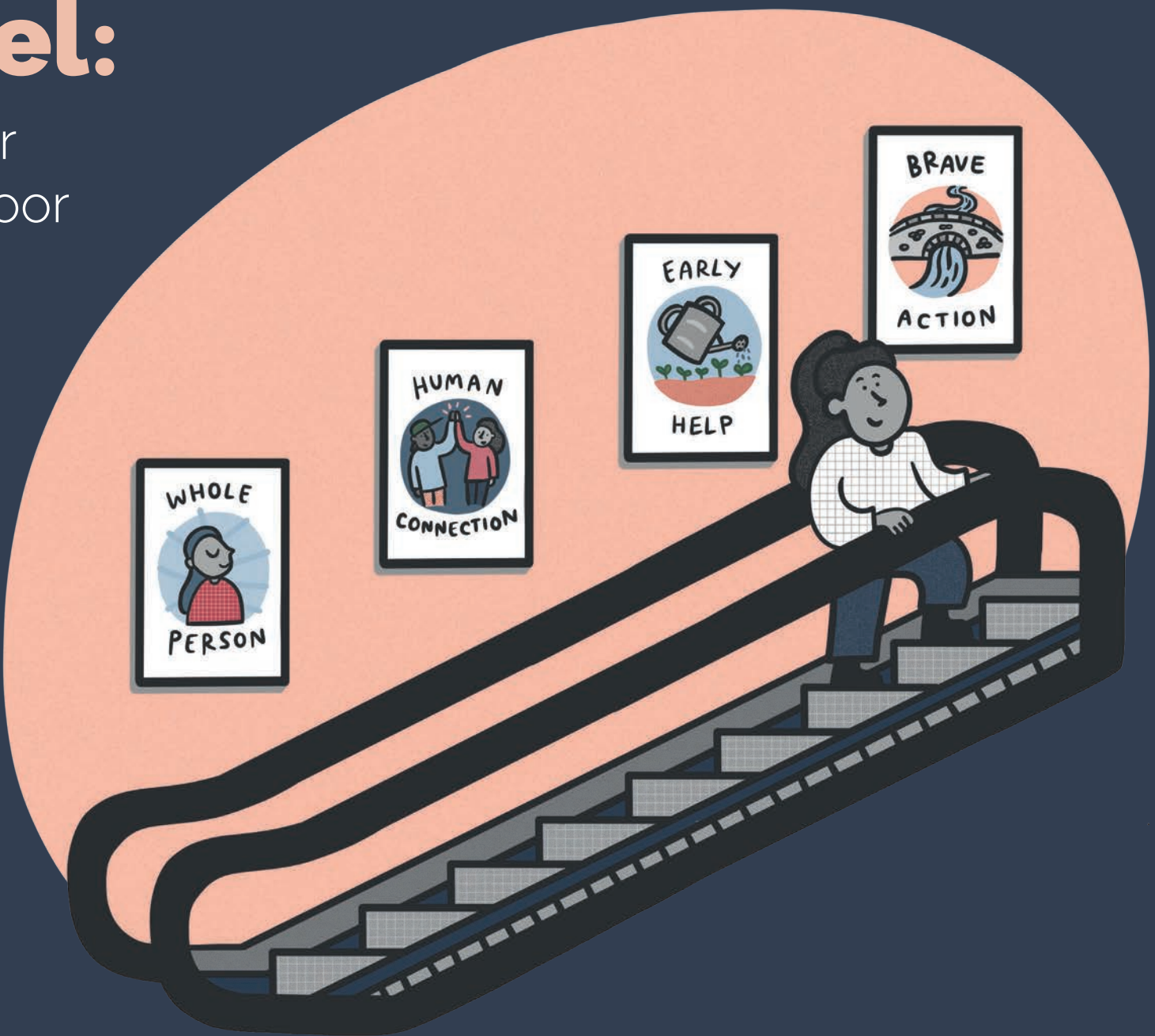
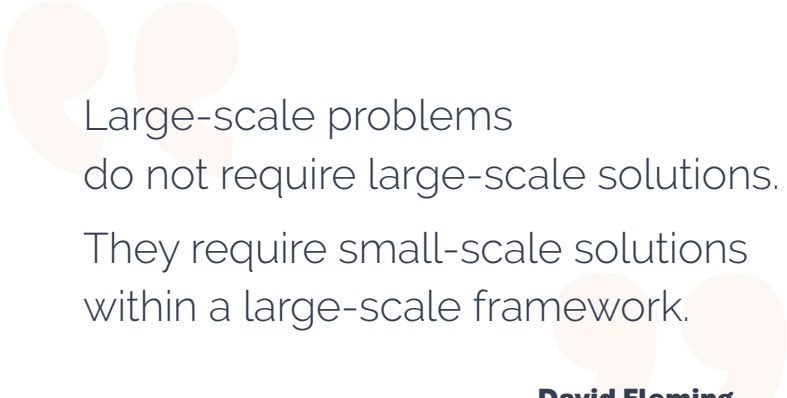


The Level:

Raising the Floor
for No Wrong Door



October 2026



Large-scale problems
do not require large-scale solutions.
They require small-scale solutions
within a large-scale framework.

David Fleming
Surviving the Future

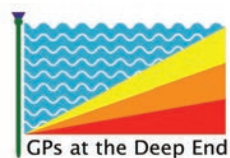
The Level:

Delivery Protocol to Prevent Severe and Multiple Disadvantage in Scotland through a Whole System and Whole Person Approach

A collaboration for change:

The Level is Scotland's delivery protocol for people facing severe and multiple disadvantage. It brings together insight, practice, learning and evidence from across the public, third, knowledge and funding sectors.

Together, we are committed to raising the floor for people at the hard edges – and turning No Wrong Door from ambition into consistent, meaningful practice.





Contents

1. The Case for Change

1.1	The challenge at the hard edges.....	8
1.2	Understanding severe and multiple disadvantage.....	9
1.3	Prevention at the hard edges.....	11
1.4	The case for radical integration	12

2. About the Level

2.1	Navigating this protocol.....	13
2.2	Introducing The Level.....	13
2.3	Who this is for.....	15
2.4	When to Check The Level.....	17
2.5	Our shared purpose.....	17

3. Raising the Floor: what each role can do

3.1	Four Foundations: setting the national floor.....	18
3.2	Key changemakers: putting the standard into practice.....	20
	i. Practitioners and Providers.....	21
	ii. Funders and Commissioners, including Place-Based Partnerships.....	29
	iii. Policymakers – national and local.....	34

4. No Wrong Door: System Change at the Hard Edges

4.1	Four foundations: what the system change needs.....	38
4.2	Leadership and accountability: holding the work together.....	56
4.3	Impact assessment: preventing harm in decisions.....	57
4.4	Outcomes framework: knowing whether it is working.....	58

5. Putting Good Policy and Evidence to Work

5.1	Aligning with existing policy.....	60
5.2	Grounding change in evidence.....	61
5.3	Counting the economic cost.....	64
5.4	Learning from the test-of-change.....	66

6. Appendices

Appendix (i): No Wrong Door Scotland partnership.....	70
Appendix (ii): Test of Change ‘Centre Points’.....	71
Appendix (iii): Acknowledgements.....	75

1. The Case for Change

1.1 The challenge at the hard edges

When life gets complicated, people need more than one kind of help.

A safe home. Support with mental health or recovery. Help with money. Protection from harm. A fair chance with the justice system.

But services meant to help are often disconnected – working in separate silos. People cannot unpack their crises one by one. They get passed from door to door – or fall through the gaps entirely.

For people whose lives have been shaped by poverty, trauma, violence and inequality, this is not rare. It is routine. Siloed systems do not cause these problems – but they deepen them, repeat them and make recovery far harder.

This is a complex structural and systems failure that traps people in cycles of severe and multiple disadvantage. Issues interconnect and reinforce one another: for example, a short prison sentence can trigger loss of housing, which deepens mental health problems, self-managed through substances that can increase the risk of further justice contact. These domino effects create deep, persistent cycles of disadvantage that no single service can break.

The landmark *Hard Edges Scotland* research (2019)¹ quantified the scale of this challenge for the first time. It revealed the extent of overlapping challenges and exposed the profound mismatch between complex interconnected human needs and the fragmented way services are designed and delivered.

This, and subsequent research conducted as part of the Hard Edges series², confirm that despite repeated commitments to prevention and integration, that structural mismatch persists.

This body of evidence is clear: the human cost is profound – repeated trauma, eroded dignity and harm that passes from one generation to the next. The financial cost is equally stark. Disproportionately high spending across health, justice, housing and social care continues to deliver poor outcomes for the people who need support most. Independent analysis shows that the additional public service, economic and fiscal costs of severe and multiple disadvantage in Scotland are at least £5.8 billion each year.³ A fuller summary of this evidence is provided in Section 5.

Local delivery and community-based solutions are essential. The realities of severe and multiple disadvantage are experienced on the ground – where community, relationships and local innovation matters most. Yet deep disadvantage cannot be solved by local effort alone.⁴ Without a strong national floor, including more equitable resourcing, the most marginalised people tend to be left behind when local priorities shift.

¹ Bramley, G., Fitzpatrick, S., Wood, J., Sosenko, F., Blenkinsopp, J., Littlewood, M., Frew, C., Bashar, T., McIntyre, J., & Johnsen, S. (2019). *Hard Edges Scotland: New conversations about severe and multiple disadvantage*. The Robertson Trust. <https://www.therobertsontrust.org.uk/publications/hard-edges-scotland>

² Johnsen, S., & Blenkinsopp, J. (2024). *Hard Edges: The Reality for Women Affected by Severe and Multiple Disadvantage*. Heriot-Watt University. <https://doi.org/10.17861/6nrm-jb28>

³ Beebee, M., Brazzill, M., Chitrao, A. and Fontana-Reval, R. (2026) *Severe and Multiple Disadvantage in Scotland: Economic Costs and Potential Savings*. WPI Economics technical report to support The Level.

⁴ Fitzpatrick, S., Pawson, H., & Watts, B. (2020). The limits of localism: a decade of disaster on homelessness in England. *Policy and Politics*, 48(4), 541-561. <https://doi.org/10.1332/030557320X15857338944387>

1.2 Understanding severe and multiple disadvantage

Severe and multiple disadvantage (SMD) in Scotland is rooted in inequality, caused by uneven power, income and wealth. It shows up in poverty, discrimination, childhood trauma, abuse and violence. These early and ongoing adversities often lead to mental health problems, substance use, disrupted education and instability in adulthood – in relationships, housing and beyond.

Once established, these issues interact and reinforce one another in cycles – for people and communities – and are very difficult to break. Fragmented services, short-term funding and the limits of localism can make escape even harder. As a result, thousands of adults in Scotland live with the compounding effects of poverty, trauma, homelessness, substance use, offending, mental ill health and domestic abuse.

Some people step away from services altogether. What can look like self-exclusion is often a rational response to systems that have been hard to trust. Help may previously have come with judgement, repeated retelling of trauma, unreachable thresholds, missed appointments treated as failure, or support for only one issue while the rest of life remained unstable. Some people protect themselves from disappointment, loss of control or further harm. Others have learned that asking for help leads to fragmented responses, not continuity. These patterns should be treated as evidence about how services are experienced – not as proof that people do not want support. Asking people what matters most to them is essential.



The shape of SMD is also gendered. Research on women's experiences⁵ shows that domestic abuse, sexual violence, stigma and the lasting trauma of separation from children are often central – and can be less visible in systems organised around single issues. A response that is not gender and equalities-informed will miss these realities and risk deepening exclusion.

Despite these challenges, people at the hard edges show resilience against systems that hold them back. Scotland's responsibility is to design and drive the actions that will raise the social and economic floor so that everyone can live with dignity and opportunity.

In this protocol, severe and multiple disadvantage (SMD) means people experiencing overlapping forms of disadvantage, including combinations of:

- Socio-economic disadvantage
- Homelessness or housing instability
- Mental health problems
- Substance use
- Contact with the justice system
- Domestic abuse
- Community violence
- Trauma

Insight



⁵ Johnsen, S., & Blenkinsopp, J. (2024). *Hard Edges: The Reality for Women Affected by Severe and Multiple Disadvantage*. Heriot-Watt University. <https://doi.org/10.17861/6nrm-jb28>

1.3 Prevention at the hard edges

Preventing severe and multiple disadvantage (SMD) is the most effective and just response. This involves acting to stop it occurring, worsening or recurring – which reduces harm, protects dignity and delivers far greater social and economic value than repeatedly managing crises. Risks often appear earlier in life – in school, family, community and first contacts with services. When universal supports do not fit, and there is little to get alongside young people at those points, disadvantage can deepen into adulthood.

Drawing on the Scottish Government Prevention Unit's definition⁶ and Public Health Scotland's public health approach to prevention,⁷ prevention at the hard edges means:

- **Primary Prevention:** Action to prevent SMD at scale (e.g. national or regional level), or through targeting highest risk groups. This includes action to build resilience and prevent poverty, inequality, childhood trauma and discrimination.
- **Secondary Prevention:** Early action when people are starting to experience or are at risk of SMD so that problems do not worsen or repeat.
- **Tertiary Prevention:** Providing whole-person, joined-up support for people already at the hard edges, to live as well as possible and stop revolving-door crisis or spiralling harm.

SMD rarely begins in adulthood and is often rooted in early adversity. Childhood trauma and separation from children are recurring themes in the lives of adults facing severe and multiple disadvantage, particularly women. When parents experience overlapping crises, children are more likely to face the same risks.

This is how disadvantage is transmitted across generations. Prevention at the hard edges therefore has a clear life-course dimension:

- **Protect children now:** by supporting parents and carers with stable housing, recovery, mental health and safety so that children do not become the next generation of people at the hard edges.
- **Act early with young people:** when risks first appear in school, family or community settings, before patterns harden into adult SMD.
- **Break intergenerational cycles:** by treating the whole family system, not only the individual adult presenting in crisis.

Scotland already has strong foundations for this through Getting it Right for Every Child (GIRFEC),⁸ the Whole Family Wellbeing approach and the Lead Professional model. The Level extends the same logic to adults facing SMD to strengthen the connection between adult and children's systems so that support for one does not come at the cost of the other. Raising the floor for adults at the hard edges is also a form of primary prevention for the next generation.

⁶ <https://www.gov.scot/collections/scottish-government-prevention-unit>

⁷ <https://publichealthscotland.scot/about-us/what-we-do-and-how-we-work/public-health-approach-to-prevention/the-three-levels-of-prevention>

⁸ <https://www.gov.scot/policies/girfec/>

1.4 The case for radical integration

By radical we mean deep, purposeful change. Coordinating services around people's real, overlapping lives rather than institutional boundaries, until that becomes the default way of working.

This is essential. The current siloed model is structurally failing people at the hard edges and is not financially or socially sustainable.

Specialist providers and small-scale collaborations at the hard edges protect lives, reduce harm and help people live well every day. They are vital. But they cannot, on their own, rewire the system. Without a national floor of shared expectations, common language and consistent practice, even the strongest local collaborations remain uneven and vulnerable to funding cycles, staff turnover and shifting priorities.

System change at the hard edges is not about turning every service into a specialist. It is about ensuring specialisms and mainstream services work together – raising standards where needed – so that coordinated support becomes the normal way of working.

For people facing severe and multiple disadvantage, circumstance and system failure drive instability, stress and distress. Support is often isolated or short-term. Siloed services treat single symptoms. The result is repeated crises, preventable harm and costs shifted from one part of the system to another.

Joined up, No Wrong Door approaches break these cycles. When recovery is supported, mental health improves and opportunities open. When housing is stabilised, health and justice outcomes improve. When relationships and purpose are strengthened, people are more likely to leave crisis cycles behind. These create multiplier effects: less stress and distress, better lives, safer communities, lower public costs and more sustainable services.

**When we get it right for people at the hard edges,
we raise the floor for everyone.**

Insight



No Wrong Door – a definition:

No Wrong Door is Scotland's commitment that no one is turned away, passed on or left unsupported because their life situation spans more than one part of the support system. Any contact with public services* becomes a pro-active entry point to a coordinated network – one the person can choose how to walk alongside, rather than having to navigate alone.

Practitioners do not need to be experts in every field, and not every service is the right fit for every person. The service that makes contact takes responsibility for introducing the person to the right place and making sure they are warmly and securely received.

By acting early and coordinating collectively, services can prevent people falling through the gaps – and make the first door the one that leads to the right help at the right time.

** In this protocol, public service means support and advice provided for the public good by the public, third and independent sectors. See 2.3.*

2. About the Level

2.1 Navigating this protocol

This document uses simple icons to help you quickly find what you need:

Icon	Type
 Insight	Practical reflection, key learning or helpful explanations.
 Key principle	Reinforces a foundational element of The Level.
 Tool	Ready-to-use tools and templates you can adapt in your work.

2.2 Introducing The Level

The Level is Scotland's Delivery Protocol for turning existing commitments⁹ into consistent practice for people facing severe and multiple disadvantage (SMD). It sets a national floor while enabling local areas, partnerships and individuals to decide how best to meet it. It is grounded in evidence, practice learning and lived experience.

The Level has two connected parts:

1. **Raising The Floor:** what each role can do

Four Foundations set the national minimum standard. Role-specific tools – Level Checks – then help three groups of changemakers put that standard into practice: practitioners and providers; funders and commissioners; policymakers. This is what each part of the system can do from its own position.

2. **No Wrong Door:** system change at the hard edges

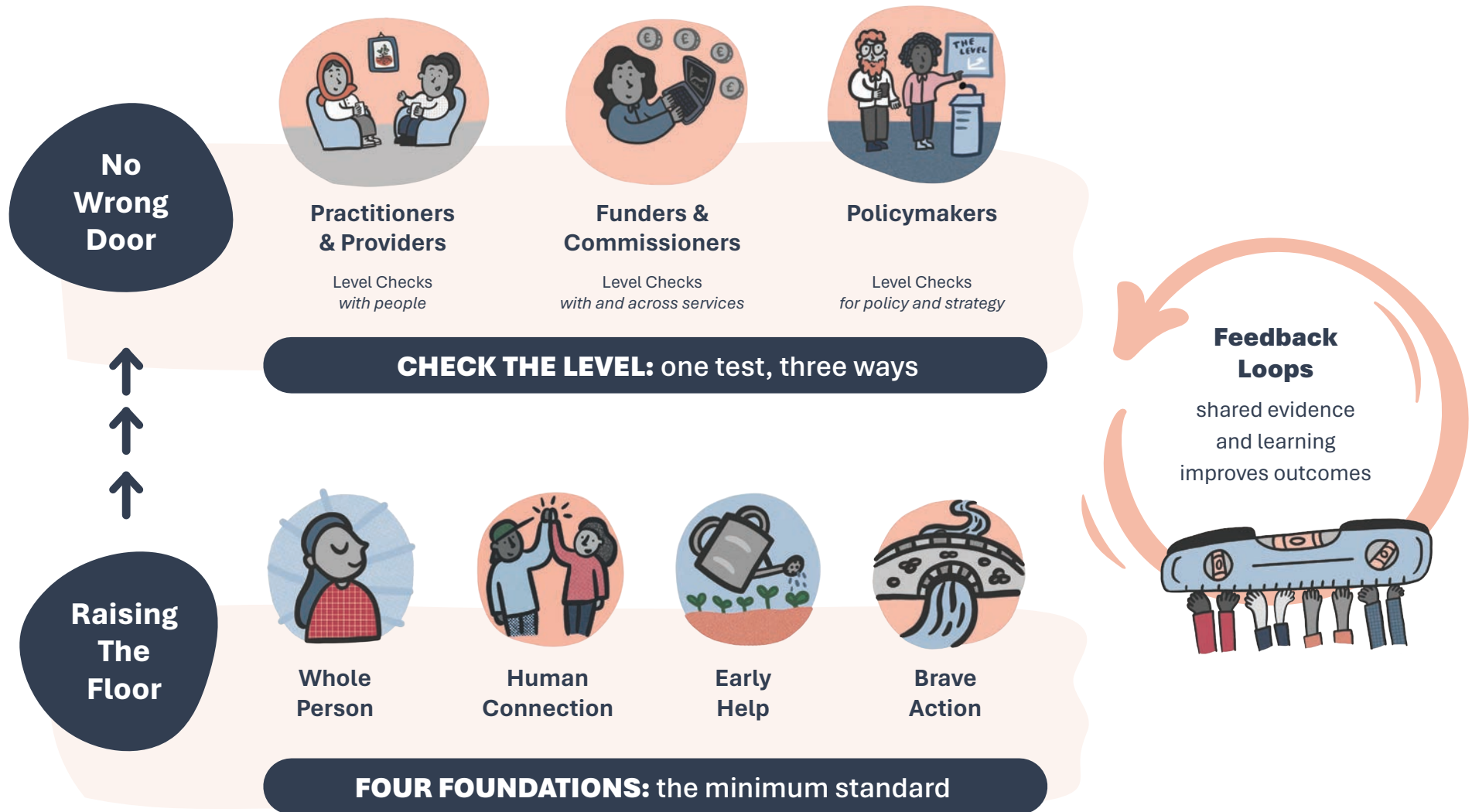
The conditions those roles need: a whole system response, leadership and accountability, impact assessment and a shared outcomes framework. This section is for working together – in local planning and partnership groups, learning sets and cross-policy discussions.

These parts are held together by **feedback loops**: lived experience, practice, resources, policy and evidence informing one another so ambition is checked and improved in real time.

⁹ How the Level aligns with existing legislation and policy frameworks is set out in *The Level: Policy Implementation and Alignment Note (2026)*. Homeless Network Scotland. www.thelevel.scot

The Level at a glance: system change at the hard edges

The Level makes **No Wrong Door** real for people at the hard edges. It sets a national floor, gives every part of the system shared tools to meet it, and sets out the system change needed to remove those edges.



2.3 Who this is for

The Level is for changemakers working in communities and across health, social care, housing and justice. It helps them prevent and address severe and multiple disadvantage through more joined-up, practical action.

Community groups, youth work, peer support, employability projects, advice services and faith and cultural organisations often reach people earlier than statutory services. The Level depends on formal systems recognising, connecting with and valuing that role to achieve health-enabling communities.

It also depends on helping people access ordinary community life and mainstream supports – not only specialist services. Where universal services are not working well, the task is to remove barriers and change practice so that people at the hard edges receive the support they need and can belong and feel valued in the same places as everyone else.



System/Sector	Who this is for:		
Third, Independent & Community Sector	- Lived experience groups and platforms and individuals facing the issues described in The Level. - Specialist providers working with people facing multiple disadvantage.	The wider third, independent and community sector whose work helps prevent escalation or supports people at the hard edges. This includes youth work, employability, community hubs, advice services, peer support, family support, faith-based, arts and community development organisations.	
Housing	- Social Landlords - Homelessness - Housing First	- Supported Housing - Housing Support - Temporary Accommodation	
Health	- Unscheduled/acute care, including A&E - Primary care, including GPs and Pharmacies	- Maternity & Neonatal - Public Health - Health Visitors - Mental Health	- Substance Use - Scottish Ambulance Service - Health Boards
Social Care	- Substance Use - Mental Health - Disabilities	- Adult Residential Care Homes - Care at Home	
Local Authority	- Domestic Abuse - Contracting and Commissioning - Social Work	- Education - Additional Support for Learning	
Justice and Safety	- Police Scotland - Community Justice - Community Safety - Scottish Prison Service	- The Law Society of Scotland - Scottish Legal Aid Board - Courts, Crown Office and Procurator Fiscal Service	- Victim/Witness Support - The Faculty of Advocates - Public Defence Solicitors Office
Area partnerships including:	- Community Planning Partnerships - Integrated Joint Boards - Alcohol and Drug Partnerships	- Local Employability Partnerships - Improving Outcomes for Young People	

2.4 When to Check The Level

The Level is designed for both everyday practice and major decisions.

(i) Use it proactively.

Check The Level regularly. Use the tools closest to your role and take at least one practical action that prevents new or worsening disadvantage.

(ii) Use it at key decision points.

Check The Level when you are developing, reviewing or significantly changing:

- Strategies, policies or legislation.
- System transformation or local area strategic plans.
- Funding programmes, contracts or procurement.
- Service design, pathways, eligibility criteria or assessment processes.
- Performance frameworks, data systems or accountability arrangements.

(iii) Use it in day-to-day practice.

- In reflective practice and supervision.
- When coordinating support across services.
- When people are falling between gaps or facing repeated barriers.

2.5 Our shared purpose

Together we are rewriting the rules. By taking **brave action** to reduce silos, stepping in with **early help**, prioritising **human connection** and seeing the **whole person**, we can make sure people get the right help, in the right place, at the right time.

By doing so, we can:

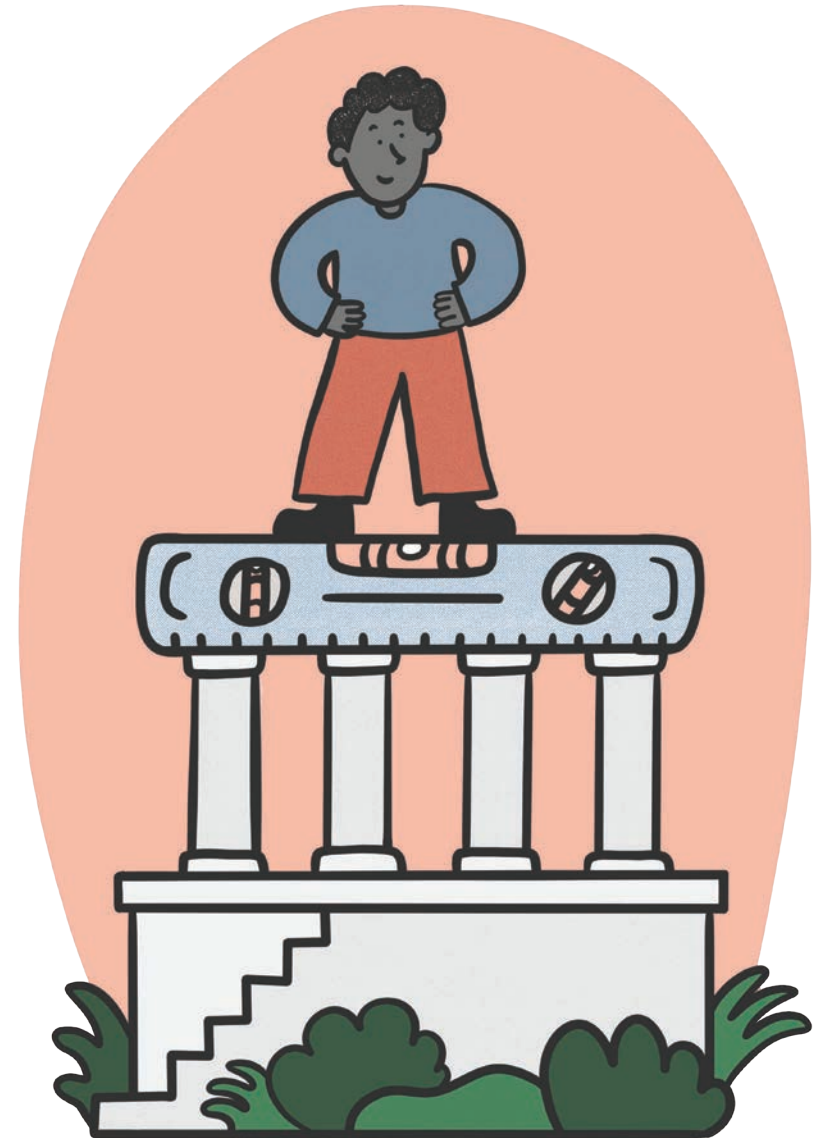
- **Prevent system failure where it hurts and costs most.**
Stop repeated crises, revolving-door demand and the deepening of severe and multiple disadvantage.
- **Integrate services from the margins inward.**
Join up support around people facing multiple disadvantages so the whole system works better for everyone.
- **Raise the national floor.**
Create a consistent standard so that people are no longer left behind by uneven or inequitable local delivery.
- **Use resources more fairly and effectively.**
Shift investment upstream, give more help to those who need it most, reduce the extra costs of silos and reinvest savings to reduce harm at the hard edges.

3. Raising the Floor: what each role can do

3.1 Four Foundations: setting the national floor

The Level provides an approach to rebalance what we do and to prevent new – or worsening – disadvantage. This will raise the standard towards better, healthier, safer lives.

It rests on **Four Foundations** – the core principles to grow a system that works for people facing severe and multiple disadvantage:



The Four Foundations

Key Principle



Whole Person

We see and support the whole person – not a single issue – including the everyday places and relationships that help people belong.



Human Connection

We build trusted relationships – with people, between professionals and across professions – that create stability, share responsibility and stop people cycling through crises alone.



Early Help

We step in early and without unnecessary conditions – preventing problems before they start, grow or pile up.



Brave Action

We raise standards, remove barriers and keep learning – building joined-up and trauma informed systems that do not add harm.

3.2 Key changemakers: putting the standard into practice

The Level works when three groups of people act together: those closest to individuals, those who shape resources and services and those who set system rules and policies. It is about design and delivery.

- **Practitioners and Providers:**

The heart of change

Frontline colleagues in support and advice roles across all sectors – including caseworkers, support workers, advocacy workers, peer practitioners, community link workers and advisors. And the service managers and practice leaders who support them, direct services and set the team culture and values.

- **Funders, Commissioners and Place-Based Partnerships:**

Creating the conditions for lasting change

Colleagues who plan, design, fund, procure and oversee services across national government, local authorities, health services and health & social care partnerships – together with independent and philanthropic funders – shaping what is available, for how long and against what outcomes.

- **Policymakers:**

Aligning national ambition with local reality

Colleagues who shape legislation, resource allocation, strategy and performance frameworks at national level, alongside local elected members and board leaders who use their democratic and statutory mandates to set direction, align local systems, integrate and coordinate public services and drive community-wide wellbeing.



Practitioners and Providers

The Heart of Change

Practitioners in Scotland work under intense pressure – severe resource constraints, high demand, backlogs, burnout and complex bureaucracy. They are often caught between rigid targets, regulatory compliance and the intricate realities of supporting people experiencing severe and multiple disadvantage.

Yet practitioners are the most important agents of change in The Level, which happens through the relationships and day-to-day decisions made on the ground. Practitioners spot issues early, build and rebuild trust, challenge unfair systems and coordinate the right support at the right time.

That work depends on service managers and practice leaders too. Those who shape team culture and values, organise workload and resources and enable relational, trauma-informed and joined-up practice. Without their leadership, even the best frontline intention can be blocked by process, caseload design or risk-averse defaults.

This is not ‘one more thing’ to add to an already demanding workload. It is designed to help practitioners and providers cut through clunky silos, reduce unnecessary administration and work more flexibly – putting the person and their circumstances first, while aligning equality and trauma-informed principles.



The Lead Professional

A central principle of The Level is that every person experiencing severe and multiple disadvantage should have a named Lead Professional: a trusted practitioner who holds the full picture, coordinates support and acts as their advocate.

This is not automatically a statutory role. For people at the hard edges, the right Lead Professional is often the person already closest to them – the one they trust, who knows their story and who can stay with them across systems. That may be a social worker. It may equally be a third sector worker, advocacy worker, peer practitioner or community-link worker. The test is not job title or sector. It is relationship, continuity and the ability to coordinate to prevent crisis deepening.

The person should help shape who holds that coordinating role, wherever possible. Lived experience and evidence are consistent on this point: people are exhausted by retelling their story, navigating systems alone and being passed between services with no one holding the whole journey. A trusted Lead Professional directly addresses that failure.

The role provides:

- **Consistency and trust**
a reliable point of contact who knows the person's whole story and what matters to them.
- **Earlier coordination**
joining up support around what matters to people, to prevent crisis escalating or deepening.
- **Advocacy and navigation**
challenging barriers, securing rights and helping the person shape decisions.
- **Accountability with a named lead**
the Lead Professional holds coordination and continuity; public bodies retain accountability for their statutory duties.

The Lead Professional is a way of working based on consent, transparency and respect for autonomy.

Scotland already has a foundation for this through the GIRFEC Lead Professional Framework¹⁰ and the Whole Family Approach. The Level calls for that proven model to be extended, inclusively, as a national standard for adults facing severe and multiple disadvantage – recognising that the coordinating role depends on who is best placed to hold the relationship.

This requires:

- Clear definition of authority and accountability, regardless of which organisation holds the role.
- Manageable caseloads built into commissioning frameworks and funding models.
- Appropriate training and ongoing supervision.
- Sustainable resourcing in commissioning and team structures.

Without a named Lead Professional, even well-intentioned whole person approaches tend to break down. With one, we create the relational backbone needed for real change at the hard edges.



¹⁰ <https://www.gov.scot/policies/girfec/lead-professional>

The Level Checks with People

These checks help practitioners put “what matters to you” into practice. They take in a whole life, notice overlapping issues early, and coordinate support before one unresolved problem pulls someone deeper into crisis.

They sit in an equalities and anti-oppressive approach: seeing how discrimination and lack of opportunity have shaped a life and responding to that directly. Used well, they grow people’s power and control, increase access to what keeps them well and reduce exposure to harm.



Our Whole Life:

Housing & Home.

Our right to settled, safe and affordable housing that feels like home.

Health & Recovery.

Our right to the best possible health; physical and mental health, substance use, trauma recovery, safety and overall wellbeing.

Financial Security & Justice.

Our income, debt, benefits, entitlements, food, utilities – plus legal rights, fairness and redress.

Relationships & Safety.

Our family, friends, community ties, caring roles and trusted networks. Freedom from domestic abuse, coercion, violence and exploitation.

Purpose & Growth.

Our learning, training, education or employment goals. Our sense of positive identity and belonging, spirituality or faith.

Attitudes & Discrimination.

Our equal treatment and dignity, regardless of who we are or what’s happened to us.



This is not a guide to supporting people.

That is what you already do. These checks are for the hard edges: catching things early and naming what is standing in the way when it is not yours to fix – a threshold that should not exist, a service that is not responding, a rule holding someone back. That is a gap in the system, not in your practice. Do not carry it alone.



Across a whole life – what to check, what to catch early – and what to name and pass on, so the system changes too.



Whole Person



Early Help

Level Checks

- Respond early to distress, substance use or trauma, stepping in before it becomes the pattern, not after.
- Use low-barrier routes people can reach themselves.
- Treat missed appointments as a barrier (trust, stigma, competing demands), not a reason to discharge.¹¹
- Stabilise income fast; secure the entitlements someone's due.
- Spot housing instability early – arrears, eviction notice, sofa surfing. Connect to Ask & Act duties to prevent homelessness.
- Protect and grow hope, meaning and connection.
- Open routes into learning, work and community before someone is written off as 'not ready'.



Brave Action

Escalate and feed back

Consider: how does this connect to bigger issues?

- Help people understand and claim their equalities and human rights – and hold your own practice to that standard.
- Is racism, sexism, classism or ableism deepening disadvantage?
- Are families living with additional support needs under pressure from health, money, housing, caring or isolation?
- Treat domestic abuse and community violence as drivers of other harms.

Escalate and feedback when:

- Discrimination is shaping a decision – do not let it pass because it's easier.
- Unequal treatment is built into process or practice.
- A decision is prolonging disadvantage – exclusion from services or repeated crisis presentations.

¹¹ Lindsay C, Baruffati D, Mackenzie M, Ellis DA, Major M, O'Donnell CA, et al. Addressing the causes of 'missingness' in healthcare: a co-designed suite of interventions. *BMC Medicine*. 2026;24(1):378.



Human Connection



Early Help

Level Checks

- Identify or organise the trusted Lead Professional to coordinate support.
- Meet people where trust is easiest to build – a community space with no label on the door.
- Strengthen safe relationships and community connection.
- Notice isolation or an unsafe relationship before it escalates.
- Explore the relationship breakdown that matters most to the person, including separation from children.
- Correct stigma or a label in the room, before it shapes what help someone gets.
- Intervene when a sanction or process deepens stigma and exclusion.



Brave Action

Escalate and feed back

Consider: what would make every door the right door in this situation?

- Know people's rights well enough to help them claim them – and hold your own practice to the same standard.
- Remove one unnecessary condition, if it's yours to remove. Escalate it if not.
- Uphold dignity in every interaction.

Escalate and feed back when:

- No one is coordinating and the person is being passed on.
- Funding, caseloads or contract cycles are breaking a relationship that was working.
- Safety concerns are not being taken seriously across services.
- Entitlements or fair process are being denied.
- Someone must hit a crisis threshold before anyone will see them.
- An agency or landlord should be acting and aren't.
- A data-sharing barrier forces someone to retell their story.

Action on Inequalities

Checking a whole life will surface inequalities. The work is then to act on them with the person.

This can include:

- **Rights-based advocacy:**
help people understand and claim their rights, report discrimination, appeal decisions or challenge unfair practices.
- **Specialist referrals:**
connecting people to advice, independent advocacy, legal support, interpretation and services that protect people from harm.
- **Flexible and cash-first help:**
offering immediate practical resources or adjusting how support is delivered to prevent further barriers.
- **Strategic escalation:**
raising and challenging system or cultural barriers within and across services when individual action is not enough.
- **Community connection:**
helping rebuild relationships, networks and opportunities that strengthen belonging, inclusion and personal autonomy.
- **Learning and feedback:**
recording the barriers people face so services, commissioning and policy can change.



Funders and Commissioners, including Place-Based Partnerships

Creating the conditions for lasting change

Most adults in Scotland do not need social care support. For those that do, strategic commissioning is the medium to long-term planning and delivery by public bodies and partnerships that put in place the services and supports available to meet people's needs, rights and preferences. Procurement is the process public bodies in Scotland use to buy these services if not provided directly, including from charities that provide specialist support to people facing severe and multiple disadvantage (SMD).

Alongside local commissioners sit a wider group of **funders** who also shape what is possible at the hard edges. These include Ministers, Scottish Government (through national programmes, grants and policy-directed investment), independent and philanthropic funders, local partnerships and others that allocate resources across housing, health, justice, social care and community support. Together, funders and commissioners hold some of the most powerful levers for system change: they influence what is funded, how, for how long, what constitutes success – and whether services are designed around single issues or whole lives.

Funders, commissioners and procurement professionals across Scotland operate in a highly challenging environment. They face severe budgetary pressures, short-term funding cycles, complex procurement rules, siloed and ringfenced budgets, complex data, regulatory and governance arrangements – and growing, more complex demand driven by the housing emergency and inequality, including the cost of living.



Governance and decision-making arrangements vary. Homelessness services, for example, sit within Councils' Housing Departments in some areas and Health and Social Care Partnerships in others. Independent funders work to their own strategies and timescales. There is therefore no single route to funding or commissioning at the hard edges – which makes shared principles and practical tools all the more important.

The 2021 Feeley Review,¹² an independent review of Adult Social Care in Scotland, set out the need for an ethical approach to commissioning that should “*provide the bedrock for a fairer, rights based, improved social care support system with a relentless focus on quality, outcomes, participation and collaboration.*” The core critique was that Scottish social care commissioning has too often been driven by price and process rather than outcomes and people. This contributed to a duty in the Care Reform (Scotland) Act 2025 requiring Scottish Ministers to issue guidance on ethical commissioning. Draft principles have been in circulation,¹³ but full national guidance is not yet available.

The sharpest test of ethical funding and commissioning is what happens to the people systems currently serve worst. An approach that does not explicitly address SMD risks being ethical in principle and exclusionary in practice – because this is precisely where single-issue, competitively tendered, tightly defined contracts fail hardest. SMD is also expensive to ignore: single issue approaches generate high cost ‘revolving door’ use of the most expensive parts of the system. Support that is proportionate to need must be explicitly enabled in design and delivery.

Funding and Commissioning at the Hard Edges

Funders and commissioners can change what is resourced, for how long and against what outcomes. By shifting toward the principles below and adopting or adapting the checklist, they can improve SMD outcomes and reduce long-term costs.

The Level has been informed and strengthened by the direct insights of strategic commissioners and funding partners working in the field (see acknowledgements). Their expertise has shaped the following approach.

By adopting, or adapting, the following **principles and checks**, funders, commissioners and local area partnerships can prevent and alleviate SMD.



¹² <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/pages/1>

¹³ <https://www.gov.scot/publications/national-care-service-ethical-procurement-co-design-report>

Commissioning at the Hard Edges

- **Design for the whole person, not the single issue:**
every specification, eligibility criterion, equality impact assessment and KPI should be tested against whether it excludes or enables someone with SMD.
- **Fund relationships and time, not just units of activity:**
trust takes time to build and is easily broken by siloed systems, short contracts, high caseloads and rigid throughput targets.
- **Prioritise prevention and proactive engagement:**
structure strategies, specifications, contracts and grants to ensure services can engage people before they reach a crisis point rather than restricting support to post-referral intervention.
- **Embed multi-agency integration by design:**
plan and formalise cross-sector partnerships, shared infrastructure and integrated practice at design stage, rather than expecting agencies to self-integrate after funds are awarded.
- **Collaborate before competing:**
explore options to define shared ambitions and align resources for delivery. Where legally possible, favour alliances, grants or negotiated partnerships over competitive tendering that fragments a joined-up response – and rapidly sharing what works.
- **Treat missingness, exclusion and disengagement as data, not individual failure:**
people not accessing or stepping away from services is evidence for redesign and a signal about trust or fit – not proof that they are hard to help.
- **Keep lived experience, frontline expertise and evidence at the centre of every stage:**
from needs assessment through to contract review – not as consultation bookends but as ongoing involvement and governance.

Level Checks for Funding and Commissioning at the Hard Edges

Use the Level Checks to shape how you fund and commission. Ask how each strategy, specification, grant or contract can improve outcomes, strengthen links to community supports and work better for people at the hard edges. Start early and keep testing your approach against the Four Foundations below.

Foundation	Level Checks	Status
 Whole Person	• Has the service specification enabled provider discretion to provide support proportionate to need? • How well does local funding/commissioning consider local SMD data and how this interacts with equalities, human rights and wider duties? • How well does the service ensure links to community support and integration are facilitated? • Has the service specification minimised eligibility and exclusion clauses where possible? • How well have people with direct experience of SMD been involved in shaping the service?	☐ ☒ ☒
 Human Connection	• Do we identify a named Lead Professional, within or aligned to the service, to enable relational support and to coordinate and escalate across partners? • Are referral pathways simple and flexible, rather than single gateway? • Does the contract or grant explicitly resource relational practice, for example: • Support to co-locate services (where relevant and possible)? • Mechanisms for relationship-building (time and continuity)? • Consideration of the role of peer practitioners? • Have we invested in the workforce, including: • Consideration of fair work, secure contracts and reasonable caseloads? • The necessary management capacity for effective practitioner oversight and support? • Trauma-informed training and support? • Have we designed in feedback loops that combine the insights of lived experience, practice, funding, policy, evidence and data?	☐ ☒ ☒



Tools

An editable version of the Level Checks is available at www.thelevel.scot

By funding and commissioning in this way, resource-holders can enable practitioners and providers to build trusted relationships, deliver whole-person support and take brave action. This shared approach also provides a strong, evidenced basis for collaborative funding bids.

Foundation	Level Checks	Status
 Early Help	- Do our commissioning plans and contracts enable proactive, preventive support – not only intervention after crisis or formal referral? - How well do we allocate ring-fenced resource to prevent trajectories into crisis?	☐ ☒ ☒
 Brave Action	- Have we mapped local services, community assets, referral pathways and gaps so that joined-up support around individuals and families becomes easier to organise and sustain? - Do plans set out how they will grow upstream and preventative action to realise the benefits of addressing SMD? For example: - Whether the local market has enough specialist SMD capacity and your role in developing it. - Whether providers currently (or could) work across boundaries. - If smaller, specialist organisations – often closest to people with SMD – have been supported to participate. - Where can we pilot longer-term (minimum 3-5 year), outcome-focused and collaborative funding models that reward partnership rather than competition? - Does any decommissioning or exit strategy follow a fair, transparent process and timeline for providers and people using their services?	☐ ☒ ☒

Policymakers – national and local

Aligning national ambition with local reality

Policymakers at both national and local level play a pivotal role in tackling severe and multiple disadvantage (SMD). They hold unique levers for upstream, structural and cultural change – creating the enabling conditions that practitioners and resource holders need to deliver effectively on the ground.

National policymakers set the legislative, financial, regulatory and performance frameworks within which services operate. Local policymakers balance these expectations with democratic accountability, community priorities and the realities of local delivery. All operate in a challenging environment: short-term political cycles, strategy fatigue, overlapping initiatives and siloed portfolios across housing, health, social care and justice. Regulatory and inspection regimes can sometimes unintentionally penalise flexibility, innovation and relational practice.

The Level acts as practical glue, helping to bring together existing priorities in a more coherent, person-centred way, providing policymakers with a clear tool to translate high-level intent into meaningful change for people at the hard edges.

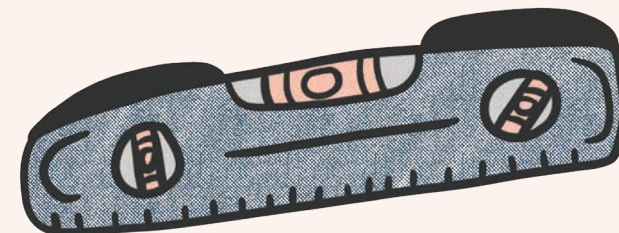
By adopting, or adapting, the following **principles and checks**, policymakers can align national ambition with local reality, while preventing and alleviating SMD.





Policy at the Hard Edges

- **Legislate and fund for the whole person, not the portfolio:** test every strategy, funding formula and duty against whether it can and will reach someone whose needs cross multiple services at once.
- **Invest in prevention now to stop paying for crisis later:** protect longer-term prevention so trajectories into SMD are interrupted earlier.
- **Align budgets across systems:** despite the presumption against ring-fencing to protect local autonomy, pooled and targeted resources can better ensure people facing SMD are not excluded by portfolio or postcode boundaries.¹⁴
- **Reduce strategy clutter through outcome alignment:** unify overlapping initiatives around a small number of shared, system-wide outcomes that target SMD and its root causes.
- **Embed lived experience in policy governance:** involve people with direct experience of SMD in the design, implementation and review of strategy and legislation, not as one-off consultation.
- **Hold systems accountable for who they fail to reach:** move beyond aggregate performance data to metrics that explicitly track outcomes and account for people facing SMD.
- **Protect relational and flexible practice in regulation:** ensure inspection and compliance regimes reward continuity, collaboration and trauma-informed practice rather than penalise them.
- **Reduce missingness:**¹⁵ expect services and improvement programmes to monitor and reduce missingness and to test policy and digital access changes for their impact on those least likely to take up care.



¹⁴ <https://publichealthscotland.scot/media/32777/proportionate-universalism.pdf>

¹⁵ Lindsay C, Baruffati D, Mackenzie M, Ellis DA, Major M, O'Donnell CA, et al. Addressing the causes of 'missingness' in healthcare: a co-designed suite of interventions. *BMC Medicine*. 2026;24(1):378. <https://doi.org/10.1186/s12916-026-05031-3>

The Level Checks for Policymakers

Use the Level Checks to shape policy, guidance and reform. Ask how each strategy, duty, target or funding programme can improve outcomes, strengthen links to community support and work better for people at the hard edges.

Foundation	Level Checks	Status
 Whole Person	- Do we consider SMD data and how this interacts with equalities, human rights and wider duties? - Have we impact assessed and addressed access, eligibility and funding barriers that exclude people with SMD? - Do funding conditions support ethical, preventative and whole-person commissioning rather than narrow single-issue purchase? - How well does the policy or strategy prevent or reduce SMD and use better whole-person outcomes as a test of success?	☐ ☒ ☒
 Human Connection	- How well are we coordinating to resolve cross-agency/sector blockages? - How well does policy and resourcing protect workforce capacity for relational continuity and practice, including the Lead Professional? - How well does it support a life beyond services, including community networks and non-statutory support? - How well are we supporting workforce development to support people as well as possible?	☐ ☒ ☒

Tools



An editable version of the Level Checks are available at www.thelevel.scot

By treating severe and multiple disadvantage as the explicit test of reform – not an unaddressed edge case – national and local policymakers can turn existing commitments into system-level change. That is how ethical, person-centred policy proves it means something for the people the system has too often failed.



Not yet aligned



Partially aligned



Fully aligned

Foundation	Level Checks	Status
 Early Help	• How well are we protecting prevention spend and transparent trade-off reporting? • How well does policy actively shift resource and incentives toward prevention and early intervention?	
 Brave Action	<i>At local and national level:</i> • How well are we monitoring and addressing the challenges necessarily escalated to us? • Are we enabling universal support to be able to benefit people with SMD the most? <i>At national level:</i> • How well does the Scottish Government Prevention Unit and Parliament drive cross-government action on the structural root causes of SMD? • Does national policy set the floor, a minimum standard for SMD, including for those with no settled connection? Do inspection and performance regimes reward joined up and relational practice, not only process compliance? <i>At local level:</i> • Is there a cross-sector coordination arrangement, involving different services and roles, with the authority to resolve blockages across agencies? • Are budgets pooled or aligned across sectors so that resources can prevent and reduce SMD? • Are outcomes for people with SMD a regular scrutiny item, not an occasional report?	

4. No Wrong Door: System Change at the Hard Edges

4.1 Four foundations: what the system change needs

Section 3 sets out what each role can do to raise the floor. This section sets out the conditions those roles need: a whole system response, leadership and accountability, impact assessment and a shared outcomes framework.

Use it in local planning and partnership groups, learning sets and cross-policy discussions, including the local Integration Joint Board (IJB) and Community Planning Partnership (CPP).

For each Foundation you will find:

- **What the system change is:**
the conditions needed to remove the hard edges and enable No Wrong Door.
- **What works:**
what the evidence says is worth working towards.



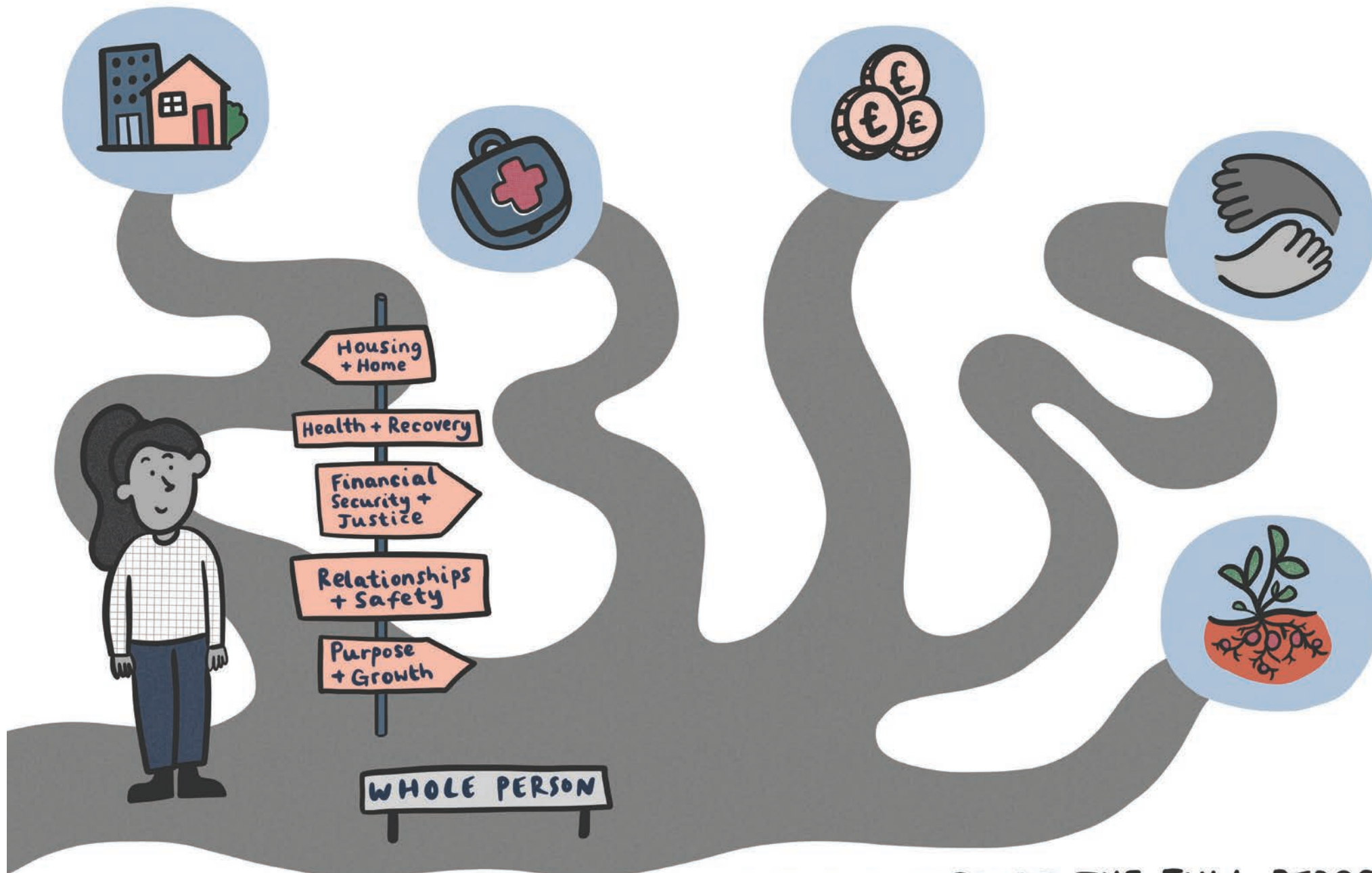


Risks and Trade-Offs

System change at the hard edges is not cost-free. Relational, joined-up work takes time, and without protected capacity it can add expectation to an already stretched workforce. A national floor that is not matched by fairer funding will land hardest on the services under most strain. Aligning budgets, targets and priorities across sectors remains politically and financially hard, and inspection regimes still pull organisations back into their own lanes. Better information-sharing can stop people retelling their story – or done badly, become over-surveillance and reduce autonomy. New checks and partnerships can also become process while the same doors stay closed.

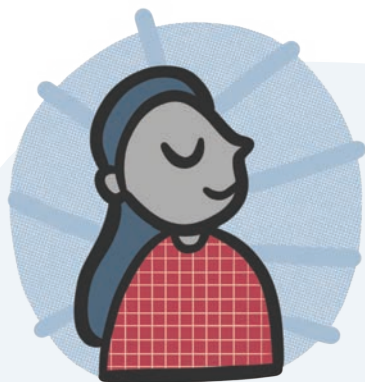
Naming these risks is part of delivery. The safeguards are a clear floor with local discretion, feedback from practice and lived experience, impact assessment before decisions harden and protection for staff who work across boundaries.





SEE AND SUPPORT THE FULL PERSON
A COMPLETE LIFE BEYOND THE IMMEDIATE CRISIS

Whole Person Support



Whole Person Support

We see and support the whole person – not a single issue – including the everyday places and relationships that help people belong

What the system change needs

Removing the hard edges and enabling No Wrong Door

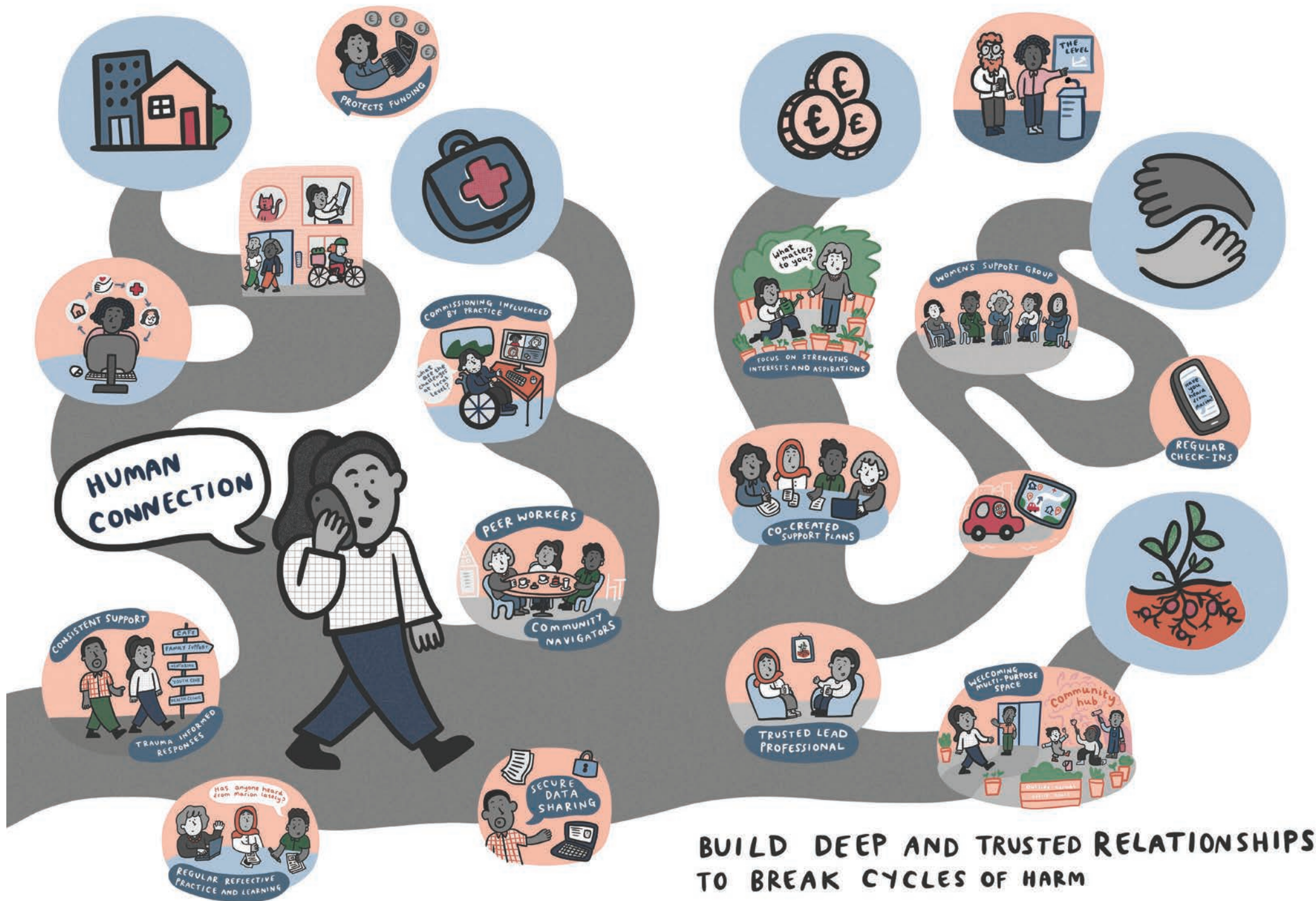
- People facing SMD are understood and supported across the full set of Level Checks (Section 3), not reduced to a single presenting issue.
- A named Lead Professional holds the whole picture and has the authority and time to coordinate across services.
- Responses are gender and equalities-informed, so experiences of discrimination, violence, stigma and family separation are not missed or treated as secondary.
- Eligibility, assessment and funding rules do not systematically exclude people whose needs cross multiple domains.
- Community assets and non-specialist supports are treated as core infrastructure, not optional extras.
- Funding is multi-year and stable enough to protect continuity and relationship-based support, especially in the third sector.
- Commissioning and contracts are designed around whole-person outcomes rather than single-issue activity.

What works

What the evidence says is worth working towards

- Support organised around what matters to the person, not only the presenting issue.
- Trauma-informed and harm-reduction practice as standard.
- Cash-first responses to immediate material need.
- Peer and shared-experience roles that build trust and surface what formal systems often miss.
- Flexible, low-barrier access that does not require diagnosis, formal referral or perfect engagement before help begins.
- Equalities-informed support reaches people that single-issue systems miss.
- Active connection into ordinary community life, not only specialist provision.
- A shift from asking “what’s wrong with you?” to “what matters to you?”
- Planned support at discharge, release and other known transition points can prevent crisis.
- Shared SMD language in strategies, contracts and data so sectors are describing the same people.





Human Connection



Human Connection

We build trusted relationships – with people, between professionals and across professions – that create stability, share responsibility and stop people cycling through crises alone

What the system change needs

Removing the hard edges and enabling No Wrong Door

- People can stay with a trusted worker long enough to build safety and continuity, rather than starting again at every handover or contract change.
- Caseloads and staffing levels protect time for relational work, including reflective practice.
- Warm handovers are the default when people move between services, so responsibility is passed with the person.
- People are not required to retell their story at every door.
- Either services share the person's data safely and lawfully or people hold their own information and give access.
- Settings are welcoming and psychologically safe, with trauma-informed practice as the norm.
- Digital contact complements, rather than replaces, consistent human support.
- Reflective practice and supervision are in place for staff working at the hard edges.

What works

What the evidence says is worth working towards

- Trusted, consistent relationships improve engagement and make earlier help possible.
- Trauma-informed, welcoming environments help people feel safe enough to stay connected.
- Peer and shared-experience approaches build trust that formal systems often struggle to create.
- Flexible, non-judgemental contact – including drop-in, phone, text and extended hours – reaches people that appointment-only systems miss.
- When professionals trust one another, and can work side by side, referrals become faster and more appropriate.
- Human connection cannot be substituted by digital-only contact where people's lives are complex and trust is fragile.





Early Help



Early Help

We step in early and without unnecessary conditions – preventing problems before they start, grow or pile up

What the system change needs

Removing the hard edges and enabling No Wrong Door

- The first service a person meets takes responsibility for connecting them to the right help, rather than turning them away or sending them on alone.
- Support can start before every assessment is complete, every diagnosis is confirmed, or every threshold is met.
- Services and partnerships recognise groups more likely to face overlapping challenges and act early, not only once crisis has arrived.
- Transition points are used as moments for early action – including hospital discharge, prison release, housing instability, escalating distress and first contact with justice.
- Statutory systems are connected to community organisations that reach people earlier, so help is available in ordinary places as well as specialist ones.
- Community settings can identify hidden risk and trigger help before people reach crisis pathways.
- Immediate material hardship can be addressed early, so poverty does not push people into deeper disadvantage.
- Early help is resourced as core work, with investment shifted upstream rather than being absorbed by crisis demand.
- Risks for children and young people are acted on early, so adult patterns of SMD are less likely to take hold.
- Resource and access are proportionate to need – more time and lower barriers where disadvantage is deepest.

What works

What the evidence says is worth working towards

- Acting before crisis is more effective, and less costly, than managing the same problems once they have stacked up.
- Low-threshold and universal approaches uncover hidden need that targeted crisis services miss.
- Stigma-free, community-based early help is more likely to be used – and used sooner.
- Well-placed community navigators can divert people toward earlier help before problems pile up.
- Identifying risk at points of transition – such as leaving prison or hospital – prevents avoidable crisis.



Brave Action



Brave Action

We raise standards, remove barriers and keep learning – building joined-up and trauma informed systems that do not add harm.

What the system change needs

The minimum conditions to enable No Wrong Door

- People facing SMD are visible in local and national performance frameworks, so progress can be seen and scrutinised.
- Leaders across housing, health, justice and social care share responsibility for people at the hard edges and can be seen to do so.
- Resources can follow the person, rather than stopping at organisational or sectoral boundaries.
- Funding and performance systems reward collaboration and longer-term outcomes.
- Decisions on policy, funding, contracts and service design are tested for their impact on people facing SMD.
- Feedback runs across roles: lived experience informs practice shapes commissioning, and commissioning strengthens policy.
- Learning is used to change rules, pathways and contracts – not only to describe what went wrong.
- Integration is built into ordinary systems, rather than left in short-term pilots that disappear when the funding ends.

What works

What the evidence says is worth working towards

- Change holds when responsibility is shared across organisational boundaries, not when one service is asked to compensate for the rest.
- Feedback loops from practice and lived experience stop systems repeating the same design failures.
- Testing decisions for their impact on people at the hard edges reduces avoidable exclusion before it is built in.
- Permission to work flexibly, with protection from purely process-driven accountability, makes relational and preventative work possible.
- Getting out of organisational lanes – through joint working, integrated commissioning and, where useful, co-location – reduces the number of people who fall between services.



4.2 Leadership and accountability: holding the work together

Delivering **The Level** at scale needs clear leadership and real accountability at local and national level, capable of driving joined-up working and sustained progress for people facing severe and multiple disadvantage (SMD) in Scotland.

At a local and sub-national level

No single public body covers the whole journey **The Level** describes. Statutory duties stay with the bodies that hold them. What is shared is responsibility for the person's path through the system – including where a Lead Professional in the third sector holds the picture day to day.

Coordination on the ground still needs local oversight and feedback, so that no one falls between organisations. Three existing structures are especially important:

- **Community Planning Partnerships (CPPs)** bring the wider local system together – elected members, local authorities, health, police, fire, the third sector, anchor organisations and community bodies. Because SMD cuts across community safety, housing, employability, income and prevention, CPPs are essential for whole-place leadership, shared local outcomes and public accountability beyond health and social care alone.
- **Integration Joint Boards (IJBs)** are well-placed for strategic oversight of health, social care and related pathways. They already hold significant authority, budgetary influence and accountability links to NHS Boards and local authorities, with connections into housing and community justice. That makes them a strong vehicle for embedding **The Level** outcomes, aligning partners and coordinating action across key public services.

- As territorial **Health Boards** progress through current and planned sub-national and local governance reform – including the move toward two strategic mainland boards¹⁶ – both existing and emerging structures have a clear role. They should prioritise SMD as a population health issue, resource integrated local delivery and support consistent adoption of **The Level**. In becoming Population Health Organisations, they can use the Level Checks across the six PHO principles and development areas to strengthen impact and effectiveness.

By working together, IJBs can lead on integrated health and social care pathways and resource alignment and CPPs can hold the broader place-based commitment, community connections and cross-sector accountability. Where needed, this can be supported through joint arrangements, shared reporting on SMD outcomes, extended membership or partnership agreements with third sector and other partners.

Moving people away from the hard edges cannot be achieved while agencies protect separate budgets and separate accountabilities. Local (and national) leaders should move toward aligned or pooled resources across health, social care, housing and justice where that reduces failure demand, supported by the involvement of people with lived experience in governance and review.

¹⁶ Scottish Government (2026) Programme for Government 2026 to 2031. <https://www.gov.scot/publications/programme-government-2026-2031/>

At a national level

Ultimate responsibility for driving radical integration and tackling the root causes of severe and multiple disadvantage rests with Scottish Ministers. A clear ministerial oversight arrangement – chaired by a senior minister or co-chaired across portfolios – can provide the political authority and cross-government coordination required. The Scottish Parliament’s Committees¹⁷ also have a vital scrutiny role.

This leadership can:

- Make visible both the human cost of system failure and the fiscal case for change.
- Set clear strategic direction for implementing The Level.
- Align national strategies, legislation and funding around shared outcomes.
- Hold national agencies and portfolios accountable for fairness and joined-up results.
- Draw regular evidence from local systems, including IJBs and CPPs, so practice shapes policy.
- Oversee evaluation, scale what works and remove systemic barriers.
- Drive action on the structural causes – poverty, inequality, trauma and discrimination – so prevention and early help are prioritised.

Clear ministerial and parliamentary oversight will cut through strategy clutter, signal that SMD is a fundamental test of reform, and help make every door the right door for people at the hard edges.

4.3 Impact assessment: preventing harm in decisions

Equality, fairness and impact assessments help decision-makers identify the likely effects of a policy, funding choice, contract or service change before it is implemented. In Scotland, public bodies already use Equality Impact Assessment, Fairer Scotland Duty assessment and related tools. Many combine these in an integrated process.

These remain essential. They do not, however, systematically test whether a decision will work across housing, health, justice, income and relationships at once – or whether it may deepen cycles of severe and multiple disadvantage (SMD).

The Level Checks fill that gap. They build SMD impact considerations into every role, providing a practical way to test whether a decision will reduce or deepen disadvantage for people at the hard edges.

They can be integrated into existing statutory impact assessments or used as a standalone check. Third sector organisations are not under the same legal duties but are strongly encouraged to use the Level Checks when designing or reviewing services, partnerships or campaigns.

Once potential impacts are identified, the role-specific tools in this protocol help turn findings into practical design and delivery.

¹⁷ Scottish Government (2026) Programme for Government 2026 to 2031. <https://www.gov.scot/publications/programme-government-2026-2031/>

4.4 Outcomes framework: knowing whether it is working

The Outcomes Framework sets out the change we want to see for people, for services and for the wider system.

It is a flexible tool, not a rigid checklist. Local areas can select the most relevant indicators, add place-based priorities and build it into existing planning and reporting cycles. The local feedback loop structure – in whatever form it takes – can take responsibility for selecting and reviewing the outcomes that matter most in that place.

Nationally, it offers a shared set of outcomes that can help align overlapping strategies around a small number of priorities for this group.

Progress should combine quantitative data – such as housing sustainment, repeat crisis presentations and acute service use – with a feedback loop that includes lived experience, case learning and staff reflection. Outcomes are organised around the Four Foundations and set at three levels: **person** and **population**, **service** and **system**.



SMD Outcomes Framework

Foundation	Person and population outcomes	Service outcomes	System outcomes
	Greater stability, dignity and control across all aspects of a person's life.	Support responds to whole-life needs, not single-issues.	Policy, funding and planning designed around whole-person outcomes.
	Stronger, trusting relationships and less need to retell their story.	Continuity of support and named coordination in place	Relational, trauma-informed practice becomes normal across partners.
	Fewer escalations into crises across all aspects of a person's life.	Reduced repeat crisis presentations.	- More resource focused earlier. - Less pressure on acute and emergency services.
	Faster, more coordinated support.	Effective cross-sector coordination and safe data sharing.	- Feedback loops shape policy and resources. - Reduced duplication and failure demand.

Tools



An editable version of the SMD Outcomes Framework is available at www.thelevel.scot

5. Putting Good Policy and Evidence to Work

5.1 Aligning with existing policy

In 2011, the Christie Commission called for a “radical, new, collaborative culture” in public services. Greater integration became one of Scottish Government’s core responses¹⁸ and has remained a consistent thread in Scottish policy since – from Getting it Right for Every Child to the 2025 Public Service Reform Strategy, which calls for a “*radically different approach to integration.*”

Since then, a wide range of national policies and strategies have committed to a No Wrong Door approach – that nobody is turned away, passed on or left unsupported because their needs do not fit one service. The Programme for Government 2026-3¹⁹ goes further still, committing that people should “*need only ask once,*” and *pledging to “rewire the Scottish state to ensure services fit around people, rather than expecting them to fit around a static system.”*

In 2026, the First Minister put the challenge clearly:

“I am clear there should be a ‘no wrong door’ approach. If someone needs help, our system should be easy and quick to navigate – wrapping around the person rather than making people fit into the system.”

Scotland already has strong and progressive policy, standards, programmes and principles that are broadly supported – and this goes beyond policy into statutory duty too, from the Fairer Scotland Duty to the Housing (Scotland) Act 2025’s Ask and Act duties to the Equally Safe strategy on violence against women and girls.

The gap is not ambition and it is not law. It is a clear implementation method to ensure consistent delivery and better outcomes. This is especially true for people at the hard edges, who must navigate multiple systems at once, and who may step back from services because of barriers to access. **The Level fills that implementation gap.**

Policy Note: You can read more on how The Level aligns with existing legislation and policy in the Implementation and Alignment Note at www.thelevel.scot



¹⁸ Renewing Scotland’s Public Services Priorities for reform in response to the Christie Commission, 2011

¹⁹ <https://www.gov.scot/publications/programme-government-2026-2031/>

5.2 Grounding change in evidence

The Level is grounded in the landmark *Hard Edges Scotland*²⁰ research which established the first statistical profile of the scale of severe and multiple disadvantage (SMD) in Scotland, an issue characterised by overlapping experiences of homelessness, substance use, offending, mental ill-health and domestic abuse. The research was conducted by the Institute for Social Policy, Housing and Equalities Research (I-SPHERE) at Heriot-Watt University, funded by the Robertson Trust and Lankelly Chase.

This, and a subsequent Hard Edges study focusing on the experiences of women affected by SMD in Scotland and other parts of the UK²¹, highlighted the role of poverty, trauma, violence and other adverse early experiences as drivers of disadvantage in adulthood. These showed how services that are planned, funded and delivered in isolation cannot meet the complexity of people's lives: a service mismatch that fuels cycles of harm and deepens exclusion further.

Hard Edges Scotland estimated that over the course of a year 5,700 people experience the three core disadvantages of homelessness, substance dependency and offending; 28,800 experience two of these; 156,700 experience one and 191,000 have a relevant experience across these three disadvantages in a typical year.

People interviewed for the Hard Edges studies reported opportunities for early preventative action being missed, being passed between services and stop-start progress which led to fresh crises. Trauma went unaddressed and people were driven to offending in the hope of getting support via the justice system. The extreme levels of violence reported by women especially, and limited provision of gender-informed services tailored to their needs²², were also highlighted as issues of significant concern.

The Hard Edges studies concluded that better outcomes come from joined-up, trauma-informed and person-centred services that address the full range of people's needs. To achieve this requires sustained collaboration and coordination at local and national level, informed by expertise from those with personal and frontline experience.

²⁰ Bramley, G., Fitzpatrick, S., Wood, J., Sosenko, F., Blenkinsopp, J., Littlewood, M., Frew, C., Bashar, T., McIntyre, J., & Johnsen, S. (2019). *Hard Edges Scotland: New conversations about severe and multiple disadvantage*. Lankelly Chase Foundation. <https://lankellychase.org.uk/resources/publications/hard-edges-scotland/>

²¹ Johnsen, S., & Blenkinsopp, J. (2024). *Hard Edges: The Reality for Women Affected by Severe and Multiple Disadvantage*. Heriot-Watt University. <https://doi.org/10.17861/6nrm-jb28>

²² Johnsen, S. (2025). Homelessness, inclusion health, and gender. *International Journal of Housing Policy*, 1-17. Advance online publication. <https://doi.org/10.1080/19491247.2025.2455794>

This work has been consistently backed up by research from across relevant sectors which similarly identifies the risks of fragmented support and the need for integrated approaches to support people dealing with complexity:

- The Mental Welfare Commission for Scotland’s *Ending the Exclusion*²³ report (2022) highlights how siloed mental health and addiction systems create gaps in care, while *Alcohol Death Reviews in Scotland*²⁴ from Alcohol Focus Scotland (2025) states that poor information sharing across services creates disconnected care. *The Charter of Rights for People Affected by Substance Use*²⁵ (2024) led by the National Collaborative, stresses the importance of access to housing, healthcare, social security and family support for recovery.
- Community Justice Scotland research on voluntary throughcare²⁶ (2023), and the revised Sustainable Housing on Release for Everyone (SHORE)²⁷ standards (2024) also highlight the importance of joined-up help for multiple and interconnected needs to support community reintegration and reduce reoffending after release from prison.
- “Missingness” is the repeated tendency not to take up offers of care, with damaging consequences for health and life chances. It disproportionately affects people facing severe and multiple disadvantage and is driven by complex interactions between people’s circumstances, structural stigma and how services are designed.²⁸

- A gendered view of severe and multiple disadvantage brings into focus the specific experiences of women, notably exposure to domestic abuse and sexual violence. Women at the hard edges are often most stigmatised and less likely to access universal service provision: a gap that reinforces harm, trauma and disadvantage. On top of this, systemic financial inequality impacts on household living standards and compounds other problems. As Engender states in *Confronting Women’s Poverty*, “Marginalised women are always hit the hardest”.²⁹
- Engender identifies gender inequality as the root cause of all forms of violence against women and girls in Scotland. Its Primary Prevention project proposes an integrated approach that requires policymakers to actively address gender inequality and promote women’s safety in all public policy areas: across government teams and directorates, and within local planning structures through embedded – and implemented – gender equality analyses. The interplay between equality and the domains of severe and multiple disadvantage is illustrated in Engender’s *Primary Prevention and Public Policy Spotlight: Housing*, which sets out the links between an equitable housing system and improved health, wellbeing, equality, and safety outcomes for women.³⁰

²³ Ending the exclusion: Care, treatment and support for people with mental ill health and problem substance use in Scotland: Closure report. Mental Welfare Commission for Scotland (2023). <https://www.mwscot.org.uk/news/new-report-scotlands-crisis-mental-ill-health-alcohol-and-drug-use-ending-exclusion>

²⁴ Alcohol death reviews in Scotland: Full report. Alcohol Focus Scotland (2025). <https://www.alcohol-focus-scotland.org.uk/resources/Alcohol-Death-Reviews-in-Scotland---Final-Report.pdf>

²⁵ Charter of rights for people affected by substance use. Health and Social Care Alliance Scotland (2024). <https://www.wearewithyou.org.uk/about-us/in-scotland/charter-of-rights>

²⁶ Research summary paper: Commissioning voluntary throughcare and mentoring services. Community Justice Scotland (2023). <https://communityjustice.scot/wp-content/uploads/2024/03/CJS-Commissioning-Throughcare-Research-Summary-Paper-Final-Draft-for-Publication-2.pdf>

²⁷ Scottish quality standards: Housing advice, information and support for people in and leaving prison (Sustainable Housing on Release for Everyone [SHORE]). Scottish Prison Service (2024). https://www.sps.gov.uk/sites/default/files/2026-05/REFRESHED%20SHORE%20STANDARDS%20-%2029%20October%202024_0.pdf

²⁸ Lindsay C, Baruffati D, Mackenzie M, Ellis DA, Major M, O'Donnell CA, et al. Understanding the causes of missingness in primary care: a realist review. *BMC Medicine*. 2024;22(1):235.

²⁹ Confronting women's poverty: An effective response to an age of crisis. Engender (2026). <https://www.engender.org.uk/content/publications/ChallengingWomensPovertyFINAL.pdf>

³⁰ Housing and primary prevention of violence against women and girls: Housing briefing. Engender (2024). <https://www.engender.org.uk/content/publications/Housing-briefing-final.pdf>

- I-SPHERE and Centre for Homelessness and Inclusion Health research on violence against women and homelessness³¹ shows how fragmented responses for survivors and victims of domestic abuse with substance use issues perpetuate vicious cycles of disconnect, trauma, harm and homelessness. This picture is sharper still for Black and minoritised women, where fragmentation intersects with racism and immigration status. Specialist “by and for” services – shown to be more trusted and effective than generic provision – have faced chronic underfunding and closures. Where roughly one in five refuge referrals are declined nationally for lack of space, that rejection rate rises to nearly four in five for Black and minoritised survivors.³² Immigration status compounds the risk further: women with no recourse to public funds face a “triple threat” of reporting, detention and deportation that can deter them from seeking help at all. The harm caused by fragmented, one-size-fits-all services is felt most acutely where race, immigration status and gender-based violence intersect.

Together with the Hard Edges studies, these findings emphasise the profound harm caused to people by disconnected responses to overlapping disadvantages, and the urgent need to deliver integrated, trauma-informed approaches.



³¹ McMordie, L., Fitzpatrick, S., & Johnsen, S. (2025). *Violence Against Women and Homelessness*. Heriot-Watt University

³² Baljit Banga & Sumanta Roy (2020). *The Impact of the Dual Pandemics: Violence Against Women & Girls and COVID-19 on Black and Minoritised Women and Girls*. <https://www.imkaan.org.uk/updates/2020/dualpandemics>

5.3 Counting the economic cost

The human cost of severe and multiple disadvantage is profound. However, the economic cost is also substantial. When people's interconnected needs are not addressed effectively, the consequences are felt across health, homelessness, community justice and other public services, as well as through lower employment, reduced earnings and pressure on the public finances.

Independent analysis from WPI Economics estimates that the largest additional costs arise through reduced employment and earnings, which account for around £2.2 billion per year, alongside their fiscal consequences of lost tax receipts (£1.9 billion) and additional Universal Credit spending (£335 million). There are also substantial additional costs to public services, particularly through the criminal justice system (£553.2 million) and homelessness services (£462.1 million).

In total, the first table shows that the additional public service, economic and fiscal costs of SMD in Scotland are at least **£5.8 billion** each year. This is equivalent to an additional £30,600 for every person experiencing SMD.³³

Cost category	Total Marginal Costs of SMD	Marginal costs per person in SMD
Healthcare: physical & mental health	£92,800,000	£486
Healthcare: substance misuse	£76,000,000	£398
Criminal justice	£626,500,000	£3,278
Homelessness	£530,900,000	£2,778
Education	£17,400,000	£91
Children's social care	£69,700,000	£365
Economic costs	£2,199,200,000	£11,507
Wider fiscal costs	£2,227,400,000	£11,655
Total cost of SMD	£5,840,000,000	£30,600

Table: Overview of the marginal costs of SMD in Scotland

³³ These estimates are deliberately cautious. They use conservative assumptions where evidence is uncertain and do not capture every consequence of SMD.

For example, some costs associated with adult social care and domestic abuse are outside the analysis. £5.8 billion should therefore be understood as a lower bound, rather than the full economic cost of severe and multiple disadvantage in Scotland.

Importantly, these costs are not all inevitable. The current system pays repeatedly for crisis. A No Wrong Door approach creates the opportunity to shift resources towards earlier, coordinated support, improving lives while reducing avoidable costs elsewhere in the system.

Our analysis also explores how a No Wrong Door approach could reduce costs by acting earlier and preventing people's circumstances from escalating.

The table below illustrates the potential savings from four No Wrong Door scenarios, covering earlier housing intervention, safer transitions from institutions, improved access to employability support, and earlier coordinated support for people at risk of violence.

Scenario	What changes	Illustrative impact	Estimated annual savings
1. Preventing homelessness through substance use services	Housing instability is identified earlier through substance use treatment and people are connected to preventative housing support.	Prevent homelessness for 10% of the estimated 4,720 people for whom substance use may precede homelessness.	£1.3m
2. Preventing homelessness at discharge and release	Housing risks are identified and acted on before people leave prison or hospital, in line with Ask and Act principles.	Prevent 10% of estimated homelessness following prison release and hospital discharge.	£963,000
3. Connecting people to employability support	More people experiencing SMD are identified and referred into existing, tailored employability support such as No One Left Behind.	Support 10% of people experiencing SMD who are not currently in employment into work, around 12,400 people.	£378m
4. Reducing crisis through earlier support for people at risk of violence	Earlier, coordinated support addresses violence, mental health, substance use, housing and wider needs before they escalate.	Achieve a 10% reduction in acute or crisis mental health and substance use service use among the indicative domestic abuse cohort.	£485,000

Table: Illustrative potential savings from a No Wrong Door approach

The precise savings will depend on how interventions are designed and implemented, and the scenarios are intended to illustrate potential rather than forecast impacts. But the direction is clear: **even relatively modest improvements in prevention, coordination and outcomes can reduce avoidable demand and generate savings.**

This reinforces the wider case for The Level. Better outcomes for people at the hard edges are not only a social imperative; they are part of building public services that are more preventative, effective and financially sustainable.

More detail on the economic costs of SMD and potential savings from a No Wrong Door Approach are outlined in WPI Economics' technical report.³⁴

5.4 Learning from the test-of-change

No Wrong Door Scotland (appendix 1) was a three-year test of change in Aberdeen, Dundee, Edinburgh and Fife. Led by pioneering third sector organisations in each area (the Centre Points), it tested joined-up support for people facing severe and multiple disadvantage across four very different local contexts (*appendix 2*).

The Centre Points coordinated local practice, captured learning and shared it with the National Learning Set of lived experience experts, practitioners, funders, commissioners, policymakers and academics. Through repeated local and national learning cycles, the programme examined what it takes to design support around people's overlapping needs. Learning from the diversity of settings was central to shaping The Level as a practical delivery protocol.

The test of change showed that **relational, flexible, low-barrier and joined-up approaches** improve engagement, enable earlier intervention and deliver better outcomes. When trust is built and services are easier to reach together, people get the right help sooner. While excellence exists in pockets, the wider system is still not fully or consistently designed around people's interconnected lives, relationships and multiple challenges.

Peer research³⁵ from All in For Change in 2026 drew a clear contrast. People described being left unsupported at predictable transition points in the wider system: leaving hospital, prison or care; a relationship ending; a bereavement; or a move into independent living. In the test-of-change sites, what made the difference was planned outreach, one trusted worker who would do the heavy lifting across services, and doors that were actually open when crisis hit – including evenings and weekends.

³⁴ Beebee, M., Brazzill, M., Chitrao, A., & Fontana-Reval, R. (2026). Severe and Multiple Disadvantage in Scotland: Economics Costs and Potential Savings. A Technical report to support The Level. WPI Economics.

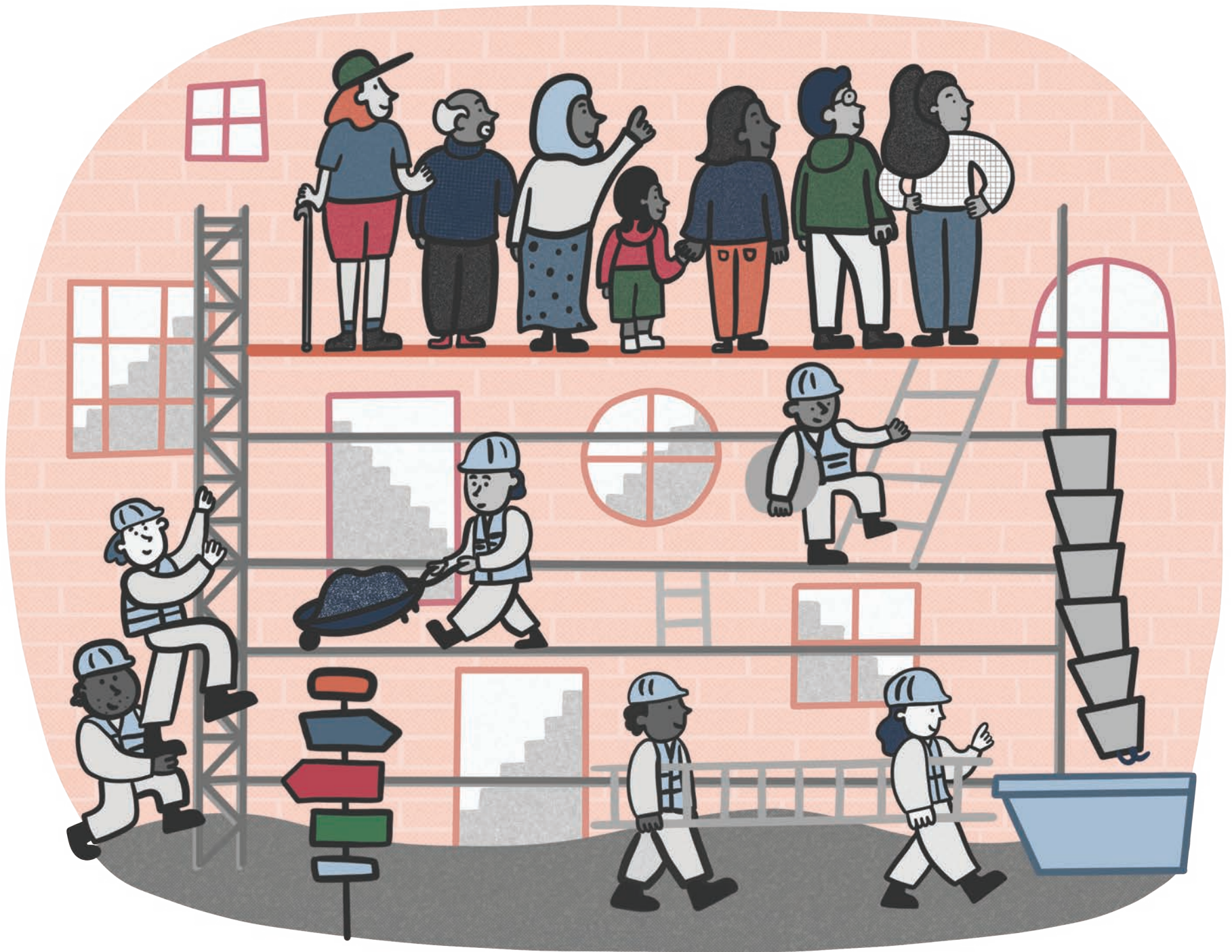
³⁵ All in For Change Peer Research Report: www.thelevel.scot

What the test of change showed with confidence:

- **Prevention and early intervention works** – when done right. Acting upstream, before problems escalate into crisis, is consistently more effective and less costly than reactive responses. Well-implemented approaches such as community navigators, hospital in-reach teams and drop-in community-based services have proven successful at identifying hidden or emerging need and intervening earlier. Importantly, universal and low-threshold approaches can uncover hidden risk as effectively as narrowly targeted programmes, often reaching people who would not otherwise come forward.
- **Accessible services connect with people:** Flexible, low-barrier support is more likely to connect with those who disengage from traditional pathways. Services that minimise thresholds – such as no requirement for a diagnosis, formal referral, or specific postcode – remove common practical and psychological barriers. Informal, welcoming settings like community cafés and drop-ins with no labels often act as low-stigma entry points, enabling people to seek help on their own terms before issues escalate.
- **Trusted relationships and shared experiences drive engagement.** Approaches that prioritise genuine connection – including peer and shared-experience models, trauma-informed practice and non-clinical environments – create the safety and trust needed for people to open up. Flexible contact methods (drop-in, phone, text and extended hours) combined with consistent, non-judgemental support help people feel heard and respected. This leads to stronger engagement, longer-term involvement and improved outcomes compared with more transactional service models.
- **Getting out of our organisational ‘lanes’ matters.** Breaking down silos through physical co-location, joint working and trusted personal relationships between services significantly improves support. When third sector, NHS, housing, police and other partners collaborate closely, referrals become faster, more appropriate and more effective. This reduces the risk of people falling between services and creates smoother pathways, particularly for those facing multiple, overlapping challenges.
- **Personal insight transforms assumptions and solutions.** Embedding peer roles and consistent coproduction with people who have direct experience of the issues brings invaluable perspective. These models surface blind spots in service design, challenge long-held assumptions and generate practical, meaningful improvements in both day-to-day practice and strategic direction. Lived experience helps shift systems from what we think people need to what works for people in their real lives.

Persistent barriers remain:

- **Fragmented funding and short-termism undermine progress.** Short cycles, competitive tendering and siloed budgets make it hard to develop and sustain trusted relationships, retain experienced staff and deliver consistent joined-up support. This instability disrupts long-term prevention work and weakens the very conditions needed for effective early and upstream intervention.
- **Data sharing remains a major blocker.** Risk-averse cultures and inconsistent interpretations of GDPR continue to hinder collaboration between agencies. Even when services want to work together, these barriers force people to repeatedly retell their stories, re-traumatising them and slowing down timely support.
- **We must better support the people who support people.** Frontline staff routinely absorb high levels of trauma and distress while operating in high-pressure, under-resourced environments. When staff wellbeing is overlooked, burnout rises, turnover increases and the quality of support being provided is inevitably affected.
- **Digital cannot fully replace human connection.** While multiple engagement options are valuable, over-reliance on quicker online or phone-only interactions often undermines the deep relationship-building that complex support requires. Technology works best as a complement to – not a substitute for – consistent human support.



6. Appendices

Appendix (i): No Wrong Door Scotland partnership

National Learning Set

The National Learning Set oversaw the test-of-change and development of The Level during 2024-26. With thanks to its members for their time, insight and guidance:

Emma Berry and **Claire Thirlwall**
Public Health Scotland

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Homeless Network Scotland

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Learning Partner

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Appendix (ii): Test of Change ‘Centre Points’

No Wrong Door Scotland was a three-year test of change in Aberdeen, Dundee, Edinburgh and Fife. Led by pioneering third sector organisations in each area – the Centre Points – it deliberately tested joined-up support for people facing severe and multiple disadvantage across four very different local contexts. The Centre Points coordinated local practice, captured learning and shared it with the National Learning Set. Learning from the diversity of settings was central to shaping The Level.

Aberdeen/Aberdeenshire

Centre Point	Foyer Upstream
About the Service	Upstream is a school-based programme that identifies young people at risk of homelessness early – often before other services know they need help. Pupils take part in a digital screening tool covering homelessness risk, wellbeing, bullying, resilience and engagement. Aberdeen Foyer then works with school guidance teams and local services to plan coordinated support in school, at home and in the community, including outside term time. Where needed, young people are referred on to specialist help.
Who is it for?	Young people of secondary school age from across Aberdeen and Aberdeenshire.
Raising the Floor...	What are you most proud of? "Young people who feel heard, stay in school, build confidence and move into safe housing. Staff go further: complex conversations with young people and families, support through homelessness, bereavement and poor mental health, and help to find purpose, peers and strengths. They do this with tenacity and an unwavering belief in young people's unique strengths and capabilities."
For No Wrong Door	Joining up local services: No single organisation can meet these needs alone. Upstream works with school staff and the wider local ecosystem so young people get the right help at the right time and has shared learning through the Upstream Steering Collective on Whole Family Support.

Edinburgh

Centre Point	Cyrenians
About the Service	The Hospital In-Reach Service supports people experiencing homelessness across three of Edinburgh's acute hospital sites. Using data linkage to identify those who may benefit, the team works with people throughout their stay to help them complete treatment and plan a safe, effective discharge. A person-centred approach provides practical and emotional support so people leave hospital to accommodation that enables recovery, reducing the risk of readmission. The service has been externally evaluated as highly effective.
Who is it for?	The service supports people experiencing multiple disadvantage who are in hospital and are homeless or at risk of homelessness. This includes people sleeping rough, living in temporary accommodation, or experiencing hidden homelessness, particularly where health needs affect their housing situation.
Raising the Floor...	What are you most proud of? "Evaluation has shown a 68% reduction in hospital readmissions among people supported by the service. A seamless pathway is now in place for people experiencing homelessness who attend hospital. The team's tenacity in overcoming barriers has been key, with referred patients routinely seen at the bedside by 9am the following morning."
For No Wrong Door	Joining up local services: Partnership between housing and health is central. Collaboration helps people leave hospital promptly into suitable accommodation that supports recovery. The service acts as a bridge between sectors, addressing gaps and ensuring people with multiple support needs receive coordinated help at the right time.

Dundee

Centre Point	Penumbra Mental Health
About the Service	Since opening in July 2023, Hope Point Dundee has supported more than 2,500 people through drop-in, telephone and text support, with around 15,000 contacts from individuals or professionals. The service offers a compassionate, timely response in a safe and welcoming environment available 24 hours a day, seven days a week. Early access helps reduce the risk of people reaching a point where they may place themselves at further risk. Hope Point is designed to be accessible to everyone – no referral, diagnosis or other formal barrier. The approach is simple: anyone who feels they need support can access it when they need it.
Who is it for?	Hope Point supports adults experiencing emotional distress. It is used equally by men and women and is designed to be open to anyone who needs it. Knowing that a safety net is available provides significant reassurance and peace of mind.
Raising the Floor...	What are you most proud of? "As one of Scotland's few community wellbeing centres operating 24/7, the service provides accessible support around the clock, delivered by peer practitioners. Lived experience within crisis prevention work brings authenticity and credibility and helps ensure people feel heard, respected and understood."
For No Wrong Door	Joining up local services: Strong relationships between the third sector, statutory services and the local authority are central to the approach. Sustained effort has built a clear understanding of each organisation's role and remit, enabling partners to work effectively within existing systems while identifying gaps. The result is a robust network that supports more coordinated responses for people who need support.

Fife

Centre Point	Turning Point Scotland
About the Service	The Whole System Approach in Fife, delivered in partnership by Fife Council and Turning Point Scotland, is changing how services work together to prevent homelessness and improve housing stability. It brings together housing, health, social work, education, justice, the third sector and people with lived experience. Through Community Navigators, learning cycles, task-and-finish groups, case reviews and prevention pilots, partners identify barriers, test solutions and embed learning into delivery.
Who is it for?	The approach supports people at risk of or experiencing homelessness through earlier intervention, coordinated support and easier access to services. It is particularly valuable for people with complex needs, helping partners work around the individual and prevent housing crisis wherever possible.
Raising the Floor...	What are you most proud of? “We have moved beyond strategy to tangible improvements in prevention, coordination and system reform. Community Navigators created new pathways and strengthened early connections to support. Our capacity-building pilot is shaping Ask & Act implementation, task-and-finish work informed two rapid access hubs, and we have embedded lived experience, a rough sleeping reporting tool and a performance framework for continuous improvement.”
For No Wrong Door	Joining up local services: What began as a partnership between Turning Point Scotland and Fife Council Housing has grown into a broad multi-agency collaboration. Through the Steering Group, learning cycles and task-and-finish groups, partners are building shared understanding and driving improvement, with a clear common purpose: earlier prevention, coordinated person-centred support, and long-term system change informed by evidence and lived experience.

Appendix (iii): Acknowledgements

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