Local Government and Communities Committee

Homelessness

Submission from the Cyrenians

About the Cyrenians

For nearly 50 years, Cyrenians has served those on the edge, working with the homeless and vulnerable to transform their lives by beginning with their story, helping them believe that they can change their lives, and walking with them as they lead their own transformation. The name Cyrenians comes from the biblical story of Simon the Cyrene but Cyrenians was founded as and remains a secular organisation.

Our vision is an inclusive society in which we all have the opportunities to live valued and fulfilled lives. We work to make that vision a reality by our Mission to support people excluded from family, home, work or community on their life journey.

Our way of work is built on our four core values:

1. **Compassion**: We believe that everyone should have the chance to change, no matter how long that might take.
2. **Respect**: We believe in tolerance, acceptance, valuing diversity and treating each other as equals.
3. **Integrity**: We are committed to the highest quality of work, grounded in honesty, generosity, sincerity and professionalism.
4. **Innovation**: We are willing to take risks, challenge convention and be very creative in our search for new ways of working, in particular by taking account of the environmental impact of our decisions.

Our work on Homelessness

A commitment to tackling homelessness has been central to Cyrenians’ mission from the founding of the charity. We continue to build on this commitment, seeking innovative ways to prevent and alleviate homelessness, offering housing advice and providing supported housing for young people. The services we offer include:

- Residential Communities – our original projects offering a shared home and new community.
- Homeless Prevention – advice and support, helping people to keep their homes.
- Outreach Project – supporting those who are homeless and experiencing severe and multiple need.

Our other services in areas from employability and criminal justice to community food and conflict resolution, should also be seen as having a preventative benefit to those who may be at risk of homelessness. As such, our innovative approach to delivering services combined with fifty years of experience and a close relationship to our local
community places us well to respond in a meaningful way to this inquiry. This response draws on our experience and highlights examples from the front line.

**Our response to the Committee’s inquiry**

We welcome the opportunity to feed into this important inquiry and would like to note our thanks to the Committee for turning their attention to the issue of homelessness. Cyrenians were pleased to be invited to give oral evidence to the Committee in March 2017 and we hope the Committee finds this written supplement to be useful in their inquiry.

While we are not a lobbying organisation, an important part of our mission to support people facing multiple exclusion is to represent their voice and experience (and the experience of our staff and volunteers) to inform public policy. There are also specific areas of our work which involve contributing to public policy to make a positive change at community level and on the front line.

We have offered answers to those questions to which we feel we can meaningfully contribute and have, in some cases, grouped questions together to focus our message. In particular, we would like the Committee to consider the following key themes which are reflected throughout our response:

1. **Putting people first**

   So far as possible we believe services should be focused on the needs of the individual rather than expecting everyone’s solution to look the same. When a person is in control of their support and their journey, they are more likely to engage with that support and see it through. In this regard, we are often concerned that the public sector’s focus on outputs (e.g. homelessness statistics) drives interventions more than a focus on people. The Housing Options approach could also be better tailored to a person-centred approach.

   A person-centred approach should also be taken to training and developing front line staff without whom homelessness cannot be tackled. People who work on the front line are caught between the pull of the complex and varied demands of their clients on one side, and the pressure of austerity that demands more for less on the other.

2. **Relationships**

   At Cyrenians we have a culture that promotes values and relationships and puts them at the centre of what we do. Relationships are fundamental to improving people’s housing outcomes from preventing or managing family breakdown as a means of avoiding crisis, to building people’s capacity to build the essential relationships and support network they need to maintain a tenancy.

   We feel it is important to make the point here that continuity of funding allows our staff to build long-term, meaningful relationships with people and that current short-term tendencies in commissioning can be an obstacle to this.
3. **Role of the third sector**

We firmly believe that the third sector has a unique and vital contribution to make in preventing and dealing with homelessness. Our services should be seen as complementing the work of statutory agencies and we hope that the Committee can recognise that true multi-agency working involves a strong role for the third sector.

It should also be recognised that the third sector is often the vehicle for aspirations around multi-agency working to become the reality e.g. as the delivery agent for programmes funded by multiple agencies or through partnership arrangements such as the Integrated Joint Board. Charities can also offer a more accessible service for ‘hard to reach’ parts of our community with previously negative experiences of statutory services.

4. **Poverty cannot be ignored**

The impact of poverty on housing outcomes cannot be ignored. Although discussions around service reform/redesign and political leadership have their place, the bottom line for many people at risk of homelessness is that their income is increasingly unable to keep up with a squeeze in living standards.

This is acute in Edinburgh where our staff are finding a sharp increase in people in danger of homelessness because of recent welfare reforms combined with slow growth in wages and an increase in living costs.

5. **Mental Health Matters**

The importance of good mental health services in preventing homelessness cannot be overemphasised. We are in constant contact people who suffer from poor mental health or emotional issues that make it difficult for them to administer and maintain the home that they have or to even make the first step along the way to achieving that.

A stable, safe and comfortable home can also be the foundation for the essentials of a good quality of life including mental health. The stress of not knowing where you are going to sleep at night, the social isolation of being moved away from your community, the associated stigmatisation all contribute to and are exacerbated by mental ill health. Housing and mental health feed off one another.
Housing Options and Homelessness Prevention

How do you feel housing options and homelessness prevention is working in practice? Are there examples of good practice?

In principle, Housing Options is an approach we support. It is transparent and useful for practitioners who are often faced with demanding workloads and competing priorities. We do think, however, that Housing Options could be better tailored to service users’ own personal needs and could be a service that goes broader than simply housing.

The service is often inconsistent, and although we respect the need for local variation, it is not acceptable for people to receive a varying standard of quality. Guidelines dictate that whoever carries out a homelessness assessment should make an offer of support but the quality of advice/intervention often depends on who carries out the assessment and even how busy they are. In theory, anyone who is in danger of becoming homeless should be offered support to prevent that from happening.

We are concerned that, since 2012, when the priority need system was abolished, those administering Housing Options have developed divergent conceptions of what their job is and how they treat people who present with housing issues. This leads to implementation being patchy, although we do recognise that practice improvement is not the only answer and that squeezed resources will inevitably impact on the level of service offered. The bottom line is that Housing Options should be tailored to the individual and fully resourced to do so.

From our own perspective, it is notable that our services do not receive many referrals from the Housing Options system. Rather, people are referred to us through a variety of sources including; other voluntary sector partners, NHS services, social work, and self-referrals from individuals that know our organisation. The high volume of referrals has come about as a result of our organisation going out and forming relationships with those services and agencies, and making them aware of what is available to people. This was raised in the oral evidence sessions in March and perhaps indicates that Housing Options could benefit from expanding to a more holistic service.

What needs to happen to improve the delivery of housing options and homelessness prevention services and the outcomes achieved for service users?

There is certainly an issue around how prevention services – such as the ones that we provide in the city of Edinburgh – work and are funded. Too often, the funding we receive to provide prevention services has stipulations attached to it, on issues such as the amount of time for which we can support people. This is a clear example of how the output measures (often built into contracts) can obstruct meaningful work and the flexibility of third sector delivery should be used to greater effect in this regard. It also presents an obstacle to person-centred approaches and can constrain the necessarily organic process of building relationships with service users. Our services are shaped to ensure that building supportive relationships is of paramount
importance with a belief that working in this way gives the best chance of reducing inequality and enabling inclusion.

There are many examples of good practice and we would like to take the opportunity to highlight our four key services in this area: Residential Communities; Homeless Prevention; Making Advice Work; and, Outreach Project.

Our Residential Communities offer a shared home and a new community to the people we journey with and we would encourage this model to be considered more seriously for a range of people as a meaningful route to stable accommodation. In our Communities, people live alongside volunteers, allowing them to learn from each other and make mistakes together in a safe environment with peers, rules are agreed and reviewed regularly by Community members not staff, and links to our social enterprises give people a local/on site volunteering opportunity and a safe place to learn about work and new skills.

Our Homeless Prevention service provides advice and support, helping people to keep their homes while our Outreach Project allows us to support those who are homeless and experiencing severe and multiple needs. The Outreach Project supports around 20 people each year to achieve positive outcomes such as increased use of available support, reductions in harmful behaviour, steps toward more secure accommodation, better health (physical and mental). We achieve this through high quality support based on developing an open, trusting and respectful relationship with the person we are working with, access to Personal Change Budgets (an allocation of money to support a person’s own unique action plan) and promoting talking therapies/counselling to help explore and unlock deep rooted behaviours that have been barriers to progress in the past.

Aside from these services much of our other work has a significant albeit less direct preventative impact on homelessness. We would also like to bring to the Committee’s attention our Edinburgh Peer Project which offers support to people who are involved with or have been involved with the Criminal Justice System. As a general practice model, peer workers can offer non-judgemental advice and support on account of their lived experience that can be used to share feelings and frustrations. Peer workers are able to help with connecting people to services, accompaniment to appointments, planning and other tasks. We would encourage further roll out of peer-to-peer mentoring across a range of services including homelessness.

Fundamentally, prevention work depends on a person-centred approach and an approach that puts relationships at the heart of intervention. People who have experienced inconsistent care giving or trauma may find it difficult to be cared for and may drop in and out of service provision. Strong relationships and good mental health are an essential platform from which to rebuild your life and improve your housing situation.

These social challenges can be reinforced by additional ‘bureaucratic exclusion’ (such as failing a medical for ESA or not being accepted for a referral as your support needs are too high). There needs to be a recognition that some individuals who are threatened with homelessness or who do become homeless have longer-
term support needs that do not quite reach the threshold for statutory services (e.g. social work) but who would find it very difficult to maintain a home over a longer period of time without some sort of support. As echoed in our view on Housing Options, there needs to be a form of support that is more open ended and commissioning by the public sector needs to be flexible enough to facilitate this.

We look to develop relationship-based support with people in our Conflict Resolution and Outreach Services in particular but we also apply this philosophy throughout our core work. Relationships between our staff and those we journey with often allow us to identify further need in our clients – this is the sort of benefit that might not come from a housing appointment alone and which is enhanced by third sector delivery.

**How effective is the relationship between all the relevant agencies, including the health sector, and charities working on homelessness prevention?**

We are encouraged by the public sector’s apparent commitment to encouraging collaborative work between agencies through Community Planning Partnerships, Health and Social Care Joint Boards/Partnerships, Community Justice Partnerships, etc. There must be some scope for ensuring that health services, homelessness services and other forms of social support work more closely together in a more integrated way to ensure that, when people are about to fall into a housing crisis or are suffering a housing crisis, that is identified. It is important that the third sector is seen as an integral part of this landscape and is engaged in a meaningful way, beginning with involving charities in the commissioning process and co-producing services.

The third sector can complement public services by providing more accessible/less intimidating public image than statutory services, by providing a flexibility in service design and delivery that is often not available in the statutory sector and by developing a strong relationship of trust with our communities and clients. People regard us as services that advocate on their behalf rather than as statutory or Government services.

Perhaps the strongest argument for placing the third sector at the heart of multi-agency working, however, is its ability to be the vehicle that makes multi-agency work a reality by delivering projects funded by multiple organisations or on behalf of multi-agency partnerships.

It is worth mentioning our positive experience of a good relationship with health and social care such as within Edinburgh’s locality hubs. It is often health professionals who first identify need and the risk of homelessness and we have found health visitors and district nurses to be a good source of referrals as they speak to people and find out about other areas in which they are in crisis.

Finally, we would like to bring to the Committee’s attention another good example of collaborative work between agencies – and perhaps a rare example of cooperation with the private sector – which was recently announced in which Essential Edinburgh will fund two police officers for the city centre and whose role would include getting to know the beggars and rough-sleepers and which will help fund two workers being
employed by Cyrenians to offer direct help to people sleeping rough in the city centre.

What role should private sector housing providers play in preventing and responding to homelessness?

It is clear that the private sector could enhance its role in preventing and responding to homelessness. As noted above, the bottom line for many people is the affordability of housing and we are all too aware that the nature of the housing market makes the problem particularly acute in Edinburgh. Cyrenians have been exploring innovative ways in which this issue can be tackled and we welcome the Committee’s interest in this area.

Temporary Accommodation

What evidence is there of pressure on temporary accommodation in your area? Has this increased in recent years? / How can homeless people’s experiences of temporary accommodation be improved? For example, how can the use of unsuitable accommodation be reduced or the length of time spent in temporary accommodation reduced?

People are often being turned away regularly from daytime housing services as there is no temporary accommodation available. This not only puts the person at risk but any rejection received may also serve to confirm that individual’s feeling that services do not work for them and lead to further exclusion. For Cyrenians, we are primarily concerned with the experience of people in the homelessness system or at risk of homelessness, the apparent increase in rough sleeping and a clear group of homeless people for whom services are not working.

We are aware that there are people who cannot access temporary accommodation e.g. in Edinburgh, if a person does not have their benefits in place, there are neither places in temporary nor in emergency accommodation. This should not be the case and is a clear demonstration of a system working against people. We do acknowledge that Edinburgh has good examples of supported accommodation that work relatively well for people in comparison to bed and breakfast style temporary accommodation. For us, the important issue is that the people who work in that accommodation understand the needs of the people and are able to ensure that the accommodation is a bit more flexible and tolerant than a bed and breakfast, where, for example, people have to be in by 10pm. In this sort of arrangement, people are able to build relationships with staff. If people who understand them and support them can build a relationship with them over time it can help them to address their needs. We are also acutely aware of the resource issues faced by local authorities and the shortage of housing stock available for temporary accommodation in Edinburgh.

Reflecting our key themes and organisational ethos, we would like to increase opportunity for person-centred approaches and for strong relationships to be built to support our clients.
Do you have concerns about the funding of temporary accommodation? If yes, how should temporary accommodation be funded?

N/A

Permanent Accommodation

How do social landlord’s allocation policies prioritise applications from homeless households and how does choice based lettings work in practice?

N/A

Multiple and Complex Needs

What more could be done to ensure that the needs of homeless people with multiple and complex needs are adequately supported? Are there examples of good practice?

In keeping with our key themes, we emphasise the need for person-centred approach to meet the needs of people with multiple and complex needs and the need for people’s progress to be built on strong relationships. Importantly, we want to make it clear to the Committee that mental health challenges are a common thread in the lives of many of our clients and that public services do not currently appear to be well equipped to deal comprehensively with these challenges. This message comes strongly from our front line staff and we would call for a public policy response that combines targeted resources for mental health services and mainstreaming of mental health into wider services with a preventative focus.

We would like to see more supported accommodation for our client group. It can be helpful to consider someone as having an inability to sustain accommodation, rather than being homeless. In other words, they may get into a B+B one night and then either leave or be booked out due to missed curfew, drinking alcohol (as they have an addiction) or antisocial behaviour. This is an example of the system failing the people.

The stress of not knowing where you are going to sleep tonight, the social isolation of being moved away from your community, the stigmatisation of poverty, and an inability to see a way out as you get pushed from pillar to post trying to do the best for you and your family; all these things take their toll. Time and time again we find the root of someone’s financial or relationship vulnerability, their addiction, their loss of a home, their inability to find work or the many other initial reasons we have begun a journey with them is connected in some way to their mental health.

Many of our services offer mental health benefits directly or indirectly. For example, our Edinburgh Peer Project which offers support to people who are involved with or have been involved with the Criminal Justice System. Peer support can offer non-judgemental advice and support on account of their lived experience that can be used to share feelings and frustrations.
Similarly, our Inclusive Edinburgh project seeks to address the needs of people who experience severe and multiple disadvantage and for whom the existing models of service are not appropriate or successful. The Inclusive Edinburgh Case Co-ordinator offers a person-centred and relationship based approach – i.e. the relationship is the intervention. The focus is not on achieving immediate and measurable outcomes but on developing trust and a sense of mutual respect. This hopefully enables the person to take the risk of engaging in the support offered. The case co-ordinator supports the person to find solutions that work for them.

People are unique and have different personalities, experiences and beliefs. Every person has a different way of perceiving the world around them and has grown up experiencing different things. Public services should be designed accordingly.

Finally, we want to make it very clear that continuity of funding for preventative services is essential to supporting people with multiple and complex needs. Not only would this provide certainty to our own staff, allowing us to plan ahead and train our staff accordingly, but it fundamentally has an impact on the lives of people with complex needs. If one of our teams does now know if it will exist in a few months’ time, the expertise could be lost and we could be back to square one, building it up again when there is an emergency and people decide that such a team is needed. There needs to be a focus on establishing what the need is and considering what can be done to fund services over a longer period.

This point relates directly to our emphasis on the benefit good relationships. Quite often, a person will have one presenting need but, once we have built a relationship and got to know someone, we can see that there are more needs than that. It is difficult to build a relationship through a one-hour housing options interview. One cannot begin to understand complex needs in such a short time, which is perhaps why the issue that you identify arises in such a high percentage of cases.

**What scope is there for improved joint working with all agencies and groups supporting those with multiple and complex needs, which would also include the health sector?**

In Edinburgh, we use a model in which the Cyrenians deliver homelessness prevention services as the lead partner in a consortium of five agencies, all of which operated independently before we came together. That approach was initiated to try to address some of the issues that you raise. The idea behind the consortium is to have a range of expertise that one organisation would have difficulty in providing by itself. It also means that there is less confusion—not only about where people can reach the services that they need, but for the people who commission and refer people to services. It has worked very well. Prior to the system being set up, all the organisations that are working under the model were being funded independently to do the same work. In a way, we were in competition with one another. We started up the consortium in October 2014. It has taken a bit of time, but we are at the point where we work well together and complement one another.

I will explain how it works. The lead partner takes responsibility for the budget, distributes it among the others, and co-ordinates how the work takes place and what
expertise is best deployed in each situation. The consortium is certainly a way to address some of the issues that you raise.

The consortium works very well in the sense that not every organisation needs to be administratively strong; only the lead partner provides the administrative back-up because we do not need five finance or five human resource departments in the service. As the lead partner, Cyrenians has taken on the finance function for the whole consortium, including distributing the budget. There is probably a reduction in work duplication, but the key point is that, of the five organisations that work together, one specialises in people with substance misuse issues and two specialise in people with mental health issues, and we have worked on homelessness prevention, welfare rights and so on.

When people are referred to us, we can assess what support they are likely to need and, in theory, get them to the organisation that can best provide the support. Pre consortium there was a perverse incentive for us to support any person that was referred to our service, as there was funding attached to that person. Since the advent of the consortium, and the spirit of partnership that it has created, people are much more likely to get the support that is best suited to their particular needs.

**How can access to general health services, including preventative health services, be improved for homeless people?**

As stated above, it is imperative that homelessness is seen as an issue to be treated in the round, therefore access to preventative health services is crucial. In this context, we would also urge that mental health is given parity of esteem with physical health. We have been encouraged to see health and social care partnerships fund preventative work in a homelessness context and would like to see this go further.

To improve access to general health services we would like to see more resources directed at people who often fall between the cracks and this requires a proactive approach from health services as well. We also believe tackling the stigma of homelessness is key to empowering people to access the services they are entitled to. As indicated above, having different services sited together—for example, having mental health services sited within the housing and homelessness options team—makes a huge difference in that they can achieve better outcomes.

We would also like to see services explore the development of a mobile Mental Health team. There are many people we come into contact with who are rough sleeping or vulnerably housed in Edinburgh who are not linked in with mental health services. In the winter months when the Bethany Care Shelters are open in Edinburgh there are many partner agencies visit in order to increase their contact with those rough sleeping. It would be good to see something similar from a mental health perspective as often voluntary sector agencies find it difficult to link their clients in with mental health statutory services. This is further evidenced by the creation of the Homeless Link document – Working with Mental Health services – that seeks to build confidence in voluntary sector staff looking to refer clients in.

Finally, we would like to see services allow access to healthcare for migrants. From a public health perspective, it is surely better to treat conditions of all the population
in order to ensure that conditions and diseases are not being transmitted amongst the homeless community. It is seems short sighted to not offer health care to everyone who is resident in your area as this is ultimately the premise that public health works upon.

**What role could the “housing first” model play in improving outcomes for homeless people with multiple and complex needs?**

Housing First seems like a model that should be pursued where there is evidence that it will work. Our experience is that dependable and flexible support is fundamental to helping people maintain tenancies and move towards independent living. We have some concerns that the appropriate support requires a long term relationship to be built between a service and the person who is being supported and that current commissioning practices do not allow for support to be provided for more than a few months.

If someone with quite complex needs is allocated a tenancy but, two or three weeks in, the funding for our work ends, there is a very good chance that that situation will break down. For a lot of people, the housing first model is a very good route to take, but consistent support is very important in order to ensure that people settle into that tenancy, utilise it properly, make the necessary links in the local community, and get everything set up so that the tenancy will work for them.

**Rough Sleeping**

*How has the pattern of rough sleeping changed in your area? For example, is the number of rough sleepers increasing or have the characteristics of rough sleepers changed? What are the reasons for this?*

We work across a number of local authorities but in Edinburgh there appears to have been a real spike in rough sleeping. While we appreciate that there are no robust statistics around rough sleeping, our experience from the front line is that the problem is getting worse and this was explored and backed up by Streetwork in the Committee’s oral evidence session. For our staff who see the reality of rough sleeping, this is more than an anecdotal problem.

The reasons for sleeping rough are many and, as highlighted above, we believe poverty, mental health issues and relationship breakdown (or a combination of each) are the most common contributing factors to people ending up in this situation. It is also important to recognise that people may end up sleeping rough in Edinburgh if they have migrated to the city as a result of having no recourse to support in their own area or if they feel unsafe in temporary accommodation and choose not to be there. Sadly, for some people, sleeping on a church hall floor overnight with 40 people is a better option.

*What type of accommodation is offered to rough sleepers? / What type of approaches can contribute to the reduction of rough sleeping and achievement of sustainable housing solutions for rough sleepers?*
We are aware that approaches to offering accommodation to rough sleepers differs across the country but we would like to take the opportunity to bring to the Committee’s attention our Homeless Navigator Project. This is a new Comic Relief funded service within Cyrenians that seeks to address a visible problem with rough sleeping in Edinburgh. The project aims to offer an alternative opportunity for people who are experiencing homelessness and cannot, for whatever reason, make use of the current support services that exist in Edinburgh. The Homeless Navigator Project offers a peer support service, delivered by someone with lived experience of homelessness, for those who are rough sleeping or vulnerably housed.

The Homeless Navigator Project is deployed as a walking tour around Edinburgh in order to form supportive relationships with people and increase their uptake of services such as Housing, Health, Employability and Substance Misuse. The Peer Worker is there to offer empathy and understanding in relation to the barriers and challenges that face individuals. When working with marginalised and vulnerable people, establishing trust is crucial. A peer approach works on the basis that someone who has been through it themselves is motivated by positive, caring reasons – they have been there themselves and they know how challenging it can be.

Other

Are there any other issues relating to homelessness which you wish to bring to the attention of the Committee?

In conclusion we would like to reiterate the five themes upon which we believe any public policy response to homelessness should be based i.e.

1. Putting people first
2. Relationships
3. Role of the third sector
4. Poverty cannot be ignored
5. Mental Health Matters