



**OFFICIAL REPORT**  
AITHISG OIFIGEIL

# Local Government and Communities Committee

**Wednesday 22 March 2017**

**Session 5**



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**LOCAL GOVERNMENT AND COMMUNITIES COMMITTEE**  
**9<sup>th</sup> Meeting 2017, Session 5**

**CONVENER**

\*Bob Doris (Glasgow Maryhill and Springburn) (SNP)

**DEPUTY CONVENER**

Elaine Smith (Central Scotland) (Lab)

**COMMITTEE MEMBERS**

Kenneth Gibson (Cunninghame North) (SNP)

\*Ruth Maguire (Cunninghame South) (SNP)

\*Graham Simpson (Central Scotland) (Con)

\*Alexander Stewart (Mid Scotland and Fife) (Con)

\*Andy Wightman (Lothian) (Green)

\*attended

**THE FOLLOWING ALSO PARTICIPATED:**

Margaret Ann Brünjes (Glasgow Homelessness Network)

Eddie Nelson (Churches Action for the Homeless)

Beth Reid (Crisis)

**CLERK TO THE COMMITTEE**

Clare Hawthorne

**LOCATION**

The James Clerk Maxwell Room (CR4)



# Scottish Parliament

## Local Government and Communities Committee

Wednesday 22 March 2017

*[The Convener opened the meeting at 10:02]*

### Homelessness

**The Convener (Bob Doris):** Good morning, everyone, and welcome to the ninth meeting in 2017 of the Local Government and Communities Committee. I remind everyone present to turn off mobile phones. As meeting papers are provided in digital format, members may use tablets during the meeting.

Apologies have been received from our deputy convener, Elaine Smith, who unfortunately cannot make it this morning.

At agenda item 1, the committee will take evidence from Margaret Ann Brünjes, Eddie Nelson and Beth Reid. I would normally give your full titles and organisations, but I thought that it would be helpful for people who are watching the meeting if you said a little bit about the organisations that you represent to get that on the record before we move to the first question. I thank everyone for coming along.

**Margaret Ann Brünjes (Glasgow Homelessness Network):** I work for the Glasgow Homelessness Network. Glasgow is our home, but we have a number of programmes that work more broadly throughout Scotland. We focus on the long and broad perspective, looking at the root causes and consequences of homelessness and providing some solutions. We have an umbrella role in Glasgow—we do not provide services directly.

**Eddie Nelson (Churches Action for the Homeless):** I work with Churches Action for the Homeless. We are based in Perth and cover the whole Perth and Kinross area. The different parts of the organisation include a floating support team, an outreach team and, currently, a day centre. Over the past 12 months, we have been working in the resettlement field. We work with other agencies, both statutory and voluntary, in the city of Perth, and we also cover the surrounding rural areas.

**Beth Reid (Crisis):** I am policy manager at Crisis. We are the national charity for homelessness, and we work across the United Kingdom. Our aim is to end homelessness—we are an ambitious organisation. We do a lot of research and campaigning. We have skylight centres across the UK, including the centre in

Edinburgh, which works with approximately 600 people in Edinburgh and the Lothians. We work primarily with single people, for historical reasons that are to do with some of the legislation. In addition, we have, for the past 10 years, supported rent deposit guarantee schemes across Scotland.

**The Convener:** I thank you all for being here this morning and for taking the time to say a little bit about your organisations. We now move to questions.

**Andy Wightman (Lothian) (Green):** I too thank the witnesses for coming along. The committee is in the early stages of examining the issue of homelessness and considering what it might do during the current session of Parliament, so it might be worth starting with a broad question. What progress has been made in tackling homelessness over the past five to 10 years?

**Beth Reid:** The system of priority need has been ended. The legislation that came into force in 2012 was a major step forward in homelessness legislation, both in Scotland and internationally, as it gave people who are homeless significant rights to settled accommodation. At the same time, we introduced the housing options system, which has helped to reduce the number of homelessness applications by giving people advice, support and so on.

We need to keep going and keep up that momentum—we should not rest on our laurels. A lot of changes in the wider environment, and welfare reforms in particular, are making it more difficult for people to meet their housing costs and sustain their housing position. In some of our cities, we seem to see more people on the streets for all sorts of reasons—whether they are European Union nationals or people with very complex needs.

We have made really good progress, but we need to keep up the momentum and ensure that things do not go backwards. Our aim as an organisation is to end homelessness. We want to ensure that the momentum gets going and that we step up the level of ambition.

**The Convener:** We will definitely explore all the challenges that Beth Reid has mentioned. What progress do you feel has been made over the past five to 10 years, Eddie?

**Eddie Nelson:** There has been progress in some respects. I have worked with CATH for 20 years. When I first started working in the Perth area, there were 35 to 40 rough sleepers; we now have only two or three. To go back to what Beth Reid said, a couple of them are EU nationals. For one individual, homelessness is a lifestyle choice.

With regard to the housing options approach, over the past 12 months, Perth and Kinross

Council has been considering the housing first, or homes first, model, which has positives and negatives. People are offered houses and homes but, to a certain degree, they cannot maintain them. To an extent, they have been institutionalised by going through hostels and temporary accommodation. In addition, more than 85 per cent of the people whom we work to support have multiple issues that make their lives chaotic.

The biggest difficulty that we face is engaging with many of the individuals whom we work to support, as some of them fear statutory services. Sometimes they will work with the third sector, however, so we need to better co-ordinate statutory services with the third sector to ensure that there is a more concentrated effort to work with individuals who might otherwise slip through the net.

We have examples from our case studies. One guy in his 60s has had six tenancies in the past 10 years, but he cannot maintain a tenancy, so he always ends up back in a hostel. He has alcohol issues—he goes through the recovery period and is offered a house, but he then experiences loneliness and isolation as he is living away from the peer group who used to support him. He is then attracted back to his peer group, which leads him back to the alcohol issues.

I am sorry—I get accused of rambling at times; it is my first time at committee.

**The Convener:** The committee has discussed the questions that we are keen to ask and the points that we want to explore in further detail. We will explore in much more detail the issues that you and Beth Reid have raised, so I reassure you that you are not rambling at all—you are helping to set the scene for committee members.

**Eddie Nelson:** I do go on at times.

**The Convener:** You are reassuring us that we have a grasp of the issues that we want to explore further. Does Margaret Ann Brünjes want to add anything?

**Margaret Ann Brünjes:** I am not often asked about, nor do I have the opportunity to reflect on, the question of progress. People who work in the homelessness sector are working so deeply within it that we do not often look back and reflect on all the changes and improvements that have been made. Each of us has worked in the sector for around the same length of time that Eddie Nelson described, and we have seen significant progress. The biggest change, as you will know from our submissions or from your own experience, has come through the advancements that have been made through legislation in Scotland. To put it simply, we have the best homelessness legislation in the world, as it gives people many rights.

However, it does not ensure that everybody is able to claim or exercise those rights, and that is the area in which each of our organisations is operating.

A report was published yesterday by an umbrella organisation called FEANTSA—the European Federation of National Organisations Working with the Homeless. It demonstrated that, in every single country across Europe—counting the UK as one country—homelessness has got worse. The only country in which homelessness has not worsened is Finland, and the key difference is its housing first approach. Instead of using housing first simply as a model, Finland has embedded it as a national strategy and made it a central plank of the country's whole approach to homelessness, in particular for people with complex needs. I realise that I am now wandering away from reflecting on the progress that has been made and talking about what comes next. I would welcome the opportunity to chat more about the housing first approach.

**The Convener:** Absolutely. Everything that you have said sets the scene for what we want to explore further. Andy Wightman, do you want to take some of that forward?

**Andy Wightman:** Yes—I echo the convener's comment that we will follow up on a lot of that detail.

Is it fair to say that, in broad terms, there has been an improvement, and that we now need a greater focus on people's complex needs and the greater complexity that accompanies preventative work? That might include complexities that arise, as Eddie Nelson said, when people are not able to sustain living in their new accommodation. We have made big strides in tackling what we might call the black-and-white homelessness issue, although we have more work to do, but we now need to focus on those more complex issues. Is that a fair summary of what you are saying?

**Eddie Nelson:** Yes.

**Beth Reid:** I think that it is fair. I also highlight the funding challenges that are coming up, especially around temporary accommodation; the pressures in the welfare system, which funds homelessness teams in local authorities; and the pressures on local authorities more generally. That aspect needs to be looked at in the wider mix.

**Margaret Ann Brünjes:** The proportion of people who have multiple disadvantages is increasing. Homelessness in Scotland is reducing overall, in terms of the numbers of people who make a statutory application to the local authority, but the proportion of people whose needs are deeper is increasing. There is a focus on that element both nationally and locally, because it is the bit that we are not getting right, although a

number of us have various solutions; I hope that we will have the chance to chat more about that.

**Andy Wightman:** I will leave that there, but I reiterate that we are interested in your views on the priorities that we should focus on in our work. We are actively considering the area that you highlight, and we will have a chance to reflect on it towards the end of the session—it is a big topic. Whatever we do, we want our work to be as productive as possible.

**The Convener:** I am conscious that we want to explore the housing options approach further. That point has come through quite strongly in the evidence so far. Perhaps we might tease it out a little more, and make our approach to questions more thematic.

I want to make sure that we understand what the housing options approach actually is. In our understanding, it is an alternative to the traditional homelessness route in which a person pitches up and says to a local authority, “I am homeless—help me.” Under the housing options approach, the person indicates their housing needs, issues and problems in advance, and the local authority, housing association or registered social landlord will meet them to discuss their options before they get to the homelessness stage.

10:15

It is a semi-preventative measure, if you like. However, when we look at the statistics on the numbers of, and outcomes for, those who present as homeless and those who present within the housing options system, it is not clear whether the homelessness situation is improving or whether we are simply moving a group of people who would otherwise have presented as homeless into another category. The latter is fine, as long as we measure the outcomes for those in that category to ensure that they are better than the outcomes for those who take the traditional homelessness route. If the outcomes are the same, the categories should really be kept together as one housing statistic. I would appreciate any thoughts from witnesses on how the housing options system works and whether the outcomes are better than they are for those who take the traditional homelessness route.

**Eddie Nelson:** In my experience, the housing options approach has benefits with regard to the preventative work that you mentioned. Our organisation has worked in Perth for 20 years, and we have found that the new approach is making a difference, but there are grey areas for someone who presents as homeless. Unfortunately, most of the individuals with whom we work have chaotic lives; a high percentage are suffering from drug and alcohol misuse issues. It is difficult for them to

build up the confidence to say to a housing options team, for example, that they are having difficulty with their accommodation so that support can be provided to enable them to maintain it. A lot of our service users seem to have a sense of hopelessness. They may think, “I have a house, but where do I go and what do I do? What support can I be provided with to stay in that house?”

The support service is not really co-ordinated—we need more co-ordination between the third sector and the statutory sector. I am sorry if I am going a wee bit off track. Previously, cases were divided into priority and non-priority cases, taking into account certain issues. That was done through a 15-minute face-to-face talk with the individual, sometimes when they approached the local housing advice centre. Individuals who seek advice are sometimes very angry because of their circumstances, and their behaviour is not exactly positive. Such cases highlight the importance of training for front-line staff; they need more training in how to deal with such situations and how to provide individuals with the best service, advice and options. Am I going off track, convener?

**The Convener:** No—that is helpful. I rolled two or three questions together; perhaps I should have narrowed it down to one question.

Let us imagine that someone has a private tenancy that has three or four weeks left to run. The accommodation is very overcrowded, the landlord is not nice and the person cannot afford the rent, so they know that they are going to be homeless. I am curious to know who decides whether they should take the housing options route or the traditional homelessness route. For example, are they told that they will be dealt with through a section 5 referral to a housing association? What happens in practice? It would be helpful if any of you can give us a steer on that based on your experience.

**Beth Reid:** There is a tension between the legislative approach and the housing options approach; that is well known. If we use the housing options approach, are we preventing people from getting their statutory rights through the homelessness system? The Scottish Housing Regulator looked at that issue a couple of years ago, and some non-statutory guidance on it was published last year, but it still creates a tension for local authorities.

I imagine that, in a situation such as the convener described, what happened would depend on whether the individual had a notice to quit and the point at which the local authority intervened. In the areas in which we work through our skylight centre, we see that there are a lot of pressures on the local authority. People who go to the council are often told, “There is a three-hour wait. You can hang around—we might be able to

see you at the end of the day or we might not, or you can come back later.”

People are often discouraged, whether deliberately or not, from presenting at an early stage, so it is not until they have been kicked out by their landlord and are actually homeless that they seek help. At that point, they are in crisis and need emergency help, but it is much more difficult to help them.

**The Convener:** That is very helpful. Do local authorities count statistics on that? I would be keen to know with regard to Glasgow, for example, how many people turned up who said that they were homeless and on the street, how many were homeless and sofa surfing, and how many had been chucked out of a private let. Is data collected that would show that on any given day there had been, for example, 20 people presenting as homeless, with 10 being told to come back once they were actually homeless or being told to go for the housing options approach? Is data collected on those areas that could be used to analyse what is happening across Scotland?

**Beth Reid:** An awful lot of data is collected. We have the HL1 form statistics for when anyone makes a homelessness application and we have the PREVENT1 statistics for those who take the housing options approach. Through our skylight centres, we have worked with clients who will say “Well, I went to the council and I told them that I was homeless.” I am talking about not just the City of Edinburgh Council but other councils. Our clients will say that they told the council that they were homeless but did not get any help. We go back to the council and ask whether the person has made a homelessness application, because they think that they have, but it often turns out that it has not been accepted as such. Again, a lot of data is collected, but how it is collected seems to vary according to the council area.

**Margaret Ann Brünjes:** In the Glasgow context, the experience that has been described is less likely to happen if somebody goes through the housing options route than if they go through a direct homelessness route. Data about those who present themselves to a local casework team is more likely to be collected because of interventions by the Scottish Housing Regulator and the need to better understand the full extent of homelessness by seeing how many people have attempted to make homelessness applications and how many have had a decent service.

**The Convener:** I will not dwell on the housing options approach. The three different organisations that the witnesses represent deal with people who are vulnerable because the system has broken down for them, so perhaps your organisations represent the step beyond the housing options approach or the statutory

homelessness route, given that they provide other, voluntary forms of support.

**Beth Reid:** I have a more general point about the housing options approach. The data that we have seems to show that the housing options approach tends to be primarily about giving advice and information. It shows that about two thirds of the approach is just about telling people about their homelessness rights or giving them general housing advice, whereas the earlier description of the housing options approach shows that it should be more than that. For example, those providing the options can consider whether to negotiate with a person's landlord about a notice to quit, get some repairs to a house or do some mediation with the family of a young person who has been kicked out of the family home. The housing options approach can therefore be done in much more depth than is happening at the moment.

On other housing options, there are long waits in some parts of the country to get into social accommodation, and in such cases the private rented sector could be considered as an option. In Fife and Dundee, for example, we get 300 people a year into private tenancies. However, very few people in other parts of the country go into private tenancies. That can be a good option for some people, although it is not always right for everybody.

We need to look at housing options much more widely and not just give advice and pass people on. Half of the people who go through the housing options approach end up making homelessness applications. We need to look at the approach in more depth and find different options. We also know that there are huge variations in the approach around Scotland, with some local authorities doing it well and some having a much lighter touch.

**Margaret Ann Brünjes:** I support that point. We talked earlier about Scotland's reputation as a leader in some aspects of dealing with homelessness, and one of those is the housing options approach and the public sector's leadership role in that. I make that point everywhere, and although it is not always popular, it is true. In terms of government at both national and local level, the leadership role completely changed how we prevent and tackle homelessness at a local level, which is to be applauded.

What we would say next to the public sector, particularly the housing options hubs, is that it is now time to bring in the third sector. As Beth Reid is saying, if we are looking to achieve a greater range of prevention activity, to go deeper into communities and to reach people with more complex needs, we will need the skills and the experience of the third sector. There are a lot of

front-line services that are desperate to be invited in.

**The Convener:** That is very interesting. We are unclear on how the housing options approach works in particular, which is why we are asking these questions. From that final comment, it seems as though there could be a lot of successes with it, but unless we consistently monitor and assess the outcomes, it is hard to get an evidence base for that and get an evidence base when things are not working as they should be or working differently across local authorities.

I do not want to ask any more questions on the housing options approach but I know that Alexander Stewart has one or two questions on it.

**Alexander Stewart (Mid Scotland and Fife) (Con):** Thank you, convener. The witnesses have given us a good overview of where we are and our visits gave us a flavour of what they are dealing with.

The need for a co-ordinated approach was mentioned. When we went to Perth to visit Churches Action for the Homeless, we heard that there is sometimes discord between it and the local authority, depending on how things are managed with the client or service user. Sometimes CATH provides or suggests something that the local authority does not provide. Sometimes the local authority may give someone a house when CATH's advice is that they should perhaps be looking at other options. I found the situation to be quite complex. You are all trying to work to achieve one goal, but it is not being achieved for the service user, and the advice from CATH is sometimes being challenged or not taken on board by the local authority. Will you expand on that?

We know that there is a variation across Scotland on how local authorities tackle homelessness. When we are talking about training and skills, we also need to consider how to communicate with a service user who may have literacy or numeracy issues. Will you also expand on that?

**Eddie Nelson:** I agree with you. We have supported some individuals for more than 20 years who have been provided with tenancies but have not been able to maintain them because of the issues that they have. The question is how to work on the issues. For example, if an individual arrives with four presenting issues, including mental health, drug addiction, and two other issues, what do you focus on?

Getting a house has developed as the focus—it is housing first. The idea is that if someone gets stability within housing, they can start to address their other issues, with the hope that they can then

maintain and sustain a tenancy, get back into recovery and move forward.

However, we find that being allocated a tenancy and the process of going through that allocation can cause more stress for an individual, and therefore could be a trigger for them not to complete their recovery and to take two or three steps back, unfortunately.

It goes back to the choices about tenancies for people who present. We have individuals staying in Alyth, Blairgowrie and Kinloch Rannoch—Perth and Kinross is a widespread area, as you know. All the individuals who are now living in those areas were going through recovery processes. They thought, “In a rural area, I will get peace. Nobody will have a perception of me having this habit or that habit. If I move there, I will be anonymous, I will be able to be part of the community and I will try to develop my relationships with the community.”

However, once an individual has moved, they are no longer associating with their peer group, who used to be supportive, even if that was in a negative manner, and therefore people are drawn back to Perth. They do not maintain their tenancy and they are not provided with the level of support that they need, and that is because of the choice that they have made. They think that it is a good choice but it is not really a good choice.

If someone wants to move to Alyth, for example, they need to have some things explained to them about that housing choice. It is a rural area, and I would ask them whether they knew what the transport costs were, whether they knew that petrol, milk and bread might be a bit dearer and whether they knew that they would need a new doctor. That is my approach when I sit down with someone to explore where they would like to move to, and sometimes that is a countermeasure.

At times, we have difficulties with the local council because it has targets to meet. What is an outcome? Is it a number, an individual or the amount of houses that have been allocated? There is a grey area and there are still difficulties in that. The agencies and the Government are now considering true outcomes, such as how we move someone on. It is not just a matter of working with 40 people or housing 30 people; it is about what happens when they are housed.

10:30

There needs to be more support for and more research carried out on the journey of an individual. As I explained, we had one individual in his 60s who could not maintain a tenancy and went through five of them in a short period. We have support workers who have a good relationship with him, and it would be good to sit

down with that individual and find out the history, to determine what the triggers are for the housing to fail and then to work on new models of accommodation.

The old model was that, if someone presented as homeless, they could be allocated a place in a hostel, perhaps move on to temporary accommodation and then move into secure accommodation. There were difficulties in that process, and there were positives and negatives. The positives were that, if somebody presented as homeless, they were allocated a place in a hostel, where they paid a service charge of a certain amount and were provided with their meals and accommodation. The television licence was paid, the gas and electricity were paid and they had a room.

The next stage might have been temporary accommodation. That was furnished basically, but it was habitable and support was provided with it. People then moved on to secure accommodation. As soon as they hit the secure accommodation, that was it. They might have £70 of benefits. They were living chaotic lives but had to start dealing with their utility bills and TV licence and thinking about what furnishings to get, such as a bed. That is a process. It goes back to the individual and us—the support workers—applying for community care grants. If a person is allocated a house, they might have hours, rather than days or weeks, to decide whether to accept that tenancy, so there is a certain pressure to take the tenancy on and stress in doing so. Even though they might feel that it is not really in a place where they want to stay, they might think that they need to take it because they will not have another option.

There is a combination of factors. There needs to be a co-ordinated effort and a discussion needs to take place. I am sorry that I am rambling again. To answer your question, Mr Stewart, people are told, "There's a house. That's a box ticked. That's you away. You've got there. We will try to provide support," but there are not enough resources to provide the support in the public sector and it comes back to the third sector. The statutory sector makes the decisions and holds most of the power. Whether it is central Government or local government, that sector holds many of the purse strings.

Churches Action for the Homeless is funded through service level agreements on a 12-month basis. Therefore, every year, come Christmas, we have workers who become demotivated and decide to look for another job—I am sorry to go on about that, but it impacts on the housing models. Research was done for the Christie report in 2011 that showed that, I think, more than 50 per cent of people working in the third sector were considering moving into other employment

because of the stress levels and the anxiety about not knowing where they would be in 12 or 18 months. We need longer-term funding to provide support for the individuals with whom we work—who are, unfortunately, the most chaotic—over a longer period, with the continuity that enables us to have time to develop a relationship with them, to build up trust and to build up honesty to take that relationship to a further stage.

The statutory services might see individuals who present as homeless once or twice before they offer them a house. We go back to them and tell them that it will not work and that the person will most likely fail the tenancy in a short time because of the environment and the issues that they have. We base that judgment on working with that person over a long time, sometimes for five or seven days a week. We develop a relationship. We see the person's habits and issues and how they react in certain circumstances. On that basis, we try to put forward our opinion about why that tenancy will fail. However, because of the targets, the person is offered the house. That is the case not in Perth and Kinross Council alone but all over. That brings us back to the figures and to what works and does not work.

There needs to be more research on how to look at things—how we come up with outcomes and what outcomes we are actually achieving. An outcome for our organisational workers is going in and monitoring somebody to see whether they are still alive. That is basic. I am not being harsh; that is what the situation is and that is the difficulty that we have. Sorry.

**The Convener:** I will bring in Margaret Brünjes in a second, but I want to reassure you that within what you just said, you made a very valid point about secure longer-term funding for providers of non-statutory services who are effectively bolstering the statutory system in a way that you outlined pretty eloquently, I have to say. The committee heard that, and it will be in the *Official Report*.

The other thing that I have written down is about on-going support and advocacy for individuals with complex support needs. Irrespective of whether a housing first or a housing options model is used, it is about building trusting relationships with those individuals over the longer term. I think that that is what you were saying in relation to that issue, Mr Nelson.

**Eddie Nelson:** Yes.

**The Convener:** None of that was rambling. I think that you described pretty eloquently the support that your organisation and others provide, so thank you for that. Margaret Ann Brünjes, did you want to add something?

**Margaret Ann Brünjes:** In addition to what you just paraphrased, I have a specific comment about how we approach the systems change that we need to undertake over the next phase.

If we put to one side people's suffering as a given, we can focus on those of us who work in homelessness, in all our different roles across all the different sectors, and our seeming—and often obvious—inability to work together properly, in a truly trusting and respectful way. There are examples of working together properly, and where that happens, we see the goods—the outcomes. However, it does not happen often enough.

**Beth Reid:** We have an incredibly complex environment of services. We have a homelessness service, a social work service and the national health service as a different body. We have all those services, and then we commission out, so that the homelessness service might be divided among 10 voluntary organisations as well.

Then we have one individual in the middle of that who has a whole range of needs, which might be complex or just ordinary needs. That person needs a bit of confidence and support as a result of feeling low because they are in a bad housing situation and are struggling with their employment. Their needs are not necessarily complex needs—they might be just a variety of needs—although some people will have extremely complex needs. The issue is how we, across all those different services, make the individual the focus.

With regard to partnership working, there is some really good stuff out there. Glasgow Homelessness Network has a co-ordination role in Glasgow, and the strategic homeless action partnership in Edinburgh co-ordinates all the third sector homelessness organisations there. However, the issue is challenging. The points that have been made about funding are really important.

Crisis is a non-commissioned service; we are very lucky in that respect. When we move into new areas and set up a service, there is a sense of "Who are these people? Are they going to threaten our funding?"—all those kinds of questions arise. People then realise that we are there to work in genuine partnership by contributing and adding value to what is already there.

There is still a feeling of constant threat. Charities often live by local councils' decisions and are therefore sometimes in a difficult position to challenge councils. It can be difficult to say to a council, "Actually, you have this number of people and you are not helping them", when you are dependent on that council for your funding the next year.

**Margaret Ann Brünjes:** Traditionally the roles across the different sectors have been adversarial.

The truth is that the starting point should be that nobody who works in homelessness is being adversarial deliberately, and therefore everyone, no matter what role they are in, is doing their best with what they have. We need to look at what we have. What is it that we are working with and what else can allow us to put the pieces together to find the right solutions?

**Graham Simpson (Central Scotland) (Con):** Margaret Ann, I think that my question follows on from everything you have said, but I would like to go back to what you said about Finland, as I am very interested in that. You said that it is the only country in the world where homelessness has not increased and that it has a national strategy. My question is for all the witnesses. Should Scotland have a national homelessness strategy? Crisis suggests in its written evidence that that should be the case, and it mentions things that are going on in Wales. Perhaps Beth Reid can expand on that.

**Margaret Ann Brünjes:** To clarify, Finland takes a housing first approach. It does not have a national strategy per se. Other countries including Scotland have localised housing first projects, but Finland has taken a strategic, country-wide approach, and that is its main strategy, although it may also have others.

On the need for a national strategy in Scotland, my sense is that we would have to be absolutely clear about the purpose of such a strategy. The spirit of the housing options approach has partly been about enabling and empowering local partners to come together to find local solutions to local problems. As we have said, homelessness always originates locally; it does not come from anywhere else. Sometimes, therefore, national strategies can serve to overrule rather than underpin local approaches that are working well, although that is not always the case—the success of local initiatives depends on what they contain.

If the point is to build consistency—that does not always mean that something is better; consistency is only better if it is better—a national strategy would serve the purposes of organisations that want an easier job in budgeting and evaluating outcomes. That is not a bad thing, of course.

I have not yet been entirely convinced that an overall national strategy would properly direct resources and energies to something better. I would like the next movement to be similar to the 2012 movement, with a housing first approach that has an absolute focus. We do not need a national aspect that encourages us to look at all the different elements of homelessness, which we know are significant, when needs could be better addressed at the local level.

**Beth Reid:** I will make a few points about various things that have been mentioned. Finland

is an interesting example. As Margaret Ann Brünjes said, its strategy is based on a housing first approach. It has tried to tackle complex homelessness by dealing with people who have been living on the streets and so on.

One of the key points about Finland's approach is that everybody has bought into it. That is one of the lessons of the 2012 agreement: everybody bought into the idea that we were going to end priority need. In Finland, everybody—local authorities, the national Government and agencies at the local level—bought into the idea that they were going to tackle homelessness, and that is really important. A number of other countries have developed plans around ending homelessness. Canada is one example, and the USA has done some really interesting work in that respect.

On a national strategy, I am not sure that the word "strategy" is always helpful, but over the coming year Crisis will be looking at developing a national ambition to end homelessness. On 15 May, as I mention in our written evidence, we will be holding a conference in Glasgow to kick-start the process. We want to ask what we need and what it would look like to end homelessness. First, what does that mean? Does it mean no rough sleeping, or no sofa surfing? Does it mean that nobody ever moves on from somewhere with nowhere to go? What does that look like?

We then need to think about what we need to be able to end homelessness and what it means at the national level and for services working together. Critically, as Margaret Ann Brünjes said, we also need to ask what it means at the local level, because it will look different in Perth, Edinburgh, Wick and Inverness. We also need to ask how we engage the public in that approach, and there are a range of questions there. From Crisis's perspective, everyone has to buy into that—it should not be done only by the Scottish Government or local authorities.

Critically, this is not just an issue for housing or homelessness. A lot of the issues that we are talking about are much broader, be they about social care, health or employment. The outcome of some of the failures—by which I mean not service failures through somebody doing a bad job, but somebody losing their job or a relationship breakdown—can be homelessness, but the starting point is a lot further upstream.

10:45

We want to focus on a national approach as an ambition. Wales has introduced the Housing (Wales) Act 2014. The Welsh looked at the Scottish model and thought that the ending of priority need was almost too ambitious, and it created a dual duty of prevention and relief. There

is now a duty on local authorities to take action to prevent homelessness from happening in the first place if somebody is 56 days from homelessness. If someone becomes homeless, there is a duty to relieve homelessness, which is like the duties that we have. One of the differences is the statutory duty to prevent homelessness, although it is kind of there in the Scottish legislation in that, if someone is threatened with homelessness within 56 days, they should be able to make a statutory homelessness application. That creates quite a clear journey through the system.

One of the interesting things that Wales is using is personal housing plans. They give people a really clear route through the system so that they know the steps that they need to take, the steps that the local authority needs to take and, if those do not work, what the next steps will be. That can be reviewed and it helps to create a really clear journey through the system.

Crisis convened an independent expert group in England that was chaired by Suzanne Fitzpatrick from Heriot-Watt University. It developed a model for England that drew largely on the Welsh model, and it was presented as a private member's bill. That will receive its final reading in the House of Lords tomorrow and we hope that it will get royal assent in the next few weeks. It contains both the prevention aspect and the relief aspect and, critically, it includes a duty on other public bodies to refer. If they identify somebody who is facing homelessness, they will have a duty to refer them to the homelessness service in the local authority. That will mean that people are captured much earlier.

We have seen that in our work in Edinburgh. We have been doing some really good work with a couple of the jobcentres, and one of the things that we have got them to do is to ask people whether they are facing homelessness. They have been surprised by the number of people who say that they are really worried that they might be facing homelessness within the next few weeks. We can use that information to act with people early and prevent homelessness by negotiating with the landlord or whatever, and it also helps with everything else. It helps the jobcentre to get them into employment because they are no longer worried about their housing situation and they can focus on other things.

We can learn from the Welsh system some really interesting lessons about taking a consistent approach throughout the system and making sure that people approach services early enough.

**Margaret Ann Brünjes:** I agree. If we look only at the technical and legal aspects, we already have the Welsh prevention duty in the Scottish legislation, because to all intents and purposes the duty is the same. The duty that a local authority

has towards somebody who is homeless starts 56 days before that person becomes homeless, which is the same as in the Welsh duty. However, the truth is that it is being implemented quite differently. As that is the focus of the Welsh duty, it will arguably achieve more than we will within the 56 days because it takes a different approach. I suspect that, if Scotland wants to look at legislating for prevention, it should look at a period longer than 56 days.

**Beth Reid:** There is complexity in the Scottish legislation in that it gives the right to relief when it prevents homelessness. That is where the tensions come in and where there are challenges for housing options teams.

**The Convener:** Do not feel obliged to answer, Eddie, although I would love to hear from you if you want to add something.

**Eddie Nelson:** Listening to colleagues here, I think that this goes back to co-ordination. There is now a high percentage of elderly people in the population of Perth and Kinross, and they suffer from loneliness and isolation. We are always looking to build up groups, but they also have home carers and, perhaps, Macmillan nurses going round. Beth Reid touched on this. If we could get information that all the services receive, things would be more co-ordinated. That can be difficult given the number of services that are involved, but the important factor is communication.

Down in England, there are rough sleeping counts and there is a computer system for that. A member of the public can say, "I saw this guy aged about 40 standing on the corner in the town and it looked like he was having difficulties", and someone from the support services will pick up on that. We are trying to encourage that in communities, and the Scottish Government is proposing policies involving inclusiveness and integration.

It is a question of properly integrating the services, with the third sector playing a part with the statutory services and vice versa. It is not about somebody taking the lead and somebody else agreeing to follow; it involves all the services including mental health services and the NHS. There are efforts to achieve that at present, and things are part of the way there with the integration of health and social care, but there is an issue of communication. As I said, communication is the important thing, and I do not think that it is there at present, because there are too many services. In my experience, people are under pressure to carry out services with individuals. There is a requirement to support a certain number of people in a certain time, so not enough time is spent with individuals.

Wales and Finland have been discussed, and projects are starting down in England—sorry, I do not mean to harp on about England—called fulfilling lives. That service involves partnership work between the statutory sectors and the third sector. Teams have been set up to work with people who are living chaotic lives in places where there are the highest percentages of reoffenders and the most drug and alcohol misuse. It may be that those people are not engaging and are sleeping rough. The service is funded mainly through lottery funding; it is a partnership between local councils and the third sector, which has applied for lottery funding. I think that eight places in England have received between £6 million and £10 million. They have considered the matter over the longer term—over a five-year period—and they are being given a substantial time to develop their relationships, consider the issues and work as a team in developing the service.

In the current situation—and not just in housing—if someone presents with mental health issues, the first stage is for them to see the doctor, although some people will not attend their general practitioner. There is then a referral on, or the drug and alcohol team might be involved. It might be that our staff—CATH staff—go with people to support them and advocate on their behalf. If possible, I would like to submit some case studies from the routes to recovery approach over the past 12 months, which was funded under the integration of health and social care.

The barriers might be small to us. If I phone up about my E.ON bill, I might get frustrated that I have to press button 1, button 2, button 3 and button 4 without speaking to a person, but for someone with literacy or numeracy issues, we can magnify that. They could have difficulty with that, and they might get very angry. They might say the wrong word over the phone line, and that will give the other person on the line an excuse to put the phone down. At CATH, when we are advocating on behalf of someone on the phone, who might be dealing with a benefit sanction, there can be a need for non-verbal communication. We will usually be sitting at the other end of the desk mouthing, "No, stop—don't say those words" and gesticulating. Those are small things, but they have huge impacts on the individuals concerned.

We might also talk about people trying to integrate in communities. If an individual is allocated a home in a community and they already have and are trying to recover from various issues, nine times out of 10, many people living in that community will pick up on the person's issues, and they will be stigmatised and persecuted from the start. That is just human nature.

We have to consider the whole model and look at both what we are doing and where we are

going. There is some success in Perth and Kinross. There were areas that were deprived and stigmatised and the public's perception of them was as no-go areas. Now, beautiful homes are being built and communities are starting to come together with a new school. That illustrates what we need to do.

**The Convener:** I am going to interject, although I do not really want to do so. I would rather just let you continue to speak, because you have answered a whole set of questions that we have not asked yet, and you have put them on the record very well. You have said that health services have to engage with the voluntary and statutory sectors and get things right. I interject only because I know that members have questions to raise—

**Eddie Nelson:** My apologies.

**The Convener:** Please do not apologise, because some of the evidence that you have put on the public record is worth its weight in gold. I am sorry that I have to kind of cut you off there.

Before we move on, do you want to follow up on any of that, Graham? I will then bring in Ruth Maguire.

**Graham Simpson:** I will be really quick, convener, because I know that there is a lot more that we want to ask. I thank the panel for their answers, which have given us an awful lot to consider. I have a quick question for Beth Reid. You mentioned a bill that is having its final reading in the House of Lords. Which bill is that?

**Beth Reid:** It is the Homelessness Reduction Bill, which introduces prevention and relief duties in England. As I said, there is a duty on services to co-operate. I can provide you with more information on that if you want.

May I make a quick point about the culture of services? There is something really important about that. We are seeing it at present with the integration of health and social care, where there is a real challenge, and we see it between the third sector and the statutory sector. Going back to some of the points that Maggie Brünjes has made, we also see it between statutory homelessness provision and the housing options approach. The housing options system brought in a very different culture, which has been a challenge for local authorities to take up. Instead of going through a set route in which the local authority asks whether a person is or is not eligible, it has to ask what it can do to help the person. There is something really important in that different culture that we need to look at and address. That is perhaps why the housing options approach has been so variable, and that is where some of the points that have been raised about the legislative route versus the wider system of support come in.

**Margaret Ann Brünjes:** That is exactly right. Instead of being about a binary approach, the housing options system is about the appraisal of options, and that has been challenging for a number of organisations in our sector and the third sector. We need to ask whether we want to prevent homelessness or to prevent homeless applications. What the housing options system can do is to prevent homelessness.

**The Convener:** That is really helpful. I will bring in Ruth Maguire now.

**Ruth Maguire (Cunninghame South) (SNP):** Good morning, panel. I would like to move on to the topic of rough sleeping. The committee is interested in that and has asked whether it is increasing or is just more visible. We heard from Shelter that there has been a rise in rough sleeping. Tony Cain from ALACHO—the Association of Local Authority Chief Housing Officers—agreed. He expressed two concerns: the first was that that is because of people simply walking away from statutory services and the second was about economic migrants perhaps not having access to public funds and ending up on the streets. Do we know enough about why rough sleeping occurs? Is it increasing? I would be interested to hear the panel's reflections on those questions.

**Beth Reid:** In short, the answer to the question of whether we know enough is no. Our experience in Edinburgh is that many of the people whom we see sleeping rough have complex needs, and some of them have not, for whatever reason, engaged with statutory services. That might be because they have had bad experiences in the past, either in the local area or elsewhere. It might be that they do not want to engage because of the kinds of needs that they have—for example, mental health problems and so on. Some might have been turned away by the local authority.

We know that there are real challenges in providing temporary accommodation in Edinburgh, in particular; if a person goes to the council at 10 o'clock in the morning, it might well have run out of temporary accommodation for that day. There are a lot of complex needs. There are also a lot of European Economic Area nationals who might not be entitled to benefit support, so that can pose a challenge.

As regards what we know, the data that we collect are about people who present at the local authority, so that gives us only a relatively narrow picture—we do not know about the people who do not present. Rough sleeping is definitely becoming more visible. There has probably been a rise in numbers in Edinburgh and Glasgow in particular, but it is very difficult to say because we do not have figures apart from on people who turn up at

the local authority. We know that the shelters have been full for the past couple of years.

11:00

**Margaret Ann Brünjes:** I can agree with that with a bit of confidence in the Glasgow context, but probably not wider than that, for all the reasons that Beth Reid gave. There is no common monitoring approach, so what we say is based on different opinions, perspectives and counts. GHN operates a common monitoring system, which is a shared online case-management system that is used by a number of the key high-volume, low-threshold services. The most recent annual data that we have are for 2015-16; we will be doing our next annual report over the coming weeks. The data show an 18 per cent increase in rough sleeping in Glasgow on the previous year.

The numbers have gone up, but on top of that we are seeing an increase in the visibility of rough sleeping. There are a number of anecdotes and discussions about why that might be. What we are seeing on the streets of Glasgow is in proportion to the increase in the figures, but there is definitely a cultural change in terms of people's willingness and courage to sleep more publicly. There was always the view in Glasgow that people would hide away because it was safer, particularly over the weekend evenings—it was safer to be under a bridge or down a lane than in a shop doorway. That was contrary to the feeling in other cities, where people felt safer in more public areas. Recently, there has been more of a coming out, in a sense, and people are more willing to be seen.

Other expressions of street activity include begging, which is often—but, as we know, not always—associated with homelessness. In the city of Glasgow begging is undertaken particularly by the Roma community from Romania and elsewhere. Because that is much more public, there is a sense that there is a kind of following suit; if there is a willingness to be more public with begging and sleeping, people come out from the corners. The take on the matter in Glasgow is that there has been an increase in visibility as well as in numbers.

**Eddie Nelson:** In Perth and Kinross the numbers are low. As I mentioned before, at the moment there are three or four rough sleepers. A couple of them are European nationals and a couple are individuals who prefer to sleep rough. We still advise them and advocate on their behalf for access to food banks, benefits and things like that.

Twenty years ago, when I first started working with CATH, there were between 30 and 40 rough sleepers—the nature of things was different. About 12 months ago there were about eight individuals

who did not want to access accommodation, but because of the Perth and Kinross stance and our “home first” model, people are now being offered accommodation, and what we are finding is that instead of sleeping rough people are sleeping on a friend's sofa or in a spare room. That is why it is gravitating. Those people still do not have accommodation, but they are going to a friend's place or to stay with one of their peer group who has been allocated a tenancy.

A difficulty with what we call sofa surfing is a concern that intimidation of people who have been allocated tenancies is high. An individual with a drug problem might invite his friends in, then people get to hear about that and others in the local community go in and use the place as a shooting gallery, which puts the person's tenancy at risk. Concerns are then raised by local housing officers and we go and try to support that individual. We may move things forward and support the individual to maintain the tenancy, but when we leave, the peer group moves back in. It is a continuous process.

We can find then that the person presents as homeless because they cannot maintain their tenancy and are told that they are intentionally homeless and cannot be offered anything. We try to step in then. This is what Mr Stewart was speaking about earlier: we try to advocate on their behalf by asking whether we should look at different models of accommodation, because they cannot maintain their tenancy. If that means someone accepting that they will be in a hostel for a period of time, but that they will have an individual room, support, heating and lighting, and so on, that is a step forward.

What I am trying to put forward is that we need different models of accommodation, because a house is not suitable for everybody, whether that is due to their problems, the peer group that they run about with or their integration into a community, which we talked about earlier. To integrate into a community, the person has to be accepted by it and contribute something to it; it is a two-way street.

In Perth and Kinross, we have individuals who beg, but every individual who is begging on the streets has accommodation. We have issues of non-engagement by those individuals, which they put down to their previous experiences with services. The begging is down to their issues and they can make more money from begging than from benefits. I am sorry—I am going back over things and possibly going off on a tangent.

**Margaret Ann Brünjes:** I am really interested in the scale of rough sleeping around Scotland and in why we do not have a common one-tick approach, because there could be a benefit to that. In Glasgow, we counted 1,134 individual

people—more than 1,000 people—who had slept rough at least once over the course of a single year, although they will not all be sleeping rough still. The HL1 form count in Glasgow captured about 300 or 400 people, so there is a significant difference in the number of rough sleepers who are caught through HL1 monitoring. That is because the question—“Did you sleep rough last night?”—is so limited. If they did sleep rough, that is captured but, if they did not, that is not captured. It does not capture people who go on to sleep rough the night they are questioned, or people who might have slept rough the previous week. Our common monitoring system strips out all the duplicates, so I am talking about individual people, but it does not put them in categories.

However, our system does not de-duplicate what the local authority counts, so the 1,100 number that I gave is an absolute minimum: the number could be that plus what the council counts, or at least a proportion of what the council counts. I suspect that, if we were to extrapolate that across to other cities—after Glasgow, the key areas where rough sleeping occurs are Edinburgh, Dundee, Fife and Aberdeen, although there are other areas—or to work out some sort of formula, we might get closer to knowing what the national scale is.

**The Convener:** Anecdotally, the picture is different in different places. Rough sleeping seems to happen more in the larger towns and the cities and less elsewhere. The picture that Mr Nelson is painting is that the situation is not the same across the whole country and depends on geography.

**Ruth Maguire:** Thank you for those answers. We are trying to decide today what we will look at as a committee; it is hard to compartmentalise each aspect, because they are all tied in. Would there be merit in our looking specifically at rough sleeping and potential solutions to that? We spoke about the additional services and the types of accommodation that people need. If we look at all those things, will rough sleeping be caught up in that?

**Margaret Ann Brünjes:** Rough sleeping is the most extreme form of homelessness. We know that homelessness happens more in areas of highest economic disadvantage. The single biggest cause of homelessness is poverty, even though we look at the structural reasons for a person becoming homeless and what happens immediately before they become homeless.

In those terms, if you look at a strategy or a focus for rough sleeping, I plead that that is done in the context of a housing first approach. Housing first is the most evaluated and evidenced solution for the group that we are talking about here. No other solution has been researched or evaluated and found to produce better outcomes for people

who are sleeping rough. If the housing first approach is implemented using all the criteria to ensure fidelity to the model, you get better outcomes. If people do not get the right sort of support, it does not work; if they do, it does.

**Beth Reid:** In Scotland, we have begun to look more at multiple or complex needs than at rough sleeping, because there is—potentially—a revolving door for some of the people whom we are talking about. They go into tenancies, but that fails for whatever reason, then they are on the streets again. We work with a lot of people in Edinburgh who are in and out of bed and breakfasts.

With rough sleeping, there is something about understanding whom we are talking about, which goes back to the original point about how to tackle the problems, which is probably a lot to do with complex needs.

There might be something specifically around immigrants and the kind of support that they get. One of the situations that I have heard a couple of people mention is when a couple comes from eastern Europe or somewhere similar, there is domestic violence in the relationship, the couple splits up and the woman has no history of working here, might speak very little English and is in a very vulnerable situation but is not entitled to housing benefit. What happens in such situations? There is an issue with the support that is available for immigrants—I recognise that that is not necessarily within the purview of this Parliament. We need to unpick what rough sleeping is and then address the complex needs.

I agree with Maggie Ann Brünjes about the housing first approach. It is a well-evidenced approach and we have to ensure that we stick to that model. Some approaches that are called housing first involve just a house and no support. That does not work. We are talking about people with complex needs.

Turning Point Scotland piloted the housing first approach in the UK in Glasgow. It has done some interesting work. From talking to service users and staff, it is clear that Turning Point has helped people with very challenging needs who have been sleeping rough for very long periods, and it has stuck with them as they move into housing. Those people might have then gone back to living on the streets for a bit, then gone back to housing, then back to living on the streets again and then, finally, begun to maintain a tenancy.

**The Convener:** Ruth Maguire is going to ask about temporary accommodation. She might want to run with that now because those comments lead in quite nicely to that. We have been talking about the housing first approach, but there needs to be a supply of housing and there are issues

about whether people are given a permanent tenancy initially or temporary accommodation.

**Ruth Maguire:** It is all about the challenges in relation to the suitability of temporary accommodation. We have heard from some witnesses about how we could improve homeless persons' experience of temporary accommodation. We visited Streetwork in Edinburgh and heard about people's experience in bed-and-breakfast accommodation, which was not particularly positive. Even without complex needs or vulnerabilities, it would be hard for people to live that way. Beth Reid spoke about the impact of welfare reform and funding on temporary accommodation. I ask for the witnesses' reflections on that issue.

**Beth Reid:** The broader picture is that in Scotland we have about 10,000 people in temporary accommodation at any time. That number has been pretty static over the past few years, but the length of time in such accommodation is increasing.

People might be in a range of types of accommodation. At Crisis, we are particularly concerned about people who are in unsuitable accommodation. We have said that families can be in unsuitable accommodation, which often means bed and breakfast, although it can mean other types of accommodation that do not have the right facilities for long-term living. In Edinburgh, we see people in such accommodation for 18 months at a time in some cases. There are a number of parts of Scotland where that is the case. If accommodation is unsuitable, it is unsuitable for anybody. It is right that we prioritise families, but we need to think about everybody who is homeless. Many local authorities have made good progress towards ending the use of B and Bs; for example, Fife Council and Renfrewshire Council have done a lot of work recently on that.

There is an issue with the suitability of temporary accommodation, particularly bed-and-breakfast accommodation and, from a Glasgow perspective, some of the traditional hostel approaches. Obviously, there is regular talk about the Bellgrove hotel, which is utterly unsuitable. There is also an issue with the length of stay in temporary accommodation. Can we get people into permanent accommodation much more quickly? The affordable housing programme will contribute to that.

We should consider the private rented sector. Can we use prevention approaches to help people to stay in accommodation when that is appropriate—for example, young people who face family relationship difficulties? It might be that that can be facilitated with mediation. We must not force young people into accommodation that is not

appropriate for them, but in some cases, their situation can be sustained, especially if we get in early enough.

11:15

The wider question is the funding of temporary accommodation. That is a big challenge and, each year, I hear various estimates of what the shortfall in temporary accommodation will be. However, it provides an opportunity to rethink what we are doing. We are going to have to look at the issue and ask ourselves how we can do it differently. For example, can we use some of the options that I have set out? Can we convert private sector leases into short assured tenancies? Can we think differently and be more imaginative in our actions?

**Margaret Ann Brünjes:** I agree. It almost feels as though we are at a crossroads. We need to decide whether we will make the wrong system better or create the right system. I think that that is the point at which a number of people's discussions have arrived; in my opinion, we need to start creating the right system.

Temporary accommodation, which continues to grow, is a central plank of our homelessness system. We start to improve it, because that is what we do and that is what we are here for. We look at people's homelessness in all its complexity and start applying more and more responses to it, because that feels like the right thing to do. However, the responses are not necessarily coordinated so, ultimately, we are creating additional layers on top of an already complicated system. Instead of doing that, we should start to unpeel those layers.

The other day, I heard a great comment: "When we stop looking at homelessness as a homelessness system and instead look at it as a rehousing system, everything changes." I fundamentally believe that. In attempting to alleviate people's suffering, we have instead unintentionally prolonged their experience. If we can bring it right back to the simple fact that homelessness is not only, but is always, a housing issue, we can apply all the supports that people need and we will progress further.

**Beth Reid:** An obvious example—this is buried deep in the system—is how we deal with people who are leaving prison. When people go to prison, we know when they are going to leave, so why do they end up going through the homelessness system? Why are they in temporary accommodation for however long while they are waiting to get somewhere else? We should be able to get the journey right. Someone who is coming out of prison has relatively complex needs. They need stability. If we put them in housing first and get in place the right support, they will not

have to move after six or 12 months or whatever. That takes us back to the need to have a co-ordinated approach and strategy.

Crisis is doing work in Liverpool on a regional version of the housing first approach in that city region. As Maggie Ann Brünjes says, it is about having a co-ordinated approach. She is looking at that issue in the private rented sector in Glasgow. How can we think a bit differently? How can we sort out the housing first, rather than telling people that they have to go through the homelessness route that we have created?

**Margaret Ann Brünjes:** There are solutions that we know are cheaper and more effective, but we are not doing them to scale. We have an amazing opportunity in front of us. There are other aspects to resolving homelessness; there are lots of different approaches. Therefore, we need to frame and to narrow down what works, and we need to do so systematically. We are working with Crisis on such an approach. We need to simplify and de-duplicate the system. If we do that, we will get further ahead.

**Beth Reid:** We know that the costs are huge. Those costs are not all to the homelessness services; they are also to accident and emergency and mental health services, the criminal justice service and the police, which is a problem. We have done some costings. We looked at four different scenarios to prevent a person's becoming homeless. Those scenarios typically cost £1,500 a person. If the person does not get support, in the worst-case scenario, they go on to sleep rough, have mental health problems and are involved in the criminal justice service. That could easily cost £10,000 a year. If we can get this right, there are huge savings to be made to the public purse. However, it requires up-front investment.

**The Convener:** Ruth, do you want to add anything?

**Ruth Maguire:** No, I am content with that. Thank you.

**The Convener:** I will bring in Andy Wightman for another line of questioning in a moment.

A question is wrapped up in what I am about to say, but I want to ensure that my observation is valid and that I have captured the issue correctly. I am now talking as a constituency MSP about some of my experiences in the past. When vulnerable people are put in temporary furnished accommodation, they might or might not sustain it. Quite often, they do not do so, with all the antisocial manifestations that that can bring. Other constituents complain to me about antisocial or problem tenants, which stigmatises the homelessness case.

The irony is that, when tenants get put in temporary furnished accommodation and make a success of that tenancy, they still get moved on. That is unfair not just to the tenant who has made a success of the tenancy, but to the neighbours who share a landing or a close with that tenant, because another vulnerable tenant who might not sustain the tenancy might be moved in. I have constituents who have experienced a yo-yo effect in the longer term. Vulnerable tenants get moved in and moved out. Even when they make a success of the tenancy, they are not allowed to stay.

I wonder whether the housing first option might be best not just financially in respect of how we use budgets and for homeless people, but also for neighbours and the community. Any comments on that would be helpful. Have I captured that issue correctly?

**Eddie Nelson:** Yes—you have captured it perfectly. That is my experience. As Beth Reid has said, someone can be in temporary accommodation that is partly furnished, but they might feel that it is a home because it is partly furnished and that it is more comfortable than somewhere new that they could move into if they do not have any funds to make that a home.

It is about developing relationships. As I mentioned earlier, if we really want to end homelessness, which we all do, we need to integrate back into the community people who have been homeless for a long period of time and are suffering from a lot of issues. The community needs to play a part in that.

What you have said is exactly right. Some individuals or one individual could stigmatise or change the public's perceptions of the next 20, 30 or 40 people in a community. Changing that is about co-ordination, as Margaret Ann Brünjes said.

In my experience, there seems to be a fear factor in making decisions. We can look at a structure that might have been in place for a social work department for 10 years and that has certain outcomes. There can maybe be constructive criticism that it is not working effectively or properly and that it could be tweaked, but there could be a fear factor among managers or senior managers. They might say, "If we state that it needs to be changed now, we might be criticised for its having been that way for the past five years."

There is a fear factor in the third sector. People fear losing their job or their funding, and there are anxiety levels and stress about that. There is also fear of criticising the person who gives the funding. There is a fear factor in the statutory sector, too, because structures have been in place that we

need to start to change. We need a co-ordinated effort. We are looking at the integration of health and social care, but certain agencies still have a protective arm around certain parts of those organisations. That is natural, and I understand it—

**The Convener:** I feel bad for cutting you off, Mr Nelson.

**Eddie Nelson:** No—I ramble on.

**The Convener:** Perhaps I am rambling on with my questions, so I am just as bad. However, I just want to ensure that the picture that I have painted is not unique to a couple of constituency cases that I have had over the past couple of years. Has Margaret Ann Brünjes or Beth Reid experienced what I have described when they have tried to help and support vulnerable individuals to sustain tenancies?

**Beth Reid:** Valuing social relationships and social networks is really important; indeed, that is critical for many people who we work with. Getting a social tenancy after homelessness is ideal, but many people who we work with get a social tenancy with no furniture in a place right on the edge of Edinburgh where they do not know anybody. They have to get a bus a long way to meet any of their friends, and they have to build links with neighbours who they might or might not get to know.

The issue is critical, and it plays all the way through the homelessness system. There is increasing evidence to show that a lot of people with complex needs have had trauma early in childhood and that that can make a big difference all the way through their lives. I know that this is going slightly away from the point, but building relationships and having consistent relationships is really important.

Eddie Nelson talked about the length of time that can be spent working with people. For some people, it will take two to five years to build up a relationship in which they feel that they can trust someone. If you put people in temporary accommodation and constantly move them on, they will have no opportunity to put down roots.

There is an issue of stigma with neighbours, but neighbours will also keep an eye out for someone and check that they are okay or that their mental health has not gone down. For instance, a neighbour might check whether someone has actually left their house in the past two weeks. Those social networks are really important, and we need to find a way to value them more in the services that we provide.

**The Convener:** That was my experience. The neighbours wanted an individual to stay in the stairwell or close because they were a good

neighbour. They could not work out why it was just temporary accommodation, as it was suitable for the person, who had put down roots. The system seemed crazy, as the person would be moved on. You have articulated that much better than I have done, Beth.

**Margaret Ann Brünjes:** We can definitely do more in the period when people are temporarily accommodated, particularly when that temporary accommodation has been provided as a flat through a registered social landlord or local authority, depending on the local context. We are missing opportunities there. People are often in temporary accommodation for prolonged periods. Instead of giving people the opportunity to lay down roots and to stop their life being on hold, it is always considered as a temporary stay, even if that can often be quite long term.

We could consider a more creative solution. Where it fits the aspirations of the household, could those flats be converted to permanent accommodation? If someone is there temporarily, can a secure tenancy just be applied to the same tenancy, so that people can get on with their lives?

**The Convener:** I only know about a small number of cases, but that has been my experience.

**Andy Wightman:** I have a couple of questions. Beth Reid spoke about there being a degree of confusion as to whether someone has actually presented as homeless with a local authority. There was a well-publicised case discussed in the Parliament about a gentleman who was campaigning on a similar point and asking for a statutory right to declare as homeless. Is that something that you recognise as not being available? If it is not there, should it be there? Would that help? Alternatively, how can we get a better framework, so that people who have a right to declare as homeless get the response that they deserve?

**Beth Reid:** I wonder whether it is a question of transparency in the system. At the moment, people go to their council, but they do not necessarily know the full range of their rights. However, they know that, if they go to the council they can, they hope, get help, although not everybody gets help. Are they informed of the outcome of their homelessness application? Are they told that clearly? If somebody goes to the council and says that they are homeless, the staff might present them with their housing options and tell them that they can make a statutory homelessness application. The person might want to do that, and they might then be told that they will hear back within a certain number of days. That is about having a transparent system.

Anybody can make a homelessness application. People who have done that will go through the statutory process, but they need to know that they have done it, and they need to know the outcome. It should not be that we work with someone for four months, at the end of which we call the Shelter legal advice line and find out that the council has said that the person has not made a homelessness application. It should not be that opaque.

**Andy Wightman:** That is helpful—thank you.

We have heard evidence from ALACHO suggesting that the Housing (Scotland) Act 1987 is outdated legislation. Beth, you have spoken about the Welsh legislation and the proposed English legislation that is going through at the moment. In broad terms—I am not inviting you to get into the detail—do you think there is a need to update or amend our homelessness legislation in this parliamentary session?

**Margaret Ann Brünjes:** I am not going to argue with Tony Cain, but the 1987 legislation was significantly amended by the Housing (Scotland) Act 2001 and the Homelessness etc (Scotland) Act 2003. Those were not small amendments; they were significant rewritings of the central tenets of the legislation, and they resulted in people having a number of additional rights.

I cannot see a need for any specific new legislation. For all the reasons that we have just talked about, we need to be better at working together and exploring the common ground that we have across all the sectors to implement what we have. I believe that we have the resources and the legislation that we require to get on with that. We just need to get on with it better, and I am not sure that legislation is what we need next.

11:30

**Beth Reid:** We have some of the most progressive rights on homelessness in the world, so I would be nervous about anything that might put that at risk. Having said that, we need to sort out—legislatively or otherwise—how we do prevention and how we prevent homelessness as early as possible. As I said, there is a bit of tension between the housing options approach and the statutory route at the moment. I am not saying that that necessarily needs legislative intervention, but it needs to be looked at in a bit more detail.

There is potentially something around engaging other services. Again, I am not sure whether that needs a legislative route, but we should look in detail at the legislation in Wales and the proposals that are going through in England to see what lessons we should learn.

**Alexander Stewart:** I want to move on to the role that the health sector plays in relation to homelessness. We are aware—and we have already discussed the fact—that some individuals have complex health issues. They might have mental health issues. The question is how we work together. Some very good partnership processes and partnership working have taken place. It would be good to have the panel's views on evidence of partnership working and whether there is any focus on doing more of that. Are there opportunities for further partnership working to happen within health, or do you feel that we have taken it to a level and now need to do something radically different if we are going to try to change the whole health agenda? Some individuals have complex problems that repeat. They do not necessarily go away, but they might diminish for a time, perhaps as a result of partnership working. My question is about how we can sustain that and look at how we can do more in that sector. We have the feeling that there might still be some gaps there.

**Margaret Ann Brünjes:** Unfortunately, Dr Neil Hamlet, who was supposed to be here, is not with us today, as he would have answered your question with precision. However, it is clear that, over the last period, Neil has put back together the health, housing and social work components that, at some strategic level, had been apart for a while—probably since the end of the monitoring that was required on health and homelessness standards that we had under previous approaches.

Some interesting work is kicking off—I think that all local authorities have signed up to it—on data linkage. That is about linking health data with local authority HL1 homelessness data, which will allow a much more sophisticated analysis and understanding of the complexity and depth of need—including health need—of people who come into the homelessness system. We would want to ensure that that programme will continue to describe the problem better, which is incredibly important. There should probably be a proportionate amount of effort on what we can do now to better describe the problem.

We need real pragmatic responses and solutions. We need to find out what works and make it work. I am constantly reminded of a tweet from somebody who has experience of homelessness and who, on the launch of a new homelessness report, said, “How many times do you need to research this?” It is not hard for any of us to want to take that closely into what we are doing and say, “Okay, we have described the problem—now what do we put in place to make people's lives easier?”

**The Convener:** Would anyone else like to comment on the link between health and better working that Alexander Stewart mentioned?

**Eddie Nelson:** There have been positive moves forward through the integration of health and social care. However, progress is slow because of the nature of the resources that both areas have and the issues that they have to deal with.

As a third sector organisation, we sometimes feel that our voice is not heard if we are supporting an individual to visit a mental health service or a GP. It sometimes depends on the individual professional who we are dealing with and on the history of the individual who has been presenting with that issue.

We need to try to get an overall picture. As I said earlier, and as Beth Reid and Margaret Ann Brünjes said, if we work with an individual over time, we have more opportunities to observe their behaviour and their reactions to certain support processes. In my experience, when we support an individual and try to explain to the professional the behaviour that they display with us, that is not taken into account in decisions that are made.

Also, because of the lack of resources in those fields, there are huge waiting times. It is very difficult for our organisation to support someone through that time, because we do not have the experience and knowledge to do that. That is why we try to signpost and refer individuals on to services. As we are, I hope, saying collectively, we need more co-ordination of effort and services. The issue is really communication. We need to communicate better, communicate more and start listening a little bit more, too.

**Beth Reid:** I agree with those points. I will comment on service delivery, particularly for people with complex needs. As was mentioned in previous evidence, we need to recognise how people with chaotic lives engage with a service. They will not be able to adapt to our service structure and remember that they have an appointment in a month's time at 9 o'clock on a Tuesday morning. We need to ensure that services meet those people's needs. There are places that do that, such as Hunter Street in Glasgow and the Edinburgh access practice. There are perhaps challenges with that in more rural areas.

We need to think about how we support such people to engage with mental health services in particular. I am not criticising those services, but people with mental health problems have difficulties engaging. There is a psychiatrist from the access practice who speaks eloquently about that, although I cannot remember his name off the top of my head. He says that some people's way of engaging is not to engage, because their

experience of life is that people—whether parents, people at school or others—have not engaged with them. There is a need for awareness in some of those services. They also need to have the capacity and ability to engage with some of those clients in a different way.

**Alexander Stewart:** You hit the nail on the head. Capacity is a vital issue and a problem that we face. Funding comes with that package. Some individuals who have been institutionalised and are coming back into the community need a step up or down to manage their chaotic lifestyles. You and your agencies are all trying to provide that but, if we still face a barrier with the health professional—it could be the community psychiatric nurse, the GP or other individuals in the sector—the chain breaks and it is difficult to put the link back in because the person ends up not going to the appointment. They then end up going back into another cycle, which creates even more problems for them.

**Beth Reid:** That takes us back to the need for a strategic approach and the work that Neil Hamlet is doing. Those people still come to the health services and cost us a lot of money but intervening early and allowing them some flexibility when they repeatedly do not turn up to appointments is a lot cheaper than a psychiatric admission, for example.

**Margaret Ann Brünjes:** I absolutely agree with the point about accessing mainstream services, particularly for people who have experience of specialist homelessness services, which provide a great and immediate service. The difference is that, when people move into the community and mainstream services, they do not get such a service.

Glasgow took the decision to include homelessness as a priority in its health and social care integration, which means that there is a specific integrated planning group that considers homelessness. It is early days for that, but it is an interesting approach to ensuring that the different aspects are considered together.

**The Convener:** On how health connects with homelessness and service provision, a few witnesses mentioned Dr Neil Hamlet. He had hoped to come to the meeting today but was unable to do so. He has given his apologies. Dr Hamlet is a consultant in public health medicine at NHS Fife and we think that his evidence will be vital. We are still keen to hear from him and will ensure that that happens.

I thank our three witnesses for coming. At certain stages, the evidence session felt like a discussion between the three of you on what has to happen in order for the situation to improve, which is kind of what we were looking for. It was a

strong evidence session. We have got a lot out of it and we hope that you have, too.

We have done a lot of fact-finding visits and we have taken a lot of evidence, including today. We will put out a formal, detailed call for evidence in relation to an inquiry on homelessness. Eddie Nelson talked about measuring outcomes and outputs. The committee needs to ask the right questions at the outset of its inquiry to ensure that we get the appropriate outcome. If you were in our position, and calling for evidence, what questions would you ask? I ask you to email or write to us with your responses. Thank you, again. We will stay in touch.

11:41

*Meeting suspended.*

11:44

*On resuming—*

## Subordinate Legislation

### Participation Request (Procedure) (Scotland) Regulations 2017 (SSI 2017/39)

### Non-Domestic Rating (Valuation of Utilities) (Scotland) Amendment Order 2017 (SSI 2017/42)

### Non-Domestic Rating (Unoccupied Property) (Scotland) Amendment Order 2017 (SSI 2017/43)

### Non-Domestic Rates (Renewable Energy Generation Relief) (Scotland) Amendment Regulations 2017 (SSI 2017/60)

**The Convener:** Agenda item 2 is subordinate legislation. The committee is asked to consider four instruments, as listed on the agenda. The instruments were laid under the negative procedure, which means that their provisions will come into force unless the Parliament votes to agree a motion to annul the instruments. No motions to annul have been lodged. No member has indicated that they wish to comment on the instruments, so I invite the committee to agree that it does not wish to make any recommendations in relation to the instruments. Are we agreed?

**Members** *indicated agreement.*

**The Convener:** Such enthusiasm.

11:45

*Meeting continued in private until 12:39.*

This is the final edition of the *Official Report* of this meeting. It is part of the Scottish Parliament *Official Report* archive and has been sent for legal deposit.

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