Shared Spaces

Homeless Network Scotland

Final Research Report

September 2021

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1. Purpose of the study

The purpose of the Shared Spaces research has been to understand the potential future role of supported and shared housing to prevent and resolve homelessness in Scotland. The research has explored the circumstances in which supported and/or shared settled housing may be appropriate, what this type of housing might be like, what the likely scale of this housing would be, and seek to understand how well-placed local authorities, Health and Social Care Partnerships (HSCPs) and service providers may be to provide these options. The Research Advisory Group's emphasis on settled housing came from the broad policy direction in Scotland which is aiming to move homelessness responses away from temporary supported and/or shared housing but finding solutions which meet long term needs. The policy context is set out below.

The research questions were developed and approved by the Research Advisory Group which oversaw the research. These questions were:

- In what circumstances, if any, is shared or supported accommodation the appropriate housing option for households experiencing homelessness?
- What should the shared and supported accommodation options required in these circumstances ideally look like?
- What is the likely scale of such shared and supported accommodation options likely to be in the future?
- How well placed are local authorities and service providers to adopt these housing options at the scale required?

The research was mainly qualitative, based on consultation with 52 professional stakeholders (service providers, housing and HSCP commissioners) and 54 individuals experiencing homelessness across six case study areas – Aberdeenshire, Dundee, Edinburgh, Glasgow, Highland and South Lanarkshire. We have also taken best practice examples from elsewhere where they contribute to the research objectives. The professional stakeholders also included national key informants. Individuals experiencing homelessness were purposefully sampled to include those who had experienced supported and/or shared housing, or who may need or want this type of housing based on their circumstances (see Appendix 1 and 2). The topic guides for professional stakeholders and the individual service user interviewees are included in Appendix 3.

The research questions were posed openly as 'shared/and or supported housing'. Although most of the participants referred to these interchangeably, probing provided evidence of three main types of housing, and where possible we have made distinctions in the research findings as:

- Supported and not shared
- Supported and shared
- Shared and not supported.

Based on the analysis, we have defined shared as sharing of bedrooms, and/or bathrooms and/or kitchens. If there are self-contained homes with their own bathrooms and cooking facilities in a 'cluster' in a larger building with an element of common and/or office space, we have not defined this as supported and shared housing (on the basis that the housing element is not shared).

This final research report sets out:

- The policy context for this study
- Analysis of qualitative research findings – setting out opinion from stakeholders and individuals that have experienced homelessness
- Description of the existing funding framework for supported housing
- Conclusions on what the research findings mean for understanding the potential future role of supported and shared housing to prevent and resolve homelessness in Scotland.
- Acknowledgements and appendices.

2. Policy context of the study

The key 'systems' relevant to this study are homelessness (and its interaction with mainstream housing), and Health and Social Care.

The homelessness policy direction in Scotland[1] has a vision that everyone has a home that meets their needs, and that homelessness is ended. This follows wider research[2] and the work of the Homelessness and Rough Sleeping Action Group (HRSAG) convened in 2018 to provide Scottish Ministers with recommendations on how to eradicate rough sleeping and transform the use of temporary accommodation in Scotland[3][4].

The key aspects of the Scottish Government policy are to:

- Embed a person-centred approach
- Prevent homelessness happening in the first place
- Prioritise settled homes for all.
- Join up planning and resources to tackles homelessness
- Respond quickly and effectively whenever homelessness happens.

The key plank of prioritising settled homes for all has been the development and evaluation of the first local authority Rapid Rehousing Transition Plans[5], the purpose of which has been to set out how people who are homeless are housed in settled, mainstream housing as quickly as possible. For those with complex needs, wraparound support should be provided in line with Housing First (HF). Where HF is not suitable[6] then accommodation that meets their particular needs should be provided – this is the focus of this study.

The recommendations set out in 'Preventing Homelessness in Scotland'[7] from the Prevention Review Group (PRG) were published in early 2021 which promote three principles – that there

[1] Ending Homelessness Together: High Level Action Plan (2018) and Ending Homelessness Together Updated Action Plan (2020), Scottish Government.
[2] Bramley G et al (2019) Hard Edges Scotland, Lankelly Chase and The Robertson Trust
[3] Ending Homelessness (2018) HRSAG Final Report.
[4] Watts, B, et al (2018) Temporary Accommodation in Scotland: Final Report, Heriot-Watt University
[5] Scotland's Transition to Rapid Rehousing: Guidance for Local Authorities and Partners (2018) Indigo House
[6] Either because they do not want to move into mainstream accommodation, or because they have such a severe set of needs that they cannot safely be rehoused in mainstream accommodation
[7] Preventing Homelessness in Scotland (2021), Prevention Review Group

should be a collective responsibility across public services to prevent homelessness; that intervention to prevent homelessness should start as soon as possible; and that those at risk of homelessness should have greater choice in where they live and access to the same options as other members of the public. The recommendations also set out a number of new concepts in homelessness prevention through maximising housing options:

- Stability – all accommodation must be expected to be available for a minimum period of 12 months; with 'standard' housing options including Scottish Secure Tenancy (SST), owner occupation, and Private Residential Tenancy (PRT); and 'non-standard' forms of accommodation including occupancy agreements and permission to occupy.
- Suitability – all accommodation must be suitable to the needs of the household with grounds including: affordability, best interest of children, location, needs relating to health or disability, proximity to perpetrator of abuse.

The Programme for Government 2021-2022[8] included a commitment to proceed with further consultation in on the PRG recommendations. Proposals have been made for changes to the existing Housing (Scotland) Act 1987. These include referrals to Health Boards or Integration Joint Boards for them to assess whether the homeless applicant or other relevant person has unmet need for healthcare or social care provision, and if so, what should be done to meet that need. The fieldwork for this Shared Spaces research was underway before the PRG recommendations were known or published, and the methodology did not include discussion around these concepts. However, these have been reflected upon in the conclusion of this report.

The Scottish Government's National Health and Wellbeing Outcomes sets out the framework for improving the planning and delivery of integrated health and social care services in Scotland. There are nine national health and wellbeing outcomes, with the focus being that people should live, as far as reasonably practicable, independently at home, or in a homely setting in the community.[9]

The Independent Review of Adult Social Care in Scotland[10] set out the purpose of social care as a means to an end: "*The end is human rights, wellbeing, independent living and equity, as well as people in communities and society who care for each other*", and its definition of independent living: "*Independent living means people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. It does not mean living by yourself, or fending for yourself. It means having rights to practical assistance and support to participate in society and live a full life. This is the definition of independent living adopted over many years in the strategic approach to independent living, by the Scottish Government, COSLA, the NHS and the Disabled People's Independent Living Movement*."

In August 2021 the Scottish Government issued a consultation on 'A National Care Service for Scotland'[11]. The Independent Review of Adult Social Care found that current structures have not delivered the improvements intended through integration of Health and Social Care and recommended a national care service with Scottish Ministers being directly accountable for adult social care support. The consultation closes on 2nd November 2021.

[8] Programme for Government, 2021 to 2022, Scottish Government
[9] National health and wellbeing Outcomes framework: A framework for improving the planning and delivery of integrated and social care services (2015) Scottish Government
[10] Independent Review of Adult Social Care in Scotland (2021), Scottish Government
[11] A National Care Service for Scotland – Consultation (2021), Scottish Government

In summary, the policy intentions of both the homelessness and health and social care frameworks in Scotland are aligned in maximising person-centred approaches and independence by prioritising responses at home or homely settings.

3. Understanding and experience of Rapid Rehousing and Housing First

Most professional stakeholders participating in the Shared Spaces research were familiar with Housing First (HF) and positive about the policy direction. Some people were less familiar with Rapid Rehousing (RR), particularly from front line / HSCP managers. There was common opinion that mainstream housing or HF does not meet all housing needs (as stated in the RR/HF policy) and welcomed this research to explore the role and nature of supported and/or shared housing. However, it was notable that a large proportion of participants from supported housing backgrounds, including supported housing commissioners, struggled to imagine the concept of supported and/or shared housing as a settled option, as compared to the temporary options (e.g. hostels, temporary supported accommodation) that they were more familiar with. HSCP participants were different and were able to relate experience from housing models provided for those with care needs, most commonly learning disabled, those with severe mental ill-health, and others with complex health needs living in the community.

A notable exception to this was the participants involved in the running of HF in Highland, who felt that their multi-disciplinary HF model meant that they did not envision a need for any other type of settled supported provision as a homelessness response, provided that the referral criteria for HF could be broadened and the number of tenancies scaled up. However, they are planning for short-term 'interim' three-month periods of supported and shared housing as an early intervention as part of the HF process where housing and/or support services could not be accessed timeously, and/or where there was a need for a short period of adjustment until an HF property becomes available.

4. The circumstances in which supported and/or shared housing could be an appropriate settled housing option

4.1 Professional stakeholder opinion

Many professional participants resisted categorising people into groups and emphasised the importance of meeting individual needs. Nevertheless, there were key themes emerging where supported and/or shared housing was identified as an appropriate settled option, where for a range of health, support and behavioural reasons, and individual preferences, mainstream housing, including HF, was not an option:

- people that had become institutionalised over long periods of time (including hospital, prison, long-term insecure accommodation of various sorts);
- older people with complex health and support needs;
- people suffering non-fatal overdoses, and people in recovery from addictions;
- those with brain injury and damage, including from alcohol addiction;
- people with neuro-developmental conditions and long-term psychiatric diagnoses;
- learning disabled;
- Young people who have experienced homelessness with complex health and support needs.

Participants suggested many of these circumstances may co-exist and overlap to 'complex needs' (with a strong theme of trauma experienced, mental health issues, substance use and interaction with the criminal justice system). Families with complex needs were also mentioned by a small number of interviewees. Loneliness was argued as a strong factor that might run alongside all of these circumstances, and in itself could be a reason for someone to choose supported and shared, or shared and not supported housing, in particular those who had lived long-term in shared settings. However, in general it is worth noting that most professional stakeholders did not envisage shared and not supported housing as an ideal option for the circumstances listed above.

Early learning from the Housing First Pathfinder Interim Evaluation[12] concluded that HF is not suitable for three particular groups: firstly, people who lack capacity to comprehend a standard tenancy agreement and/or the consequences of failing to adhere to its conditions (due to severe learning difficulties or alcohol related brain damage, for example); secondly, those who are so unwell that their healthcare needs exceed what can realistically be provided by HF; and thirdly, people who do not want HF. The interim report suggested that alternative 24/7 intensive support interventions are needed for the first two of these groups, given that they require a care-led rather than housing-led solution. It also concluded that further thinking and evidence was required in order to identify the most appropriate intervention(s) for the third group, and for the minority of individuals who have not been able to sustain tenancies even with Housing First support.

The following provides some examples from two service providers and a local authority senior manager interviewed for this research.

An interviewee who runs a temporary supported shared accommodation service described one woman who had been raised in care and had been in and out of prison several times. She returned to the service after time in prison with a criminal justice order. This person sometimes makes five or six suicide attempts a week. She has now been staying in the temporary service for three years. They are not sure how she could live independently. *"There are case conferences about her that say, 'Where will she go?' 'How will she survive?"* (Service provider)

"*What we have found that for most it is working ok [Housing First] but some will fail at some point, and we have a list of 20-30 people who we can't put forward for Housing First because their needs are so different, there isn't supported accommodation for those people. These people have quite significant behavioural issues, personal issues, and no doubt coming from trauma at some level. There is a mix of drug, alcohol, mental health, various labels be it Bipolar, Personality Disorder, a lot of challenging behaviour. They have difficulty working with support and building relationships.*" (Local authority senior service manager)

"*We need to understand that for some people, this [supported housing] will be the right thing for them. It's not that they have failed in a tenancy, it is that they have chosen to be here because this is the place they are more likely to flourish.*" (Service provider)

4.2 Circumstances of people that may need or want supported housing

A total of 54 individuals experiencing (or who had previously experienced) homelessness were interviewed. There was an even spread achieved between Dundee, Edinburgh and Glasgow and

[12] Johnsen (S) et al (2021) Scotland's Housing First Pathfinder Evaluation, First Interim Report

Highland (all 10 interviews) with eight in Aberdeenshire and six in South Lanarkshire. 34 of the interviewees were female and 20 male. Most were aged over 40 (21), followed by 16-24 year olds (18) and then 25-40 years (15). All the interviewees were single apart from one couple (one person in the couple was interviewed).

The following table sets out current housing circumstances of interviewees, at the point of interview. All interviewees had experience of supported and/or shared housing at some point in their housing history. Most people had also had their own tenancy at some point; this had been for a short period of time and their issues related to mental health and/or addiction. All said that at the time they had had limited support.

Current Housing (range of time frame)	Number (n54)
Hostel (temporary accommodation with own bedroom but shared bathrooms and kitchens) (1 week to 2 years)	15
Supported temporary self-contained housing with 24-hour support on-site (facilities not shared) (1 to 3 years)	6
Supported permanent housing with 24-hour on-site support (not shared) (2-5 years)	2
Temporary self-contained flat with visiting support (3 weeks to 3 months)	2
Temporary Flat Share with housing officer support	4
Own tenancy with 24-hour support on call (2 months to 3 years)	5
Own tenancy with visiting support (one week to eight years)	15
Own tenancy with support now ended	3
Living with partner but about to move into own tenancy (6 months)	1
In hospital (3 years)	1

Most interviewees reported currently having a mental health issue and many also had a problem with alcohol or drugs. There was also a high number of people reporting having a learning difficulty, who also said they often felt suicidal or were self-harming. The testimonies showed that people were often struggling with multiple needs. Transitions out of care, prison and the armed forces, as well as the loss of jobs and changes in housing circumstances were particular times of vulnerability. Only one person said that they had family support demonstrating there was a reliance from all interviewees on services to help them address their needs.

Analysis of interview circumstances enabled a typology of their needs to be developed by the research across the 54 participants, with illustrative case studies provided for each:

Level of Needs	Number (n54)
Very High (said they wanted and needed 24-hour on-site support for the rest of their lives)	12
High (Wanted and needed support for rest of lives but not necessarily 24-hour on-site)	17
Medium (Dealing with issues, most often addiction, and requiring support until stable)	14
Low (Wanted and needed only some support to know how to manage tenancy)	11

Very High Level of Need, wanting and needing 24-hour support

There were 12 cases identified and classified as being very high need – who said they would like 24-hour on-site support and felt this helped them to stay alive or to feel safe, not just to manage day to day. Of this 12, nine currently had 24-hour on-site support and were satisfied with this. Three others had 24-hour support in their temporary accommodation but felt that they needed

more specific help to deal with their mental health issues. For each of the typologies we have provided illustrative case studies of experiences.

Very High Level of Needs: Tracey, 23: Repeat suicide attempts and hospitalisations, in temporary supported accommodation with shared bathroom and kitchen with support 'always there' helps, and concerned about the next accommodation

Tracey is currently in temporary supported accommodation after a number of hospitalisations and repeated attempts to commit suicide and living in other temporary accommodation settings. She feels that with the 24-hour support there is someone 'there' to make sure that her mental health does not deteriorate. Tracey self-harms on a regular basis, though with the support, this has dropped to only twice in the past two months. She has only received a diagnosis for her mental health within the past year and feels the medication is helping. She has a CPN, which is helpful, but feels that without regular contact with support her mental health 'stumbles.' At the temporary accommodation she is staying she has support and is concerned about where she would be moved to next.

"I think it would be good if you were able to have that where you have someone checking on you because when I live on my own myself harm is a lot worse and I do get so low that I take my life into my own hands, and to be honest it is 50/50. I also am not good at eating or looking after myself when I get low so having someone check on me is good. I have my CPN but having that regular contact where people know if you are low and can help you get out of that is good."

High Level of Need

There were 17 cases classified as being a high level of need at the time of interview and we have defined this as being someone who needed intensive support, and would be likely to continue to need this, but did not require 24-hour on-site provision. Some of these cases also could drop to being a 'medium' level of need potentially over time, for example if substance use stabilised. Of the 17, two had 24-hour on-site support and wanted this, nine had intensive support and felt this was right, one had no support and wanted support, and six had some or intensive support but wanted more. Deirdre's illustrated case study below was one of the few people in the study that specifically wanted shared 24-hour supported accommodation but instead was now moving into her own tenancy.

High Level of Needs: Deirdre, 46: Was a very high level of need and required 24-hour support but is now high level of need and about to move into her own tenancy with support. Ideally, she said she wanted to live in supported and shared housing

Deirdre had PTSD through an abusive relationship, lost her business and her home and lived in her car for months until her health was failing, and she went to social work to ask for help. She has been living in supported accommodation for the past year and in her own words this helped her to 'reset.' She really wanted to live in supported shared accommodation but in her area this is only available for people who have a dual diagnosis. She is now about to move into her own tenancy and will have intensive support.

"I didn't want to live alone and was scared actually. What I really wanted was to be in shared accommodation. There are places that exist that I thought were ideal, but you have to have a dual diagnosis and I don't have that, as I don't take drink or drugs. The ideal for

me would be to have a concierge and chance to meet others, but I didn't fit the criteria… In a way I think I have moved on from that thinking and I am in a frame of mind where I know I don't want to live really on my own, but it is a case of being busy during the day, so I won't mind coming home at night. I want to get that first step towards getting my confidence back."

Medium Level of Need

Those with a medium level of needs wanted to manage their own tenancies but recognised they would need ongoing support, and this was mainly in relation to keeping stable from drugs or alcohol, their mental health, or being able to manage running their home. In some cases, they had lived in 24-hour on-site supported housing to help them to get to this point. Of the 17, one person was receiving 24-hour support and wanted this, twelve were receiving either intensive or some support and felt this was right and four were not satisfied with the support and felt it should be more.

Gary, 42: Required 24-hour support to deal with alcohol addiction and is now in own tenancy with ongoing support, and feels the support given is right

Gary is living in own tenancy for a year and close to a park, he and his kids love it, and he feels like it is his home. He moved the day that lockdown was announced. The house needed to be furnished but Gary had been able to source things himself and the white goods were provided. Prior to this he had been in supported shared accommodation for 14 months to deal with his addiction. At his lowest point he had been suicidal. Although he had been for a detox before to deal with his alcoholism and engaged in community services, he feels that the experience offered by 24-hour shared support, and making the journey with others who are '*in the same boat'* is what was needed. He had tried for years before this, without success to overcome alcoholism, but feels this time it is different.

"With other services, they are all very good and nice people, but they don't actually know what it is to be an alcoholic. In there, they understand, and you are with people who are going through the same as you...they gave me hope, and actually when I look back on it, that was what I had stopped having and needed…There is support there 24/7. People know what you are talking about and what they do, it comes from the heart. They mean what they say, and they tell you it like it is…I needed the intensity of being there and the support."

Low Level of Need

11 cases were classified as being a low level of need, defined as those who wanted and needed their own tenancy but wanted and needed help to teach them the skills to manage and could foresee being able to do this eventually on their own. Of the 11, one young man had PTSD and had learned to deal with it himself, one other did not feel they needed any more support, five others had some support but would have liked more. Specifically, one young person was in supported accommodation, but it was not especially for young people, and he felt that he could have benefitted from this instead; two young people felt they could have more support for their mental health issues, one other young person did not feel listened to by housing support; the other case is Jackie, outlined below. Four felt that the support they were getting was just right and one of these people was living in 24 hour on-site supported accommodation to help them prepare for managing their own tenancy in the future.

Jackie, 18: Homeless after having to move out of friend's flat and now in a flat share with shared bathroom and kitchen which she was nervous about.

Jackie had been living with a friend for a year but then her friend became pregnant and was offered her own flat, so Jackie had to move out. The Council informed Jackie they had found a two-bedroom flat that she could share with another person. She went to meet the other young woman and they got on 'ok' and a week later she was called to move in together. Jackie suffers from anxiety and was very nervous about moving in with someone else. However, Jackie reasoned that they both like to 'chill' and sharing with someone else should keep the costs of bills down as this has been a struggle whilst she has been living on her own. Jackie feels that having someone else 'there' will be good for her mental health. She has not told her new flatmate about the anxiety as she feels she has been keeping on top of it. Jackie feels that the Council could have been better at keeping her informed about the different stages and the 'silence' regarding the flat made her very nervous. She has also recently been given a bill for Council tax for £360 that is querying, as she is only on benefits of £350 per month.

"*I am worried though to that we are going to clash and not get on in the long run. She is older than me so I think that will help as she seems like me, not into partying and just wanting to chill…Over this past month I have felt really alone so I am open to sharing. I think it is good to know that there is someone else there and you can just have a chat when you feel like it…I think it will be ok, as when we met the conversation was flowing…I don't know if it will feel like mine because I don't think you are allowed to decorate the place as you want. If they had said there was a permanent place on your own I would have gone for it.*"

4.3 Young people

Young people emerged as a particular group that could benefit from shared and/or supported housing but tailored to meet their specific needs. Professional stakeholders emphasised the need to separate young people from adult pathways, to avoid creating further hurdles and barriers for vulnerable young people. One group of senior leaders also identified young refugees, pointing to student accommodation working well for some in this group.

The accounts from young people presented the same complexity as the wider sample with a range of needs from low to very high. Nine said they wanted and needed 24-hour on-site support. It is important to note though that sharing accommodation was generally not something valued by young people interviewed and was rather tolerated. In line with the professional opinion, a specific finding from young people was wanting supported accommodation that is specifically targeted towards young adults (not sharing with adults older than them) and taking account of their specific needs. As with the rest of the wider group, the young people showed that there should be choice around housing with support. One young person highlighted that supported accommodation providers should recognise their role as 'proxy parents' for young people and do as much as they can to support young people, for example to help and encourage them in learning skills for independent living, to find their interests and plan for their future, including education and training.

Anna and Alexia were both living in supported housing - one in residential supported housing and the other in her own tenancy with 24-hour support available. This was mainly to help them to deal with their mental health issues. Alexia welcomed having 24-hour

support on-site as she explained she self-harmed a lot and sometimes even struggled to eat.

"*I don't have a diagnosis yet but I am hoping that I will soon. I find it hard sometimes to just get up and get out of bed and they help me with encouragement and support. If I am not eating they will check on that. They do flat checks once a week and it all just helps me to stay ok…They have helped with all aspects of my mental health, so when I have been self-harming to be safe…I am also really bad at remembering things, so the staff here are really good with that too*." (Alexia, 18)

Anna had intensive support available on-call 24-hours a day in her own tenancy. Although she saw a worker almost every day and was able to call a worker at any time, she still said she would prefer it if there was an office on-site that she could go to with any problems. She valued having her own space and not having to share facilities.

"*I would love to have someone always there, so an office I can go to if I am feeling low or need help with anything. I think I am learning that I need emotional support as I don't get it from my parents and never have…sometimes I am not able to sleep, and I am able to call the worker and speak to them. There is also a Facebook page so you can see who is working and I think that is a good idea…I would love to have the support on-site because then you have a direct line all the time*." (Anna, 24)

5. The key features of shared and/or supported housing as a settled housing option.

5.1 Professional stakeholder opinion on the key features

Interviewees were asked to describe what the ideal settled supported and/or shared housing should look like. As per the research questions, the emphasis was on those for whom mainstream housing was not an option, as per the householders' circumstances the interviewee had identified (as above). Therefore, HF and other types of visiting support in mainstream housing are not the focus of this research. Based on the six case study areas, there is very little settled supported and/or shared housing used as a response to homelessness, but this is a more common concept in the health and social care sector. The concept of settled supported and/or shared housing therefore took some imagination for some stakeholders, especially those that were coming from experience of temporary housing provision. HSCP representatives were more able to articulate what settled supported and/or shared housing should look like based on their experience. There were also discussions about what 'settled housing' meant in this context, with consensus that someone should be able to stay there for as long as they want (within the confines of tenancy and occupancy agreements). Choice was also acknowledged; that any household may want to move to different places and need different types of housing options with support at different points of their lives.

In terms of ideal models of housing there were a few main types of housing identified: supported not shared – mainly core and cluster or other residential options; and a few types supported and shared models. Shared housing with no support was not identified as an ideal model for the household circumstances described above. In addition to these settled options, stakeholders also chose to discuss supported and/or shared housing as an interim, short-term option (although not subject of the research questions).

Core and cluster models of supported housing

There was broad consensus that an ***ideal*** supported housing provision, usually for people with high and medium needs should be around a 'core and cluster' model, with a range of variations described. This is commonly used by HSCPs for different health and support needs, and a number of supported housing providers also referred to this model.

The key attributes of core and cluster models would be:

- Self-contained, individual properties, usually described as flats or bedsits/studios – homely, with residents having their own bedrooms, bathrooms and kitchens. This also encompasses the need to respect private space with contact from support or other staff related to individual's care and support needs (avoiding an institutional approach to contact with residents).
- The 'cluster' of self-contained housing varied from a block of self-contained flats to a group of individual properties in close proximity in a street or neighbourhood. This was stretched to more dispersed self-contained housing but close enough for the 'core' to support the individuals therefore moving to more of a 'hybrid' mainstream supported housing model. The advantage of this model commonly discussed was the combination of rights, independence, safety and also financial for the provider where the costs of necessary intensive on-site care and support could be more efficiently delivered when residents are in relative close proximity.
- Small, although definitions were wide ranging from 4-12 properties, although many stated a preference for the smaller end of the range.
- The 'core' would be the location of on-site care and support staff – often located in one of the flats in a block, or other nearby accommodation, 24-hours/7 days a week, or other hours on-site as relevant to the client group. This core may or may not include some common space.
- Skilled and flexible support – trauma informed, high level and relevant skills which are properly valued (remunerated). It should be flexible and responsive that could respond to clients' specific needs, (or be a model where the right remote skills responded quickly, but still with some on-site support). Some referred to the ability of support to follow clients if they moved onto fully independent housing.
- Integrated in the community, so that it avoids stigmatisation of 'homelessness'.
- Funding packages varied depending on the origin of the provision whether homeless service, housing provider or HSCP led. Those that commissioned by homelessness commissioners tended to have mixed funding packages of rent, sometimes local authority Housing Support funding, and on rare occasions HSCP funds. Provision commissioned by HSCPs for supported housing in the community also comprised of rent combined with HSCP funding for care and support.
- Housing tenure – this varied, including SSTs, SSSTs, and occupancy agreements. There was lack of clarity as to the reasons or criteria for providers or HSCPs using secure tenancies versus occupancy agreements other than occupancy agreements being more historical. Several HSCP consultees noted the preference for secure tenancies in line with the move away from registered residential models towards independent living in the community.
- Culture – which is centered on rights and independence, rather than a shared institutional approach. Consultees pointed to the need for careful design of core and cluster supported housing to make sure any form of institutional feel was avoided and a homely and independent

experience maximised[13]. This is as important in the service delivery provided by care and support staff as it is the form of property.

Rowan Alba's Thorntree Street: Settled Supported Housing[14]

Rowan Alba provide a service in Edinburgh ('Thorntree'), established in 2004. It provides support and accommodation for men age 50+ coming off the streets or having lived precariously in their own tenancy or the private rented sector. All these men of the residents have addiction issues and some have alcohol related brain damage. Many have difficulty managing money and find it hard to live independently, being vulnerable to financial, emotional and physical abuse: they have histories of multiple and extreme disadvantage. There are eight studio flats and four two-bed flats within a small building that also has a communal garden, canteen lounge and dining room. Residents have a full Scottish Secure Tenancy (SST) with Bield Housing Association which own the properties. Rowan Alba provide the housing support and care at home services for tenants. It is registered with the Care Inspectorate. The service is funded through rent, and City of Edinburgh Council Housing Support Funding. HSCP Care at Home money now also contributes to costs because the service has been demonstrated to be keeping people out of hospital. Staff describe how when people came to the project they breathe a sigh of relief about having a roof over their head and then they can start to address their issues when they are ready. It isn't referred to it as a project, but as a home for life. There is a three- or four-month period of adjustment, in which people realise that they are not going to be thrown out. In this settled place, people start to recognise illnesses that have been undetected and with the wraparound support in place, they begin to work on their health. Men are also supported with money and paying their bills. There isn't a risk of losing their home because of any of these financial matters. Thorntree Street has accommodated 80 men since the project began with an average length of stay seven to nine years. During that time there has been only one eviction, which was for a very serious assault. However, in the last year alone there have been eight non-Covid related deaths. Two people left voluntarily because they no longer had a problematic relationship with alcohol. *"It's about them living their lives the way they want to".*

Many of individual attributes of 'core and cluster' supported housing models listed above were identified by interviewees even when they were not conceptualising their ideal model as core and cluster provision. For example, a few people described residential care models, but with the same 'ideal' key themes voiced of self-contained accommodation including their own bathroom and cooking facilities, feeling like home, on-site skilled, responsive and flexible support. The key difference here was around having common space for socialising, learning, and recovery in some cases, and more intense care and support packages.

"It should be set up with a fully provisioned bedsit so that people are provided with their own home with bathroom, living room, bedroom and kitchen. It should be self-contained within a residential structure, with 24/7 support, and trauma informed, psychologically informed and harm reduction methods employed. It's really important to have common space facilities." (Service provider).

[13] A theme also highlighted in research for SCLD – Ormston et al (2017) Improving outcomes for people with learning disabilities: opportunities and challenges for housing.

[14] Wallace D (2019) From the pits to the Ritz. External Evaluation of Rowan Alba Supported Accommodation.

Less common aspects that were raised were gender (mixed opinion on whether single sex or not), and approach to substance use (harm reduction or substance free). There was no consensus on whether support should be provided by housing providers or other organisations, although many suggested support should be able to follow the client as they moved. There were also particular circumstances where specific types of building design would be required to meet housing needs in the community e.g. for those with severe autism, or severe behavioural difficulties, and addictions with explosion risks.

Supported and shared housing

In general, professional stakeholders did not identify shared housing (whether supported or not) as an ideal settled housing option for those where mainstream housing was not an option. As defined above, shared is considered in this research as sharing bedrooms, and/or bathrooms, and/or kitchens. There was a small number of interviewees that thought supported and shared housing with up to 16 places could be a good option. However, most of those who did make a case for supported and shared housing specified very small numbers (typically 2 – 6) with bedrooms with en-suite bathrooms. Some interviewees felt there was a positive role for communal space for alleviating isolation and shared learning opportunities. The Rock Trust provides an example of supported and shared housing for young people.

> Rock Trust provide shared housing for young people with moderate support needs in 3 or 4 bed flats with a live-in supportive flatmate. The supportive flatmate is normally a social care or social work student who is similar in age to other residents and who gains relevant experience and free accommodation. Young people have an occupancy agreement and can stay for up to two years. East Lothian Council also have a similar project called My Place' which is a pilot project which involves care-experienced young adults move in with a student or other adult mentors.

There are very few examples of Supported Lodgings with community hosting used as a response to homelessness in Scotland, although we found examples from HSCPs of this approach being used for adults with social care support needs. There are a large number of examples elsewhere in the UK, and a Supported Lodging feasibility study in 2018 set out the case for expansion of the model as a response to youth homelessness in Scotland[15]. The study argued that the model leverages community assets (spare rooms and altruism) and specialist support provision to provide young people with safe and 'normal' accommodation within which they can pursue their ambition, address a wide range of support needs, and achieve multiple 'hard' and 'soft' outcomes, from self-confidence, to basic living skills, and employment and education opportunities. It also concludes that it enables young people to avoid the risks and harms associated with other kinds of congregate accommodation for homeless people; avoids the isolation, loneliness and tenancy breakdown that some young people can experience if they move into independent housing 'too early' or with insufficient support made available to them; and lends itself to the provision of personalised, flexible, robust and asset-based support.

Interviewees from both Aberdeenshire and Highland reported examples of some success with shared houses with visiting support but as a temporary/interim accommodation option. The Aberdeenshire interviewee was regretful that the project was no longer being funded and would not have ruled out the possibility of sharing in this way becoming a more settled option. The

[15] Watts, B at al (2018) Supported Lodgings – Exploring the feasibility of long-term community hosting as a response to youth homelessness in Scotland.

Highland project is larger, with around 20 two- or three-bed flats, with some interviewees reporting significant positive benefits form the peer support and indicating that they would want to have stayed sharing for longer than the project currently allows. Some HSCP interviewees also discussed supported shared housing for people with learning disabilities where, for example, two residents lived in a shared house with their own bedrooms, supported by a support worker on-site for varying hours depending on their needs. By contrast, in Dundee shared housing has been looked at but there was insufficient demand, although sharing on an ad-hoc basis is considered e.g. friends wanting to share. Like Dundee, other voiced concern over the difficulties in finding the right match of house-shares.

Short term supported and/or shared housing

The need for a short-term supported housing options (shared, or not) was argued by some professional stakeholders, either due to shortages of housing which meant there was an inability to support people in their own tenancies when they needed it, or due to individual needs and choices – mainly from young people, or those in recovery. This was not explored in-depth as the focus of the research was on settled housing options.

5.2 Service user opinion on the key features of supported and/or shared housing

The 54 people interviewed with experience of homelessness testimonies ranged from those who said that they ultimately needed and wanted their own tenancy with or without support, those wanted supported housing short term with 24-hour on-site support (who were generally younger and wanted to learn skills about how to manage a household), to those who felt they needed and wanted 24-hour on-site support for the rest of their lives to help them stay alive. The table below sets out what interviewees said they ideally wanted from housing. This shows that the minority of this sample wanted their own tenancy eventually with no support, and roughly two fifths each wanted either their own tenancy with ongoing support, or wanted to live in supported housing with on-site support.

	Number (n54)
Supported housing with on-site support	22
Own Tenancy with visiting support	24
Own tenancy without support eventually	8

Interviewees experience of supported (mainly temporary) housing was 50:50 positive/negative. It is emphasised that most of the experience related to supported and shared temporary accommodation. However, their experience provided insights into what interviewees said they needed and wanted.

For some, supported and shared (temporary) accommodation and meeting others like them who wanted to change their lives had been transformational, offering them a chance to regain control over their lives and get on the path of recovery from addiction. However, on the other end of the spectrum were those who viewed supported and/or shared housing as a stopgap before they could gain their own tenancy. The study showed the variability of standards of supported and/or shared accommodation – most of which was temporary shared accommodation.

Almost a third of those interviewed had the highest level of need and said they had a requirement for 24-hour on-site support - they wanted and needed this for a range of reasons, related to severe mental health, and physical and/or learning disabilities. A third of cases also were defined as having a high level of needs and required intensive support to maintain their tenancies, generally they wanted this to be on-site and having a key worker they would see almost every day. In most cases they felt the level of support given was 'right, but a small number wanted more specialist help to deal with their mental health. One example was provided from a woman who wanted to live in supported and shared housing because she liked the company, but this facility was not available to her because she did not have a dual diagnosis. The medium level cases could manage their own tenancies with ongoing visiting support, and some previously had 24-hour on-site support to become stable from drugs or alcohol. The need for ongoing support in this group was mainly about access to substance use services or mental health, and less about managing their home. Finally, low level cases, who were mainly young people, felt they benefitted from short-term 24-hour on-site support to help them to gain skills to know how to manage running a home (as discussed above).

Interviewees were asked to describe in their own words the main support that they felt the *needed*. The most common response was around managing mental health, knowing how to manage a house, and dealing with addiction. Other support needs identified included paying bills, 'staying clean', physical and mental health, building confidence and navigating housing options. There were several people that mentioned more than one need. When asked what people really *wanted*, most commonly they said 'to manage', 'stay clean', and to 'get more support'.

Most of the interviewees that had received support did so from the workers in the supported housing, often referred to as the 'key worker' (some were also now receiving visiting support in their own tenancies). They appreciated them being there and helping them deal with a range of issues including health, practical and emotional support. Several pointed to support only coming at the point of crisis, with gaps in mental health and addiction services. Others also had support from their Community Psychiatric Nurse (CPN), two had addiction workers, but only two had help with training and employment. Generally, interviewees felt that all the services people were engaging with were very helpful and it was striking how interviewees valued compassion and understanding of their circumstances, pointing to the need for person-centred approaches.

There were some positive aspects identified by interviewees of living in the same building with others with similar experiences. Some of this housing was supported not shared (but with some communal facilities), and others were supported and shared, including shared facilities[16]. A small number of interviewees liked having communal areas to meet others, share experiences and to have company.

> *"They have really picked me up and put me back together. There are kitchens here as well so you get proper nutrition. There is also a concierge 24 hours a day and someone here so you always feel secure. I feel I have my needs met and I am planning for the future. You can even get grants to retrain and learn new skills. It can be overwhelming at times… At the start it was really hard because the staff weren't allowed to associate with the residents [because of the pandemic]. We all decided to support one another though and it really brought people together, although we had to social distance, and also to bring our skills*

[16] The definition of supported not shared is where the resident does not share bedroom, bathroom or cooking facilities, but there may or may not be some other common space.

> *together. So we had one resident for example who has been trying to learn French and were teaching us too. No one was shying away from each other and we felt we were in it together. It was through that that I met my friends and still have them as friends today*." (Deirdre, 49)

> *"There is a lot of support in here and we all help each other. We all go out for walks or going through the steps together. I need this support because in the past I have not had the self-will."* (Paulo, 46)

Negative comments about supported and shared housing were in relation to shared facilities, and feeling unsafe because of other residents who lived there, feeling isolated, or also that staff did not care (this tended to be shared, hostel type temporary accommodation). All interviewees said they did not like sharing bathroom facilities.

> *"You are just in the one room all the time… In here you have to share the bathroom and kitchen it is a nightmare and sometimes it does get you down*." (Patrick, 41, hostel with own bedroom and shared bathroom and kitchen facilities)

> "*I am worried that they just think I am ok sharing with someone else, when I am not…I don't think they realise the effect this has on your mental health. When I was waiting on the girl to come and was worried about who I would get, I was nauseous, you know it could be anybody!…I just want peace and quiet*." (Jane, 26, flat share)

These findings are consistent with previous research about supported housing[17] (although in the context of temporary hostel accommodation) where on the positive side residents valued the support available 'on tap' including access to mental health problems and availability of emotional support. Negative experiences related to lack of autonomy and control, and having to use shared bathroom and kitchen facilities, poor quality accommodation, and the congregate nature of hostels leading to social challenges ranging from feeling awkward to feeling in danger.

Choice across ages and circumstances was a major theme coming from interviewees, and some wanted the option of supported housing (shared or not), and then to move onto mainstream housing (possibly still with visiting support) when they wanted to.

Four young women interviewed were in temporary flat shares. One had been in a B&B and three in a hostel prior to this and all four welcomed being away from these other forms of accommodation where they had felt unsafe, mainly because they had to share facilities with people they did not know and would not choose to live with. All four had been told by the Council that getting their own tenancy could take years and were made aware that a room in a flat had become available to share with another young woman. They each had their own room but the bathroom, living room and kitchen were shared, with light touch support from housing officers. The Council arranged for them to meet the other tenant prior to them moving in shortly afterwards. Three of the women felt that the move had been beneficial because their flatmate shared similar interests to them, and they had become friends. Over the pandemic their company was welcomed and sharing the cost of bills made it more affordable. However, one other woman Jane (see quote above) relayed that she and her flatmate had not got on and whereas she was quiet, her flatmate liked to socialise and had even invited people back to the flat over the pandemic. These cases show

[17] Watts, B, et al (2018) Temporary Accommodation in Scotland; Social Bite, Heriot Watt University.

that flat shares are reliant on the individuals getting on and having shared aspirations and outlooks about the use of the space.

5.3 Supported housing options in rural areas

Both professional stakeholders and individuals experiencing homelessness provided insight to the greater challenges in providing or accessing suitable supported and/or shared housing in rural areas. The challenges identified were around identification and stigma in small communities and providing small numbers of specialist housing with on-site support over large geographic areas bringing challenges for feasibility. Many interviewees stated that they would gravitate towards urban/city areas as a matter of choice, often to find work, education or lifestyle choices, and perhaps may then have found that they needed or wanted supported and/or shared housing. Other interviewees still wanted appropriate options near friends and family, but there were few or no suitable options available.

> *"I lived in a wee village and had to rely on buses and there were less opportunities to get help or support. When you grow up somewhere like that it is harder to admit that you need help for your mental health, and if there were groups set up it would make you feel less alone." (Craig, 21)*

> *"I much prefer being here in the city and meeting new people, the isolation got to me before.' (Neil, 47)*

6. Relationships required to provide supported and/or shared housing options

Professional stakeholders were asked what professional relationships would be required to enable the ideal supported and/or shared housing they had identified. Some examples of current positive joint working were shared, but there were more frustrations about cross-sector working, especially relating to service delivery and joint funding. Housing support workers were said to be *"filling in the gaps"* of health and social care with the most complex cases, with mental health and addiction services consistently said to be lacking across the case study areas. A consistent theme from the homelessness and housing sector around *"filling in the gaps"* was the very high thresholds of need applied and robustly defended by HSCPs, a theme also found through the Independent Review of Adult Social Care[18]. This means that (from the housing sector's perspective) it was often very difficult to get an assessment and diagnosis for a homeless person on social care and health grounds. This then resulted in homelessness services serving individuals by virtue of the local authority homelessness duties, but with extreme levels of needs which the service was not necessarily equipped to deal with.

There were frustrations from housing professionals about lack of funding for supported housing which was argued to be a health and social care need, rather than only a homelessness experience. Examples of supported housing being provided where HSCP funding was put in place were achieved on a case by case, bespoke basis, often with evidence required on positive impact on health, or reduced hospitalisation. The massive pressures on HSCP budgets were acknowledged, driven mainly by the health and social care needs of the growing older population.

[18] Independent Review of Adult Social Care in Scotland (2021), Scottish Government

Service users' experience confirmed the professional experience; they pointed towards gaps in service provision existing or there being a lack of awareness of support from different services at individuals' turning points resulting in people being left in crisis. The most common gaps in support identified were in relation to mental health services and addiction services.

7. The scale of supported and/or shared housing required

Professional stakeholders expressed the potential scale of supported and/or shared housing in different ways and differences in their qualitative 'guestimate' largely related to whether they were service providers or strategically focused. It should be noted there is no published source of total supported and/or shared housing in Scotland. The original proposal explored this limitation, with the option of a census explored and rejected for various reasons. Case study local authority participants provided varying levels granularity of data on current supply, but it was clear from all the returns that the volume of settled supported and/or shared housing provided as a homelessness response is very small (unless provided as a health and social care response).

All interviewees offering a proposal on the required volume caveated their response as a 'guestimate'. The most common response suggested 2-10% of annual homeless assessments (the majority opinion at 5% of homelessness assessments). Interviewees that thought in terms of choice as well as assessed need were more likely to estimate higher demand for shared and/or supported housing (not mainstream housing). Interviewees did not make a distinction between supported and/or shared housing, but reiterated the point made at the beginning of discussions that these potential households were the least likely to sustain any form of mainstream housing.

> *"80% of homeless presentations can be managed well in the mainstream system. The further 20% should be broken down. 15% of those will be appropriately housed through HF and 5% need supported living options."* (Local authority commissioner)

The case study local authority participants were also asked to estimate the level of support need of those assessed as homeless (2019/20), and their Rapid Rehousing Transition Plan support assessments. Those able to provide this data estimated the highest level of need (defined either a severe/multiple complex or extremely complex) ranging from 2% to 5% of homeless assessments.

Taking the range of 2% to 5% of homeless assessment, this would equate to between 551 and 1,379 individual households across Scotland for whom supported and/or shared housing would be an appropriate settled option (using the 2020/21 Scotland total assessments - homeless or potentially homeless, of 27,571 although it should be noted that homelessness assessments dipped significantly from 31,581 in 2019-20 against the increasing trend which will be due to pandemic measures). However, based on these being the most extreme need, this unlikely to include individual choice, and young people identified through this qualitative research who require a 'short-term' supported housing option (whether shared or not).

Looking at the six case study areas, 2-5% would equate to a conservative snapshot estimate of between:

- Aberdeenshire – 14 and 75
- Dundee – 22 and 56
- Edinburgh – 38 to 95

- Glasgow – 104 to 261
- Highland – 19 to 47
- South Lanarkshire – 32 to 82.

Another approach could be to consider the proportion of households for whom HF does not work or is not relevant due to range of factors. The Housing First Pathfinder Interim Report[19] identifies an 82% tenancy sustainment rate over 24 months for Housing First in Scotland since 2018, but with around 9% 'failed' tenancies. Applying this 9% rate to a total of 3,500 estimated as a best fit for HF[20], this equates to 315 across Scotland.

It is important to note that these are different measurements – one a percentage of the total homelessness assessments, and one a subset of severe and multiple deprivation statistics. The large range between these assessments suggests more detailed work is required to understand to scale of supported housing requirements and the nuances within it. The assessment should make the distinction between the scale of those that need supported housing due to health and support needs, and those that would prefer this housing option, and also make the distinction between supported not shared, and supported and shared (e.g. community lodgings for young people).

8. How to deliver these housing options

Professional stakeholder interviewees were asked to consider the opportunities and barriers to supported and/or shared housing as they had envisaged through previous questions.

These are summarised as:

- Development and/or expansion of services – some existing providers whose models are included within Rapid Rehousing Transition Plans (RRTP) are making plans for development and/or expansion of their current services.
- Partnership working – was seen by all interviewees as an opportunity (to develop and improve working arrangements) and barrier to effective realisation of RRTPs. Barriers were most common with HSCP funding.
- The lack of shared duty for preventing and addressing homelessness across public services was considered a key constraint by many senior local authority interviewees. If the duty was shared interviewees considered this would drive partnership working and joint funding (see below).
- Funding constraints – identified as both revenue and capital, and from all angles whether Local Authority General Fund or HSCP used to fund some housing supply, and the funding regimes for housing associations in respect of supported housing supply (lack of funding for common space, including that required for support staff). The 'cocktail' or 'bespoke' nature of supported housing funding used to make supported housing project 'stack up' has been discussed above. A few housing associations identified there was also an element of rent pooling across the wider housing stock which was acknowledged would not necessarily be widely acceptable in regulatory or business/financial planning terms. Creativity was required in making these projects feasible, with reliance on effective and individual local working relationships with commissioners. The

[19] Johnsen (S) et al (2021) Scotland's Housing First Pathfinder Evaluation, First Interim Report
[20] Bramley G et al (2019) Hard Edges Scotland, Lankelly Chase and The Robertson Trust – bespoke data analysis by G Bramley on the Hard Edges dataset.

point was made that if shared and/or supported housing as a settled option is to become a policy drive compared to temporary provision then a more certain funding stream would be required to enable more providers to respond to this agenda.

- Housing availability – local authorities and service providers working in more pressured and rural markets identified the ongoing challenge of not having the suitable properties available to use/convert to supported and/or shared housing, even if there were funds available.
- Cultural change – interviewees pointed to the requirement for substantial cultural change to provide supported and/or settled housing in line with assessed local needs (in line with RRTPs) as settled options, rather than temporary housing along an assumed service provider led model. As noted above, there were cultural differences observed around perceived high thresholds of need applied by HSCPs which meant that (from the housing sector's perspective) housing and homelessness services were often left to deal with individuals whose needs were outwith their expertise.

9. Funding approaches

The funding sources of supported housing has been explored with housing providers and HSCPs. While most of the provision discussed with stakeholders related to temporary supported housing, the sample also included supported housing provided with secure tenancies, and HSCP commissioned services where they provide housing with care and support in the community, some through secure tenancies in partnership with housing associations or local authority housing, and others through occupancy agreements (with or without housing partners).

The main funding approach is through rent (with or without service charges), combined with local authority funding for Housing Support, and HSCP funding for care and support elements.

Rent and service charges – rent covers the cost of providing, managing and maintaining the housing provision. Depending on the type of provision and associated service there may also be a service charges which covers items such as meals, water, fuel, communal space and facilities. Eligible rent and service charges can be claimed through Universal Credit or Housing Benefit (UC/HB) if payment is a condition of occupying the property and the charges are eligible – these cover a range of activites that allow tenants/occupants to maintain their accommodation[21]. Housing support and care is not eligible for UC/HB costs. However, there may be enhanced housing management services provided which are UC/HB eligible which may help people maintain their property[22][23]. In the case of new housing development for social rented housing which may be supplied for supported housing, the capital cost of the new build is covered through a combination of Scottish Government Affordable Housing Suppy Grant and borrowing[24][25]. Rent pays for the borrowing costs, as well as all the other housing management and maintenance costs.

[21] There are different rules for 'Exempt' and 'Specified Accommodation' which attracts higher levels of Housing Benefit funding.
[22] For example, a staff member may be responsible for maintaining security and concierge systems which may support people to live in that secure environment.
[23] DWP rules determine what is eligible
[24] Borrowing is in the form of private finance for housing associations or local authority Housing Revenue Account borrowing for local authority housing
[25] Commissioning new supply of affordable housing is governed through the Strategic Housing Investment Plan process led by local authority housing strategy teams, in consultation with local housing associations and

Sharing schemes such as as supported lodgings are also based on rental charges and if the resident is eligible for rent support (UC/HB) this can be claimed by the lodger or host landlord direct.

Local authority funding for Housing Support – the purpose of local authority funding for Housing Support is to help fund registered housing support services which enable independent living. Housing Support services are normally commissioned by local authority housing or homelessness services[26]. The ringfencing of Supporting People funding was removed in 2007 and since then has been part of local authorities general services funding. Interviewees confirmed that funding Housing Support has been gradually reducing with greater reliance now placed on 'enhanced housing management' services, funded through rent and/or service charges which is HB/UC eligible. Interviewees noted this can be crucial funding and where it is withdrawn can result in support being removed altogether.

Health and Social Care Partnership funding – supported housing commissioned by HSCPs (for example core and cluster for people with learning and physically disabled, people with mental ill-health) is most commonly funded by rent for the housing costs provided in partnership with housing association or local authority housing (UC/HB eligible which may or may not include enhanced housing management services), with HSCP funding the care and support costs. This type of housing may be let as a secure tenancy or occupancy agreement[27].

We found examples of HSCP commissioned projects funded entirely by HSCPs which provided Housing Support services regulated under Health and Social Care Standards, let under occupancy agreement. There is also residential care for a range of client groups, funded directly through HSCP/resident contributions governed through the Regulation of Care (Scotland) Act 2001. However, the general policy direction of social care in Scotland is away from acute hospital and residential care homes, and for social care to be provided at home or in homely settings to provide independent living in the community. Care assessments may determine a need for intermediate care where housing with care, care homes and community hospitals may provide local step up / step down intermediate care to provide a reablement approach before people move into or back their own home with relevant care packages.

Combined and bespoke approaches - Housing providers gave examples of supported housing which is housing or homelessness service commissioned and funded mainly through a rent and service approach but which also attracted local authority funding for Housing Suuport, and separate HSCP funding for example where outcomes demonstrated contribution to health and social care outcomes. However, it was found that the funding is extremely silo'd, with examples provided of supported housing projects working individually with Housing Support commissioners

Scottish Government. This will also include joint commissioning with HSCPs in the case of specialist, supported housing.

[26] Registered housing support services are regulated under the Care Inspectorate Health and Social Care Standards, and through the Public Service Reform (Scotland) Act 2010 with Housing Support defined through the Housing (Scotland) Act 2010 updating the previous provision in the Housing (Scotland) Act 1987.Housing Support services include any service which provides support, assistance, advice or counselling to an individual with particular needs with a view to enabling that individual to occupy, or to continue to occupy, residential accommodation as the individual's sole or main residence.

[27] As noted above several HSCP consultees noted the preference for secure tenancies in line with the move away from registered residential models towards independence in the community, although the reasons for occupancy agreement still being used in these housing contexts is unclear. This is also true of housing providers some of which use occupancy agreements, most commonly in temporary accommodation context.

and HSCP commissioners to put together a patch work of funding to meet project needs on a case by case basis. Some housing associations have also chosen to 'rent pool' across their whole housing stock to cross subsidise and make supported housing projects feasible. This is an individual organisational approach and not one that could be adopted by all housing associations or local authority housing.

The research has explored the pros and cons of using rent and service charge model for supported housing. In terms of the advantages, using a housing approach enables the housing costs to be paid for through rent, and gives the opportunity to optimise a rights based approach which maximises security of tenure (where a secure tenancy is used). This is also consistent with an independent living approach and social care responses. However, the way in which the funding framework for supported housing in Scotland (and across the UK) has developed means that funding has become *individualised* – it is reliant on maximising rents and service charges through enhanced housing management costs, and therefore funding through UC/HB. This has also served to minimise general local authority and HSCP funding[28] intended for the *general* population for housing support and social care, not the *individual*. The result can be very high charges that are unaffordable for residents if they are not claiming UC/HB, and the approach lacks transparency between true housing costs (paid for through rent) and housing support and care costs. An alternative approach would be to make clear distinctions between housing costs which would be paid for through rents by the individual (whether subsidised or not), and support and care costs which would be paid for through general local authority and HSCP funding.

These issues and the principles of funding were also explored by HRSAG[29] in the context of temporary accommodation, but the issues are the same whether for temporary or permanent housing provision. It discussed the fact that funding of temporary housing is financed by the individual homeless household through rent, or UC/HB and in turn the UK Government Treasury. In this case HRSAG argued that all the financial responsibility of providing good quality temporary accommodation should be 'citizen' funded rather than individually funded i.e. through the local authority general fund finance, which is funded by Scottish Government Grant Aided Expenditure.

[28] Housing Support funding is resourced by local authority General Fund which covers all day-to-day revenue expenditure incurred in providing services to the general local population. The General Fund is financed by a combination of Scottish government grants, council tax and fees and charges. HSCP funding is resourced by Scottish Government grant.

[29] Transforming the use of Temporary Accommodation in Scotland (2018), HRSAG

10. Summary and conclusions

This study has been undertaken in the context of the implementation of Rapid Rehousing and Housing First policy in Scotland, and the policy direction around the prevention of homelessness in Scotland. This has been included in the Programme for Government in 2021 and so is likely to result in a collective responsibility across public services in Scotland to prevent homelessness; to ensure intervention as soon as possible, rather than waiting for crisis; and to maximise choice for those at risk of homelessness. It also introduced the new concepts of stability, suitability, standard and non-standard housing options. The context of Scotland's Health and Wellbeing Outcomes is also relevant for this agenda.

The research was considering the circumstances, nature and scale of supported and/or shared housing as settled housing, where mainstream housing is not an option. This was categorised through the research as supported not shared, supported and shared, shared and not supported. Shared was defined as sharing of bedrooms, and/or bathrooms and kitchens. If there are self-contained homes with their own bathrooms and cooking facilities in a larger building (which may or may not include shared common and care and support space), this was not considered as shared.

Interviews with professional stakeholders and individuals that have experienced homelessness showed that those most likely to require supported and/or shared housing and where mainstream housing was not an option were mainly those with most complex needs (institutionalised, those suffering from mental health and the effects of addictions, physical and learning disabled). Young people who may not necessarily have highest level needs may also need and want some form of supported and/or shared housing before moving to mainstream housing. It is important to recognise choice in housing options, and some people who may, based on professional opinion, be 'eligible' for mainstream housing with visiting support, may not want it. This was confirmed through the Housing Pathfinder[30] Interim report which showed that while the majority of people with complex needs can be successfully supported in Housing First, it concluded that alternative 24/7 intensive support interventions are needed for people without capacity or those who are so unwell that a care-led solution is required. It also concluded that further thinking is required to identify the most appropriate intervention for people that don't want a Housing First approach, and for the minority of individuals who have not been able to sustain tenancies even with Housing First support.

The key features of supported housing which professional stakeholders (from housing, homelessness and HSCP perspectives) considered to be ideal were:

- Self-contained, individual properties, homely, with residents having their own bedrooms, bathrooms and kitchens. This also encompasses the need for a culture and careful service design centered on rights and independence, rather than a shared institutional approach.
- A 'core and 'cluster' of self-contained housing, the advantage of which is the combination of rights, independence, safety and also service delivery and financial efficiency for the provider where the costs of intense 24/7 on-site care and support could be more efficiently delivered when residents are in relative close proximity. The core would be the place where care and support staff and services are delivered from, with the cluster could be a block of flats and/or a cluster of flats scattered in a community supported by the nearby 'core' care and support hub. This model

[30] Johnsen (S) et al (2021) Scotland's Housing First Pathfinder Evaluation, First Interim Report

is relevant in both urban and rural areas where location of care and support staff can benefit both those living in a cluster of tenancies in one building, and other tenancies scattered in the local community.

- Small, although definitions were wide ranging from 4-12 properties, although many stated a preference for the smaller end of the range.
- Skilled and flexible support – trauma informed, high level and relevant skills which are properly valued (remunerated) and could travel with people if they moved – particularly relevant in a scattered model.
- Integrated in the community, so that it is as inconspicuous as possible to avoid stigmatization of 'homelessness'. This is more challenging to achieve in small rural communities. People with intense care needs coming from homelessness experiences should be able to live in supported housing options with other people with high care needs coming from different backgrounds and experiences. There should no silos or concentrations of 'homeless people' living in 'homeless accommodation'.
- Professional stakeholders agreed that the ideal supported solution for those with high care and support needs was not shared accommodation.

Interviews with people that have experienced homelessness, purposefully sampled as those who may need or want supported housing, showed that the vast majority did not want to share facilities, and none wanted to share bedrooms and bathrooms, confirming previous research about the negative impacts of shared accommodation.[31] Most said they wanted their own individual home with visiting support, eventually perhaps with no support, but many interviewed stated that they needed and wanted supported housing with 24/7 on-site support, some said for the rest of their lives to help them stay alive. However, many also reflected on their own personal experiences about the gaps in mental health and addiction services generally, and lack of support when they had previously had their own tenancy. This raises questions over whether services were adequate to meet their needs, and that if the services were better whether this would change people's demand for supported housing.

The scale of supported housing as a settled housing option is estimated at between 2-5% of homeless assessments. This equates to 551-1,379 households across Scotland (the total in 2020/21 was at a lower level than recent years). This can be compared around 9% of households estimated as a best fit for HF but for a range of reasons Housing First did not work for them or was not wanted which equates to 315 across Scotland[32]. These large differences in quantification suggests more work is required to understand the nuances of scale of demand in more detail - to make distinctions of need based on capacity, health or individual preferences.

Supported housing has been funded, whether it is commissioned from a housing, homelessness or an HSCP perspective through a combination of rent (UC/HB) and HSCP funds and to a lesser extent local authority funding for Housing Support. Social security regulations for rent and service charges (including enhanced housing management charges) have enabled maximisation of rent in many projects as an 'individualised' source of funding, and therefore minimisation of HSCP and local authority funding support as a 'generalised' source of public funding.

[31] Watts, B, et al (2018) Temporary Accommodation in Scotland. Social Bite, Heriot Watt University

[32] Housing First tenancy sustainment rates showed around 9% were 'failed' tenancies - Johnsen (S) et al (2021) Scotland's Housing First Pathfinder Evaluation, First Interim Report

Taking into consideration the policy drive for homelessness around person centred responses, and the policy drive from health and social care around independent living in the community and providing care at support at home or in a homely setting, a core and cluster approach with 24/7 care and support described by the consultees may offer an optimal housing option for people for whom mainstream housing is not an option. Given the circumstances and high-level needs of the individuals we are considering this should be a care-led response commissioned through HSCPs so that care and support needs of individuals are properly assessed and resourced. While the model should be care-led it should also maximise security of tenure wherever possible through SSTs, or PRTs. Where these standard housing models are not possible due to the circumstances of the individual, then safeguards to maximise stability should be put in place as recommended by the PRG[33]. Regardless of the tenure option pursued, most critical in providing a high quality supported housing option is to carefully design the service culture around a rights based approach and move away from the institutional approach which prevails in much of the temporary supported housing sector.

This report discusses the funding challenges of supported housing. It is recommended the direction of travel to be a care-led commissioned service, but through a housing model which maximises security of tenure. This means rent should be charged for the housing element of the provision (and will be eligible for UC/HB). However, there should be greater transparency around housing costs, and the 'suitability'[34] aspects recommended by the PRG means rents must be affordable[35]. This means the housing support and care elements required in supported housing should be extracted from rent and service charges and should be resourced by HSCPs, possibly also with Housing Support funding from local authorities.

These solutions would have to be developed on a local basis, according to the specific needs identified by HSCP and local authority commissioners. Based on the interviews for this research, the joint commissioning challenge is still very clear (although with some exceptions) as commissioners continue to grapple with three complex systems – housing, homelessness, and social care which all have different service entry, eligibility systems and many are still working in silos. However, a supported housing approach provides an opportunity to adopt a rights-based, person-centred approach, to integrate care and support through a housing model for a range of complex care needs with on-site support, regardless of the individuals background, and how they come to need that care and support.

The challenge involved in delivering the ideal type and volume of supported housing should not be underestimated. It will require widescale decommissioning of current supported housing which is not fit for purpose – much of it shared and designed around temporary accommodation institutional cultures. Commissioning of new or converted provision should be consistent with the principles listed above for core and cluster 24/7 supported housing and a rights-based approach. This transformation will also present funding challenges, especially if the supported housing models adopted are to be affordable, consistent with policy direction.

[33] Preventing Homelessness in Scotland (2021), Prevention Review Group, page 39-40
[34] As defined by the Preventing Homelessness in Scotland (2021), Prevention Review Group, page 39
[35] There are various methods and tests of housing affordability in use in Scotland to assess rent levels against benchmarks including the SFHA Affordability tool (2018) see SFHA.co.uk

Acknowledgements

The research team would like to thank all the participants – people that have experienced homelessness and professional stakeholders for their time, and openness and honesty in their responses. A huge amount of valuable data has been collected and this would not have been possible without their willingness to be involved. Time, and interest in 'non-essential' activity such as research was particularly precious during the pandemic when this work was conducted, when life was stressful for everyone. The research team very much hopes this extensive and rich data will be of benefit for some of the most vulnerable individuals in society through further development of housing, support and care policy in Scotland.

Appendix 1 – Profile of professional interviewees

Professional stakeholders

A total of 52 professional stakeholders, and 54 service users were interviewed. The professional interviewees may be broken down as follows:

- Local authority / HSCP senior managers and commissioners – 11
- Scottish Government – 2
- Service providers (local authorities, housing associations, third sector) - 31
- Sector representative bodies – 7
- Academia – 1

Appendix 2 – Background information of service user interviewees

People were asked open questions on what they felt had triggered their homelessness experience. The largest proportion (22) felt this was linked to addiction, and 12 also said that this was because of their mental health. Other reasons cited by interviewees included transitions out of care, prison and the armed forces, as well as the loss of jobs and changes in housing circumstances.

Most interviewees (33) had had a tenancy before and lost it at some stage in their housing journey. For most this had been for a short period of time and their issues were related to their mental health or addiction. Crucially, all said that at the time they had had limited support. There were a small number of cases where they had been stable for many years with a partner and then lost their tenancy when the relationship ended, or they had suffered bereavement. Fifteen had never had a tenancy before and most of these cases were young people. Five people were now in their first tenancy with a range of ages from 18-53, and all felt that they were managing well with the support given by services.

Most interviewees reported currently having a mental health issue and many also had a problem with alcohol or drugs. There was also a high number of people reporting having a learning difficulty, often feeling suicidal or self-harming. The testimonies showed that people were struggling often with multiple complex needs. Transitions out of care, prison and the armed forces, as well as the loss of jobs and changes in housing circumstances were particular times of vulnerability. Only one

person said that they had family support and therefore there was a reliance from all interviewees to help them address their needs.

- 19 reported being involved in the criminal justice system, and 13 of which had been to prison, and the remaining had carried out Community Payback Orders (CPOs). One young man said that he enjoyed the CPO because it had been a good way of meeting people and made him feel less isolated.
- 14 reported being in the care system and mainly came from foster care.
- Only one person out of the 54 still had good contact and support from their family.
- Ten said that they had been abused as children, one hinted that this was the case, and four had been abused as adults.
- 17 reported having children, seven of which had lost custody and not seen them since, and one woman's son had died. The others had some contact with their children. The separation from children was a source of pain.
- Six people reported being suicidal and self-harming, and an additional nineteen people said that they had been suicidal over the past few years, and for some there had been repeated attempts.
- 45 reported having a mental health issue. The most common diagnosis was depression and anxiety, three said that they had psychosis, three personality disorders, two bi-polar and one Schizophrenia.
- 30 said they had a problem with alcohol and/or drugs.
- 16 reported having a physical disability and mainly relating to an inability or problems with being able to walk, and a small number said this was related to their drug use. Three others had epilepsy and took regular seizures and also said that this may be related to drug use.
- 27 indicated that they had some form of learning disability, and this was revealed by them relating that they find it difficult to read letters or to understand bills.
- 27 reported struggling financially and 11 that they were reliant on food banks to survive.
- Only seven felt that they could take up employment and 18 were exploring getting into training or education, seven of which had been accepted into college.
- Many reported feeling isolated.
- Participants reported hopes around wanting to simply get on with life, and for many this meant dealing with mental health issues, substance use, and there was also a desire to 'get out' and be less isolated.

Appendix 3 – Topic guides

Professional stakeholders - Research Information and Interview Consent Form

Indigo House has been commissioned by Homeless Network Scotland to undertake research on supported and shared housing in Scotland. Co-funders of the research are Homeless Network Scotland, Crisis, Action for Children and Turning Point Scotland.

The purpose of the research is to understand the role of supported and/or shared housing where mainstream housing is not an option. The context is Rapid Rehousing and Housing First, now established with Scottish Government and the wider housing network in Scotland as the default policy to ensure those that have experienced homelessness make a transition into their own tenancies as quickly and easily as possible. The research is exploring the individual household circumstances (if there are any) in which supported/shared housing may be appropriate, what this type of housing might be like, what the likely scale of this housing may be, and seek to understand how well placed local authorities, Health and Social Care Partnerships (HSCPs) and service providers may be to provide these options.

The research is mainly qualitative, interviewing people with experience of homelessness, service providers, local authorities and HSCPs. The research will be undertaken over 5 case study areas including city, rural and urban areas. The key informant interviews are the first elements of the research, interviewing a range of key informants with knowledge and experience in this field.

Data protection

The research will be undertaken in line with data protection requirements. Any information you provide will be stored on the Indigo House secure server and all contact details will be destroyed at the end of the research. The interview is anonymous and findings will be unattributed - we will be reporting on the main themes only across all participants. The research leader is Anna Evans and she can be contacted at anna.evans@indighousegroup.com with any queries. The main client contact is Margaret-Ann Brunjes and can be contacted at mbrunjes@homelessnetwork.scot.

Consent and how the information will be used

By taking part in this interview you are agreeing for the data to be collected, analysed and potentially used for policy development and the review of services across Scotland.

No individual responses will be identifiable in any of these outputs.

Please confirm that:

You have read and understood the information sheet
You agree to take part in an interview
You agree to the interview being recorded / and or notes taken
You understand that your participation is voluntary and that you can withdraw from the research at any time
You agree that the interview data will be analysed and reported thematically and in summary form.
Consent will be taken by phone / video call, confirming name and date consent provided

Shared Spaces Service Provider / Professional stakeholders discussion guide

Given the policy context of Rapid Rehousing (RR) and Housing First (HF) policy in Scotland, we would like to discuss the following areas with you.

1. Firstly, we'd like to talk about your **understanding and experience of RR and the HF policy**?

   What is happening at the moment in this area? What are your service/business plans are in this context? How have/are things changing, if at all?

2. As RR and HF develops in this area, in what circumstances, if any, do you see **supported and/or shared housing being the appropriate settled housing option** for households experiencing homelessness?

   You might want to think about household profile, experiences/background, needs, wants and capabilities. Please note the distinction this research is making between emergency and temporary homeless accommodation and supported/shared settled housing. The emphasis of this research is about a settled housing option of choice.

3. What would be the **key features** of the supported and/or shared housing options as a settled housing option, in an ideal world?

   e.g. What is the housing itself like? How about the support arrangements? What is the relationship between accommodation and support? What would be the financing model, rents and service charges? What, if any would you consider to be some of the key the rules/ regulations that would impact the lives of people living there (remembering we are talking about settled options)? How could/should security of tenure be achieved for this as a settled option? Do you have any relevant models for settled supported / shared housing that would be helpful to draw upon as positive examples? Are there supported / shared current temporary options which potentially could be adapted as settled options

4. Again, in an ideal world, what would the **relationship be between these ideas for supported and/or shared accommodation and other services**?

   Is this a housing/homelessness response or health/social care response, or both?

5. In your opinion, what is the **scale of the need** for these options likely to be in your local area?

   You may have a view on numbers, or proportion of homeless households.

6. How able would you be to deliver these housing options? What changes would need to happen within your organisation?

   For these models/ideas to happen, what changes would need to happen in current systems that impact your organisation? What about financing these options? What about organisations that you work alongside, strategic bodies and plans, legal structures, funding and commissioning mechanisms?

Thank you for your participation. We will provide information on the Shared Spaces website and publication of the research as it comes available.

Shared Spaces service user discussion guide

In practice, these questions will be asked in a more informal, relaxed way than appears here, more like a conversation. This topic guide is not issued to participants, it is used as a guide for the interviewers. Participants will receive an invitation for participation with headline topics to be explored, with information to ensure informed consent while not putting participants off. Participants will also be provided with £20 high street voucher as a thank you for their participation.

Current Situation

What is your current housing situation?

How do you feel about it? (Like/Dislike?) Was this your choice? Were there other options? If so, what were they and why did you instead choose this?

Would you describe where you live as 'yours'? If yes, what helps you to feel this way. If not, why not?

Can you stay where you are living as long as you want? If yes, how important is this to you? If no, why not, and what do you think would help you to feel this way?

Can you describe how you got to this point? (Where were you living before? What happened? What was your main motivation for taking up this type of housing? (Prompts - location/quickest/safest/felt it was yours and could stay as long as you want – and which of these is the most important to you? What support did you get? What support did you need? Who/what has been helpful/unhelpful (types of services/housing provision) Are there any rules that you have to live by in this or past accommodation? How do/did you feel about that?)

Have you experience of moving into your own tenancy (independent with or without support including Housing First)? If so, how long did you live there? How did you feel about it (coped)? What was good and what was challenging? If you faced challenges what helped? (If currently the case, ask all the questions in the present)

What housing do you want and need?

What type of housing would you really want to live in? (Prompts - Sharing with one other person as a lodger in their home, in a block or group of flats where you have your own kitchen/diner/bathroom, but share a living room, have own bedroom but share other facilities, in housing with other people who support one another e.g. in recovery therapeutic community, receive some support e.g. help with bills, help with shopping, cooking, have round the clock care, bills included, something else).

What do you think would help you to get there – to the type of housing you would really want?

Why do you really want to live in this type of housing? What would be the benefits? Do you think there might be any challenges you can see too (e.g. sharing with others)? How does this compare to where you live now? What about this type of accommodation do you wish you had now? Is this based on some experiences you have had – looking back what worked best for you when and why? Do you think this option exists for you in your area (untangle this, is it about the stress of paying bills? Loneliness)?

What type of housing do you need (explore distinction between want and need)? What type of housing do you think you could manage? (Prompt as above).

How are things in relation to the rest of your life (income, mental and physical health, substances, finances, employment, training, relationships)?

What support do you get for these? Helpful? Unhelpful (services)?

Have you had any help with access to work and learning opportunities?

Overall, what support do you think you need? What support do you want?

Are there any gaps in services that you get?

Who do you think gives you the most support (not necessarily services)?

Looking back

What do you think have been the reasons for becoming homeless?

Looking back, what have been the main challenges you have experienced in the past?

What support did you get? (What did you think of think of it? Improved?)

Looking back, what support did you need? What support did you want?

Could support have been at an earlier in your life to make a difference? When? (Prompt: School, Work, bereavement, other)

Looking to the Future (not just housing)

What would you say are your priorities for life?

What would help you to achieve these?

Demographics

Age

Male / Female / X

Household type

(Single, couple, other adult, single adult with children, couple with children)

Area

Aberdeenshire, Dundee, Edinburgh, Glasgow, Highland, South Lanarkshire

Thank you and close

Provide voucher and guidance on where can spend

Signpost participant to a list of organisations who might be able to address specific needs raised at interview.

Appendix 4 – Research Advisory Group

The research was led by Anna Evans at Indigo House, commissioned and funded by Homeless Network Scotland with funding contribution from Action for Children, Turning Point Scotland and Crisis, all of whom were members of the Research Advisory Group.

Researchers:
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Emma Dore, Indigo House
Briege Nugent, Indigo House

Chair:
Dr Beth Watts, Institute for Social Policy, Housing, Equalities Research at Heriot-Watt University

Membership:
Maggie Brunjes, Homeless Network Scotland
Yvette Burgess, Housing Support Enabling Unit
Cassandra Dove, Scottish Federation of Housing Associations
Claire Frew, Homeless Network Scotland
Marion Gibbs, Scottish Government
Angie MacDonald, Action for Children
Patrick McKay, Turning Point Scotland
Eileen McMullan, Scottish Federation of Housing Associations
Nicky Miller, Turning Point Scotland
Sarah Rowe, Crisis
David Simpson, Dundee City Council