



THANKS TO STAFF PAST AND PRESENT
FOR 20 YEARS OF SUCCESS

Edinburgh City Council – R RTP Stakeholder Feedback

Turning Point Scotland (TPS) works with adults who are experiencing a range of support needs in relation to housing and homelessness, learning disability, autism, acquired brain injury, fluctuating mental health, physical disabilities, problematic alcohol and/or other drug use and involvement in the criminal justice system. We currently deliver over £7.4 million worth of homelessness and housing support services across 7 local authority areas, providing support for up to 2000 individuals on any given day, 4500 per year. In Edinburgh we are currently providing Housing First support to 21 individuals which will increase to around 42 individuals over the next 4 months. We also host the North East Recovery hub one stop shop which offers walk in assessment and access to a full range of alcohol and others drug treatment and support services. We deliver this from our main site in Leith, which includes the only third sector fixed needle exchange site in the city, and from a satellite location at East Neighbourhood Centre in Craigmillar. The Hubs house a multi disciplinary team of third sector, NHS and Social Work professionals.

We work from the belief that people matter, that they are the experts on their support needs and that it is for us to work creatively with them and with partners to ensure that those needs are met. We welcome the opportunity to comment and to share our experience in our responses to the questions below.

1. Prevention – what should the key areas be for homeless prevention activity in the city?

The prevention of homelessness is a key element of the vision set out in Ending Homelessness Together, and rightly so. Preventing homelessness is a more effective use of the resources available, at least in part because it minimises the trauma experienced by the person. Ultimately we believe that we need a whole systems approach that prevents and/or responds to adverse childhood experiences effectively. As we work towards this TPS are committed to supporting efforts to provide support and meet needs before those needs are compounded by engagement in the homelessness system.

We have contributed to the Scottish Government's current and ongoing research around Homelessness prevention providing input in particular with regards to high-risk groups such as people leaving prison/custody and people experiencing domestic/gender based violence.

We know that effective prevention is rooted in an acknowledgement of the many, varied and interacting drivers of homelessness. TPS supports people who are experiencing multiple challenges in their lives. Homelessness can be driven by and can itself drive of so many other support needs; poverty, inequality, problematic alcohol and other drug use, involvement in the criminal justice system, all of which combine to compound the effect of each issue. It is easy to label people as having 'multiple and complex needs', but our experience shows that complexity does not come from the person. Rather, the systems that we have built to respond to those needs create complexity by operating in almost complete isolation from each other. Labelling these needs as 'multiple and enduring' rather than 'complex' better reflects the challenges many individuals are facing, and allows us to consider the part played by the system.

We support the new typology of homelessness prevention proposed by the Scottish Government's Prevention Review Group. The key areas of prevention they set out serve to illustrate that homeless prevention cannot be delivered by homelessness and housing support services alone.

1. Universal Protection – across the population at large (Anti-poverty strategies)
2. Targeted prevention – upstream, focussed on high risk groups
3. Crisis prevention – preventing homelessness likely to occur within 56 days in line with legislation on 'Threatened with homelessness'.
4. Emergency prevention – Those at immediate risk, especially rough sleeping
5. Recovery prevention – prevention of repeat homelessness.

It's clear that effective prevention will depend on a much more integrated approach. We advocate for a systems leadership approach integrating homeless prevention into all work delivered with and for communities, across policing, education, community learning and development, social work, health, prisons and the wider criminal justice system, and within all contracts of work tendered by local authorities around Health and Social Care (this list is not exhaustive). While we support the aims that the Scottish Government is working towards as it develops a statutory duty to prevent homelessness across local authorities, public bodies and delivery partners, our view is that further research is required as to whether this would be effective or if there could be unintended consequences.

In order to prevent homelessness we must consider what causes homelessness. The Scottish Parliament's Local Government and Communities Committee have summarised

many of the causes of homelessness in the report on their inquiry into homelessness in Scotland, published in February 2018. One area where TPS has particular experience is people leaving prison. This is an area where homelessness can be predicted, and where there is an opportunity to act and prepare. We see great opportunities to build more coordinated, more effective support services.

We firmly believe that Homelessness prevention should start when individuals enters prison. A Housing First based approach for prison leavers with relationships being built when entering prison would provide hope for individuals and an intensive support that ramps up as they leave prison to ensure that individuals can make good choices, prevent re-offending and build a sense of belonging in a community from a place where they can call home. We would support the current Floating Housing Support services being more involved in supporting prison leavers who are returning from out of area placements as well as local prisons. We would support a focussed approach to how City of Edinburgh Council are working with the Scottish Prison Service and other partners to achieve the Sustainable Housing on Release for Everyone (SHORE) standards, particularly now as the through care support service has ended.

In a more integrated system, City of Edinburgh Council's work to prevent homelessness would be coordinated with their work, and the work of other justice partners, around preventing offending, reducing reoffending and their own contribution to preventing homelessness. By prioritising diversion from prosecution, alternatives to remand and alternatives to short-term prison sentences, more people could be supported to maintain their tenancy and the social security payments that prevent them from becoming homeless.

We welcome and support the efforts of the Thrive Edinburgh strategy and roadmap to take a holistic and multi-faceted approach to supporting our mental health and wellbeing at a community level. Our experience of supporting people with multiple and enduring needs in Edinburgh has demonstrated the importance of effective mental health support and treatment (when it's needed), particularly to prevent poor mental health becoming mental illness. Preventing mental illness and preventing homelessness are interconnected; we must integrate our prevention activity with NHS provision. Even if people aren't ready to address their trauma, improved access to psychological support can help them to develop safer coping strategies.

Connected to mental health, and sitting underneath all the 'big label' causes of homelessness, are common threads that run through all areas of work to support people and communities. Building resilience, making connections with your community, engaging in meaningful activity, tackling loneliness and social isolation. They are all related, all important factors in a person's risk of homelessness and opportunity to maintain their home, but they don't fit neatly into any one area of responsibility. There is an important

opportunity for a joint approach, across silos, and a sharing of resources to deliver these elements and to ensure that a person's wider needs are met. This is an important part of preventing homelessness, but will also deliver considerable impact for other areas of work.

Making positive connections in their community and developing a sense of citizenship is a challenge reported by almost all people we support across TPS, and is therefore a fundamental element of our work in housing support and homelessness. It is also shown to be a key element of a successful and sustainable prevention of or response to homelessness; it was set out in 'A Glass Half Full'¹ in 2010 and the report of the Christie Commission in 2011. Investing in community connection is an important area of prevention, and again, this is work that will deliver impact in a wide range of policy areas, but we've yet to find a way to resource and deliver this work in an integrated way.

Large organisations working in many communities or focussed specifically on housing needs are not the best route to delivering this connection. Although these organisations should participate in work to build these connections, we must also invest in and empower Community Anchor Organisations (CAOs), highly localised organisations who have a long term commitment to one community. The What Works Scotland evidence review emphasised the importance of this investment to support the integrations of individuals who are experiencing the most complex of challenges in their life². This includes preparation work with and support for CAOs to understand and respond to the experiences of people we are supporting to integrate into communities.

As well as the structural shifts that we have described, we must also ensure that our range of housing support services are focused on prevention. We believe that an effective homelessness prevention service would include the following elements:

- Work to understand the local homeless population and consider what 'upstream' interventions could
- have been put in place to avoid the outcome they've achieved – for example, we would expect this work to show missed opportunities as people left prison, hospital or other institution, survived near fatal drug overdoses or disengaged with domestic violence services
- A multi-disciplinary team that includes a range of expertise – for example in criminal justice, alcohol and other drugs, mental health, domestic violence
- Assertive outreach to engage with people who have lost contact with support agencies, aiming to reengage with that support or access whatever other support

¹ <https://www.thinklocalactpersonal.org.uk/Latest/A-Glass-Half-Full-How-An-Asset-Approach-Can-Improve-Community-Health-and-Well-being/>

² <http://whatworksscotland.ac.uk/wp-content/uploads/2015/12/WWS-Evidence-Review-Partnership-03-Dec-2015-.pdf>

they need at that point in order to prevent them falling into or further into crisis situations which can lead to homelessness

- An asset-based approach that encourages individual agency, builds their social capital and enables them to play an active role in building their social capital
- Mentoring support that enables people to find and engage with the support services available in their community, rather than duplicating support, bridging the gaps between the different types of support that they need
- Ongoing assertive outreach for anyone who loses contact with this support, and an ongoing commitment to consider how we make our support provision accessible and easy to engage with

We must also acknowledge that our approach to homelessness has historically focused on a male experience. As part of understanding a person's wider needs, and thereby delivering effective interventions, we must consider how women might experience homelessness, and the homelessness system, in a different way. In their submission to the Scottish Parliament Local Government & Communities Committee Inquiry into homelessness in 2017, Engender described women's homelessness as invisible. "*Women's experience of homelessness, including their pathways into and out of homelessness, are different from men's, but poorly studied and understood*"³. This is even more true for Trans and non-binary women, and people who intersect with the LGBTQI+ community.

Engender's evidence to the inquiry and research published by St. Mungos in 2015 has helped to show many of these differences. We do know that women are more likely to be living in precarious circumstances such as sofa surfing, which can often break down or put them at increased risk. They will avoid accessing specific shelters (particularly those where men also stay) and often take more care when rough sleeping to find more secluded areas to sleep, adding to this feeling of invisibility. The research also shows the differences between the way women and men experience and are shaped by trauma and abuse, mental ill health and problematic alcohol or other drug use, findings that have been more recently supported by the Hard Edges Scotland report⁴.

The trauma experienced by women who have experienced homelessness is different and more deep rooted. St Mungos (2015) state that '*Women tend to enter Homelessness and other support services at a later stage in life than men, when their needs have escalated significantly and they are less able to begin their recovery journey*'. We need to explore how support and early intervention should look different for women.

³ <https://www.engender.org.uk/content/publications/Engender-submission-of-evidence-on-homelessness-to-Scottish-Parliament-Local-Government-and-Communities-Committee.pdf>

⁴ <https://lankellychase.org.uk/resources/publications/hard-edges-scotland/>

The very last opportunity for prevention is to ensure that a ‘no wrong door’ approach is in operation, ensuring that when people attempt to access support, wherever they try to access it and whatever that support need might be, they get the support that they need. People rarely present with just one support need or issue they want to address, and it is clear to us that no matter which door you open to receive support, you should get access to the range of support that is funded and provided across different departments. We need to consider how funding and support services across justice, alcohol and other drugs, homelessness and adult social care can be integrated to ensure that support is readily available and accessible. We can learn from approaches taken in other countries, such as in Finland, where they have found a way to fund services rather than labels – Housing First rather than ‘homelessness’, for example – ensuring that the funding structure behind a particular service does act as a barrier to people accessing that service.

As a minimum, we must develop a framework for prevention, based on the five areas above, that applies across care groups, departments, systems and organisations. This work, and any legislative change intended to drive it, will only be effective if it is accompanied by investment to change culture, practice and to empower staff. We encourage City of Edinburgh Council’s Homelessness and Housing Support department to take this opportunity to be proactive in this area and to set out not only how they will deliver prevention activity in the areas directly under their remit, but how they will support this activity in areas out with their direct responsibility.

2. Accommodation – new models of temporary accommodation (what are these e.g. congregate living models, length of stay etc).

In order to considering what models of temporary accommodation should be in place we must look at the story being told by the data on local need and demand. Start by understanding what the local population is looking for, or what their circumstances are, and from there we can consider the most effective models to meet those specific needs.

We recommend two key principles that should underpin this work:

1. We can minimise the trauma experienced by the person by minimising the amount of time they spend in the homeless system – if we can’t prevent a person becoming homeless then **our response must be rapid**
2. We can further minimise trauma, and increase the likelihood of a positive and sustained resolution of housing need, by enabling people to find the support that works for them – **one size does not fit all**, we need a menu of options

To refer back to the points made in our previous answer, a person’s housing need is driven by many different factors, and their way past that housing need and into a sustainable home

will also depend on their individual circumstances. We must develop ways to design, resource and deliver our support services to respond to what people need. Forcing them in to what is available is not only an ineffective and inefficient use of the resources available, but it is damaging to the person seeking support.

Further, we should include work to consider the ‘upstream’ interventions that could have been made, the missed opportunities to reach people and prevent homelessness, and direct our resources there. If we could better integrate our wider support services, could we have offered accommodation or housing support in a more proactive and planned way – for example for people leaving prison or young people leaving care?

Another key example of people falling through the gaps in our systems and structures is women admitted to hospital following an incident of domestic violence. Women’s aid groups often do not have the resources to support women into their services on discharge, missing an important opportunity to prevent further harm and potential future homelessness. An effective system would be able to respond to this opportunity and target resources to remove the barriers that prevent people from accessing the support that they need when they need it. As well as preventing homelessness this could be an effective domestic violence intervention and an opportunity to better respond to and/or prevent future Adverse Childhood Experiences (ACEs) for any children involved – a further example of one effective intervention delivering for multiple policy areas, and of the need for all these areas to play their part in resourcing and delivering such interventions.

The evidence tells us, and this is supported by our experience, that Housing First should be the default option for people experiencing multiple and enduring support needs. In each of the examples used above, the best place for most people to receive and engage with the support that they need is in their own home. However, we acknowledge that Housing First is not for everyone and that people may not want a tenancy of their own at this point in their life. We must be mindful of how people’s experience might have led to a ‘poverty of ambition’, a sense that their own home is not an option for them; this can be challenged in a supportive and trauma informed way, and does not necessarily mean that they should not have their own home. Emergency and temporary accommodation does have an important role to play; it allows the time to explore the question of what accommodation is right for that person and it contributes to a range of options in line with the second underpinning principle.

We believe that the following models of temporary accommodation should be considered:

- Time limited supported accommodation for people in recovery from problematic alcohol and/or other drug use – people we support have identified that this kind of setting can have an important part to play in a person’s recovery journey, and that an independent tenancy would not always be the most appropriate or helpful living

situation for them at that time. We should also consider the evidence on Managed Alcohol Programmes and the part that they can play in homelessness settings. This should all be considered and integrated, and ideally planned, resourced and delivered, in collaboration with local Alcohol & Drug Partnership provision

- Specialised supported accommodation for people with ongoing support needs in relation to enduring mental ill-health, acquired brain injury and physical or learning disability. This accommodation could be temporary or it could be permanent, depending on the needs of the individual. There is clear cross over with Adult Social Care, and as such this type of accommodation should be planned, resourced and delivered in collaboration with local adult social care provision
- The Community Hosting model is particularly effective for young people, offering a brief stay of 1 or 2 nights with another family in the community. This allows a short period of respite for the young person and the family to allow agencies to try and prevent this young person becoming homeless and experiencing further trauma. Again, this model should be explored, planned, resourced and delivered in collaboration with local care and support structures for young people

There are two particular issues that we believe should be incorporated into planning of emergency and temporary accommodation. The first is that these services have a key role to play in our efforts to prevent drug related deaths. We believe that all staff who are likely to come in to contact with people who use illicit drugs should be trained to respond to an opiate overdose and should carry naloxone and be confident to use it in an emergency. We have experience working with the Scottish Take Home Naloxone program since it was established in 2011 and were also involved in the Glasgow pilot prior to this. We have been involved in training and supplying naloxone in our alcohol and other drug services and welcome changes announced during the Covid-19 pandemic that allows our staff working in homelessness services to train those at risk about recognising and responding to an opiate overdose and supplying naloxone. We believe that all staff who are in contact with individuals at risk of overdose should provide this life saving training and naloxone supply to them and their families.

Secondly, the COVID-19 and lockdown experience has led to leaps forward in our willingness and ability to engage with digital approaches to support. We have seen great examples of people adapting – visiting support shifting to phone calls, online group work sessions, even using video calls to enable someone to furnish their new home. We have even seen an increase in engagement rates in some services as a result of these new options, and there are now opportunities to explore the part that digital tools can play in our menu of support options. However, the way that support has shifted on-line has also shone a light on how many people are left behind, and that these people are often among the most excluded. We are working with people who cannot engage with online support because they don't have the smartphones, data packages or at-home Wi-Fi that this requires. Others do not

feel comfortable engaging with support over the phone for varied reasons, often related to their mental health. Digital exclusion is a particular barrier for people trying to engage in an on-line choice based letting system.

We would encourage City of Edinburgh Council to consider ways to build measures around digital inclusion into their plans around homelessness and housing support provision. As an example of what we see as good practice in this area, Maryhill Housing in Glasgow have introduced free community wifi to their buildings in Glenavon . In the Gorbals in Glasgow a working group has been set up to drive change with the aim of providing free community wide Wi-Fi to help address some of the structural inequalities and exclusions that people are facing; an example of a CAO in action. We recognise that initiatives exist to assess the digital skills of individuals who are experiencing homelessness or at risk of homelessness, however we believe this needs to go further. In one Local Authority TPS are developing a proposal for 'Digital Skills' volunteers to support individuals to build skills in this area. We believe that an integrated digital inclusion strategy across Edinburgh, with a specific focus on Homeless prevention would remove barriers to individuals connecting to their community and the complex social structures we have created.

We would like to raise a point around investment in new approaches, that consideration must be given to how additional costs relating to new systems or IT requirements are met. We would encourage Edinburgh City Council to work with providers to ensure that such developments are properly resourced. TPS are open to discussions which could look to provide a test of change, leveraging in external funding to support the development of some of the services and initiatives detailed above.

We must be clear on what the purpose of temporary accommodation is, and what it is not. It should not be used to try and make people 'tenancy ready'. It is not a way to assess if people deserve or have earned a tenancy. It could be a place to develop a person's own sense of confidence, to address their 'poverty of ambition' and develop their own sense of readiness for their own home, but again we believe that this can be delivered most effectively in that person's home through an intensive outreach support package, based on a trauma informed approach.

In our response to Question 1 we have stressed the importance to consider a gendered approach to homelessness prevention; we must also consider how we respond to the particular needs and circumstances experienced by women in relation to emergency and temporary accommodation. The evidence is limited but growing, and we must learn from what is available. We recognise that some women do not feel safe living in accommodation with men and we should consider women only services, staffed by women. We need to develop specific models of emergency and temporary accommodation, based on needs and experiences of women in Edinburgh, and connected to that person's community. This must

all be considered in collaboration with the trans and non-binary community to ensure that their specific needs are understood and incorporated.

We keep referring to the need to integrate work around housing and homelessness with other areas of support. This is a common call, and usually brings to mind alcohol and other drug services, criminal justice and mental health services. We don't always consider adult social care services, partly because the evidence on the connection between the two areas is still developing, but there is increasing evidence of a higher rate of autism within the homeless population (12% compared to an estimated rate of prevalence among the general population of 1.1%)⁵. An analysis of our own Housing First services suggest a rate 12.1%, with the possibility of an even higher figure if undiagnosed need were to be included.

We can draw from our experience of working across all these areas to identify opportunities to share learning and develop connections:

- Many of our learning disability services, particularly those working in the forensic context, have developed extensive expertise around supporting people with multiple and enduring needs to live successfully in their own or in shared homes in the community; we believe that this experience could be of great use in planning successful accommodation options in the homelessness/housing support field. Within these services we have a firm grasp of the risks that people present. These include the risk of relapse, non-compliance with treatment, problematic drug and alcohol use, homelessness, neglect and harm to themselves and others. We work as part of a multi-disciplinary team to provide a person centred approach with an emphasis on values in practice, we concentrate on the person's strengths and well-being, we concentrate on choice and empowerment and help the person create a positive sense of personal identity. These are all the same elements that we are advocating for our homelessness and housing support system
- We have implemented Autism training and have designed an interactive Autism Awareness Workshop specifically to assist Housing First staff working with people on the autistic spectrum
- The aim of Self Directed Support is to give people greater control over the support that they receive, and greater choice over who provides that support. It is a funding mechanism that should enable greater flexibility, and greater opportunity for people to tailor their support to what they really need, rather than what's available. It is driven by clear evidence that this delivers improved outcomes

⁵ Churcharad (2017) <https://journals.sagepub.com/stoken/default+domain/IAmuFddNNmeCRNV5RWXY/full>

- The debate around independent tenancies and whether this is right for people or if it increases isolation is the same debate as we have in relation to disabled people, and have had since the closure of the long-stay learning disability hospitals. We can learn from approaches undertaken and experience developed in that context; in our experience the answer is the same. There is no one size fits all approach, each person will want and need different things depending on their experience and circumstances. When our systems are flexible enough to adapt and respond, rather than forcing people to accept what's available, we achieve positive outcomes
- Young disabled people transitioning from children's to adult services experience many of the same challenges as young people leaving care. We have advocated for work to consider housing people who know each other and have established relationships together, when that's right for them, in a planned way, rather than waiting for crisis to hit and scrabbling to find a suitable response. We believe that the same approach could be valuable for young people leaving care.
- Technology can support service provision in many ways, but a technological response does not need to be big or require significant investment. We are aware of pilot projects where a person is given ownership of their assessment, risk assessment and care plan, and provided with all that information on a data stick for them to share with other agencies. As another example, we use Alexa devices that provide prompts to take medication, but it can make significant differences to a person's independence and sense of security. TPS has extensive experience of utilising technology to enhance independence and security across our Learning Disability service, experience that we would be happy to share to support you in this process. This would include technology such as phone and telecare systems within the building that links to all people supported and provides support and intervention, which can reduce the amount of face to face support required. This system can also link with pressure mats, flood alerts, door and window alerts that alert staff when there may be an issue within the persons flat and staff can respond accordingly.

3. Housing First – what would be ‘an ideal support service’? Is there a more appropriate way to allocate houses for the Housing First applicants?

TPS is clear in our position that Housing First should be the default response to homelessness among people with multiple and enduring support needs. We are equally clear in our view that these results can only be achieved when we remain true to the 6 principles that define a Housing First service:

- People have a right to a home
- Flexible support is provided for as long as an individual needs it
- Housing and support are separate
- Individuals have choice and control
- The service is based on people's strengths, goals and aspirations
- A harm reduction approach is adopted

Over the 10 years we have been delivering Housing First in Scotland we have faced significant challenges in maintaining fidelity to these principles, challenges that are even more clear now that the model is being rolled out across the country. Many of these challenges arise from the fact that the wider system in which Housing First operates is not itself designed to support these principles.

On that basis we propose that an 'ideal' Housing First service will involve the creation and implementation of a Systems Fidelity approach to development. The concept of systems fidelity is not new, but it has begun to gain traction across Housing First communities in Europe. It refers to the wider systems which Housing First effects or is affected by, and considers the conditions in which Housing First can flourish. It is not enough to attach a Housing First service onto an existing Homeless system without adapting the wider system to ensure we are able to deliver the service with high fidelity to the Housing First model.

We have made this point in our response to each of these questions; an effective approach to preventing or responding to homelessness must involve wider agencies. Specifically to this question, an 'ideal' Housing First service relies on input from the agencies connected to it. Responsibility for and ownership of the model does not belong to one person, group or organisation, and nor do the benefits or results that it delivers. Every person, group or organisation involved contributes to the ability of the system – intentionally or unintentionally, through actions or process, in practical ways or in the culture they create – to maintain fidelity to the Housing First principles.

A Systems Fidelity approach should be built on two key considerations:

Stakeholder Analysis

Understanding the key stakeholders within the Housing First system is crucial – who they are and what they need. Mapping this out allows us to understand what each individuals / organisation / departments ‘stake’ is within the system and how communication and interaction is currently managed. We need to bring stakeholders with us on a journey, allowing them to shape this process of change. This is completed by using a standardised stakeholder management tool. All stakeholders represented within the stakeholder analysis will have an influence of at least one of each part of the system that affects or is affected by Housing First.

Systems and Process Analysis

Stakeholders must work together to build their understanding of what fidelity to each principle looks like for the parts of the system that they affect or are affected by. This provides a vision of what each aspect of the system would look like around ‘ideal’ Housing First Services. Over a period of time each aspect of this system should be discussed by all stakeholders to ensure that it is providing Fidelity to the model and principles of Housing First. It is important to set out what we want from each aspect of the system that interacts with Housing First directly and indirectly. This includes reciprocal understanding of the expectations between each part of the system and stakeholders. This will allow an evolving action plan that is focussed on the Fidelity of the wider Systems. A review of a certain aspect of the system should not happen once and forgotten about. Issues can arise in that aspect of the system at any point or changes to other parts of the system can cause an issue to appear or re-appear. It is an ongoing process, and therefore requires an ongoing commitment from partners.

Aspects of the wider System which interact with the Housing First service could include;

- Allocations of tenancy process
- Assessment process
- Graduating Housing First and opting back in after a period of no support
- Accessing appropriate mental health service provisions, specifically whilst presenting with problematic alcohol and drug use
- Harm reduction processes for Alcohol consumption
- Allocation of a tenancy if a HF service user enters prison and is supported out of prison.
- Shared understanding of risk and developing risk management frameworks for urgent case reviews
- Understanding of Housing First with organisations and departments and use of language that reflects fidelity

- Types of training provision
- Accessing PRS Tenancies
- How challenges are being addressed by different parts of the system against fidelity

Of course, this list is not exhaustive. Undersanding the whole system in this way allows us to reflect and learn from what has worked well and what has caused blockages, to reinforce and strengthen what's working and agree the changes that are needed to allow a Housing First service to flourish.

Points to consider in ensuring Systems Fidelity

Sigma/labelling – In some areas we are beginning to see the labelling of people use use a Housing First service as a 'group'. We feel this is unhelpful and that people shouldn't be defined by being involved in Housing First, rather this should be seen only as their 'ticket' to access support in a different way. All parts of the system must consider ways in which they might contribute to unhelpful and often unecessary labelling and potentially stigmatisation.

Allocations – We believe that a tenancy allocation system for Housing First should be different from mainstream allocation of properties. We recognise the challenges within the current systems of ED Index, such as too many Housing First clients bidding for the same property, the length of time it takes to be offered a property, limited properties available, clients left unable to choose their preferred area to live in, some properties available for Movers only rather than Movers and Starters. All these barriers prolong the time spent bidding and staying in temporary accommodation or sleeping rough. We would also support a separate bidding system for those facing 'predicatable' homelessness, in particular people leaving prison.

We propose a review of the system to consider how it can support the prevention of and a rapid response to homelessness, and in particular the Housing First approach. Specifically, we would want to see properties across the city being earmarked for people using Housing First services, and the ability for people to bid for Movers properties that are often in better areas.

Tenancy type – We recognise a contractual Secure / Assured tenancy as an important element of a Housing First approach. The permanent status afforded by this housing tenure provides a level of ontological security for service users derived from a sense of continuity and security in their life. We firmly believe that this status should be protected and any pressure to move toward Short Secure Tenancy should be avoided.

There have been suggestions in some areas in Scotland that individuals who are living in unsafe accommodation, rough sleeping etc. should be offered a temporary Furnished Flat

(TFF) until they move in to their own tenancy. We believe that as part of a harm reduction approach we would support this however there are several elements which we would urge caution.

Firstly, this should not be considered part of the Housing First approach as it starts to look like a 'staircase model' which Housing First has moved away from. This approach should only be considered when service users are living in unsafe accommodation or rough sleeping and should not be used as a standard approach or advertised as such.

Secondly, the TFF should not be used to measure a service user 'tenancy readiness'. Any issues that arise within the TFF should not be held against the individual as a reason of what they need to do / stop doing before they get their tenancy.

Thirdly, service user choice and control must be at the heart of all decisions. Whilst it may be deemed appropriate to offer this harm reduction approach for some people, it should be made extremely clear that whatever decision individuals make, this will not remove their right to a tenancy.

Finally, consideration should be made that if a person settles quickly in the TFF and starts to connect to that community, feeling a sense of belonging, a process should be developed which allowed the TFF to be 'flipped' to a secure tenancy with no conditions attached.

Training – Training received by practitioners and managers within a Housing First service is crucial, and should build on our stakeholder analysis and systems and process analysis to reflect the wider stakeholders in the Housing First system. Further, we must ensure that effective Housing First training is used as a tool to embed the model within partner organisations. Over the last 10 years we have often developed relationships with individuals within partner organisations, but when that individual moves on, the progress we've made and the understanding of the Housing First model is lost. We believe that engaging through a bottom up and top down approach within each partner agency, we can build a more systemic understanding of the model and the part they play.

TPS have been commissioned nationally to provide Housing First Training across all the Pathfinder Cities and we have delivered training to various local authorities and voluntary sector organisations across Scotland out with this programme. Initial training for all workers within a Housing First service is crucial as this provides the theoretical basis for which to reflect and apply their practice to the principles of Housing First in a safe space. Training is being developed for specific groups of people which has led to the development of 'introduction to Housing First' and a soon to be developed 'Housing First for Housing Officers'.

Agreed lanugauge – A common language framework within Housing First ensures that each stakeholder understands what is meant when specific terms are used. One example of this is when someone has decided they no longer need support in Housing First at this time, we refer to ‘Moving on’ or a term used in Europe, ‘Graduating’ Housing first. At times the term ‘Closed Case’ is used which gives the impressions to service users that they can’t opt back into support. Creating a common framework of language ensures there is no ambiguity between stakeholders of what is meant by specific terminology, and can also help us to shift away from language and terminology that stigmatises the people involved.

Harm reduction – A Housing First service can play an important part in a broader approach to reducing harm among people experiencing problematic alcohol and/or other drug use. Strategies for harm reduction should be explored within Housing First services and with partner agencies. For example, we have worked with a number of people who have wanted to cut back or stop drinking alcohol. We have developed procedures in line with best practice harm reduction approaches to support the reduction of alcohol consumption whilst ensuring any risks such as alcohol seizures are minimised. A suite of harm reduction interventions should be provided by the service and in partnership with specialist agencies. These should include quick access to opiate replacement therapy, overdose prevention and naloxone training and supply, support to reduce alcohol and drug use, support to understand the harms and take steps to reduce these and access to injecting equipment provision.

Peer workers – The employment of people with lived experience as Peer Support Practitioners (PSPs) has been shown to deliver a positive impact – for PSPs themselves and for the people they support. However, the evidence also shows that services who employ Peer Support Practitioners (PSP) do not produce greater outcomes than their non-peer colleagues. Our experience tells us that where problematic alcohol and drugs use is the basis of the lived experience for the PSP, this does in fact have a greater impact on outcomes for service users. It has also shown the range of factors that must be considered when employing PSP, including specific approaches to supervision and support.

We are currently completing a short evaluation paper on PSP’s within a Housing First service, looking at various aspects of how this role has been developed in the last 10 years and make clear the benefits of this approach and our position moving forward. We would be happy to share the learning in this paper. We believe that PSP should be a central aspect to Housing First services due to benefits we see for staff and service users.

Housing First and Different Care Groups – we don not believe that the core principles of Housing First change depending on the people using that servies. However, there are important considerations that relate to specific needs, experiences and circumstances of different care groups that should shape the way in which these princples are delivered. For

example, Housing First for Youth is built on the same 7 principles, but it is important that staff within this service understand the stages of adolescence and how to support young people in their transition to adulthood.

Understanding each stage of the journey – By mapping out the process that people go through when entering, being supported in and graduating from our Housing First Services, we aim to understand and meet the particular needs of people and support staff at each stage. We are continually looking for opportunities to improve and develop our trauma informed approach, to streamline our process and paperwork, and maximise the effectiveness of our interventions.

Lessons Learned

Housing First turns 10 years old in TPS this year and we will be launching an analysis of our statistics over this period for our 10-year Anniversary event later in the year. We would like to share two important elements of this analysis with you now to support your thinking on what an 'ideal' Housing First service should look like.

Firstly, people who are supported by a Housing First service do not all follow the same linear journey of high initial support that phases out over time. Many individuals have peaks and troughs of high and low support over many years, and an effective Housing First service must be able to adapt to this fluctuating level of need.

Secondly, a successful intervention does not necessarily result in someone moving on from the support. Some people are still receiving support after 10 years either at a low level or fluctuating support, as described above. We are of the view that some people may never move on from Housing First due to the level challenges they face in their life, and we believe that achieving this level of stability for the people involved represents a successful service. We need to think carefully about how we measure outcomes and evaluate interventions in a coordinated and consistent way, across the agencies involved in that person's support, and with a shared understanding of what we are there to achieve.

This underlines the need for Housing First services to be positioned as part of a wider system of care and support, and for a sense of ownership over and responsibility for the service to be encouraged among all stakeholders. We ask what would the alternative be for people if Housing First support was withdrawn, and refer back to our earlier points around effective prevention and wider support integration.

One particular element that our experience tells us must be developed as we move forward with the Housing First model is access to mental health support and treatment. We have already outlined the part that this plays in preventing homelessness and effective

emergency and temporary accommodation, but it is of particular relevance when we think about the importance of the Housing First model.

Many people that we support experience mental ill-health alongside problematic drug and alcohol use; this dual diagnosis presents a significant and well recognised barrier to treatment and support. Mental health assessments cannot be undertaken while people are actively under the influence of drugs and/or alcohol. The people that we support are often dependent and use these substances daily as a means to manage their trauma.

Housing First is one of the few models that can engage with people who fall through the gaps of segregated service provision. Through this work we see the need not only for greater psychological and psychiatric input, but for that input to be integrated into wider support provision, allowing all professionals involved to share their particular knowledge and expertise and support each other to meet each person's needs.

Turning Point Scotland will soon be launching the Housing First Academy, an online platform for all stakeholders in the wider Housing First Community in Scotland and beyond to share practice, debate new or contentious issues and learn from other stakeholders. It will consist of three key Hubs; the Training Hub, a Community of Practice Hub, and a link to the Housing First Europe Hub.

We will soon be rolling out community of practice 'sessions near you' for practitioners, managers, commissioners, housing associations and wider stakeholders within Housing First. We invite the teams involved in Housing First in Edinburgh to engage with the Academy and work with us to build connections and develop best practice with partners in Europe and beyond such as Australia and Canada.

We would welcome the opportunity to discuss any element of our response further, or to provide additional information if required.

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