Homelessness and Complex Needs in Glasgow

Glasgow Homelessness Network and The Oak Foundation

Summary Report
December 2014

in association with

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

Research aims and methodology

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

1.2 The aims of the research were:

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

The wider research and policy context

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

1.4 A large body of evidence has been building up on the multiple exclusion homelessness – led by the Joseph Rowntree Foundation Multiple Exclusion Homelessness research programme reported in 2011. Other relevant work includes Mental Welfare Commission for Scotland, ‘Not My
Problem’ (2007), a Good Practice Guide on Psychologically Informed Services for Homeless People (2012), and the recently published MEAM (Making Every Adult Matter) longitudinal study (2014) exploring the effectiveness of better coordinated services for people with complex needs.

1.5 Glasgow possibly has one of the most complex housing systems in the UK – the greatest number of homelessness applications in Scotland (although falling), the Council has transferred all of its stock, and social housing is owned and managed by 68 different RSLs. Glasgow is facing difficult strategic and practical service delivery issues to balance the pro-prevention stance of Housing Options; the homelessness statutory duties and legal entitlement; and the increasingly problematic housing demand supply balance which in recent years has become more acute in Glasgow. Over recent years, the outcome for increasing numbers of homeless people in Glasgow has been to be turned away for temporary accommodation, in spite of the Council’s statutory duty to house.

1.6 The Scottish Housing Regulator is aware of the challenges facing Glasgow’s homelessness system, and has agreed a voluntary Improvement Plan with the Council. The Council has also embarked upon a Strategic Service Review of the Homelessness Service.

1.7 Scottish Government policy on homelessness over the last seven years has been based around completing the statutory framework including the 2012 target, and encouraging the adoption of Housing Options approaches. While across Scotland Housing Options has resulted in a drop in homelessness applications, its implementation has been criticised in a thematic report by the Scottish Housing Regulator who would like to see more evidence on outcomes, and more specific guidance from the Scottish Government.

1.8 It has been argued in comparative analysis of homelessness policies and legislation in the four UK jurisdictions that the ideal homelessness system would combine the vigour of the English preventative approach with the strong statutory safety net available in Scotland. Looking at recent guidance and homelessness initiatives in England including the Department of Communities and Local Government’s 2013 Making Every Contact Count, and the more recent Golden Standard Challenge, it could be argued that there is still some way to go in Scotland to match this vigorous preventative approach. However, as noted by Fitzpatrick et al (2015 forthcoming), this also should be considered against the gatekeeping that occurs in the English homelessness system.
The scale of homelessness and complex needs in Glasgow

1.9 An estimated 1,500-1,800 people approached housing services with complex needs in 2013-14, based on HL1 data and GHN data. This is the equivalent of about one quarter of all homeless applications received in Glasgow. These include people with drug or alcohol dependency, mental health issues and criminality/ASB issues, although there is no common definition of vulnerable homeless people with ‘complex needs’. The majority were male, single and aged 25-59 years old.

1.10 HL1 data reports between 445-539 rough-sleepers during 2013-14 while GHN estimates suggest a number of over 800. Even allowing for double-counting this suggests a much higher level of rough sleeping than officially recorded.

1.11 There are also gaps in the recording of the non-provision of temporary accommodation. GHN data suggests that almost two-thirds of their service users who had approached Glasgow City Council (GCC) for accommodation were told no accommodation was available.

Accommodation provision

1.12 The current stock of bed-spaces for temporary accommodation stands at 1,992 properties to March 2014. Annual turnover in the accommodation averaged 2.6 tenancies per year but varies considerably from 12 in the Hamish Allan flats to 1.4 in the temporary furnished flats.

1.13 The average length of stay in temporary accommodation is 141 days. The average stay in temporary furnished flats is 269 days while the B&B average is 47 days. The length of stay is generally increasing.

1.14 The low availability of temporary accommodation may be associated with the fact that only around half of people using GHN services had approached GCC statutory homeless services within the reporting year.

1.15 Void rates in temporary furnished flats have improved recently, down from 20% in 2009-10 to 17% in 2013-14. GCC has a current target of 18% voids in temporary furnished flats.

1.16 The quality of temporary accommodation is generally very good, as rated by the Care Quality Commission and by service users. Refusal rates are also generally low, at 7% overall.

1.17 Glasgow City Council also commissions a large amount of supported and resettlement accommodation. Access to this accommodation is through the Care Management system, and assessment is through a range of different routes.

1.18 The number of RSL lets to homeless people in Glasgow has reduced by 27% over the last four years, and access to settled accommodation for unintentionally homeless people is lower in Glasgow than the Scottish average.
Service user experiences

1.19 All but one of the respondents involved in the service user interviews were male, and aged between 27 and late 50s, concentrated in the mid 30s, with a range of experience in homelessness from a few weeks to repeat homelessness over 20 years.

1.20 Reasons for homelessness were multi-faceted including addiction issues, relationship breakdown, eviction, mental health issues and prison.

1.21 Access to accommodation is sought mainly through repeated visits to the Hamish Allan Centre (HAC), and less so to Community Case Work Teams (CCTs). Service users are regularly sent between the CCTs and HAC, to no avail. The CCTs seemed irrelevant as the city centre ‘is their place’.

1.22 Repeated experiences of being sent away from the HAC without accommodation impacts on service users’ decision to re-present themselves, with the alternatives being staying with friends or rough sleeping.

1.23 There is general negativity about the HAC premises, but in most cases respondents spoke highly of staff at the HAC.

1.24 There is a sense of the ‘deserving and undeserving’ in who is provided what type of accommodation. Emergency and supported temporary accommodation is more sought after, and experiences are in the main positive in this type of accommodation. Support is a critical factor in enabling clients to achieve some stability. But there is generally a sense of boredom, stagnation and little drive to move on.

1.25 For those that have to rely more on B&Bs and hotels, their period of stay is much shorter and the experience is much worse. The main concern is around cleanliness, and being ‘thrown out’, and repeated trips back to the HAC, or sleeping rough/on friends’ sofas.

1.26 Support and advice experiences came through accommodation providers, drop in/day centres, RSVP (street team), and the Hunter Street health service. Support was considered to be very helpful and highly regarded.

1.27 Despite positive experiences of support in the past, many service users have previously withdrawn from support and subsequently experienced repeat homelessness. Many of the respondents saw no need for support now, which might explain repeat presentation and cyclical experiences of homelessness.

1.28 There is no desire for permanent accommodation for the most vulnerable service users interviewed. For them the basics of dealing with their addiction, finding food and a roof (even for one night) is the priority.

1.29 For those that are interested in looking for settled accommodation, the assumption is a housing association flat. The GHA Homefinder bidding system is universally disliked by respondents. Regardless of the housing
allocation system, there is a strong impression of no-one moving on fast. For most people, the fact that they have stable, good accommodation is all that matters – and the fact that it is temporary is largely seen as irrelevant.

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

1.30 Assertive outreach is provided by RSVP (street services provided by Simon Community as part of GCC Commissioned Services), a range of third/charitable sector day centres, Govan Law Centre and specialist health services.

1.31 The statutory homelessness services – mainly through the Hamish Allan Centre (HAC) and Community Casework Teams (CCTs) are seen as reactive. They have no assertive outreach element to their service. There is widespread concern about the standard and model of service provided at the HAC and CCTs for multiple excluded homeless service users.

1.32 There is no concept of service users being ‘held onto’ in the current statutory system (with the exception of RSVP), and there is common demand for some form of a ‘named key person’ to stick with clients.

1.33 Poor information sharing, and shortcomings in IT systems are seen as huge barriers to efficient working and tracking clients – internally within SWS / Homelessness Service, between statutory services, and with the third sector. It is recognised that there is greater scope to harness the knowledge and resources in the third sector better, to improve outcomes and efficiency.

1.34 There is a complex needs working group that can work well for service users, but its terms of reference are not widely understood and there is thought to be scope to widen and develop this approach.

1.35 Some weaknesses are identified in crisis out of hours response: the need for more street work; more crisis and residential addiction services; better hospital discharge protocols; and better response times for mental health crises.

1.36 The problem of lack of access to emergency/temporary accommodation and being turned away is well understood. There are increasing lengths of stay, with Glasgow’s crisis in temporary accommodation explained by the inadequate supply of settled accommodation, or at the very least, the right type and size of accommodation. There is the view that some different housing and support solutions are required for service users with complex needs; something between temporary and settled housing for those that are not looking/are not ready for a long-term options.

1.37 Partnership working between GCC and the RSL sector in relation to homelessness is not working. There is an impasse on how to increase the supply of lets for homeless service users across the City, despite efforts of the Homelessness Duty Protocol and the Planning Framework. Many
want to see a move to the ‘Housing First’ approach. There is little reference to the use of private rented accommodation to tackle homelessness issues in Glasgow, although some research has been commissioned recently.

1.38 Support provision is considered to be too generic and should be tailored more to meet specific needs.

1.39 There is ‘silo’ funding, with a lack of integration in commissioning and funding strategies. Homelessness, addictions and mental health social care commissioning teams generally work separately, although they will work together on an exceptional, ad-hoc basis when the complex needs of particular service users require services to “manufacture an integrated service option”.

1.40 There is a common view that there is a need for much stronger overarching governance for people with complex needs who do not fit into any one ‘client group’ or ‘prevalent need’.

**Experiences from across the UK**

1.41 The most important change case study local authorities were seeking was systemic or transformation change. This ‘whole system’ approach was considering how services can ‘do things differently’ by creating an enabling environment for service users and tackling organisational and cultural boundaries which have traditionally prevented services working together effectively. This requires strategic level, senior officer and political leadership. Strong governance structures need to be designed specifically around services for complex needs.

1.42 Changing cultural and organisational ethos underpinned most successful change programmes and projects. These were attempting to shift the ethos away from conventional views of ‘deserving’ and ‘undeserving’ client groups.

1.43 For all case studies, complex needs took up a disproportionate amount of time and resources, often with poor returns. A strategic approach was essential, both as a means of improving outcomes, and in the context of reducing resources.

1.44 Understanding the level and nature of complex needs is critical, as are adequately resourced monitoring systems. There needs to be a working definition of what crisis/complex needs homelessness is: without this, it is difficult to gain consensus on what action needs to be taken, and what services have to change.

1.45 To prevent duplication or gaps in services, reduce competition and lessen reporting requirements, it is shown that a strategic approach should be extended to the commissioning of services, taken across different client groups to better fit services to those with complex needs.
1.46 All case studies used, or were developing, a ‘Pathway Model’ for complex needs. The benefit was that it provided structure and clarity for service providers and service users, ensured committed and coordinated action, while service users were routed into the right support and accommodation as quickly as possible.

1.47 To work, pathways for complex needs groups must avoid ‘linearity’ - be flexible, both from an administrative, and a staffing perspective. There needs to be flexibility on timescales for move-on so that sustainable outcomes are achieved.

1.48 Two case studies reported success with the Housing First approach for complex needs groups. This model can give people with complex needs a long-term option that builds stability, self-worth and social connections. Risks identified were finding suitable accommodation and the potential wider housing management impact.

1.49 All local authority case studies are experiencing problems in access to housing supply and all are aggressively using the resources of the private rented sector. This is achieved through dedicated move-on and move-through teams.

1.50 All the case studies highlighted the importance of specialist, highly skilled staff either trained in or at least aware of Psychologically Informed Environment (PIE) approaches. There were many examples of specialist mental health services working jointly and co-located with homelessness services.

1.51 Case management, when used proactively, can support a pathway approach. To be successful, case management should commence early, have a commitment from partner agencies and ‘keep hold’ of service users until such a point as they have settled into accommodation and support. Resettlement support should be flexible in its intensity, and have the option to go on for long periods of time to ensure long-term tenancy sustainment.

1.52 Outreach services were considered an essential part of engaging with individuals with complex needs since they are often those least likely to engage, or sustain contact, with services. Peer mentoring can support outreach services, by encouraging engagement with services. Peer support can also help sustain service user engagement with services and increase the ‘stickability’ of interventions. Such an approach is a serious endeavour and requires committed resources to support those undertaking the peer mentor role.
Conclusions and Recommendations

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

1.53 The brief required the research to set out a concise representation of Glasgow’s current service response, and to provide recommendations to support a transition from the current system to an optimal system.

1.54 In completing this work, it is recognised that Glasgow City Council is leading a significant amount of work through the SHR Improvement Plan, and through the Homelessness Strategic Service Review. The aim of these conclusions and recommendations is therefore not to duplicate any of that work, but to add value to those processes, particularly through the evidence provided by the comparative review of five other UK cities.

1.55 The diagrams below and accompanying tables summarise Glasgow’s current homelessness system for people with complex needs, synthesising the evidence from the research provided above.

1.56 Analysis of the ‘system’ shows that a statutory homelessness route dictates it, with additional specialist health services supporting people living in temporary accommodation and sleeping rough. Otherwise, there is no specific system designed for homeless people with complex needs, unlike the Housing Options route that is designed more around prevention of homelessness, and arguably more for those who will readily engage.

1.57 Following the section on the current system, there are recommendations on an ‘optimal system’, in the same tabular format, with a summary diagram. The optimal system is proposed through a set of key principles, and further details of what a new system may comprise.
Current system in Glasgow for homeless people with complex needs
Element of the current system

<table>
<thead>
<tr>
<th>Summary of the elements, with identified strengths, weaknesses and gaps in service delivery</th>
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<tbody>
<tr>
<td>1. Initial engagement and referrals for homeless people</td>
</tr>
<tr>
<td>Rough Sleepers and Vulnerable People (RSVP) – street outreach, freephone and Hub activities.</td>
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<tr>
<td>Charitable and third sector day centres provide advice and information, food, washing facilities and social care.</td>
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<tr>
<td>Glasgow Law Centre Outreach Information and Advice services in Casework Teams (CCTs), Lemon Tree.</td>
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<tr>
<td>Hunter Street Homelessness Service referrals from RSVP and emergency/temporary accommodation.</td>
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<tr>
<td>Trauma and Homelessness Service referrals from primary health care.</td>
</tr>
<tr>
<td>Barlinnie Prison Casework Team referrals to Community Casework Teams (CCTs) or Hamish Allan Centre (HAC).</td>
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<td>Hospital discharge – Referrals to CCTs or HAC.</td>
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<td>Training and Homelessness Service referrals from primary health care.</td>
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<td>Training and Homelessness Service referrals from RSVP.</td>
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<td>Statutory homelessness services are reactive to people with complex needs. Unlike the more systematic preventative approach that is in place for Housing Options, for those who are more likely to engage with services.</td>
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<td>There is no evidence of strategic and systematic co-ordination and oversight from Glasgow City Council to the end of their homelessness experience.</td>
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<tr>
<td><strong>2. Crisis response</strong></td>
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<tr>
<td>HAC out of hours homelessness services and freephone advice</td>
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<tr>
<td>RSVP 24 hour freephone service</td>
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<tr>
<td>Glasgow Drug Crisis Centre</td>
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<tr>
<td>NHS 24</td>
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<tr>
<td>Link Up</td>
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<tr>
<td>Social Work standby services</td>
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<tr>
<td>Winter night shelter</td>
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<td>Continual cross referral from CCTs to HAC. People commonly being turned away for accommodation and poor quality environment and experience at HAC. Results in many people disengaging from statutory services altogether. This research suggests possible gaps in crisis and residential addiction services, and poor response times for mental health crises out of hours.</td>
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<td>and to respond/manage proactively. As above, no sense of oversight or systematic coordination of services from GCC to track service users.</td>
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Element of current system

3. Assessment

Summary of the elements, with identified strengths, weaknesses and gaps in service delivery.
Overall sense of inertia – no-one is moving anywhere fast out of emergency / temporary accommodation.

Lack of flexibility and person centred approach to housing support.

Very low level of private rented sector for temporary accommodation.

Very low level of private rented sector for permanent accommodation.

No strategic management / co-ordination of move-on, with exception of the section 5 team.

There is a limited number of emergency / temporary accommodation options for people with complex needs – some more, and high tolerance options are required – both for temporary and settled accommodation.

Commissioned accommodation.

Emergency, temporary and supported accommodation – some is allocated by HAC, supported and resettlement accommodation is allocated by Commissioned Services through Care Management system.

The quality of the accommodation provided is a strength

Strengths, Weakness and gaps

Reducing turnover, and longer length of stay due to lack of move-on options.

Being leased away.

No direct access accommodation options (other than private hotels of very poor quality).

Lack of transparency on the allocation criteria for emergency and temporary homelessness accommodation, and complexity involved with access to commissioned supported and resettlement accommodation.

Lack of strategic information and management of all the stock of emergency, temporary and supported accommodation.

Lack of oversight, strategic information and management of all the stock of emergency, temporary and supported accommodation.

It is currently silo’d between homelessness property services and commissioned services, and there is a bureaucratic system for caseworkers to access and commission supported accommodation. It is currently silo’d between homelessness property services and commissioned supported accommodation.

No direct access accommodation options (other than private hotels of very poor quality).

There is a limited number of emergency / temporary accommodation options for people with complex needs – some more, and high tolerance options are required – both for temporary and settled accommodation.

No strategic management / co-ordination of move-on, with exception of the section 5 team.

Emergency, temporary, and supported accommodation.

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<td>5. Settled accommodation</td>
<td>- No strategic management / coordination of move-on, with exception of the section 5 team.</td>
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<td></td>
<td>- Very low level use of private rented sector for settled accommodation.</td>
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<td></td>
<td>- Impasse between GCC and RSLs on access to settled accommodation – volume and procedures.</td>
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<td></td>
<td>- General consensus of a mismatch of type and size of social rented accommodation – but the actual demand/supply balance is to be confirmed by the current Housing Needs and Demand Assessment.</td>
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<td></td>
<td>- Very low level use of private rented sector as a move-on option, and general resistance to use of this sector.</td>
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<td>- There is a limited number of emergency / temporary accommodation for people with complex needs – some more choices and higher tolerance options are required for both temporary and settled accommodation.</td>
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<td></td>
<td>- A need for strategic review of section 5 processes from both the Council’s and RSL’s perspectives.</td>
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<td></td>
<td>- Homefinder choice base letting system unpopular with homeless accommodation and support providers, including Section 5 referrals.</td>
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Element of the current system

Summary of the elements with identified strengths, weaknesses, and gaps in service delivery

- The restructure of CCTs and SWS is in progress which will integrate working practices and culture across homelessness and social work service across the three local area offices. Integration of health and social care is ongoing through the work of the Community Health Partnership.

- There is no systematic coordination of services, oversight, and governance for homeless people with complex needs.

- Overall, there is no systematic coordination of services, oversight, and governance for homeless people. There is much greater scope for use of the third and charitable sector to engage with and support homeless people through their route out of homelessness.

- Management of resources in Glasgow has been a reduction in lets for homeless people over the last four years.

- In Glasgow, the supply of settled accommodation in the City for homeless people has been reduced by the Homelessness Duty.

- Relationships between GCC and RSLs in Glasgow on how the housing sector in protocol, but nevertheless there has been a reduction in lets for homeless people over the last four years.

- There is much greater scope for use of the third and charitable sector to engage with and support homeless people through their route out of homelessness.

- The integration of practices across SWS will help support staff, change cultures, and increase awareness across different client needs groups.

- Strengths, weaknesses, and gaps

- Overall, there is no systematic coordination of services, oversight, and governance for homeless people.

- There is much greater scope for use of the third and charitable sector to engage with and support homeless people through their route out of homelessness.

- The restructure of CCTs and SWS is in progress which will integrate working practices and culture across homelessness and social work service across the three local area offices. Integration of health and social care is ongoing through the work of the Community Health Partnership.

- There is no systematic coordination of services, oversight, and governance for homeless people with complex needs.
Optimal homelessness system for people with complex needs

1.58 It is proposed that all of the elements proposed for an Optimal Homelessness System for those with complex needs should be underpinned by the development of a Complex Needs Accommodation Pathway. Should the Council and its partners wish to take this approach, it may also wish to define other pathways through which to structure interventions, working alongside the Housing Options processes. This will provide a clear and structured approach, agreed with all partners on what the pathway is, and what the roles and responsibilities are by different service providers - including prevention, engagement and outreach, assessment processes, accommodation and support. The pathway should define what Complex Needs Homelessness is, set out boundaries to service provision, define policies and procedures and will have to be accompanied by a corresponding commissioning strategy. Systematic change of this nature requires much time to be spent on detailed definitions, processes and procedures, governance and management structures. The following therefore proposes general principles and what the optimal system may include: it does not however, define the detail of a Complex Needs Accommodation Pathway for Glasgow.

1.59 It is emphasised that a ‘Pathway’ is not a linear approach to meeting housing and support needs. Good practice discussed in this study shows that the benefits of a pathway approach is that it provides clarity to clients and partners on what the range of options are for certain client groups, and is supported by a relevant commissioning strategy. By having a range of organised support and accommodated options targeted for specific client groups, it should cut out internal and external bureaucracy, and the need for caseworkers to negotiate through departmental barriers to access the right solutions for any given individual. Each person’s accommodation and support solution should be agreed through an individual pathway plan, according to their specific needs.

The key new principles of an optimal system should include:

- Definition of a range of options available in a pathway for complex needs homelessness, with an Individual Pathway plan developed for each individual.
- Ensuring prevention is optimised through a Housing Options approach and processes for young people, which may also have a Pathway (amongst other homeless client groups).
- Build on the current outreach services through greater coordination between existing services, recording and tracking of clients.
- Develop outreach services and ongoing support through a peer advocacy/support service. Peers would stick with clients through their homelessness journey.
- Commission the third sector to provide a specialist centrally located complex needs homelessness service, with devolved responsibility for Housing Options, homelessness assessment and the development of individual Pathway Plans.
- Options for direct access to emergency accommodation.
- Adopt a PIE (Psychologically Informed Environment) approach for commissioned services and Council homelessness services.
- Increase the availability of clinical mental health services integrated and co-located with housing and homelessness services.
- The Pathway should include a range of specific support and housing options based on the assessed need. Housing support should be flexible to meet the needs of the individual.
- Fundamental to the success of the Pathway is the review of supply of temporary and settled accommodation. This may result in the restructuring of the current supply of temporary accommodation.
- Specific governance, commissioning and management structures should be put in place to oversee implementation of the new system. This could be managed under the existing Housing Options governance structure.
### Description of the elements

1. **Prevention and Initial Engagement and Referrals for Homeless People in Crisis**
   - Provide specialist housing options service and homelessness prevention strategy for young people at risk of crisis homelessness.
   - GCC to develop a system to record and track service users presenting out of hours, with referral to crisis accommodation.
   - A Complex Needs Accommodation Pathway should include options for direct access to emergency housing.
   - Work with GCCNHS to explore and improve response times for mental health crises out of hours.
   - Review the HAC out of hours service, alongside the day service described above.
   - Review evidence on gaps in crisis and residential addiction services and RSLs' community wardens to optimise and increase coverage.

2. **Crisis Response (Out of Hours)**
   - As above, build on the current RSVP service through a coordinated approach with the police, street cleansing, and RSLs' community wardens to optimise and increase coverage.
   - A Complex Needs Accommodation Pathway should include options for direct access to emergency housing.
   - Review the HAC out of hours service, alongside the day service described above.
   - Review evidence on gaps in crisis and residential addiction services.
   - Work with GCCNHS to explore and improve response times for mental health crises out of hours.
   - Review the out of hours service for complex needs, taking on board the pie approach.
   - Consider whether this out of hours service can be developed through peer support.
   - Consider whether this crisis case management model could be adapted for commissioning.
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### Optimal System

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<td>- As above, build on the current RSVP service through a coordinated approach with the police, street cleansing, and RSLs' community wardens to optimise and increase coverage.</td>
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<td>- Consider whether this crisis case management model could be adapted for commissioning.</td>
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</table>
The need for cross referrals from CCTs and HAC will be reduced through the creation of a specialist day service in the city centre.

Staff based in the local offices will still undertake assessments for people experiencing homelessness crisis / complex needs, but there should be specialism for complex needs assessments. Responses will be structured through the Complex Needs Accommodation Pathway linking to a range of different support and housing options, based on assessed needs and criteria set out in the Pathway, but this is scope to increase the amount of associated good practice.

A move to a Pathway approach will be optimised by adoption of common IT systems between Homelessness Services, SWS, and Health.

Case conferencing should be an integral element of the Pathway (see governance and partnership working below). Case conferencing should have awareness of the Pathway, and be supported by adoption of common IT systems between Homelessness Services, SWS, and Health.

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**Emergency, temporary accommodation and supported housing**

A strategic review is required of all homelessness accommodation—emergency, temporary and relevant aspects of commissioned supply used for homeless people. This should consider the total demand/supply balance, and the relative balance between household/accommodation size for the short and medium term (10 years), and it should relate to the creation of a Complex Needs Accommodation Pathway for homeless people. This should be linked to the peer advocacy/support role, combined with more specialist support as required. This should be holistic to the needs of homeless people.

Depending on the findings of the accommodation review, GCC may need to consider a restructure of the supply, reflecting the current and projected supply/demand balance, the impact of change on funding for temporary accommodation due to Welfare Reform, and the potential requirement for a different set of accommodation options/choices in line with a Complex Needs Accommodation Pathway and other pathways/accommodation routes for homeless client groups. This is so that there is oversight of all the accommodation resources available for homeless people, and accountability for overseeing homelessness accommodation and other pathways, and other pathways/accommodation routes for homeless client groups.

There should be strategic governance and management put in place for all the stock of emergency, temporary and relevant commissioned supported accommodation which is relevant to a Complex Needs Accommodation Pathway and all other pathways/accommodation routes for homeless client groups. This is so that there is oversight of all the accommodation resources available for homeless people.

**Housing Support**

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<th>Description of the Elements</th>
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OPTIMAL system

Description of the elements

5. Settled accommodation

Combined with the findings from the temporary accommodation review (discussed above), findings of the current Housing Needs and Demand Assessment will give GCC and housing providers more intelligence on settled housing requirements. This housing requirement could be met through a combination of RSL lets and supply through the private rented sector. An important part role for this team should be procurement of private rented sector housing for settled accommodation. GCC should lead a shift in approach in the use of the private rented sector to supply accommodation, and one suitable for the needs of homeless people

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There should be a review of the Homefinder choice base letting system procedures in relation to homeless applicants, and in particular for those with complex needs.

A strategic review of the Section 5 procedures should be undertaken to ensure the most efficient and effective approach to procuring RSL lets for homeless people. This should include consideration of a coordinated approach to the provision of RSL lets by area, rather than GCC procuring individual RSLs for each and every Section 5 referral.

As noted above a move-on / move-through team should be created to work closely with the manager responsible for overseeing accommodation and to facilitate move-overs.

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**Description of the elements**

**6. Governance / Partnership working**

As discussed above there is much greater scope for use of the third and charitable sector to achieve all stages of the Pathway (as identified above), and through the development and engagement with and support homeless people through their route out of homelessness. This could be done through a joint commissioning approach, the coordination of services along the Pathway will not happen.

- **Commissioning Group** – oversees the planning and delivery of the Pathway Services. Without this it is likely that services would not be integrated and that there would be gaps in the service delivery.

  - **Pathway assessment procedure and referral panel** – multi-agency approach to find the best possible option for a service user in order to move them through the pathway. Case conferencing could also be used when needs are not being met and the group would need to find a different solution.

  - **Operational group** to manage implementation – developing definitions, agreeing policies and procedures and sharing/addressing procedural issues, data capture, monitoring implementation.

- **Definition of a Complex Needs Accommodation (and potentially other) Pathway (s)**

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**OPTIMAL System**

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