

Leaning into Learning

Place-based learning
and emerging themes

March 2026

No
Wrong
Door
Scotland



Reminder of learning questions used by centre points:



What doors are open?

This question is to help identify and do more of what works:

- a. Where are things going well, and for whom?
- b. What positive patterns do you notice?
- c. Why is it working and how do we do more of this?



What 'business as usual' are you challenging?

This questions is about getting out our lanes and testing new ways of working:

- a. Where are things not going so well and for who?
- b. How will you change or improve it?
- c. What are you going to improve and by how much?



What do you need?

This question is about clarifying what is needed to make the changes identified. Is it about:

- a. Policy and governance: local or national.
- b. Resources and infrastructure: time, money, tools or supplies.
- c. Mindsets and culture: values, assumptions, attitudes or beliefs.

Relationships at the heart



**Partnership, trust and
coordinated support across
systems and communities**



What doors are open?

Centre Point Examples:

- Community Navigators delivering regular on-site sessions and improving access to wider services.
- Increasing awareness of missed intervention points and coordination gaps across partners.
- Effective pathways with police, ambulance, crisis teams and NHS services are being used.
- Strong frontline team with positive relationships with clinical staff.
- Strong community and stakeholder involvement in shaping and sustaining the service.
- Strengthening case management and clarifying lead professional responsibility.
- Commitment to partnership working drawing in the most appropriate organisation - rather than holding cases unnecessarily.
- Weekly multi-agency meetings supporting people with co-occurring mental health and substance use needs.





What 'business as usual' are you challenging?

Challenges:

- Navigators not being directly employed by the local authority creates barriers to accessing information and office.
- While improvements are being facilitated, a fully coordinated response across services still feels distant.

Actions being implemented:

- Continuing partnership work with statutory services.
- Building stronger partnerships - strengthening trust and mutual understanding between third sector and statutory colleagues.
- Developing workarounds (e.g. navigator volunteer status) to enable collaboration.

Longer-term ambitions:

- Mutual respect and recognition between NHS and third sector staff.
- Earlier intervention to prevent housing crises and homelessness.
- A coordinated system where people can easily access the right support at the right time.





What do you need?

Policy that...

- Enables funds to be pooled across sectors to pay for shared services.
- Prioritises prevention and funds pathways, not just projects.
- Standardises long-term tenders to enable long-term stability and improvement.
- Ensures lived experience plays an essential role in decision-making.
- Designs systems that prevent exclusion and ensure no one is left without accommodation.

Resources that...

- Are redirected to follow the person through integrated pathways.
- Recognise the importance of pay and job security for frontline practitioners so that the best people attain and sustain vital support roles.
- Encourage shared budgets, collaboration and new employment opportunities.

Mindsets where:

- Accountability is shared with people and communities, not just funders, politicians or local elected members.
- Inclusivity is promoted through language, training and personal connection.
- Sectors are encouraged to take shared responsibility for ending homelessness.



Courageous Care



**Providing accessible,
non-judgemental support
and advocating for
people whose needs are
often overlooked**



What doors are open?

Centre point examples:

- 24/7 open-door outside traditional service hours, benefiting people in emotional or mental health crisis.
- Service settings where individuals who struggle to engage with clinical settings are still able to access consistent, non-judgemental support.
- Investment in peer practitioners, embedding lived experience into frontline delivery.
- Willingness to challenge system gaps, particularly for people considered “too difficult” for clinical settings.
- Advocating upstream and preventative approaches that move beyond narrow labels.
- Keeping the focus on human outcomes - reducing distress and improving recovery.
- Recognising the financial realities of 24/7 safe staffing and the need for sustained investment.
- Addressing structural barriers, particularly the shortage of permanent housing, to protect long-term impact.





What 'business as usual' are you challenging?

Challenges:

- People discharged from mental health services who are then placed back on waiting lists.
- Individuals discharged from inpatient treatment because their behaviour is considered "too challenging".
- People with complex needs, including substance use, still struggling to access statutory support.
- Limits to what third sector organisations can do when relying solely on support without clinical staff.

- Minority ethnic groups may not be fully aware of or accessing the service.
- Out-of-area temporary accommodation placements creating additional challenges.
- Long-term funding challenges for sustaining lived experience roles.

Actions being implemented:

- Campaigning for compassionate approaches to be recognised across all settings, not just the third sector.
- Encouraging statutory services to adopt more open-door approaches to support.

- Increasing awareness and accessibility of services among minority ethnic groups.

Longer-term ambitions:

- Increased uptake of compassionate and peer-based models of care, particularly within NHS services.
- A shift in how services respond to people who present as "challenging," ensuring they are not excluded because of symptoms or distress.





What do you need?

Policy that...

- Encourages commissioning that is flexible and enables innovative and sustainable support models.
- Designs-out competitive tendering and shifts the focus to realistic service outcomes with emphasis on collaboration and the wellbeing of practitioners.
- Enables upstream prevention and long-term solutions, not just initial setup.

Resources that...

- Enable caseloads to be reduced to improve quality of support and wellbeing of staff.
- Provide staff with support, training and fair pay.
- Are targeted towards the right services in the right places.
- Enable streamlined processes and system-level coordination which in turn enables practitioners to be flexible and adaptable.
- Provide flexible budgeting where practitioners can innovate and try new approaches.

Mindsets where...

- Time is set aside as standard to grow relationships between partners for better collaboration.
- It is commonly recognized that people need space to heal from trauma.
- There is a culture of learning from others and understanding differences through cross-sector interaction and communication.
- There is shared accountability, and responsibility is no longer siloed.



Safe stories, shared smartly



**How we use evidence,
experience and insights
to improve systems**



What doors are open?

Centre point examples:

- Listening carefully to lived experience and frontline feedback, then acting on it.
- Greater visibility of rough sleeping, challenging previous assumptions.
- Using learning cycles and action plans to focus on repairing broken parts of the system.
- Maintaining a live list of longer-term system improvements and revisiting changes when conditions are right.
- Investing in data infrastructure to support better decision-making and smoother referral pathways.
- Increased and diversified referrals from different hospital departments, suggesting wider awareness and appropriate use of the service.
- The Upstream screening tool identifying young people at risk of homelessness earlier, including many not previously known to schools.





What ‘business as usual’ are you challenging?

Challenges:

- Information sharing continues to be an issue across statutory and third sector services.
- GDPR is sometimes used as a reason not to share information.
- Data collection at a local level is inconsistent.
- Concepts around system change can feel very large and daunting, making it unclear where to start.

Actions being implemented:

- Exploring improvements in how data is collected, used and reported, including reducing time lags.
- Continuing to challenge restrictive interpretations of GDPR.
- Updating the evaluation framework to better track progress and outcomes.
- Ensuring clear routes for people with lived experience to express challenges and inform improvements.

- Becoming better at testing new approaches and “failing fast” when evidence suggests a different direction.

Longer-term ambitions:

- A more flexible approach to information sharing so organisations can bring together different pieces of the puzzle.
- Stronger evidence showing progress toward a whole-system approach to support.



Safe stories, shared smartly



What do you need?

Policy that...

- Mandates standardised data sharing across sectors and local authorities.
- Ensures GDPR rules are clear and training is provided for practitioners to be confident in what they can and can't share.
- Enables implied consent models to enable safe information sharing between services.

Resources that...

- Invest in processes that enable safe, efficient data sharing between services.
- Build skills and capacity so that people can navigate shared data systems.
- Invest in interoperable IT systems to support sharing and reduce repeated storytelling.
- Invest in trauma-informed approaches.

Mindsets where...

- People no longer feel the pressure to repeatedly tell their story to access the support they need.
- We focus on people's strengths and where empathy and sensitivity is embedded in service delivery.
- Practitioners are mindful that revisiting the past can be triggering for some people.
- Practitioners can deliver coordinated, multi-disciplinary support that respects autonomy and lived experience.

