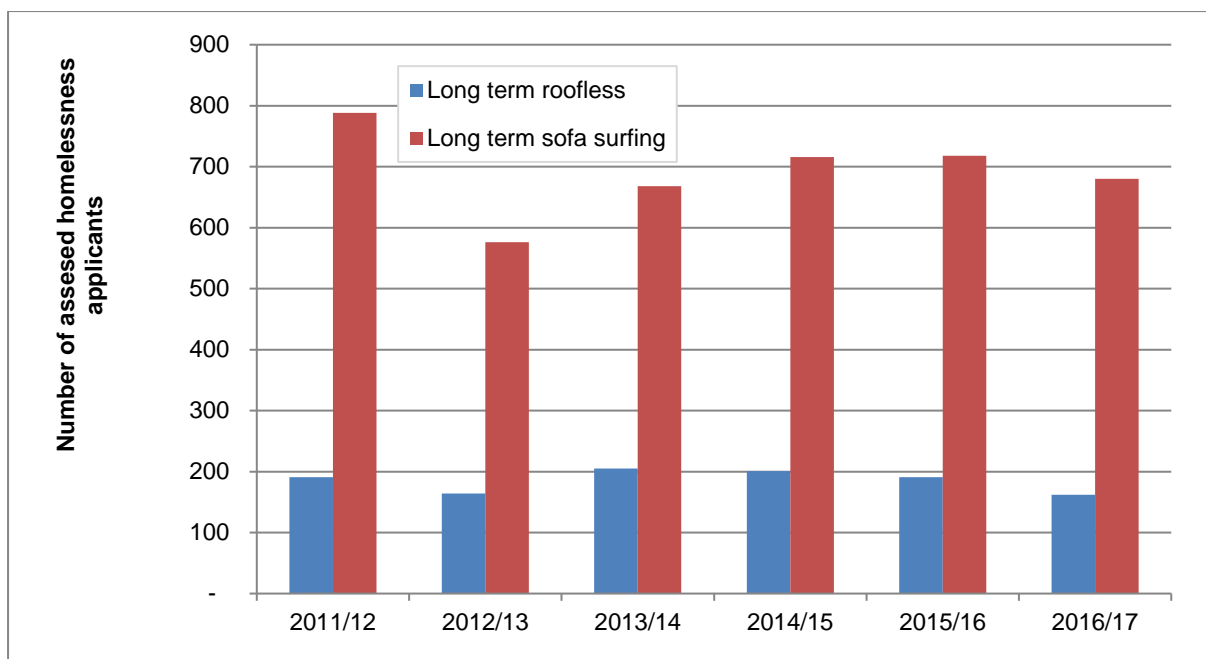
Source: Homelessness in Scotland: Annual Publication 2016-17

Repeat homelessness

Figure 5 below shows the number of repeat homeless applications and the proportion of all applications that are repeat homeless applications.

The chart shows the annual percentage of assessments where the applicant household was assessed as homeless or threatened with homelessness, had previously applied and been assessed as homeless or threatened with homelessness, and whose previous application had been closed within 12 months of their current application.

Figure 5: Repeat homeless applications as a percentage of all applications
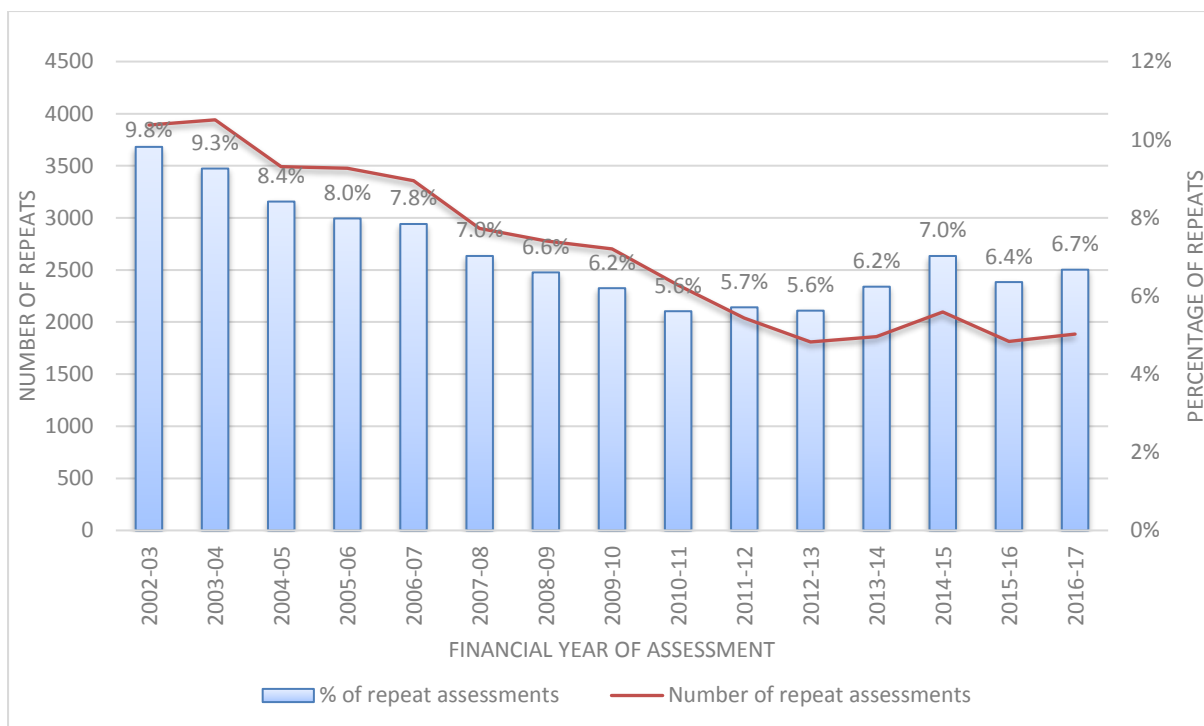
Source: Homelessness in Scotland: Annual Publication 2016-17

As in the case of rough sleeping, repeat homelessness has reduced in absolute numbers, from almost 4,000 applicants (9.8% of homeless applicants) in 2002-03 to 1,885 in 2016-17 (6.7% of applicants). The level of repeat homelessness in 2016-17 is very similar to that found in 2015-16, although it shows a slight increase (of around 70 cases).

Reasons for statutory homelessness

Figure 6 relates to the eight-year period to 2016/17, during which the overall number of formally assessed applicants fell by 40%. As can be seen, however, the profile of assessed applicants remained fairly stable in terms of applicant households' former living circumstances, although there was a slight increase in the proportion of those leaving institutions (which will mainly have been prison) and a slight decrease in the proportion coming from the parental home or who had been living with friends or partners.

Figure 6: Households subject to formal homelessness assessment: percentage breakdown by previous housing circumstances – broad categories
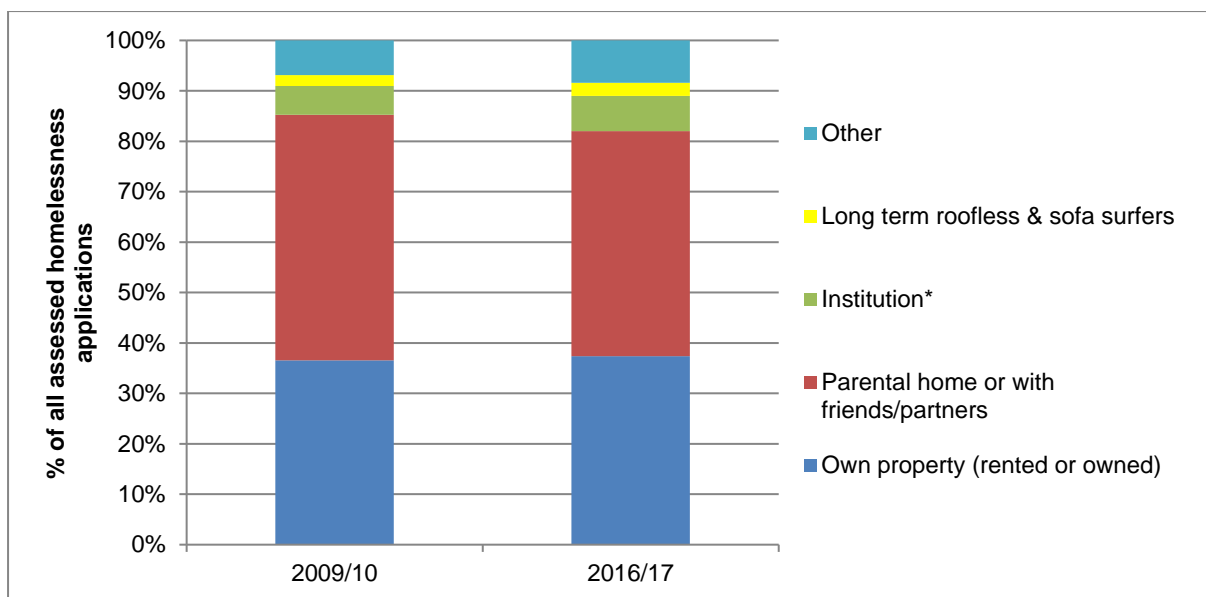
Source: Homelessness in Scotland: Annual Publication 2016-17 *prison, hospital or children's residential accommodation

Figure 7: Households subject to formal homelessness assessment: breakdown by previous housing circumstances (selected categories) – percentage reduction 2009/10-2014/15
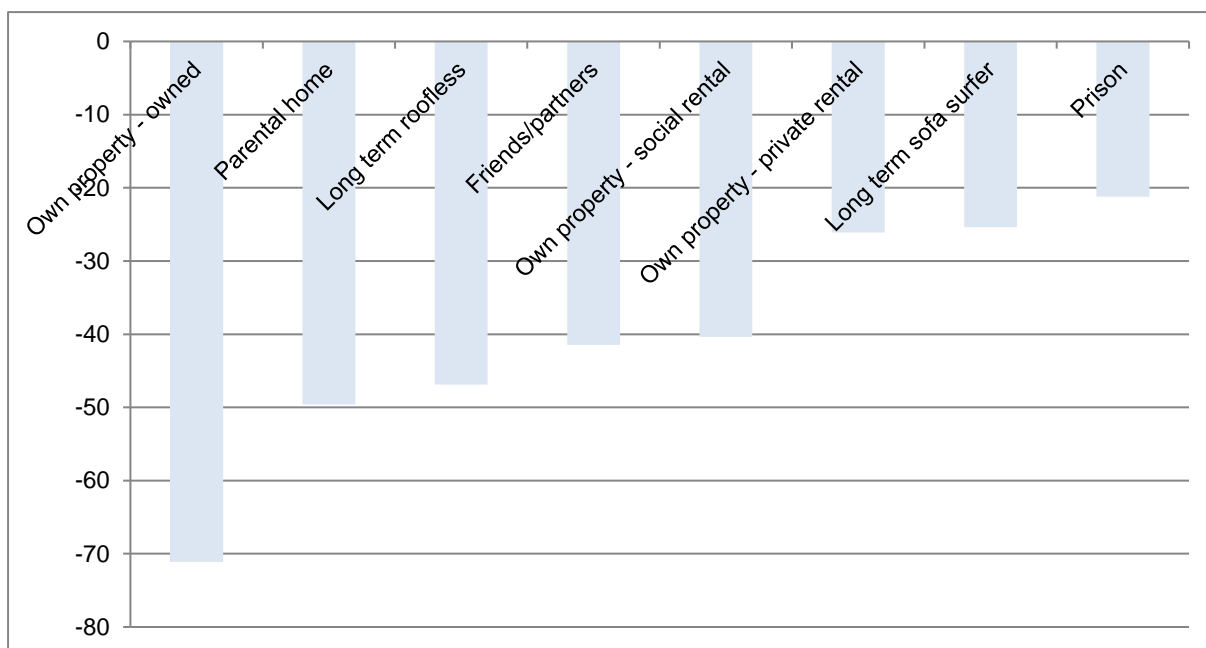
Source: Homelessness in Scotland: Annual Publication 2016-17

Figure 7 illustrates more strikingly some contrasts in the scale of numerical reductions for certain selected groups. Notably, the number of ex-prisoners fell back by only

21%[13] whereas former owner occupiers dropped by 71%. However, both of these are relatively small categories; former prisoners accounted for 4% of assessed applicants in 2009/10 and 6% in 2016/17, while the figures for former home owners were 7% and 3%, respectively.

As in relation to the above analysis of applicants' former housing situation, the eight years to 2016/17 saw relatively little change in the factors triggering loss of accommodation (see Figure 8). In the most recent year, as at the start of the period, the majority of cases involved people made homeless due to relationship breakdown or domestic violence (33% in 2016/17) or 'family/friend evictions' (having been asked to leave by host household) (25%).

Figure 8: Households subject to formal homelessness assessment: percentage breakdown according to reason for homelessness – broad categories
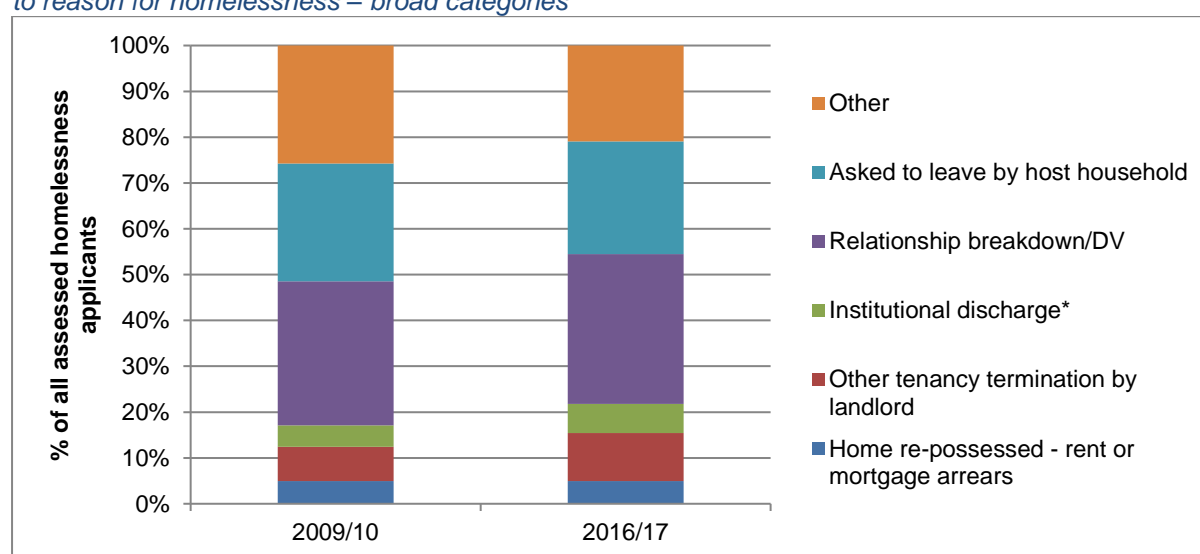
Source: Homelessness in Scotland: Annual Publication 2016-17 *prison, hospital or children's residential accommodation

Temporary accommodation

After a steady and substantial increase in the years to 2010/11, Scotland's TA placements fell back for three years, before starting to climb again (modestly) from 2013/14 (see Figure 9). And, as shown here, most such placements are in ordinary social housing stock, with only a minority involving non-self contained accommodation,

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[13] Ex-prisoners remain heavily over-represented in the homeless population, and an analysis of relevant data and policy can be found in http://www.iriss.org.uk/resources/prison-leavers-and-homelessness

such as hostels or B&B hotels. Single people are far more likely than families to be temporarily accommodated in such non-self contained TA.[14]

LAs across Scotland have reported substantially lengthening periods of time spent in TA (from April 2016 there has been mandatory data collection on this but the data is not yet publicly available). Prolonged stays in TA have been attributed to a combination of the increased demand associated with the duty to accommodate single people, pressure on the supply of permanent social tenancies, and the challenges to move on presented by welfare reform measures (especially the 'Bedroom Tax').

Figure 9: Homeless households in temporary accommodation – snapshot total at financial year end
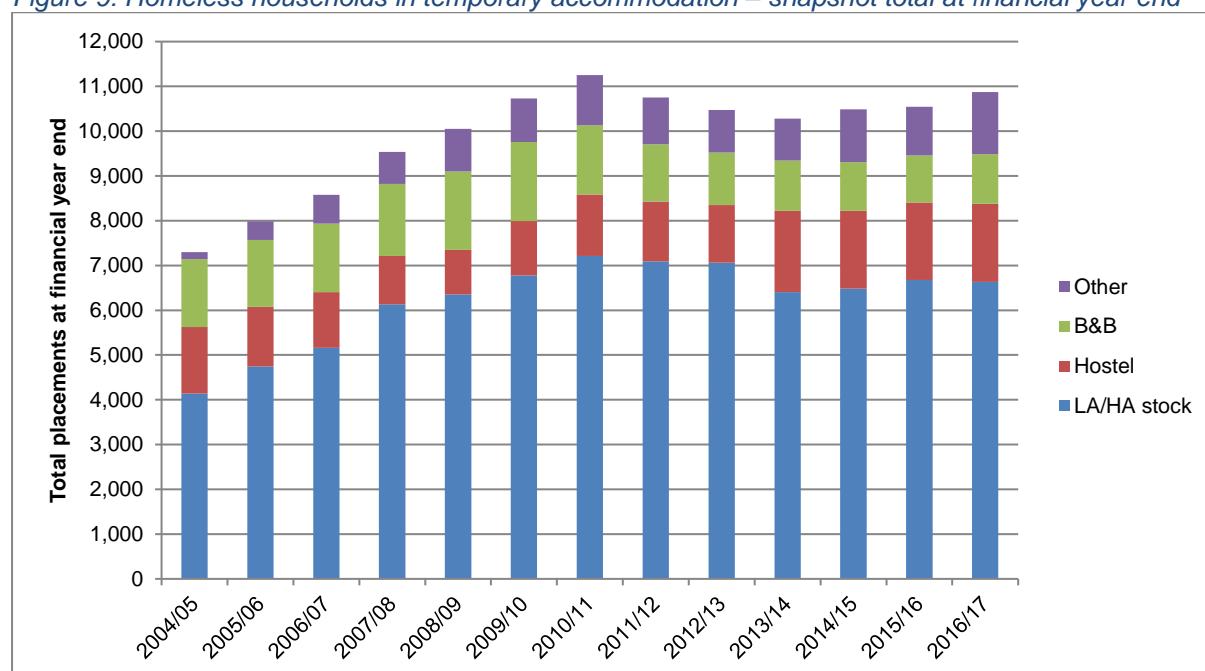
Source: Homelessness in Scotland: Annual Publication 2016-17

Four cities' temporary accommodation use

As Figure 10 shows, Glasgow and Aberdeen make far more use of social sector accommodation, with over 60% of those in TA in the social sector (TFFs) while over half of those in TA in Dundee are in hostels. Around 1 in 3 TA places in Edinburgh were B&B accommodation, making Edinburgh very much an outlier in this respect.

Figure 11 below shows the numbers in TA in Scotland have increased by 3% in the year between 31st March 2016 and 31st March 2017. The numbers have decreased in Aberdeen (down 3%) and Dundee (down 11%), overall, while in Glasgow and

[14] Mackie, P. & Thomas, I. (2015), 'Single Homelessness in Scotland', London: Crisis.

Edinburgh the numbers have increased. In Glasgow the increase is small (3%) but in Edinburgh it was up 21%.

Figure 10: Homeless households in temporary accommodation – number of household by type of property used by the four cities, compared with Scotland
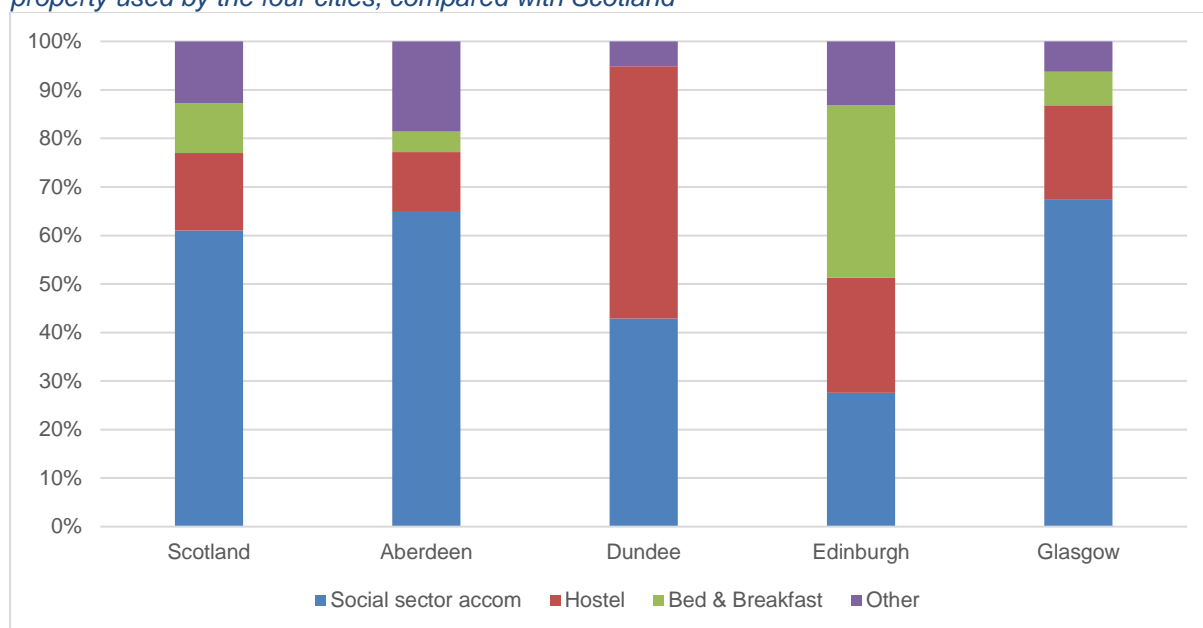
	Social sector accom.	Hostel	Bed & Breakfast	Other	Total
Scotland	**6,636**	**1,739**	**1,113**	**1,385**	**10,873**
Aberdeen	290	55	19	83	**447**
Dundee	108	131	0	13	**252**
Edinburgh	344	296	442	164	**1,246**
Glasgow	1,398	400	143	130	**2,071**

Source: Homelessness in Scotland: Annual Publication 2016-17

It should also be noted that Glasgow has a winter night shelter that operates between 1st December and 31st March, provided by Glasgow City Mission, which providers resist becoming a permanent feature of the TA landscape in the city as it is 'a mattress on the floor'. In 2016-2017, 602 people used the Glasgow night shelter compared with 605 in 2015-2016, although that represented a jump from 407 people in 2014-2015. There were eight nights over capacity in 2016-2017 compared with 32 nights in 2015-2016[15]. The average nightly occupancy rate was 73% of capacity (as compared with 83% last year).

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[15] https://www.glasgowcitymission.com/admin/resources/gwns2016-17datatables.pdf

In Edinburgh, in sharp contrast, there was said to be increased use of the Winter Care Centre run by the Bethany Christian Trust, with the service not able to meet demand on some nights. In 2016-2017 there were 9,565 presentations to the Care Centre - a rise of 132% since 2012-2013[16]. While the number of presentations has risen only modestly since last year (when there were 9072 presentations) this slowing down in the rate of increase was said to arise from capacity constraints rather than any slackening off in demand. Also emphasised in the Bethany report was that the great majority of shelter users are new each year.

Figure 11: Homeless households in temporary accommodation – change in the number of household (between March 2016 and March 17) by type of property used by the four cities and Scotland
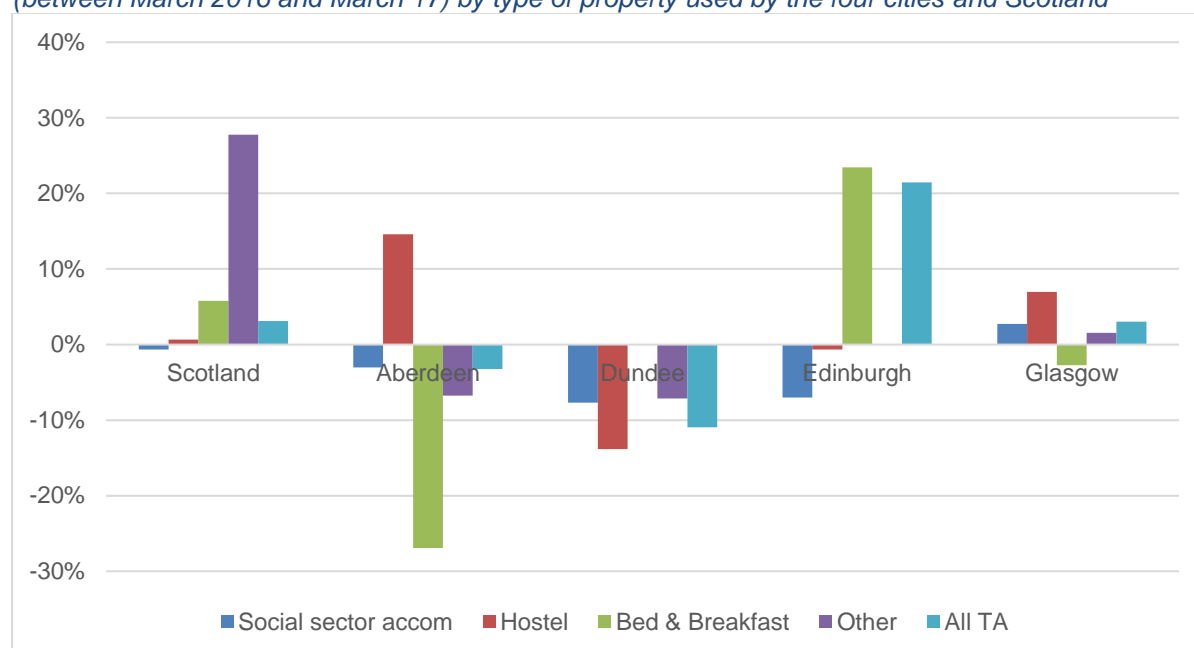
	Social sector accom	Hostel	Bed & Breakfast	Other	All TA
Scotland	**-1%**	**1%**	**6%**	**28%**	**3%**
Aberdeen	-3%	15%	-27%	-7%	-3%
Dundee	-8%	-14%	0%	-7%	-11%
Edinburgh	-7%	-1%	23%	*	21%
Glasgow	3%	7%	-3%	2%	3%

Source: Homelessness in Scotland: Annual Publication 2016-17 * Note 'Other' accommodation increased from 0 in March 2016 to 164 in March 2017 so the % change cannot be calculated.

[16] http://www.bethanychristiantrust.com/wp-content/uploads/2017/07/Care-Shelter-Annual-Report-2016-2017-External.pdf

Homelessness and complex needs

Although there has been an overall reduction in formal homeless applications, the data suggests an increase in the relative vulnerability of homeless applicants. Figures 12 and 13 below show the proportion of vulnerable homeless applicants has increased. There is a modest increase in the proportion applying as homeless from prison (up from 3.4% to 5.6%) and identified drug or alcohol support needs (up from 10.3% to 11.2%). The increase in the proportion with an identified mental health support need is more significant, up from 11.8% to 19.7%.

Figure 12: Homelessness applicants with vulnerabilities (Scotland) 2007-08 to 2016-2017
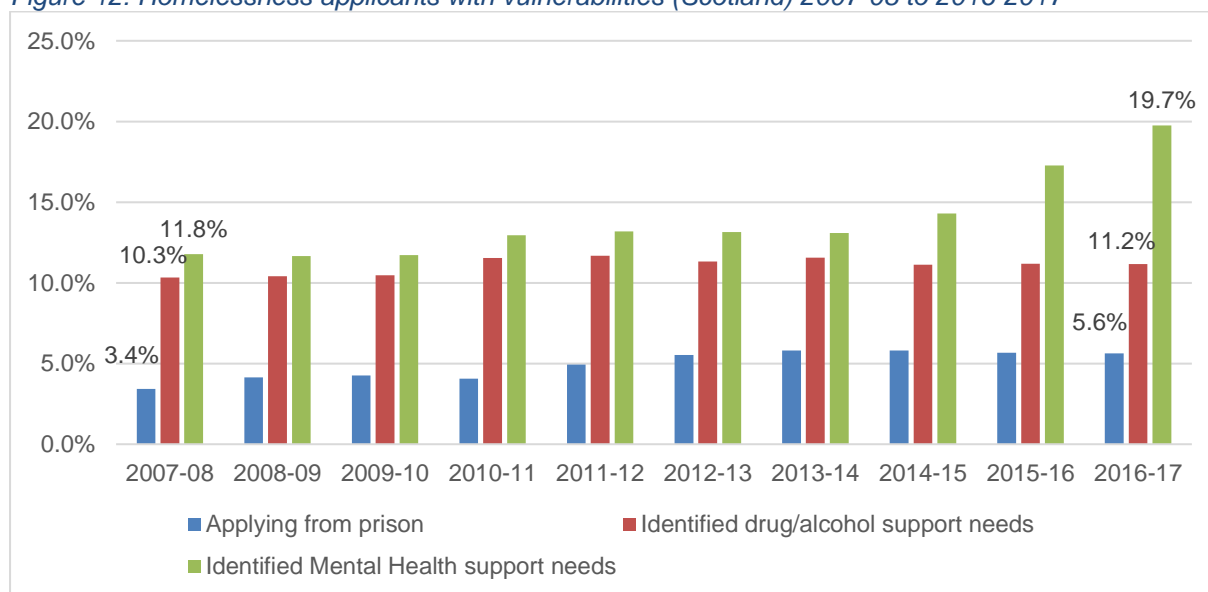
Source: Scottish Homelessness Statistics 2016-2017

Figure 13: Reasons for homelessness application (Scotland) 2007-08 to 2016-2017

These differences need to be reflected on with some caution, as some are small and there may be some measurement errors or inconsistencies in how those completing the form ask the questions on the HL1 (the homelessness data collection form used by Scottish local authorities), and how applicants respond to such personal questions.

There has also been an increase in the proportion of applicants giving the reason for the loss of their accommodation as involving crime or anti-social behaviour (up from 8.4% to 12.4%), drug or alcohol issues (up from 13.2% to 14.2%), mental health issues (up from 9.9% to 19.9%) and the experience of violence or abuse within the household (up from 10.4% to 12.1%). Again, with the exception of mental health, these changes are modest and some elements may be due to measurement issues, so need to be viewed with some caution.

Nonetheless, these patterns of growing complexity are consistent and warrant further investigation, which we do in Chapter Five when looking in greater detail at the four cities.

Key drivers of homelessness

There has been considerable attention to the causes of homelessness and key drivers of the numbers experiencing it in recent and longer-standing academic research, which explores this in terms of both conceptual understanding and empirical statistical analysis[17].

In simple terms, explanations and their proponents might be seen as falling into two 'camps': those who favour structural socio-economic explanations (centred on poverty, employment and the housing market), and those who emphasise the personal needs, problems and behaviours of particular groups (for example, complex needs associated with substance misuse, offending or mental health issues).

Recent research supports more nuanced explanations, demonstrating that the key drivers vary between different forms of homelessness, and also that structural and personal factors interact a good deal. Persistent poverty can wear down the resilience

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17 See especially, Bramley, G. & Fitzpatrick, S. (2017), 'Homelessness in the UK: who is most at risk?', *Housing Studies*; Fitzpatrick, S. (2005), 'Explaining homelessness: a critical realist perspective', Housing, Theory & Society, 22(1) (pp.1-17); Johnsen, S. & Watts, B. (2014) 'Homelessness and Poverty: Reviewing the Links', Edinburgh: Heriot-Watt University; Benjaminsen, L. & Bastholm Andrade, S. (2015), 'Testing a typology of homelessness across welfare regimes: shelter use in Denmark and the USA', *Housing Studies*, 30(6) (pp. 858-876); Johnson, G., Scutella, R., Tseng, YP. & Wood, G. (2015), 'Entries and Exits from Homelessness: A Dynamic Analysis of the Relationship Between Structural Conditions and Individual Characteristics', AHURI Final Report No 248. Melbourne: AHURI.: O'Flaherty, B. (2004), "Wrong person and wrong place: for homelessness, the conjunction is what matters", Journal of Housing Economics, 13: 1-15; Quigley, J.M., Raphael, S. & Smolensky, E. (2001), 'Homeless in America, homeless in California', *The Review of Economics and Statistics*, 83(1) (pp. 37-57).

of family relationships or a person's mental health, for example. And, of course, complex needs can make it hard to enter or sustain employment and find routes out of poverty.

Recently published work[18] by Glen Bramley and Suzanne Fitzpatrick underlines the centrality of poverty, especially childhood poverty, to the generation of homelessness and the massively heightened risks of homelessness faced by those from the least affluent backgrounds. People from better-off backgrounds have a very low risk of experiencing homelessness.

As well as poverty, the research also demonstrates the impact of broader labour and housing market contexts, and certain demographic, personal and social support characteristics. In particular, a key 'protective' factor that appears to help to prevent homelessness, among people who may otherwise be at risk, is the availability of social support networks. Having a partner and/or living in a multi-adult household, including living as an adult child in the family home, emerge as important factors reducing the risk of homelessness, supporting the idea of the family as a 'buffer' to homelessness[19].

The role of family and social support and the damaging effects of poor childhood and adolescent experiences are especially important in understanding some of the most complex homelessness experiences, particularly amongst single homeless people. The Lankelly Chase Foundation's *'Hard Edges'* 2015[20] study of severe and multiple disadvantage (SMD) found that, in addition to general background poverty, very difficult family relationships and very poor educational experiences were common precursors to extreme hardship later in life.

The factors that contribute to the overlapping experiences of offending, substance misuse and homelessness include a range of negative family and educational experiences including running away from home; leaving home young; parental violence; parental drug/alcohol use or mental health issues; experience of abuse and neglect; and living in care. Negative educational experiences often involve truanting, suspension, being bullied, and low educational attainment, with adult labour market experiences characterised by long-term ill-health and unemployment or casual employment. In all, 85% of adults facing SMD were found to have experienced childhood trauma.

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18 Bramley, G. & Fitzpatrick, S. (2017), 'Homelessness in the UK: who is most at risk?', *Housing Studies*.

19 Johnson, G., Scutella, R., Tseng, Y. P. & Wood, G. (2015), 'Entries and Exits from Homelessness: A Dynamic Analysis of the Relationship Between Structural Conditions and Individual Characteristics' AHURI Final Report No 248, Melbourne, AHURI.

20 Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F., & Watkins, D. (2015), 'Hard Edges; Mapping severe and multiple disadvantage', Lankelly Chase Foundation, London, England.

The following summary of the drivers of homelessness is informed by this recent research literature, but also in particular by the statistical modelling undertaken to support the development of forward projections of homelessness in ongoing research for Crisis[21] (see also Chapter Four):

- The most important driver of homelessness in all its forms is **poverty**, which features strongly in all of the statistical models developed in the Crisis projections research as well as in the background research literature. This can include past as well as contemporary experiences of poverty, and can be related in part to the labour market conditions of the locality and region;

- There are significant effects from **demographic**s: for example, younger people, single person households and lone parents are much more at risk;

- The type of **urban location** has an effect, with larger urban centres generally seeing a greater concentration of homelessness;

- There are effects from the general housing market **affordability** level (greater pressure in the housing system leads to higher levels of homelessness), and the **availability** of potentially accessible housing, such as social rented lettings;

- The supply of specific accommodation (e.g. hostels) may be largely determined by **funding** and local policies/ initiatives; this has both direct and indirect effects on numbers (most hostels operate at close to capacity, so if capacity is increased this may have some offsetting impact on other forms of homelessness including rough sleeping);

- The use of **unsuitable forms of TA** (e.g. B&B, nightly-let non-self contained, 'out of area' placements) is a sensitive barometer of local pressure and may be reflected in the different forms of homelessness including rough sleeping and sofa-surfing[22];

- The extent to which a local authority employs the full range of **prevention measures** has a strong influence on statutory homeless acceptances and thereby on the extent of use of TA, including its unsuitable forms;

- There are some more specific links, for example between crime and rough sleeping, which may be seen as associated with **complex needs**.

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[21] Bramley, G (2017), 'Core Homelessness in Great Britain: Interim Summary Report', London: Crisis; Bramley, G. (2017 forthcoming), 'Homelessness Projections: Technical Report', London: Crisis.

[22] Current version of homelessness forecasting model used in England includes these effects based on analyses of UK Household Longitudinal Survey and Poverty and Social Exclusion Surveys with linked local authority-level factors

More information on the statistical modelling underlying the homelessness projection work is provided in Annex B.

Central and local government responses to homelessness

Given that poverty is a key driver of homelessness, welfare reform has had a critical role in influencing the scale of homelessness and potential responses to it.

Recent and future welfare reforms pose significant challenges for homelessness in Scotland now and into the future. Several wide and far-reaching welfare reforms have been rolled out since April 2016, with the full-service roll-out of Universal Credit and the caps on social rents at the Local Housing Allowance (LHA) level (including the Shared Accommodation Rate (SAR) for the under 35s) from April 2019 adding to the already significant impacts of the SAR in the private rented sector. Concerns also focus on the effects of the (significantly reduced) overall Benefit Cap and the continued impact of benefit sanctions.

There are continuing concerns about the many difficulties that the administrative arrangements for Universal Credit pose for vulnerable households. The cuts to Universal Credit announced in the 2015 Summer Budget will also significantly erode the potential 'work incentive' benefits of the scheme, and are only marginally mitigated by the reduction to the Universal Credit taper rate announced in the 2016 Autumn Statement.

The welfare reforms announced in the Summer 2015 Budget and Autumn Statement to limit benefits for families with more than two children, and for young single people, are especially problematic. The latter group will either potentially be entirely excluded from support with their housing costs (if 18-21 and not subject to an exemption), or subject to SAR limits on eligible rents in the social as well as the private rented sector (if under 35). Local authorities will consequently have great difficulties in rehousing young single people on benefits, who comprise a very large proportion of those accepted as statutorily homeless in Scotland (see further below).

These changes overlay a set of cutbacks and limits on entitlements introduced within the LHA system since 2011 and the Housing Benefit system from 2013. In particular the former reforms entailed fixing the eligible rent in the private sector at the 30th percentile of market rents and subsequently this has been subject to very limited uprating followed by a complete freeze. This means that a wide gap has opened up between actual market rents and the amount of LHA (and in future, Universal Credit) payable for housing costs in the private rented sector. The seriously damaging effect of this on local authorities' ability to relieve or prevent homelessness in England is well documented in the recent National Audit Office report[23].

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[23] National Audit Office (2017), 'Department for Communities and Local Government: Homelessness' Report by the Comptroller and Auditor General. HC 308, Session 2017-2019, 13 September 2017.

As will be shown in a later section, the homelessness forecasting model developed for Crisis suggests that the cessation of further welfare cuts and reforms post-2015 could substantially reduce the levels of core homelessness. These effects are particularly marked in England, probably because the impacts of a number of key measures like the Benefit Caps and the LHA restrictions and freezing are more significant there, particularly in the London area.

Benefit sanctions are also a key concern within the homelessness sector in Scotland, with implications both for people's capacity to avoid or move on from homelessness, and for the financial viability of some accommodation projects which struggle to recover service charges from sanctioned residents[24]. While monthly sanction rates for Jobseekers Allowance claimants have declined from their 7.5% peak in 2013, the move to more onerous work-related requirements and sanctions regime under Universal Credit may see this issue assume larger proportions again[25].

The resource impacts of the cap on the LHA in the social rented sector remain to be seen, and are causing particular concern with regard to supported accommodation (albeit that the SAR will not be applied in supported units), but the expectation is that the funding of TA will be severely adversely affected. It has been estimated that the application of the LHA rates and caps to local authority TA will cost Scottish councils some £26.5 million a year[26].

The Scottish Government, as part of the post UK referendum constitutional settlement, has been provided with some limited new powers on the operation of welfare policies in Scotland. They have devolved control over several disability benefits, cold weather, maternity and funeral payments and Discretionary Housing Payments, the latter being used to fully mitigate the 'Bedroom Tax'. Devolved power is also being used to continue direct payments to social landlords of Universal Credit elements related to rental costs and there has been a comittment by the Scottish Government to mitigate the impact of withdrawing entitlement of housing benefit from 18-21 year olds. Although these powers provide some ability to mediate the impact of welfare reform, the potential impacts of the LHA cap on social rent arrears and evictions rates, together with the greatly increased impact of the overall Benefit Cap, is a major concern.

Housing supply in Scotland fell to historically low levels during the recession, and annual additions to the housing stock now need to rise by some 30% from 2013/14

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[24] Fitzpatrick, S., Pawson, H., Bramley, G. Wilcox, S. & Watts, B. (2015), 'The homelessness monitor: Scotland', Crisis/Joseph Rowntree Foundation.

[25] Fitzpatrick, S., Pawson, H., Bramley, G. Wilcox, S. & Watts, B. (2017), 'The homelessness monitor: England', Crisis/Joseph Rowntree Foundation.

[26] COSLA (2014), 'Housing and Welfare Reform', CWEG Item 3.3:
http://www.cosla.gov.uk/system/files/private/cw140318item3-3.pdf

levels just to keep pace with household growth. The gradual long-term decline in social sector lettings has been contained, for now, by the new lettings developed through the Affordable Housing Supply Programme.

The Scottish Government is committed to the provision of an additional 50,000 affordable homes (35,000 social rented) by 2021 through the Affordable Housing Supply Programme, the Housing Infrastructure Fund and the Rural and Island Housing Fund as well as a range of other innovative financing mechanisms including the Town Centre Empty Homes Fund and Empty Homes Loan Fund[27] [28]. However, in July 2017, the announcement that the 35,000 social rented properties might include Council 'buy-backs' of right-to-buy properties indicated that the number of *additional* properties may not reach the target[29].

The SAR continues to cause major problems across Scotland in limiting the access of younger single people to the private rented sector, and is viewed as undermining the ability of Housing Options teams to use the private rented sector as a means to prevent or resolve homelessness. However, cultural antipathy towards the private rented sector, and sharing in particular, also plays a role in some local authority areas[30]. With the SAR applying to the social rented sector from April 2019, as noted above, the range of affordable housing options available to younger people in future will become an even greater concern.

As part of recent research for the Chartered Institute of Housing Scotland and the Scottish Government on the impact of the pending social rented sector LHA cap[31], qualitative research was undertaken with 50 social landlords through individual depth interviews and focus groups. One of the aims of this consultation was to explore landlords' opinions on, and experience of, shared tenancies in the social rented sector. Only a small number of examples of shared accommodation in the social rented sector were found and these were focused in local authority TA. Landlords expressed concerns about the challenges and business risks involved in managing shared tenancies, although these were based on perception, and not generally on extensive experience of doing so.

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[27] https://beta.gov.scot/policies/more-homes/affordable-housing-supply/

[28] http://www.gov.scot/Topics/Built-Environment/Housing/supply-demand/emptyhomes

[29] https://www.insidehousing.co.uk/news/news/scottish-minister-reveals-affordable-homes-target-includes-buy-backs-51297

[30] Fitzpatrick, S., Pawson, H., Bramley, G. Wilcox, S. & Watts, B. (2015), 'The homelessness monitor: Scotland', Crisis/Joseph Rowntree Foundation.

[31] CIHS and Scottish Government (forthcoming 2017), 'The introduction of the LHA cap to the social rented sector: impact on young people in Scotland'.

Youth homelessness has been an important area of focus over a run of years in Scotland, with the Scottish Parliament[32] and Scottish Government and cross-sector 'Homelessness Prevention and Strategy Group', taking an interest in this area. There has been an expansion in mediation and other young person specific interventions, as well as improved support for care leavers under the Children and Young People (Scotland) Act 2014. Despite this, progress on youth homelessness has been less significant than in England and the prospect of future welfare reforms targeted at younger people on benefits is a concern.

The principles of homelessness prevention behind the 'Housing Options' approach have been widely endorsed in Scotland[33] and positively evaluated[34] but not without concerns of 'gate-keeping', especially given the very large falls in statutory homelessness acceptances in some parts of Scotland[35]. As a result of the recommendations in the Scottish Housing Regulator's Thematic Enquiry into Housing Options[36], Guidance on Housing Options was issued by the Scottish Government in March 2016[37]. Since April 2014, prevention activity has been recorded through the 'PREVENT1' statutory recording instrument. The homelessness monitor noted that the prevention activities recording through PREVENT1 are indicative of relatively 'light touch' Housing Options interventions in many cases, limited to active information and signposting, and very often culminating in a statutory homelessness application.

The last Scottish Homelessness Monitor highlights the growing policy interest in Scotland about 'multiple exclusion homelessness'[38], denoting situations where homelessness intersects with other complex support needs, such as those associated with alcohol or drug dependency or mental health problems. As noted above, there is evidence of an increase in complex needs among those applying as homeless. In England, the public sector costs of SMD are conservatively estimated to be £10.1bn

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[32] Scottish Parliament (2012), 'Having and Keeping a Home: Steps to Preventing Homelessness Among Young People', Edinburgh: Scottish Parliament.

[33] Shelter Scotland (2011), 'A Shelter Scotland Report: Housing Options in Scotland', Edinburgh: Shelter Scotland; see also Scottish Housing Regulator (2014), 'Housing Options in Scotland: A Thematic Inquiry', Edinburgh: SHR.

[34] Ipsos MORI & Mandy Littlewood Social Research and Consulting (2012), 'Evaluation of the Local Authority Housing Hubs Approach', Edinburgh: Scottish Government.

[35] Fitzpatrick, S., Pawson, H., Bramley, G. Wilcox, S. & Watts, B. (2015), 'The homelessness monitor: Scotland', Crisis/Joseph Rowntree Foundation.

[36] Scottish Housing Regulator (2014), 'Housing Options in Scotland: A Thematic Inquiry', Edinburgh: SHR.

[37] Scottish Government (2016), 'Housing Options Guidance', Scottish Government.

[38] Fitzpatrick, S., Bramley, G. & Johnsen, S. (2013), 'Pathways into multiple exclusion homelessness in seven UK cities', *Urban Studies*, 50(1). (pp. 148-168)

per year[39]. Work is currently underway within I-SPHERE at Heriot-Watt University on *'Hard Edges Scotland'*, looking at SMD in the Scottish context.

Work on homelessness and complex needs in Glasgow in 2014[40] identified a range of approaches to addressing homelessness and complex needs from case study research, including the importance of specialist, highly skilled staff either trained in or at least aware of Psychologically Informed Environment (PIE) approaches, as well as an element of 'assertive outreach'. There were also examples of specialist mental health services working jointly and co-located with homelessness services. A 'pathway' approach to case management was identified as the ideal, with partners 'keeping hold' of people until they are settled in secure accommodation. Resettlement support should be flexible in its intensity, and have the option to go on for long periods of time to ensure long-term tenancy sustainment. As shall be seen in Chapter Three below, these principles chime very much with the UK and international evidence on good practice in this field.

Since that study, the City Ambition Network (CAN) in Glasgow has piloted a multi-agency approach to complex needs[41]. The CAN was formed in 2015 by Glasgow City Mission, Simon Community Scotland, The Marie Trust, and the Health and Social Care Partnership (GHSCP). They have recently been joined by Turning Point Scotland. The CAN partners aim to work together to improve the experience of service users, help them access safe emergency accommodation and settled accommodation and maintain engagement with services.

The last Homelessness Monitor noted encouraging positive engagement from health stakeholders in addressing homelessness in Scotland[42].There are also important opportunities and challenges, presented by the health and social care integration process, particularly with respect to the commissioning of services for homeless people with complex needs.

Glasgow are currently rolling out a new way of commissioning services through The Glasgow Alliance to End Homelessness. GHSCP has agreed a strategic approach to the delivery of £20m of homelessness services in Glasgow. Glasgow Homelessness Network (GHN) is facilitating the set-up of the partnership, which is based on collaboration and co-production. The partnership is exploring an Alliancing approach

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[39] Lankelly Chase (2015), 'Hard Edges; Mapping severe and multiple disadvantage – England'.

[40] Anna Evans Housing Consultancy, with Davidson, E. Mandy Littlewood Social Research & Consulting Ltd & Solomon, S. (2014), 'Homelessness and Complex Needs in Glasgow', http://www.ghn.org.uk/sites/default/files/FINAL-SUMMARY-ON-AEHC-WEB-30.1.15.pdf

[41] https://www.glasgowcitymission.com/about-us/what-we-do/city-ambition-network.php

[42] Hetherington, K. & Hamlet, N. (2015), 'Restoring the Public Health Response to Homelessness in Scotland', Edinburgh: Scottish Public Health Network.

with support from LH Alliances[43], and the Coalition for Care and Support Providers, with the co-production approach funded through the Scottish Government Third Sector Division. Edinburgh is also at present undertaking a major recommissioning exercise with its homelessness services.

The Scottish Government jointly hosted a major seminar in May 2017, attended by almost 250 people, exploring the evidence on the 'Housing First' model of intensive support to offer mainstream tenancies for homeless people with complex needs. Housing First Scotland is a partnership between GHN and Turning Point Scotland with funding from the Scottish Government through the European Social Fund. It is charged with leading a national discussion on scaling up Housing First across Scotland, and aims to contribute to the creation of a national policy alongside a practical package to assist local partnerships to scale-up their delivery. Glasgow City Council has already committed to becoming a 'Housing First City'. The international evidence supporting this approach is explored in the next chapter.

In the Programme for Government published on 5th September 2017, the First Minister committed to eradicating rough sleeping in Scotland and to transforming the use of TA[44]. She announced the establishment of a Homelessness and Rough Sleeping Action Group and the creation of a £50 million 'Ending Homelessness Together Fund' over a five-year period. In a Parliamentary statement from the Minister for Local Government and Housing on 19th September[45], it was announced that Jon Sparkes from Crisis would chair this short-life Action Group and that the key questions it will tackle will be as follows:

1. What can we do to minimise rough sleeping this winter?

2. What can we do to eradicate rough sleeping for good?

3. What can we do to transform temporary accommodation?

4. What can be done to end homelessness in Scotland?

This is clearly a 'game-changing' development at Scottish Government level, backed by both a high-level political mandate and substantial funds. This means that the policy climate on homelessness has shifted substantially since the commencement of this research project.

Homelessness Context - Summary

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[43] http://lhalliances.org.uk

[44] https://beta.gov.scot/publications/nation-ambition-governments-programme-scotland-2017-18/

[45] https://beta.gov.scot/publications/ministerial-statement-on-homelessness-september-2017/

Although there is some evidence of reduced homelessness applications, this is associated with Housing Options' preventative approach rather than indicating any weakening in the underlying drivers of homelessness. The statutory homeless data suggests that rough-sleeping has risen slightly in 2016-17 but rough sleeping trends reported across the four cities are mixed, with some numerically small increases and decreases. There is some evidence of a slight decrease in long-term rooflessness and stability in sofa surfing.

The reported causes of homelessness remain fairly stable, also, with relationship breakdown and being asked to leave the main reasons for losing accommodation. As the overall numbers of homelessness applications decline, there is some evidence of a proportionate increase in more complex homelessness applications. While some of these increases are modest, they are more pronounced with regard to mental health.

Poverty is the single most important determinant of homelessness, but there are also demographic and labour market influences, and housing market and policy responses influence the supply, accessibility and affordability of accommodation (which impacts on homelessness rates). There is also an important 'poverty plus' dimension to the most complex homelessness cases – where poverty, coupled with very adverse early childhood experiences, contributes to SMD. There is scope for substantial savings across criminal justice, social work, housing and other services through more effective early intervention.

Housing Options approaches are now more embedded across Scotland but the range of housing options available has been adversely impacted by ongoing welfare reforms. The SAR in the private sector limits private rental options while the roll-out of Universal Credit and limits on LHA in the social rented sector will affect rent affordability in future, and poses considerable challenges for homelessness prevention and solution, particularly with regard to young single people.

Work on homelessness and complex needs in Glasgow in 2014 identified a range of helpful approaches, including the promotion of PIE and 'assertive outreach'. A 'pathway' approach to case management was identified as the ideal, with partners 'keeping hold' of people until they are settled in secure accommodation. Since that study, the CAN in Glasgow has piloted a multi-agency approach to complex needs, and the local authority has committed to Glasgow becoming a 'Housing First City'. A 'Housing First Scotland' partnership is seeking to lead a national discussion on the scaling up of this model across the country.

Although early days, Glasgow is developing an Alliancing model to bring delivery agencies together to procure services. That may provide learning and lessons for elsewhere. Edinburgh is also undertaking a major recommissioning exercise. More generally, across Scotland, the health and social care integration process poses challenges and opportunities for the commissioning of services for homeless people with complex needs.

In a very recent and highly significant development, the Scottish Government announced the establishment of a Homelessness and Rough Sleeping Action Group and the creation of a five-year £50 million 'Ending Homelessness Together Fund'.

CHAPTER THREE: UK AND INTERNATIONAL EVIDENCE ON 'BEST PRACTICE' IN TACKLING HOMELESSNESS AND COMPLEX NEEDS

Introduction

This chapter reviews UK and international evidence on good practice in tackling homelessness, particularly when combined with other complex needs such as substance misuse, mental ill-health or involvement in the criminal justice system. It is based mainly on an international evidence review, conducted for the Joseph Rowntree Foundation's (JRF) UK Anti-Poverty Strategy[46]. We begin by considering the core principles that unite the best practice identified, before considering the evidence specific to addressing rough sleeping; meeting housing and support needs; meeting employability needs; and wider 'systems change'.

Core principles: rooted in 'recovery'

Our JRF review of international best practice evidence indicated that the following five principles, or core components, should underpin responses to homelessness and complex needs:

- **Personalisation:** open-ended, persistent, flexible and co-ordinated support is essential. "Whole-person" approaches are required that take account of the underlying causes of complex needs and the challenging behaviours that can be associated with them.

- **Deinstitutionalisation:** as far as possible, people with experience of homelessness and complex needs should have the option of staying in ordinary housing, rather than in specific, separate institutions.

- **Reintegration:** efforts should be made to enable those directly affected to engage in ordinary social settings, including mainstream workplaces.

- **Asset-based:** interventions should focus on an individual's strengths, not just their 'needs' or the 'risks' that they represent.

- **Poverty-informed:** interventions should deal with the financial and material hardship that people face, rather than focusing only on their social or personal needs or behavioural issues.

These principles are rooted in what can broadly be termed the 'recovery' model[47]. In the mental health field, where this concept originated, recovery involves building a

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[46] https://www.jrf.org.uk/report/uk-poverty-causes-costs-and-solutions

[47] Terry, L. & Cardwell, V. (2015), 'Understanding the Whole Person. What are the Common Concepts for Recovery and Desistance Across the Fields of Mental Health, Substance Misuse and Criminology?', London: Lankelly Chase Foundation.

meaningful and fulfilling life in the face of ongoing mental ill-health, and has strong 'user-led' roots[48]. Recovery from substance misuse focuses on the resolution of alcohol and drug problems[49], not simply their stabilisation. However, while for some commentators success is defined as complete sobriety[50], others contend that meaningful recovery is possible with prescribed drugs[51]. Recovery-focused developments in mental health and drugs have influenced the 'desistance' paradigm in criminal justice, an evidence-based approach to supporting *"long-term abstinence from criminal behaviour among those for whom offending had become a pattern of behaviour"*[52].

Fostering a positive self-identity, alongside a sense of agency and self-determination[53], is emphasised across all three of these recovery domains[54], building upon people's strengths and assets, as well as recognising their problems and needs. This is rooted in the insight that the absence of something negative is not enough – motivational change requires hope and aspiration to work towards something positive. Having a meaningful role in life, rooted in reciprocal obligations as a carer, parent, worker, volunteer, etc., is critical to everyone's feelings of self-worth and sense of belonging to mainstream society[55]. 'Recovery capital'[56] is a key associated concept - constructive social networks that offer not only support, but also an opportunity to 'give

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[48] Sainsbury Centre for Mental Health (2009), 'Making a Reality of Recovery', London: Sainsbury Centre for Mental Health.

[49] Terry, L. & Cardwell, V. (2015), 'Understanding the Whole Person. What are the Common Concepts for Recovery and Desistance Across the Fields of Mental Health, Substance Misuse and Criminology?', London: Lankelly Chase Foundation.

[50] The Centre for Social Justice (2013), 'No Quick Fix: Exposing the Depth of Britain's Drug and Alcohol Problem', London: CSJ.

[51] White, W.L. (2007), 'Addiction recovery: its definition and conceptual boundaries', *Journal of Substance Abuse Treatment*, 33(3). (pp. 229-241)

[52] McNeill, F., Farrall, S., Lightowler, C. and Maruna, S.(2012), 'How and why people stop offending: discovering desistance', *Insights: evidence summaries to support social services in Scotland, 15*, Glasgow: IRISS.

[53] Ward, T. & Brown, M. (2004), 'The good lives model and conceptual issues in offender rehabilitation', *Psychology, Crime and Law*, 10(3). (pp. 243-257).

[54] Terry, L. & Cardwell, V. (2015), 'Understanding the Whole Person. What are the Common Concepts for Recovery and Desistance Across the Fields of Mental Health, Substance Misuse and Criminology?', London: Lankelly Chase Foundation.

[55] Maruna, S. (2001), 'Making Good: How Ex-Convicts Reform and Rebuild Their Lives', Washington DC: American Psychological Association Books.

[56] Roberts, M. (2009), 'Drug Treatment at the Crossroads: What it's for, where it's at and how to make it even better'. London: Drugscope.

something back'[57], as well as a means of addressing the housing, employment, educational, health and other needs of the 'whole person'[58].

Overcoming the negative effects of institutionalisation is a key theme within crime and mental health fields, moving away from stigmatising practices in drug treatment and other service settings is also relevant. Recognising that recovery and desistance are highly personalised processes, which often involve lapses and setbacks, open-ended and flexible support is viewed as critical, alongside the building of social capital, community links and skills development. There is a focus on hope, personal autonomy and connectedness to ordinary life across the recovery literatures[59].

Best practice in addressing rough sleeping: assertive outreach

Assertive and proactive outreach to raise awareness of, and access to, services is now a broadly accepted intervention principle in this field[60]. Assertive engagement refers to a range of interventions that hold in common an attempt to target 'service resistant' individuals[61]. From a different perspective, such approaches offer *"models of service provision to people for whom mainstream services have not effectively responded"*[62]. The nature of the 'assertiveness' that characterises these models varies from those that emphasise persistence of engagement and building trust and rapport, to more overtly persuasive approaches, to models that incorporate elements of conditionality, enforcement and coercion.

'Assertive' approaches were first developed in the mental health field in 1970s America and are commonly used in a psychiatric setting in the US, UK and Australia[63]. 'Assertive Community Treatment' (ACT) evolved as a model to engage those with mental illnesses who were not being well served or had refused to engage with

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[57] The Scottish Government (2015), 'What Works to Reduce Reoffending: A Summary of the Evidence', Edinburgh: Scottish Government.

[58] Terry, L. & Cardwell, V. (2015), 'Understanding the Whole Person. What are the Common Concepts for Recovery and Desistance Across the Fields of Mental Health, Substance Misuse and Criminology?', London: Lankelly Chase Foundation.

[59] Sainsbury Centre for Mental Health (2009), 'Making a Reality of Recovery', London: Sainsbury Centre for Mental Health.

[60] Robinson, S., & Adamson, J. (2013), 'Multiple and complex needs: What works. A summary report from the rapid evidence assessment', Leicester: CFE Research.

[61] Cortis, N. (2012), 'Overlooked and under-served? Promoting service use and engagement among 'hard-to-reach'populations', *International Journal of Social Welfare, 21*(4). (pp. 351-360)

[62] Phillips, R., Parsell, C., Seage, N., & Memmott, P. (2011), 'Assertive outreach (Positioning Paper)', Brisbane: Australian Housing and Urban Research Institute. (p.23)

[63] Phillips, R., Parsell, C., Seage, N., & Memmott, P. (2011), 'Assertive outreach (Positioning Paper)', Brisbane: Australian Housing and Urban Research Institute. (p.23)

mainstream services. The key features of the approach are persistent and long term engagement with individuals; a multidisciplinary team; and small ratios of service providers/staff to patients/service users. Since 2001, ACT or 'assertive outreach' is now a required component of policy directed at people with severe mental health problems in England[64], and it has also been employed in services targeting alcohol and drug dependent individuals[65]. Furthermore, it is central to the 'Housing First' model of housing and support described in the next section.

Assertive street outreach is now used extensively in the UK, America and Australia with rough sleepers and has been described as:

> *"a deliberate method of practice to move people from public places and to assist them to sustain permanent exits from rough sleeping by addressing related issues of mental health and drug and alcohol use that is perceived to be contributing to that rough sleeping."* [66]

Assertive outreach was instrumental to the success of the Rough Sleepers Initiative (RSI) introduced in London in 1990. The Initiative responded to the growing visibility of street homelessness during the 1980s and sought to persuade rough sleepers to engage with services, take up offers of accommodation and thereby eliminate the need to sleep rough. Other key elements of the RSI included the creation of new emergency hostel places, a range of temporary and permanent accommodation places in the private and social rented sectors, and a multi-agency approach to support including drug and alcohol services and mental health services[67]. The RSI achieved substantial reductions in levels of rough sleeping in London and later elsewhere in England in the early to mid-1990s (a version of the RSI was introduced in Scotland in 1997 but with less emphasis on assertive outreach and hard numerical targets[68]).

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[64] Carpenter, J., Luce, A., & Wooff, D. (2011), 'Predictors of outcomes of assertive outreach teams: a 3-year follow-up study in North East England', *Social psychiatry and psychiatric epidemiology, 46*(6). (pp. 463-471)

[65] Passetti, F., Jones, G., Chawla, K., Boland, B., & Drummond, C. (2008), 'Pilot study of assertive community treatment methods to engage alcohol-dependent individuals', *Alcohol and alcoholism, 43*(4). (pp. 451-455)

[66] Phillips, R., Parsell, C., Seage, N., & Memmott, P. (2011), 'Assertive outreach (Positioning Paper)', Brisbane: Australian Housing and Urban Research Institute (pp. 24-25).

[67] Randall, G., & Brown, S. (2002), 'Helping rough sleepers off the streets: A report to the Homelessness Directorate', London: Office of the Deputy Prime Minister.

[68] Fitzpatrick, S, Pleace, N & Bevan, M. (2005), 'Final Evaluation of the Rough Sleepers Initiative', Scottish Government.

Following the end of the RSI in 1999, the Rough Sleepers Unit (RSU) was established which took an even more overtly assertive approach[69], and succeeded in reducing rough sleeping in England by two-thirds between 1999 and 2002 (in fact this target was met a year early, though not in London). Under the RSU, Contact and Assessment Teams were introduced to engaged in *"a style of outreach that would 'persuade', 'encourage' or 'help' rough sleepers to move into accommodation and 'discourage' them from sleeping rough"*.[70] In the official evaluation of the RSU these developments were described in terms of a:

> *"switch from… a 'social work' approach, which sought to meet a wide range of needs on the street, to a more interventionist stance aimed at a very specific and limited goal of moving the client into accommodation, from where more detailed assessment could be made and support put in place"*[71].

Some have objected to assertive outreach practices on the basis that it interferes with the 'right' of people to choose to sleep rough[72]. Some stakeholders point out this seems a hard position to defend ethically in light of the very serious, indeed life threatening, risks that many people face on the streets[73]. Others have therefore argued that assertive outreach that offers rough sleepers 'meaningful alternatives' is consistent with respecting their autonomy and self-determination[74].

The existence and quality of such alternatives is therefore a key question. In some contexts, homeless people have been shown to have a clear preference to sleep rough rather than access emergency/temporary accommodation[75]. This reflects that homeless accommodation may be seen as more dangerous than rough sleeping[76], or

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[69] Fitzpatrick, S., & Jones, A. (2005), 'Pursuing social justice or social cohesion? Coercion in street homelessness policies in England', *Journal of Social Policy, 34*(3). (pp. 389-406)

[70] Phillips, R., Parsell, C., Seage, N., & Memmott, P. (2011), 'Assertive outreach (Positioning Paper)', Brisbane: Australian Housing and Urban Research Institute. (p.25)

[71] Randall, G., & Brown, S. (2002), 'Helping rough sleepers off the streets: A report to the Homelessness Directorate', London: Office of the Deputy Prime Minister. (p.16)

[72] Phillips, R., Parsell, C., Seage, N., & Memmott, P. (2011), 'Assertive outreach (Positioning Paper)', Brisbane: Australian Housing and Urban Research Institute. (p.25)

[73] Johnsen, S., Fitzpatrick, S. & Watts, B. (2014), 'Conditionality Briefing: Homelessness and 'Street Culture', Welfare Conditionality Project Briefing Paper, University of York.

[74] Parsell, C. (2011), 'Responding to people sleeping rough: Dilemmas and opportunities for social work', *Australian Social Work, 64*(3). (pp. 330-345)

[75] Johnsen, S., & Fitzpatrick, S. (2007), 'The impact of enforcement on street users in England', Bristol: Policy Press.

[76] Randall, G., & Brown, S. (2002), 'Helping rough sleepers off the streets: A report to the Homelessness Directorate', London: Office of the Deputy Prime Minister. (p.16)

that accepting a bed/place in such accommodation requires that individuals must be separated from their partners and/or pets[77]. Such considerations underpin many of the arguments for the Housing First model of independent accommodation discussed below.

More controversially, a gamut of other interventions in response to homelessness and more specifically 'problematic street culture' in the UK context might be described as 'assertive' but are more properly defined as **'enforcement'** measures. These include Anti-Social Behaviour Orders (now Criminal Behaviour Orders), arrests under vagrancy laws and controlled drinking zones[78]. After the RSI/RSU significantly reduced the overall numbers of rough sleepers, there was seen to be a 'hard-core' of marginalised individuals with a higher proportion of mental and health/substance abuse problems left on the street, prompting a shift towards a greater emphasis on these sorts of enforcement measures[79].

While such measures have their vocal critics who view them as ethically unacceptable in all circumstances[80], a five city evaluation of enforcement measures in response to 'street culture activities' found that *"when accompanied by appropriate support, [they] can… lead to beneficial outcomes for some individuals"*[81]. However, whether or not they do so is 'highly unpredictable', and they also risk displacing rough sleepers into more dangerous areas and activities. Such enforcement measures are therefore argued to be a 'high risk' strategy that should only ever be used a last resort after supportive interventions have been exhausted, especially if severe penalties are involved[82].

Best practice in meeting housing and support needs: 'Housing First', 'community hosting' and other 'non-institutional' options

A fundamental change has taken place in homelessness services across much of the developed world, inspired by the Housing First model initially developed in New York

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[77] Nicholls, C. M. (2010), 'Housing, Homelessness and Capabilities', *Housing, Theory and Society, 27*(1). (pp. 23-41)

[78] Fitzpatrick, S., & Johnsen, S. (2009), 'The Use of Enforcement to Combat 'Street Culture' in England: An Ethical Approach?', *Ethics and Social Welfare, 3*(3). (pp. 284-302)

[79] Fitzpatrick, S., & Jones, A. (2005), 'Pursuing social justice or social cohesion? Coercion in street homelessness policies in England', *Journal of Social Policy, 34*(3). (pp. 389-406)

[80] Watts, B., Fitzpatrick, S. & Johnsen, S., (2017), 'Controlling homeless people? Power, interventionism and legitimacy', *Journal of Social Policy*. (pp. 1-18)

[81] Johnsen, S., & Fitzpatrick, S. (2008), 'The Use of Enforcement to Combat Begging and Street Drinking in England: A High Risk Strategy?', *European Journal of Homelessness, 2*, 191-204. (p284)

[82] Sanders, B. & Albanese, F. (2017), 'An Examination of the Scale and Impact of Enforcement Interventions on Street Homeless People in England and Wales', London: Crisis.

City for chronically homeless people with severe mental health problems[83]. Housing First involves rapid access to ordinary (private or social) rental housing for homeless people with complex needs, coupled with intensive and flexible support, provided on an open-ended basis[84]. The approach is particularly distinctive in that it *"'bypasses transitional stages characteristic of linear models'*[85] that require homeless people to progress through a serious of separate services prior to independent living.

Consumer choice is central to Housing First: participants must want their own tenancy. This contrasts with the treatment-first philosophy of traditional transitional models, which seek to promote 'housing readiness' in a hostel-type setting, and have been criticised for their high placement failure rate and unintended consequences (e.g. institutionalising homeless people).[86] Homeless people often strongly dislike hostels, as noted above, and difficulties in managing challenging behaviour in these congregate environments also means that hostels, like women's refuges, sometimes exclude those with the most complex needs.

Robust international evidence[87] has demonstrated impressively high housing retention rates in Housing First projects (often 90% at the one-year mark)[88]. The broader impacts of Housing First on substance misuse, health and quality of life indicators are less uniform, but still positive on the whole, and better than for traditional transitional models[89]. The first UK example of Housing First was implemented in Glasgow, by Turning Point Scotland, and had similarly positive results[90].

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[83] Tsemberis, S., Gulcur, L., & Nakae, M. (2004), 'Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis', *American Journal of Public Health,* 94(4). (pp.651-655)

[84] Pleace, N. (2011), 'The ambiguities, limits and risks of Housing First from a European perspective', *European Journal of Homelessness,* 5(2). (pp.113-127)

[85] Johnsen, S., & Teixeira, L. (2010), 'Staircases, elevators and cycles of change : 'Housing first' and other housing models for homeless people with complex support needs', London: Crisis.

[86] Busch-Geertsema, V. (2013), 'Housing First Europe: Final Report', Brussels: European Commission.

[87] Woodhall-Melnik, J.R. & Dunn, J.R. (2016), 'A systematic review of outcomes associated with participation in Housing First programs', *Housing Studies,*31(3). (pp.287-304)

[88] Busch-Geertsema, V. (2013), 'Housing First Europe: Final Report', Brussels: European Commission.

[89] Johnsen, S., & Teixeira, L. (2010), 'Staircases, elevators and cycles of change : 'Housing first' and other housing models for homeless people with complex support needs', London: Crisis.

[90] Johnsen, S. (2013), 'Turning Point Scotland's Housing First Project Evaluation: Final Report', Edinburgh: Institute for Housing, Urban and Real Estate Research, Heriot-Watt University.

Some European projects[91] claim considerable cost savings for Housing First, which have been demonstrated convincingly in the US[92] and Canada[93], particularly for those with the most complex needs, and are consistent with findings in the more limited UK evidence base[94]. Calculations by Glen Bramley based on this evidence indicates that if Housing First style support was provided to 46,000 people with multiple and complex needs in England, the Government would save £200 million every year after the first two years of implementation.[95] 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 million[96].

The existing evidence would therefore strongly support scaling up the Housing First model up as the default option for homeless adults with complex needs in Scotland, retaining transitional accommodation for the minority of this group (estimated to be up to 20%[97]) for whom the model may not be suitable. While there is UK research that indicates that congregate and transitional forms of supported accommodation work for some[98], the UK and international evidence weighs heavily in favour of there being a presumption against this type of provision unless specifically desired by the homeless person themselves[99]. As noted in the previous chapter, Housing First Scotland is a partnership between GHN and Turning Point Scotland with funding from the Scottish Government through the European Social Fund that is charged with pursuing this. The very large turnout and positive reception at the Housing First seminar held in May of

[91] Busch-Geertsema, V. (2013), 'Housing First Europe: Final Report', Brussels: European Commission.

[92] Tsemberis, S. (2010), 'Housing First: The pathways model to end homelessness for people with mental illness and addiction', *European Journal of Homelessness,* 5(2). (pp.235-240)

[93] Mental Health Commission of Canada (2014), 'National Final Report Cross-Site At Home/Chez Soi Project', Mental Health Commission of Canada, Calgary.

[94] Bretherton, J., and Pleace, N. (2015), 'Housing First in England: An evaluation of nine services', York: Centre for Housing Policy, University of York.

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

[96] Blood, I., Copeman, I., Goldup, M., Pleace, N., Bretherton, J. & Dulson, S. (2017), 'Housing First Feasibility Study for the Liverpool City Region', London: Crisis.

[97] Bretherton, J., & Pleace, N. (2015), 'Housing First in England: An evaluation of nine services'*,* York: Centre for Housing Policy, University of York.

[98] Crane, M., Joly J., & Manthorpe, J. (2016), 'Rebuilding Lives: Formerly homeless people's experiences of independent living and their long-term outcomes', London: King's College London.

[99] Homeless Link (2016), 'Housing First in England: The Principles', London: Homeless Link.

this year indicates that there is already a strong appetite for this approach in Scotland[100].

One obvious concern with Housing First is the shortage of affordable housing, especially in Edinburgh and other tight housing market areas, and also the reluctance of some housing providers to accommodate those with complex needs. Ways forward would include identifying housing associations committed to this agenda as part of their 'social mission', and reassuring landlords of the reliable support package available. In Scotland there is also the 'backstop' of local authorities and housing associations' statutory duties to house all unintentionally homeless people, including single people, that extend beyond the statutory duties elsewhere in the UK.

Another pertinent issue can be the 'path dependency' of some existing homelessness provision where current financial models are predicated on the delivery of combined accommodation and support packages via hostels and other large single site units. The newly established 'Housing First Transition Fund' is intended to offer a practical financial package to assist local partnerships to scale-up the shift to the new model by providing repayable loans to facilitate 'safe' disinvestment in hostel buildings and other congregate forms of accommodation and reinvestment in scatter site housing[101]. In Liverpool, too, recent work by Crisis on a feasibility study has offered practical pointers in tackling the radical 'systems change' needed to move over to a Housing First approach at city-regional level, including cultural change as regards mainstream housing, criminal justice, NHS and other services[102].

The cost of the robust wrap-around support required for Housing First to work effectively is also a concern, albeit that a recent report from the Centre for Social Justice found that the core support package could be funded for as little as £5,304 per year per person in England.[103] Nonetheless the fact that this support must be available on an open-ended basis (for as long as it is needed) rather than limited to a transitional period makes it potentially challenging to resource. This reinforces the need to make the economic case for change (see above), and also reinforces the imperative to engage more effectively with the health and criminal justice sectors in the delivery of Housing First in the knowledge that many of the potential cost savings associated with the model will accrue to those sectors[104].

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[100] http://www.ghn.org.uk/shien/wp-content/uploads/sites/5/2017/05/Housing-First-Report-1.pdf

[101] http://www.ghn.org.uk/shien/wp-content/uploads/sites/5/2017/05/Housing-First-Report-1.pdf

[102] Blood, I., Copeman, I., Goldup, M., Pleace, N., Bretherton, J. & Dulson, S. (2017), 'Housing First Feasibility Study for the Liverpool City Region', London: Crisis.

[103] Centre for Social Justice (2017), 'Housing First', London: CSJ.

[104] Johnsen, S., & Teixeira, L. (2012), 'Doing it already'?: stakeholder perceptions of Housing First in the UK', *International Journal of Housing Policy*, 12(2). (pp. 183-203)

While a definitive costing for Housing First in the four main Scottish cities must await further analysis (and in particular ongoing work on SMD in Scotland for the Lankelly Chase Foundation), we can offer a preliminary broad estimate based on the available data. We do this by combining the 'core homelessness' estimates for the four cities (see Chapter 4) and the complex needs prevalence derived from the official (HL1) homelessness statistics (see Chapter 2) with evidence from a recent evaluation study of Housing First and associated cost-effectiveness calculations published in 2016[105]. Core homeless estimates in the four cities range from 390 in Dundee to 1,960 in Glasgow totalling 4420 overall. Of these, between 15% (Edinburgh) and 38% (Glasgow) have complex needs, according to the HL1 data, an overall share of 28% giving a total number of 1,180. The proposed programme would try to address this backlog of complex need-related homelessness over a period of two years. From the background evaluation study it was found that about 80% of complex needs homeless adults are likely to be able to benefit from Housing First. This then gives an annual programme of 470 cases, ranging from 35 in Dundee to nearly 300 in Glasgow. Three elements of cost are identified and quantified:

- The rent payable (via Housing Benefit/Universal Credit) for 1-bedroom flats in the cities, mainly in the social rented sector (but allowing for a mixture of social and private rental in pressured Edinburgh),
- An annualised value of the capital grant associated with a new social rented 1-bed unit,
- The cost of keyworker support over the year, given indicative caseloads from the evaluation study.

One direct cost offset is identified, namely the hostel rental/service charge and associated support costs for that proportion of cases who are in hostels or temporary accommodation. Wider cost offsets (particularly in healthcare and criminal justice) analysed in the cost-effectiveness study showed that overall public sector costs impacts would be net negative (net saving) after year 2. Total costs in year 1 for the 4 cities are £2.7m gross but only about £1m net in year 1, rising to £5.5m gross or £1.96m net in year 2. We have not allowed for any one-off administrative/professional costs involved in setting up the scheme, nor the ongoing investment required to provide Housing First for the 'inflow' of new cases of complex needs over time. As noted above, different cost elements and cost offsets will fall on different parts of the public sector.

Other promising 'non-institutional' means of addressing housing and support needs of homeless people are 'community hosting' options. Probably the best known of these

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[105] Bretherton, J. & Pleace, N. (2015), 'Housing First in England: an evaluation of nine services', a report of research by the Centre of Housing Policy for Homeless Link, GLA and Brighton & Hove Council, as used/developed further in Bramley, G with. Leishman, C., Cosgrove, P. & Watkins, D. (2016), 'What Would Make a Difference: Modelling Policy Scenarios for Tackling Poverty in the UK', Appendix G., and further cited in Joseph Rowntree Foundation (2016), 'Solve UK Poverty' report.

are 'Supported Lodgings', a model originally developed for care leavers but sometimes also used to accommodate homeless young people. Supported Lodgings offers young people a room in a private home with trained hosts and support from professionals for up to several years. A Government-funded evaluation in 2008 compared outcomes for Supported Lodgings to other forms of supported accommodation (supported housing, foyers and floating support)[106]. It found that Supported Lodgings was associated with better outcomes on a range of dimensions, including young people being in paid work at the point of leaving the service, participating in work, training and/or education while in receipt of the service, and better management of substance misuse. Supported Lodgings placement failure rates also compared favourably to those in supported housing and foyers, although were higher than in floating support. It is considered cost-effective because of the absence of building-related costs, and its flexibility.

Supported Lodging have tended not to be used for young people with complex needs thus far, though there is potential to explore adaptations to the model (e.g. specialist host training and premium payments, taking inspiration from 'intensive fostering'[107]) to enhance its capacity in this regard. Likewise, there is scope to extend this model for homeless adults, especially those under 35 in light of the welfare benefit restrictions that will make it difficult for some to afford self-contained accommodation even in the social rented sector. Being a community-based approach, it may also be applicable in rural areas, which struggle to offer options which require a higher critical mass.

Another promising, though currently under-evidenced, 'community hosting' model is Nightstop, which offers flexible respite and 'time out' to struggling families[108]. Nightstop services are provided by a variety of organisations including Depaul UK, Barnardo's, YMCA and smaller charities. They provide emergency accommodation for 16-25 year olds in the homes of approved volunteer hosts who receive training and support. Placements vary from one night to several weeks depending on the availability of hosts and the needs of the young person. Nightstop has been described as a helpful means of keeping young people out of the 'homelessness system' and the potentially harmful social influences they would be exposed to within other forms of emergency accommodation, such as B&B and hostels[109].

There is also at least some evidence to support the efficacy of a range of other 'non-institutional' approaches to resolving meeting the housing needs of homeless people, particularly those with lower level support needs. These include Crisis's Private

[106] Holmes, J. (2008), 'Making a difference: Supported lodgings as a housing option for young people', London: Department for Communities and Local Government.

[107] http://www.sciencedirect.com/science/article/pii/S0190740911002118

[108] Watts, B., Johnsen, S., & Sosenko, F. (2015), 'Youth homelessness in the UK: A review for The OVO Foundation', Edinburgh: Heriot-Watt University.

[109] Watts, B., Johnsen, S., & Sosenko, F. (2015), 'Youth homelessness in the UK: A review for The OVO Foundation', Edinburgh: Heriot-Watt University.

Rented Sector Access Programme[110], its 'shared solutions' programme, which sought to improve the support given to both (low-income) tenants and landlords in shared accommodation schemes[111], and 'peer landlord' schemes'[112], which provide shared housing and peer support to formerly homeless people who are working or close to returning to employment. There is also strong evaluative evidence to support the effectiveness of 'sanctuary schemes', which enable households at risk of violence to remain safely in their own homes via target hardening and enhanced security measures.[113]. What all of these models have in common is their commitment to community-based solutions which keep people out of institutional settings and the 'homelessness system'. What they also have in common is their severely underdeveloped state in Scotland.

Best practice in meeting employment needs: Individual Placement Support and Job Coaching

There is now a strong body of research, including numerous randomised control trials, that points to the effectiveness of the 'place, support and train' approach of Individual Placement and Support schemes in which people with severe mental health problems are supported in a real job in an ordinary work setting. This contrasts with more traditional "train, place and (perhaps) support" approaches, in which the person is "trained" for an abstract job[114]. The IPS model has now been successfully adapted for people with drug and alcohol addictions[115]. Like Housing First, IPS was first developed in the United States, and is underpinned by evidence-based principles which embody the 'core components' outlined at the start of this chapter:

> *"...competitive employment is the goal, job search occurs rapidly, eligibility is based on client choice, job choice follows client preference, support is ongoing and is based on client need, employment and mental health services are integrated, and personalized welfare benefits advice and guidance is provided. IPS is a direct, individualized search for competitive employment that avoids*

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[110] Gousy, H. (2016), 'Home: No Less will do, Improving access into the private rented sector for single homeless people', London: Crisis.

[111] Batty, E., Cole, I., Green, S., McCarthy, L. & Reeve, K. (2015), 'Evaluation of the Sharing Solutions programme', Sheffield: Sheffield Hallam University.

[112] Jones, A. & Rugg, J. (2016), 'Peer Landlords: Testing the Concept', London: Commonweal Housing.

[113] Jones, A., Bretherton, J., Croucher, K. & Bowles, R. (2010), 'The Effectiveness of Schemes to Enable Households at Risk of Domestic Violence to Remain in their own Homes', London: CLG.

[114] New Policy Institute (2015), 'Disability, Long-term Conditions and Poverty', London: New Policy Institute.

[115] Mental Health Foundation (2015), 'Poverty and Mental Health: A Review to Inform the JRF Anti-poverty Strategy'.

lengthy pre-employment preparation or training and does not screen people for work 'readiness' or 'employability'."[116]

A study comparing the IPS model to vocational rehabilitation (which provided vocational training and job preparation before looking for competitive employment) in six European countries[117], including the UK, found that IPS participants were twice as likely to gain employment (55% as against 28%), to sustain employment for longer, and to earn more than those supported through traditional models. The total costs for IPS were also generally lower over the first six months[118]. The IPS approach needs to be properly resourced, as it involves potentially long-term and/or intense in-work support, and some level of employer subsidies, particularly to smaller employers[119].

Individual job coaching - an approach that shares some features with IPS - has also been positively associated with both gaining and sustaining employment amongst homeless and other vulnerable people, particularly among young people[120]. Job coaches are trained volunteers from participating companies who provide support and advice, help with job applications and aim to develop clients' self-confidence and resilience. A 2014 study[121] of post-placement job coaching, offered as part of a wider programme by Business in the Community, drew on data collected over 3 years (2009-12) covering 2,480 clients in total, 638 of whom were supported by a job coach. It found that re-integration into the labour market was 3.7 times higher among those supported by a job coach compared to those who were not. The association between job coaching and gaining employment was stronger among 18-24 year olds than older age groups. The study also found that those with a job coach were more likely to sustain their employment. Recent positive evaluation of the one-to-one element of the

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[116] Rinaldi, M., Miller, L., & Perkins, R. (2010), 'Implementing the individual placement and support (IPS) approach for people with mental health conditions in England', *International Review of Psychiatry*, 22(2). (pp.163-172, p.164)

[117] Sainsbury Centre for Mental Health. (2009), 'Briefing 37: Doing what works – Individual placement and support into employmen',. London: Sainsbury Centre for Mental Health.

[118] See also Elliott, I. (2016), 'Poverty and Mental Health: A Review to Inform the JRF Anti-poverty Strategy', Mental Health Foundation London: Mental Health Foundation.

[119] MacInnes, T., Tinson, A., Gaffney, D., Horgan, G., & Baumberg, B. (2014), 'Disability, long-term conditions and poverty', London: New Policy Institute.

[120] Hoven, H., Ford, R., Willmot, A., Hagan, S., & Siegrist, J. (2014), 'Job Coaching and Success in Gaining and Sustaining Employment Among Homeless People', *Research on Social Work Practice*.

[121] Hoven, H., Ford, R., Willmot, A., Hagan, S., & Siegrist, J. (2014), 'Job Coaching and Success in Gaining and Sustaining Employment Among Homeless People', *Research on Social Work Practice*.

support offered in Crisis 'Skylight' services is also consistent with this emphasis on individual coaching interventions[122].

Wider aspects of practice and 'systems change' in working with homeless people with complex needs

More broadly, key features of effective practical interventions with people with complex needs have been identified by evaluations of the Government-sponsored Adults facing Chronic Exclusion pilot initiatives in 12 areas in England[123], and the Making Every Adult Matter (MEAM) voluntary sector coalition pilots, originally delivered in three English localities[124] and now expanded to 27 areas[125]. Informed by these pilot programmes, in 2014 the Big Lottery Fund launched its £112 million, 8-year multiple-needs programme, *Fulfilling Lives*, focused on people experiencing some combination of homelessness, problematic substance misuse, reoffending and mental illness[126]. The principles of practice that emerge from across these programmes have been captured in the notion of a **'link worker'** [127] who acts as a 'service navigator'[128] for people facing complex needs and promotes local systemic change so that the support they are offered is:

- holistic, rather than dealing with issues in isolation;

- recognises financial hardship and intervenes to alleviate it long term;

- flexible, with services able to work together to meet a range of needs (including those they might currently judge to be below their threshold);

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[122] Pleace, N. & Bretherton, B. (2017), 'Crisis Skylight: Final Report of the University of York Evaluation', London: Crisis.

[123] Cattell, J., & Mackie, A., with Gibson, K., Hitchins, T., Parry, W., Porsch, L., & Savage, J. (2011), 'Simple but effective: Local solutions for adults facing multiple deprivation. Adults facing Chronic Exclusion evaluation: Final report', London: Department for Communities and Local Government.

[124] Battrick, T., Crook, L., Edwards, K. and Moselle, B. (2014), 'Evaluation of the MEAM Pilots – Update on Our Findings', A Report by FTI Consulting and Compass Lexecon for MEAM.; http://www.themeamapproach.org.uk

[125] Making Every Adult Matter (2016), 'The MEAM Approach'.

[126] Big Lottery Fund UK. (2016), 'Fulfilling Lives: Supporting people with multiple needs' [online] Available at: https://www.biglotteryfund.org.uk/prog_complex_needs

[127] Revolving Doors Agency and Centre for Mental Health (2015), 'Comprehensive Services for Complex Needs. A Summary of the Evidence', London: Revolving Doors.

[128] Mental Health Foundation (2015), 'Poverty and Mental Health: A Review to Inform the JRF Anti-poverty Strategy'.

- intensive and open-ended where needed, rather than time-limited;

- founded on consistent client identification and referral;

- based on one-to-one relationships between a client and a specific worker, who sticks with the client;

- pro-active and assertive, even in the face of challenging or abusive behaviour, and persisting even when clients disengage;

- delivers the service in community settings where appropriate, rather than in offices or institutions, to promote ordinary living; and

- builds on client assets, such as support from families and communities where available.

Other areas of growing consensus include the benefits of developing PIEs for people with multiple needs[129], which includes providing **'trauma-informed care'**[130]. The existing evidence base on PIEs is promising but more systematic research on the impacts of these models would be beneficial. More recent research has also emphasised the importance of 'upstream' preventative services as well as crisis interventions being trauma-informed[131].

Additionally, there is growing interest in the use of **peer support**, whereby people with personal experience of multiple needs work with clients, either on a paid or volunteer basis, including as peer mentors[132]. While the existing research would indicate that some caution is required with the peer mentoring approach[133], there is emerging evidence that properly supported peer workers in homelessness services can add

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[129] Breedvelt, J.F. (2016), 'Psychologically Informed Environments: A Literature Review', London: Mental Health Foundation.; Keats, H. et al (2012), 'Psychologically Informed Services for Homeless People. A Good Practice Guide', Southampton: University of Southampton.

[130] Maguire, N. J., Johnson, R., Vostanis, P., Keats, H. & Remington, R. E. (2009), 'Homelessness and complex trauma: a review of the literature', *Institutional Research Repository* (ePrints Soton), University of Southampton.

[131] Thomas et al (2017), 'Going Further Back: Earlier Action on Multiple Needs to Prevent Homelessness', University of Sheffield & MEAM.

[132] Making Every Adult Matter. (2015), 'Solutions from the frontline: Recommendations for policymakers on supporting people with multiple needs', London: MEAM and Lankelly Chase Foundation.

[133] Public Health England (2015), 'The International evidence on the prevention of drug and alcohol use: Summary and examples from England', London: Public Health England.

value. Their 'shared histories' with service users seem to help break down barriers and can provide positive role models.

Summary – UK and international evidence on good practice

Compelling evidence now tells a clear story about best practice in working with rough sleepers and other homeless people with complex needs:

- Provide support that is tailored to the individual, persistent, flexible, and coordinated with other support services.

- Use assertive and pro-active models to make effective contact with the most vulnerable people.

- For those who want their own housing, give them swift access to this, together with the support required for them to maintain it.

- Don't concentrate those who have experienced homelessness together and separate them from mainstream society.

- Channel people's strengths and interests rather than just focus on their problems and the risks that they pose.

- Directly address the material hardship that underpins their situation, not just the challenging behaviours sometimes associated with rough sleeping and complex needs.

- Ensure insofar as possible that not only crisis services, but all key services working with vulnerable people, are 'trauma-informed'.

- Consider using peer workers, but be prepared to properly support and pay them.

- And bear in mind that there may be a role for enforcement, but only ever use this as a last resort, when all other avenues are exhausted, and when combined with effective support.

There are a range of evidenced models in the UK and internationally that fit with these principles but in most cases they are either undeveloped or only at the very early stages of development in Scotland.

CHAPTER FOUR: THE OVERALL SCALE OF 'CORE' HOMELESSNESS IN THE FOUR CITIES

Introduction

This chapter presents estimates of scale of 'core homelessness' - that is, its most immediate and extreme forms - in Glasgow, Edinburgh, Dundee and Aberdeen. It is based on statistical modelling work undertaken at national level for the homelessness charity Crisis[134]. We begin by explaining the definition and some of the key measurement issues in estimating core homelessness, before presenting the overall estimates and comparative profiles for the four cities, and future projections (assuming a baselines and alternative scenarios).

Note that throughout this chapter 'stock' estimates are presented, that is the number of households affected at a particular point in time, rather than a 'flow' measures, such as those recorded as presenting as homeless over the year in the official homelessness statistics discussed above.

Definition and measurement of core homelessness

In undertaking the statistical modelling work for Crisis[135] , we agreed to focus initially on a measure of 'core homelessness', which covers what most stakeholders would agree represents people with the most acute and immediate problems, i.e. those people we can say are 'homeless now'. Such a definition can plausibly claim to command general public support (a stable consensus), while avoiding significant practical problems of double-counting and conceptual problems of mixing 'stock' and 'flow' measures. A further analysis of 'wider homelessness'[136] is ongoing and due to be published later this year.

The agreed definition of 'core homelessness', includes the following elements, as shown in the table below.

For a number of the sub-categories of core homelessness we do not have good direct measures routinely available from regular statistical sources. To overcome these limitations, the core homelessness estimates draw on and 'triangulate' a range of different sources to produce estimates which rely on assumptions as well as hard data. These include Scottish Government homelessness statistics (HL1 data), Scottish

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[134] Bramley, G. (2017), 'Core Homelessness in Great Britain: Interim Summary Report'.

[135] Bramley, G. (2017), 'Core Homelessness in Great Britain: Interim Summary Report'.

[136] 'Wider homelessness' includes such groups as (a) those facing eviction or other loss of accommodation, (b) those who have been assessed as homeless or at risk of homelessness who are living in acceptable forms of temporary accommodation; (c) concealed potential households, i.e. adults living with other households who would prefer/expect to live independently; (d) licensed squatters; (e) people living in caravans, boats, holiday accommodation, etc.

Household Survey (SHS) data, UK-wide Household Longitudinal Survey and the UK Poverty and Social Exclusion Survey data. The medium or mid-point in a range of low, medium and high estimates are presented in this chapter. The data sources and assumptions used for the Scotland base-period estimates are shown in Appendix B.

Table 3: Definition of core homelessness

Rough Sleeping
Sleeping in tents, cars, public transport*
Squatting (unlicensed, insecure)*
Unsuitable non-residential accommodation e.g. 'beds in sheds'*
Hostel residents
Users of night/winter shelters*
DV victim in Refuge*
Unsuitable temporary accommodation (e.g. B & B, HMO, 'out of area')
'Sofa Surfing' – staying with others (not close family), on short term/insecure basis/wanting to move, in crowded conditions (not student)

* For forward projections these smaller items are grouped into a category of 'other'

Given the focus of this study on the situation in the four principal cities of Scotland, further detailed elaboration of the estimates within the Crisis projections study has been necessary, to get down from the national and sub-regional level to the level of the individual local authorities. It should be noted, however, that at this lower geographical level, there can be less precision and certainty about the numbers[137].

Core homelessness estimates

Figure 14 below shows the estimate of core homelessness in 2016 for the four cities. The overall estimate ranges from 387 households in Dundee and 576 in Aberdeen to 1,486 in Edinburgh and 1,955 in Glasgow.

Figure 15, however, shows that allowance is made for the size of the cities in terms of total number of households, the rates of core homelessness are not so different, ranging from 0.52% in Aberdeen and 0.53% in Dundee to 0.62% in Edinburgh and 0.65% in Glasgow. These figures for Edinburgh and Glasgow are higher than those for Scotland as a whole (0.53%) whereas Aberdeen and Dundee are similar to the national rate. Areas in Scotland with lower rates would include Ayrshire (0.33%), Stirling-Falkirk-Clackmannan (0.33%), and Borders-Dumfries and Galloway (0.35%).

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[137] See Appendix B for further discussion of basis of core homelessness estimates and the degrees of uncertainty/imprecision surrounding them.

The rates for the Scottish cities tend to be higher than equivalent estimates for some northern English cities, although similar to those for Greater Manchester, Bristol and Birmingham, but markedly lower than Greater London.

Figure 14: Core homelessness estimates by component and location, 2016 (number)
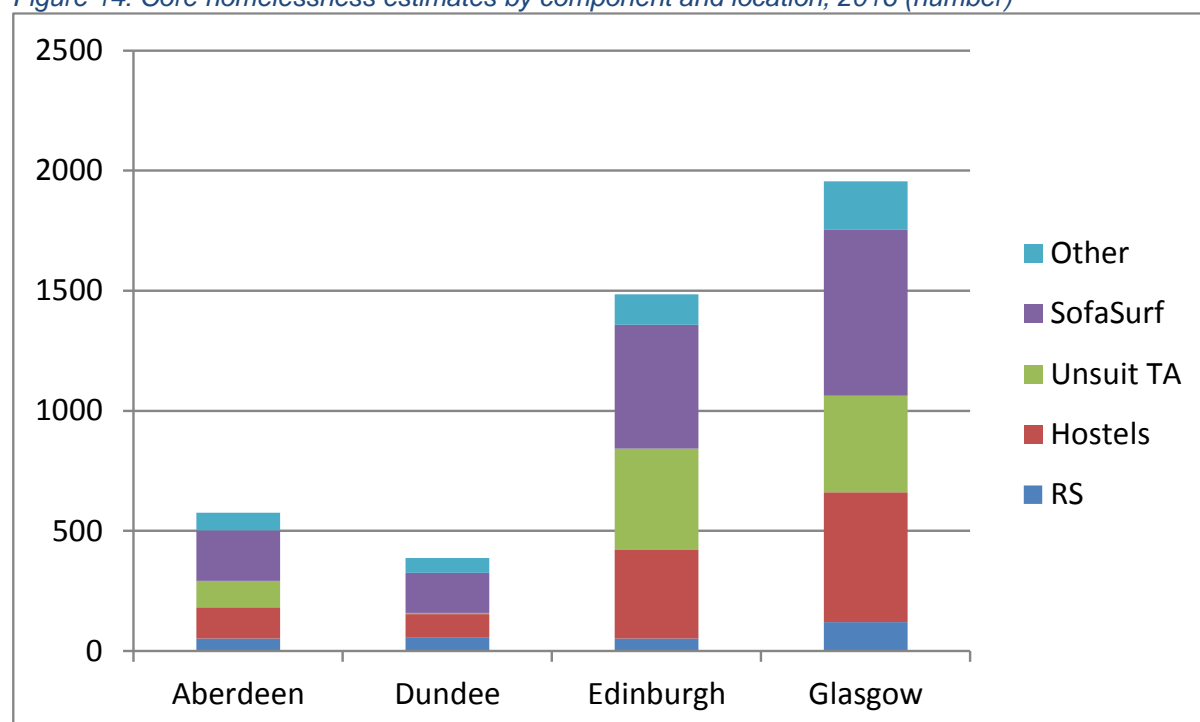
	Aberdeen	Dundee	Edinburgh	Glasgow
Rough sleeping (RS)	55	55	50	120
Hostels	130	100	370	540
Unsuitable Temp Accom.	110	5	420	400
Sofa Surfing	210	165	515	690
Other	75	60	130	200
Total core homelessness	575	385	1485	1955

Note: Numbers in this table are estimates from range of sources, rounded to nearest 5

Sofa surfing is the most common form of core homelessness across the four cities, accounting for over a third and, in the case of Dundee, approaching half of the total. Hostel residents account for around a quarter of the total, with a slightly higher share in Glasgow. Unsuitable TA is relatively rare in Dundee, but makes up around 20% of core homelessness in Aberdeen and Glasgow and nearly 30% in Edinburgh – this category tends to reflect housing market pressures and supply, but may also depend on local authority policies and practices.

Rough sleeping estimates are numerically similar across Aberdeen, Dundee and Edinburgh at around 50-55 people, compared with 121 in Glasgow[138], all figures referring to numbers on a typical night. Proportionately, that means that rough sleeping is 9% of all core homelessness in Aberdeen and 14% in Dundee compared with 6% of core homelessness in Glasgow and just 3% of core homelessness in Edinburgh.

Figure 15: Core homelessness rates as percent of households by component and city
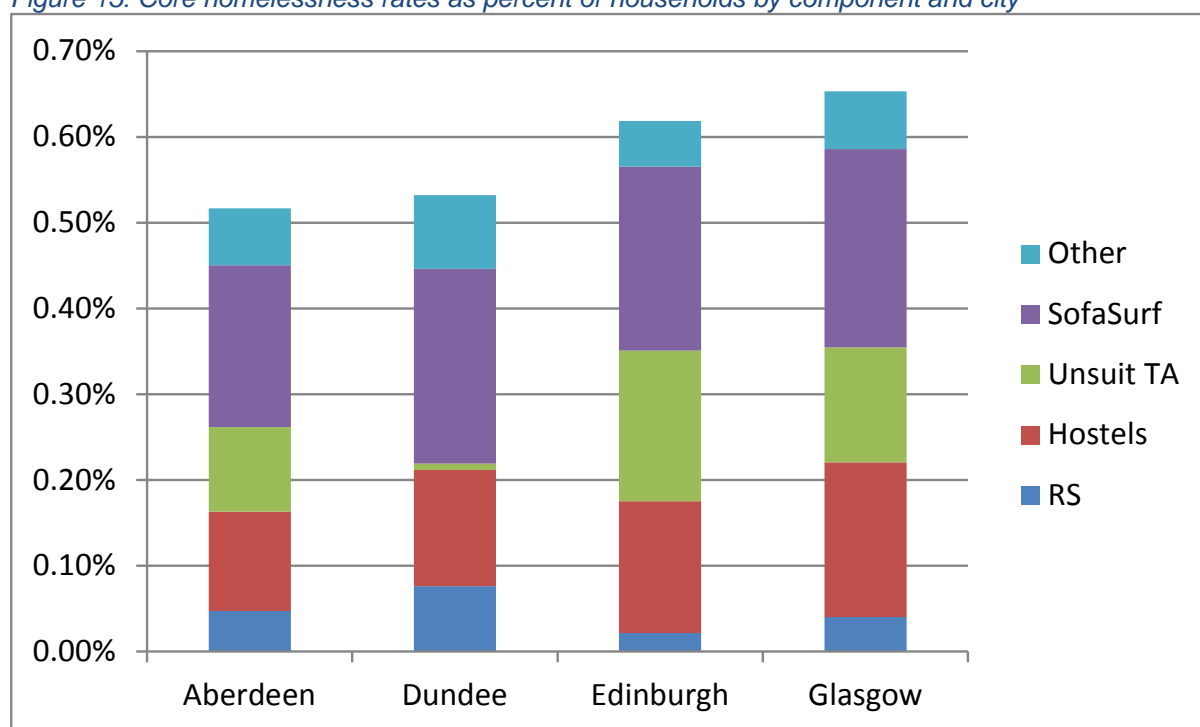
Projections for core homelessness

The baseline projections of core homelessness for both Scotland as a whole and the four cities (across all components) are shown in Figures 16 and 17.

In the period from 2011 to 2016 the numbers of core homeless in Scotland are estimated to have fallen somewhat, based on a range of sources including the relevant parts of the statutory homelessness statistics, the SHS, and elements of model-based predictions.

Across Scotland overall, the number of core homeless households is projected to increase again from around 11,000 in 2016 to 16,710 by 2041. Across the four cities, though, there is projected to be an increase in core homelessness, from 4,400 in 2016 to 5,575 by 2026 and 6,630 by 2041. There are proportionately higher increases in

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[138] The particular estimate for Glasgow triangulates well with new data from the 2017 'Destitution' survey conducted in Glasgow, which gives a directly comparable estimate of 120.

core homelessness projected for Dundee and Edinburgh compared with Aberdeen and Glasgow. Overall, from 2011 to 2041, homelessness is expected to increase by 33% in the four cities as a whole compared with 27% for Scotland as a whole.

Figure 16: Core homelessness projection for four cities and Scotland (baseline) 2011-2041
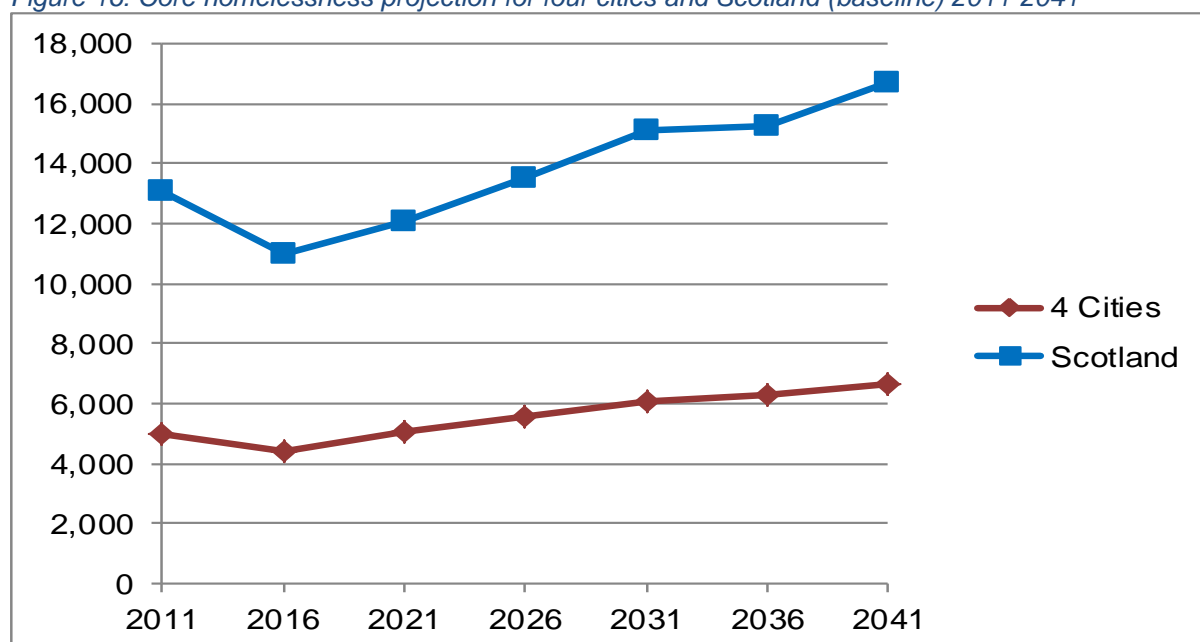
This baseline is based on current mid-point estimates, projected forward assuming recent economic and socio-demographic trends continue into the medium term[139]. The longer-term upswing in core homelessness estimates across the four cities (though Glasgow to a lesser extent) reflects adverse trends in a number of key drivers including poverty, demographic profiles, housing tenure and costs. For example, it is assumed that welfare reforms and cuts currently in train continue into the 2020s; there are expected to be more single and lone parent households, who are more vulnerable to homelessness; and many more households will be in private renting facing higher rents and less security. While broadly these factors may be expected to impact more strongly in the cities, Scotland as a whole may experience somewhat less impact than parts of England because of a better balance of housing supply with demand and modifications to the private rental tenure regime.

More detail on the projections approach is provided in Appendix B.

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[139] The model is affected in the short run by recovery from the prolonged recession following the 2008 financial crisis, short term macro economic forecasts, and judgements about the effects of Brexit. It is assumed that there is one further recession around 2028. Otherwise economic growth trends reflect a mixture of national and subregional trends over the period 1997-2007. Further detail on modelling assumptions is provided in the Technical Report.

Figure 17: Core homelessness projection for individual cities (baseline) 2011-2041
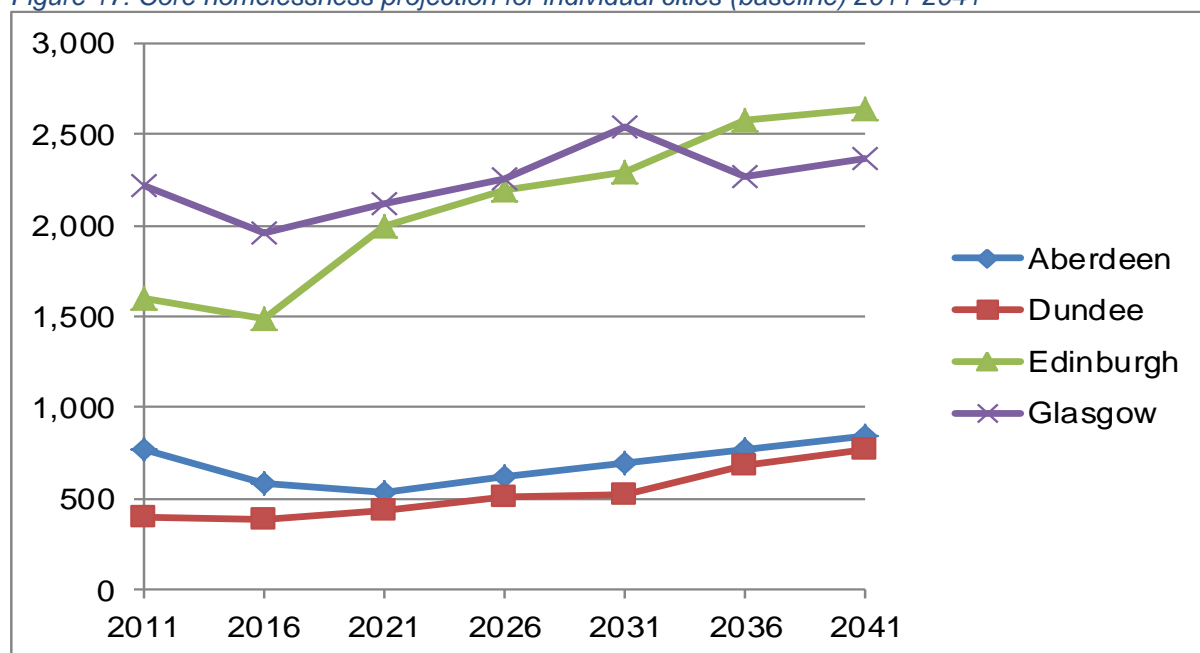
City	2011	2016	2021	2026	2031	2036	2041	% change
Aberdeen	760	580	540	620	690	760	840	10%
Dundee	400	390	430	500	520	680	770	94%
Edinburgh	1,600	1,490	2,000	2,200	2,290	2,580	2,650	65%
Glasgow	2,220	1,960	2,120	2,250	2,540	2,260	2,370	7%
4 Cities	4,970	4,410	5,080	5,570	6,040	6,290	6,630	33%
Scotland	13,120	11,020	12,100	13,530	15,110	15,280	16,710	27%

Source: Core homelessness projections, 2016 (Scotland and 4 cities); all numbers rounded to nearest 10.

Figure 18 below shows how the different components of core homelessness are predicted to change over time, with most total growth in absolute numbers predicted in unsuitable TA and sofa surfing. Reflecting the experience of local authorities across the UK as well as in Scotland, use unsuitable TA responds sensitively to pressures of demand and supply on the local social housing system. Rough sleeping is projected to decrease somewhat until 2026, after which it rises modestly back to current levels. This prediction is based on a statistical model calibrated on the SHS data, as described

in Appendix B[140]. Hostel numbers are not predicted to change over the period, so hostel occupant numbers are constrained.

Figure 18: Core homelessness projection (by component type) 2011-2041 (four cities)
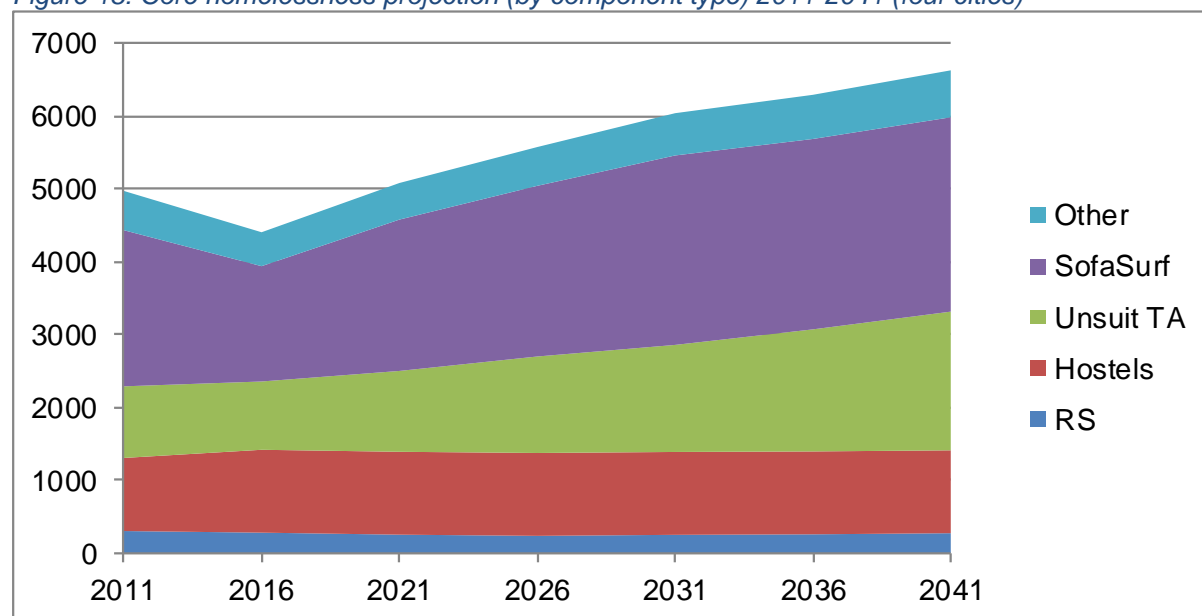
	2011	2016	2021	2026	2031	2036	2041	% change
RS	300	280	250	240	250	260	270	-10%
Hostels	1000	1140	1140	1140	1140	1140	1140	13%
Unsuit TA	980	940	1110	1330	1470	1680	1900	94%
SofaSurf	2140	1580	2080	2340	2600	2610	2670	24%
Other	540	470	500	530	580	610	650	19%
Total	4970	4410	5080	5570	6040	6290	6630	-10%

Source: Core homelessness projections, 2016 (Scotland and 4 cities); all figures rounded to nearest 10; % change from 2011 to 2041.

Figure 19 shows a more optimistic projection scenario, based on a more favourable economic and social policy and welfare context. This scenario envisages the cessation of further **welfare cuts** planned in 2015 for the period 2016-21, and of any further round of welfare cuts in the 2020s similar in magnitude and spatial distribution to those applied in the period 2016-21. Under this scenario poverty would remain static rather

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[140] The factors included in this model are mainly socio-economic and demographic factors which do not change rapidly.

than rising by approx. 3% points by 2021, as forecast recently by IFS[141]. Other elements of this scenario include a convergence of economic performance rates between regions, a substantial increase in housing supply, a resumption of falling crime rates, maximum effort on homelessness prevention and a gradual reduction of hostel numbers (with an assumed programme of alternative provision, such as 'Housing First' - see Chapter Four).

Figure 19: Core homelessness estimates by city and nationally (favourable outcome) 2011-2041
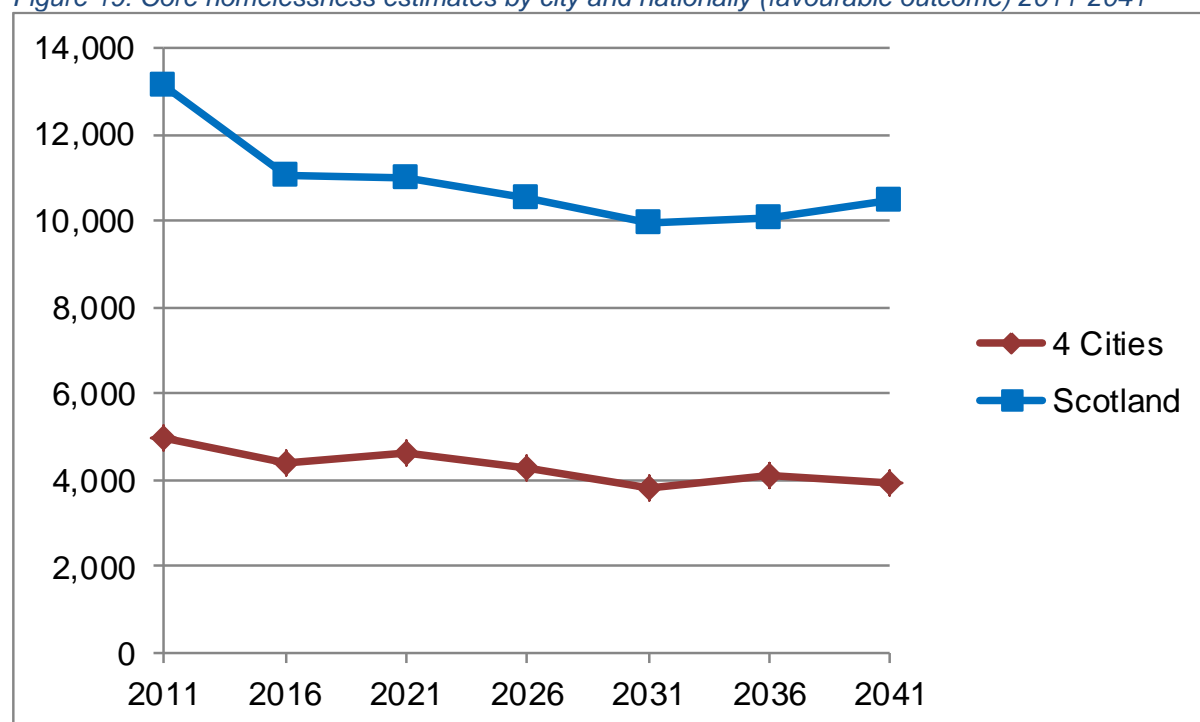
Source: Core homelessness projections, 2016 (Scotland and 4 cities)

The results indicate that this would lead to a moderate decline in core homelessness of about 20%, nationally and in the four cities in the period from 2011 to 2041. That would, however, represent a major improvement compared to the baseline ('carrying on as we are'), with a 41% lower level in the four cities and 37% lower in Scotland as a whole. As at 2021 the level would be around 9-10% lower, by 2031 it would be around 35% lower, but with considerable variation between cities, with Glasgow showing 45% lower level at that stage while Dundee would show only 25% lower level. However, by 2041 the largest change in level of homelessness, compared with the baseline forecast, would be in Edinburgh, with a 52% lower level, while by then Dundee would be 34% lower (see Figure 20 for the resulting trajectories).

Figure 20: Core homelessness estimates by city (favourable outcome) 2011-2041

[141] See Belfield, C., Cribb, J., Hood, A. & Joyce, A. (2016), 'Living Standards, Poverty and Inequality in the UK: 2016', Report no. R117, London: Institute for Fiscal Studies. https://www.ifs.org.uk/publications/8371
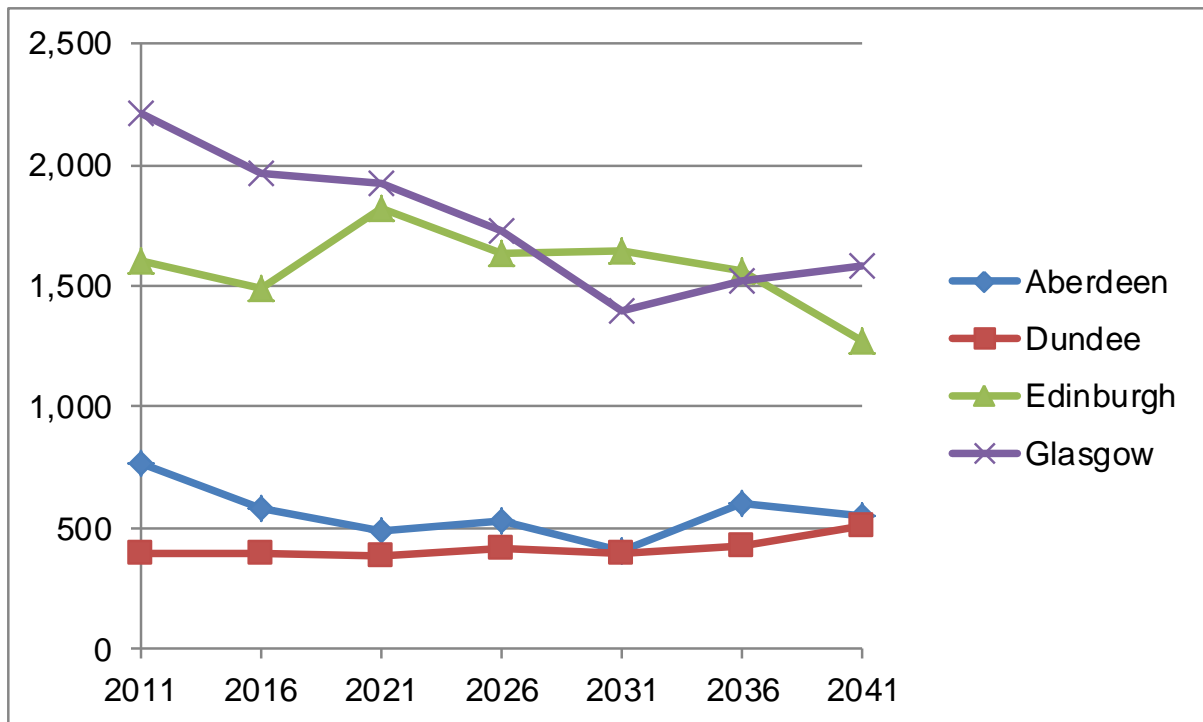
City	2011	2016	2021	2026	2031	2036	2041	% change
Aberdeen	760	580	480	530	400	600	540	-29%
Dundee	400	390	380	410	400	420	510	29%
Edinburgh	1,600	1,490	1,820	1,640	1,640	1,560	1,270	-20%
Glasgow	2,210	1,960	1,920	1,730	1,400	1,520	1,580	-28%
4 Cities	4,970	4,420	4,600	4,300	3,830	4,100	3,900	-21%
Scotland	13,110	11,050	10,980	10,520	9,940	10,090	10,480	-20%

Source: Core homelessness projections, 2016 (Scotland and 4 cities); all figures rounded to nearest 10

Summary – scale and projections of core homelessness

Core homelessness in 2016 for the four cities ranged from 390 households in Dundee and 580 in Aberdeen to 1,490 in Edinburgh and 1,960 in Glasgow, but once allowance is made for the varying size of the cities rates of core homelessness are not so different, ranging from 0.52% in Aberdeen to 0.65% in Glasgow. Rough sleeping estimates are numerically similar across Aberdeen, Dundee and Edinburgh, but higher in Glasgow.

Although core homelessness has reduced in the four cities in the last five years, this overall pattern disguises some variation, with greater reductions in the numbers of core homeless in Glasgow and Aberdeen, and to a small extent in Edinburgh, but relatively little change in Dundee

Based on the continuation of recent trends in demographics, employment, housing costs and welfare cuts, core homelessness is projected to increase in future, particularly in Edinburgh (and Dundee), with a significant increase in sofa surfing and unsuitable TA predicted. Rough sleeping is projected to reduce slighty across the four cities until 2026, before showing a modest increase again later.

A scenario involving more favourable assumptions about welfare, regional growth, housing supply and other factors could see core homelessness reduced by 35-40% in the 2030s.

CHAPTER FIVE: PROFILE OF THOSE EXPERIENCING 'CORE' FORMS OF HOMELESSNESS IN THE FOUR CITIES

Introduction

This chapter reviews the data available on the characteristics of households experiencing homelessness in the four cities, and compares this to the rest of Scotland. After explaining the data sources used we provide a broad demographic and socio-demographic breakdown (based mainly on the SHS) and a profile of complex needs (based mainly on the official homelessness statistics).

Data Sources

There are two main sources of data on the profile of homelessness in Scotland: (a) the official statistics based on local authority exercise of their duties under the homelessness legislation; (b) the Scottish Household Survey, which asks adults about experiences of different forms of homelessness over the preceding two years. We have drawn on both of these sources already in describing the numbers and trends and in introducing the base period figures in the projection model (see Chapter Four).

These two sources have different strengths and limitations. The official statistics (based mainly on the HL1 return) provide a comprehensive count and profile of people applying to local authorities for assistance on the grounds of homelessness, and particularly those who are found to be homeless or threatened with homelessness. These mainly measure the 'flow' of people/households through the system over each year, and enable comparisons over time going back to 2007 for some indicators and 2001 or earlier for others. They cover wider groups than just 'core homeless', for example people who were threatened with homelessness but who have been found accommodation in social rented housing. At the same time, they omit people who may be homeless but who do not apply to local authorities. Data from our other source (SHS, see below) suggests that about 30% of homeless adults in Scotland do not apply to local authorities. This data source contains useful indicators of the different kinds of problems and support needs which homeless people may have, which we discuss further below, but it is likely that these understate the extent of some problems, for example addictions or offending. We can readily report data for individual cities or for the four cities as a group using these official statistics.

The SHS provides data based on adults reporting experiences of homelessness in the previous 2 years, which we usually present as an annual estimate, so again this is different from a snapshot 'stock' estimate like the core homelessness estimates above. However, because SHS asks about duration of homelessness experiences, it is possible to derive a snapshot stock estimate from it as well, and to distinguish the main categories of core homelessness, namely rough sleeping, staying in hostels, insecure (temporary) accommodation, and 'staying with friends and relatives' (i.e. sofa-surfing). In Scotland we regard this source as the most robust basis for estimating rough sleeping and sofa-surfing, although allowance needs to be made for the homelessness experiences of people not in the household population (e.g. those currently in hostels etc). The SHS enables reporting on a wider range of household characteristics, e.g. income, but does not have so much data on the more complex support needs mentioned above. We can report results for the four Scottish Cities

versus the rest of Scotland, but the figures are based on a sample survey with some margins of uncertainty.

Age

Across Scotland, over the period 2012-15, an estimated 0.85% of adults have been homeless in the previous year; across the four cities the figure is 1.02% compared with 0.77% for the rest of Scotland[142]. Figure 21 shows the relative incidence of homelessness across the age groups, which is broadly similar between the cities and the rest of Scotland.

Figure 21: Annual homelessness rate by age for adults in four cities and rest of Scotland 2012-15
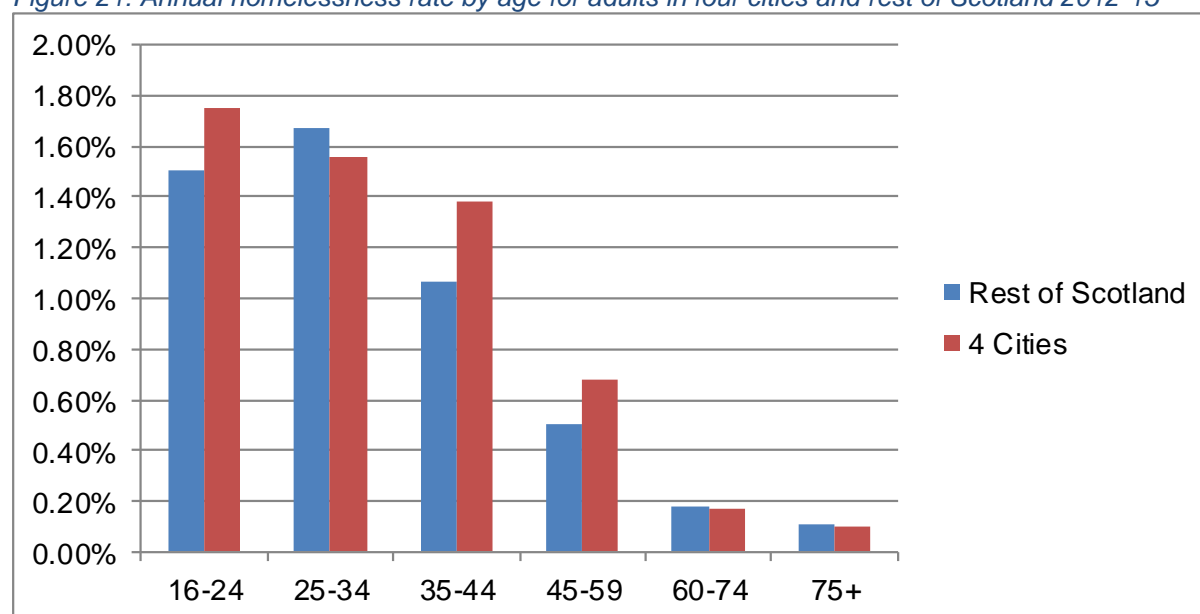
Source: Scottish Household Survey 2012-2015

It can be seen that there is wide variation, with homelessness higher for the young age groups, particularly up to age 34, with very low rates over the age of 60. In general the cities have slightly higher rates, although this is not apparent in all age groups.

Figure 22 looks at household types, and shows two types of household have markedly higher rates of homelessness; single parent households and single adult (non-pensioner) households, each with rates 3-4 times the average. Again, the four cities are higher in some types but not in all cases. Overall homelessness levels in the cities will also tend to be higher because there are higher proportions of single parent and single adult households living there.

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[142] This overall difference is just statistically significant at the 5% confidence level, but the differences between cities for particular age groups are not statistically significant.

While the total number of homeless households recorded by local authorities has been falling, the proportion led by females has remained relatively steady in the cities, with a slight decline in the rest of Scotland. The share of female headed households is slightly lower in the four cities (41%) than in the rest of Scotland (45%).

Figure 22: Annual homelessness rate by household type for adults in four cities and rest of Scotland 2012-15
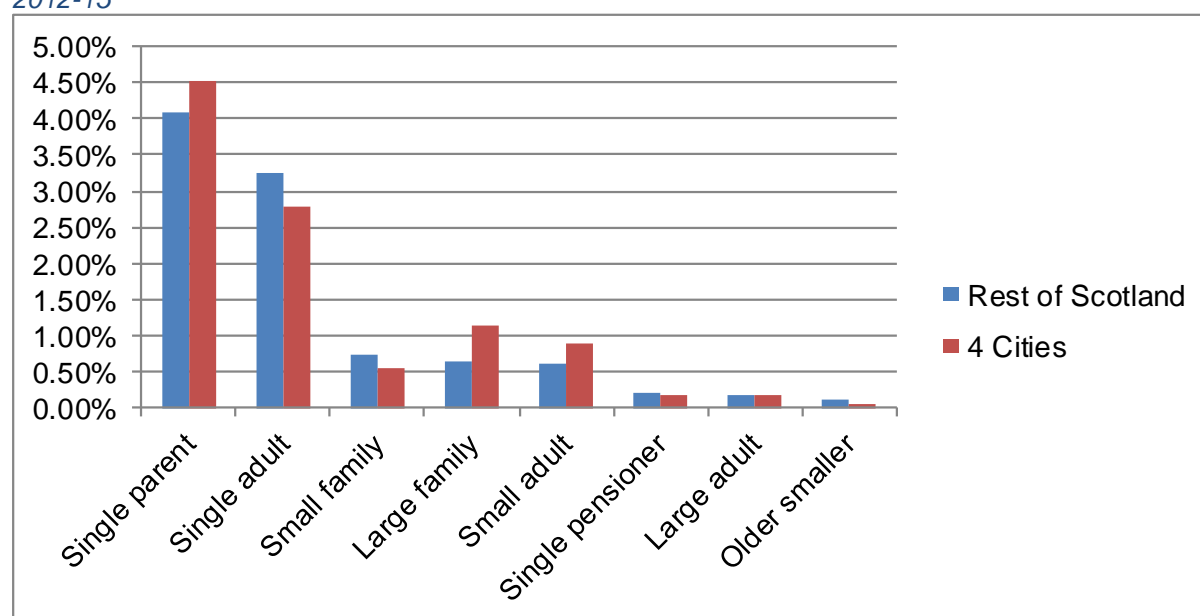
Source: Scottish Household Survey 2012-2015

The age composition of homeless households has changed over the last decade, with more in the 25-49 and over 50 age groups, and fewer younger households aged under 25. These trends are seen in both the cities and the rest of Scotland

From the SHS we can also see that, within core homelessness, there is a clear difference between rough sleeping, where men outnumber women by 4 or 5 to one, and the other forms of core homelessness where male rates are only slightly higher than female rates. There is a similar difference for household type, where rough sleepers are overwhelmingly single adult, whereas in the other core homeless classification single parents show a higher incidence than single adults.

It is clear that there is a strong difference in homelessness rates according to the current economic status. Figure 23 shows that unemployed adults have nearly nine times the incidence of homelessness of working adults, who in turn are still more likely than retired households to experience homelessness. It shows similar ratios when comparing the lowest income band with the highest, or the most deprived quintile of neighbourhoods with the least deprived, or when comparing households reporting financial difficulties (problems with debt or payments or arrears). In general, these charts show a slight tendency for homelessness to be more common in the four cities, at any given economic/income level.

Figure 23: Annual homelessness rate by income band, neighbourhood deprivation, and financial difficulty for adults in four cities and Scotland 2012-15
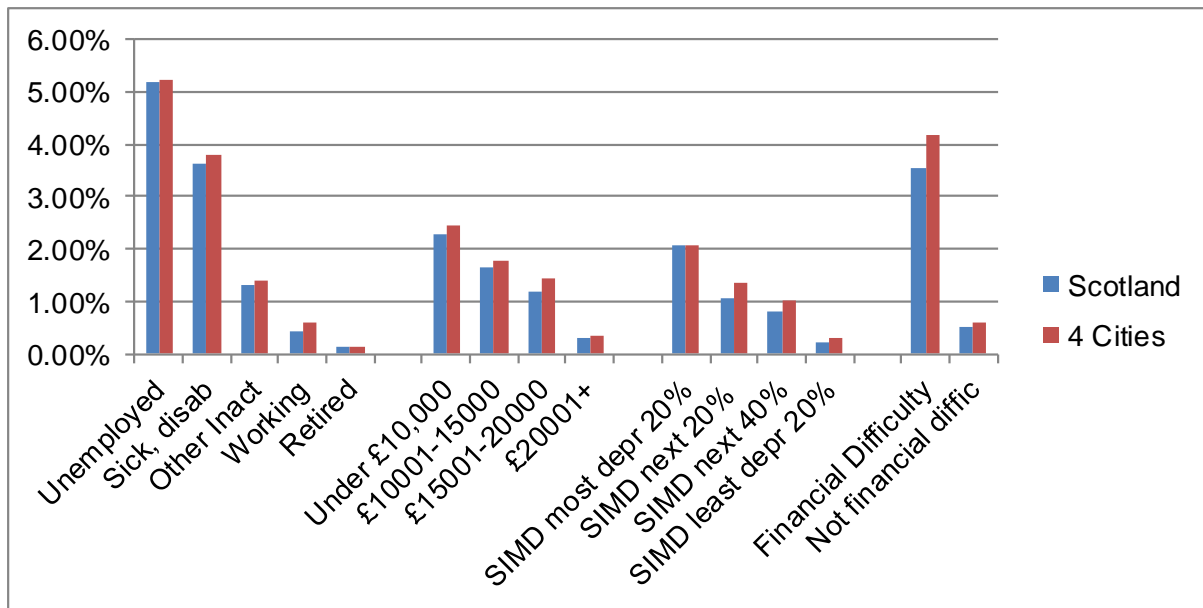
Source: Scottish Household Survey 2012-2015

These findings are consistent with those in a recent academic study of the risks of homelessness, based on several surveys, which underlines the key association with poverty[143]. While there may be some element of causation running the other way (i.e. homelessness making poverty more likely), the evidence from this and other work, particularly when using longitudinal studies, is that there is a clear link from past and recent poverty to current homelessness.

Homelessness and complex needs

Some people experiencing homelessness also experience other problems in their lives, which may be in part a cause of their homelessness, or a consequence of it, and which often complicates the challenge of helping people to move on from homelessness. These problems go beyond what we have just shown to be the very common association with poverty and economic disadvantage, and may include one or more of the following issues: offending; substance misuse/addictions; mental health problems; domestic violence/abuse; as well as homelessness itself. As noted in Chapter 2, there is some evidence of these aspects of complex needs becoming proportionately more prevalent within the statutory homeless population.

The term 'severe and multiple disadvantage' (SMD) has been used to refer the way these problems can come together for particular individuals, in a way which creates significant 'costs' to both the individuals and society, and which poses a challenge for

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[143] Bramley, G. & Fitzpatrick, S. (2017), 'Homelessness in the UK: who is most at risk*?', Housing Studies.*

service responses. In a major study entitled *Hard Edges* published in 2015[144] estimates were made of the numbers of adults affected SMD, their socio-demographic and geographic profile, quality of life outcomes and public spending costs incurred in England. Further studies in process will extend this work to Scotland and explore slightly wider definitions and their relationship with gender.

How far can we go in estimating the extent of SMD among the homeless in Scotland's cities and nationwide? Thanks to a special analysis of the official homelessness data conducted for this study by the Scottish Government we can make some estimates, by using information from homeless applicants about (a) the circumstances/factors which contributed to their homelessness and (b) their additional (i.e. non-housing) support needs, of the numbers and proportions of 'SMD' homeless, using different thresholds, and some of their characteristics.

As a cautionary note, we would underline that these are provisional estimates and probably underestimates, (a) because not all homeless people apply to local authorities; (b) people may not always report problems and support needs (e.g. addictions) and local authority staff may vary in how far they are questioned or pressed on these matters; (c) problems and needs are self-defined and not calibrated on any particular scale of severity.

Figure 24 shows the results of an analysis for the four cities and for Scotland as a whole over the last decade. SMD is defined with respect to the same three domains of disadvantage used in the *Hard* Edges study – homelessness, substance misuse and offending. This shows the percentage of homeless households who also reported substance or offending issues, or both. 29% of homeless in the four cities report also having issues with substance misuse and/or offending, a higher rate than in Scotland as a whole (23%) However, there is quite a wide difference between Edinburgh (15%) and Glasgow (38%) in this respect, with Dundee and Aberdeen in an intermediate position (22%). Given its larger population, Glasgow dominates the four cities in terms of the total number of 'SMD homeless', with 70% of the four-city-total, 3,750 out of 5,370 households.

The ongoing study of SMD in Scotland ('Hard Edges Scotland') will provide more supporting evidence on the numbers and profiles of SMD, by drawing on and comparing a range of datasets.

The official data on homeless applicants reporting rough sleeping in the three months preceding application indicates that a high proportion of this sub-group of homeless people in the four cities (40%, 750 cases per year) had a degree of complex need (SMD2+) while 6% (120) were affected by all three types of problem. These proportions are higher in the cities than in the rest of Scotland (31% and 4%). If

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144 Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F., & Watkins, D. (2015), 'Hard Edges; Mapping severe and multiple disadvantage', Lankelly Chase Foundation, London, England.

complex needs were defined more widely to include mental health and or domestic violence/abuse, the proportion of rough sleepers affected would be a majority (57%).

Figure 24: Proportion of Households found Homeless by Local Authorities reporting issues of Substance Misuse and/or Offending as well as Homelessness, by City and Scotland-wide, 2013-17
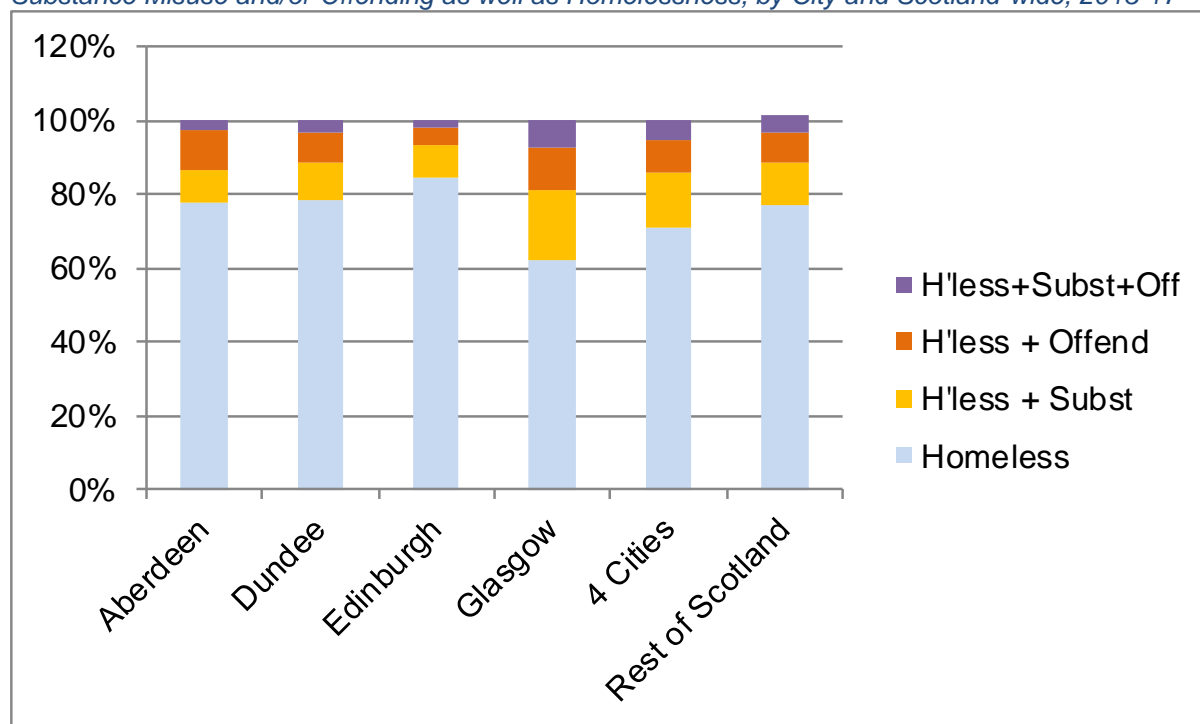
Source: Scottish Government analysis of HL1 returns.

Again, using the official homelessness data analysis, it is found that among applicants found to be homeless, where they are simply homeless without other SMD complications (i.e. no substance or offending issues), 70% are single person households in the four cities (64% in rest of Scotland). However, for those with a degree of SMD issues, 92% (86%) are single households. In general, the more deprivations/disadvantages, the more likely households are to be single. The proportion of single person households within those found to be homeless by local authorities is tending to rise over time, and this is true for both those with SMD and those without.

Do the homeless with complex needs get a poorer deal from the services on offer than the more straightforward cases where the main problem is just housing (and poverty)? It is quite frequently argued that this is the case, because services are not geared to cope, and are not 'joined up', as well as because people with often more chaotic lives do not navigate effectively through services. The statistics alone, and as currently compiled, do not provide a ready answer to such a complex question, but there are some clues on the data on housing outcomes, as summarised in Figure 25.

Figure 25: Outcome profile for households found to be homeless by level of SMD and city/other location in 2013-17
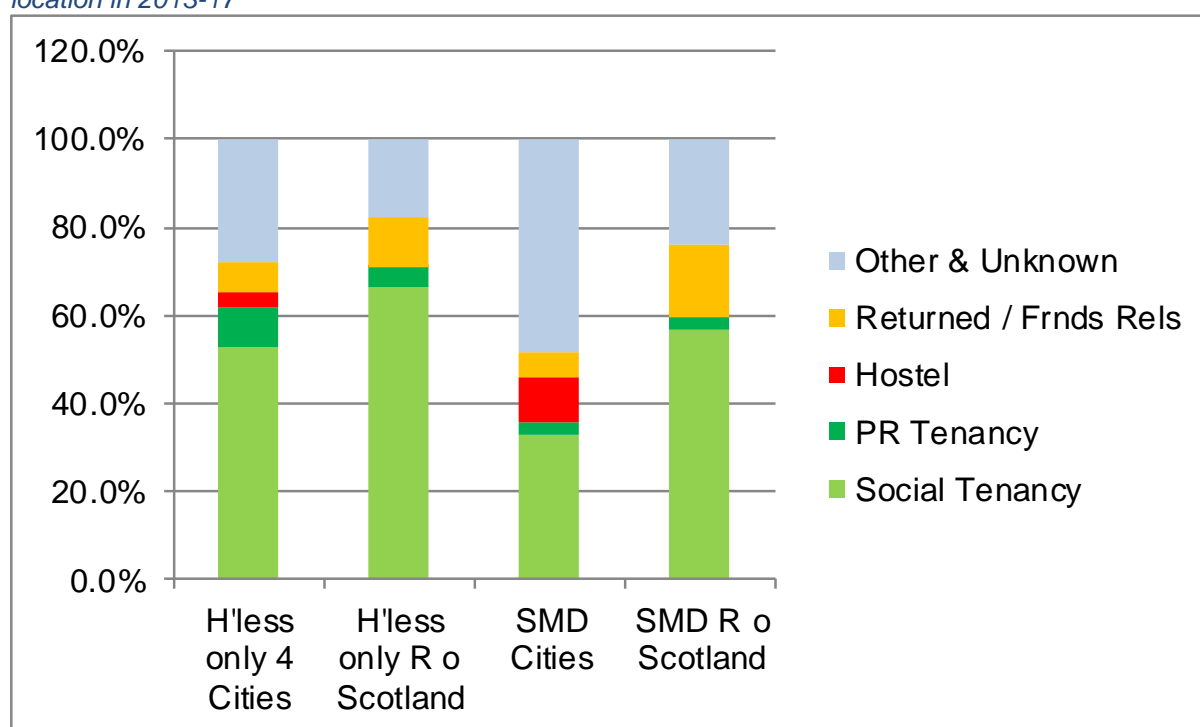
Source: Scottish Government HL1 data

If the 'best' outcome is a social tenancy, then it can be seen that this is progressively less likely to occur if you have more complex needs, and also much less likely if you are in the four big cities. A private rental tenancy may be a reasonable if often less preferred outcome; this is much less likely currently for Scottish homeless households, but within that, the likelihood is less if you have more complex needs, but greater in the cities. A hostel may be regarded as a less desirable outcome, and this is much more likely to result if you are SMD and in a city. Returning to household of origin or friends and relatives is rather an ambiguous outcome – it could mean returning to sofa surfing or sharing with a family where relationships are not good – there is not much variation with SMD in the cities, but outside the cities this is more likely with higher levels of SMD. Finally, other/unknown destinations are much more likely for SMD cases, especially in the big cities. So overall, the picture does seem to be one of worse outcomes for higher levels of SMD among the homeless, and to a greater extent in the cities than elsewhere in Scotland.

Summary – profile of those experiencing core forms of homelessness

Homelessness mainly affects the younger age groups (up to 45) and is heavily concentrated on single person households of working age and lone parent households. Notwithstanding the latter feature, a slight majority of homeless households are headed by males, and among forms of core homelessness rough sleeping is distinguished by having a strong skew towards men.

Between a third and a half of homeless cases in the four cities have a degree of complex needs compounding their homelessness (depending on definitions). These

proportions appear to be rising somewhat over time, even though absolute numbers of statutory homeless households may be stable or falling. Complex needs homelessness is more associated with single homelessness and rough sleeping, and the housing outcomes for complex needs cases appear to be systematically less favourable than for other homeless applicants.

CHAPTER SIX: THE VIEWS OF SERVICE PROVIDERS IN THE FOUR CITIES

Introduction

This chapter draws of the findings of the focus groups across the four cities. The focus groups explored the four main areas of rough sleeping, temporary accommodation, substance misuse and employability and independent living. Quotes from participants are shown in italics to provide more insights, including a broad designation (e.g. housing (covering the local authority and registered social landlords (RSLs)), voluntary sector, health/social care). Designations are deliberately broad to maintain anonymity. A summary of the key messages is drawn together at the end of the chapter.

Perceptions of rough sleeping

In Aberdeen, Dundee and Glasgow, it was suggested that rough sleeping had stabilised or reduced in recent years. That is based primarily on a balance of statutory data and judgements about approaches to services. However, in the Glasgow group, there was slightly more uncertainty about whether this was the case, due to the increased visibility of the issue.

> *The level of rough sleeping in the city is relatively stable. However, in terms of the interconnectedness between rough sleeping and the sanctions regime and visible begging and rough sleeping in the city, it clearly does appear to be increasing for us. We need to be very careful in terms of not confusing the two issues [rough-sleeping and begging], although there are clearly linkages between the two of them but the level of rough sleeping remains relatively stable.*
> (Glasgow, housing)

In Aberdeen and Dundee, there was more agreement among the group that numbers had stabilised.

> *By my reckoning, there's never any more than ten people on any one night sleeping rough in Dundee, and I do think… I agree with you, the numbers seem to have gone down, from folk coming in to us.*
> (Dundee, voluntary sector)

However, Aberdeen also have issues with increasing numbers of EU Nationals with no access to benefits, and in Edinburgh there has been an increase in homelessness among people who have no recourse to public funds.

> *We think rough sleeping largely among our local population is largely, constant, though some people [EU Nationals with no right to accommodation] are excluded from temporary accommodation that were in the city.*
> (Aberdeen, housing)

In Edinburgh, in contrast to the other three cities, there was strongly acknowledged agreement that homelessness and rough-sleeping has increased, with emergency provision struggling to cope.

What is the rough sleeping situation in Edinburgh? We see 700 individuals who would otherwise be rough sleeping, using a care shelter over a period of 28 weeks in the winter. Yes, it's in crisis really. The rough sleeping situation, it's just been growing and growing over the recent years.
(Edinburgh, voluntary sector)

Although there are some differing views about the overall level of rough sleeping, there is certainly evidence of people with poor experiences of contacting services and 'falling though the net'.

[…] People are telling us that there's more people having sporadic periods of rough sleeping because they present as emergency homeless and there's no accommodation or they feel they've lost faith in the system. There's a lot of people like that. What I hear more and more often, people telling me there's no point putting a homelessness application in because I'm not going to get accommodated and you lose hope very quickly.
(Glasgow, voluntary sector)

'Revolving door' issues also persist across the cities, with a core of long-term service users with multiple and complex needs, often including drug use, experience of offending and long-term trauma.

People come out of prison usually medium-term sentences, having done lots of recovery work and lots of work in prison, in a pretty good place and then they come back out and you've got to set your benefit claim to restart, that's tricky. They've got to try and access accommodation, that's tricky and before they know it, all this positive stuff they've worked on starts to fall apart.
(Glasgow, health/social care)

Begging and rough sleeping

The interconnectedness between rough sleeping and begging was discussed in all of the groups, though it was noted that it is difficult to determine the relationships. People begging often have addictions and may or may not have accommodation, with rough sleeping often sporadic, between or alongside being in hostel or other TA.

I think you have to remember that a lot of people that you see begging, that they don't… They might identify as rough sleepers, but they do have accommodation to go to.
(Dundee, voluntary sector)

 [There] tends to be quite a lot of people who are begging are in temporary accommodation, we've found so far, so there's something there, but most of them, obviously, are not rough sleeping […] We know there are groups like the people who will be out in the morning to get enough money to buy them two cans of beer, whatever it is they need to get through the day, and people doing it for other reasons.
(Aberdeen, housing)

In Glasgow and Edinburgh and Dundee, some respondents suggested that rough sleeping and begging were linked to poverty and benefit sanctions, as well as addictions. These issues are inter-related, with people with multiple disadvantage at a high risk of benefit sanctions.

> *Can I just add a couple of things to it, I think when we talk about rough sleepers we also have to look at structural influences to why people rough sleep and just generally from feedback we've had from direct access services, that we're aware of more people who have benefit sanctions, who fall out of the whole benefit system.*
> (Glasgow, voluntary sector)

One of the Glasgow groups discussed the greater 'acceptability' of begging, among rough sleepers and those giving money.

> *In terms of visibility the level of visibility has increased, there are a number of factors involved in that, there's no one single factor that has driven that, the factors that are involved are the change in public perception, in terms of people feeling more comfortable being in the public eye, while they sleep rough. The change in giving in the city, because street giving has, and street begging has become a 24-hour activity now whereas it used to be a daytime activity that people came into the city, took up their pitch, and then dispersed again at night-time, they're now staying in that location 24-hours-a-day because giving is now a 24-hour activity.*
> (Glasgow, voluntary sector)

There is also thought to be a small element of 'organised' begging in Aberdeen and Edinburgh, with the Edinburgh Festival noted to influence begging levels in the city.

> *Professional beggars, that's what they do. They're organised, they're a syndicate, usually with an extended family. Bus you around in a van, drop you off, pick you up, take the money off you, give you your wages, probably not even on a zero contract.*
> (Edinburgh, housing)

In Dundee, there was a discussion of the scope to 'criminalise' begging, with (on balance) more agreement that this would lead to an increase in petty crime, such as bag snatching. One respondent weighed up the pros and cons of the approach:

> *It might be controversial as well but talking to the Scottish Government and talking specifically to people I deal with…loads of guys…but I mean there was talk of - Glasgow last year went to the government and asked for a by-law to ban begging in the streets. Aberdeen have tried it. I've had a word with some of the councillors here and there's an argument that if you do bring it in they would drive them underground or they'd drive them into your hands, you know, in order to get help sort of thing but as far I'm aware the Scottish Government are just not going to entertain a ban on begging, they don't know whether it'll be a viable…*
> (Dundee, criminal justice/community safety)

Temporary accommodation

There were some differences in experiences of TA availability and use across the four areas. Edinburgh has a chronic need for additional TA, including options for long-term drinkers and drugs users, women and older homeless people.

As we saw earlier, Aberdeen and Glasgow tend to use social housing (TFFs) for the majority of their TA. In both cities, the view was expressed that both cities had 'more TA than they should have' and that this was an indication of ongoing systemic issues to get people out of TA and into permanent tenancies. The effective supply of permanent accommodation – having vacancies in areas and properties that homeless people will accept, and also concerns about procedures regarding 'tenancy readiness' - were highlighted in these groups in particular.

> *Yes, and that's a part of the homelessness process that's taking too long. We shouldn't need this much temporary accommodation.*
> (Aberdeen, housing)

> *Temporary doesn't mean temporary anymore. […] People say, 'Oh what you need...' People are sleeping rough, they can't get accommodation, you just get more temporary accommodation. I think from where we are, that's not what we need. It may be an answer somewhere else where there's an actual shortage…*
> (Glasgow, voluntary sector)

In Aberdeen and Aberdeenshire there was reluctance to let to young people in some cases, which is felt to cause management and tenancy sustainment issues.

> *I get the sensitive lets, but then we've ended up with like the ghetto like areas in certain blocks, where we've just had mental chaos because it's just chaotic person after chaotic person that are all in the same blocks.*
> (Aberdeen, voluntary sector)

There was also the example of drug users fearing an allocation back to their community, which puts their recovery at risk.

> *Just even like a lot of our clients, the chaotic ones all say, 'I really can't stay in X. I've had such bad experiences in there. It's where all the people that are going to lead me back. I'm just out of jail. I'm clean. I want to maintain this. I don't want to be in X.' First offer that comes up and it's X. 'Why can't you go here?' 'I just don't like it, there's people I know.' 'That's not a good enough reason. If you turn this down, you get nothing else', and they accept it, and then you just see this - it's a failure. We're setting them up to fail by putting them in there, by not listening to what they're saying at that point.*
> (Aberdeen, voluntary sector)

In Glasgow, the admissions rules and inflexibility of commissioned services and the long-term 'barring' of some troubled service users means that vacancies in hostels or supported accommodation can occur alongside rough-sleeping. This is an indicator of a 'wasteful' system that the new commissioning alliance will hopefully begin to address.

So there's a provider who has had eight vacancies for the last four weeks, maybe not the same vacancies but consistently eight vacancies over the last four weeks.
(Glasgow, housing)

'Barring' of homeless people due to their behaviour is a concern due to its acceptance by not only homeless people but some support workers.

Every time somebody presents a risk that, or prevents behaviours that is a management risk, what should happen is that is informed, the risk assessment is updated and then we look collectively at how that person can be managed within services. It should be reviewed every single time, every time that person presents, and every time there's a behaviour that would inform a risk assessment.
(Glasgow, housing)

Glasgow City has for a number of years performed below the national average in relation to the percentage of unintentionally homeless households gaining access to settled accommodation[145]. In the Glasgow groups, the long-standing tensions between the local authorities and the RSLs in Glasgow were acknowledged, with some people identifying the issue of a lack of tenants being put forward by the local authority for housing, while others identify a lack of suitable tenancies being available for offer to homeless people.

To be fair, it's taken two or three years to recognise that it's not a supply issue through lots of discussion and stuff being addressing and they've [Council and RSLs)] been arguing with each other…
(Glasgow, housing)

There was felt to be enough hostel capacity in Dundee, with vacancies across the direct access hostels services, but some reluctance to use the service, attributed to the cost of the service charges and sometimes fear of other residents (due to drugs debts, for instance). There was, however, said to be a shortage of such provision for people without drugs misuse issues, as well as no residential rehabilitation services and a lack of women-only provision. The latter poses problems for women with long-term trauma relating to domestic violence and abuse. The small size of Dundee means that it can be difficult for people to escape their past.

I've gone to quite a few of the prisons recently, and it is an issue with prisoners in general. A really high percentage of them will say that they'd rather sleep

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[145] Anna Evans Housing Consultancy, with Davidson, E. Mandy Littlewood Social Research and Consulting Ltd & Solomon, S. (2014) Homelessness and Complex Needs in Glasgow: http://www.ghn.org.uk/sites/default/files/FINAL-SUMMARY-ON-AEHC-WEB-30.1.15.pdf

outside than go in hostels. If they've got drugs, debts, and stuff like that going on, they're generally frightened of it.
(Dundee, voluntary sector)

Fear was also touched on in the Glasgow group, from the perspective of those with no recourse to public funds.

Can I mention another invisible group, because these are people who we sometimes encounter on the street is people who've had an asylum application refused […], so that they're no recourse to public funds […] it's often the sporadic that it's really such an unsafe environment for people who've worked really hard not to rough sleep, who often use the night shelter. Sometimes the night shelter's full or […] sometimes for mental health reasons, they can't tolerate the night shelters, so they will choose. It's another option for them to rough sleep, so that's another group.
(Glasgow, health/social care)

Another respondent suggested the needs of asylum seekers more generally pose a difficulty for Glasgow, at various stages of the process. Asylum seekers make up almost 1 in 5 homeless applicants in Glasgow at present.

....the National Asylum Support System, which deals with people, gives them accommodation and then at the point of when they're receiving refugee status, they get admitted into homelessness and it's a huge pressure in Glasgow for a system that's already feeling the pressure, that's just an added stress and there's no formal set up to support asylum seekers who then get refugee status, and to integrate into communities at that point to receive permanent tenancies.
(Glasgow, housing)

B&B use is significantly more common in Edinburgh now than in the past: as we saw earlier in Chapter 2, around a third of people in TA in Edinburgh are in B&B. There is also more use of B&B than ideal in Glasgow and Aberdeen, with some examples of service users also accessing private hotels in Glasgow as 'a last resort' or to avoid scrutiny or trouble. Dundee does not use B&B or private sector leasing, with the majority of TA in hostels.

Providers felt that the numbers living in other unsuitable housing options like sofa-surfing are likely to be increasing but largely 'hidden'. Young people were acknowledged to be more likely to 'sofa surf' than to access formal TA. This is particularly the case in Dundee, where hostels make up such as large proportion of the provision and Edinburgh, due to the general pressure on the system.

From the point of view of young people, although we are seeing an increase in rough sleeping, it's still very much sofa surfing that we see.
(Edinburgh, voluntary sector)

From my experiences, folk who choose to sofa surf rather than go in a hostel. They might be on the housing list, waiting, but they would choose not to go in a hostel.
(Dundee, housing)

The very significant short-term costs of TA provision were also discussed.

> *The temporary furnished flat system in Glasgow is just a black hole of money that is not delivering outcomes for people.*
> (Glasgow, voluntary sector)

> *It's about actually taking the money that's currently being spent - what is it, £47 a night in B&B or something times x? You did the thing on the back of your hand one meeting I remember. It's about actually spend to save or whatever you want to call it - Best Value - all these phrases that have been floating around local authorities for 20 years, and actually being prepared to do something about it, so new money won't necessarily shift that. We might just get more of the same old, same old.*
> (Edinburgh, voluntary sector)

Long periods spent in TA and supported accommodation[146] are common across all the cities, albeit for somewhat differing reasons, as noted above. Commonly, though, there was also noted to be a lack of suitable permanent accommodation (e.g. 1-bed properties, wheelchair accessible properties for drug-users with mobility issues, family housing). The lack of one-bedroom properties is particularly important, due to the restrictions in Housing Benefit from April 2019 which cap Housing Benefit at the Shared Accommodation Rate (SAR).

Solutions to rough sleeping and temporary accommodation pressures

In Edinburgh, **access to all forms of affordable accommodation** was felt to be absolutely critical, with the lack of permanent accommodation options having a significant impact on the whole housing system. Welfare reform – specifically the LHA cap at the SAR for those aged under 35 - is noted to have had a negative impact on the supply of private rented properties. The cost of 'affordable' options like intermediate renting or shared ownership was also felt to be prohibitive for anyone on a modest income, so the supply of affordable renting is limited to the (very small) social rented sector.

> *If you don't come with property you're not part of the solution anymore in Edinburgh. We have a desperate need for accommodation, either move-on or entry. If you don't come with property you're not part of the solution, it's as simple as that. There's enough support in the city, we could reshape that, there's not enough accommodation.*
> (Edinburgh, housing)

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[146] People might be referred to 'resettlement' or supported accommodation after a period in emergency accommodation if they need additional support to gain life skills and address substance misuse issues before taking up a tenancy

However, one respondent noted that the focus on the need for accommodation should not be short-sighted.

> *I know there's a big focus on temporary accommodation and I can understand why, because we don't have any. I think it's easy to get pulled into that. I think we've got to look at prevention and we've got to look at the longer-term housing. If not, we're just sticking our finger in a hole and more people are going to be coming through. In two years we're all going to be sitting around the table saying the same thing, saying, 'We need more temporary accommodation, we need more temporary accommodation.' I understand that there's an immediate crisis of accommodation and it needs to be dealt with, but we can't take our eye off the prevention in the longer-term.*
> (Edinburgh, voluntary sector)

In Glasgow (and some of the other local authorities to a lesser extent), **tackling system failures** to enable people to move into permanent housing is critical, as was noted above.

> *I don't think it is strictly [an issue of] houses. I think it's about how we work together in order to harvest an adequate supply of settled accommodation.*
> (Glasgow, housing)

However, social housing supply was still felt to be an issue in Glasgow.

> *In terms of wider issues for the government, I think there's a chronic lack of social rented housing and yes, so this is not just about bricks and mortar but you can't divorce the two and I think we've got a very progressive government, who's made a wee bit of commitment to housebuilding in terms of social rented housing and I think they need to be encouraged not only to maintain that, because I think that there is the financial pressure, but even consider increasing it.*
> (Glasgow, voluntary sector)

In Glasgow and Dundee, a key challenge to eradicating core homelessness was identified as the need for **more support for people with SMD**, particularly around 'transitions' from temporary to permanent accommodation, on leaving prison and when having a change to support arrangements. In Edinburgh, there was a stronger focus on the need for accommodation as a first priority, with the suggestion that there is not a lack of support but a lack of **longer-term solutions**. This is both permanent housing and housing support, to aid tenancy sustainment, where needed.

Across all areas, **access to community-based support** was a priority, with isolation/loneliness highlighted as a concern for those leaving TA, many of whom had ongoing substance misuse and mental health issues. A number of 'self-help' models were identified, with the emphasis on recovery, peer support and social/volunteering activity.

There was a common theme of the need for **solutions to be person-centred**, focused on the need for support around addictions and mental health issues and other issues as well as homelessness. This echoes case study research conducted as part of the Glasgow Complex Homelessness work found that a 'Pathway Model' approach was

important, to provide structure and clarity for service providers and service users, ensured committed and coordinated action, while service users were routed into the right support and accommodation as quickly as possible[147].

In all except one group, there was specific support voiced for **a 'Housing First' approach** to support people with more complex needs in the community.

> *Housing First does work where it's the right client group and it's an accepted model. It's been running for years, so that would be one way of taking that forward. We've got people at other end of the spectrum people who maybe are only homeless for a very short time because of particular changes in their circumstance. All they need is somebody giving them a bit of time and support to help them move on and possibly a light touch.*
> (Edinburgh, voluntary sector)

> *There's something significant I think, but the whole supported accommodation model that for some people it can work well for, but there are a group of people who I think we've always failed in terms of supported accommodation. It's about an expectation that people have to demonstrate a level of housing readiness that they never can, so I think that the answer to that is that you have Housing First, where you don't have people having to demonstrate housing readiness, when you have such complex needs.*
> (Glasgow, housing)

Some people felt that dispersed, mainstream tenancies are a solution that isn't suitable for everyone and felt that 'communal' settings had a role, whether as **therapeutic communities or peer-support**. One volunteer from a faith-based project not connected to a therapeutic community did express the view that some therapeutic communities worked, while others could be 'very fundamentalist'.

> *It's down in northern England and they also have a landscape gardening business and folk are learning real skills and they're learning about life and they're learning to live in community and to - they don't have to learn much about budgeting because they never have very much money there but they're learning an awful lot of other skills that do prepare them for independence. Some of them are not work-based and I'm not very keen on them, they're just - I don't, I'm not going to share…[laughter] but I think perhaps I would call them verging on sort of fundamentalist and I cringe but I know they work for some people and some*

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[147] Anna Evans Housing Consultancy, with Davidson, E. Mandy Littlewood Social Research and Consulting Ltd & Solomon, S. (2014), 'Homelessness and Complex Needs in Glasgow', http://www.ghn.org.uk/sites/default/files/FINAL-SUMMARY-ON-AEHC-WEB-30.1.15.pdf

people have totally turned their lives around there. So I'm not going to say it doesn't work.
(Dundee, voluntary sector)

There was more commonly support for peer-based or shared provision models such as supported accommodation as a transition or as a long-term solution to more complex needs. A few people also suggested options were needed for people <u>not</u> wanting to make a change. An example was given, in Dundee, of a long-term house for long-term drinkers.

They didn't have to move on. They were there permanently. They would drink, but their drink was in moderation because that's just a habit they got into. They lived in company, they weren't isolated. They had people giving them food so they weren't hungry. They've had no bad health conditions, they were happy. They didn't want to be independent, they didn't want to move on.
(Dundee, voluntary sector)

In Aberdeen, Edinburgh and Glasgow the need to look at the opportunities for **shared tenancies** was discussed by housing providers and voluntary agencies. It is acknowledged that shared tenancies are a 'culturally difficult' area for social renting but will need to be explored in future. This was mainly discussed in relation to the impact of welfare reform on future housing options.

I think other shared models and there's a notion about bringing folk together and to share flats and things like that. My limited experience of that has been that it hasn't worked but having said that, there seems to be some initiatives about where it does seem to be working to some extent. But I don't know if other people will have views on that.
(Glasgow, housing)

The need for **drop-in services/one-stop-shop and more information sharing** to enable more 'joined-up' services was a common theme. Information provision and access to services through multi-agency, hub-based approaches was identified as an important part of the solution to link people to the services they need. A new city centre multi-agency Hub planned in Glasgow, based on learning from the night shelter that homeless people with more complex needs were better served when casework is directly on-site alongside support, legal advice etc., was cited in this regard.

Substance misuse

Substance misuse is an area that it is difficult to pin down, in terms of trends, as 'the scenery is always changing'. There being a wider mix of substances in use is a common theme across the cities. 'Legal highs' – new psychoactive substances (NPS) – had been on the increase but their use is noted to have reduced in Aberdeen and Edinburgh.

Numbers of people coming forward for alcohol problems is going up, but there's a huge hidden population as well for problem drinkers, and then there's all the changing scene around NPS - previously legal highs which has gone down, at the moment, but we're seeing that mirrored with an increase in the use of other

substances like cocaine and people going back to maybe the more - not the non-synthetic, but the different types of stimulants that were available before NPS. So it's a constantly changing scene, really, fentanyl and stuff like that.
(Aberdeen, health/social care)

Legal high use has dramatically reduced, incredibly so. Obviously, there's people still getting it and still using it, but there's not the same supply of it anymore.
(Edinburgh, voluntary sector)

Some recent trends noted include an increase in injecting cocaine in Glasgow, with an increase in street Valium and alcohol use, as well as an increase in Methadone use and Gabapentin. In Dundee, the main drug in use is still Heroin, with Valium, or illicit Valium in the form of Etizolam (a legal high version) and also Gabapentin and Pregabalin. Poor quality heroin, wide-spread use of 'street benzos' and poly-drug use is also a concern noted in Dundee. Lower purity heroin causes concerns as it is associated with greater rates of overdose and death, in part because of unknown purity and the presence of cutting agents and fillers.

The increase in drug-related deaths across Scotland was widely acknowledged, attributed to multiple drug use, vulnerability when in early stage recovery, some issues regarding street drug quality. The population of chaotic drug and alcohol using homeless people is ageing, with many debilitating, long-term conditions as a result of long-term alcohol and drug use and poor lifestyle, including anxiety and depression often linked to long-term trauma. In Glasgow, there is concern about significant increases in HIV infection, with Hepatitis C also an issue for injecting drugs users.

Solutions – substance misuse

Understanding mental health issues and trauma was viewed as critical to tackling substance misuse, with a severe lack of **mental health services, counselling and psychotherapy** reported. Service providers often 'blame' mental health issues on substance misuse and so **the need for services to be 'trauma aware'** is important in responding to multiple disadvantage.

For the drug addicts it'll be local infections, blood borne virus, those are sort of physical health things. Both of these groups (alcohol and drug users) will have significant mental health things going along, primarily depression and anxiety. A huge amount of trauma and often trauma that's not really been expressed, or certainly not been supported, the individual not being supported to deal with it.
(Edinburgh, health/social care)

There is a danger of getting too focused on the substance misuse issue. The trajectory for young people and the model of supported living should be interdisciplinary and have different services. There should be complete integration so that people can get help.
(Aberdeen, health/social care)

At a practical level, the use of Nalaxone (an antidote to opiate overdose) was mentioned in the Glasgow and Dundee among street workers was felt to be an important part of the solution to drugs misuse.

We've had two non-lethal overdoses in this week alone, for people injecting. Two homeless. Well, we believe they're homeless. That's why drugs like Naloxone, making sure that every person on the street has got Naloxone.
(Dundee, voluntary sector).

Managing transition is also important for substance misuse, with leaving rehab, prison or moving from temporary or resettlement accommodation to a permanent tenancy key triggers to possible risk of relapse. **Support services that can 'stick' with people** at transition stages were felt to be important (but commonly lacking).

Making Every Adult Matter was put forward as an example of best practice[148]. MEAM is a coalition of four charities – Clinks, DrugScope, Homeless Link and Mind – formed to influence policy and services for adults facing multiple needs and exclusions. In February 2014, MEAM published findings from a longitudinal study over two years exploring the effectiveness of better coordinated services for people facing a combination of problems such as homelessness, substance misuse, mental health problems and offending. The report highlights the considerable savings that a more coordinated approach can deliver, including one pilot that reduced service use costs by 26% over the study period[149].

The need for more **assertive street outreach services** was a common gap perceived in tackling rough sleeping, especially where substance misuse is involved, and mentioned in Aberdeen, Dundee and Glasgow. There are examples of joint work between the Housing Options team and local community safety wardens ('City Centre Ambassadors') working in Dundee to link street beggars and rough sleepers to TA. There are also street outreach teams in Glasgow and Edinburgh, as well as work in different cities undertaken by various faith groups. However, how 'assertive' these examples are is hard to determine.

So there's quite - there is quite a lot of support for people but I think there's more work to be done on that more assertive outreach, which we've started, and we can see the benefits of, but it's doing that in rural locations is quite difficult because they're spread across - they're not - it's not the same as the city for...
(Aberdeen, health/social care)

Assertive outreach. Somebody was talking about people who are begging in the streets who can't access services.
(Dundee, voluntary sector)

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[148] http://meam.org.uk/multiple-needs-and-exclusions/

[149] Battrick. T, Crook, L. Edwards, K. Modelle, B (2014), 'Evaluation of the MEAM pilots – Update on our findings', FTI Cobsutling and Compass Lexecon, MEAM.

Lack of **access to treatment services** was also identified. In Dundee, once people are 'ready' to make a behaviour change they may have to wait 12 weeks to enter treatment and complete diaries to evidence readiness for treatment, while leaving prison can be a vulnerable transition period for people in the early stages of treatment. In Edinburgh, there was a discussion about the lack of access to rehab and a lack of progress/follow-on support, in addictions:

> *So talking about residential rehabs and stuff located round the city…it's access to these premises. There is no respite in Edinburgh walk ins. There's no crisis centre you can go that's a psychologically informed area and get a bit of respite […] put them in a hostel, maintain that crisis and no intervention and they're stuck in that cycle. There's no safe space. There's no 'My life is falling apart and I'm told I can knock and get some respite here and I'm fine. I get signposted from here'.*
> (Edinburgh, voluntary sector)

> *Then the statutory sector would be the social work addiction services and the NHS addiction services, which go for harm reduction. They're trying to get the most chaotic people engaged and get them clean needles and get them onto methadone[…]. All the way through trying to stabilise people to, people who want to move onto recovery and move off of prescriptions. […] If it was working really well, I'm not saying that it is, but it should be joined up so there's a progression rather than leaving people stuck at any stage.*
> (Edinburgh, health/social care)

In Aberdeen, though, there are no waiting times:

> *There's an easy pathway now into treatment, people need that. There's no waiting lists. There used to be, going back a few years.*
> (Aberdeen, health/social care)

In Glasgow, addictions services were felt to be good, but that there is a need to sustain recovery through on-going 'sticky' support.

> *I think Glasgow, actually, for all its got problems, I think it does actually have a really coherent, cohesive [addictions] service and I think there is pretty good joined-up working between the different agencies as well. And I think if someone's got an addiction care manager, particularly if the addiction care manager's really good at their job, then actually, people get pretty good care because they're able to coordinate the service […] but I do think though that it's the people that bounce within the multiple exclusion that can sometimes become an issue. So I would go back to this idea of what can be done in terms of thinking about stickability. That would be my core thinking about what a pot of money may be used for.*
> (Glasgow, health/social care)

Recovery-based models involving methadone and harm-reduction based models were discussed as having a role in all of the areas. A few of the group members in Dundee and Glasgow put forward support for injecting rooms as also playing a role in harm

reduction. In the Dundee group, this was caveated by some group members on the condition that these facilities include support.

In Aberdeen, the recovery models tended towards peer support and training and community-based recovery, though it was acknowledged that more community work could be done, focusing on flexible solutions.

> *I think we could be doing more of that [training and support] in communities rather than expecting everybody to come to us, to actually go and deliver it - have a choice of when it's delivered and where and accommodate different needs, but being clear that the goal is not - it's not about being completely abstinent either. It can be about being in recovery on prescribed medication or abstinent, and it's also - your success isn't measured by if you get a full-time job. It's about belonging and giving something back, quality of life.*
> (Aberdeen, voluntary sector)

There were a few individuals across the Dundee and Edinburgh groups with a particular interest in **therapeutic and peer communities** offering collective support. Examples given included work overseas on Italy and elsewhere, with models of long-term drug rehabilitation in a community group setting[150].

Isolation is a major concern for people in recovery, with rurality a particular concern identified in Aberdeen/shire. There is an important role identified for **community-based support, including peer support**. The latter can be rewarding but challenging for peers, who are managing their own recovery. Peer approaches, though often seen as cost-effective, can also require more resource than expected to ensure that peers are adequately supported.

> *[Peer support] costs more than everybody thinks it does because everything takes twice as long as you plan for because that's just the nature of it. You're asking people who have a lot of vulnerabilities of their own to manage all of that while working alongside other people. And it can be that they're in a better place than they were but we know what we know that the people we're talking about and the experience they're bringing and that's the value, it is the experience they're bringing. […] I think, where we've done lots of thinking round about that, you can make it work but you need more money than most people are willing to give you because on paper it looks like it's not the best use of resources because when you break it down - if you actually break down what you spend for the different things, you will go, 'Oh, well I can get something else for less than that'.*
> (Glasgow, voluntary sector)

Projects focused on **early intervention with vulnerable young people** were felt to be important. Working with at risk/vulnerable children and young adults could enhance prevention since so many have poor life skills and have difficulty communicating.

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[150] http://www.delanceystreetfoundation.org/, https://www.sanpatrignano.com/, http://english.basta.se/

(Dundee and Aberdeen). Dundee has lost the funding for the local youth AddAction project which was felt to be a lost opportunity for early intervention on drugs and alcohol.

> *Prioritise families […] using data to look at exactly what you've described in terms of number of ASBOs, contact with police, children maybe not going into school, absences from school, things that are just going to trigger, and then working with families to do that.*
> (Aberdeen, voluntary sector)

> *Educate at the schools […] I think you really have to probably get in probably at the age of five, really, to get people educated and get people there before they get to this stage of being 16. […] Once you get in a cycle, if you go homeless once it just gets in a cycle, so it's getting in that early stage, even, as I say, as early as age five if you can do. Just got to get more educated.*
> (Dundee, voluntary sector)

Employability and independent living

Group participants gave examples of what they felt were interesting, useful and innovative approaches to promote life skills and provide opportunities for meaningful activity, including volunteering, arts, crafts, sports, culture and transitions to work. There was no lack of overall provision, but flexibility is felt to be critical. Inevitably, the focus groups involved some organisations talking about the benefits of their own approach.

> *Being able to have that flexibility is actually vital, but we can afford to do that because the bulk of our funding is through social enterprise […]. It's also a cost saving to the public purse, but that's not the main reason we do it. It is to give us that flexibility.*
> (Edinburgh, voluntary sector)

It is noted, though, that employability-orientated provision does not always benefit the most marginalised groups.

> *Yes, there's a massive breadth of employability stuff in the city and I think that at the moment, that connection to recovery isn't working as well as it could but there's starting to be that link between the two.*
> (Glasgow, voluntary sector)

In Glasgow concerns were raised about a lot of employability support being linked too strongly to sanctions, conditionality and work capability.

> *I hate to talk about employability and homelessness. The results you'll get from somebody who is rough sleeping isn't going to get those hard outcomes, but that doesn't make them any less valuable. More focus on training etc. but the benefit system doesn't allow for that, particularly people who are on ESA who can't show themselves too capable for work.*
> (Glasgow, voluntary sector)

Another view expressed in Aberdeen was that things are changing in employability, with more funding expected to become available in future for difficult to engage people. From April 2018, employability services will be delivered through Scotland's devolved Fair Start programme[151]. Since April 2017, employability services have been delivered through Work First Scotland and Work Able Scotland providing up to 12 months of support, helping up to 4,800 people with health conditions and disabilities into work. This will include some people with mental health issues and addictions who may also experience homelessness. From April 2018, this transitionary provision will be replaced by Fair Start. Fair Start Scotland will support a minimum of 38,000 referrals over three years. Scotland's new devolved employment services are voluntary, meaning that people may participate without the threat of sanctions. Of course, the wider sanctions regime is still under the control of the UK Government.

> *That's going to be - you know, there's going to be major shifts and changes over the next year around - more money's going towards individuals who are harder to reach and have more complex needs as well and moving them into employment. So that then shifts the needs around support, it shifts the needs around that, so it's a bit of a changing landscape at the moment.*
> (Aberdeen, voluntary sector)

One gap in employability identified was in relation to employer-based provision, with lots of training in class-room-based stuff but a lack of real life work experience. **Creating opportunities to experience a real-life working environment** in a supported/stage way as required could be invaluable.

> *Yes, I also think there's a lack of real-life work experience. There's lots of personal development, some sort of classroom-based stuff but actually this sort of thing maybe never works. It doesn't help many people, it never works, sorry. To be able to experience a real life working environment, what it feels like to be part of a team, what it feels like to have to turn up at nine o'clock or ten o'clock or whatever and do a hard day's graft and go home at the end of the day. Just to be able to create that real-life working environment I think is absolutely vital in terms of the experience and the confidence.*
> (Glasgow, voluntary sector)

Managing financially on a low paid job was also felt to be a skill that needed to be taught or mentored.

> *There's definite scope there to mentor people into work and train them up to train people not just to do work, but actually to manage being in a low paid job.*
> (Edinburgh, voluntary sector)

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[151] http://www.employabilityinscotland.com/devolved-employment-services/scotlands-devolved-employment-services/

Employment while in TA poses affordability issues, due to the high service charges involved and the loss of Housing Benefit. This is a long-standing issue, though there may be scope to use Discretionary Housing Payment to cover TA costs.

> *[…] If you put someone into any form of temporary accommodation, employment is not a valid option for them. You're trying to promote someone to move on with their life, but we can't actually systematise employment because of the effect that'll have on the temporary accommodation bill to afford that, and it's just unacceptable for them.*
> (Dundee, voluntary sector)

Solutions for independent living

Funding for **tenancy-building** to support tenancy sustainment was discussed in Aberdeen and Edinburgh, with the importance of furniture packages, starter-packs and pre-tenancy skills development. The latter is 'lighter touch' than intensive support, covering practical issues like how to bleed a radiator.

> *We're teaching people how to clean their houses, we teach them how to pay their bills, we teach them how to cook and how to budget. We're doing all of that, so the people move out […] they have done a bit of work before they get their tenancy.*
> (Dundee, voluntary sector)

> *There's also much earlier prevention about education, about just managing your own finances if you're out on your own, knowing how to apply for benefits and things like that when you're in that situation. There's prevention out of the immediate need, in the couple of months before somebody becomes homeless. There's also education much further back.*
> (Edinburgh, voluntary sector)

In Glasgow and Dundee, it was suggested that outcomes were better among people who had been homeless, compared with those entering a tenancy without support.

> *I think you can see a big difference between this and other councils, but that's a better sustainability - people who I speak to are homeless - because there is a lot of support for everybody now. […] Yes, when people have just come through they've had to go straight into tenancy. They've never had the budgeting skills, and the tenancy fails.*
> (Dundee, housing)

Some people do need **more intensive, ongoing support** at different stages, particularly at transition to a tenancy and independent living. 'Floating' or 'sticky' support that follows people as felt to be critical to maintaining positive outcomes and preventing homelessness.

> *[…] I do think though that it's the people that bounce within the multiple exclusion that can sometimes become an issue. So I would go back to this idea of what can be done in terms of thinking about 'stick-ability'. That would be my core thinking about what a pot of money may be used for.*

(Glasgow, health/social care)

In Edinburgh, there are good examples of intensive approaches but the lack of housing can also limit the extent to which people can progress. There is also the recognition of greater multiple and complex needs associated with addictions, so those services are important alongside housing.

> *There's some brilliant work going on […] around PIE approaches stuff is unbelievable and that's happening in quite a lot of hostels across the city, but then people are staying in hostels longer because there's nowhere for them to go.*
> (Edinburgh, voluntary sector)

> *I personally would enhance addiction services, because I think that that's shown - successful rehabilitation has shown to be one of the major ways of cutting down on chaotic lifestyles and rough sleeping etc.*
> (Edinburgh, housing)

It was acknowledged (in Glasgow) that support at the moment is focused on building-based rather than floating/community based support. This suggests that providing the support needed for a 'Housing First' approach will need a shift in the nature of support.

In Edinburgh, the view was expressed that there is a wide range of support for independent living and employability is available but there needs for more <u>awareness</u> and <u>links</u> to help people access the range of activities, training, befriending, peer volunteering and other opportunities for meaningful engagement. Demand is also felt to be increasing due to work conditionality and welfare reform.

> *The majority of our direct referrals into our progression team, our coaching team are coming from the job centres. Job centre workers are referring something like 60 a month coming direct from job centres and that's again, welfare reform. It's horrendous what people are being subjected to.*
> (Edinburgh, voluntary sector)

The 'scale-ability' of some provision may also be a barrier, with some projects sustaining a small number of volunteers but not being able to accommodate more until these people move on. This suggests the need **for more 'move-on' type options for engagement** to enable people to move on from these small social enterprise-type projects into mainstream employment settings.

Systemic and policy solutions

System blockages

All areas had 'system' pressures and blockages, particularly in moving on from temporary to permanent accommodation. This was due to a combination of the availability of permanent accommodation where people want to live and the 'hoop' of tenancy readiness, alongside a lack of tenancy support.

In Aberdeen and Dundee it was felt that 'systems' were working better now. In Aberdeen, there has been a focus on targeting tenancy sustainment resources, so that not everyone gets the same level of tenancy support. They are also converting some TFFs to permanent tenancies to aid transition to a permanent tenancy. It can be cheaper and/or easier to make a new TFF than move someone who is settled and putting down community ties.

However, one group member suggested that there was also a need for realism in presenting housing options to homeless people.

> *I think what you're saying is choice is the big word. It's being able to have a range of options for people, but I think if you're going to go and ask people what they're looking for, you've got to be able to make that realistic.*
> (Aberdeen, voluntary sector)

In Dundee, improvements were attributed to better prevention activity and co-ordination, including joint working.

> *Housing Options, which to an individual…and they have any kind of need and we have to take on the role of a lead professional and then gather people around a table for a meeting with that person to see where they are, where they want to be and how we get them there. So that's bringing people from, drug and alcohol, housing, social work and the accommodation providers.*
> (Dundee, voluntary sector)

There was also an acknowledgement that the local authority approach had improved, in relation to homelessness prevention.

> *I have to say, I do think that the housing staff, that you're so much better, you're much more proactive.*
> (Dundee, voluntary sector)

Major ongoing challenges were acknowledged in Glasgow and Edinburgh, with the lack of 'through-put' a significant, ongoing issue. In Glasgow, these issues are related to the need for better co-ordination to move people from TA into permanent tenancies, which includes tackling issues of 'tenancy readiness' and also matching available supply to homeless people's needs and wants.

In Edinburgh, chronic lack of supply of TA and permanent housing is viewed as critical. However, solutions cannot be just housing based. The availability and access to mental health, addictions and support services will impact on the ability of people with complex needs to cope in a tenancy. The good work in hostels needs to continue once people have a tenancy. There is also a need for more links to be made to enable people to access the range of services available. There is support for early intervention, prevention and tenancy sustainment activity

Group participants identify the need for **better co-ordination and increased flexibility**, as well **as less emphasis on tenancy readiness and more tenancy sustainment support** (echoing the basic principles of Housing First).

Long-term funding issues

There are perceived barriers to collaboration – competition for funding leads to fragmentation of delivery, stifling strategic or innovative working. Health and Social Care Integration is given as an example of organisations <u>not</u> managing to work strategically yet.

> *And having someone on a hospital ward when you could say to the NHS, 'Listen you need to be brave and you need to take a chunk of your huge budget and look at that in prevention and say if I invested that in housing support services would that give me somewhere to discharge people who are stuck on hospital wards and would it stop people from going on to hospital wards in the first place?' But my own experience to date is that it's not happening.*
> (Edinburgh, voluntary sector)

Funding constraints have also limited the development of more innovative TA solutions. This related to uncertainty about funding through the LHA, for TA.

> *[We're] trying to look at more of a triage system where providers could get involved and actually come at solutions strategically, but it's very difficult to do that as a provider right now because there is so much uncertainty about funding for current things.*
> (Edinburgh, voluntary sector)

The example of the Alliancing model in Glasgow was given (by someone in Aberdeen) as providing potential insights on a new way **co-productive working**.

> *Well, you make flexibility and I think that's where the third sector comes in, in terms of we'd make ourselves nimble, we have to, to be able to meet needs, especially when you get major fundamental shifts and changes like that. […] The Alliancing model that's been used, or about to start in Glasgow, and it's a different way of procuring services, so it's been used in different forms across the UK. There's maybe been about four or five, which have now gone to tender, for mental health services, not just in Glasgow, they're looking at it for homelessness, but it's about bringing shared partners together.*
> (Aberdeen, voluntary sector)

The City Ambition Network (CAN) was also discussed in Glasgow, as offering a new way of working to cut across organisational boundaries.

> *....the concept is something that's not about a new service, it's about making best use of the resources that are there, in a coordinated fashion, and the impact of that for some of the most vulnerable people in the city has been quite remarkable.*
> (Glasgow, voluntary sector)

In all of the groups, the short-term nature of much of the funding around support services for homelessness people was raised as an ongoing challenge to service sustainability and continuity. Some questioned whether there **was sufficient political will** to tackle the long-standing issues underlying homelessness. The groups were timed in advance of the Scottish Government's announcement of the Homelessness and Rough Sleeping Action Group and the £50 million fund to eradicate rough sleeping[152].

In Edinburgh, the significant impact of Airbnb and corporate lets on the local housing market was discussed, with the need for control over these markets as crucial for future housing supply. The suggestion of a 'Tourist Tax' and more active work on empty homes was also put forward as a solution needing local and national government.

Wider funding constraints within Health and Social Care also contribute to the lack of provision in mental health and addictions. Reductions in funding elsewhere in statutory and commissioned services has diverted clients towards the voluntary sector.

> *There's a bigger and bigger focus in health on relying on community orientation and more and more reliance on the voluntary sector but government need to pay more attention to the fact that lots of voluntary-sector organisations are really struggling on funding cycles. So if we are actually going to have this route – a widening focus on the roles of communities and voluntary sector can play, then I think the Scottish government needs to sort out the funding cycles working and enable organisations to secure cumulative funding.*
> (Glasgow, health/social care)

The **need to commit long-term resources** to ongoing, 'tried and tested' solutions and not to constantly seek 'innovation' was also noted. That said, there is a lack of data on 'tried and tested' solutions and insights on 'what works' particularly in the case of some very long-term outcomes being worked on. In these cases, organisations may need guidance on capturing softer, intermediate outcomes.

> *It comes back to this 'new, innovative' again, and we're talking about this, you keep giving something a different label, or is there - does it need to be new and innovative or can it be building on something that really works anyway, or... can it be tried and tested, because we know it works, and yes. I think that's quite an important point. Not 'New and shiny please,' all the time?*
> (Aberdeen, voluntary sector)

The current way of working was criticised as not strategic or cost-effective.

> *I would suggest not being in the voluntary sector, the voluntary is far too much fragmented and they should get their act together a bit more and work together,*

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[152] https://news.gov.scot/news/homelessness-and-rough-sleeping-action-group

reduce the amount of organisations. It's duplication and waste of resources. I'm very sorry but I really believe that.
(Edinburgh, housing)

Wider policy environment

The Scottish Government was felt to have a role in driving **affordable housing** forward.

> *If you go to local government their answer is they're going to build all these affordable houses, but the affordable houses are not going to be affordable for the people that we work with. That's another problem for a lot of folk.*
> (Edinburgh, voluntary sector)

> *In terms of wider issues for the government, I think there's a chronic lack of social rented housing and yes, so this is not just about bricks and mortar but you can't divorce the two and I think we've got a very progressive government, who's made a wee bit of commitment to housebuilding in terms of social rented housing and I think they need to be encouraged not only to maintain that, because I think that there is the financial pressure, but even consider increasing it.*
> (Glasgow, voluntary sector)

Developments in **shared accommodation** will require some consideration of tenancy rights and this is an area that the Scottish Government might need to take a lead role, in identifying good practice and potential models/guidance. There were certainly concerns about the scope for developing innovation, given funding uncertainties created by the changes to LHA and the supported accommodation fund.

> *Yes, most people would be interested in [developing new solutions]. Whilst we're talking about risk at the moment all the housing support services that are currently around, the people in my team - there's significant change to how we're funded and our Local Housing Allowance plus some magical pop up fund run by the fairies who no-one has any clue about how it's going to be administered - whether it's going to be nationally administered or locally administered. So there's actually significant risk to the current services let alone thinking about expanding.*
> (Edinburgh, voluntary sector)

Other areas where the Scottish Government were felt to have a role were on policies relating to employment (e.g. zero-hour contracts**), encouraging more homelessness prevention** activity and **enabling mitigation activities** relating to Universal Credit.

> *I guess as well back to early intervention because that's a huge part obviously that's been identified as that's what works.*
> (Dundee, voluntary sector)

> *With the new welfare powers that the Scottish government are going to have over welfare. I by no means know much about it at all but that seems quite central to a lot of issues that we're dealing with and the issues that are yet to happen.*
> (Glasgow, health)

More guidance on homelessness duties and provision for people with no recourse to public funds would also be welcomed.

> *The level of complexity of the legislation and the legislation in Westminster is different to the legislation in Scotland and there's the welfare reform aspects and the EU regulations and how you put that into practice and how you can get the information that you need on the frontline to ascertain if somebody has got a right to reside in this country or not. What do you do if you give them a right in housing and then they've lost the right to reside whilst they've had the housing? It's incredibly complex and I'm not sure any Scottish local authority has totally got on top of it because I've certainly rung quite a few and we've also asked the government for guidance on it.*
> (Edinburgh, housing)

Summary of service provider views

Edinburgh stands out as having extreme pressures within its housing system, with agreement that homelessness and rough sleeping have both increased. There is a significant increase in the use of B&B there. Glasgow is seen as more mixed, with stability in rough sleeper numbers alongside high visibility. In Aberdeen and Dundee, there was more agreement among the group that rough sleeper numbers had stabilised.

Aberdeen and Edinburgh both have increasing numbers of EU Nationals with no access to benefits and in Edinburgh there has been an increase in homelessness among people who have no recourse to public funds. A high proportion of Glasgow homeless applicants are asylum seekers and their needs, and those of those denied asylum are highlighted.

'Revolving door' issues also persist across the cities, with a core of long-term service users with multiple and complex needs, often including drug use, experience of offending and long-term trauma.

Although begging was felt to have reduced in Dundee, it was more generally felt to be more common and more visible across the cities. Connections were made between benefit sanction and benefits, particularly alongside addictions. Some suggest that begging has become more acceptable among beggars and those giving.

Edinburgh has a chronic shortage of TA, with B&B use becoming more common. Aberdeen and Glasgow are also still using more B&Bs than they would like to and Glasgow and Edinburgh have winter night shelters that operate at capacity (with Edinburgh not always meeting need).

Aberdeen and Glasgow tend to more commonly use TFFs, with some 'blockages' in the flow of people through these into permanent tenancies. Aberdeen has converted some TFFs into permanent tenancies, which offers a possible solution. Dundee primarily uses hostel accommodation, which is not at capacity, with some people opting to sofa surf instead. There was a wider recognition across the cities that many people are 'hidden' to them in this way.

Periods in TA are increasing, with the costs of funding this on the increase. The lack of supply of permanent housing, particularly smaller units that meet the needs of younger people facing the SAR mean that providers are thinking about shared tenancies as a possible option.

Solutions identified in Edinburgh were more predominantly accommodation based, in recognition of the considerable shortages. In Glasgow, tackling the systemic difficulties to get people into the housing they need is critical. All cities identified the need for more support for people with multiple and complex needs to break the cycle of rough-sleeping. Support that 'sticks' with people and support with addictions are felt to be important.

There was strong support for Housing First as offering a solution to help to break the cycle of rough-sleeping among people with multiple and complex needs. The role of peer support was also felt to be important by some, with a few people looking to international examples of therapeutic communities for intensive models of peer support. There were also specific gaps in accommodation provision identified in provision for people who wanted to continue to drink or use drugs, for young people and women.

Information provision and access to services through multi-agency, hub-based approaches were identified as important parts of the solution to link people to the services they need.

Substance misuse presents a continually changing and challenging environment, with a wider range of substances being used. People with addictions present with a wide range of physical and mental health issues which impacts on the type of housing and support they need. Provision for addictions is viewed more favourably in Glasgow and Aberdeen, with more gaps identified in provision in Dundee and Edinburgh. The increase in drug-related deaths across Scotland was widely acknowledged, attributed to multiple drug use, vulnerability when in early stage recovery, some issues regarding street drug quality. There are also particular concerns about the increase in HIV infection in Glasgow. Solutions for addictions span a range of areas – from rehab to peer support and harm reduction approaches, including injecting rooms, to therapeutic communities. Understanding mental health issues and trauma was viewed as critical to tackling substance misuse, with more need for mental health services, counselling and psychotherapy.

Managing transition is also important for substance misuse, with leaving rehab, prison or moving from temporary or resettlement accommodation to a permanent tenancy key triggers to possible risk of relapse. Support services that can 'stick' with people at transition stages were felt to be important. The need for more 'assertive outreach' in working with people with addictions on the street was also identified. Early intervention, working with young people at risk was also thought to be of value.

There are a very wide range of projects to provide meaningful activity and encourage steps towards independent living delivered across Scotland. Some of these projects are commissioned services while others are provided by voluntary agencies and social enterprise. Employability services are now devolved to Scotland and participants will no longer be subject to sanctions while participating. However, the UK Government

still controls the wider sanctions regime so employability is inevitably linked to concerns about work readiness.

Solutions needed were not always additional resources but better ways of working. Major ongoing challenges were acknowledged in Glasgow and Edinburgh, with the lack of 'through-put' a significant, ongoing issue. In Glasgow, these issues are related to the need for better co-ordination to move people from TA into permanent tenancies, which includes tackling issues of 'tenancy readiness' and also matching available supply to homeless people's needs and wants. Group participants identify the need for better co-ordination and increased flexibility, as well as <u>less</u> emphasis on tenancy readiness and <u>more</u> tenancy sustainment support.

There are perceived barriers to collaboration – competition for funding leads to fragmentation of delivery, stifling strategic or innovative working. The Alliancing model in Glasgow was given as providing potential insights on a new way co-productive working. Alliancing may also offer a longer-term funding window and greater sustainability for organisations.

Other wider policy issues raised included the need for longer term funding and security across the sector to provide sustainability and continuity; more radical policy solutions in areas of extreme housing pressure, like a 'Tourist Tax' for Edinburgh and more affordable housing options, including shared tenancies; ongoing uncertainty of welfare reform, which limits innovation and increases risks, meaning Scottish Government welfare policy and mitigation are critical; and guidance on housing options for people with no recourse to public funds.

CHAPTER SEVEN: CONCLUSIONS AND RECOMMENDATIONS

This report has demonstrated that homelessness remains a significant problem in Scotland's main cities, despite the very strong statutory safety net in place since the coming into force of the Homelessness Etc (Scotland) 2003, and widespread support for the principles of the 'Housing Options' approach to homelessness prevention implemented since 2010. There is also evidence that the homelessness combined with 'complex needs', such as substance misuse, involvement in the criminal justice system, or mental ill-health, is becoming a proportionately greater problem for local authorities across Scotland, including the four core cities that are the subject of this report. Between a third and a half of homeless cases in the four cities have a degree of complex needs compounding their homelessness (depending on definitions), and the housing outcomes for complex needs cases appear to be systematically less favourable than for other homeless applicants.

The experience of homelessness is heavily concentrated in Scotland, as elsewhere in the UK, on younger age groups (under 45) with relatively few people older people affected. Single working age people and lone parents and at far higher risk of homelessness than other groups in the population. Notwithstanding the latter feature, a slight majority of homeless households are headed by males, and among forms of core homelessness rough sleeping is distinguished by having a strong skew towards the male gender. Recent academic research has demonstrated the very strong relationship between poverty, especially child poverty, and homelessness and other extremely poor outcomes in young adulthood. For those who experience homelessness combined with complex needs, childhood trauma as well as poverty are common precursors.

The available statistical data, and testimony from service providers, indicates that, contrary to media reports and some recent political debate, rough sleeping has in fact been stable or even declining over the past few years in Scotland's major cities. The exception seems to be Edinburgh where there are widespread reports of increases in the numbers on the streets, with emergency accommodation struggling to cope amid acute pressure on all forms of affordable housing. Nonetheless, Glasgow still has by some margin the largest rough sleeping problem in Scotland, estimated to affect around 120 people on a typical night. While the numbers on the streets in Scotland's largest city may be relatively stable, there was a sense that the visibility of rough sleeping had heightened in tandem with a more overt begging 'scene' in the city centre.

The relationship between begging and rough sleeping was discussed in the focus groups in all four cities, and tackling this seems crucial in making progress on rough sleeping, especially as it is recognised by the public. There was general agreement about the central role played by addictions in driving both phenomena, and also that, while not all of those begging will be currently sleeping rough, most will have done so in the past and many will continue to be homeless (e.g. live in hostels, sofa-surfing etc.) There was, however, reference made to some small-scale 'organised' begging in Aberdeen and Edinburgh in particular, thought to be associated with 'gangs' and/or extended family networks, which represents quite a different phenomenon to the addictions-driven begging that mainly pertains.

Another particularly challenging policy issue identified in both Edinburgh and Aberdeen was apparently growing numbers of rough sleepers (mainly EU migrants) with no recourse to public funds, while in Glasgow significant system pressures are associated with the substantial numbers of asylum seekers granted refugee status and accepted as statutorily homeless.

There were other important distinctions between the four core cities that should inform interventions, particularly with respect to TA. Thus in Glasgow and Aberdeen the great majority of households in TA are accommodated within ordinary social housing in TFFs, whereas there is much heavier (and growing) reliance on B&B in Edinburgh, while in Dundee there is a far larger proportion of homeless households accommodated in hostels than in the other three cities. Each of these scenarios bring their own particular challenges: in Glasgow and Aberdeen there is concern about people spending far too long in TA as a result of difficulties in resettling households into longer-term tenancies (in Aberdeen this issue has been tackled to some extent by the conversion of TFFs into long-term lets). In Dundee, there are many instances of people sleeping rough because they are afraid to use the hostel provision, or are barred from it. Glasgow too, with its exceptionally large rough sleeping population, also faces a major issue with those affected being barred from emergency accommodation provision, and fear of using the relevant congregate provision also raised. In Edinburgh the rising use of B&B reflects sheer desperation on the part of the local authority who simply have nowhere else to put people.

It was very striking the extent to which the key priorities emerging from the focus groups with service providers in all four cities chimed with the international best practice evidence reviewed in this report. Thus, participants emphasised the need for 'assertive', 'sticky' and 'flexible' services working with rough sleepers and other homeless people with complex needs, with models like MEAM's 'service navigators' and the CAN initiative in Glasgow suggested as examples of good practice. Across almost all groups service providers voiced strong support for the Housing First model of rapid rehousing into mainstream tenancies with wrap-around support that has now been so influential across the developed world, but some element of 'communal' provision was argued to be required for people for whom Housing First may not be suitable. The (now mainstream) 'recovery' model in substance misuse commanded wide support, though it was clear that access to relevant drugs services was very uneven across the four cities. Employability was an especially challenging area for a group facing so many labour market disadvantages, but there was support for access to work placement and support services with mainstream employers that have shown very promising results in major evaluation studies of groups with complex needs. There was support for 'peer workers' in homelessness and complex needs services but a recognition of the challenges involved and the resource implications. The importance of making all relevant services 'trauma informed' was a broadly endorsed principle.

The report also highlights that not all of the issues faced by the four cities with regard to homelessness require a major injection of resources. Some are more an issue of systems design or blockages. The clearest examples of this are in Glasgow and Aberdeen, where there was felt to be 'too much' not too little TA, but bottlenecks were being created by difficulties in accessing permanent rehousing as a result of problems

in the relationships, policies and/or functioning of the relevant local authorities and social landlords. Question-marks were also raised about the 'assertiveness', reach and effectiveness of street outreach services across the four cities: this may be an issue of policy and practice, or resources, or both. Issues with regard to people being barred from hostels was a particular issue in Glasgow.

However there are clear areas where additional resources (from voluntary and/or statutory sources) are definitely required:

- In Edinburgh in particular, there is an urgent need to expand the availability of affordable housing and to relieve the acute pressure on emergency accommodation services and reduce the reliance on B&B. While an expansion in more appropriate forms of TA provision may be required in the short-term, the main emphasis should be on improving the options for longer-term suitable accommodation.

- In Dundee, urgent consideration should be given to reducing reliance on hostel provision as a principal form of TA, and towards the use of TFFs (as in Glasgow and Aberdeen), given the evident difficulties that some homeless people face using this communal provision. Such a major reprovisioning exercise is likely to have resource implications.

- In order to 'scale up' the Housing First model across Scotland, access to suitable mainstream tenancies is needed alongside a very significant investment in revenue funding for the sort of open-ended, assertive, flexible and personalised support required. Housing First, done properly, is not a cheap option but has been shown to be a highly cost-effective one, with potential for significant savings to the public purse in the longer-term.

- A major expansion in 'Supported Lodging' provision and similar community-based models requires not only recruiting a sufficient number of suitable 'community hosts', but a significant investment in the vetting, training, and support of these hosts and professional management of the schemes.

- The development and expansion of Individual Placement Schemes and Job Coaching opportunities requires, again, not only the recruitment of suitable employers but also the investment in intensive support for both the homeless people offered placements and their workplace managers, and is likely also to necessitate targeted employer subsidies.

- In Dundee and Edinburgh, it is evident that additional investment is needed in drug treatment services to improve access and availability.

- It is still relatively early days in the encouragement of trauma-informed environments in Scottish homelessness services, and investment in the training and support of mainstream services should be considered too.

- The introduction and sustainment of peer workers is an important but challenging new development in Scotland the resource implications it entails should not be underestimated.

- Safety net services for EU nationals and other groups without access recourse to public funds who face homelessness and/or destitution in Scotland will likely need to be supported by voluntary sector resources.

Appendix A : List of Participating Organisations

Aberdeen City Council
Aberdeen Foyer
Aberdeenshire Council
AddAction
Alcohol and Drugs Action
Barnardos
Bethany Christian Trust
Cair Scotland
CHAI
City of Edinburgh Council
Crisis
Crossreach
Cyrenians
Depaul International
Dundee City Council
Dundee Women's Aid
Dunedin Canmore
Dundee West Church
Four Square
Fresh start
Glasgow & West of Scotland Housing Association Forum
Glasgow City Mission
Glasgow Health and Social Care Partnership
Glasgow Homelessness Network
Govan Law Centre
Grassmarket Project
Independent From Drugs and Alcohol
Link Housing Association
Lothian & Edinburgh Abstinence Partners
Move On
NHS Grampian
NHS Lothian
NHS Tayside
Positive Steps
Quarriers
Rock Trust
Salvation Army
Scottish Refugee Council

Scottish Veterans Residences
Shelter Scotland
The Steeple Church
Street Work
The Access Point
Turning Point
Wheatley Group
Unity Enterprise

Appendix B: Estimation data sources and methods

The table below shows the main data sources and approach used for the base estimate of each component of core homelessness estimates (a). The base estimates were produced using the data sources identified below (b). Then various regression models or assumptions were used to base forward projections on (c).

Table A1: Core homelessness components, data sources and assumptions

Component (a)	Data sources (b)	Projection method & assumptions (c)
Rough Sleeping	Low – HL1, or PSE with lower duration; Medium – SHS retrospective & duration High – Destitution Survey	Logistic regression model based on SHS 2 year retrospective data 2012-15
Car, tent, public transport	Low-Moderate rates & markups based on English estimates	Fixed markup on rough sleeping
Squatting, non-residential, 'beds-in-sheds'	Low-Moderate rates & markups based on English estimates	Fixed markup on rough sleeping, hostels and unsuitable TA
Hostels	Low – TA placed in hostels; Med – hybrid of TA in HL1 (adj) & SHS retrosp (adj) High – SHS retros use of 'temp & emergency' accom *not DWP/DCLG pending clarification	Existing supply trended forward based on policy parameter (default=no change)
Unsuitable Temporary Accommodation	Low – TA B&B only Med – TA B&B and 'other'; High – B&B, 'Other' + half Census Communal Estabs 'other'	Suite of recursive regression models for homeless acceptances, total TA and unsuitable TA, fitted to 12 year panel data for LAs in Scotland (2003-15)
Sofa Surfers	Low – PSE retrosp survey; Med – SHS retrosp survey; High – 10.8% of England	Logistic regression model based on SHS 2 year retrospective data for homeless staying with friends/relatives

Note: where figures for Scotland have been based on values derived for England, this is generally because suitable specific sources have not to date been found for Scotland.

PSE=UK Poverty and Social Exclusion Survey (2012)

SHS= Scottish Household Survey (2012-2015)

TA=Temporary Accommodation, HL1=Scottish Homelessness Statistics

Projection method

The projections are based on an adaptation of an existing sub-regional housing market model (SRHMM) as the platform for forward forecasts and the simulation of different scenarios. In order to populate this model with relevant numbers it is necessary to assign the national numbers which feature in our national estimates down to 8 Scottish sub-regions.

In some cases the original data source can readily permit such geographical analysis or disaggregation – most obviously local authority returns like HL1, Census numbers, - but this is not necessarily true for other sources such as sample surveys, although the SHS can be disaggregated in this way.

Where possible, annual time series data are compiled for the period 2010-15/16, possibly earlier, for each variable in the system. Extending the SRHMM to forecast homelessness has entailed adding three additional worksheets to support 15 additional variables[153] brought into the system. We need to populate these variables for the back data and then forecast forward for 25 years. In some cases the process has involved using some other source or some partial source to provide a proxy indicator for basing the distribution of national totals between localities.

The sources for the base estimates shown in col (b) of Table A1 above are those used to determine the general level of that component of core homelessness in Scotland. However, in extending these estimates down to sub-regional and local authority levels, additional data or estimates are used as well in some cases where the national estimate is based on a sample survey. For example, in the case of Rough Sleeping, at subregional level we take take the local share of the national figure from the HL1 rough sleeping number (night before applying to LA). In the case of sofa-surfing we take a weighted average of the actual SHS estimate, the modelled SHS rate, and the modelled indicator of concealed households x overcrowded households controlled to 2011 Census.

The forward forecasts use a range of methods and data sources, as summarised in column (c) of Table A1. For some of the smaller components, where we have little systematic evidence, we simply apply a fixed mark-up to other relevant items in the forecast. Of the four main components, one (hostels) is projected forward based simply on a policy-based assumption, with the default being no change (a constant number of occupied spaces), while the other three are predicted using statistical models. These models aim to capture the range of expected influences on these forms of homelessness. These expected influences were derived from past attempts at

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[153] The 15 variables are rough sleeping, hostel residents, unsuitable TA, sofa surfers, total core homeless, homeless acceptances, total homeless applications, total in temporary accommodation, people asked to leave household, evictions, wider homelessness, relative low income poverty after housing costs, crime rate, Welfare reform cuts impact (from Beatty & Fothergill), households in financial difficulty.

modelling homelessness, other research and general knowledge of the field. In practice, the models as implemented reflect the data available and relationships which could be established empirically.

For unsuitable TA, a set of models have been successfully estimated on Scottish data. These were aggregate models at the level of local authority district, and comprise a suite of LA-district level annual panel models used to predict homeless acceptances, total TA and unsuitable TA. This data panel covered 12 years for Scotland (2003-15).

The SHS, provided a basis for two reasonable forecasting equations, one for rough sleeping and the other for sofa surfing. These models were fitted to the pooled micro data for the random adults[154] in the sample over the four years 2012-15, where the questions referred to homelessness experiences over the preceding two years.

Regression models

The regression models used to develop the forecasting models are summarised below.

Rough sleeping – modelled using retrospective data from SHS (Random Adult, reported on the previous 2 years) - variables included in the logistic regression model were as follows. ((-ve) indicates a negative association) Variables: female (-ve) single person household, ages 45-59/60-74/75 over (all –ve); working (-); welfare cuts scale (LA level, -)[155] whether experienced financial difficulties; social rent, private rent.

Hostels – this was assumed to be supply-determined; baseline numbers were kept constant; variant trends in future suggested e.g. -3.5% pa, similar to previous trend.

Unsuitable Temporary Accommodation - 3 regression models were used to to predict (a) homeless acceptances (b) Total TA (c) unsuitable TA, based on panel of LA level data for Scotland.

> (a) acceptances model includes following variables: gross in-migration, lone parent households, multi-adult hhd (-), median earnings (-), worse low income (-), welfare cuts (-), house price, social renting, private market rent level, homeless hostels, mental health instits (-), proportion of homeless acceptances rehoused in PRS (-), timetrend (-);

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[154] The SHS interviews one randomly selected adult from each household in the sample, as well as the householder or partner. These data are weighted to be representative of the whole adult population.

[155] This particular variable appeared to show a negative effect on rough sleeping, after allowing for other variables in the model; this also led to some implausible effects in the simulations; in view of uncertainty about what this 'area level' variable was representing, it was decided to set its value at a constant level in the simulations.

(b) total TA model includes lagged TA total, log of acceptances, private renting (-), social lettings (-), homeless hostels.

(c) Unsuitable TA model includes change in (log) Total TA, lagged unsuit TA, log new acceptances (-), private rent level, social lets (-) ,homeless hostels, hotels/B&B, propn homeless rehoused in PRS (-), time trend (+)

Sofa Surfing – model based on half on old housing needs models derived from EHS analysis in 2000s[156], taking product of 'Concealed and sharing' and 'Ovecrowded' and half on SHS based logistic regression model for (random adult being homeless in last 2 years, staying with friends/relatives); variables include single person households, age groups 16-24, 45 and over (all -), married (-), work (-), benefits, SimD based low income, financial difficulties, house price, social lets (-), social rent and private rent.

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[156] Bramley et al (2009), 'Estimating Housing Need', London: DCLG.

Appendix C: Detailed homelessness tables

Table A2: Homelessness prevalence in the 4 cities by random adult characteristics

	Any homelessness	Slept rough	Temp or insecure accomm.	Sofa-surfed	Unweighted base (number of cases)
City/Urban-Region					
Edinburgh	1.06%	0.10%	0.52%	0.66%	2,803
Glasgow	0.89%	0.19%	0.65%	0.46%	3,574
Grampian (urban)	1.07%	0.25%	0.45%	0.51%	2,368
Tayside (urban)	1.10%	0.11%	0.34%	0.81%	2,941
All adults – 4 cities	1.02%	0.16%	0.51%	0.59%	11,686
Gender					
Male	1.08%	0.28%	0.56%	0.67%	
Female	0.96%	0.05%	0.47%	0.52%	
Age					
16-24	1.75%	0.22%	0.75%	1.16%	1,194
25-34	1.56%	0.22%	0.83%	0.97%	1,975
35-44	1.39%	0.21%	0.73%	0.50%	1,823
45-59	0.68%	0.16%	0.38%	0.45%	2,742
60-74	0.17%*	0.02%	0.15%	0.07%	2,525
75+	0.10%*	0.05%	0.05%	0.10%	1,427
Household Type					
Single adult	2.77%*	0.70%	1.82%	1.58%	2,079
Small adult	0.54%	0.14%	0.21%	0.31%	1,552
Single parent	4.52%*	0.15%	2.26%	3.02%	509
Small family	1.12%	0.00%	0.62%	0.43%	987
Large family	0.90%	0.00%	0.15%	0.23%	378
Large adult	0.17%	0.00%	0.07%	0.07%	677
Older smaller	0.04%	0.04%	0.00%	0.04%	1,214
Single pensioner	0.18%	0.00%	0.06%	0.18%	1,575
Ethnicity					
White	1.00%	0.17%	0.52%	0.62%	11,036
Minority ethnic groups	1.20%	0.05%	0.49%	0.27%	645
Economic activity					
Working	0.60%	0.07%	0.28%	0.29%	5,702
Retired	0.12%*	0.06%	0.06%	0.08%	3,310
Unemployed	5.24%*	1.06%	2.62%	3.52%	547
Sick, disabled	3.78%*	1.15%	2.87%	2.05%	706
Other Inactive	1.39%	0.02%	0.45%	0.86%	1,421
All adults	1.02%	0.16%	0.51%	0.59%	

Table A2 cont'd: Homelessness prevalence in the 4 cities by random adult characteristics

	Any homelessness	Slept rough	Temp or insecure accomm.	Sofa-surfed	Unweighted base (number of cases)
Income					
Under £6000	2.66%	0.32%	0.96%	1.28%	482
£6001-10000	2.36%*	0.48%	1.44%	1.31%	1,341
£10001-15000	1.77%	0.42%	1.10%	1.02%	2,177
£15001-20000	1.43%	0.12%	0.71%	0.86%	1,752
£20001+	0.36%	0.05%	0.12%	0.23%	5,434
SIMD Area Deprivation					
1 - 20% most deprived	2.05%*	0.30%	1.18%	0.95%	2,880
2	1.34%	0.25%	0.55%	0.95%	1,912
3	0.66%	0.10%	0.28%	0.58%	1,923
4	0.49%	0.11%	0.30%	0.35%	2,279
5 - 20% least deprived	0.29%*	0.05%	0.08%	0.14%	2,692
Financial Difficulty					
Not financial difficulty	0.58%*	0.07%	0.29%	0.34%	10,228
In financial difficulty	4.16%*	0.83%	2.10%	2.40%	1,458
All adults	1.02%	0.16%	0.51%	0.59%	11,686

Source: Scottish Household Survey 2012-2015, Random adult data

* indicates that the difference between the % and the % for all adults is statistically significant at the 95% confidence interval