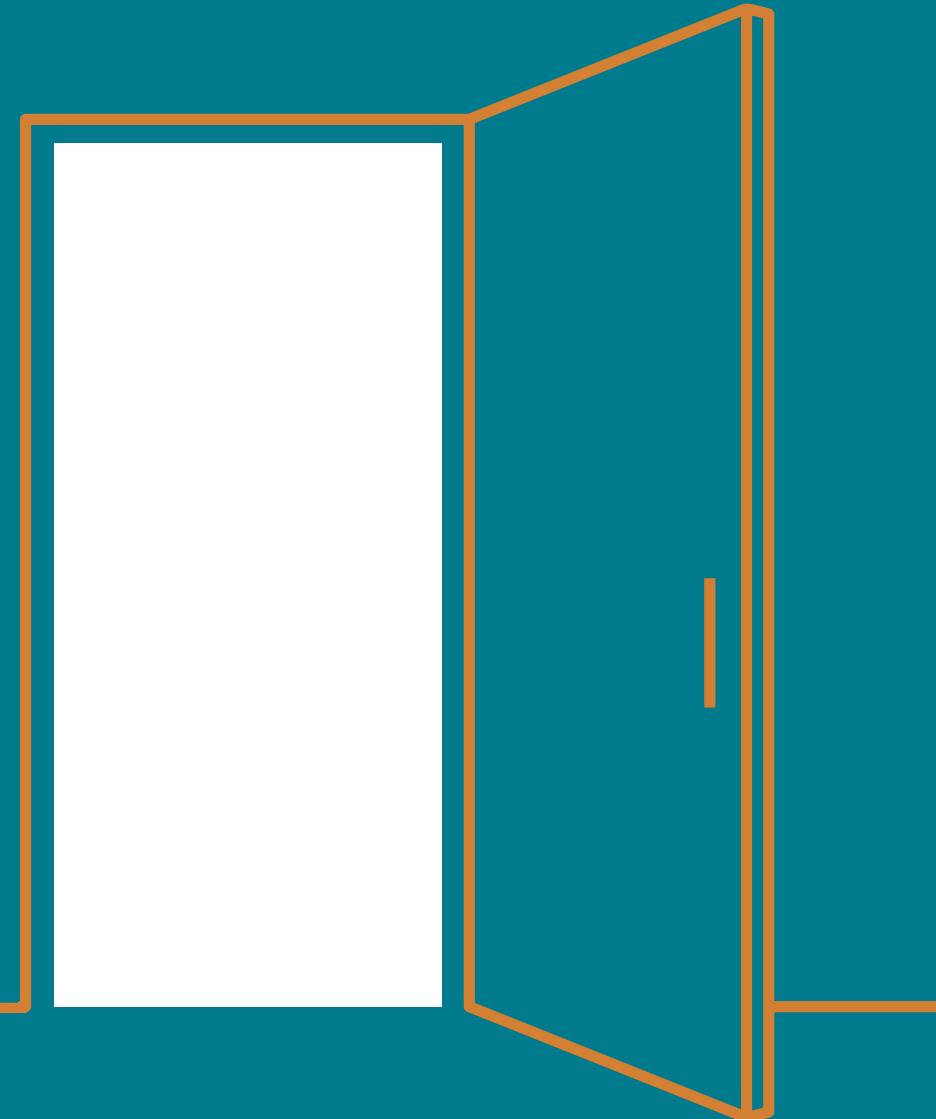


Toward

No Wrong Door





The Frame

What is the context
for *No Wrong Door*?

The idea of creating a ‘no wrong door’ approach for people navigating housing, health and social care services has been around for some time — and can already be found between services spanning relatively small partnerships and joint working protocols. But more recently the question has evolved:

- Can we apply principles and practices of ‘no wrong door’ to an entire issue or sector? As committed in the Scottish Government/COSLA Ending Homelessness Together Plan (action 31), for example.

Or even:

- Can we apply principles and practices of ‘no wrong door’ to complex overlapping systems? As committed in the Scottish Government’s consultation on a National Care Service, for example.

The problem we’re trying to fix



People with **no or low disadvantage** are more likely to get an effective service response.

People with **severe and multiple disadvantage** are more likely to get a siloed and uncoordinated service response.

Hard Edges Scotland has been influential in evidencing the scale and overlapping nature of disadvantage in Scotland. It is also a hugely important frame for understanding the *impact* on people when services and sectors operate side-by-side, in silos – while often interacting with the same people. Social care has organised in this way to make it easier for itself, not people. To specialise, for example – or to commission, to plan and deliver services. But because people’s lives have more moving parts than this, too often the huge effort put in by people working in each sector doesn’t correspond overall with the experiences or outcomes that people have. While there are big questions underlying capacity and resources, this is also often due to a lack of connectedness between existing services and sectors.



This isn’t working for people. Too often the entry point into services and support becomes the same label stuck on people – mental health, addictions, offender, disabled, rough sleeper, vulnerable, challenging, complex, chaotic.

And what’s often *deprioritised* as part of the service response are the primary drivers, the root causes – poverty, inequality, trauma, relationships.

And amid all of this, the person is navigating a labyrinth of services and systems and sectors, of policies and procedures, of rules and regulations. And the end result too often is that we:

- **Lock people in:** institutionalise people in systems and services, put labels on people and prolong and pathologise their experiences.

Or we:

- **Shut people out:** services that are difficult to access and navigate and not sensitive to different forms of inequality and disadvantage that people are facing.

And the problem when trying to fix the problem...

Discussions about improving systems and people's interaction with them tend to become complex quickly. There are academics and public sector and third sector leaders that deeply understand the issues and interdependencies. This is vital knowledge and awareness.

However, the remedy to the problems are almost always challenged by a critical lack of 'feedback loop' with day-to-day, frontline and lived experiences and expertise. Which means we're learning and understanding more, but not taking corresponding, resolving action. Which in turn contributes to the [well documented](#) chasm between excellent public policy in Scotland and real change on the ground.



*"She's not enough of an addict
Not enough of a mental health patient
Not enough of a 'criminal', you know...
Just not enough of anything to get a package"*

Hard Edges Scotland





The View

what are the shared
aspirations for a no
wrong door approach?

A No Wrong Door would change this frame.

No Wrong Door is about creating a stronger and more connected system which puts people first. We believe this is the key:

| | | |
|---|---------------------------|---|
|  | Preventative | Prevent adversity. Focus on early intervention and anticipatory forms of support that shift the emphasis from crisis response towards a better quality of life for people. Taking a rights-based approach. |
|  | Coordinated Care | Rapid access to services, as directed by the person and supported/coached by a lead professional with the responsibility to coordinate joined-up services. End of passive referrals. Using a common and inclusive language. |
|  | Person-led | People/families have choice and control and act on what matters most to them. Where services respond to that direction and build from people's own strengths, capacities and successes. |
|  | Place-based | Valuing normality – home, community, relationships, recognition, love. Inclusivity and 'normality' is key to restoring autonomy. Removing labels and centring ordinary activities in ordinary places – outside of services. Building local connections. |
|  | Trauma informed | Understanding the influence of past trauma on today's decisions and interactions. The importance of safe environments and conversations, with support for practitioners too. |
|  | Equality competent | Recognise and respond to the unfairness and inequality at the root of difficult lives and tough times. Moving beyond labels and symptoms, prioritising people and the root causes of tough times – poverty, inequality, trauma, relationships. Pro-actively address the financial and material hardship that people face. |
|  | Learning Loop | Exploratory, action learning with feedback loop. Knowing more and taking corresponding, resolving action. Collective leadership – policy, academic, practice and lived experience. |



Hinges & Levers

what are the key policy or planning
drivers to mobilise No Wrong Door?

Where does it best fit?

The Scottish Government proposals for a [National Care Service](#) identify the new Community Health and Social Care Boards as the structure with oversight and accountability to guide and enable a ‘no wrong door’ approach on the ground. Specific proposals include to:

- Provide a No Wrong Door approach to access to care and support, so that people only have to enter services once, and are supported within a coordinated system of support.

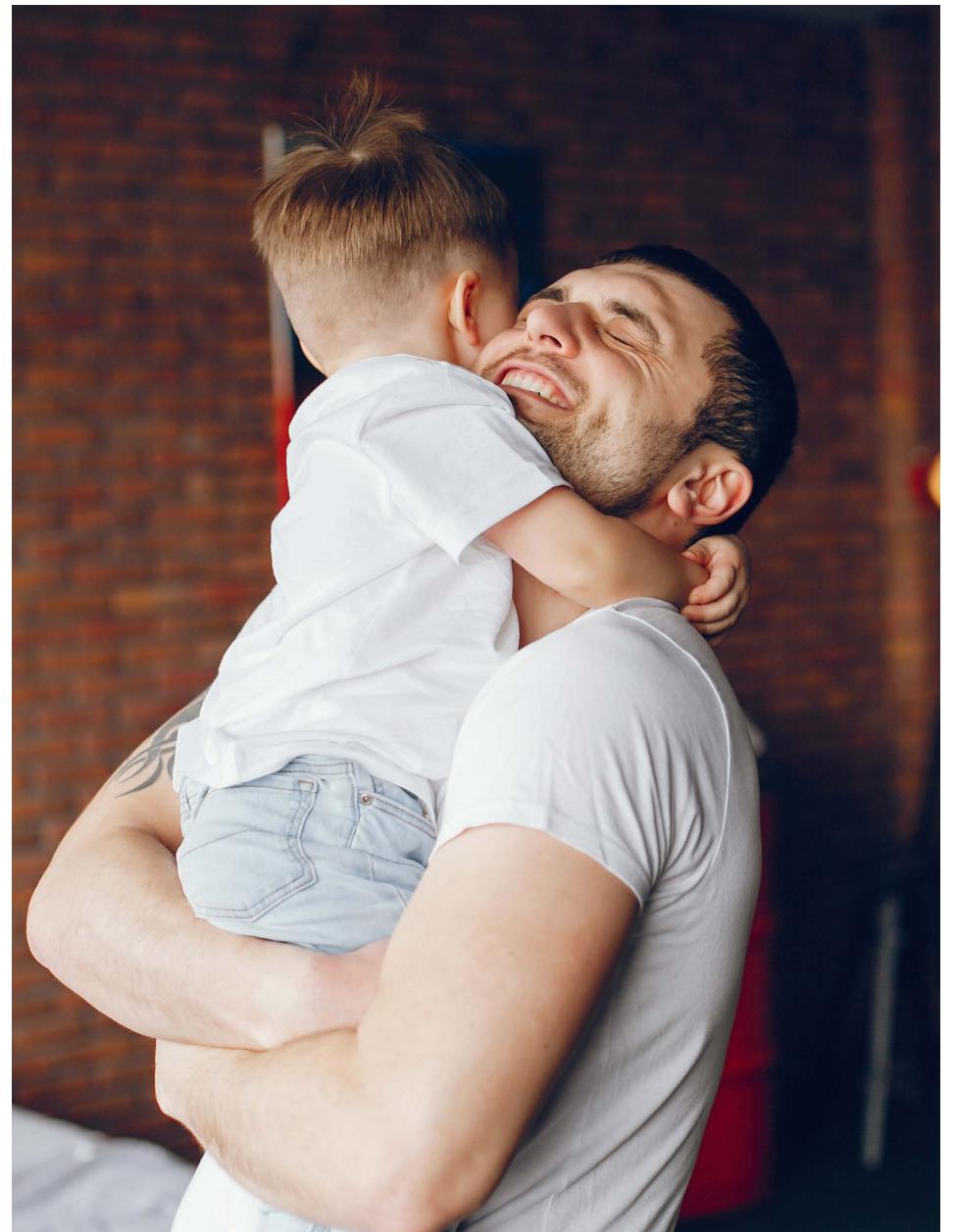
And that:

- There is a need to ensure a no-wrong-door approach to accessing support for drug and alcohol issues, as the initial contact may not always be through specialist drug and alcohol services.

Changing the record for people needs a fundamental shift of this size – but it won’t come quickly. Whatever form the National Care Service takes it is likely to be built incrementally, but with the opportunity to carefully design-in a ‘no wrong door’ approach as default.

There are other key and current policy commitments to develop a no wrong door approach in Scotland, including:

- Scottish Government **Child Poverty** Delivery Plan 2022-26
- Scottish Government **Mental Health & Wellbeing** Strategy Consultation 2022
- Scottish Government/COSLA **Ending Homelessness** Together Plan 2020
- Scottish **Drug Deaths Taskforce** Report 2022
- Scottish Government **Suicide Prevention** Strategy Consultation 2022





Nuts & Bolts

how do we make it
happen and where?

A test of change



An exploratory test of change ahead of the National Care Service, would:

- Help evolve No Wrong Door from a ‘catch-all’ concept to a practical mechanism.
- Be exploratory and committed to learning, evaluating and improving – developing the evidence base for a no wrong door approach across more complex and overlapping systems.
- Systematically record barriers to influence and improve links between different parts of the system.
- Create a live conduit between the rooms where the intellectual and systems thinking happens – and the places where the practical change on the ground happens.
 - And welcoming the overlap – many public sector leaders are practical change-makers, and many frontline workers have detailed systems analysis, for example.

And so the task more clearly becomes:

A: Create a simple framework for ‘No Wrong Door’ to be tested.

- What we will do differently to reduce silos and join up services and sectors so that people reaching out for support and services can experience no wrong door.
- The following ‘four asks’ will help the service respond within their scope and expertise and make introductions to named services for anything outside their scope and expertise. Acting on what people tell us – a core and consistent offer – is key.
- This provides a simple, common framework for co-designing and co-delivering a whole person/whole family response.
- It also provides a common framework for systematically recording what’s working and what’s not – enabling a ‘feedback loop’ between decision making and what’s happening on the ground.



B: Define a No Wrong Door test of change area.

We want to go where the energy is. And get alongside local partnerships that:

- want to remove silos across at least 3 disciplines – for example, homelessness, addictions, community justice, mental health.
- are cross sector – council, HSCP, third sector.
- are focused on people most affected by adversity and multiple disadvantage.
- perhaps also focused on an equality group/protected characteristic and intersections.
- are interested in sharing local learning for larger scale application – systems change.

We are also looking for a local partnership that will help us identify and target funding for the test of change. There is some ‘development funding’ to progress the idea, but we want to secure other funders to bring some additional capacity and resource to the test of change – for example, direct funding to the partnership lead (a charity, or an anchor organisation) or for personal budgets for participants.



C: Deliver a four-step change process

