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

The approach in our area to date has been a generic approach to homelessness prevention. Our sense is that has been based on the prevalent homeless population which is predominantly young and male. Shelter estimates that domestic abuse accounts for 12% of reasons that people give for becoming homeless. Anecdotally local housing officers indicate that domestic abuse is the main reason for women accessing homeless services. As a provider of temporary housing for women affected by domestic abuse, the majority of women accessing our services are homeless or are at risk of becoming homeless. The measures for prevention of homelessness for individuals in temporary accommodation include: improvements in personal motivation; understanding of the local area; ability to negotiate with landlords; participation in leisure activities. These measures for prevention of homelessness do not include safety or dealing with trauma. Our experience would be that a key factor for women avoiding becoming homeless as a result of domestic abuse would be their safety – both practical and emotional.

We feel that a ‘deficit’ model for addressing homelessness is not ideal and that sustainability is enhanced through a strengths based approach. We are currently working with the local authority to develop measures for prevention of homelessness that take into account the factors affecting women experiencing domestic abuse.

The potential for improving practice locally includes the development of a domestic abuse service redesign project that includes homelessness services; a multi-agency domestic abuse housing sub group which is looking at how housing policy can be improved; the redevelopment of a ‘safer houses’ project which aims to support women to remain in their own home with additional safety measures; the development of the MARAC with attendance by housing managers; the adoption of the ‘safe and together’ model of working in social work and the related focus on perpetrator behaviour in domestic abuse – e.g. looking at anti-social behaviour in the context of domestic abuse, rather than in the context of the whole household.

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

NHS, Local Authority, Police Scotland and the Third Sector jointly co-ordinate the local Violence against Women Partnership. This strategic partnership approach helps to trickle down to positive relationships operationally between Police, the local authority and the third sector.

It is more difficult to co-ordinate a strategic/operational relationship in the health service because of strict confidentiality protocols and the range and relative
independence of various NHS services. The IRIS pilot – supporting GPs to engage directly with specialist domestic abuse services supported improvements in this. The new localities model that services are moving to, might help with this issue as health are represented on all the localities management boards and sub groups.

Our experience would be that when agencies get round the table, understand each other’s roles and priorities and representatives get to know each other, the potential to offer sustainable preventative support is increased. An illustration of this would be the MARAC meetings which have been successful in highlighting women’s needs and developing creative and individualised responses to women and children’s housing needs amongst other things.

Women’s safety can be compromised if she doesn’t get the justice outcomes that she needs – for example special bail conditions pre-trial or a non-harassment order and this can impact significantly on her risk of homelessness.

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

In terms of delivery of housing options and homelessness prevention, housing practitioners should have domestic abuse training and there should be clear policies on responding to disclosures of domestic abuse and a clear local authority housing strategy and protocol in regard to domestic abuse and housing. Other housing providers who are in contracting arrangements with the local authority or who are providing social housing in the city should be signed up to the strategy and protocol.

The management transfer process could be simplified, women at present are being told that they should go down the homeless route when their secure tenancy becomes unsafe as a result of domestic abuse, thus having to give up their tenancy and become homeless.

There should be greater recognition of the interrelatedness of domestic abuse, trauma, mental health issues and self-medication leading to substance misuse and housing providers should engage specialist workers or work together in multi-agency teams to address the multiple and complex needs that leads to tenancy break down and homelessness.

One of our senior support workers states: “Council Houses need to be built, not just RSL (Registered Social Landlord) properties. If councils have more houses then it will generate more income for them and not just generate money for social landlords...more money needs to be put into staffing levels and training. More money needs to be spent on tenancy sustainment/resettlement. People on low incomes (who are not entitled to welfare benefits) need more financial support at the beginning of getting their tenancies especially if coming from temp or homeless accommodation and having no belongings/furniture etc. More discretionary housing benefit payments to help with benefit cap and under 25’s should be allowed to apply for Housing benefit. Discretionary housing benefit should be given to low income families who are just under the threshold for housing benefit. Families should be allowed to have pets in temporary accommodation. A multi-agency approach for all
people should be implemented to discuss all issues homeless people face. People need to be given the choice to stay in the area they come from, if they want instead of having to move out of the area and losing school placements, supports etc. already in place.”

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

There needs to be improved regulation of private housing providers, not just HMOs. Tenants’ rights could be improved for example something along the lines of an extension of the secure tenancy and fair rent schemes to private sector providers.

Planning permission for private sector builders should take into account the homeless accommodation needs/priorities in the local authority area.

5) What evidence is there of pressure on temporary accommodation in your area? Has this increased in recent years?

From one of our senior support workers “Families are being accommodated in B & B accommodation as there are no emergency/temporary flats/houses to put them into. Some families are sent to another local authority area to get B & B accommodation. Some families are put into premier inn rooms as well. This was not the case a few years ago but in the past 2 years this is becoming a daily occurrence. Families are being housed further away from their supports, schools etc. some families are being housed in the other end of the city. They can therefore lose school places etc. as they no longer stay in the catchment area. They also have to change GP surgery etc.”

6) 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?

From one of our senior support workers “More social housing needs to be available for homeless people (Build more houses). When I started at my place of employment 12 years ago people in temporary accommodation were only there for approx. 4 - 6 months before they were offered permanent accommodation. The lack of housing means people in temp accommodation are there for 12 – 18 months now. If the council built more HMO (Houses of multiple occupancy) accommodation and hostels etc. this would ease the burden but again, money and resources need to be used to allow this to happen. The types of temporary accommodation need to be looked at. There are B & B spaces, hostel spaces, refuge spaces, PSL (Private Sector Leasing) and some flats/houses. The latter is sometimes a good option for people as they can use the flat etc. as their own until a permanent option becomes available.”

7) Do you have any concerns about the funding of temporary accommodation? If yes, how should temporary accommodation be funded?

The forthcoming local housing benefit cap is a concerning issue for us. It appears that there may be some funding available through the Scottish Government to offset
this, but given that we are holding waiting lists for refuge at the moment and the housing crisis seems to be getting worse, it feels too risky to consider expanding our provision given the uncertainty over future funding. At the same time, exploring options for properties feels like the right direction in terms of need.

8) **How do Social Landlord’s allocation policies prioritise applications from homeless households and how does choice based lettings work in practice?**

This is a quote from one of our senior support workers “Most Social Landlords have an agreement with their local authority to allocate some of their properties towards homeless people. The allocation policies are in line with the local authorities...however, not many of our service users get offered housing association properties.”

9) **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?**

A quote from one of our senior support workers “There is no quick fix for this. People with complex needs will need more support and longer time to help deal with the variety of issues they face. Maybe more ‘halfway’ houses need to be available so they move on slowly before being expected to cope independently. Housing officers should be experienced in the issues that affect some people with complex needs. Some people with complex needs need supported accommodation, this needs to be funded as well and spaces need to be available for this. Our 24 hour refuge works long term with women/families who have complex needs including addiction and mental health as well as experiencing domestic abuse. This takes time to support women as there is often a lot of historical abuse women have experienced as well. We only have 8 flats in the whole city for women/families with complex needs.”

10) **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?**

The shift towards locality working, the domestic abuse service redesign and the positive experience of the MARAC give scope for improvements in the way in which joint working could support improvements for women and children with complex needs. As noted above, there are difficulties in engaging with health services – due to the complex structures and range of services within the NHS, but the involvement of health in localities structures may help provide a route through this issue.

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

A quote from one of our senior support workers: “More local GP surgeries could take temporary patients. Some areas will not take new patients and people have to access the homeless practice. This can be off putting for people who do not have additional needs. When people are in temp accommodation (if they want) they should be allowed to keep their GP etc. they are already registered with especially if
they would like to stay in or move back to the area. Identification can be an issue for people and if they don’t have a certain type of identification they can’t be registered (in some surgeries). Different GP surgeries/medical centres seem to have different procedures for temporary patients and different rules for registering with them.”

12) What role could the ‘housing first’ model play in improving outcomes for homeless people with multiple complex needs?

Housing and support services need to work together as a wraparound service for people with multiple and complex needs otherwise tenancy sustainability will become an issue. They need to go hand in hand at the same time. It would be risky to organise housing without support.

13) What are the reasons behind why people become homeless?

For the community that we work with domestic abuse is the single greatest reason for homelessness. Often women and their children have to leave their homes because it is no longer safe for them to stay there. Even if they stay and their home is made safe, there are memories of abuse that they often want to move away from. Unsuitable accommodation is regularly a reason for women returning to a perpetrator and there is a chance that she will become homeless again when the abuse becomes too much.

14) Can you give examples of best practice of effective strategic coordination of services to ensure there are no gaps or overlaps in homelessness services?

We recently had a city wide consultation on service redesign of domestic abuse services and a wide range of agencies and individuals participated, including service users. This has led to a redesign project board with a number of sub groups, including one on housing which is multi-agency and is looking at policy, protocols and prevention. For the past three years four organisations working with women affected by domestic abuse have been working together to co-ordinate our services and to ensure that duplication is minimised. This has been a successful pilot project and information is regularly shared – with permission – between agencies working with the same woman so that resources are maximised and the service appears seamless to the woman. The local Violence against Women Partnership (VAWP) has a service providers’ reference group which meets quarterly and feeds into the Chief Officers Group through the VAWP executive providing a route from direct service provision to strategic policy.

15) Are there any problems with people accessing their housing and homelessness rights? If yes, how can access be improved?

We have been having regular conversations in terms of resource allocation untangling some of the complexity around being a 3rd sector organisation providing housing information when housing officers have that role. We have been discussing the need for housing advocacy for women who are not being given the correct information or whose concerns aren’t being take seriously. We are working together with the local authority to improve responses to women affected by DA who are
accessing homeless services as getting the right response first time would free up valuable time for us to work with women on their recovery.

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

There are particular issues for women affected by domestic abuse who are on spousal visas and who find themselves as women with no recourse to public funds when fleeing abuse. Those who are not on spousal visas can find themselves in a worse position – perhaps as a student spouse - as they have no access to benefits and no access to the domestic violence concession. There are also particular issues for women from the EEA unable to access benefits. These women already marginalised by racism and often struggling to survive outside of their community can find themselves with no access to homeless support services.