LOCAL GOVERNMENT AND COMMUNITIES COMMITTEE

AGENDA

23rd Meeting, 2017 (Session 5)

Wednesday 27 September 2017

The Committee will meet at 9.30 am in the James Clerk Maxwell Room (CR4).

1. **Building regulations and fire safety in Scotland**: The Committee will take evidence from—

   Kevin Stewart, Minister for Local Government and Housing, and Bill Dodds, Head of Building Standards, Scottish Government;

   David McGown, Assistant Chief Officer, Scottish Fire and Rescue Service.

2. **Homelessness**: The Committee will take evidence from—

   Bridget Curran, Glasgow Housing Options Steering Board;

   Fiona King, Campaigns and Public Affairs Manager, Shelter Scotland;

   Jules Oldham, Head of Policy and Operations, Homeless Action Scotland;

   Dr Neil Hamlet, NHS Health Scotland.

3. **Subordinate legislation**: The Committee will consider the following negative instrument—

   The Charities Accounts (Scotland) Amendment Regulations 2017 (SSI 2017/284).

4. **Consideration of evidence (in private)**: The Committee will consider the evidence heard at agenda item 2.

5. **Work programme (in private)**: The Committee will consider its work programme.
6. **Consideration of evidence and draft report (in private):** The Committee will consider the evidence heard at agenda item 1 and will also consider a draft report on building regulations and fire safety in Scotland.

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Clerk to the Local Government and Communities Committee
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The Scottish Parliament
Edinburgh
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The papers for this meeting are as follows—

**Agenda item 1**
Note by the Clerk LGC/S5/17/23/1
PRIVATE PAPER LGC/S5/17/23/2 (P)

**Agenda item 2**
Note by the Clerk LGC/S5/17/23/3
PRIVATE PAPER LGC/S5/17/23/4 (P)

**Agenda item 3**
Note by the Clerk LGC/S5/17/23/5

**Agenda item 5**
PRIVATE PAPER LGC/S5/17/23/6 (P)

**Agenda item 6**
PRIVATE PAPER LGC/S5/17/23/7 (P)
PRIVATE PAPER LGC/S5/17/23/8 (P)
Local Government and Communities Committee

23rd Meeting 2017 (Session 5), Wednesday 27 September 2017

Building Regulations and Fire Safety in Scotland: Note by the Clerk

Purpose

1. This paper provides background information on the Committee’s inquiry into Building regulations and fire safety in Scotland.

Background

2. On 1 February 2017, the Local Government and Communities Committee agreed to undertake an inquiry into the building standards verification process.

3. The Committee issued a call for written views on 7 February 2017, which closed on 28 February 2017 having received 33 responses. In addition, an online survey was launched by the Committee which attracted 1,072 responses. The written views, summary of written views and the analysis of the online responses can be found online.

Local Government and Communities Committee Consideration

4. The Committee then held an informal meeting with individuals who had experienced the building wants process, following by two evidence sessions:

On 3 May 2017, the Committee took evidence from the following:

- Nicola Barclay, Chief Executive, Homes for Scotland;
- Malcolm McLeod, Director, NHBC Scotland;
- Stephen Kemp, President, Scottish Building Federation;
- Dave Aitken, Local Authority Building Standards Scotland;
- Jim Gilmour, Board Member, Federation of Master Builders Scotland.

Link to papers for meeting on 3 May 2017
Official Report of meeting on 3 May 2017

On 14 June 2017, the Committee took evidence from the following:

- Ross MacKay, Convener, Property Law Committee, Law Society of Scotland;
- Kenny McKenzie, Royal Institution of Chartered Surveyors in Scotland;
- Gilly Carr, President Elect, Institute of Clerks of Works and Construction Inspectorate of Great Britain;
- Glenn Campbell, Building Standards Manager, Highland Council.

Link to papers for meeting on 14 June 2017
5. Following the tragic fire at Grenfell Tower in London, the Committee agreed at its meeting on 21 June to widen its ongoing scrutiny of building regulations in Scotland to include the fire safety aspects of these regulations.

6. At its meeting on 13 September, the Committee took evidence from:
   
   David Stewart, Policy Lead, Scottish Federation of Housing Associations;  
   Kenny McKenzie, Royal Institution of Chartered Surveyors in Scotland;  
   Denise Christie, Regional Treasurer, Fire Brigades Union Scotland.

7. At its meeting on 20 September 2017 the Committee took evidence from:
   
   John Wood, Policy Manager, Communities Team, COSLA;  
   Michael Thain, Association of Local Authority Chief Housing Officers;  
   Dave Aitken, and Alan McAulay, Local Authority Building Standards Scotland;  
   Raymond Barlow, Assistant Head of Planning and Building Standards, Glasgow City Council.

8. Following the meeting on 20 September, the Committee agreed to write to the Scottish Government and Glasgow City Council on cladding found in private high-rise buildings. Links to the Committee’s letters to the Scottish Government and Glasgow City Council and the responses received can be found at:

   Link to Correspondence from the Convener to the Scottish Government of 20 September 2017
   Link to Correspondence from the Convener to Glasgow City Council of 20 September 2017
   Link to Correspondence from the Scottish Government to the Convener of 20 September 2017
   Link to Correspondence from Glasgow City Council to the Convener of 21 September 2017

9. At its meeting on 27 September 2017 the Committee will take evidence from the Minister for Local Government and Housing.

Next Steps

10. The Committee will also consider, in private, a draft report on the issues raised.
Local Government and Communities Committee

23rd Meeting 2017 (Session 5), Wednesday 27 September 2017

Homelessness: Note by the Clerk

Purpose

1. This paper provides background information on the Committee’s inquiry into homelessness.

Background

2. At its meeting on 8 February 2017, the Committee agreed its approach to the work it wished to undertake on homelessness. As part of this work, the Committee made three fact finding visits in February and March 2017. The Committee held evidence sessions on 8 and 22 March 2017 with a number of stakeholders and organisations involved in the fact finding visits.

Fact Finding Visits

3. On 22 February 2017, Members visited Streetwork in Edinburgh and met with staff and users of their crisis service. The service provides accommodation and support services for people in housing crisis or who are facing sleeping rough.

4. On 27 February 2017, Members visited the Simon Community in Glasgow and met with staff and women who are in emergency and temporary accommodation. Members also met with the Legal Services Agency to discuss issues in relation to the providing legal support to homeless people.

5. On 6 March 2017, Members visited Churches Action for the Homeless (CATH) in Perth and meet with staff to discuss issues relating to homelessness in rural Perth and Kinross. Members also accompanied development workers from CATH’s Outreach and Floating Support teams to rural locations and meet with service users.

Local Government and Communities Committee Consideration

6. On 8 March 2017, the Committee took evidence from the following:

- Adam Lang, Head of Communications and Policy, Shelter Scotland;
- Tony Cain, Policy Manager, Association of Local Authority Chief Housing Officers;
- Lee Clark, Manager, Conflict Resolution Service, and Mark Kennedy, Manager, Homeless Prevention Service, Cyrenians;
- Jan Williamson, Head of Services, Streetwork.
Call for Views

7. Following the evidence sessions on 8 and 22 March 2017, the Committee issued a wider call for views, based on the issues raised in its fact-finding visits and evidence sessions, from all interested parties as part of its work on homelessness. The submissions received as part of this call for views can be found at the following link:

   Link to written submissions received on homelessness

8. The Scottish Parliament Information Centre (SPICe) has produced a summary of the written submissions received. This can be found at the following link:

   Link to summary of written submissions on homelessness

9. Following the closure of the call for written evidence, the Committee considered the submissions received and agreed to hold a number of evidence sessions in September and October 2017.

10. At its meeting on 20 September, the Committee took evidence from people with lived experience of homelessness:

    • Saffron Rohan and Simone Smith (nominated by the Advisory Group at the Life Changes Trust)
    • Rhys Campbell, Thomas Lyon, Julie McCallagh and Emma Pearce (nominated by Shelter Scotland)

   Link to papers for meeting on 20 September 2017
   The Official Report for this meeting is due to be published by 6pm on Thursday 28 September 2017

11. At its meeting on 27 September, the Committee will take evidence from Glasgow Housing Options Steering Board, Shelter Scotland, Homeless Action Scotland and NHS Health Scotland. Written submissions from those organisations are attached at Annexe A.
Next Steps

12. The Committee will take evidence on homelessness from COSLA, Turning Point Scotland, Dr Adam Burley, the Criminal Justice Voluntary Sector Forum, the Legal Services Agency, the Simon Community and the City of Edinburgh Council at its meeting on 25 October 2017. The Committee will hold a further evidence session with the Scottish Government in 1 November 2017.
Written Submission from the Glasgow Housing Options Steering Board

I very much welcome this opportunity to provide written evidence to the Scottish Parliament Local Government and Communities Committee on Housing Options and Homelessness Prevention on behalf of the Glasgow Housing Options Steering Board. This has representation from Glasgow Health and Social Care Partnership, the Wheatley Group, Glasgow City Council, the Scottish Federation of Housing Associations, Glasgow and West of Scotland Forum of Housing Associations, Glasgow Homeless Network and Shelter.

This response is based on our experience of implementing Housing Options in Glasgow since 2012 and the findings of the second independent evaluation of Glasgow Housing Options which demonstrated the clear shift that has been achieved in front line practice to a more person centred, preventative model of delivery which reduces housing crisis and delivers substantial economies to the public sector in Glasgow.

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

We feel that housing options and homelessness prevention in practice in Glasgow is working very well as evidenced in the second comprehensive independent evaluation which encompassed: statistical analysis of Housing Options data, RSL business impact analysis, customer interview programme, engagement with staff, managers and leaders and prevention savings analysis. The evaluation also highlights many examples of good practice.

We would wish to see the Legislative framework amended to in order that it supports a person’s right to access a comprehensive housing options approach when they present as homeless. We believe that this would enhance a person’s ability to access services that would provide them with the opportunity to sustain their accommodation. Any amendment to the homelessness legislation should not diminish a person’s right to access emergency and settled accommodation.

The development of Housing Options in Glasgow has had to take account of massive structural challenges in the city including deindustrialisation, income and health inequality, and major reductions to public expenditure. It has also had to take account of the complex nature of the housing system in Glasgow and the complexity of customer need. The scale of the challenge in Glasgow dwarfs that of any other Scottish city – in fact, the number of people using the Housing Options route is almost three times higher here. No single organisation or agency can take on a challenge of this scale alone. From its inception as a ‘coalition of the willing’ we have
designed and developed a housing options model which reflects this context. Our model is founded firmly on partnership with a strong focus on building relationships to meet both the housing and underlying needs of the customer. Key development principles are prevention, capacity through collaboration and innovation to meet housing and underlying needs focusing on the connectivity, resource and expertise provided by partners working across housing, health, social work, financial inclusion and the third sector agencies. By developing the model around the principle of meeting housing and underlying needs, the model enables integration between housing management and care management creating a basis for a string housing contribution to the City’s integration agenda and national Health and Well Being Outcomes.

Good practice is at the heart of the infrastructure which supports the Glasgow Housing Options model. For example, the development and implementation of a consistent integrated assessment tool used across all partners:

- Supports a full diagnostic assessment of customer needs and personal circumstances including a detailed financial assessment during a comprehensive housing options interview
- Delivers a series of options and interventions that prompt the identification of tailored customer solutions
- Enables the sharing of information across housing options partners, with data protection standards, to enable collaboration across agencies to address complex needs.

This creates a seamless service for customers supported significantly by standardised paperwork across a diverse network of housing providers, statutorily homelessness services and health and social care partners.

There are a range of other good practice examples to support staff across all partners enhance and develop their knowledge, skills and confidence in delivering housing options. These include:

- ‘Preparing the way’ meetings with managers and awareness sessions for local housing, health and social work front line staff and managers
- Bespoke housing options training
- On site coaching and mentoring for eight weeks in each partner location as they ‘go live' with housing options
- An infrastructure of named contacts in each sector of the city established across health, social care, housing benefit, Scottish Welfare Fund and third sector partners to support staff address the housing and underlying needs of customers
Support to implement effective case management through facilitation at case discussions and conferences
Advice, information and practical assistance for complex cases
Delivery of the Housing Options toolkit in each location which provides comprehensive information on the range of services and options available to frontline staff
Briefing sessions to meet identified knowledge gaps
Support to deliver performance management and measurement
Financial inclusion and debt advice model aligned to homelessness prevention and funded by the Scottish legal Aid Board (SLAB) enabling colocation of Financial Inclusion and Debt Advice workers with the Community Homeless Teams. This evaluated extremely positively with £2.2 million in direct client gain and a further £1.5 million in debt management. Regrettably, this funding was no longer continued after March 17.

The evaluation found very strong evidence that Housing Options and Homelessness Prevention is working very well in practice with a 29% drop in homelessness; up to 7000 housing options interviews per annum; the protection of a rights based approach to homelessness; and strong evidence that it is successful in addressing and preventing the crisis of those with the greatest level of housing and underlying need. The evaluation also assessed the impact of Housing Options on City resources and identified a series of prevention savings benchmarks which demonstrated there are significant resource efficiencies achievable via the Glasgow Housing Options approach.

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

The evaluation found that Housing Options has succeeded in making huge progress in building partnerships, capacity and commitment across all the delivery partners. The Glasgow model now covers 72% of the social housing stock in the city. The development of such an extensive and diverse partnership network has developed a capacity within the model that delivers substantial opportunities to offer preventative information, advice and support to customers at or facing housing crisis across the city. The evaluation notes that anecdotal evidence from the Scottish Government suggests that whilst the publication of national Housing Options Guidance for RSLs should have a positive impact on engagement levels, to date the delivery of Housing Options in Scotland has often been led by local authorities and delivered largely though statutory homelessness services. The development of such an extensive and diverse partnership network in Glasgow has developed a scale and capacity within the model that delivers substantial opportunities to offer preventative information and advice and support to those experiencing housing problems across the city.
The named contact system is an integral component of the Glasgow housing options model and operates as an embodiment of the effective relationships central to the development of Housing Options. So too is the Link Officers network which meets on a sector basis across the three sectors in the city building relationships in each locality amongst the link officers from partner RSLs, and Community Homeless Teams and the GHSCP Housing and Homeless Leads who coordinate named contact referrals.

The Steering Board with representatives from Glasgow Health and Social Care Partnership, the Wheatley Group, Glasgow City Council, the Scottish Federation of Housing Associations, Glasgow and West of Scotland Forum of Housing Associations, Glasgow Homeless Network and Shelter work has overseen the development and roll out of Housing Options across the city promoting the relationships amongst us all which are critical to homelessness prevention in Glasgow.

The transferability of the Glasgow Housing Options model has been shown by the development of Housing Options for Older People, funded via the Integrated Care Fund Accommodation Based Strategy to help prevent delayed hospital discharge and help people move on from Intermediate Care. This has had excellent feedback from health, social care colleagues, older people themselves and their families and carers.

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

The challenges around homelessness accommodation are well documented. Supply and demand is an issue in the City and more about managing customer expectations – for example, customers want to live in specific areas and accommodation types. The Wheatley group report that most turnover is in multi-storey and tenement flats which are less popular with customers. The evaluation includes an assessment of the Glasgow Housing Options model with regard to compliance with the new Scottish Government Housing Options guidance. This assessment outlined detailed evidence supporting compliance with 10 of the Housing Options Guidance principles:

- Appropriate links between Housing Options and Homelessness
- A supportive organisational culture
- Robust policies and procedures
- A well trained workforce
- Effective partnership working
- High standards of customer care
The evaluation commented on the first principle - appropriate links between Housing Options and Homelessness - being perhaps the most contentious element of the guidance with the insistence from the Scottish Housing Regulator that Councils err on the side of caution and undertake homeless assessments whenever they had reason to believe that an applicant was homeless or threatened with homelessness, were undermining the preventative, problem solving aspect of housing options. In turn, the SHR was concerned to establish that local authorities did not achieve reductions in homeless applications at the expense of upholding statutory rights. The evaluation found compelling evidence that the Glasgow Housing Options model firmly protects a rights based approach with the provision of proactive and preventative housing information and advice. More customers who engage with frontline homeless services in Glasgow proceed to homelessness assessment (57%) than is the case for Scotland (48%). Furthermore customer engagement survey intelligence demonstrates a strong rate of retention for those who engage with the model to activate their rights under the homeless legislation. Survey outcomes suggest that 20% of customers engage with the model with the intent to make a homeless application but that following the housing options interview process, this increase to 24%. Post interview 26% of customers proceed to make a full homelessness application. In addition, guidance issued to staff across all partners implementing the Glasgow Housing Options clearly indicates that the immediate priority is to deal with any crisis and prevent homelessness.

Of the two guidance principles that did not fully comply the assessment found a clear need for better understanding of PRS options in respect of tenure neutral services, referred to in section 4. In respect of fully auditable record keeping the assessment found a strong commitment and effort from partners in developing a voluntary recording database which offers a total sample of records exceeding 10,000 customer interactions over the last few years. The assessment recommends improvements in the functionality of data capture systems which the Steering Board is aware of and recognised will require substantial financial and resource investment to set up and maintain.

The Glasgow model has been developed to align with the principles of Chapter 2 of the Code of Guidance on Homelessness (2009) and the Scottish Government’s Housing Options Guidance. Within this framework, the protection of a rights based approach meeting the needs of homelessness household has been prioritised. We believe that preventative and problem solving housing options approach we have
developed and invested in with our partners in Glasgow is crucial to homelessness prevention.

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

Private Sector housing providers have very significant role to play in preventing and responding to homelessness. This encompasses:

- affordability in terms of rent charges and deposits in the context of Welfare Reform
- willingness to accept tenants on benefits
- appetite to work with Community Homeless Teams and offer longer tenancy agreements
- willingness to invest in adaptations and agree to the use of key safes
- PRS knowledge of support services to assist tenants in difficulties
- maintain and ensure safety of properties.

Susanne Millar  
Housing Options Steering Board (Chair)  
Chief Officer Planning, Strategy and Commissioning  
Glasgow Health and Social Care Partnership / Chief Social Work Officer
Written Submission from Shelter Scotland

Shelter Scotland would like to thank the Local Government and Communities committee for inviting us to respond to its call for evidence. This comes after Shelter Scotland gave oral evidence to the Committee on 8 March 2017. Shelter Scotland helps over half a million people every year struggling with bad housing or homelessness through our advice, support and legal services. And we campaign to make sure that, one day, no one will have to turn to us for help.

Shelter Scotland launched the Homelessness: Far From Fixed campaign in September 2016, as we believe there is an urgent need for the Scottish Government to re-focus on homelessness through the introduction of a National Homelessness Strategy. We therefore welcome the Committee’s work on the complex issue of homelessness. Our campaign policy report outlines our key policy asks in more detail and can be found here.

Summary and Key Points

- Shelter Scotland wants to see a clear strategic focus on homelessness at a national level to ensure the best possible housing outcomes for those at the sharpest end of Scotland’s housing crisis. Despite a strong legislative framework and policy and practice improvements throughout the past decade, homelessness is still too common – on average in Scotland a household becomes homeless every 20 minutes. More must be done strategically to ensure that all aspects of our public services work more effectively to tackle and prevent homelessness.
- This is why Shelter Scotland is calling for a new national homelessness strategy, to build on the work of the 2001 Homelessness Task Force and provide national leadership and a framework for local action, which could pull together the many different strands of this complex policy area. Given the social and economic environment and continued strain on public sector resources, it is critical that action is taken now to deliver real improvements and safeguard those that have already been achieved.
- Shelter Scotland emphasises that our current housing system pushes too many people into homelessness, and recent welfare reforms are pushing more people further into poverty. The ongoing roll out of Universal Credit, the benefit cap reduction and the capping of housing benefit for social sector rents to Local Housing Allowance (LHA) levels directly threaten tenancies and risk pushing more people into homelessness. It is unlikely that the Scottish Government will be able to sustainably mitigate all of these changes.
- Shelter Scotland supports the prevention of homelessness through Housing Options, however this approach must not be confused with a whole system strategic approach to preventing homelessness. It also must not be misused to gatekeep homelessness services and housing resources. We want to see better guidance, monitoring, reporting and consequences around these issues.
- Shelter Scotland wants to see improvements in temporary accommodation standards, bringing them in line with the standards applied to permanent social housing, and for households to spend shorter times in temporary accommodation where possible.
- While there is good work ongoing with other agencies/departments to address the root causes of homelessness, there is still need for agencies such as social work,
health, criminal justice to work more collaboratively with homelessness services and the third sector to ensure joined up support and smooth transitions for households.

NB - All case studies in this paper are Shelter Scotland clients we have worked with within the last 12 months. All names have been changed to protect client identities.

Housing Options and Homelessness Prevention

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

- Shelter Scotland supports the introduction of Housing Options and an increased emphasis and strategic focus on the prevention of homelessness.
- Housing Options is still in the process of being fully and consistently embedded, and there is some variation and confusion among local authority teams about the Scottish Government recording of such services using Prevent1. It is critical that the forthcoming Housing Options Training Toolkit improves the consistency of approach across local authorities.
- We share the concerns raised across the sector that Housing Options is sometimes being misused to essentially gatekeep homeless services and resources. This may be the result of a training need or a systemic issue, however we must re-emphasise individuals’ rights under Section 28 and 29 of the Housing (Scotland) Act 1987 to make a homeless application and to be provided with temporary accommodation. It is critical that anyone who wishes to is permitted, and where appropriate, supported to make a homeless application. **Housing Options must not be used a rationing tool for housing.**
- This greater emphasis on preventing homelessness has led to an appreciation of how future costs can be offset if action is taken at an earlier stage to prevent homelessness.
- There are a number of projects including one by South Ayrshire Council which is looking at mapping the costs of homelessness scenarios, and building the evidence and case for greater prevention work.

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Case Study 1
Dave was 50 years old at the time of his gatekeeping incident and is recorded as having both mental and physical health issues. He had an open homeless application and had been sofa surfing with friends for a period of time until this was no longer an option. He went to his local authority to request temporary accommodation but was advised that none was available. At this point he was referred to Shelter Scotland who contacted the local authority casework team and requested temporary accommodation be made available for the client. The Shelter Scotland advisor was initially told by the casework team that none was available and so referred the client to the Shelter Scotland law service, however this was withdrawn as the local authority sourced last minute temporary accommodation which was accepted by the client.
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2. How effective is the relationship between all the relevant agencies, including the health sector, and charities working on homelessness prevention?
- Generally, there is the sense that relationships between agencies are improving, especially between housing and health services, as there is a growing understanding of how the two areas interlink. There is appetite to make best use of data held by both sectors to improve outcomes for service users.
- The forthcoming data linkage project between HL1 and health data, led National Records Scotland has been an example of good partnership working.
- It has been well evidenced over the last ten years that admission to hospital and/or prison can put an individual’s tenancy at risk. There should be a more strategic and joined up approach between housing, health, criminal justice and associated agencies and support teams to ensure that the housing needs of individuals in these care settings are understood, protected and catered for.
- There remain challenges around relationships with social work and the preparedness of young people exiting care settings to manage their own tenancies. This is especially pertinent given the ongoing welfare reform changes such as the capping of housing benefit at LHA levels, and the removal of automatic entitlement to help with housing costs for 18-21 year olds. Housing providers should take a more multi-agency approach to ensure that the holistic needs of families facing homelessness are considered, given the strong links to other Scottish Government policies around child poverty and GIRFEC.

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

- Shelter Scotland is calling for a new National Homelessness Strategy. Through our direct services and our policy work we are seeing a range of areas where progress on preventing and tackling homelessness has stalled or there is a need for better co-ordination to make best use of resources and ensure positive outcomes for those facing homelessness. From speaking with our clients and the people we work with and for across Scotland, we know that some people in crisis do receive good advice, information and support to achieve a successful, sustainable and affordable housing outcome. We also, however, see that too many people are failed by the system and the services they receive are not what they should be, or are legally required to be. From talking to partners across the sector we believe that the lessons learned from good practice, innovative initiatives and positive partnerships need to be identified more comprehensively and pulled together and shared in a new national homelessness strategy. Without this, we believe that crucial policy and practice improvements over the past decade are at risk of not being properly recognised or more widely adopted.
We are hopeful that the Housing Options Training Toolkit will improve housing options provision across the board and give staff members more guidance on their responsibilities.

There needs to be a better understanding across the board as to the root causes of homelessness both generally and in specific areas or with specific client groups and local authorities should shape their services around this insight and understanding to best meet local need.

A more flexible service provision should be championed, such as offering the option for people to make a housing application in their own home, without having to visit a council office. Another example of such flexibility would be local authorities taking a flexible approach to 'local connection' when considering a homeless application from prison leavers.

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

Currently, the private rented sector (PRS) is often not suitable for local authorities to discharge their homelessness duty into. However, it is an extremely important resource if it is managed properly and with the forthcoming changes to the PRS tenancy, it has the potential to play a greater role in reducing pressure on social housing waiting lists.

The PRS is the tenure of choice for some clients and the Rent Deposit Guarantee Scheme and ensuring tenants are aware of their rights means a private tenancy can increasingly be a good option for some people.

Shelter Scotland recently launched a pilot Letting Agent Plus project, which provides a point of contact and support for landlords who are letting to tenants who require extra support to maintain a tenancy.

The private rented sector does often remain too expensive for many households and in several areas, the help provided through LHA only helps households access the very cheapest end of the market. This percentage is made even smaller as landlords in these areas may not accept households using benefits as means to paying rent. Shelter Scotland has commissioned Heriot Watt to carry out research into this practice.

The new private tenancy regime coming into force at the end of 2017 will give tenants more rights but it will not solve all problems with the sector. It is critical that the new tenancy and its implications are comprehensively rolled out and an awareness raising campaign for tenants and landlords is delivered in order to make roll out effective.

Case Study 3
There are some areas where people want to stay but there is simply not enough social housing available. Examples of a client in Erskine looking for accommodation but no social stock in that area meeting his requirements, or client who applied for social housing but found a private rented property met her needs far better.
Temporary Accommodation

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

- We recently published our third annual report into the use of temporary accommodation in Scotland which showed that on average, households were spending longer in temporary accommodation, thus putting pressure on local authorities to provide more accommodation and for longer periods of time.
- Scottish Government statistics show that homeless families with children spent a total of nearly 1 million days in temporary accommodation last year. Evidence also shows that the median time spent in temporary accommodation by families with children has increased by almost 20% in the last two years to more than 20 weeks.
- Households with children spent longer on average in temporary accommodation than single households, showing that there is a lack of suitably sized permanent accommodation for families to move into, near schools and support networks.
- The imminent HL3 statistical return has the potential to tell us more about the use of temporary accommodation in Scotland and the pressures facing this essential element of our housing safety net.
- Aside from demand pressure, there is also increasing pressure on local authorities to provide good quality temporary accommodation with diminishing resources and with less financial reimbursement from housing benefit. Temporary accommodation funding will now be based on the applicable LHA rate plus a “top-up” from Barnett consequentials, leaving many local authorities at a financial loss in the provision and running of temporary accommodation. We share the concerns raised by ALACHO and others, about the significant projected funding gap for the future provision of temporary accommodation.
- We frequently hear of families turning down temporary accommodation, especially emergency temporary accommodation which may mean that they stay in a hostel or B&B for a short period of time. Temporary accommodation buildings are often seen to be unsuitable or dangerous places, especially for children.
- Leading on from this, we are concerned about the preparedness of local authorities to receive ex-offenders back into the community and provide them with accommodation which meets their needs and does not undermine their effective re-integration into society or threaten relapse into previous problems such as substance misuse.

Case Study 4
Laura her partner and her teenage son were living in private rented accommodation. Although they were not in arrears, their landlord asked them to leave. A move to alternative private rented housing was not affordable so they turned to the local council for help. The initial advice was incorrect and, if followed, would have put them into debt. Shelter Scotland advised and the family were able to move to temporary accommodation sooner than had been suggested by the council. However, they had to move from one temporary place with less than 24 hours notice and their new place is furnished so their own belongings are in storage. They've been told it may be years before they are offered a permanent home.
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?

- Shelter Scotland has for several years been calling for the standards of temporary accommodation to be improved and brought up to the standard of permanent social sector accommodation.
- The length of time spent in temporary accommodation is not necessarily a bad thing if it is of good quality, close to essential services and any support networks.
- It is also extremely important that communication between homeless services and households is good and consistent, to ensure that households are not “left in limbo” and unsure how long they will be in temporary accommodation for. Being in temporary accommodation can have a detrimental impact on other aspects of a person’s life, especially in relation to gaining and sustaining employment.
- We are increasingly hearing anecdotes about the growing demand and current lack of supply of suitable accommodation, especially for families, people with multiple and complex needs and those with disabilities.

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

- Shelter Scotland has significant concerns about the funding of temporary accommodation, which is reflected in recent research commissioned by ourselves.
- According to Tony Cain of ALACHO, local authorities are facing a projected annual funding shortfall of around £60million for the provision of temporary accommodation. We are concerned that this shortfall, coupled with other budget cuts, has the potential to significantly impact the quality of temporary accommodation and the experience of those in temporary accommodation.
accommodation and the associated housing support services that go with it and lead to increased experiences of gatekeeping of services and resources.

- We are concerned that increased funding pressures will lead directly to increased gatekeeping of services such as temporary accommodation, especially in relation to young people who have less access to financial help to pay for these services.

Permanent Accommodation

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

- Shelter Scotland believes that choice in allocations, for homeless families especially, could be improved. Families should be able to work more closely with local authorities and social landlords to support their housing choices. The process of Section 5 referrals (Section 5 of the 2001 Act gave registered social landlords the statutory duty to house homeless households) is patchy across Scotland, with a mixed picture of process and choice.

Multiple and Complex Needs

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?

- There is currently a great deal of interest in multiple and complex needs homelessness across the sector and our understanding of this area is improving.
- There is anecdotal evidence to suggest that it is those clients presenting with multiple and complex needs who can have particular trouble accessing their housing rights and are often furthest away from being able to do so independently.
- Shelter Scotland research into complex needs found a lack of a specialised response to individuals with complex needs and constraints on funding and resources that prevent the effective results for this client group. An example of this would be providing the length of personalised support with a single point of contact.
- There are several approaches being considered and shared in regards to dealing with multiple and complex homelessness e.g. Housing First and psychologically informed environments.
- Welfare reform and cuts to temporary accommodation funding in particular are making temporary accommodation providers less inclined to innovate or branch out in the services they offer to homelessness people with multiple and complex needs.
- There is some evidence to suggest that the work on psychologically informed environments can be helpful for services who deal with homeless people with multiple and complex needs, as it recognises that these people may not engage well with traditional service delivery and may be more responsive to less institutional and more person-centred settings.
Rough Sleeping

10. 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?

- While there is a general sense that the number of rough sleepers has increased, especially in Edinburgh and Glasgow, it is extremely difficult to establish a reasonable or reliable figure about the number of rough sleepers.
- There is also a sense that there is an increased number of rough sleepers who do not approach the local authority as they have no recourse to public funds – report into destitution.
- Bethany Christian Trust’s night shelters are an invaluable resource and their data can give some insight into night shelter usage.
- It is important to remember, however, that while it is the most tragic form, rough sleeping is just the tip of the iceberg of homelessness in Scotland.

**Case Study 8**

For one family, there was so many errors made on processing their housing benefit claim a complaint was made for maladministration. In addition, the family were one of the many subject to a random check by Concentrix in relation to their tax credits. This resulted in their tax credits being stopping during the investigation, meaning the family only received housing benefit and child benefit in this period. This pushed the family further over the poverty line, and they required food parcels and electricity vouchers to survive.

Other

11. What are the reasons behind why people become homeless?

- Simply put, homelessness is a product of our current housing system and recent and ongoing welfare reforms are exacerbating this problem.
- Rising house prices and high rental costs in much of the private rented sector means that these types of tenancies are increasingly inaccessible for too many people.
- Statistically speaking, relationship breakdown is the leading reason for why people present as homeless to their local authority. There is however only limited further insight and understanding of this that can be gained from official statistics.
- The way that the current social security system is set up and the direction of ongoing change means that many parents cease to receive support for children once they are 18 and therefore many feel the need to ask older children to leave the family home. However, once they do this, the household can in some cases in the social sector become liable for the bedroom tax due to “under-occupying” the property, thus putting both the parents and children at financial disadvantage.
- Social security problems are a significant source of difficulty to household tenancy sustainment through delays, admin errors, reducing periods in which to claim...
backdated payments, spot checks and suspension of payments during random investigations.

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

- Yes. Our advice and support services as well as our Housing Law Service at Shelter Scotland have highlighted an ongoing problem with local authorities gatekeeping homelessness services and resources and people not being made aware of their rights.
- The Scottish Housing Regulator has a role in ensuring that all local authorities and registered social landlords are complying with their statutory duties at all times in relation to every part of the homelessness system.
- Shelter Scotland’s assisted presentation group is helping people to present as homeless and its success rates are high.

Shelter Scotland would be happy to provide to the Committee further evidence and supporting information on any of the points noted above if required. We would also be very happy to facilitate some people with lived experience of homelessness meeting with or joining a Committee evidence session as/when appropriate.

Fiona King
Campaigns & Public Affairs Manager
Written Submission from Homeless Action Scotland

Executive summary

Scotland should be working to maintain and develop the culture which seeks long lasting solutions for everyone affected by homelessness and to avoid any return to ‘rationing’ services. We know how to eradicate and prevent homelessness; we have the legislation and guidance in place, but we need to utilise all the tools at our disposal to ensure consistency in good practice across the country.

The points below highlight our main recommendations:

- The Scottish Government should implement a plan to end both the use of nightshelters and B&Bs in the lifetime of this parliament.
- A 10-year plan was launched in May 2016 to end preventable youth homelessness. We seek an all-party commitment to prioritise this aim.
- ‘The Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2014’ should be extended to include young people.
- The Government should require all Local Authorities to have both a homelessness strategy, and a separate youth homelessness strategy; tying into other strategies across the LA.
- The Housing Options guidance should be reviewed, then made statutory and to include a section stating that Local Authorities should work across a broader range of departments both within and out with the Authority, in particular Eviction Teams; considering the full service roll out of Universal Credit.
- A stable and predictable funding regime should be in place to allow for preventative support to be provided across the country.
- Better linkage between violence against women services and the homelessness sector, and the funding to create and retain this.

Housing Options and Homelessness Prevention

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

Providing a range of housing options with a more holistic approach can be beneficial to people accessing services, and Homeless Action supports much of the work that has taken place to date. However, there are definite areas for improvement, and some Local Authorities have embedded the approach better than others.
How effective is the relationship between all the relevant agencies, including the health sector, and charities working on homelessness prevention?

Most Local Authorities are working to a Housing Options model, some with extremely good relationships with a varied range of external organisations. However, to date it has been almost exclusively retained within Local Authorities. The model is currently known and used primarily by Local Authorities. It is now time to shift this way of working to actively include Housing Associations and the third sector, improving communications and practice across the sectors and allowing different sectors to learn from one another.

Homeless Action Scotland welcomes the explicit recognition of the links between domestic abuse and homelessness in the ongoing Equally Safe delivery plan consultation. We are supportive of the commitments to ensure that LA have corresponding commissioned training resources. However, we would encourage a broader gender based violence approach to ensure consistency of knowledge and support for a diverse range of issues including childhood sexual abuse, human trafficking, homophobia, transphobia, commercial sexual exploitation and sexual violence, amongst many other factors, which are overrepresented in the homeless population.

This approach requires better linkage between violence against women services, the homelessness sector and LGBT organisations. To create this there must be well coordinated funding streams from the Scottish Government and support for linked up working which does not rely on third parties such as the lottery to fill the gaps.

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

Working within a rights-based system it is easy to see how attention can become focused only on the point of crisis. However, to improve outcomes for service users and prevent homelessness, Homeless Action Scotland believes that there is also a need to re-focus and fund long term prevention and sustainable solutions. The following points outline some of the more specific areas of opportunity for improvement:

- Homeless Action has shadowed homelessness assessments and Housing Options Interviews in a number of Local Authorities, gaining an insight into the different ways the model is approached.

Generally, there is a more holistic, person centred focus and the options provided reflect this. However, the options offered are not as tailored as they could be; too frequently the same options provided to different cases. This is
partly due to a lack of affordable options within housing, but for support services and broader solutions, there is further training and coordination with local services required.

Homeless Action Scotland supports a programme of training and looks forward to the Housing Options Training toolkit becoming available. However, we would ask for an explicit recognition that additional training also needs to be funded to expand knowledge relating to each locality, considering a wide range of support needs including local debt advice, mediation, mental health and employability.

- As well as reaching external sectors, Housing Options must become a cross department model within local authorities. The model should involve all relevant departments including social care, employability and education and in particular Eviction Teams. This suggestion is particularly timely given the likelihood of 6 week arrears where a tenant moves into Universal Credit.
- Homeless Action was pleased to be a part of the development of the Housing options guidance, and welcomed the guidance for Housing Options being implemented. However, we are aware that it was due to be reviewed April 2017 which we would welcome. After which we would recommend the document becomes statutory guidance.
- Updated guidance should also include specific guidance for housing options for youth homelessness, considering that both the reasons behind youth homelessness as well as the solutions can be different.

**Temporary Accommodation**

*What evidence is there of pressure on temporary accommodation in your area? Has this increased?*

Homeless Action believes that temporary accommodation is often not the most suitable option for people in crisis. While temporary accommodation can remain a useful resource to help people in certain circumstances, it does not provide an offer that is always fit for purpose. The following points give an overview of improvements that should be made:

- Bed and breakfasts are still widely in use across the country and for some Local Authorities there is very little evidence of attempts to decrease this. There needs to be a focussed plan to move funds from these establishments to suitable alternative accommodation types. All temporary accommodation should provide the minimum of a clean, furnished, safe secure place where someone is able to sleep in comfort, sit in calm, make a hot drink, cook a hot meal, wash themselves and launder clothes. This should be available to them for 24 hours of every day they are there. These basic needs are not met by B&Bs on several counts.
- Some LA’s automatically place people in temporary accommodation while they are assessed, and in many cases, they end up staying there much longer
term. This practice is not acceptable or financially sound, yet it is an unwritten pathway provided to so many.

- We would request that 'The Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2014' is extended to include young people, and in general for young people not be placed in accommodation where there are people with medium to high support needs. We would look for this change to eradicate the use of B&Bs for young people and improve temporary accommodation options, avoiding unsuitable allocations.

- There are currently a range of temporary furnished flats in each Local Authority; these are most often allocated to households with children. This is understandable given the number available, but does not make it the suitable balance of accommodation provision:
  Homeless Action would like to see an end to winter nightshelters and the use of B&Bs; both are unfit for purpose and prolong homelessness. However, to do so, we realise that for some Local Authorities these provisions will need to be replaced with something more suitable.
  Homeless Action would recommend that the solution is a larger number of temporary furnished flats with the possibility of support. We also know of some Local Authorities where nightshelters have been used, despite there being alternatives with hostel style accommodation and therefore the answer for these areas may not be additional accommodation provisions, but to look at provisions overall. For all of this to take place we need a strategy to make it happen.

- In addition to the above, we recommend that if the ‘temporary period of stay’ becomes longer than a year, that the person residing there is given the opportunity for it to become their permanent tenancy. The Local Authority should then make an alternative property available as temporary to replace that provision. This is unlikely to be any more costly than the current arrangements, but instead may result in less upheaval for the resident.

- There should be agreed minimum standards of accommodation across all forms of temporary accommodation, including B&Bs (whilst being used) and women’s refuges. The need for privacy, safety and stability is key to recovery from trauma and poor accommodation can affect wellbeing.

How can homeless people’s experiences of temporary accommodation be improved?

- There are also still people who are turned away, for all accommodation, despite their legal entitlement. We recommend that the Scottish Housing Regulator acts to ensure that these basic legal rights are met consistently across Scotland.

- Homeless Action Scotland has welcomed the work taking place between housing and prisons, but there are still cases where people are leaving prisons without accommodation in place. If there was more support and planning between prisons and housing, we could have someone moving directly into permanent accommodation. We recommend an independent
housing adviser in all short stay prisons. This is especially key with Young Offender Institutions.

Do you have concerns about the funding of temporary accommodation?

Though Temporary and Supported accommodation are funded differently, they are often provided by the same providers. Temporary accommodation has different functions: emergency accommodation whilst a household is assessed and ‘warehousing’ whilst a household awaits permanent accommodation. Homeless Action would suggest there is a greater emphasis on crisis temporary accommodation. It is important that funding takes account of the type of housing stock used in Scotland; that it takes account of the fact that sharing with another household may be unwise and that with a high turnover, housing management costs are likely to be high. Homeless Action commends work undertaken by ALACHO to produce a typology and costing of the different types of temporary accommodation required and recommends that a means be found to address the funding gap identified in that work.

Permanent Accommodation

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

The situation varies across Scotland. Homeless Action is concerned that ‘Section 5 referrals’ which ensure RSLs assist in housing homeless households are not being used as effectively as they should be in all areas. We recommend that the Scottish housing Regulator undertake a Thematic Inquiry into Section 5 referrals to ensure consistency across Scotland.

Choice based lettings do not work effectively for those who do not have time to wait (i.e. homeless people). While they are relatively simple to understand, ultimately, for any popular properties they rely on waiting time rather than need. All allocation policies are rationing systems which result from the lack of adequate affordable housing supply and all systems will have winners and losers. CBL is not an effective means of allocating social housing to homeless households.

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?
Health and Social Care Integration offers an opportunity to make a real difference to this client group. Too frequently we hear of situations where people who have mental health, addiction and housing issues have only one of their needs addressed rather than managing them holistically. Initiatives, such as Housing First for those with the most complex needs show very encouraging results. It is important that Integrated Joint Boards, Alcohol and Drugs Partnerships and housing (and support) providers pool resources to address the whole needs of individuals.

This client group, though relatively small, consumes significant resources with largely poor outcomes at present. It can change with co-ordinated funding and action.

There needs to be a better understanding of trauma, an end to the ‘treatment first’ approach, an end to services requiring sobriety before they will accommodate or treat households and significant progress to ensuring that services are available when they are needed.

• To be effective services cannot be one size fits all. Therefore, to improve delivery of homelessness prevention services and service user outcomes it is vital that we work towards holistic, person centred care. At a minimum, this means future guidance should consider promoting psychologically informed environments with an understanding of trauma, gender sensitive services which recognise the different needs and experiences of all genders, best practice domestic abuse training including a gendered analysis and ensuring that responsive and robust referral mechanisms are in place to link people into the support that works for them.

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?

• Homeless Action Scotland welcomes the increasing involvement of health in the partnership approach to tackling homelessness, but there is a danger of a ‘medicalised’ approach which looks on homelessness as a series of personal failings rather than also at the structural issues (supply of and access to housing and other services).

Homeless Action believes that through IJBs significant progress could be made in addressing the needs of this group.

• Dundee City Council has recently implemented a Lead Professional model, currently in its early stages. The approach is a person-centred case management model. The current aim is to reduce repeat homelessness. This is done by improving communication across services working with a service user, with one person taking the reins for managing the case and
keeping momentum. The services should have a TAY (Team Around You) meeting every 28 days, which the service user can also attend (if they wish to, or in part if they prefer). Each meeting should provide an update and actions for the next 28 days. This approach should enhance the service provided, avoid duplication of work and place the service user at the centre of the support. The commissioning team have been the drivers for this, which has been a key part of it being implemented.

Homeless Action would like to see the scheme evaluated and rolled out across Scotland, if proven to be effective for this client group.

- A lack of focus on gendered experiences of multiple and complex needs was highlighted by the 2007 Scottish Executive Literature Review on Multiple and Complex Needs. Homeless Action Scotland believes that this gap still exists and has a disproportionate impact on those experiencing homelessness. We strongly recommend a focus on gendered responses both within homelessness and in other services supporting those with multiple and complex needs.

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

- Homeless Action Scotland recognises the important contribution made by homeless specific health services but would recommend further to work to ensure mainstream services are designed to be accessible and suitable for this group. This includes more work around psychologically informed environments and trauma informed care.

- Homeless Action would recommend that the findings from the upcoming report on Health Data linkage with HL1 statistics are used to determine the direction of future services.

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

Homeless Action Scotland has evaluated 2 Local Authorities who have rolled out Housing First. The outcomes from the evaluations demonstrate very positive findings. However, Housing First is not suitable for everyone. There is a need for a range of accommodation types with appropriate support. Very often the savings to the public purse from Housing First benefit budgets which do not directly fund it (community justice, health etc.). Housing First relies to a large extent on third party funding to meet the higher housing support costs involved which ultimately benefit areas such as health and community justice as well as housing. A sustainable funding stream needs to be found to enable this approach to be mainstreamed.
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?

Homeless Action Scotland is currently conducting a second survey of rough sleeping. We are aware that HL1 statistics underestimate the prevalence of rough sleeping since the data only records those who approach local authorities. The statistics are welcome but do not give the whole picture. Homeless Action recognises that there are different cohorts within the rough sleeping population (regular rough sleepers, sporadic, ‘one off’, people without recourse to public funds, people who ‘sofa surf’ etc.). It is our view that to tackle rough sleeping effectively, different groups will require specific targeted action.

Here are some points we can share from the report findings so far:

- There is an obvious rise in visible rough sleeping
- There are several groups of people sleeping rough creating "communities" of rough sleepers
- In Edinburgh, there is an increase in groups of EU nationals (particularly Eastern Europeans)
- In Glasgow people don’t want to approach the council as they don’t think there’s any point
- Cases coming through appear to be more complex (poly drug use, mental health etc.)
- Due to commissioning of services, some organisations running multiple services, there is a knock-on effect if a person is excluded from one service - making it harder to access help
- There is a need for more outreach support
- Women are being exploited for sex in return for "protection"
- Mental health and Health services need to play a larger part in the solutions

Other

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

Information around homelessness provided by Local Authorities can be varied, and some wording available through websites can be misinterpreted. Homeless Action Scotland would suggest that there is standardised wording that is used across all Local Authorities highlighting people’s rights and providing clear routes how to access help and services.
Homeless Action Scotland is the membership body for organisations and individuals in Scotland working to prevent and tackle homelessness. Our members include local authorities, housing associations, voluntary organisations and individuals.

Homeless Action Scotland is happy for this evidence to be published.

Jules Oldham
Head of Policy & Operations
Written Submission from NHS Health Scotland

About Us

NHS Health Scotland is a national Health Board working with public, private and third sectors to reduce health inequalities and improve health.

Our corporate strategy, A Fairer Healthier Scotland, sets out our vision of a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives.

Our mission is to reduce health inequalities and improve health. To do this we influence policy and practice, informed by evidence, and promote action across public services to deliver greater equality and improved health for all in Scotland.

Key Messages:

- Health services (especially primary care, mental health and substance use services) and other frontline services such as justice can play a powerful role in early detection and prevention of homelessness.

- Those providing homelessness-related services (e.g. NHS, local authorities, local housing associations) should plan for, commission and implement evidence-based models of delivery and care, including ‘psychologically informed’ services’ and ‘housing first’, recognising that many of those experiencing repeated homelessness have experienced both adult and childhood trauma and adversity.

- The public, private and third sectors should maximise the connections between housing, health (including oral health) and social care to ensure those individuals and families affected by homelessness are supported by all necessary agencies in new and evidence-informed ways. Connections should include referral pathways, prevention protocols and partnership working where possible.

Housing Options and Homelessness Prevention

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

Given what we know about the causes of homelessness, the health of homeless people and the contact with health and social care services that some people have prior to a homelessness presentation at a local authority, the prevention of homelessness cannot be led by housing alone. The NHS and partners can contribute greatly through early intervention and prevention activity. In particular, services such as primary care, mental health and substance use services can contribute to the prevention of homelessness by identifying those who are at risk and signposting or supporting access to welfare and housing advice, including that provided by the third sector. In addition, homeless people and those at risk come into routine and regular contact with hospitals; therefore, contacts made in A&E or during
hospital admission and discharge are good opportunities for intervention and referral. Much good work is already happening in this area which can be built on.

At a more strategic level, there are many examples of effective relationships and close partnership working across and between sectors in Scotland. NHS Health Scotland hosts the National Health and Homelessness Group, which includes representation from national and local government; the health sector, including public health, primary care, oral health and psychology; housing; welfare; academia; and homelessness charities. This group was established to support implementation of the opportunities identified in the Scot PHN report, ‘Restoring the public health response to homelessness in Scotland’ii and continues to identify new opportunities for homelessness prevention as well as its mitigation.

NHS Health Scotland also supports the Scottish branch of the Faculty for Homeless and Inclusion Health which is a network of people from a range of backgrounds and sectors, including people with experience of homelessness, which is focused on improving the health care of homeless and other multiply excluded people such as Gypsy/Travellers, vulnerable migrants and people at risk of or involved in prostitution.

NHS Health Scotland has a Shared Agreement with Shelter Scotland in order to progress shared aims in relation to both housing and homelessness. The health sector is represented on the multidisciplinary Homelessness Prevention and Strategy Group, which is jointly chaired by COSLA and the Minister for Housing and Local Communities. Strategic health input is also present by representation on the Joint Housing Policy and Delivery Group (JHPDG) and both of its current task groups.

There has been excellent partnership work taking place between the Scottish Prison Service (SPS), Shelter Scotland and the Chartered Institute of Housing to develop standards for SPS to ensure no prisoner is released into homelessness. These are due for publication in 2017 and offer a powerful stimulus to positively address the interplay between justice and homelessness. Similarly the establishment of Throughcare Support Officers (TSOs) in SPS establishments is a welcome and positive contribution to both homelessness prevention and reduction of re-offending. The Community Justice (Scotland) Act 2016 and the newly formed national agency, Community Justice Scotland, provide further opportunities to strengthen links between justice, housing strategy and the universal health and social care services that people in contact with justice services need.

**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?
Many people who are homeless have multiple, complex support needs which overlap (e.g. drugs, alcohol, mental health, learning difficulties and physical health problems, as well as involvement with the justice system). As health services tend focus on single ‘issues’, this group struggles to access the mainstream service offer. Patients with so called ‘dual diagnosis’ (mental health and substance use issues) can all too easily fall between current condition-led services. The call for true ‘person-centred care’ is nowhere more needed than in the case of the multiply excluded homeless community with dual or indeed tri-morbidity (mental health, substance use and physical health problems). ‘One-stop shop’ arrangements do exist but mostly in the voluntary sector and these are often underfunded and challenged by the condition-specific funding they receive from commissioners who are characteristically siloed in traditional service approaches (such as mental health, alcohol, problematic substance use etc.).

People who have a history of severe childhood adversity, such as neglect, and those who are chronically homeless, may behave in ways that mainstream services and staff can find challenging. Those providing care can respond to such behaviour in ways that maintain exclusion, such as discharging a person because they are not using the service in a way that is expected. It is this complex relationship with care/authority figures and the way services respond that can maintain exclusion, despite the best intentions from services. Developing trusting relationships and managing emotions can be difficult for those who have experienced complex adversity in their lives. ‘Psychologically informed’ services or environments are intended to help staff and services to understand where these challenging behaviours are coming from, allowing staff to work more creatively and constructively with people.

Embedding the application of ‘psychologically informed’ service design and delivery is a core element of the work of the national Health and Homelessness Group. Already a number of third sector organisations (such as Y-People, Rowan Alba and Blue Triangle) apply this approach with excellent results. Public services have yet to fully embrace this evidence-based formulation. ‘Psychologically informed’ service commissioning is required in Scotland as the providers of front line services struggle to align the process-based demands of commissioners (usually NHS, Health and Social Care Partnership or local authority) with the outcome-based approach of psychologically informed delivery of services.

**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 health sector plays a key role in tackling health inequalities and in meeting the needs of people with multiple and complex needs, including homeless people. Public health in particular is well placed to orchestrate the partnerships required. There has been considerable development in terms of public health engagement and networking at national and local levels over the past two years arising from the ScotPHN report mentioned above. This has led to progress in data sharing between housing services and NHS secondary care and a national piece of work to examine the health impacts of homelessness and health due to be concluded in 2017. Local
Homelessness health needs assessments are also under way in a number of local authorities and their partnering Health Boards. Going forward the challenge is to embed emergent best practice across all Health Boards, primarily by proactive engagement of health in the network of Scottish Government Housing Options Hubs. This has been identified as a priority for the national Health and Homelessness Group, and approaches have already been made to some of the hubs to start to establish relationships. NHS Health Scotland is also a partner in the development of training materials for the Housing Options Hubs Training Toolkit and is considering the potential for material on housing and homelessness to be incorporated into core health inequalities training for NHS staff.

Housing can be seen as a bedrock requirement for wellbeing across the life course, thus lack of housing and housing insecurity underpins much of the adversity that leads to social disadvantage, poor health and exclusion. It will be important for strong housing (including homelessness) expertise to be embedded in the new Scottish Public Health body.

Health and Social Care Partnerships will be central to the development of Local Outcome Improvement Plans (LOIPs) in meeting the needs of the homeless community. The link between housing and Integration Joint Boards currently lies in the Housing Contribution Statements which are very variable in quality at present. There is a pressing need for housing to be more fully recognised as an essential partner alongside health to create local housing provision and support which generates wellbeing and mitigates the risk of homelessness.

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

Many of the thresholds to access support services are sub-optimal and offered too late to have an impact or to prevent homelessness. Much of current innovative practice is small scale, piloted or short term. Local planning and integrated models are necessary to achieve sustainable future models of homelessness prevention.

There needs to be a recognition of the bi-directional causality between housing insecurity and wellbeing – poor (or lack of) housing leads to poor health and poor health leads to levels of exclusion which can include homelessness. Thus a close relationship between GP clusters and local housing options and homelessness services are necessary. Housing options staff are ideally placed to detect health issues and a speedy, seamless referral process (ideally using ‘experts by experience’, mentors or advocates) from a housing interview to mental health, addiction and primary care services is needed. Similarly in primary care, there is need for recognition that prompt management of housing insecurity is a component of treatment and a key form of social prescribing. Where population density merits it, the establishment of a dedicated primary care service (nursing or GP-led) for the multiply excluded homeless is a robust mechanism for the provision of a multi-professional team to care for the health needs of the homeless.

**What role could the ‘housing first’ model play in improving outcomes for homeless people with multiple and complex needs?**
The recent ScotPHN report, ‘Foundations for Wellbeing’, demonstrates that good housing, encompassing not only the physical dwelling but also household circumstances, neighbourhood conditions, and the community in which homes are set, is an essential pre-requisite for human wellbeing. Adequate housing is also recognised in the Universal Declaration of Human Rights as a fundamental part of the right to an adequate standard of living. As well as providing protection from physical and psychosocial hazards, housing is central to many other determinants of our health, such as education, employment, social relationships, and environmental sustainability.

Because ‘housing first’ provides a relatively secure tenancy, and combines that with supportive treatment services in the areas of mental and physical health, substance use, education and employment, it delivers more effective outcomes for those with the most complex needs and who have previously experienced difficulties in sustaining tenancies. Evaluations from the approach in Glasgow and Renfrewshire support international evidence that it provides the best model to resolve homelessness in around 80% of those with complex needs. By providing a stable home for people to build their lives from, along with support that ‘sticks’ with the person, those with the most complex needs can be supported to overcome cycles of homelessness. From a health perspective, Local Authorities and commissioners should be actively pursuing ‘housing first’ as a component of their housing portfolio for the most complex individuals.

Other

What are the reasons behind why people become homeless?

Relationship breakdown is a major factor, thus seeking preventative approaches to family or other relational breakdowns is key to the long term prevention of homelessness. Homelessness is often a late marker of a history of adverse childhood experiences (ACEs), care experiences, involvement in the justice system, mental health problems, abuse, violence and harmful substance use. The current focus on positive parenting, and support in the early years, is a key aspect of homelessness prevention. Also the rising awareness of ACEs and their impact across the life course is a welcome mechanism which will, from a psychologically informed perspective, help address one of the core underpinning causes of homelessness. NHS Health Scotland has established a Scottish Adverse Childhood Experiences (ACEs) Hub, to raise awareness of the impact of childhood adversity on later health and wellbeing and identify actions to both prevent and respond to ACEs. NHS Health Scotland is working closely with a range of partners to generate action on ACEs, including with Scottish Government.

Clearly the lack of social and affordable housing must also be addressed, alongside the critical impact of welfare reform on both individuals and the mechanisms by which local authorities fund their temporary housing portfolios. There are also opportunities for prevention and intervention around the key transition points when at-risk individuals can become homeless. These can be summarised as points of ‘leaving’ or ‘losing’. Risks are high when leaving care as a child, leaving home following relational breakdown or leaving an institution such as prison, hospital or the military. Loss following a bereavement, a job, a relationship or a mental illness can
also precipitate homelessness. By targeting prevention at these critical transition points, individuals at highest risk can be helped to navigate such times.

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

A human rights based approach recognises access to services as a fundamental aspect of the right to health. Using tools such as **Health Inequalities Impact Assessment**, which includes equality and human rights impact assessment, when planning or redesigning services can help planners and providers to assess the accessibility and acceptability of services to all users, including those who are homeless or otherwise marginalised. As discussed above, using ‘psychologically informed’ approaches which recognise the trauma people may have experienced is likely to improve the accessibility of, and people’s engagement with, services.

There is a need for further training for health and social care staff on the rights and entitlements of people who are homeless. For example, issues remain around prompt GP registration and the requirement for primary care to gate-keep access to community mental health, alcohol or substance use services. Recent NICE guidelines on transitions of people with mental health problems between hospital and the community and the Equalities and Human Rights Committee report **Hidden Lives – New Beginnings** identify cross-cutting issues pertinent to this agenda and examples of best practice.

The role of ‘experts by experience’ or peer supporters, and of advocacy, is also central to improving access to housing and homelessness rights.

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

Taking a strategic cross-sectoral approach to homelessness prevention requires adoption of the principles clearly laid out in the Commission on Housing and Wellbeing’s report **A blueprint for Scotland’s future**. Housing policy and practice in Scotland underpins wellbeing and health across the life course and as such acts as a potent driver alongside poverty alleviation to prevent ill-health and reduce social and health inequality. The role of Community Planning and the development of LOIPs together with a much stronger engagement of IJBs with housing (and homelessness) services are opportunities not to be missed.

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References


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v http://www.gov.scot/Topics/Statistics/Browse/Housing-Regeneration/RefTables/HealthHomelessnessDataLinkage


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Local Government and Communities Committee

23rd Meeting, 2017 (Session 5), Wednesday 27 September 2017

Subordinate Legislation

Overview of instruments

1. The following instrument, subject to negative procedure, is being considered at agenda item 3 today’s meeting:

- The Charities Accounts (Scotland) Amendment Regulations 2017 (SSI 2017/284).

Procedure

2. Negative instruments are instruments that are “subject to annulment” by resolution of the Parliament for a period of 40 days after they are laid. All negative instruments are considered by the Delegated Powers and Law Reform Committee (on various technical grounds) and by the relevant lead committee (on policy grounds). Under Rule 10.4, any member (whether or not a member of the lead committee) may, within the 40-day period, lodge a motion for consideration by the lead committee recommending annulment of the instrument. If the motion is agreed to, the Parliamentary Bureau must then lodge a motion to annul the instrument for consideration by the Parliament.

3. If that is also agreed to, Scottish Ministers must revoke the instrument. Each negative instrument appears on a committee agenda at the first opportunity after the Delegated Powers and Law Reform Committee has reported on it. This means that, if questions are asked or concerns raised, consideration of the instrument can usually be continued to a later meeting to allow correspondence to be entered into or a Minister or officials invited to give evidence. In other cases, the Committee may be content simply to note the instrument and agree to make no recommendation on it.

Background

The Charities Accounts (Scotland) Amendment Regulations 2017 (SSI 2017/284)

4. These Regulations amend the Charities Accounts (Scotland) Regulations 2006 to add the Institute of Financial Accountants to the list of organisations whose members may independently examine a charity’s statement of account under regulation 11(2). Regulation 11(2) applies where there is a requirement for the charity to have its statement of account examined by an independent examiner by virtue of regulation 11(1) and the charity prepares its statement of account under regulation 8 (statement of accounts - fully accrued accounts) or the statement of account is deemed to have been prepared under regulation 8 by virtue of regulation 14(5) (special case charities). The policy note for this instrument is attached at Annexe A.
5. An electronic copy of the instrument is available at:


Delegated Powers and Law Reform Committee Consideration

6. The Delegated Powers and Law Reform (DPLR) Committee considered this instrument at its meeting on 19 September 2017 and determined it did not need to draw the attention of the Parliament on any grounds within its remit.

Committee Consideration

7. The Committee is **not required** to report on negative instruments, but should it wish to do so, the deadline for reporting on the instrument is **2 November 2017**.

8. The Committee is invited to consider the above instrument and whether it wishes to report on any issues to the Parliament in relation to it.
POLICY NOTE

THE CHARITIES ACCOUNTS (SCOTLAND) AMENDMENT REGULATIONS 2017

SSI 2017/284

1. The above instrument is made in exercise of the powers conferred by section 44(4) and (5) of the Charities and Trustee Investment (Scotland) Act 2005. The instrument is subject to the negative procedure.

Policy Objectives

Independent examination

2. The purpose of this instrument is to amend regulation 11(2)(a) of the Charities Accounts (Scotland) Regulations 2006 ("the 2006 regulations") to add the Institute of Financial Accountants (IFA) to the list of organisations whose members may independently examine a charity’s statement of account under that regulation.

3. Under section 44 of the Charities and Trustee Investment (Scotland) Act 2005, all charities in Scotland are required to prepare a statement of account each year and to have that statement of account independently examined or audited before submitting it to the Office of the Scottish Charity Regulator (OSCR).

4. Independent examination is a form of external scrutiny which offers an assurance that nothing has been found in the charity’s accounts that needs to be brought to the attention of the readers of the accounts. An independent examination is less rigorous and less costly than an audit.

5. There are detailed rules setting out the type of accounts that must be prepared and whether these must be audited or independently examined. The type of external scrutiny which is required depends upon the gross income of the charity; what is said in the constitution of the charity and in any relevant legislation; whether the charity is a company; the value of assets held by the charity for the accounting period and any relevant decision of the charity trustees.

6. For charities with statements of account which require to be independently examined, the independent examination must be carried out by the Auditor General for Scotland, a person appointed by the Accounts Commission for Scotland, a full member of the Association of Charity Independent Examiners or a member of one of the organisations listed at regulation 11(2)(a) of the 2006 regulations.
The IFA

7. The IFA is an internationally recognised professional accountancy membership body and has 200 members in Scotland. Its members are currently listed as a individuals who can undertake independent examinations of charities’ accounts in England and Wales and Northern Ireland.

8. Many of the IFA’s members in Scotland have charity clients, but they are currently unable to undertake independent examinations of statements of account prepared in accordance with regulation 8 of the 2006 regulations (or statements of account which are deemed to have been prepared under regulation 8 by virtue of regulation 14(5)). The IFA accordingly made a request to the Scottish Government to update the 2006 regulations to bring the position in Scotland into line with that in England, Wales and Northern Ireland.

9. The Scottish Government considers that it would be appropriate for members of the IFA to be added to the 2006 regulations, given its internationally recognised status, the high quality training it provides to its members and the fact that IFA members are permitted to undertake independent examinations of accounts elsewhere in the UK.

10. In addition, the Scottish Government is aware that many charities struggle to find an independent examiner for their statement of account, particularly where this has been prepared (or deemed to have been prepared) in accordance with regulation 8 of the 2006 regulations for the first time. Adding members of the IFA to the list of individuals who may serve as independent examiners in Scotland will hopefully lessen this problem.

Commencement date

11. The commencement date for these regulations is 3 November 2017.

Consultation

12. There is no statutory requirement to consult on an amendment to regulation 11(2) of the 2006 regulations. However the Scottish Government has sought views from OSCR, which is supportive of this amendment.

Impact Assessment

13. No Impact Assessments have been carried out in connection to this instrument as it will not have any impact on business, equality, privacy or children’s rights.

Financial Effects

14. There are no financial implications associated with this instrument.

Scottish Government
Directorate for Local Government and Communities