



The Report of a Review of

ROUGH SLEEPERS INITIATIVE

IN GLASGOW

Social Work Services Inspectorate **2001**

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CONCLUSIONS

We found that:

- » The RSI projects have made real progress and achievements in:
 - Developing innovative and appropriate services to meet the needs of street homeless people;
 - Evidencing the needs of street homeless people in Glasgow; and in,
 - Developing a robust common monitoring system as a result of funding to develop a national model of RSI monitoring;

AND that RSI needs to move beyond providing a “rapid response” to a more balanced programme, aimed at resettlement

- » That housing, health and social work services have key statutory duties to homeless people; that they face significant competing pressures on resources; that street homeless people can experience significant barriers to these services;

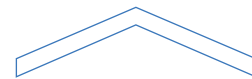
AND that they were committed to improving the range and accessibility of services to homeless people.

- » RSI agencies play a key role in meeting the needs of street homeless people and in providing services not provided by mainstream services e.g. streetwork
- » The staff within voluntary sector RSI agencies focused much of their efforts on advocacy for individual homeless people; that much of the advocacy was in relation to services or facilities provided by mainstream agencies within Glasgow; that much was in response to the barriers to access to these mainstream services.

AND that their efforts would be more productive (for homeless people) if access was supported by an agreed framework of protocols rather than a focus on individual advocacy.

- » A relatively small number of homeless people, including both younger persons and people with chaotic lifestyles, often with a combination of substance misuse and mental health problems, occupy much of the effort of several agencies, as they move from one to another; the staff within RSI projects have developed expertise in working with people with complex and multiple needs;

AND that complex and multiple needs demand considerable and skilled attention of staff from different agencies, and require a co-ordinated response.



» There are a few examples of arrangements for developing or sharing assessments of the needs of, or the plans for, homeless people; there is duplication of assessment resources between agencies; the assessment is not comprehensive; there is no single agreed set of outcomes for individuals arising from the assessments. The statutory agencies have taken initial steps to develop a common assessment, albeit without voluntary sector participation.

AND that, an agreed single assessment and care plan for most homeless people would increase the prospects of better outcomes.

» That a few homeless people experience continuity of support; that many homeless people experience setbacks in their efforts to establish a more secure way of life;

AND that more homeless people would benefit from improved arrangements for continuity of support.

» That there are different titles and roles used to describe working with homeless people; that there are no shared definitions of these roles and functions; that advocacy and befriending are roles that are unsuited to those staff exercising statutory functions (or acting on their behalf);

AND that in this light the concept of the “Personal Assistant” needs a fresh look.

» That RSI projects and mainstream agencies have experienced good working relationships, particularly at the onset of the RSI; that a tension had developed among people in both mainstream and RSI-funded agencies; that operational managers in both mainstream and RSI services express an understanding of the causes of the tension and a commitment to move forward and strengthen joint working, through agreement on common outcomes;

AND that there exists a further opportunity to establish good working relationships founded on a shared agenda that focuses on what people need and “what works”.

» That there is little consultation of street homeless people

AND that the proposals for developing services create the opportunity to develop innovative forms of sensitive consultation.

» That services have been commissioned in the absence of a city-wide strategy for homeless people; that the emerging strands of such a strategy have been developed through the work of the Glasgow Review Team;

AND that services, including those funded by RSI, could and should be commissioned and evaluated locally.

Social Work Services Inspectorate (SWSI) was asked by the Social Inclusion Division of the Scottish Executive to provide an evaluation of the impact of the Rough Sleepers Initiative in Glasgow. The evaluation was intended to assist the Glasgow Review Team (GRT) in its work. It was undertaken between May and November 2000, and was carried out with the assistance of a consultancy team that has a range of experience of the RSI and of carrying out research work into homelessness. The overall aim of the work was to provide a steer for the Division on priorities for funding for the RSI in Glasgow.

For the purposes of this review “rough sleeping” was taken to include those people who are living on the street, who are in a hostel for homeless people (whether or not it is run by the private or statutory sectors) or who are in fragile housing circumstances that require them to make use of the services provided by those agencies funded by the RSI.

In this report we have used two common phrases, “street homeless people” and “people who are rough sleeping”. They are largely interchangeable, and intended to be so.

1.1 The brief

We were given two objectives:

1. Evaluate the adequacy of the services funded under the RSI, and how well such services are attuned to the needs of rough sleepers in the context of other relevant provision;
2. Evaluate the quality of the inter-relationships between RSI funded projects and mainstream service provision.

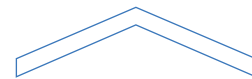
In the light of this evaluation we were asked to:

- » Make recommendations on working practices in RSI funded projects, and on the overall pattern of service provision;
- » Where appropriate, make recommendations on connected mainstream services provision, and on the relationship between this and RSI provision.

The review should have a particular focus on streetwork provision and should consider its future role in the context of the Review Team’s proposal for personal assistants.

SWSI has focused its attention, primarily, on practice issues.

Appendix 2 describes how we approached the review



1.2 The RSI Programme

The rising levels of street homeless evident across Scotland throughout the late 80s and 90s, combined with the rising demand for public sector housing, and the increase in the numbers of households seeking help under the homeless legislation provide the context for the introduction of the Rough Sleepers Initiative in Scotland. Launched in England in 1990 to seek to address the problems of street homelessness experienced in London, the RSI was later extended to the rest of England and Wales in 1996. In December that year, the Scottish Office introduced RSI in Scotland, and in its consultation paper, acknowledged the complexity of the problem of street homelessness and sought a range of “integrated, readily accessible provision” to contribute to the aim of “ending the need to sleep rough by 2002” (later extended to 2003).

In February 1997 the Scottish Office issued guidelines and invited local authorities to submit bids to deal with the problems in their area. The RSI was supported with £16m, split into three rounds of bidding. The Minister was advised by the RSI Advisory Group, which was set up to make recommendations on the bids and subsequent awards of funding.

Of the £11m committed to round one, 85% of the funding went to Glasgow and Edinburgh. Glasgow’s bid, whilst not fully met, provided

almost £5m to meet a range of services from streetwork and resettlement to hostel provision, supported accommodation and support services. This recognised the high level of homelessness within the City. With 13% of the Scottish population, Glasgow records 34% on the national homeless presentations.

This high level probably reflects the levels of poverty and unemployment in the city, the increased incidence of family breakdown and Glasgow’s high level of problematic drug misuse. It should be noted that some account needs to be taken of the number of hostel beds in the City (considerably higher than any other local authority), and the fact that these single homeless people are included in the statistical returns to the Scottish Executive.

Nationally, single people applying as homeless under the legislation make up 62% of all presentations. In Glasgow however, they account for 82%. This high level of single person homelessness poses difficulties for the City, as most single people are not considered a priority under the 1987 Act. Nevertheless, the data from RSI 1 monitoring has shown the complex range of needs exhibited by many of the street homeless and it could well be argued that their need would make them “vulnerable” under the legislation and thereby a priority whom the local authority have a duty to house.

1.3 The Glasgow RSI-1 Bid

The RSI1 bid had been put together in a partnership arrangement between the City Council and the voluntary organisations, with GCSH acting as the co-ordinating agency.

There were 12 projects included in this review, all from RSI1, and which are grouped as follows:

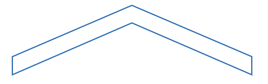
Streetwork Teams	Barnardo's Glasgow Simon Community Street team YMCA
Resettlement Teams	Glasgow Simon Community resettlement YMCA
Day Centres	Wayside Centre
Support Services	Gorbals Addiction Services Glasgow Council On Alcohol Glasgow Assoc. for Mental Health
Emergency Accommodation	Link-Up London Road Project for young people
Supported Accommodation	Scatter flats (City council)

Research Base 75 (sex workers)

Advocacy Shelter (Scotland)

RSI funding in Glasgow generally enhanced or extended services already in place. Practices had developed over time, and many staff in these agencies already have working relationships with other organisations and statutory services.

Newly established projects were Link-Up (part of the Turning Point group) and the London Road Project. Both were established to deal with clients excluded from other agencies, and these have had the opportunity to develop their own and new links based on the needs of street homeless. The key access criteria for this project is that the young people have been barred from other services, including the Council hostels and are detailed in the Hamish Allan records as 'do not admit' (now termed as an "alert"). These "alerts" are made on clients who have been barred or evicted from the hostels because of their behaviour.



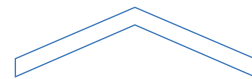
2.1 A Needs Driven Agenda

The central theme of this review is the needs of rough sleepers themselves, and the evidence of what practice is known to be effective. The information on needs and what works was derived from both the literature review and the interviews with members of the Glasgow Review Team. Our summary of “What Rough Sleepers Need” and “What Works” is contained in Appendix 1

The evidence of needs and what works is not necessarily conclusive, even if it is voluminous. We note the reservations that many have made about the gaps in research and have concluded that one particular gap - that of longitudinal research - remains unaddressed.

We have found this needs-driven agenda to be useful in both coming to our conclusions and making our recommendations. It is the needs of rough sleepers and the outcomes of different interventions which should drive practice, not the particular arrangements of those who are providing services.

In this section we have sought to highlight the principal needs of people who are rough sleeping, evaluate the adequacy of services funded under RSI and how well they are attuned to needs, discuss other relevant provision, and comment on any gaps in services.



2.2 Immediate help

Rough sleepers, particularly those new to the streets, frequently need and welcome immediate help. They may require shelter, food, clothing and other practical support. Those new to the streets will clearly benefit from advice and information. Research suggests that support can be most effective in assisting people to move off the streets and resettle, if it is provided within 3 weeks of a person commencing rough sleeping. There is also evidence that late night and early morning support can be of particular value.

RSI projects provide immediate help to rough sleepers through streetwork teams and a day centre. We were clear that these projects address basic practical needs and are a key initial resource.

Mainstream services provide emergency help in the form of:

- Emergency housing advice, information and emergency accommodation.
- Emergency social work assessment and assistance in form of homelessness social work team and emergency duty out of hours team
- Accident and emergency hospital services and GP services

The police, particularly those at Stewart Street custody office, and members of the Community Safety teams, are also in the “frontline”. We were

made aware of the benefits of a positive relationship between projects and the police (for rough sleepers), and of the benefits for the police of good liaison arrangements with the projects.

RSI services provide routes to emergency mainstream services, often in the form of advocacy, but this currently does not allow staff to make best use of time, nor does it help the working relationship between voluntary and statutory services. We felt that the kind of links established between the police and RSI projects could be emulated in other emergency services.

We heard suggestions that the streetwork teams duplicated efforts. We were unable to assess the substance of this suggestion. However, we heard from the staff of these projects that a primary concern, for them, was the development of resettlement services. They were seeing people returning to them for immediate assistance, for want of more substantial support when they had last left the streets. The resources devoted to streetwork teams will need to be reviewed as further resettlement initiatives develop.

2.3 Housing

The core but not sole need of anyone sleeping rough is accommodation of a temporary (including emergency) or permanent nature.

The RSI projects in Glasgow provide both:

- » Emergency supported accommodation for those whom mainstream services and other voluntary services will not house or have excluded, and
- » Temporary supported accommodation through RSI funded service within housing department. Available for as long as person needs it.

The local authority housing service has a statutory duty to assess each homeless applicant. The duty to accommodate rests upon whether a person is in priority need. Single homeless people will be in priority need if they are elderly, or pregnant or otherwise vulnerable (as defined in the Code of Guidance). Such vulnerability may be because the person is young. This then confers a duty on the authority to offer permanent accommodation (if they are unintentionally homeless). Provision in the Housing Bill extends the duty to provide temporary accommodation to all homeless people whether priority need or not.

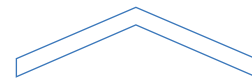
Temporary accommodation, for single homeless people in Glasgow, is provided (mainly) in large hostels, run privately or publicly. The hostels, we are told, are institutional in style and lack the staffing appropriate to those, with complex needs,

who regularly live there for shorter or longer periods. There is evidence that the hostel policy of excluding people has contributed significantly to numbers of rough sleepers. The unsuitability of the hostels has led to the beginnings of a hostel reprovisioning programme, now in its first stages.

The development of the Scatter Flats Project has brought tangible results, and we note that decisions have already been made to increase this provision.

The RSI projects play a minor role in the provision of accommodation as such. However they have introduced innovation in providing emergency direct access accommodation for those with such severe multiple needs that they have been unable to sustain accommodation elsewhere. There is currently insufficient of this accommodation and no similar accommodation to which people can move on to for a longer period.

The staff of RSI projects consider they have exercised considerable efforts in advocating for accommodation. We found an atmosphere of tension surrounding some of the advice and assistance given by RSI project workers to homeless people about their housing options. Much of this tension appeared to be connected with decision-making by Glasgow City Council staff at the Hamish Allan Centre. This focused, largely, on the “alerts” made on clients who have been barred or evicted from the hostels because of their behaviour.



We considered much of this tension to be unproductive, in that it did not appear to advance the housing options for homeless people themselves. Our observations are not intended to diminish the importance of providing street homeless people with advice and support about their rights under housing legislation.

We consider that the roots of this tension lie in a number of factors:

- » The lack of a shared assessment and care plan for people, particularly those with a record of substance misuse;
- » A lack of appropriate support and accommodation; and,
- » A history of separate working arrangements.

2.4 Care and support

There is strong evidence that the provision of accommodation alone is not a sufficient response for many rough sleepers. For many, the sustaining of temporary and permanent accommodation requires care and support specific to the needs of an individual. That care and support may take different guises: practical and emotional support may be important for some, addiction services for some and education & training for others - or indeed any combination.

The development of basic skills may complement care and support provided externally. There is some evidence that the possession of social and

daily living skills is important in attracting and maintaining independent tenancies. Simply being able to manage your anger or communicate well can ease tensions with neighbours. Knowing how to budget or cook can be useful assets when living independently.

The RSI projects' contribution to care & support includes:

- » Co-ordination of support through "scatter" flats
- » Resettlement activity in both temporary and permanent accommodation, through both direct provision and links to services in parent organisations
- » Specialist counselling services for people with drug or alcohol abuse problems and people with mental health problems.
- » The development of social and daily living skills. These range from work to building skills in cooking and shopping to DIY and homemaking skills courses.

The care and support available for homeless people from statutory sources is theoretically extensive. Social care, health and housing management staff are all potential resources for providing "resettlement" services. They are not, however, deployed to assist homeless people to resettle.

We explore different dimensions of care and support in successive parts of this chapter. We would want to make two initial observations,

however. The first is that, for those with complex needs, care and support is frequently developed by one agency, based on a single agency assessment, and with no agreed care plan. We return to this theme in the next section. Second there is only limited continuity in care and support.

While there is some continuity of support, through different stages of resettlement, for those people in contact with resettlement services such continuity of support is not available elsewhere. The cut off point for support once someone is housed can be too early, at times resulting in a return to homelessness in the face of accommodation and/or personal crisis. There was a clear view amongst staff from mainstream and RSI services that the period of care and support should reflect the needs of the individual.

Increased attention, financial and regulatory, is being given to care and support arrangements. Our understanding is that some significant finance for the increased costs of additional care and support may be derived from the Supporting People initiative. Moreover, it is intended that support services for vulnerable people (which will include homeless people) will be the subject of interest of the forthcoming Scottish Commission for the Regulation Care.

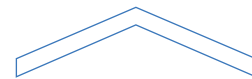
2.5 Friendship and social networks

Research has highlighted the importance of friendship and social networks to homeless people at all stages of homelessness and in the resettlement process. The lack of such networks can threaten the success of an otherwise soundly developed plan for the provision of accommodation and care/support. Rebuilding the network of relationships of choice is likely to be an important factor in resettlement, particularly where people are without the social networks provided by either employment or family.

It is important to distinguish between the roles of a support worker assisting or encouraging a person to create social links in the community and that of a 'befriender', either paid or more often voluntary, who will accompany the person in social events and offer directly a source of more informal social contact.

The RSI projects include resettlement services which assist people to create links with the community as part of the support work. However, there are no direct RSI funded services. A befriending service exists alongside one of the resettlement projects within the larger parent organisation.

We have concluded that the support of social networks, the befriending task, could be given more attention in the next round of funding.



2.6 Good physical and mental health

There is widespread evidence that people experiencing street homelessness have worse physical and mental health than the general population, with high mortality and high suicide rates. The number of suicides in the population living in Glasgow hostels indicates, in particular, a very worrying concern about levels of mental health.

Health problems amongst street homeless people are dominated by alcohol and drug misuse. A recent survey of the health of homeless people in Glasgow reveals that the younger population tends to abuse drugs while the older population abuse alcohol. 51% of interviewees between 25 - 34 years and 27% of those 16-24 years were dependent on heroin and 63% of those 55 and over had hazardous levels of alcohol abuse. In the survey 44% of the sample reported the incidence of neurotic disorders in comparison to 8% who displayed some form of psychosis¹.

It is clear that the needs of many of the street homeless people with complex needs, particularly those with a combination of poor mental health and addiction (referred to as dual diagnosis), are not being met. These people are some of the most challenging for both the staff of RSI projects, hostels and those from established mainstream agencies. They make repeat presentations and move around different agencies.

RSI provision includes:

- » the emergency accommodation service for people with multiple needs includes a nursing service and access to secure detoxification unit, which provides a respite for those with addiction problems. The secure unit provides six beds for up to 28 days per client, and a further six longer term flats. The project will shortly move into larger premises and will be able to offer 12 long-term flats. Clients are admitted to the project “as found” - there are no rules about being dry or drug free or having references before accessing the service. Clients can also turn up for advice and assistance, and again appointments are not a requirement.
- » Specialist counselling services for people with drug or alcohol abuse problems and people with mental health problems.

¹ ONS, 2000

The mainstream services provide:

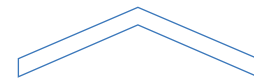
- » The Glasgow Drug Crisis Centre which provides 12 beds, a 24-hour crisis support and other services.
- » The Primary Care Trust and Acute hospital trusts provide services to the general population, including homeless people.
- » Other specialised health services for rough sleepers exist in the form of the City Mission, the hostel CPN service, and the enhanced GP service, in which certain GPs receive additional funding to compensate for the time and effort required in taking on homeless clients with greater needs.
- » The Gorbals Addiction service

Social work and health services have wide-ranging responsibilities for joint working with people with mental health problems, with addictions and with people with dual diagnosis. These responsibilities are undertaken by a wide range of agencies and projects working to the Glasgow's Mental Health Framework and the Drug Action Team. We were advised that these mainstream agencies are, largely, either unable or unwilling to work intensively with street homeless people; that, with the exception of the Gorbals Addiction Service (GAS) they have difficulty in meeting their particular needs.

During our work we repeatedly heard of the problems posed for homeless (injecting) addicts of obtaining prescriptions for methadone, a substitution treatment more widely available to addicts with permanent addresses. While we have been unable to evaluate the extent of this problem we do consider it to be symptomatic of the difficulties health services (primary care in particular) have in addressing the health needs of street homeless people.

We understand that Greater Glasgow Health Board is re-examining the role and contribution that health services provide to street homeless people. The report of the GRT suggests that significant activity in commissioning new services may be undertaken in the near future.

The specialist support services highlight gaps in current mainstream provision in the form of addiction services and mental health services.



2.7 Meaningful occupation

The GCSH Monitoring Report contains the following table

	Yes	%	No	%
Ever had paid Employment	247	51.5	233	48.5
Seeking employment	94	15	532	85
Ever been in full-time further education	40	9	416	91

These are depressing statistical indicators. It is worth noting, however, that the evidence of those with experience of full-time further education is contrary to the findings of the national evaluation of RSI 1² in which 37% of the service users had some form of further education.

The need to develop “meaningful occupations” for homeless people is increasingly recognised, and literature in both the USA and Europe attests to growing activity in this area. Employment, training and education are important not only in terms of combating poverty, but also in providing a means of addressing loneliness. An investment in this area is an investment in both emotional and social health, as well as economic independence.

People sleeping rough due to personal and social damage may lack even the most basic skills to assist them to manage their daily lives and interact effectively with other people e.g. communication difficulties, low self-esteem, and a poor sense of time. Support starts at an early stage, one of the projects providing immediate help recounted the decision to provide pre-resettlement support after reviewing early performance. The focus of much pre-resettlement or pre-vocational support will be on the acquiring of such basic skills.

At the present time RSI projects make no direct provision for assisting homeless people towards a meaningful occupation. However, there are links to pre-vocational services in the wider organisations within which some RSI services are located, particularly those which provide resettlement services.

² Yanetta et al, 1999 p24

The wider responsibilities for supporting employment and vocational training rest with the Employment Service. The New Deal for Young People (NDYP) and the Job Seekers Allowance (JSA) are two programmes with specific relevance to homeless people. It is the New Futures Fund (NFF), however, which seeks to bridge the gap to mainstream training and employment programmes for a wide range of people who lack basic skills and are deemed to be seriously disadvantaged in the labour market. In Scotland there are currently 29 of 109 projects specifically targeted at homeless people.

The NFF projects are currently being evaluated. Interim results indicate that 14% of those completing the NFF Homeless projects move into employment and that over 55% move into positive destinations. Recently published research³ suggests that the main programmes, NDYP and JSA, are attracting mainly recently homeless young people.

RSI and wider homelessness funding should link with the funding for life-long learning and the New Futures Programme. This might include NFF being involved in:

- › any commissioning body;
- › sharing and transfer of effective working methods into RSI projects and
- › the development of a common assessment.

2.8 Equality issues

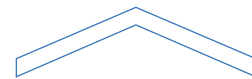
Women form a significant proportion of street homeless people, about 15%. Nearly 600 women have been known to RSI projects.

Base 75 was funded through RSI 1 to audit the needs of homeless young women in the city centre. The results of this was a report entitled 'Where is She Tonight'. Following this report, Base 75 received further allocation of funding to develop improved accommodation and support facilities for young homeless women in Glasgow many of whom are prostitutes. Other projects (Scatter Flats and Wayside) do have women specific provision aspects to their programme. We would expect GSHSG to continue to have regard to the specific needs of women who experience street homelessness.

Ethnic monitoring suggest that 1% (22 responses) of people known to RSI projects are from non-white backgrounds. This is proportionately smaller than the ethnic minority population in Glasgow suggesting that there is little that is known of the specific needs of ethnic minorities in Glasgow.

We have received no further information about street homelessness, as it impacts upon ethnic minorities. We would want to be assured that future monitoring arrangements make specific provision for such monitoring.

³ Richardson & Thompson, New Deal for Young People: Young Rough Sleepers Awareness and Attitude Survey, Employment Service, 2000



2.9 Concluding Comments

We were asked to evaluate the adequacy of services funded under the RSI, and how well they are attuned to the needs of rough sleepers, in the context of other relevant provision.

We have found that the projects do seek to address needs which are unmet by other providers, needs which other providers have been unable, or unwilling, to address.

We have also found that:

- » Some of those projects are focused on unmet needs which have not been the subject of interest of other providers (immediate help, services for people excluded from accommodation); and where there are no other providers;
- » Some projects are focused on unmet needs which are, or are expected to be, addressed by mainstream providers (housing, care and support, good physical and mental health) ; these projects contribute specific, and limited responses that add to, rather than substitute for, mainstream services; and:
- » None of the projects address some unmet needs (e.g. friendship and social networks, employment, training education etc) and that other provision is underdeveloped, and needs to be developed.

RSI funding appears to have been used (appropriately) to plug gaps in service provision for agreed unmet needs. The responsiveness of the projects, and the voluntary sector in particular, has ensured that some services are now in place that were absent prior to the initiative. They have been, in effect a “rapid response” which has done much to respond to immediate needs and highlight longer term requirements. Our judgement is that RSI needs to move beyond this “rapid response” to a more balanced programme, based on an agreed inter-agency strategy and continuing to be informed by an assessment of the needs of people who are sleeping rough.

This chapter describes the relationship between RSI and mainstream services.

RSI funding provides, in the main, additional resources to existing agencies, rather than new agencies. Many of these agencies have existing and long-standing relationships with mainstream services.

Mainstream agencies are those publicly funded organisations which carry a statutory responsibility to provide services e.g. health and housing for the general population in Glasgow. Within these generic services there are a number of specialised services tailored to meet the needs of rough sleepers e.g. detached drugs workers within the social work department, hostel CPNs within the primary care trust, scatter flats within the council housing service.

The review into the working relationship between RSI and mainstream services focused on the operational level within the agencies since it is this level which may have the most immediate effect on the homeless person. Within the operational framework we considered two groups of issues:

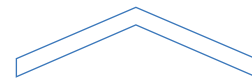
- › the nature of the working relationship e.g. methods of contact and management of the working relationship
- › access issues e.g. the extent to which rules governing access to services suit rough sleeping clients.

3.1 The nature of the working relationship

Joint working between staff of RSI projects and mainstream agencies is largely focused on individual people. The joint working arises primarily from the initiative of front-line staff, and is in this sense, informal. Joint working is not located in a broad framework of common procedures and protocols.

Much of the work of the staff of RSI projects (especially those involved in streetwork and resettlement), with individual people, takes the form of advocacy. In other words the worker articulates and acts on behalf of, or together with, the homeless person. The most common forms of communications are phone and accompanying people to the relevant service.

Advocacy has developed as a common intervention for people with drug or alcohol problems and for those with multiple needs. It is these people for whom mainstream services present particular barriers in the form of access and compliance rules. Significant resources in both RSI and mainstream agencies are used in this advocacy process resulting in a tension between the agencies. The mainstream agencies have now recognised these barriers and demonstrate a commitment to address them however until the point of change there will be a continued need for advocacy.



HAMISH ALLAN CENTRE

THE Hamish Allan centre provides a one-door route to temporary accommodation services for single homeless people in Glasgow. Staff can route people to council hostels and scatter flats. They can also arrange accommodation in B&B or private hostels.

RSI agencies contact the Centre on behalf of individual clients to:

- › Request assessment of needs
- › Request hostel accommodation
- › Find out if there is an alert on the person which may prevent them from being accommodated in the hostels
- › Ask for more appropriate temporary accommodation than hostel accommodation
- › Appeal decisions

Contact is mainly by phone or by turning up with the applicant.

Much of the advocacy is around the issue of “alerts”. The “alert” is not time limited and can be given by hostel staff members for a range of incidents including physical or verbal violence. Although there is a policy of issuing letters to detail the reason for an alert, we spoke to staff of several RSI projects who reported people on “alert” but with no written evidence of the decision.

From our discussions with operational staff in both RSI projects and the Hamish Allan Centre there is evidence of a clear desire to develop a more positive working relationship.

Staff in the Centre do acknowledge the barriers presented to homeless people and the motives of RSI project staff who feel drawn into a confrontational mode. The staff of RSI projects acknowledge that energy spent on advocacy is often unproductive, and that joint working - on assessment and planning for a person’s future - is the basis of a more productive relationship, one which is more likely to advance positive outcomes for the homeless person.

It would be wrong to assert that there are no formal arrangements for joint working. Protocols do exist :

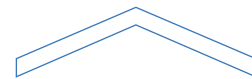
- » Between voluntary agencies e.g. Wayside Day Centre has protocols with Shelter and Glasgow Simon community street team for the provision of services within the day centre.
- » For the intervention of specialised mainstream services e.g. detached drugs workers from the Gorbals Addiction Service work jointly with the street teams and the day centre.
- » Between social work and the resettlement teams, and Link Up and the Health Board.

These arrangements are limited, however. Protocols do not exist with mainstream services at the initial contact stages when the person sleeping rough may be in urgent need of a range of immediate help e.g. shelter and health services. Nor do protocols exist in relation to some of the key stages in working with any individual, assessment, planning or review.

One consequence of an informal style of joint working is that many people move between services without continuity of support. Their needs may become lost, in the moves. There is no formal provision for staff from one agency to have an overview of the support provided by others, particularly when a member of staff withdraws as the remit of the individual agency ends.

Effective inter-agency working occurs at different levels, and reinforces - or otherwise - joint working particularly at the front line. We have explored the front line working arrangements between RSI project and mainstream agencies. We found that the nature of joint working, at other significant levels had a powerful influence on day-to-day practice.

- » There appear to be few arrangements at an operational level for the management of inter-agency communication and review of the working relationship. Good working relationships do exist but appear to result from good professional contact between particular professionals e.g. the manager of Link Up attends the meetings of the Community Care Team within the Social Work Homeless Persons Team.
- » The work is not located within a framework of a clear homelessness strategy in Glasgow, a common problem over the whole country and a problem which the proposed Housing Bill seeks to remedy by placing a statutory duty on local authorities to develop corporate homelessness strategies. The lack of strategy is exacerbated in Glasgow by the sheer scale of the rough sleeping problem and the degree of poverty in the city.



- » The absence of strategy results in a lack of articulated common aims, outcomes and targets. However it was clear at the focus group of mainstream and RSI agencies that they did in fact hold common aims and desired outcomes although they were unaware of the degree of commonality.
- » Despite GCSH being a member of the GRT, the RSI projects felt that they had not been consulted during the development of RSI2 and the de-commissioning strategy for the hostels. The mechanism for their representation in these overview discussions may need further discussion, or at least clarification for all the parties involved.

Staff in both RSI Projects and mainstream agencies recognise that there is a historical tension between voluntary and statutory agencies in Glasgow. This has been unwittingly exacerbated by RSI, but all concerned, at an operational level, appear ready to move on. The local authority recognised that, while it remains accountable for a homeless strategy, the voluntary sector should be fully involved in both developing the strategy and in providing services within the resulting commissioning strategy. There was a recognition that RSI agencies may have to review working practices, while retaining their ability to innovate, to play a full role in the commissioning strategy.

3.2 Access barriers

Accommodation, care and support, health and education & training are all services provided or purchased by statutory agencies. Key staff within mainstream services act as gatekeepers to many of those resources. Thus social workers provide an assessment for a wide range of community care resources, GPs for healthcare and medication, and the staff of the Hamish Allan Centre for much temporary and emergency accommodation.

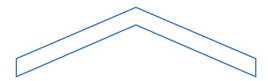
These mainstream agencies provide services to the whole population; they are not set up to deal specifically with homeless people. For example the hospital Accident and Emergency departments provide an emergency health service on demand to all comers. The focus of the service is on the medical needs of the patient. The service will not necessarily know whether a patient is homeless as such.

Mainstream services have competing priorities created by their statutory duties. For example, a social work response to the needs of the rough sleeper has to be considered alongside responsibilities for working with children & families, child protection, criminal justice and community care.

The mainstream service may not provide what the person sleeping rough actually needs to achieve a respite from the immediate crisis, and enable support workers to start assessing and addressing their range of needs e.g. the most immediate need for a person abusing heroin may be access to a prescription for a substitute drug to stabilise their drug use. Services report difficulty in finding GPs who will prescribe such drugs.

The arrangements for access to mainstream services may not reflect the way in which a person is able to use the service. For example a number of homeless people are unable to use an appointment system or they may be remote from the single location that offers the service. Staff of mainstream services may not be able to respond to the nomadic way of life experienced by homeless people, particularly once they enter a chain of moves between temporary and supported accommodation e.g. the practice of requiring patients to change GP as they move between different areas of the city. In some cases the rules for access and compliance (staying within the service) may penalise the homeless person for the very reasons they need the service. As illustrations, drug abuse may exclude someone from psychiatric services, and unpredictable or aggressive behaviour may exclude someone from the hostels.

During the review we focused particularly on barriers to health services. These are illustrated overleaf.



BARRIERS TO HEALTH SERVICES

The most urgent needs for health services are assistance with drug addiction, alcohol abuse, mental health problems, and chronic physical illnesses that fall within the remit of primary health services.

Current Provision:

General primary and acute services
 Specialised services: City Mission GP + nursing service (cannot prescribe)
 Hostel CPN service: for those diagnosed as having severe and enduring mental illness.
 Enhanced GP service - additional payment to GP for accepting homeless person onto list.

Barriers:

GP is main gatekeeper of resources.
 Registration OK but difficulty using service - poor understanding of needs + resistance to treating drug problems with substitute drug to allow to stabilise so can assess and treat other needs.

GPs are autonomous independent contractors to the primary care Trust. There is no obligation on them to prescribe substitute drugs and the distribution of GPs who will prescribe is inequitable in Glasgow.

Many projects reported clients being registered with a GP, but this being in another part of town or other area and not being accepted on a temporary basis by the local GP.

Use of appointments and not taking services to rough sleepers.

A+E - focus on medical assessment to ensure treat all patients equally, may disadvantage homeless + not geared up to recognise and assist homelessness + no prescribing of substitute drugs so addicts will walk out leaving health needs unattended because of immediate need for drugs.

Post-code prescribing

Specialist psychiatric services will not treat mental health because of addiction

Gaps:

Mental health services
 Drug substitute services

Key issues to be addressed:

Equitable access to and use of GP services
 Provide right services at right time, by right person and in right place
 Substitute prescribing

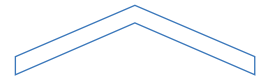
3.3 Specialised mainstream services

There are examples of mainstream services which have developed parts of the service which provide for large numbers of homeless people. These are distinct from the 'specialist homeless services' described later. They include the social work homeless team, the social work drugs service, the police Community Safety team and accommodation (scatter flats). An often-quoted example of good practice is the GP and nursing health service at the City Mission (which is not RSI funded). The service is provided at the same times each week, it is on a 'turn up and wait basis', the staff understand the issues faced by people sleeping rough and they are not judgmental. Similarly the detached drugs workers take the service out to the locations where the clients are normally found and offer immediate services. The hostel CPNs also provide a well-used service, visiting each hostel on regular basis and seeing clients in the hostels (although the lack of proper treatment rooms make service delivery more difficult).

The role of specialist services is to provide a first point of contact within the mainstream service which assists the client to use the wider service. Specialised services may not ease that access to the generic part of that service unless the access and compliance rules of the wider generic service reflect the needs of rough sleepers.

There are examples of mainstream services which have developed special provision for homeless people. Glasgow City Council accommodates 2,000 people in hostels for single homeless people. The Benefits agency provides an income support and community care grant service to all single homeless people from the office at Minerva Street.

The development of specialist provision can have some unintended consequences for homeless people themselves. Where there is a concentration of homeless people - as in the hostels and Minerva Street - there is evidence of intimidation and exploitation of homeless people by others (including other homeless people). Acts of violence and theft are known to be frequent and can exacerbate dangers for homeless people. Such specialist provision brings special challenges for staff who themselves will need support and protection.



3.4 Gaps

The monitoring and operation of RSI to date as well as the ONS survey have effectively highlighted the gaps in mainstream services:

- › The capacity to provide a rapid-response drug and alcohol service which include the prescription of substitute drugs
- › Health services for those experiencing mental health problems as opposed to severe and enduring mental illness.
- › Short-term drug free accommodation for between rehabilitation and a tenancy. The current gap can result in homelessness and a return to drug use
- › Safe, appropriate temporary accommodation
- › Long term support provided for as long as the person needs it after resettlement
- › Homeless people receive only a single offer of housing which can be in an area with an existing drugs problem
- › Access to housing association tenancies. While some housing associations have developed one to one arrangements with RSI agencies there is no strategic arrangement between the housing association movement and RSI agencies.

There are proposed increases to the specialist services. The ONS survey has illustrated the sheer scale of need for drug, alcohol and mental health services. The increased services will not necessarily be sufficient to meet demand.

3.5 Concluding comments

RSI projects have done much to achieve their primary aim, in Glasgow, of evidencing the needs for services and innovating in ways to provide appropriate services. While RSI funded services focus on the needs of only rough sleepers, the mainstream services have a generic focus on the whole population, except for those specialist services for rough sleepers. The relationship with mainstream agencies focuses on relationships between individual professional staff based on each individual client. There is generally a lack of protocols and structured inter-agency relationships at an operational level.

Striking amongst both RSI and mainstream agencies was:

- › The commitment and hard work of staff
- › The existence of common aims and desired outcomes although the commonality remained in the main unrecognised.
- › The wish to move on and strengthen joint working

In this Review we have focused first on the needs of rough sleepers and secondly on the relationships between RSI projects and mainstream agencies. In this chapter we seek to focus on “what works”, drawing on the wider literature, the monitoring of the Glasgow RSI projects and views of members of the GRT.

Appendix 1 contains a list of “What Works” derived from these sources. We would want to emphasise that the search for “what works” is a continuous exercise. Continued monitoring and evaluation of work with people sleeping rough is part of that exercise. In this section we focus on specific features of “What Works”, but first a word about outcomes.....

4.1 Outcomes

In undertaking this review we had the undoubted benefit of information provided by the projects themselves, including the GCSH monitoring report of April 2000⁴. The report provides an extensive information bank on street homeless people, including a profile of both people and their movements and use of different accommodation. The report is an impressive account of some of the characteristics of, and process experienced by, homeless people.

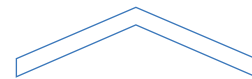
The authors comment, however, that:

“More qualitative, long-term tracking of individuals as they move through services is needed....to identify the barriers which hinder progress and the interventions which positively and constructively assist progress.”

We agree with this. The information generated by the report tells us a lot about the character of street homelessness and what inputs are made by services, but less about the **outcomes** of intervention.

The descriptions we received of practice in the RSI projects reflect the monitoring report. In our view practice could be better focused on outcomes. Much of the remainder of this chapter revolves around work to improve that focus on outcomes.

⁴ Carlin Bradstreet, Rough Sleeping Initiative in Glasgow, GCSH April 2000



4.2 Common assessment

Assessments are essential to identifying realistic outcomes for individuals. The literature review confirms the importance of developing one assessment that is able to be shared; and an assessment that seeks to encompass a wide range of needs rather than those which a particular service provider can meet.

The GRT has already recommended the design of “a quick, effective, multi-disciplinary assessment.”

“We see this comprehensive assessment as providing the basis for a common core of information on the individual. Subject to protocols of confidentiality, this would permit more sharing of relevant information and would help to ensure that valuable information about a person’s needs is not subsequently lost between agencies.”

We agree the importance of having an assessment for the purposes of holding common core information. Where homeless people agree - and the consent must be specific - to a sharing of information, including assessment details, then the staff of all agencies, as well as homeless people themselves, can save time and energy.

We understand that health, housing and social work staff have started work on a common assessment tool. We support that development which should include the Benefits Agency, New

Futures Fund and RSI projects likely to be using or contributing to that assessment tool. We would suggest that this initiative seeks to benefit from:

- » the work of the Contact and Assessment projects supported by the Rough Sleepers Unit at the DETR.
- » SWSI publication, Working with Young Homeless People, in 1996. Sections 6, 7 & 8 of that guidance focuses on Assessment and Care Management. The Guidance remains an important source of good practice, for work with both young and older homeless people⁵
- » The Bridges Project, now in East Lothian, have had practical experience in developing a common assessment⁶

Assessments need to be “fit for purpose”. In other words a comprehensive assessment, along the lines of a Community Care Assessment (CCA) is appropriate for people with complex and wide ranging needs. It would be appropriate for a homeless person with whom there are many and frequent contacts, and where two or more organisations are closely involved in working with that person.

A shorter, service-oriented assessment may be appropriate for other people. Typically such an assessment would be suitable for a person who appears to have relatively simple needs, and who was in touch (and needed to be in touch) with only one agency.

⁵ Photocopied copies of Guidance available from SWSI (0131-244 7094)

⁶ Further details from Bridges Project (01620 825024)

Whether a full or a shorter service-oriented assessment should be undertaken will be a matter of judgement. Agencies in Glasgow would benefit from there being agreement about who would exercise that judgement, and how. Inclusion in a common assessment practice framework, for all the parties, involves a willingness to abide by standards for the collection, storage and transmission of data. All organisations, including RSI projects would need to demonstrate their willingness to maintain these standards.

For use with: All people in contact with mainstream agencies and RSI projects

4.3 Care Planning

Care planning is a second basic step to allow staff to focus on outcomes. It ensures that work with the homeless person focuses on an agreed outcome. It is, in essence, an agreement between the homeless person and the worker, or workers of different agencies, about what the next steps are. The care or support plan states what will be done by whom, and when. *Working with Young Homeless People* provides a framework for what that document called “service agreements”.

A care or support plan should be devised whether street homeless people receive a comprehensive or shorter assessment, and should be informed by the assessment.

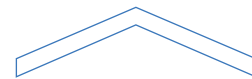
The care plan should be SMART⁷. It should be Specific, Measurable, Achievable, Realistic and Targeted. It should be in writing. The homeless person must have a copy. It should be monitored by management staff within the agency concerned.

The plans should deal with both what we have called “care” and “support”. In other words it should specify the social and health care (including any focus on substance misuse), the housing support arrangements and, where links have been made, employment and training related activities.

We would regard it as good practice that, when offered a scatter flat for example, the homeless person is aware of what care and support is agreed and with whom, prior to moving into the accommodation.

For use with: All people in contact with mainstream agencies and RSI projects

⁷ But see work on soft measurements in Bridges to Progress, Bridges Project and Partners, forthcoming



4.4 A Care Programme Approach (CPA) model

We stated earlier:

It is clear that the needs of many of the street homeless people with complex needs, particularly those with a combination of poor mental health and addiction (referred to as dual diagnosis), are not being met. These people are some of the most challenging for both the staff of RSI projects, hostels and those from established mainstream agencies. They make repeat presentations and move around different agencies.

There is a growing body of evidence that supports the development of a Care Programme Approach model, for this group of homeless people. For example, an early attempt to evaluate the effectiveness of a comprehensive case management and direct service programme for homeless mentally ill people⁸ found that “clients in the programme had significantly higher rates of social stability and client satisfaction than other clients and spent less time homeless during the study than day programme clients.”

The National Homeless Alliance⁹ argue that services need “to be inclusive and integrated for clients with Multiple Needs”.

The arrangements for the CPA have been set out in [Circular SWSG 16/96](#), issued in October 1996. The aim of the CPA is to ensure that individuals with severe and enduring mental illness (including dementia) who also have complex health and social care needs, receive on-going care and supervision. This should incorporate appropriate packages of services and accommodation to meet their needs, which are fully co-ordinated by the agencies and professionals involved.

The [objectives](#) of the arrangements for CPA are to ensure that:

- » there is effective collaboration and working within and between agencies and professionals;
- » service users and, where appropriate, their carers are involved as far as possible in individual care decisions and arrangements.
- » CPA targets those people most in need, or most at risk to themselves or others;
- » people receive a full multi-agency assessment and regular reviews of their needs;
- » people receive a sustainable care plan which ensures their needs are met;
- » people receive care and support for as long as they need it; including follow-up of those at risk of being lost to the system;
- » people receive a fully co-ordinated and comprehensive range of services and support;
- » all aspects of the arrangements are regularly monitored and evaluated to ensure that they are fully effective.

⁸ Community Advocacy and Support Alliance; Morse et al. 1988

⁹ Pip Bevan, SE Homelessness and Health conference, 23rd October 2000

We believe that the CPA can be usefully applied to street homeless people in two groups, younger people and people with complex needs, particularly those with dual diagnosis, those with enduring problems with mental health and substance misuse. It is an approach which the Social Work Department may manage, but which would involve - as required - health, housing and voluntary agencies.

For use with: Younger people and selected people with complex needs including substance misuse and mental health, in contact with mainstream agencies and RSI projects.

4.5 Continuity of support

The importance of continuity of support (sometimes referred to as “floating support”) is stressed in the literature. Homeless people, particularly those with complex needs, with continuity of support, appear to achieve better outcomes than those without that support.

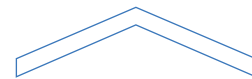
Lancefield Street Centre, in London for example, is considered to be a model resettlement service for older rough sleepers. It offers a “complete pathway” for individual homeless people from outreach work, a drop-in centre, through an on-site temporary hostel and in to accommodation in permanent tenancies. The project works closely with individuals with “complex needs”.

“Floating support” is a variation on the complete pathway. This support is so described where a homeless person receives specific support from different agencies, but has one continuing support worker during those different periods.

Our discussions with both RSI projects and mainstream agencies indicate that the availability of continuity of support is limited. The limits are partly those of resources (there are not enough staff) and partly role (systematic ongoing support has not hitherto been part of anyone’s brief). Staff have had their first duty to the users of their agency’s services.

The Glasgow Review Team have recommended a pilot project to provide a significant number of people with a “personal assistant”. The role of a personal assistant is “to befriend, to provide information and advice which is not attached to any one service and to give support where necessary in the individual’s dealings with agencies and services.”

While we question whether the support work can be usefully and effectively combined in one post with the befriending role, we do consider the role of providing “support in the individual’s dealings with [different] agencies and services”, would address the need for improved continuity of support.



For use with: Selected people in contact with mainstream agencies and RSI projects, who are outwith the scope of the CPA model and who have an ongoing need for contact with 2 or more agencies.

In this review we have focused on what rough sleepers need, the nature of access and the barriers to services, and in the last chapter, some of the powerful messages about “What Works”. In this short chapter we highlight some key issues about delivery of good practice - what we have called, making the difference.

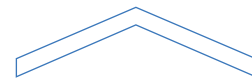
5.1 A Strategic Overview

When we commenced the review there was no strategy for homelessness people in Glasgow.

The work of the Glasgow Review Team has begun to change that picture, for those who are rough sleeping. The emergence of the Glasgow Street Homelessness Steering Group is an encouraging move.

The absence of a city wide homeless strategy has created a vacuum within which it has been difficult to both plan and evaluate services. This was the vacuum into which the RSI projects fell, with many of the mainstream agencies. While there was some coherence to the projects developed under RSI1 their links with mainstream services were at best tenuous (we have remarked on the tension), and at worst, disconnected. This has not allowed the best outcomes for street homeless people.

Inclusion of the main players in the development of a strategy is key to ensuring the strategy responds to a wide range of needs. We note that the Benefits Agency, the New Futures Fund and the Prison Service all have much to contribute but are not formally involved in the emerging partnership. The voluntary homeless sector is greater than the range of RSI agencies in Glasgow - several



major providers such as the Salvation Army and the Talbot Centre do not receive RSI funding, and ways of their inclusion might be sought.

One of the main groups of players that can usefully inform any developing strategy is homeless people themselves. In the evaluation of the first phase of RSI1, 94% of service users interviewed said that they would like to be consulted about what services should be developed for homeless people in their area.¹⁰ We would suggest that the Glasgow Street Homelessness Steering Group sets out how it will involve homeless people in their work. A recent publication by the Bridges Project¹¹, aimed at youth homelessness provides useful lessons and guidance for developing a strategy in consultation with young people.

Good practice by front line staff - in agencies of all hues - can be supported, or restrained, by the nature of the strategic partnership developed between the managers of those staff. Getting the partnership right will help front line staff to bring better outcomes for street homeless people.

Good practice can also be sustained if front line staff are themselves in an acceptably secure position. There is a tension in using short term funding such as RSI for people with long-term needs. A proportion of project staff resources will

be consumed by the need to bid for continued funding. In addition staff on short-term contracts will move on to other jobs for fear of periods of unemployment. A number of projects reported high staff turnover due to concerns about continued funding.

5.2 Commissioning

Who should do what? How should the work be funded?

While the development of a strategic overview is a precondition for effective joint working it is the commissioning activity that gives substance to the aspirations of the partners. We believe this to be the next essential stage for the Glasgow Street Homelessness Steering Group (GSHSG).

The power to commission services presumes control of the necessary resources. It is our view that RSI resources should be transferred to the control of the GSHSG within the next 3 years, and within a time table agreed between the Scottish Executive and GSHSG. At the same time GSHSG should take steps to both pool budgets from constituent members, and jointly commission work, as recommended by the Joint Future Group¹².

The commissioning task should be undertaken against a specification of the range and quality of services necessary for addressing the needs of homeless people.

¹⁰ Yanetta et al, 1999 p32

¹¹ Bridges Project, Designing a Youth homelessness Strategy, December 2000

¹² Community Care: A Joint Future, Report of the Joint Future Group, SE, 2000

In preparing a specification, and individual service agreements, the GSHSG should specify the standards it would expect from organisations delivering services. Service agreements should include clear guidelines about assessment, care plans, use of the Care Programme Approach model and continuity of support.

We would suggest that in commissioning services the members of GSHSG should consider funding a joint training programmes for staff from all agencies.

There should be a common monitoring system for all agencies involved in the strategy, linked to the national RSI monitoring system and incorporating agreed outcome measures. As already indicated that monitoring should include provision for identifying homeless people from ethnic minorities. The monitoring should be complemented by a longitudinal study of homeless people

The Chief Inspector of Social Work undertakes a visit to all local authorities during the course of preparing his Annual Report. He proposes to include the developments in commissioning services for street homeless people as part of his scrutiny of Glasgow's social work services, in the Spring of 2002.

5.3 The need for preventive measures

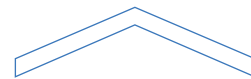
Our remit was to examine current practice. We have made a number of observations about improvements in practice. We have, in this chapter, also noted the importance of practice being informed by a strategic overview and supported by commissioning activity.

Our review has taken place against a backcloth of a commitment to end the need for rough sleeping by 2003.

The future need for RSI services will depend on a number of factors including the improvements to practice that we have detailed. Future need may also be influenced by:

- » longer-term structural changes in the labour market, the housing market and the configuration of family life; and, the
- » development of a wider range of preventive measures.

The prevention of people living on the streets, for even a short period, can do much to alleviate the complex problems that arise with particularly those people who have had a longer experience on the streets.



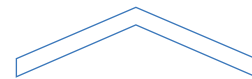
The need for the range of crisis services provided by RSI projects in Glasgow is likely to decline, provided fewer people come on to the streets. Resources should increasingly be switched to resettlement and preventive activities once that decline can be assured.

Recommendations

Strategic issues

We recommend that:

- » The partnership between mainstream and voluntary agencies, in Glasgow, working with homeless people is re-established around the common vision of reducing the need for homelessness.
- » The Glasgow Street Homelessness Steering Group (GSHSG) becomes responsible for co-ordinating the commissioning all services for street homeless people;
AND that, from a date to be agreed between GSHSG and the Scottish Executive, that commissioning should use the funds currently derived from the RSI initiative.
- » In preparing a specification, and individual service agreements, the GSHSG should specify the standards it would expect from organisations delivering services. The GSHSG should note that support services for vulnerable people (which will include homeless people) will be the subject of interest of the forthcoming Scottish Commission for the Regulation Care.



- » Service agreements should include clear guidelines about assessment, care plans, use of the Care Programme Approach model and continuity of support. These arrangements should be reinforced by protocols between those agencies subject to a service agreement, and relevant mainstream agencies.
- » We would suggest that in commissioning services the GSHG should consider funding joint training programmes for staff from all agencies.
- » There should be a common monitoring framework for all agencies involved in the strategy, linked to the national RSI monitoring system and incorporating agreed outcome measures. That monitoring should include provision for identifying homeless people from ethnic minorities.
- » The GSHSG should explore support for a longitudinal study of the experience of homeless people in Glasgow.

Working Practices

We recommend that:

the following practices be adopted by all agencies working with homeless people in Glasgow

- » The use of a common assessment based on an agreed understanding of the range of needs of street homeless people e.g. health, support, housing, income, substance misuse, education & training.
- » The development of a care plan with and for each homeless person. The plan should specify who will seek to do what, including the homeless person. Each care plan should seek to specify the outcomes sought by the homeless person; it should be in writing; a copy should be made available to the homeless person, and be the subject of regular review.
- » The use of a Care Programme Approach model for younger people and people with complex or multiple needs and with problems with both substance misuse and mental health.
- » The specification of arrangements for continuity of support where a homeless person receives support from several different agencies.

Recommendations

We recognise that it will take time to establish these core working practices. The common assessment tool needs continued development, as does consideration of care planning. Arrangements between agencies, for developing and sharing information, knowledge and skills need careful discussion, backed by agreement. A Care Programme Approach model will only be effective if all the relevant agencies understand, have the appropriate staff and are signed up to using that approach.

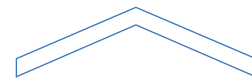
A timetable should be agreed with the relevant agencies following consultation on this report.

We further recommend that:

- » There should be an increased focus on longer term support after the individual is resettled. The support should last for as long as the individual needs it. As resources permit, one element of this package should be action to address the possible detrimental effects of loneliness on long term resettlement.
- » The GSHSG should establish a working group to review the “alert” system at the Hamish Allan Centre with key stakeholders, in the light of our recommendations for joint working.¹³

- » The Benefits Agency should give early consideration to replacing its specialist service at Minerva Street with a devolved service more suitable to a hostel population that will be increasingly decentralised.
- » Consideration be given to developing a full partnership with the New Futures Fund for a specific expansion of pre-vocational training for homeless people.

¹³ This group should link closely with the group already looking at accommodating those with most chaotic behaviour



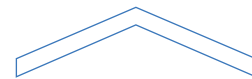
Appendix 1 From the literature

What Rough Sleepers Need

1. Immediate help without appointments
 - › window of 3 - 4 weeks during which intervention is most effective
 - › importance of preventing newly arrived young people from joining the established culture of street homelessness
 - › evidence of usefulness of late night/early morning service
2. Friendship/social networks
 - › trust (of professional staff)
 - › advocacy
 - › befriending/mentoring schemes
 - › crucial to promote informal support (outwith professional support) through family and friends as far as possible
3. An income
 - › A secure income derived from either employment or the benefits system
 - › Access to advice about advice about benefits, rent deposit guarantees
4. Housing
 - › this may be emergency, temporary or permanent dependent on the assessed need of the person
5. Meaningful Occupation
 - › On a continuum including volunteer work, pre-employment training, training, education, employment
6. Physical Health
 - › access to health services
7. Mental health
 - › Access to mental health services
8. Non-problematic alcohol usage
 - › Alcohol misuse is frequently linked to rough sleepers
9. Non-problematic drug usage
 - › Drug misuse is frequently linked to rough sleepers
10. Social and Daily living skills
 - › Social skills (e.g. managing anger, communication)
 - › Daily living skills (e.g. budgeting, cooking)
11. Support that address the specific needs of:
 - › Women
 - › Ethnic minorities
 - › People with disabilities
 - › Young people

What Works

1. Case or care management: (2 & 3 Combined)
 - evidence of better outcomes for mentally ill people
2. One assessment
 - Information about individuals, particularly those with complex needs, is able to be shared
 - identification of support needs
3. Continuity of support (“floating support” or “complete’ pathway”)
 - projects which have maintained contact with “challenging” individuals with “complex needs” through prison, detoxification, hostels, rough sleeping, and more stable accommodation
 - need agreement about which agency is responsible
4. Mental health and substance misuse
 - Evidence of value of focused work with people with dual diagnosis (addiction and mental health)
5. Focus on a return to the labour market
 - need support not just focused on skills levels and job-seeking, but also to sustain employment in the longer-term
 - individual employment action plans
6. Focus on a return to appropriate housing
 - Most rough sleepers express the preference for their own tenancy
 - Some rough sleepers will not want such a tenancy
7. Resettlement programmes for people leaving the armed forces or prison



Appendix 2 The methodology

Literature review

SWSI commissioned a review of the wider relevant literature in the UK and abroad, with a particular focus on the American literature. This was available as a resource for both objectives.

Objective 1

SWSI developed a framework (see Appendix 1) for evaluating the work of the RSI projects. The framework, drawing on the literature, highlighted 'what rough sleepers need' and 'what works', namely evidence of practice that appears to be effective.

Using the monitoring material provided by RSI projects (including their RSI1 and RSI2 applications and project self-evaluations) each project was considered against the framework. This initial desk-based evaluation of the project's contribution to how well such services are attuned to the needs of rough sleepers was then supplemented with interviews with project management staff.

The third component to work on this objective consisted of interviews with most members of the Glasgow Street Homelessness Review Team (GRT), the body responsible for advising the Homelessness Division on the future direction of

RSI in Glasgow. These interviews focused on what GRT members' views were on 'What rough sleepers need' and 'what works'.

Objective 2

The independent researchers contracted by SWSI carried out this element of the review. The aim was to assess the quality of the relationship between mainstream and RSI services at an operational level, given that this is the point of joint working which has potentially most impact for clients.

» Focus groups

The research started with a focus group of RSI agencies to both encourage ownership of the research and to identify key issues for the agencies. The final stage of fieldwork was a focus group of RSI and mainstream services to seek clarification of key areas of uncertainty; to seek feedback on key findings and to assess the level of commitment to improving and jointly addressing the issues identified.

» Survey

A survey was carried out of operational managers in initially the RSI agencies and subsequently the mainstream services. The survey was in the form of semi-structured interviews.

» Case study

A more detailed assessment of joint working arrangements was achieved through a case study of the linkages with a particular mainstream service. In the light of the identified health issues of rough sleepers and the impact of poor health on the ability to achieve a stable lifestyle the researchers chose to examine health. The case study was carried out through interviews with key health service professionals, GPs, GP manager, and the manager of specialised health services for homeless people. Interviews addressed the nature of linkages, problems and the reasons for them, and current plans to address the problems.

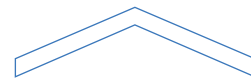
Appendix 3 Members of the Review Team

The Review was undertaken by a team:

- » John Bishop Inspector, SWSI
- » Tom Leckie Inspector, SWSI
- » Nancy Loucks Consultant
- » Jenny Tate Consultant
- » Anne Yanetta Consultant

The Review had a Steering group that met on 2 occasions. The members of the Steering Group included:

- » Angus Skinner Chief Inspector, SWSI
- » Linda Rosborough SE, Social Inclusion
Division
- » John Durno Director of Operations,
Scottish Prisons Service
- » Hugh Hall Director of Strategy,
Performance & Regulation,
Scottish Homes
- » Matt Howarth Scottish Homes
- » Wilma Dickson SE Department of Health
- » Stephen Harvey Her Majesty's Inspector of
Constabulary
- » John McNab HMIC
- » Annette Cook Benefits Agency (Scotland)
- » David Kelly Corporate Services Manager,
West Lothian Council
- » Kathleen Robertson SE New Deal Division.



The Review Team would want to express their thanks for the support and co-operation of members of the Glasgow Review Team and the staff of the RSI Projects in Glasgow.

The views expressed in this report are those of SWSI, not necessarily those of either the consultant members of the SWSI Review Team, or of members of the Steering Group

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