

# Homelessness and Complex Needs in Glasgow

Glasgow Homelessness Network and  
The Oak Foundation

Summary Report  
December 2014



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## **Acknowledgements**

The study team would like to thank the following people for their help in compiling data and securing interviews:

Claire Frew and Paul Turnbull at Glasgow Homelessness Network.

Andrew Waugh and Ian Morton from the Scottish Government.

Julie Kennedy, Susan Campbell and colleagues in Social Work Services at Glasgow City Council in responding to all data, contact and meeting requests.

The research team would also like to thank the 16 people interviewed who are experiencing homelessness in Glasgow, the 25 stakeholders in Glasgow, and the 13 representatives from five other cities from across the UK who participated in this research.

## **Research aims and methodology**

1.1 Glasgow Homelessness Network (GHN), in partnership with the Oak Foundation has commissioned Anna Evans Housing Consultancy to undertake a review of Glasgow's homelessness system for people with complex needs. The research has been undertaken in association with Dr Emma Davidson, Mandy Littlewood and Susan Solomon.

1.2 The aims of the research were:

- To undertake a review of the existing homelessness system in Glasgow, identifying its key components, strengths and weaknesses, and patterns of usage, including repeat homelessness.
- To compare the existing system with a clearly defined optimum system, using evidence of success in other areas to make recommendations on responses, services and capacity.
- A key component of this project was to identify best practice in responding to homelessness crisis in other UK cities and how this could be successfully implemented in Glasgow in a post-referendum context.
- The research findings will be fully considered by Glasgow's strategic and multi-agency Homelessness Planning and Implementation Group to inform service review and the future planning, commissioning and delivery of homelessness services for people with complex needs.

## **The wider research and policy context**

1.3 The focus of this research is on extreme forms of homelessness, typically those with complex needs.

1.4 A large body of evidence has been building up on the multiple exclusion homelessness – led by the Joseph Rowntree Foundation Multiple Exclusion Homelessness research programme reported in 2011. Other relevant work includes Mental Welfare Commission for Scotland, 'Not My

Problem' (2007), a Good Practice Guide on Psychologically Informed Services for Homeless People (2012), and the recently published MEAM (Making Every Adult Matter) longitudinal study (2014) exploring the effectiveness of better coordinated services for people with complex needs.

- 1.5 Glasgow possibly has one of the most complex housing systems in the UK – the greatest number of homelessness applications in Scotland (although falling), the Council has transferred all of its stock, and social housing is owned and managed by 68 different RSLs. Glasgow is facing difficult strategic and practical service delivery issues to balance the pro-prevention stance of Housing Options; the homelessness statutory duties and legal entitlement; and the increasingly problematic housing demand supply balance which in recent years has become more acute in Glasgow. Over recent years, the outcome for increasing numbers of homeless people in Glasgow has been to be turned away for temporary accommodation, in spite of the Council's statutory duty to house.
- 1.6 The Scottish Housing Regulator is aware of the challenges facing Glasgow's homelessness system, and has agreed a voluntary Improvement Plan with the Council. The Council has also embarked upon a Strategic Service Review of the Homelessness Service.
- 1.7 Scottish Government policy on homelessness over the last seven years has been based around completing the statutory framework including the 2012 target, and encouraging the adoption of Housing Options approaches. While across Scotland Housing Options has resulted in a drop in homelessness applications, its implementation has been criticised in a thematic report by the Scottish Housing Regulator who would like to see more evidence on outcomes, and more specific guidance from the Scottish Government.
- 1.8 It has been argued in comparative analysis of homelessness policies and legislation in the four UK jurisdictions that the ideal homelessness system would combine the vigour of the English preventative approach with the strong statutory safety net available in Scotland. Looking at recent guidance and homelessness initiatives in England including the Department of Communities and Local Government's 2013 *Making Every Contact Count*, and the more recent *Golden Standard Challenge*, it could be argued that there is still some way to go in Scotland to match this vigorous preventative approach. However, as noted by Fitzpatrick et al (2015 forthcoming), this also should be considered against the gatekeeping that occurs in the English homelessness system.

## **The scale of homelessness and complex needs in Glasgow**

- 1.9 An estimated 1,500-1,800 people approached housing services with complex needs in 2013-14, based on HL1 data and GHN data. This is the equivalent of about one quarter of all homeless applications received in Glasgow. These include people with drug or alcohol dependency, mental health issues and criminality/ASB issues, although there is no common definition of vulnerable homeless people with 'complex needs'. The majority were male, single and aged 25-59 years old.
- 1.10 HL1 data reports between 445-539 rough-sleepers during 2013-14 while GHN estimates suggest a number of over 800. Even allowing for double-counting this suggests a much higher level of rough sleeping than officially recorded.
- 1.11 There are also gaps in the recording of the non-provision of temporary accommodation. GHN data suggests that almost two-thirds of their service users who had approached Glasgow City Council (GCC) for accommodation were told no accommodation was available.

## **Accommodation provision**

- 1.12 The current stock of bed-spaces for temporary accommodation stands at 1,992 properties to March 2014. Annual turnover in the accommodation averaged 2.6 tenancies per year but varies considerably from 12 in the Hamish Allan flats to 1.4 in the temporary furnished flats.
- 1.13 The average length of stay in temporary accommodation is 141 days. The average stay in temporary furnished flats is 269 days while the B&B average is 47 days. The length of stay is generally increasing.
- 1.14 The low availability of temporary accommodation may be associated with the fact that only around half of people using GHN services had approached GCC statutory homeless services within the reporting year.
- 1.15 Void rates in temporary furnished flats have improved recently, down from 20% in 2009-10 to 17% in 2013-14. GCC has a current target of 18% voids in temporary furnished flats.
- 1.16 The quality of temporary accommodation is generally very good, as rated by the Care Quality Commission and by service users. Refusal rates are also generally low, at 7% overall.
- 1.17 Glasgow City Council also commissions a large amount of supported and resettlement accommodation. Access to this accommodation is through the Care Management system, and assessment is through a range of different routes.
- 1.18 The number of RSL lets to homeless people in Glasgow has reduced by 27% over the last four years, and access to settled accommodation for unintentionally homeless people is lower in Glasgow than the Scottish average.

## Service user experiences

- 1.19 All but one of the respondents involved in the service user interviews were male, and aged between 27 and late 50s, concentrated in the mid 30s, with a range of experience in homelessness from a few weeks to repeat homelessness over 20 years.
- 1.20 Reasons for homelessness were multi-faceted including addiction issues, relationship break down, eviction, mental health issues and prison.
- 1.21 Access to accommodation is sought mainly through repeated visits to the Hamish Allan Centre (HAC), and less so to Community Case Work Teams (CCTs). Service users are regularly sent between the CCTs and HAC, to no avail. The CCTs seemed irrelevant as the city centre 'is their place'.
- 1.22 Repeated experiences of being sent away from the HAC without accommodation impacts on service users' decision to re-present themselves, with the alternatives being staying with friends or rough sleeping.
- 1.23 There is general negativity about the HAC premises, but in most cases respondents spoke highly of staff at the HAC.
- 1.24 There is a sense of the 'deserving and undeserving' in who is provided what type of accommodation. Emergency and supported temporary accommodation is more sought after, and experiences are in the main positive in this type of accommodation. Support is a critical factor in enabling clients to achieve some stability. But there is generally a sense of boredom, stagnation and little drive to move on.
- 1.25 For those that have to rely more on B&Bs and hotels, their period of stay is much shorter and the experience is much worse. The main concern is around cleanliness, and being '*thrown out*', and repeated trips back to the HAC, or sleeping rough/ on friends' sofas.
- 1.26 Support and advice experiences came through accommodation providers, drop in/day centres, RSVP (street team), and the Hunter Street health service. Support was considered to be very helpful and highly regarded.
- 1.27 Despite positive experiences of support in the past, many service users have previously withdrawn from support and subsequently experienced repeat homelessness. Many of the respondents saw no need for support now, which might explain repeat presentation and cyclical experiences of homelessness.
- 1.28 There is no desire for permanent accommodation for the most vulnerable service users interviewed. For them the basics of dealing with their addiction, finding food and a roof (even for one night) is the priority.
- 1.29 For those that are interested in looking for settled accommodation, the assumption is a housing association flat. The GHA Homefinder bidding system is universally disliked by respondents. Regardless of the housing

allocation system, there is a strong impression of no-one moving on fast. For most people, the fact that they have stable, good accommodation is all that matters – and the fact that it is temporary is largely seen as irrelevant.

### **Stakeholder opinion on homelessness and complex needs in Glasgow**

- 1.30 Assertive outreach is provided by RSVP (street services provided by Simon Community as part of GCC Commissioned Services), a range of third/charitable sector day centres, Govan Law Centre and specialist health services.
- 1.31 The statutory homelessness services – mainly through the Hamish Allan Centre (HAC) and Community Casework Teams (CCTs) are seen as reactive. They have no assertive outreach element to their service. There is widespread concern about the standard and model of service provided at the HAC and CCTs for multiple excluded homeless service users.
- 1.32 There is no concept of service users being ‘held onto’ in the current statutory system (with the exception of RSVP), and there is common demand for some form of a ‘named key person’ to stick with clients.
- 1.33 Poor information sharing, and shortcomings in IT systems are seen as huge barriers to efficient working and tracking clients – internally within SWS / Homelessness Service, between statutory services, and with the third sector. It is recognised that there is greater scope to harness the knowledge and resources in the third sector better, to improve outcomes and efficiency.
- 1.34 There is a complex needs working group that can work well for service users, but its terms of reference are not widely understood and there is thought to be scope to widen and develop this approach.
- 1.35 Some weaknesses are identified in crisis out of hours response: the need for more street work; more crisis and residential addiction services; better hospital discharge protocols; and better response times for mental health crises.
- 1.36 The problem of lack of access to emergency/temporary accommodation and being turned away is well understood. There are increasing lengths of stay, with Glasgow’s crisis in temporary accommodation explained by the inadequate supply of settled accommodation, or at the very least, the right type and size of accommodation. There is the view that some different housing and support solutions are required for service users with complex needs; something between temporary and settled housing for those that are not looking/ are not ready for a long-term options.
- 1.37 Partnership working between GCC and the RSL sector in relation to homelessness is not working. There is an impasse on how to increase the supply of lets for homeless service users across the City, despite efforts of the Homelessness Duty Protocol and the Planning Framework. Many

want to see a move to the 'Housing First' approach. There is little reference to the use of private rented accommodation to tackle homelessness issues in Glasgow, although some research has been commissioned recently.

- 1.38 Support provision is considered to be too generic and should be tailored more to meet specific needs.
- 1.39 There is 'silo' funding, with a lack of integration in commissioning and funding strategies. Homelessness, addictions and mental health social care commissioning teams generally work separately, although they will work together on an exceptional, ad-hoc basis when the complex needs of particular service users require services to "manufacture an integrated service option".
- 1.40 There is a common view that there is a need for much stronger overarching governance for people with complex needs who do not fit into any one 'client group' or 'prevalent need'.

### **Experiences from across the UK**

- 1.41 The most important change case study local authorities were seeking was systemic or transformation change. This 'whole system' approach was considering how services can 'do things differently' by creating an enabling environment for service users and tackling organisational and cultural boundaries which have traditionally prevented services working together effectively. This requires strategic level, senior officer and political leadership. Strong governance structures need to be designed specifically around services for complex needs.
- 1.42 Changing cultural and organisational ethos underpinned most successful change programmes and projects. These were attempting to shift the ethos away from conventional views of 'deserving' and 'undeserving' client groups.
- 1.43 For all case studies, complex needs took up a disproportionate amount of time and resources, often with poor returns. A strategic approach was essential, both as a means of improving outcomes, and in the context of reducing resources.
- 1.44 Understanding the level and nature of complex needs is critical, as are adequately resourced monitoring systems. There needs to be a working definition of what crisis/complex needs homelessness is: without this, it is difficult to gain consensus on what action needs to be taken, and what services have to change.
- 1.45 To prevent duplication or gaps in services, reduce competition and lessen reporting requirements, it is shown that a strategic approach should be extended to the commissioning of services, taken across different client groups to better fit services to those with complex needs.

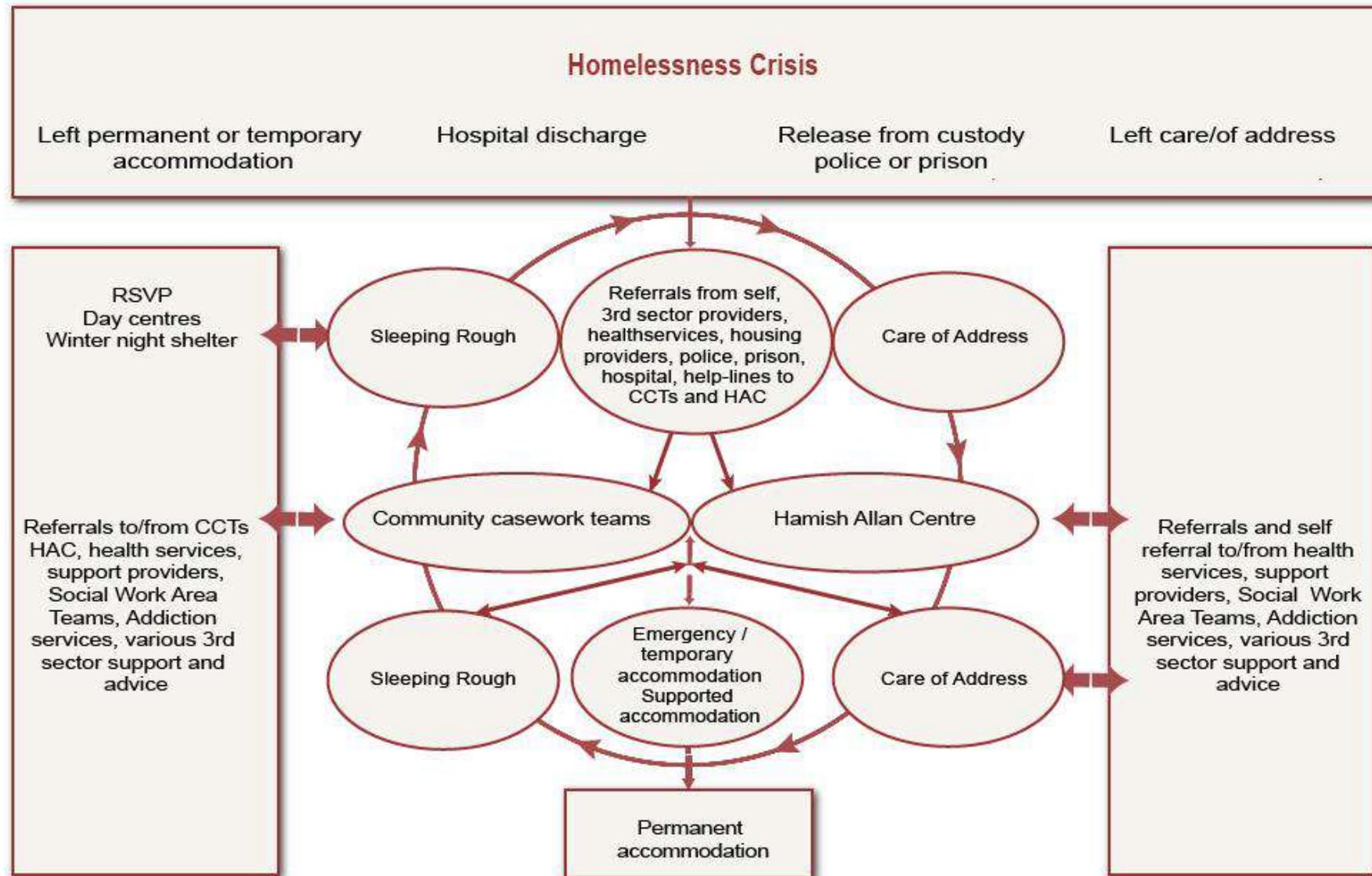
- 1.46 All case studies used, or were developing, a 'Pathway Model' for complex needs. The benefit was that it provided structure and clarity for service providers and service users, ensured committed and coordinated action, while service users were routed into the right support and accommodation as quickly as possible.
- 1.47 To work, pathways for complex needs groups must avoid 'linearity' - be flexible, both from an administrative, and a staffing perspective. There needs to be flexibility on timescales for move-on so that sustainable outcomes are achieved.
- 1.48 Two case studies reported success with the Housing First approach for complex needs groups. This model can give people with complex needs a long-term option that builds stability, self-worth and social connections. Risks identified were finding suitable accommodation and the potential wider housing management impact.
- 1.49 All local authority case studies are experiencing problems in access to housing supply and all are aggressively using the resources of the private rented sector. This is achieved through dedicated move-on and move-through teams.
- 1.50 All the case studies highlighted the importance of specialist, highly skilled staff either trained in or at least aware of Psychologically Informed Environment (PIE) approaches. There were many examples of specialist mental health services working jointly and co-located with homelessness services.
- 1.51 Case management, when used proactively, can support a pathway approach. To be successful, case management should commence early, have a commitment from partner agencies and 'keep hold' of service users until such a point as they have settled into accommodation and support. 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.
- 1.52 Outreach services were considered an essential part of engaging with individuals with complex needs since they are often those least likely to engage, or sustain contact, with services. Peer mentoring can support outreach services, by encouraging engagement with services. Peer support can also help sustain service user engagement with services and increase the 'stickability' of interventions. Such an approach is a serious endeavour and requires committed resources to support those undertaking the peer mentor role.

## **Conclusions and Recommendations**

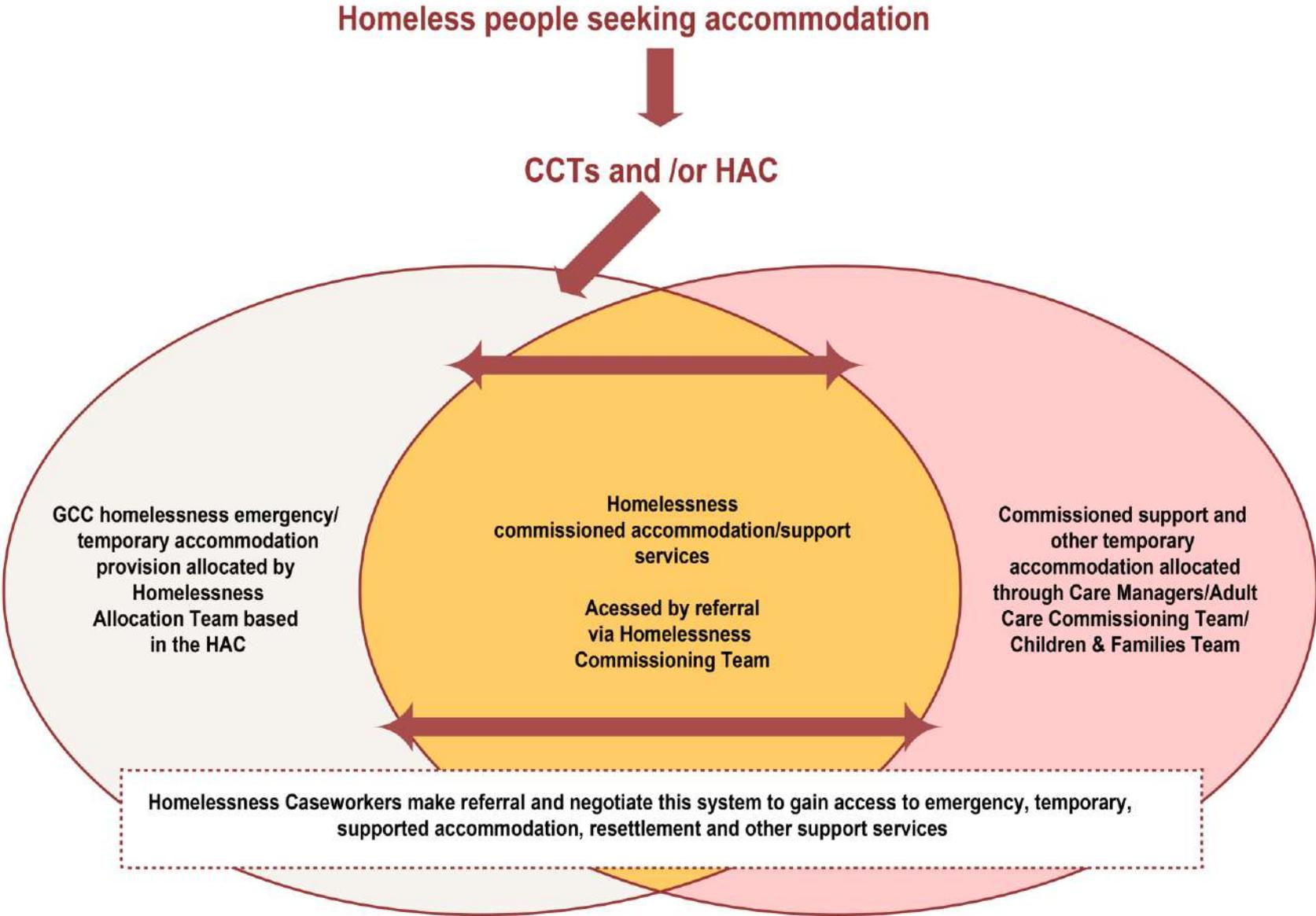
### **Glasgow's current and optimal homelessness system for people with complex needs**

- 1.53 The brief required the research to set out a concise representation of Glasgow's current service response, and to provide recommendations to support a transition from the current system to an optimal system.
- 1.54 In completing this work, it is recognised that Glasgow City Council is leading a significant amount of work through the SHR Improvement Plan, and through the Homelessness Strategic Service Review. The aim of these conclusions and recommendations is therefore not to duplicate any of that work, but to add value to those processes, particularly through the evidence provided by the comparative review of five other UK cities.
- 1.55 The diagrams below and accompanying tables summarise Glasgow's current homelessness system for people with complex needs, synthesising the evidence from the research provided above.
- 1.56 Analysis of the 'system' shows that a statutory homelessness route dictates it, with additional specialist health services supporting people living in temporary accommodation and sleeping rough. Otherwise, there is no specific system designed for homeless people with complex needs, unlike the Housing Options route that is designed more around prevention of homelessness, and arguably more for those who will readily engage.
- 1.57 Following the section on the current system, there are recommendations on an 'optimal system', in the same tabular format, with a summary diagram. The optimal system is proposed through a set of key principles, and further details of what a new system may comprise.

## Current system in Glasgow for homeless people with complex needs



**Routes to accommodation  
(current)**



Element of the current system	Summary of the elements, with identified strengths, weakness and gaps in service delivery
<p>1. Initial engagement and referrals for homeless people with complex needs in crisis</p>	<ul style="list-style-type: none"> <li>▪ Rough Sleepers and Vulnerable People (RSVP) – street outreach, freephone and HUB</li> <li>▪ Charitable and third sector day-centres provide advice and information, food, washing facilities and social activities.</li> <li>▪ Govan Law Centre outreach information and advice services in Casework Teams (CCTs), Leverndale Hospital, HUB and Day Centres.</li> <li>▪ Hunter Street Homeless Service referrals from RSVP and emergency/temporary accommodation.</li> <li>▪ Trauma and Homelessness Service referrals from primary health care.</li> <li>▪ Barlinnie Prison Casework Team referrals to Community Casework Teams (CCTs) or Hamish Allan Centre (HAC).</li> <li>▪ Hospital discharge – Referrals to CCTs or HAC.</li> </ul> <p><i>Strengths, weaknesses and gaps</i></p> <ul style="list-style-type: none"> <li>▪ There are a number of separate elements which evidence good practice – RSVP, Hunter Street, the Trauma and Homelessness Service, and the separate charitable day centres.</li> <li>▪ While there are a number of separate elements, there is no clearly defined system or route/pathway out of homelessness i.e. All the elements of the system above do their own ‘bit’, but there is no evidence of a coordinated system which everyone involved is committed to for people being found, identified, recorded, are held onto, are supported, housed and have move-on options through a route out of homelessness.</li> <li>▪ There is no evidence of <u>strategic and systematic</u> co-ordination and oversight from Glasgow City Council for people with complex needs, either to prevent homelessness, or to manage each individual from the start to the end of their homelessness experience.</li> <li>▪ Statutory homelessness services are reactive to people with complex needs, unlike the more systematic preventative approach that is in place for Housing Options, for those who are more likely to engage with services.</li> </ul>

Element of the current system	Summary of the elements, with identified strengths, weakness and gaps in service delivery
2. Crisis response (out of hours)	<ul style="list-style-type: none"> <li>▪ HAC out of hours homelessness services and freephone advice</li> <li>▪ RSVP street service</li> <li>▪ RSVP 24 hour freephone service</li> <li>▪ NHS 24</li> <li>▪ Glasgow Drug Crisis Centre</li> <li>▪ Link Up</li> <li>▪ Social Work standby services</li> <li>▪ Winter night shelter</li> </ul> <p><i>Strengths, weaknesses and gaps</i></p> <ul style="list-style-type: none"> <li>▪ Poor quality environment and experience at HAC</li> <li>▪ Continual cross referral from CCTs to HAC. People commonly being turned away for accommodation results in many people disengaging from statutory services altogether.</li> <li>▪ This research suggests possible gaps in crisis and residential addiction services, and poor response times for mental health crises out of hours.</li> <li>▪ As above, no sense of oversight or systematic coordination of services from GCC to track service users and to respond/ manage proactively.</li> </ul>

Element of current system	Summary of the elements, with identified strengths, weakness and gaps in service delivery
3. Assessment	<ul style="list-style-type: none"> <li data-bbox="562 240 1675 272">▪ Community Case Work Teams and HAC (out of hours), including Barlinnie Prison</li> </ul> <p data-bbox="562 292 999 323"><i>Strengths, weaknesses and gaps</i></p> <ul style="list-style-type: none"> <li data-bbox="562 331 1982 395">▪ Long waiting times, and referrals to/from CCTs to HAC results in disengagement – CCTs are not seen as relevant to many service users as City Centre is their preferred place to engage with services.</li> <li data-bbox="562 411 1697 443">▪ Lack of accommodation means some service users do not engage for assessment.</li> <li data-bbox="562 459 1982 523">▪ Reactive approach to service users, and sense of deserving and undeserving; people with complex needs most often seen as the undeserving and lowest priority.</li> <li data-bbox="562 539 1982 603">▪ Questions over skills in staff to assess needs of homeless people with complex needs, particularly in relation to psychological awareness /mental health awareness.</li> <li data-bbox="562 619 1982 683">▪ Risks of people leaving custody not engaging due to negative previous experiences and known lack of accommodation.</li> <li data-bbox="562 699 1982 802">▪ Risk of people leaving psychiatric hospital falling between the net between homelessness and other Social Work Services, due to ineligibility for mental health social care support/ accommodation for those that do not have severe and enduring mental ill-health, but who are still vulnerable and homeless.</li> <li data-bbox="562 818 1982 914">▪ Lack of ‘case-working’ of service users (or being ‘held-onto’ by caseworkers). Experiences of services users having up to 9 different case workers, and lack of named key person to take responsibility of individuals and support homeless person through the system and out of homelessness.</li> <li data-bbox="562 930 1982 994">▪ Lack of consistency of decisions for people with complex needs (suggested more than other client groups).</li> <li data-bbox="562 1010 1850 1042">▪ Barriers to information sharing between Homelessness, SWS, Health and third sector partners.</li> <li data-bbox="562 1058 1982 1121">▪ Complex needs group is perceived useful for clients that are managed through this process, but the group is seen as ‘ad-hoc’ and its terms and access are not widely understood.</li> <li data-bbox="562 1137 1982 1201">▪ No coordinated approach for this homeless people with complex needs compared to other homelessness system in Glasgow e.g. Housing Options.</li> </ul>

Element of the current system	Summary of the elements, with identified strengths, weakness and gaps in service delivery
<p>4. Emergency, temporary accommodation and supported accommodation and support</p>	<ul style="list-style-type: none"> <li>▪ Emergency, temporary and supported accommodation – some is allocated by HAC, supported and resettlement accommodation is allocated by Commissioned Services through Care Management system.</li> </ul> <p><i>Strengths, Weakness and gaps</i></p> <ul style="list-style-type: none"> <li>▪ The quality of the accommodation provided is a strength</li> <li>▪ Lack of access to emergency, temporary and supported accommodation with homeless people regularly being turned away.</li> <li>▪ Reducing turnover, and longer length of stay due to lack of move-on options.</li> <li>▪ No direct access accommodation options (other than private hotels of very poor quality).</li> <li>▪ Lack of transparency on the allocation criteria for emergency and temporary homelessness accommodation, and complexity involved with access to commissioned supported and resettlement accommodation around the Care Management system.</li> <li>▪ Lack of oversight, strategic information and management of <u>all</u> the stock of emergency, temporary and commissioned supported accommodation. It is currently silo'd between homelessness property services and commissioned services, and there is a bureaucratic system for caseworkers to access commissioned accommodation.</li> <li>▪ There is a limited number of emergency / temporary accommodation options for people with complex needs – some more, and high tolerance options are required – both for temporary and settled accommodation.</li> <li>▪ No strategic management / co-ordination of move-on, with exception of the section 5 team.</li> <li>▪ Very low level use of private rented sector for temporary accommodation.</li> <li>▪ Lack of flexibility and person centred approach to housing support.</li> <li>▪ Overall sense of inertia – no-one is moving anywhere fast out of emergency / temporary accommodation.</li> </ul>

Element of the current system	Summary of the elements, with identified strengths, weakness and gaps in service delivery
5. Settled accommodation	<ul style="list-style-type: none"> <li>▪ Settled accommodation is accessed through RSLs</li> </ul> <p><i>Strengths, Weakness and gaps</i></p> <ul style="list-style-type: none"> <li>▪ General consensus of a mismatch of type and size of social rented accommodation – but the actual demand/supply balance to be confirmed by the current Housing Needs and Demand Assessment.</li> <li>▪ Very low level use of private rented sector as a move-on option, and general resistance to use of this sector from a range of stakeholders.</li> <li>▪ Impasse between GCC and RSLs on access to settled accommodation – volume and procedures including Section 5 referrals.</li> <li>▪ Homefinder choice base letting system unpopular with homeless accommodation and support providers, and with homeless service users interviewed for this research.</li> <li>▪ There is a limited number of emergency / temporary accommodation for people with complex needs – some more choices and high tolerance options are required for both temporary and settled accommodation.</li> <li>▪ No strategic management / co-ordination of move-on, with exception of the section 5 team.</li> <li>▪ Very low level use of private rented sector for settled accommodation.</li> <li>▪ A need for strategic review of section 5 processes from both the Council’s and RSLs’ perspectives.</li> </ul>

Element of the current system	Summary of the elements, with identified strengths, weakness and gaps in service delivery
6. Joint / Partnership working	<ul style="list-style-type: none"> <li>▪ The restructure of CCTs and SWS is in progress which will integrate working practices and culture across homelessness and social work service across the three local area offices. Integration of health and social care is ongoing through the work of the Community Health Partnership.</li> </ul> <p><i>Strengths, Weakness and gaps</i></p> <ul style="list-style-type: none"> <li>▪ The integration of practices across SWS will help support staff, change cultures and increase awareness across different client needs groups.</li> <li>▪ Relationships between GCC and the housing sector has developed through the Homelessness Duty protocol, but nevertheless there has been a reduction in lets for homeless people over the last four years. There appears to be an impasse between GCC and the RSLs in Glasgow on how the housing sector in Glasgow can best contribute to the supply of settled accommodation in the City for homeless people.</li> <li>▪ There is much greater scope for use of the third and charitable sector to engage with and support homeless people through their route out of homelessness.</li> <li>▪ Overall, there is no <i>systematic</i> coordination of services, oversight and governance for homeless people with complex needs.</li> </ul>
7. Overall conclusion	<ul style="list-style-type: none"> <li>▪ There is no 'system' and no defined pathway for those with complex needs in Glasgow. This includes agreement on a definition of complex needs and homelessness, a definition of what the system / pathway is including engagement and assessment processes, clear route / access to accommodation and support, eligibility and boundaries to service provision, partners roles and responsibility, and corresponding commissioning strategy.</li> </ul>

## Optimal homelessness system for people with complex needs

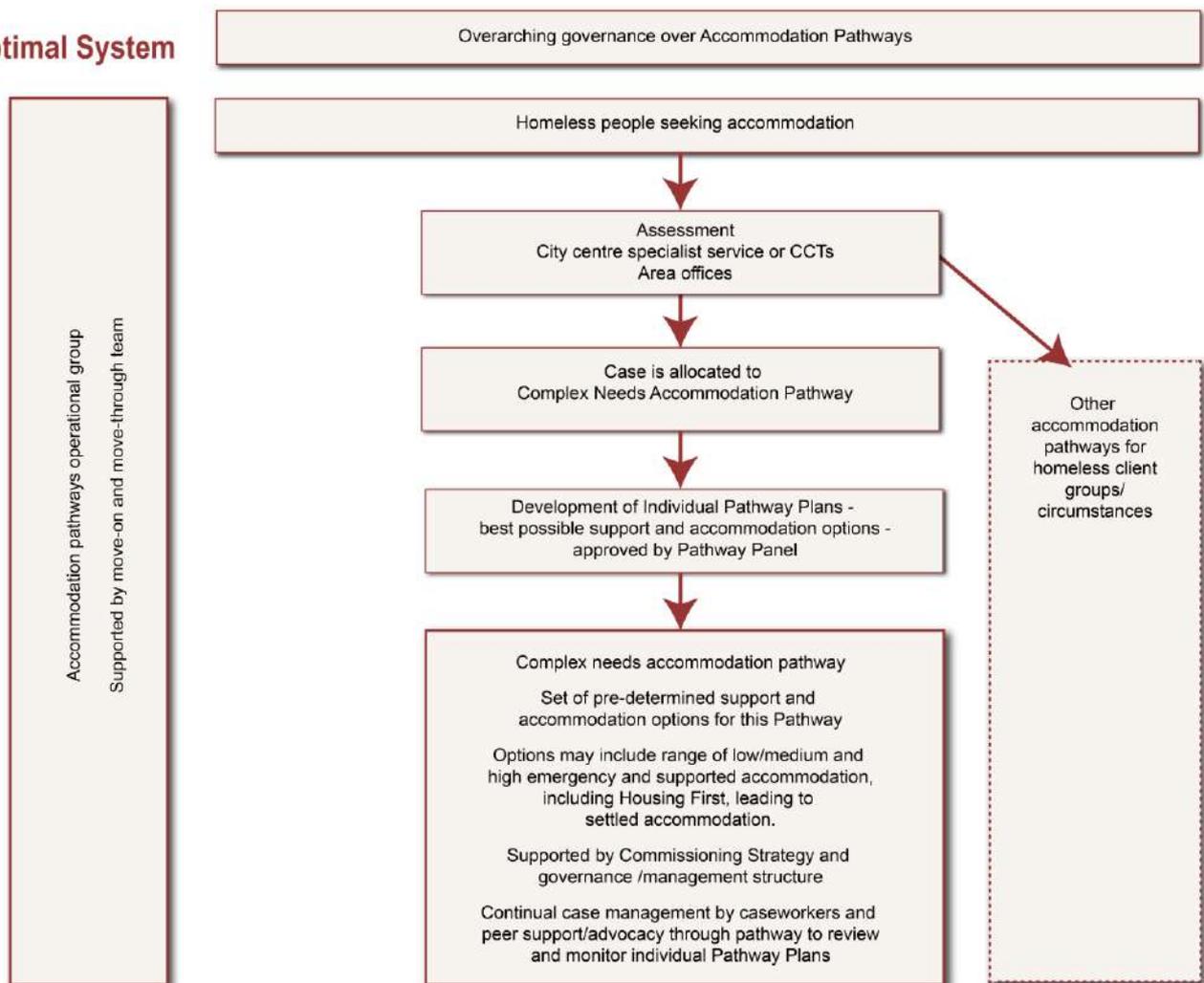
- 1.58 It is proposed that all of the elements proposed for an Optimal Homelessness System for those with complex needs should be underpinned by the development of a Complex Needs Accommodation Pathway. Should the Council and its partners wish to take this approach, it may also wish to define other pathways through which to structure interventions, working alongside the Housing Options processes. This will provide a clear and structured approach, agreed with all partners on what the pathway is, and what the roles and responsibilities are by different service providers - including prevention, engagement and outreach, assessment processes, accommodation and support. The pathway should define what Complex Needs Homelessness is, set out boundaries to service provision, define policies and procedures and will have to be accompanied by a corresponding commissioning strategy. Systematic change of this nature requires much time to be spent on detailed definitions, processes and procedures, governance and management structures. The following therefore proposes general principles and what the optimal system may include: it does not however, define the detail of a Complex Needs Accommodation Pathway for Glasgow.
- 1.59 It is emphasised that a 'Pathway' is **not a linear approach** to meeting housing and support needs. Good practice discussed in this study shows that the benefits of a pathway approach is that it provides clarity to clients and partners on what the **range of options are for certain client groups**, and is supported by a relevant commissioning strategy. By having a range of organised support and accommodated options targeted for specific client groups, it should cut out internal and external bureaucracy, and the need for caseworkers to negotiate through departmental barriers to access the right solutions for any given individual. Each person's accommodation and support solution should be agreed through an individual pathway plan, according to their specific needs.

The key new principles of an optimal system should include:

- Definition of a range of options available in a pathway for complex needs homelessness, with an Individual Pathway plan developed for each individual.
- Ensuring prevention is optimised through a Housing Options approach and processes for young people, which may also have a Pathway (amongst other homeless client groups).
- Build on the current outreach services through greater coordination between existing services, recording and tracking of clients.
- Develop outreach services and ongoing support through a peer advocacy/support service. Peers would stick with clients through their homelessness journey.
- Commission the third sector to provide a specialist centrally located complex needs homelessness service, with devolved responsibility for Housing Options, homelessness assessment and the development of individual Pathway Plans.
- Options for direct access to emergency accommodation.
- Adopt a PIE (Psychologically Informed Environment) approach for commissioned services and Council homelessness services.

- Increase the availability of clinical mental health services integrated and co-located with housing and homelessness services.
- The Pathway should include a range of specific support and housing options based on the assessed need. Housing support should be flexible to meet the needs of the individual.
- Fundamental to the success of the Pathway is the review of supply of temporary and settled accommodation. This may result in the restructuring of the current supply of temporary accommodation.
- Specific governance, commissioning and management structures should be put in place to oversee implementation of the new system. This could be managed under the existing Housing Options governance structure.

## Optimal System



OPTIMAL system	Description of the elements
1.Prevention and initial engagement and referrals for homeless people in crisis	<ul style="list-style-type: none"> <li>▪ Provide specialist housing options service and homelessness prevention strategy for young people at risk of crisis homelessness, many of whom may have experience traumatic childhoods, abuse and neglect.</li> <li>▪ Building on the current Housing Options approach in Glasgow, review processes to ensure the assessment tools, joint working within and outwith the Council, and wrap around services for young people at risk of homelessness are sufficiently robust to contribute to the reduction of future levels of multiple and complex needs.</li> <li>▪ Build on the current RSVP outreach service through a coordinated approach with the police, street cleansing services, and RSLs' community wardens to optimise and increase coverage. Consider whether this outreach service can be developed through peer support service.</li> <li>▪ Building on the current outreach services provided by the charitable day centres and the specialist homelessness health services and advice services, the Council and partners should consider provision of centrally coordinated specialist service for crisis homelessness and complex needs. This could be located in the City Centre and possibly replace the current HAC. It could be designed around specialist assessment and Housing Options approach for complex needs, taking on board a PIE approach; it could be co-located with healthcare including mental health services, and include day services (food and cleaning), and peer support. The service could be provided by the third sector to optimise engagement. Arrangements could be developed to devolve/ contract out housing options and homelessness assessments with a verification process held by the Council. The service would be responsible for development individual Pathway Plans with approval through a Complex Needs Accommodation Pathway Panel.</li> </ul>
2. Crisis response (out of hours)	<ul style="list-style-type: none"> <li>▪ As above, build on the current RSVP service through a coordinated approach with the police, street cleansing services, and RSLs' community wardens to optimise and increase coverage.</li> <li>▪ Review the HAC out of hours service, alongside the day service described above.</li> <li>▪ Review evidence on gaps in crisis and residential addiction services</li> <li>▪ Work with GGCNHS to explore and improve response times for mental health crises out of hours.</li> <li>▪ A Complex Needs Accommodation Pathway should include options for direct access to emergency accommodation.</li> <li>▪ GCC to develop a system to record and track service users presenting out of hours, with referral to crisis / complex needs peer advocacy and support who will hold onto client in the journey through homelessness.</li> </ul>

OPTIMAL system	Description of the elements
3. Assessment	<ul style="list-style-type: none"> <li data-bbox="562 199 2042 263">▪ The need for cross referrals from CCTs and HAC will be reduced through the creation of a specialist day service in the city centre.</li> <li data-bbox="562 279 2042 454">▪ Staff based in the local offices will still undertake assessments for people experiencing homelessness crisis / complex needs, but there should be specialism for complex needs assessments. Responses will be structured through the Complex Needs Accommodation Pathway linking to a range of different support and housing options, based on assessed need. This will also link clients to peer advocacy/ support so that clients have someone that stick with them through the Pathway.</li> <li data-bbox="562 470 2042 566">▪ There is scope to better harness the skills and knowledge of the third sector. Housing Options, homelessness and Pathway assessment could be further devolved to the third sector (as outlined for the new specialist day centre), assuming specialist skills, training and verification processes are in place.</li> <li data-bbox="562 582 2042 710">▪ Building on the integration of CCT staff into SWS, staff development should include further training on the needs of people with complex needs, and the PIE approach – even if it is not adopted in full, staff working in homelessness in the Council and commissioned services should have awareness of the PIE approach and associated good practice.</li> <li data-bbox="562 726 2042 790">▪ In addition to staff training and awareness of the PIE approach, there is scope to increase the amount of clinical mental health services that are integrated within homelessness and housing services across the City.</li> <li data-bbox="562 805 2042 901">▪ The Pathway should provide a clear route and guarantee to settled accommodation. This type of accommodation will be defined according to assessed needs and criteria set out in the Pathway, but will include options for a staged approach or move to straight to a Housing First settled tenancy.</li> <li data-bbox="562 917 2042 981">▪ A move to a Pathway approach will be optimised by adoption of common IT systems between Homelessness Services, SWS, and Health.</li> <li data-bbox="562 997 2042 1061">▪ Case conferencing should be an integral element of the Pathway (see governance and partnership working below).</li> </ul>

OPTIMAL system	Description of the elements
<p>4. Emergency, temporary accommodation and supported accommodation and housing support</p>	<ul style="list-style-type: none"> <li>▪ A strategic review is required of all the homelessness accommodation - emergency, temporary and relevant aspects of commissioned supply used for homeless people. This should consider the total demand/supply balance, and the relative balance between household/accommodation size for the short and medium term (10 years), and it should relate to the creation of a Complex Needs Accommodation Pathway, and any other accommodation pathways the Council decides to develop for homeless people seeking accommodation.</li> <li>▪ Depending on the findings of the accommodation review, GCC may need to consider a restructure of the supply, reflecting the current and projected supply/demand balance, the impact of change on funding for temporary accommodation due to Welfare Reform, and the potential requirement for a different set of accommodation options / choices, in line with a Complex Needs Accommodation Pathway (and potentially other Pathways for other homeless client groups).</li> <li>▪ There should be strategic governance and management put in place for <u>all</u> the stock of emergency, temporary and relevant commissioned supported accommodation which is relevant to a Complex Needs Accommodation Pathway and all other Pathways/accommodation routes for homeless client groups. This is so that there is oversight of all the accommodation resources available for homeless people.</li> <li>▪ A move-on / move-through team should be created to work closely with the manager responsible for oversight of homelessness accommodation, and to facilitate move on through different types of accommodation and onto settled accommodation.</li> <li>▪ An important part role for this team should be procurement of private rented sector housing for temporary and settled housing. GCC should lead a cultural shift in attitude to the use of the private rented sector for meeting the needs of homeless people.</li> <li>▪ The approach to housing support should be reviewed to ensure it is flexible and person-centered. This should be linked to the peer advocacy / support role, combined with more specialist support as required. Type and timescales of support should be flexible to meet the needs of the individual and ensure long-term tenancy sustainment.</li> </ul>

OPTIMAL system	Description of the elements
5. Settled accommodation	<ul style="list-style-type: none"> <li data-bbox="562 250 1892 384">▪ Combined with the findings from the temporary accommodation review (discussed above), findings of the current Housing Needs and Demand Assessment will give GCC and housing providers more intelligence on settled housing requirements. This housing requirement could be met through a combination of RSL lets, and supply through the private rented sector.</li> <li data-bbox="562 400 1892 534">▪ A strategic review of the Section 5 procedures should be undertaken to ensure the most efficient and effective approach to procuring RSL lets for homeless people. This should include consideration of a coordinated approach to the provision of RSL lets by area, rather than GCC approaching individual RSLs for each and every Section 5 referral.</li> <li data-bbox="562 550 1892 614">▪ There should be a review of the Homefinder choice base letting system procedures in relation to homeless applicants, and in particular for those with complex needs.</li> <li data-bbox="562 630 1892 726">▪ As noted above - a move-on / move-through team should be created to work closely with the manager responsible for oversight of homelessness accommodation, and to facilitate move-ons through different types of accommodation and onto settled accommodation.</li> <li data-bbox="562 742 1892 837">▪ An important part role for this team should be procurement of private rented sector housing for settled accommodation. GCC should lead a shift in approach in the use of the private rented sector for meeting the needs of homeless people.</li> </ul>

OPTIMAL system	Description of the elements
<p>6. Governance / Commissioning and Partnership working</p>	<ul style="list-style-type: none"> <li>▪ Systematic coordination of services, oversight and governance for homeless people with complex could be governed as follows, and could be integrated with the current Housing Options governance structures: <ul style="list-style-type: none"> <li>○ Definition of a Complex Needs Accommodation (and potentially other) Pathway (s)</li> <li>○ Strategic Group of senior manager/Directors of services within and from partners to define the parameters and objectives of the Pathway, agreeing definitions and to monitor outcomes</li> <li>○ Operational group to manage implementation – developing definitions, agreeing policies and procedures and sharing/addressing procedural issues, data capture, monitoring implementation.</li> <li>○ Pathway assessment procedure and referral panel – multi-agency approach to find the best possible options for a service user to enter or move within the pathway. Case conferencing could also be used when needs are not being met and the group would need to find a different solution</li> <li>○ Commissioning Group – oversees the planning and delivery of the Pathway Services. Without this joint commissioning approach, true coordination of services along the Pathway will not happen.</li> </ul> </li> <li>▪ As discussed above there is much greater scope for use of the third and charitable sector to engage with and support homeless people through their route out of homelessness. This could be achieved at all stages of the Pathway (as identified above), and through the development and governance of the Pathway approach.</li> </ul>