SCOTTISH EXECUTIVE

Final Evaluation of the Rough Sleepers Initiative

Development Department

FINAL EVALUATION OF THE ROUGH SLEEPERS INITIATIVE

Suzanne Fitzpatrick, Nicholas Pleace and Mark Bevan
The Centre for Housing Policy at the University of York

Scottish Executive Social Research
2005

Further copies of this report are available priced £5.00. Cheques should be made payable to Blackwell's Bookshop and addressed to:

Blackwell's Bookshop
53 South Bridge
Edinburgh
EH1 1YS

Telephone orders and enquiries
0131 622 8283 or
0131 622 8258

Fax orders
0131 557 8149

Email orders
business.edinburgh@blackwell.co.uk

The views expressed in this report are those of the researchers and do not necessarily represent those of the Department or Scottish Ministers.

ACKNOWLEDGEMENTS

The Centre for Housing Policy would like to thank all those interviewees who made their time available to participate in the research. We are particularly grateful to those agencies providing services to people sleeping rough which made themselves available as case studies for the research and to the people using those services who gave up their time to take part in focus groups. The research team would also like to give special thanks to Glasgow Homeless Network for making their monitoring dataset available for the purposes of this evaluation.

Suzanne Fitzpatrick
Nicholas Pleace
Mark Bevan

CONTENTS

LIST OF TABLES AND FIGURES

EXECUTIVE SUMMARY

1 The RSI was launched in 1997 in response to evidence of increasing levels of rough sleeping across the country. The programme was initially aimed at reducing levels of rough sleeping, following the broad model established by the RSI programme in England in 1990. In 1999, the programme was given a new target to end the need to sleep rough in Scotland by 2003.

2 An evaluation of the Rough Sleepers Initiative (RSI) programme was undertaken by the Centre for Housing Policy, at the University of York, during the Autumn of 2004 and the Spring of 2005. The evaluation involved a critical review and analysis of existing research and statistical evidence, interviews with local authority officers responsible for RSI, national level interviews with individuals responsible for the development and delivery of RSI and interviews with a sample of service providers as well as former, current and potential rough sleepers.

3 The evaluation found statistical and qualitative evidence that the RSI programme had successfully produced tangible reductions in the need to sleep rough across the country.

4 The monitoring of the need to sleep rough by George Street Research is a broadly reliable indicator of RSI success. This monitoring indicated a decline of the number of people sleeping rough presenting to services of more than one third between 2001 and 2003.

5 The data collected by Glasgow Homeless Network from RSI funded projects provide a very detailed demographic picture of rough sleepers across the country. The Glasgow Homelessness Network monitoring also suggests that new rough sleepers continue to present themselves to services in relatively small numbers. At present, the database does not have sufficient coverage of the outcome of service engagement with former, current and potential rough sleepers.

6 HL1 data, collected by local authorities on households presenting as homeless provide a comprehensive picture of the extent of recent rough sleeping among homeless households. Again, these data illustrate that households with experience of sleeping rough, while in a minority, continue to present as homeless.

7 Local authority respondents reported that RSI had enabled the development of a suite of services within the major cities that were able to provide an enhanced range of support to people sleeping rough. In rural areas and smaller urban authorities, local authority respondents reported that RSI had quite often created specific services for the first time.

8 Local authority respondents also reported that RSI had produced important local cultural and political changes in placing rough sleepers and their needs firmly within the policy agenda. RSI was seen by many local authority respondents as the catalyst for more recent policy developments including health and homelessness action plans, homelessness strategies and the integration of homelessness services within Supporting People planning. It was the cumulative effect of these changes that was often seen as most significant in reducing levels of rough sleeping in their localities.

9 RSI had been mainstreamed into the homelessness strategies of most local authorities. In some cases, such as Edinburgh, there was full integration of RSI budgets with Supporting

People homelessness budgets and other funding streams, at both strategic and service delivery level. The same pattern existed within most smaller urban authorities and rural authorities. Although a few authorities were less far down this path, all were heading in the same direction.

10 At service delivery level, most RSI funded services were also in receipt of Supporting People funds, often at greater levels than the RSI funds they had access to.

11 Service providers generally shared the positive views of local authority respondents about RSI. They saw it as facilitating the development of effective service responses for people sleeping rough and as acting as something of a catalyst in encouraging wider joint working and strategic planning across homelessness services as a whole.

12 Service providers and local authority respondents saw some limitations in the effectiveness of RSI. Some groups of former, current and potential rough sleepers were difficult to reach, such as a small number of people with multiple needs and challenging behaviour. Poor access to certain care and support services, such as drug rehabilitation, was also seen as diminishing service effectiveness. Most respondents talked about the effects of shortages of suitable and affordable housing in which to re-house former, potential and current rough sleepers in the areas in which they worked.

13 Service users were generally positive about the RSI funded services. Some reported the same difficulties in accessing suitable housing and certain services, particularly drug rehabilitation, as were reported by local authority respondents and service providers.

14 The RSI has been a successful programme that has largely fulfilled its objective to end the need to sleep rough in Scotland. The introduction of a flexible funding programme allowed the development of new services in areas that had previously lacked any specific provision and also enabled the further development of the sector in those areas that had some service provision. RSI was widely seen as having culminated in the adoption of local authority homelessness strategies which are coordinated with both health and homelessness action plans and Supporting People plans. Consequently, services for people sleeping rough are increasingly integral to strategic responses to homelessness. Positive changes in cultural and political attitudes, which raised awareness of the multiple needs among people sleeping rough and placed their needs on local and national agendas were strongly associated with the introduction of RSI. There is statistical and qualitative evidence that significant, tangible reductions in the levels of rough sleeping have occurred since the programme began.

15 There are limits to the effectiveness of RSI. Some groups of former, current and potential rough sleepers are difficult for services to engage with, as much because of their situation and characteristics as because of the finite resources available to those services. In terms of service delivery, beyond the existing provision of services that specifically target the most marginalised and challenging people sleeping rough, it is difficult to see what else might be done. After a certain point, ever increasing levels of expenditure on what is quite a small group of people with high needs, would start to become hard to justify.

16 There are other changes outside direct service delivery that can potentially benefit people sleeping rough. The increased coordination and comprehensiveness of responses to all forms of homelessness has been of general benefit to rough sleepers and it can be anticipated that the ongoing legislative changes will ease their access to accommodation in

some respects. At the same time, however, a lack of suitable and affordable accommodation supply is evident across the country and this will continue to limit the effectiveness of responses to homelessness at strategic and service delivery level. There are also issues in respect of access to certain kinds of health and social work services, with the adequacy and accessibility of drug detoxification services for people sleeping rough, being highlighted in the fieldwork for this evaluation.

RECOMMENDATIONS

The future of the programme

1 There are good strategic and logistical arguments for integrating RSI planning, commissioning and service delivery within local authority homelessness strategies and associated Supporting People planning. The process of mainstreaming RSI services at strategic and service delivery level is effectively complete in several areas and should be encouraged where it is not yet completed.

2 Specific targets to ensure services are geared towards the needs of people sleeping rough should be integrated into local authority homelessness strategies and externally monitored, to ensure that the focus brought to rough sleeping by RSI is not lost.

3 If integration of RSI funding with other funding streams were to occur, it would be of central importance to retain the flexibility that has characterised the programme. For example, if RSI funding became integrated into Supporting People, the usual rules with respect to tying funding of services to accommodation would need to be suspended for services for people sleeping rough. Specific modifications to the criteria for funding services for particular client groups are commonplace within the Supporting People programme.

4 There is evidence of a continuing need for rough sleeper services. Any significant reductions in expenditure on homelessness and rough sleeper services are likely to produce corresponding rises in rough sleeping.

5 Further consideration should be given to investigating the effectiveness of preventative services, in the light of evidence of ongoing need.

6 The provision of highly supportive long-term housing settings should be investigated as a possible option for meeting the needs of people sleeping rough with multiple needs and challenging behaviour.

7 Specific initiatives such as RSI are affected by the context set by wider housing and social policy across the country. Issues such as the availability of suitable and affordable housing across different areas will have an impact on the effectiveness of homelessness strategies in relation to rough sleeping. Wider policy debates should take account of homelessness and rough sleeping where applicable.

The monitoring of rough sleeping and rough sleeper services

8 There is a strong case for maintaining a specific national target on rough sleeping to retain appropriate attention on this easily marginalised group. However, when the 2003 legislation is fully implemented, it may be sensible to revise the ‘no-one need sleep rough’

target to reflect a changed context whereby there will be a duty on local authorities to supply accommodation to all homeless groups. If this revised target relates to reducing the overall numbers of people sleeping rough, it may be possible to assess this with the suggested modified version of the GHN database.

9 The need to continue the monitoring of rough sleeper services is clear, in order to assess effectiveness and to provide data for local and national policy planning and strategy. The existence of the national dataset on rough sleeping provided by GHN gives Scotland a much clearer picture of progress in tackling rough sleeping than is available in England.

10 There is a need to address issues in respect of the data entry systems within the GHN monitoring database, as quality control needs some further development.

11 The GHN monitoring lacks sufficient outcome measures, it collects insufficient information from an insufficient number of organisations. Both the range of data collection and the response rate need to be improved.

12 Although there are problems with the GHN monitoring, this dataset provides a wealth of data within a very small operating budget. There are good arguments for retaining the role of GHN in managing a revised database system, despite some operational problems, because of the degree of success that has been achieved.

13 To maintain a separate 'RSI' database for the foreseeable future is illogical in the context of the mainstreaming of RSI funded services within local and national strategic responses to homelessness. Such a database would represent a increasingly arbitrary set of homelessness projects. Consequently, if the GHN database is to be maintained, it would be logical to roll it out across homelessness services throughout the country.

14 The database developed by Edinburgh City Council, which is outcome led and covers all homelessness services in the city, should be examined in detail and any valuable lessons transferred to a revised GHN database. The capital's database system provides both the outcome measures and the universal coverage of homelessness services that would make a national database of great utility for policy planning at local, regional and national level.

15 Monitoring should enable the logging of whether people sleeping rough are within couples or other forms of household and whether this has acted as an obstacle to services and also take account of whether pets have acted as an obstacle to services.

16 Consideration should be given to one extension to HL1, which would be asking a question about lifetime or sustained experience of rough sleeping. This would provide a greater depth of information and allow analysis of the extent to which local authorities might be housing people with sustained experience of sleeping rough. Again, this modification would be of particular interest following the implementation of the 2003 Act.

CHAPTER 1: POLICY BACKGROUND AND THE OBJECTIVES OF THE EVALUATION

INTRODUCTION

1.1 This Chapter provides the contextual background to the Rough Sleepers Initiative (RSI) before outlining the aims and methods of this evaluation. The Chapter also outlines the structure of this report.

BACKGROUND

A short history of the programme

1.2 The Scottish RSI was prompted by the RSI launched in 1990, which was in response to the increased visibility of rough sleeping in central London in the late 1980s. The London RSI funded outreach workers, hostel places, move-on accommodation and resettlement services, while a complementary programme, the Homeless Mentally Ill Initiative was rolled out to address high rates of mental health problems among people sleeping rough. The RSI was subsequently extended to other English cities in 1996. While the RSI was criticised for addressing the 'symptoms' rather than the causes of homelessness (Anderson, 1993), it did achieve a significant reduction in the scale of rough sleeping in England's capital, particularly in the early years of the Initiative (Randall and Brown 1993; 1996). The Labour government which came to power in 1997 then introduced a target to reduce rough sleeping in England by two-thirds by 2002 as part of its strategic response to 'social exclusion'. This target was reported as being met ahead of schedule in 2001 by the Rough Sleepers Unit (RSU), which coordinated the funding for rough sleeper services. The body that recently replaced the RSU, the Homelessness and Housing Support Directorate, is now charged with maintaining this lowered level of rough sleeping in England.

1.3 An RSI was established in Scotland in 1997 with an initial budget of £16 million over the first three years of its life. These funds were allocated to local authorities that submitted successful bids, in partnership with other statutory, voluntary and private sector bodies, to address the needs of rough sleepers in their area. A subsequent round of funding in RSI-2 brought the total amount committed to the programme by the Scottish Executive up to £63 million by 2003/4.

1.4 Monitoring of the RSI was via Local Outcome Agreements (LOAs) which detailed the range of RSI funded services that were to be provided in each local authority area. LOAs were introduced in the latter stages of RSI-1 and agreed between the Scottish Executive and relevant local authorities.

1.5 An interim evaluation of RSI-1 was produced by Yanetta *et al* (1999). This evaluation made clear that RSI needed to be integrated with mainstream services if the programme were to achieve its objectives. The interim evaluation found sometimes unsatisfactory integration with mental health services and drug and alcohol services and underdeveloped joint working with NHS and social work services, limiting service effectiveness. Yanetta *et al* also found that service coordination problems could be coupled with difficulties in securing move-on accommodation.

1.6 Since the interim evaluation, there has been an imperative to 'mainstream' rough sleeping services into wider homelessness strategies and to create a situation in which social housing, social work, Supporting People and NHS Scotland services are better orientated towards the needs of people sleeping rough (Yanetta *et al*, 1999; SWSI, 2000). The main agents through which these changes are to be achieved are the local homelessness strategies and health and homelessness action plans. Part of the funding in RSI-2 was devoted to rolling out the Glasgow Homelessness Network (GHN) monitoring framework to all RSI projects across Scotland.

Eliminating the need to sleep rough

1.7 When the Scottish Executive took over responsibility for homelessness from the Scottish Office in 1999, it set a new target of eliminating the 'need to sleep rough' in Scotland by the end of 2003. The Scottish RSI thus attained a new significance, with progress towards the target measured by means of bi-annual audits (Laird *et al*, 2004). In December 2003 it was reported that the number of people sleeping rough in Scotland had dropped by a third since 2001, but that the target of eliminating the need to sleep rough had been narrowly missed. A range of homelessness agencies paid tribute to the achievements of RSI in reducing the numbers of rough sleepers, and in enabling significant improvements in services throughout Scotland, but emphasised that the plight of people sleeping rough must remain a policy priority.

The integration of RSI within strategic responses to all forms of homelessness

1.8 Recent years have seen major developments in homelessness policy. Shortly after devolution, in August 1999, a Homelessness Task Force (HTF) was set up by the Scottish Executive, with membership drawn from across the statutory and voluntary sectors. Recommendations in the HTF's first report, published in April 2000, formed the basis of the homelessness provisions in the Housing (Scotland) Act 2001. This legislation was particularly notable in granting a right to temporary accommodation for 'non-priority' homeless groups (mainly single people) and in establishing a duty for local authorities to produce homelessness strategies for their area.

1.9 The HTF final report, published early in 2002, contained 59 recommendations intended to achieve a *'step-reduction'* in homelessness in Scotland over a 10-year period (Scottish Executive, 2002). Further wide ranging changes to the homelessness legislation in Scotland were enacted in the Homeless Etc. (Scotland) Act 2003. It is intended that, over a 10 year period, the 'priority need' criterion will be phased out entirely so that all homeless people will be entitled to rehousing, except for a small number of 'intentionally' homeless households who will have this right suspended temporarily (although such households will be entitled to some form of accommodation and support in the meantime). A cross-sectoral Homelessness Monitoring Group was established to monitor progress in implementing the Homelessness Task Force's recommendations, and made its first report in February 2004.

1.10 With most of the capital commitments made[1], the agreed ongoing revenue costs of RSI-supported services were absorbed into local authorities' Revenue Support Grant in 2004, and current levels of RSI-related funding will continue to form part of this calculation until

[1] A small amount of residual funding was held back to pay for delayed projects or projects in areas which had not made successful bids

at least March 2008. Since the introduction of the requirement to produce homelessness strategies and following guidance from the Scottish Executive, rough sleeping outcomes are now absorbed into wider LOAs attached to each local authority's homelessness strategy.

1.11 Alongside the integration of rough sleeper services into local authority homelessness strategies and the monitoring of those services within the LOAs covering the entire homelessness strategy, several other developments have taken place. Greater integration between homelessness and health services is being encouraged through the requirement that health boards produce health and homelessness action plans. The homelessness strategy for each local authority should also be closely integrated with the Supporting People strategy for that area. Many rough sleeper services, including some of those which have received RSI funding in the past, or which are still recipients of RSI funding at the time of writing, are now also funded through Supporting People. RSI funded services for people sleeping rough are now within a strategic planning framework involving the local authority, the health board and the Supporting People team within each area. This degree of joint working and involvement within multi-agency planning places services for people sleeping rough, which had hitherto sometimes been at the edge of these processes and networks, in a quite different situation from a decade ago. These issues are explored further in Chapters Three and Six of this report.

Findings of the interim evaluation

1.12 An interim evaluation of the RSI, conducted by Yanetta *et al*; was published in 1999. This evaluation reported on the initial round of RSI grants (RSI-1) which were received by thirteen of the local authorities that submitted bids. The authors found that RSI was proving successful, but that a number of issues remained to be resolved; these included:

- a stronger emphasis on incorporating services for people sleeping rough into strategic planning, including incorporation into homelessness strategies;
- greater NHS Scotland and social work department involvement in service provision for rough sleepers;
- an appropriate package of resettlement, tenancy sustainment and preventative services for people sleeping rough in each local authority area;
- recognition of ongoing issues in affordable housing supply in some areas, affecting the ability of services to move former rough sleepers on;
- recognition of barriers to entry and shortages of some forms of service for people sleeping rough, particularly drug and alcohol services.

1.13 The interim evaluation also made a number of national level recommendations related to people sleeping rough and homelessness in general. These recommendations echoed those of the HTF report.

THE AIMS AND OBJECTIVES OF THIS EVALUATION

1.14 This programme level evaluation of the Scottish RSI was designed to:

- assess the extent to which RSI funding has been used effectively to help eliminate the need for rough sleeping in Scotland;
- examine the extent and effectiveness of the mainstreaming of RSI services;
- assess the effectiveness of current monitoring systems, and;
- produce recommendations on future practice for the delivery and monitoring of services to meet the needs of rough sleepers, in order to sustain a position where no-one need sleep rough.

1.15 A series of specific substantive questions arise in the context of these broad objectives:

- How effective overall has the Initiative been with regards to its overriding aim of reducing rough sleeping and enabling individuals to sustain a life away from the streets?
- To what extent has the RSI helped to address the service barriers faced by rough sleepers?
- Are successful RSI services being effectively mainstreamed and integrated into the delivery of local authority homelessness strategies?
- How appropriate and effective has the Glasgow Homeless Network monitoring framework been in capturing progress towards the target of ensuring that no-one need sleep rough?
- How appropriate and effective was the methodology adopted for the bi-annual audit of rough sleeping/available accommodation?
- To what extent have the recommendations of the interim evaluation of the RSI (Yanetta *et al*, 1999) been taken on board?

METHODS

1.16 The evaluation comprised the following elements:

- A critical assessment of statistical research and monitoring information on rough sleeping in Scotland;

- A national telephone survey with local authority staff concerned with implementing the RSI across Scotland;
- Case studies of eight widely used service models, focused on representing the views of both service providers and service users.

A critical assessment of research and monitoring information on rough sleeping in Scotland

1.17 This desk based review involved conducting a critical assessment of the existing research and monitoring data conducted on rough sleepers and services for people sleeping rough. The review was primarily focused upon delivering a critical assessment of how well existing research and monitoring systems:

- described the extent and nature of rough sleeping in Scotland;
- provided an overview and monitoring of service activity;
- delivered data and other information that could be used to assess the effectiveness of the RSI programme.

1.18 The results of this critical review are presented mainly in Chapter Two of this report. The main data sources on the RSI and rough sleeping reviewed in Chapter Two are:

- existing research on people sleeping rough and the RSI;
- the GHN database on the activities of RSI services;
- the George Street Research bi-annual assessments of the 'need to sleep rough'; and
- the HL1 returns that local authorities make to the Scottish Executive on homelessness applications made to them.

The national telephone survey

1.19 Telephone interviews were sought with a key local authority officer in every area in Scotland in receipt of RSI funds. Interviews were achieved with 26 respondents from 23 authorities. A list of the participating authorities is presented in appendix one.

1.20 The overall purpose of these in-depth, qualitative interviews was to examine the 'whole picture' impact of the RSI within every relevant local authority in Scotland. In particular, they were intended to:

- assist assessment of the overall impact/effectiveness of RSI at local level;
- add depth and clarity to the analysis of documentary material pertaining to individual RSI services and local homeless strategies/local outcome agreements;
- assess the extent to which RSI services are being integrated effectively into the delivery of local authority strategies;
- inform the assessment of the GHN monitoring framework, and in particular its usefulness in enabling local authorities to monitor if the rough sleeping target is being met/sustained; and
- inform the evaluation of the bi-annual measure of the extent of rough sleeping/audit of available accommodation.

1.21 The evaluation team conducted additional telephone interviews in Glasgow because of the relative complexity of the RSI-funded services in that city. In addition, interviews where conducted with four commentators who were involved in the development and implementation of RSI at the national level and who were able to provide a broader insight into the history of the programme.

1.22 The results of the national telephone survey are reviewed in Chapter Three**.** A list of participating authorities is given in appendix one and the topic guide used for the interviews can be found in appendix Two.

Eight in-depth case studies

1.23 The evaluation team drew upon the results of the national review and the telephone interviews to identify eight services as case studies involving interviews with both service providers and service users. This stage of the fieldwork was intended to deepen the understanding generated by the broader-based information provided by the first two stages in the research. This fieldwork stage was necessary for two reasons. First, the results of the review and the telephone interviews needed to be checked against more detailed case study work to ensure that they are properly reflective of the practical experience of those working on the ground. Second, it was of central importance that the users of RSI services are represented in the evaluation; this could only be achieved by detailed face-to-face work.

1.24 These eight RSI-funded services invited to participate as case studies were selected to reflect the range of RSI activities; the diversity of client groups; and a spread of geographical areas. Those which participated were as follows:

- The Four Square Follow Up team in Edinburgh
- Dunedin Harbour Hostel in Edinburgh
- The Wayside Daycentre in Glasgow
- The Simon Community Street Outreach Team in Glasgow

- The Dundee Cyrenians Street Outreach Team
- Loretto housing in Falkirk
- The SOLAS direct access hostel in Oban
- Inverness Daycentre

1.25 Interviews were conducted with 25 service providers. In addition, the evaluation team asked these services to help arrange a series interviews with service users, who included current, former and potential rough sleepers. In total, 32 service users were interviewed by the evaluation team through a series of focus groups.

1.26 The results of the fieldwork in the eight case study areas are reviewed in Chapter Three. The topic guides used for the interviews with service providers and service users are presented in appendices three and four.

STRUCTURE OF THE REPORT

1.27 Chapter Two of the report provides a critical assessment of the available research and current data sources used to assess the impact of the RSI and understand the nature of rough sleeping as a social problem. Chapter Three draws on the national telephone survey and face-to-face interviews with national-level actors to provide a qualitative assessment of the implementation and effectiveness of the RSI across Scotland. Chapter Four deepens this analysis by drawing on the case study work with service providers to assess the impact of the RSI programme at project and local service network level. Chapter five complements this by drawing on the experience of service users within the case study projects.

1.28 Chapter six draws together the overall conclusions of the evaluation and presents both some substantive recommendations on the future of the RSI programme and on monitoring its achievements. Chapter six also reviews the recommendations of the interim evaluation of the RSI conducted by Yanetta *et al* (1999) and considers the extent to which these recommendations have been followed by the programme.

CHAPTER 2: A CRITICAL ASSESSMENT OF RESEARCH AND MONITORING INFORMATION ON ROUGH SLEEPING

INTRODUCTION

2.1 This Chapter reviews the existing statistical data that are available on the characteristics and numbers of people sleeping rough in Scotland. The Chapter begins by briefly reviewing the results of research projects that have aimed to describe the needs of people sleeping rough. The strengths of this existing evidence base are then briefly reviewed.

2.2 The remainder of this Chapter is then dedicated to critically reviewing the monitoring datasets on rough sleeping in Scotland. Three different datasets are examined: the George Street Research survey work, which was designed to assess whether the target that no-one need sleep rough in Scotland had been achieved, the Glasgow Homeless Network National Rough Sleeping Initiative Core Data, which continuously monitors service delivery by RSI funded projects and the HL1 Data, which record the extent of rough sleeping encountered by local authorities when discharging their statutory homelessness duties. After summarising their methods and the range of data they can provide, the Chapter critically reviews these datasets to determine the extent to which:

- current national level data represent an effective means of monitoring the impact of the RSI programme on *levels of rough sleeping*;
- current national level data collection represent an effective means of *monitoring and assessing the activity and performance of projects funded through RSI;*
- current national level data represent an effective means of assessing progress towards the target of ensuring that *no-one need sleep rough in Scotland.*

EXISTING RESEARCH ON PEOPLE SLEEPING ROUGH

A review of studies of people sleeping rough

2.3 Much of the specifically Scottish research on people sleeping rough that has been conducted has involved the qualitative study of people sleeping rough (Owen and Hendry, 2001; Third and Yanetta, 2000). However, there have also been a number of studies that have collected statistical information on former, potential and current rough sleepers via small scale survey research. In Highland, for example, policy research was undertaken that involved surveying 80 homeless people, with a view to estimating the numbers and characteristics of people sleeping rough (e.g. Grigor, 2002). Yanetta *et al* also surveyed 103 users of RSI funded projects for the Interim Evaluation of RSI published in 1999 (Yanetta *et al,* 1999). There have also been some health surveys that have involved people sleeping rough, such as the work led by Kershaw *et al* (2000) on the health and well-being of homeless people in Glasgow. Other statistical exercises related to people sleeping rough have tended to be confined to attempts to estimate their numbers by local authorities,

although these have tended to be in-house or unpublished reports by consultants (see Third and Yanetta, 2000 for a summary review of some of these reports).

2.4 The research in Highland involved sending questionnaires to 80 people who were homeless or potentially homeless during 1998. This research suggested that around two-fifths of respondents had some experience of sleeping rough in Highland, with subsequent research among service providers finding specific problems with housing supply and a need for resettlement services in the area (Grigor, 2002).

2.5 The survey of 103 of the people using RSI funded projects conducted by Yanetta *et al* (1999) for the interim evaluation of the RSI programme had a number of key findings. In contrast to the commonly held belief that people sleeping rough were characterised by a high degree of mobility, their results showed that four out of five people had first slept rough in the locality where they were interviewed. Further, almost nine out of ten reported having been resident in the locality in which they were interviewed for more than one year.

2.6 Some of the other findings of the survey of RSI project users conducted for the interim evaluation of RSI published in 1999 were less surprising. In common with much of the other research conducted on people sleeping rough throughout the UK, there was found to be a high degree of experience of living in institutional settings (two-thirds of respondents). Again, in common with both qualitative and quantitative work conducted in Scotland and England, people sleeping rough were also quite frequently found to have lost settled accommodation. There was also a high degree of disconnection from mainstream services among the people using RSI funded projects, in that they were quite often only receiving support from the RSI service they were in contact with. A study of people sleeping rough using five nightshelters in England, also conducted in the late 1990s, covering 1,422 nightshelter users, found a very similar pattern with respect to NHS use and also reported that rates of registration with a GP declined markedly the longer someone had been sleeping rough (Pleace, 1998).

2.7 The research conducted by Yanetta *et al* (1999) also found that the people using RSI funded services associated their homelessness with relationship breakdown (60 per cent). They also reported that boredom, isolation and not feeling safe in their accommodation had preceded rough sleeping. Eviction was a less common cause of homelessness than among homeless people who have not actually slept rough. These findings echoed those of the large scale survey work in England (Anderson *et al*, 1993).

2.8 The health research conducted among lone homeless people and people sleeping rough in Glasgow by Kershaw *et al* (2000) found that three quarters of the 225 people they surveyed reported at least one neurotic symptom in the preceding week and that 44 per cent of respondents were assessed as having a neurotic disorder. One quarter of respondents were drug dependent and one half were alcohol dependent. Nearly two-thirds of respondents had a long term, limiting illness.

2.9 Existing Scottish statistical research has reported some very similar findings to those reported by the greater number of research projects conducted in England. In summary, the Scottish and English survey research, supplemented by various pieces of qualitative research, have indicated three key points about rough sleepers in Scotland:

- Many of the people who experience rough sleeping do so intermittently and might be better characterised as a population without permanent housing who sometimes sleep rough.

- There is a smaller population of people who are characterised by prolonged periods of rough sleeping, who tend to have poor mental and physical health status and a low level of contact with statutory and other services, including the NHS.

- Former, potential and current rough sleepers tend to have a mixture of low intensity support needs (i.e. 'Supporting People' service needs), personal care (i.e. Social Work service needs) and health care needs (NHS Scotland), the prevalence of multiple support needs among this population is high.

A critical assessment of the existing research base

2.10 Much of the existing research in Scotland is qualitative and has been conducted on a small scale, within constrained budgets and timetables. Some of this work has not always been as thorough and methodologically robust as it could have been (see the review in Third and Yanetta, 2000). There are also issues with respect to some of the research undertaken by voluntary sector agencies representing or campaigning on behalf of homeless people, as such work is motivated, at least in part, by organisations' particular agendas on homelessness policy.

2.11 However, some of the work that has been undertaken in Scotland is robust. There have been some good quality qualitative studies and some strong medical research on people sleeping rough (Quilgars and Pleace, 2003). Statistical research in terms of freestanding surveys and research projects on people sleeping rough, is not very extensive, but there are some good quality studies (for examples see: Yanetta *et al*, 1999 and Kershaw *et al*, 2000).

EXISTING STATISTICAL MEASURES OF ROUGH SLEEPING AND SERVICE DELIVERY IN SCOTLAND

2.12 The bulk of Chapter Two is focused on the review of data collected at *national level* on rough sleeping and services for people sleeping rough in Scotland. The following datasets are reviewed below:

- the data collected by George Street Research (GSR), monitoring the target of ending the need to sleep rough in Scotland (between May 2001 and October 2003);

- the data collected by individual RSI projects participating in the National Rough Sleeping Initiative Core Data collection led by Glasgow Homelessness Network (GHN) (between July 2000 and March 2004);

- the data on rough sleeping among households presenting as homeless to local authorities in Scotland collected through the HL1 returns (between December 2001 and September 2003).

2.13 As noted in the introduction to this Chapter, the main concern of the following section is with three broad questions. The first is extent to which these three datasets represent an effective means by which to monitor the impact of RSI on levels of rough sleeping. The second is the extent to which some of these data might be employed as tools by which to assess the efficiency and effectiveness of RSI funded projects. The third is the extent to which all three sets of data can provide robust information on progress in achieving the target that no-one in the country need sleep rough.

THE GEORGE STREET RESEARCH MONITORING OF THE TARGET TO END THE NEED TO SLEEP ROUGH IN SCOTLAND BY 2003

Summary of methodology

2.14 The GSR work differs from the other two datasets discussed in this section, because it was time limited survey work, designed specifically to determine progress towards the national target to end the need to sleep rough. The other datasets involve rolling data collection to monitor local authority activity under the homelessness legislation and the activities of RSI funded projects.

2.15 The GSR work took place between 2001 and 2003. It was based on a bi-annual survey of projects and services working with people sleeping rough across the country undertaken during one week in May and one week in October during the years 2001 to 2003 (six surveys in total). Agencies ranging from local authority housing departments and RSLs, through to individual projects working with people sleeping rough, took part in the research.

2.16 Agencies were asked to complete a form, which included a client identifier (in order to try to prevent the same individual being double counted as a rough sleeper) that covered each contact they had with rough sleepers during the course of one week in May and one week in October. The weeks were chosen as 'typical' times of year and included the weekends.

2.17 People sleeping rough were identified as 'having slept outside in a place not specifically designed for human habitation, at least once in the last seven days' (Laird *et al*, 2004). The form on each person seen by a project included a small number of variables on the 'obstacles' to their securing accommodation, including some support needs and accommodation (such as mental health problems and drug or alcohol dependency). Information was also collected on the amount of time that they had been sleeping rough. Data were collected on age and gender, but not on ethnicity.

2.18 The GSR monitoring also undertook a survey of available emergency bed spaces for people sleeping rough in Scotland. This involved projects completing another form that summarised the availability of beds they had during the survey weeks over the period 2001 to 2003. This return also recorded both the numbers of people refused accommodation during the survey weeks (and some of the reasons, including lack of beds, an individual being banned or a couple seeking accommodation in a single person only unit). One project, the Cowgate centre in Edinburgh, took part in this monitoring on the basis that it was a 'night-centre' that provided a place to sleep for rough sleepers on the chairs it provided, even though it was not a direct provider of accommodation.

2.19 The emerging findings from the monitoring were also tested using a qualitative research exercise involving representatives from areas with high numbers of rough sleepers. The data on numbers were discussed with homelessness professionals to determine the extent to which they 'felt right'. The data were also compared with other statistical information to look for any signs of inconsistency. The evidence from these exercises suggested that the GSR monitoring data were in line with what was being reported elsewhere (Laird et al, 2004).

Summary of findings of the George Street Research Monitoring

2.20 The GSR surveys showed a decline in the number of individuals sleeping rough, with whom projects were working. Figure 2.1, which is taken from the final report of the GSR research, shows how overall levels of reported rough sleeping fell between May 2001 and October 2003 (Laird *et al*, 2004).

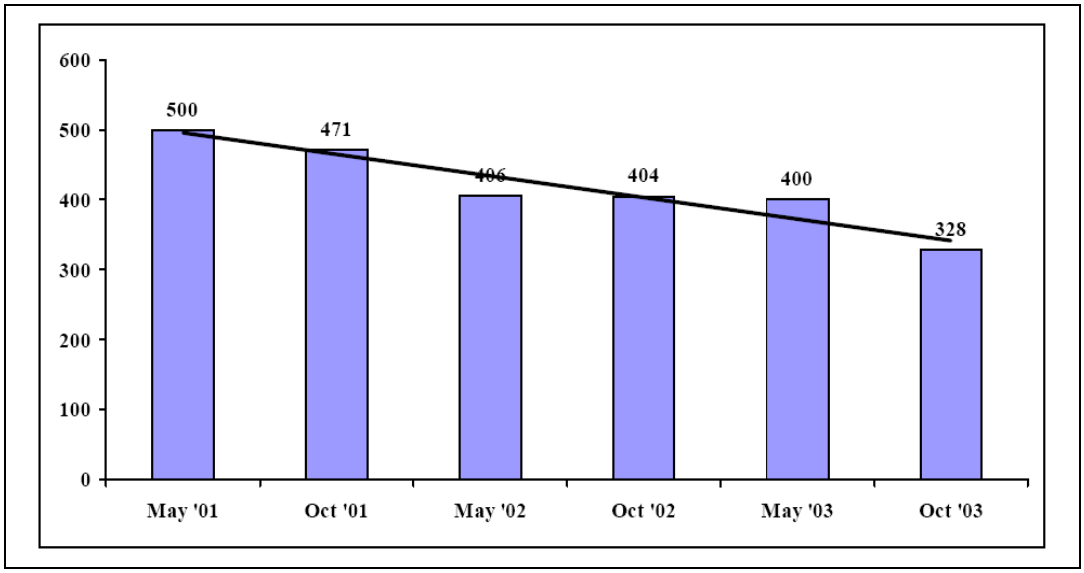

Figure 2.1: Total number of individuals sleeping rough reported by projects participating in the GSR monitoring between May 2001 and October 2003 (source: Laird *et al*, 2004).

2.21 These figures suggest a fall in the number of people sleeping rough that were being seen by the projects participating in the GSR monitoring. The figure given in October 2003 is more than one third lower than the figure shown in May 2001. It should also be noted the data collection was somewhat less complete in May 2001 than it was by the end of 2003, suggesting that the reduction may have been somewhat greater than that reported (Laird *et al*, 2004).

2.22 The GSR work also shows that people sleeping rough were predominantly male (79 per cent) and aged over 24 (75 per cent). The same demographics are reported in other Scottish and English research on people sleeping rough (Anderson *et al*, 1993; Gill *et al*, 1996; Pleace, 1998). GSR did not collect on the ethnic origin of people sleeping rough.

2.23 Rough sleeping was found to be concentrated in Scotland's largest cities Edinburgh and Glasgow. Although the numbers reported sleeping rough in these two cities fell

markedly during 2002/03, they remained much higher than those reported elsewhere in Scotland.

2.24 The GSR monitoring also collected basic information on issues that might prevent someone from entering accommodation (Laird et al, 2004). These data suggested the kind of prevalence of drug and alcohol dependency and mental health problems found by previous research on people sleeping rough (Pleace and Quilgars, 1996; Pleace *et al,* 2000).

2.25 Data on the duration of rough sleeping experienced by people surveyed as part of the GSR monitoring were also collected. These data looked at whether a respondent had been sleeping rough for three months to a year, one to five years or for more than five years. While the data were incomplete, they did suggest that a core of long-term rough sleepers remained within Scotland in October 2003. Figure 2.2 is taken from the final report of the GSR monitoring (Laird et al, 2004).

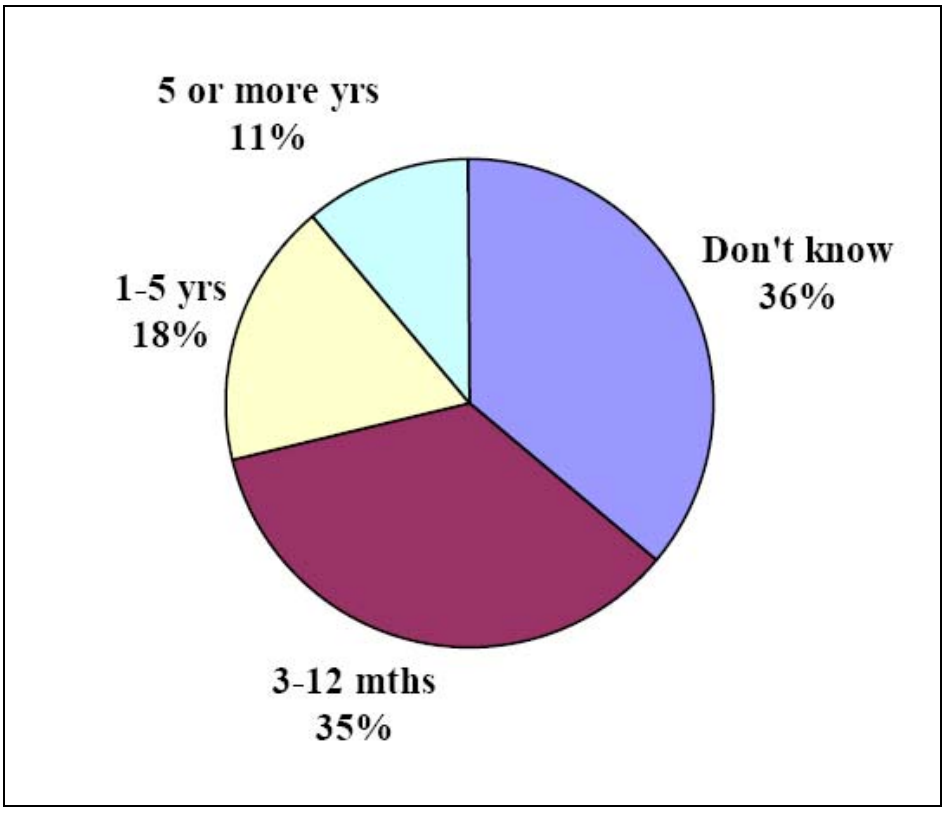

Figure 2.2: Reported experience of sleeping rough reported by respondents to the GSR monitoring during October 2003 (base: 328, source: Laird *et al*, 2004).

2.26 By the time of the last survey in October 2003, the GSR monitoring covered 2,425 bed spaces (an increase from the May 2001 total of 2,250, due in part to the impact of RSI funding). The review of available bed spaces suggested a vacancy level of 6 per cent across Scotland in the survey week in October 2003, although the GSR report draws attention to there being some degree of mismatch between where some of this accommodation was available and where people sleeping rough tended to be located. The George Street Research work ultimately concluded that the Scottish Executive target to end 'the need to sleep rough'

by end 2003 (by bringing into line the number of rough sleepers and the supply of emergency accommodation available to them) had been narrowly missed.

The GSR research: a critical assessment

2.27 There are a number of difficulties in attempting to count people sleeping rough using street counts. The first is that the level of resources available is never likely to be sufficient to provide thorough coverage, even within one city, of the areas where individuals might be sleeping rough. The second is that people sleeping rough are a population who deliberately conceal themselves in urban environments as sleeping on the street in a city in Scotland is likely to be dangerous as well as cold and wet, which makes them difficult to find for enumeration. The third and perhaps the most crucial limitation is that what research evidence there is in Scotland, alongside comparable research from England, strongly indicates that, for the most part, people sleeping rough are more accurately described as a vulnerable, very precariously accommodated population who sometimes sleep outside. There are those who spend sustained periods sleeping rough, but the available research evidence suggests they are a small group with very high needs and challenging behaviour (Pleace *et al*, 2000; Randall and Brown, 1993, 1996 and 2002). Consequently, the number of people sleeping rough will almost certainly vary on a night to night basis and will certainly vary over longer periods of time. The number of people sleeping rough over the course of one year is always greater than the number who sleep rough on any one night.

2.28 These issues raise a number of potentially difficult methodological problems for any exercise that is attempting to determine the scale of rough sleeping in Scotland. First, there has to be an attempt to provide as near-universal geographical coverage as can be achieved without incurring very high research costs. Second, there has to be a means by which potentially concealed elements of the rough sleeping population can be included in enumeration. Third, there has to be some attempt to understand the variations in the numbers sleeping rough each night, as without this, realistic estimates of the 'typical' numbers of people sleeping rough in Scotland each night cannot be estimated, nor can the overall prevalence of rough sleeping in Scotland.

2.29 The GSR methodology takes some account of all these issues. It is based on a model first employed in the mid 1990s in a national survey of homelessness conducted in the USA (Burt, 2001), which used the same approach of recruiting as many homelessness services as possible and asking them to record the numbers and characteristics of homeless people who used them over a given period of time. Using this approach gives a much wider geographical coverage at a much more economic cost than would be feasible with street counts. This approach may also go some way towards providing at least some enumeration of those rough sleepers who ordinarily stay out of sight, as services can provide relative safety and security, as well as somewhere dry and warm. However, it is also the case that some services may also be specifically avoided by some people sleeping rough, such as women or people with a Black or Minority Ethnic (BME) background (Netto *et al*, 2004), because they do not feel safe within those environments. Finally, employing a week-long count twice over the course of a year helped minimise the risk that the numbers of people sleeping rough being recorded were atypical.

2.30 In some respects, the GSR researchers were constrained by their methodology. The monitoring was heavily dependent on the cooperation of projects and services to complete

the required returns. Ensuring a good response rate meant that the researchers had to balance the need for data against placing too many demands on these services. These constraints meant that limited data were collected on each person. However, this exercise had a very specific objective, to assess the need to sleep rough in Scotland (by comparing the number of rough sleepers with the supply of emergency accommodation available to them). This piece of work was not designed as a general survey of people sleeping rough and must be assessed on the extent to which it achieved its intended objectives.

2.31 As in all survey methods, there is a margin for error in the approach adopted by the GSR work. In part, the potential for error is related to the focus on projects, in that people sleeping rough who approached those projects during the survey weeks were counted, but any rough sleepers who did not use those services were not recorded. The extent to which this error might be significant is uncertain, but the fieldwork conducted for this research (see Chapters Three, Four and Five) does not suggest that there are many people sleeping rough in Scotland who are not in contact with at least one or two services. However, avoidance of certain services because they were viewed as unsafe, including some hostels and nightshelters, was also reported. Bearing these factors in mind it seems likely that at least a small degree of under-representation occurred.

2.32 In addition, the possibility of double counting, while it was allowed for in the research design, has to be noted. The GSR survey had to rely on homelessness services to complete the survey returns, these organisations were not expert in checking the consistency of the returns they submitted and were cooperating with the survey using sometimes already limited staff resources. Again, the methodological approach adopted raises the possibility of some inaccuracy, as some individuals might have been counted twice, while others may have been inappropriately excluded from the count because they were mislabelled as someone who had already been counted (Laird *et al*, p.6).

2.33 On balance, it seems the decision only to record movement between local authority areas during the survey weeks led the GSR team to a partially incorrect conclusion about the geographical mobility of people sleeping rough (Laird *et al*, 2004). As the team detected few such movements during the survey weeks, they concluded that geographical movement by people sleeping rough was generally restricted. Some previous research in rural areas has suggested that there is restricted mobility among homeless populations, including those with experience of sleeping rough (Grigor, 2002). However, there does seem to be a quite high degree of mobility among rough sleepers in urban areas, especially within Edinburgh (see Yanetta *et al*, 1999 and Chapters Three to Five of this report). Evidence from outside Scotland also suggests that some areas are on routes frequented by mobile rough sleepers, while in other localities the rough sleeping and homeless population tend to be locals (Pleace, 1998; Randall and Brown, 1993, 1996 and 2002). Understanding the degree of mobility among people sleeping rough was important in terms of the main objective of the GSR work, which was to assess the numbers and distribution of people sleeping rough against available services and bed-spaces. Making this assessment without understanding the patterns of movement among people sleeping rough is likely to lead to inaccuracy and the lack of data on mobility collected by the survey must therefore be seen as a limitation.

2.34 The other limitations in the GSR work must be balanced against its central objective of measuring the need to sleep rough in Scotland and the practical limitations on how much information participating projects could be expected to collect. Data on ethnicity and further information on support needs would have been useful, but the balance between having a

workable survey tool and asking all the desired questions is always a difficult one to achieve.

2.35 The GSR work aimed to generate a picture of the extent of actual rough sleeping in Scotland and was able, allowing for the methodological limitations discussed above, to produce a reasonably accurate picture. Theoretically, a more accurate enumeration of the current number of rough sleepers was possible, but the expense and logistical difficulties of such an exercise meant that it was not viable. It is worth bearing in mind that the same basic methodology was employed for a census and survey of homelessness in the US for essentially similar reasons (Burt, 2001).

Other views on the GSR work

2.36 The evaluation team asked for the views of the respondents who were interviewed at local and national level (see Chapter Three) on the GSR work. The national level interviewees' mainly felt that the George Street Research monitoring was *'successful for what it was asked to do'*. It was about the *'direction of travel'* rather than absolute figure of number of rough sleepers. It was also felt by some commentators that GSR Monitoring was *'impressive'* compared to the street counts organised in England, and as noted above it was felt that the downward trend it recorded was felt to *'ring true'*.

2.37 Most local authority respondents either had no views or were content with the GSR work. However, a few respondents were more critical of the work. Some of these criticisms were based on the view that the GSR work was not an accurate 'count' of people sleeping rough within each locality, but these criticisms were in some senses misplaced, because the GSR work was designed as an assessment of the need to sleep rough nationally, not as a census of rough sleeping. A few respondents also felt that there had been insufficient consultation about the GSR work, or wondered about the reliability of data collection that relied on service providers completing returns.

NATIONAL ROUGH SLEEPING INITIATIVE CORE DATA COLLECTED BY GLASGOW HOMELESSNESS NETWORK

Summary of methodology

2.38 When the original RSI was extended into a second phase (see Chapter One), it was decided to introduce a common monitoring system across the projects that were being supported by the programme. The purpose of this national monitoring, developed by the then Glasgow Council for the Single Homeless (now the Glasgow Homelessness Network, GHN) was to record the numbers of people sleeping rough with whom RSI projects reported contact. Alongside the concerns to report project activity and the numbers of users, the GHN monitoring was also intended to record the characteristics of those using RSI projects, particularly with regard to establishing statistical information on the level, nature and extent of support needs within this population. Reports on the characteristics of people sleeping rough and potential rough sleepers using RSI funded projects are routinely circulated by GHN.

2.39 The database was installed in all projects within Scotland (excluding Glasgow) by 1st April 2000, and in all Glasgow projects by 30th June 2000. Glasgow projects were asked to backdate their data to 1st April. During 2001, the data entry systems were revamped, to simplify operation of the database for projects, with the new system being completed by April 2002.

2.40 The database used by the GHN monitoring is quite extensive. The database creates a unique identifier for each individual to allow them to be tracked across projects and to avoid double counting of the same individual . The data recorded on each individual include:

- their name
- date of birth
- gender
- details of their household
- ethnicity
- housing situation at referral
- reasons for referral
- last accommodation
- individual history of sleeping rough
- current rough sleeping
- immediate reasons for current housing situation
- support and health needs

2.41 The reported contacts (episode of service delivery) with each individual by projects are also recorded by the GHN database, including basic information on the date, duration and substance of those contacts. There are specific sets of data for projects providing rent deposit scheme services and for projects providing accommodation, to record the details of contacts with individual service users in more detail. These rent deposit and accommodation 'modules' include the collection of data on exits of service delivery.

2.42 GHN introduced a system for recording the outcomes of service delivery after the main database had been established. This section includes both interim and final outcomes in service delivery. These data are obviously of key importance in assessing the

effectiveness of projects supported by RSI, as they should give insight into the extent to which individual projects and the programme as a whole is successful in preventing rough sleeping and supporting successful exits from rough sleeping. However, GHN estimates that only 30 per cent of projects complete this section of the database, meaning that the data that are available are quite incomplete. In correspondence with the research team, GHN noted that:

> Not all projects have used all of the database's potential. At present about a third of the projects use the outcomes section. At the moment we are trying to encourage its use in all projects and believe we can substantially increase the number using it. Our main problem tends to be with the larger organisations which have their own recording systems and feel that there is duplication of information.

2.43 The database has been amended to include the HOMES matrix, a system developed by the Street Team in Edinburgh which is designed to monitor the individual progress of clients by recording progress across a range of indicators. These categories include their current shelter, health, financial situation, self-esteem and employment, training or educational goals. The HOMES module is employed by some projects in Edinburgh, Fife and elsewhere. A separate 'support module' recording the support being given to individuals within supported housing projects was also developed for use by projects within Fife by GHN. Use of these modules is not widespread at the time of writing.

2.44 Following the introduction of the GHN monitoring, the City of Edinburgh took a decision to modify the GHN database and collect an increased range of data from projects within the City. This has involved an reorientation of the original database from what the City Council saw as being an essentially demographic dataset into a performance monitoring system that collected information that could be used to derive and analyse *outcome measures* for projects working with people sleeping rough and all other homelessness projects in the City. This separate database is run in parallel to the GHN monitoring and most RSI projects in the City continue to make returns to the GHN monitoring at national level.

2.45 The GHN monitoring differs substantially from the other data sources that are reviewed in this interim report. It is intended to function as a comprehensive monitoring system specifically focused on RSI-funded projects and is based around a comprehensive database that records a large number of variables. The GHN monitoring offers a potentially much richer source of information than those datasets that have so far been discussed. A Microsoft Access database is maintained using a combination of paper returns and database tables submitted by the participating services.

Summary of findings

The characteristics and numbers of people sleeping rough

2.46 Six-monthly reports from the monitoring are produced by GHN. These reports detail the results of the monitoring of individuals using RSI funded projects by local authority area and across Scotland as a whole. At the time of writing, the most recent of these reports covers the period 1st October 2003 to 31st March 2004 (Glasgow Homelessness Network, 2004).

2.47 During the period 1st April 2003 to 30th September 2003, the 57 participating services in the GHN monitoring reported contact with 3,681 individuals (78 per cent of whom were homeless). Within this group of almost 3,700 people, there were 1,906 people with a history of sleeping rough (52 per cent) and 1,362 current rough sleepers (37 per cent, defined as sleeping rough at the point of referral).

2.48 These 57 projects represented almost all the services which had ever received, or were still in receipt of, RSI funding. Determining exactly how many RSI-funded projects there are is a matter of which definition is used. If all those projects that have ever been in receipt of RSI funding are counted, the number rises slightly, but a few of those projects which originally received funding have changed function, merged or closed, which reduces the number slightly. A further complication arises because, at the time of writing, most projects are now funded through Supporting People, in many cases their grant income from Supporting People is much greater than the RSI funding they receive, which might arguably make them more of a 'Supporting People' service. Only street outreach teams tended to be wholly funded by RSI.

2.49 Those who were currently sleeping rough were overwhelmingly male (81 per cent), White (83 per cent) and tended to be in early middle age (average age of 31.5). There were high proportions of former offenders, people with drug and/or alcohol dependency and a high number of people reporting support and care needs among these service users (Glasgow Homelessness Network, 2004). Women were not strongly represented, though young women were more likely to be using RSI funded services than older women. All these findings are consistent with what research with people sleeping rough and other monitoring of those using services like those funded through RSI have suggested (Anderson *et al*, 1993; Gill *et al*, 1996; Pleace, 1998; Randall and Brown, 1993, 1996 and 2002).

2.50 The reported figures for the following six months, from 1st October 2003 to 31st March 2004 were very similar. A total of 3,370 individuals, of whom 75 per cent were reported as homeless used services participating in the GHN monitoring. Those with a history of sleeping rough numbered 1,534, representing 45 per cent of the 3,400 service users, while those who were currently sleeping rough represented one third of service users. The characteristics of the service users were again consistent with what would be anticipated from other data sources on homelessness and from previous research, including a high level of support needs, mental health problems and drug dependency (GHN, 2004).

2.51 Detailed geographical breakdowns of the numbers and characteristics of individuals using services that participate in the GHN monitoring are provided in the reports produced by GHN between 2001 and 2004. The detailed reports produced by GHN can be viewed on-line at: http://www.ghn.org.uk/stats.html.[2]

2.52 Figure 2.3 shows the total number of new clients / service users reported by services participating in the GHN monitoring. The data shown in Figure 1.3 show individuals at the point when their details were first recorded by a project participating in the GHN

[2] Through the cooperation and support of GHN, access to the full GHN monitoring dataset, as at 31st March 2004, was given to CHP. These data extend back to when the database was being developed during the first six months of 2000. However, as the earliest data are not very complete and a decision has been taken by CHP to concentrate on the period for which a more complete dataset is available, from 1st July 2000 to 31st March 2004. These data cover some 34,000 individuals and represented returns made from 58 individual projects.

monitoring. The graphic shows the number of people who had their first contact with an RSI-funded service during each of the months between 1st July 2000 to 31st March 2004. Typically, at least 600 new clients were reported by the projects during each month within this period. There are some peaks in activity, for example during the early part of 2003 and also some falls, most notably in the December of each year. The decline in activity reported in December may, in part, be a result of the appearance of alternative, temporary Christmas services for people sleeping rough. The corresponding rises in the early part of each year may be a function of these short-term Christmas services closing down or other temporary informal arrangements ceasing to be available.

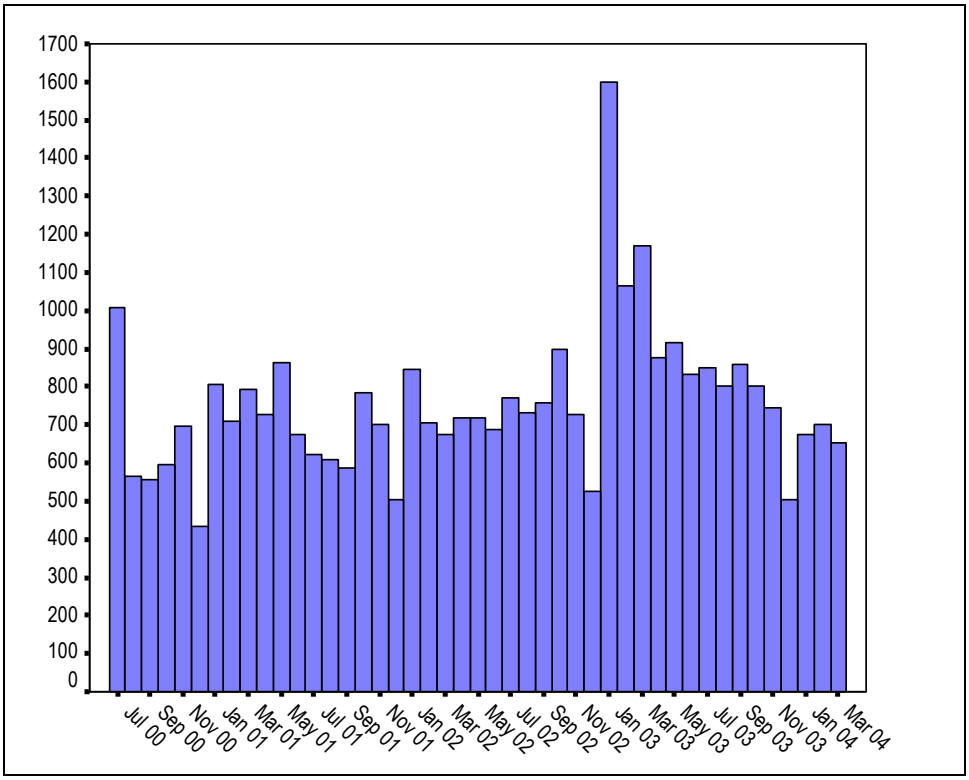

Figure 2.3: Total number of new service users reported by services to GHN monitoring over the period July 2000 to March 2004 (Source: Glasgow Homelessness Network, *own analysis*).

2.53 Figure 2.4 shows a subset of Figure 2.3, which is the number of new clients / service users with any experience of sleeping rough during the period 1st July 2000 to 31st March 2004. As can be seen, the figures reported for each month were fairly consistent, although they too followed the fall in December and rise in the early part of the year found for all service users (Figure 2.3). Typically, around 300 new clients with some experience of sleeping rough were recorded by services each month (the average is shown by the line on Figure 2.4).

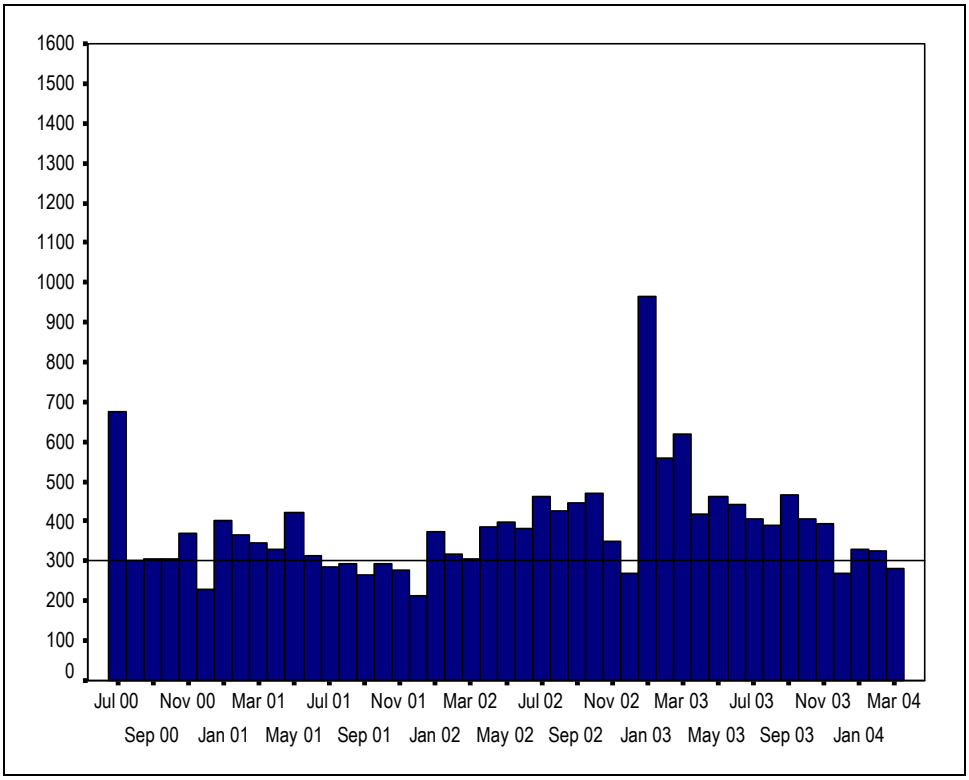

Figure 2.4: Total number of new service users with any history of sleeping rough (including current rough sleepers) reported by services to GHN monitoring over the period July 2000 to March 2004 (Source: Glasgow Homelessness Network, *own analysis*).

2.54 Figure 2.5 shows the number of *current* rough sleepers who presented to services for the first time during the period between 1st July 2000 and 31st March 2004. As can be seen, the figures reported for each month were fairly consistent, although they too followed the fall in December and rise in the early part of the year found for all service users (Figure 2.3). Typically, around 200 new clients who were sleeping rough at referral were recorded by services each month (the average is shown by the line on Figure 2.5).

2.55 Although these data suggest new rough sleepers were presenting at a fairly constant rate, they must be viewed in the context of other information on levels of rough sleeping. Other statistical information shows levels of actual rough sleeping falling across the country (the GSR research described above), while quite strong qualitative evidence (see Chapters Three and Four) that levels of rough sleeping have fallen since RSI was introduced. The interim evaluation of the RSI also reported positive impacts on the numbers of people sleeping rough (Yanetta *et* al, 1999). Nevertheless, these figures might be read as indicating that the combination of certain structural factors with certain individuals' needs, characteristics and experiences continue to generate 'new' rough sleepers, suggesting both an ongoing need for services and perhaps a greater emphasis on preventative work (see Chapter six).

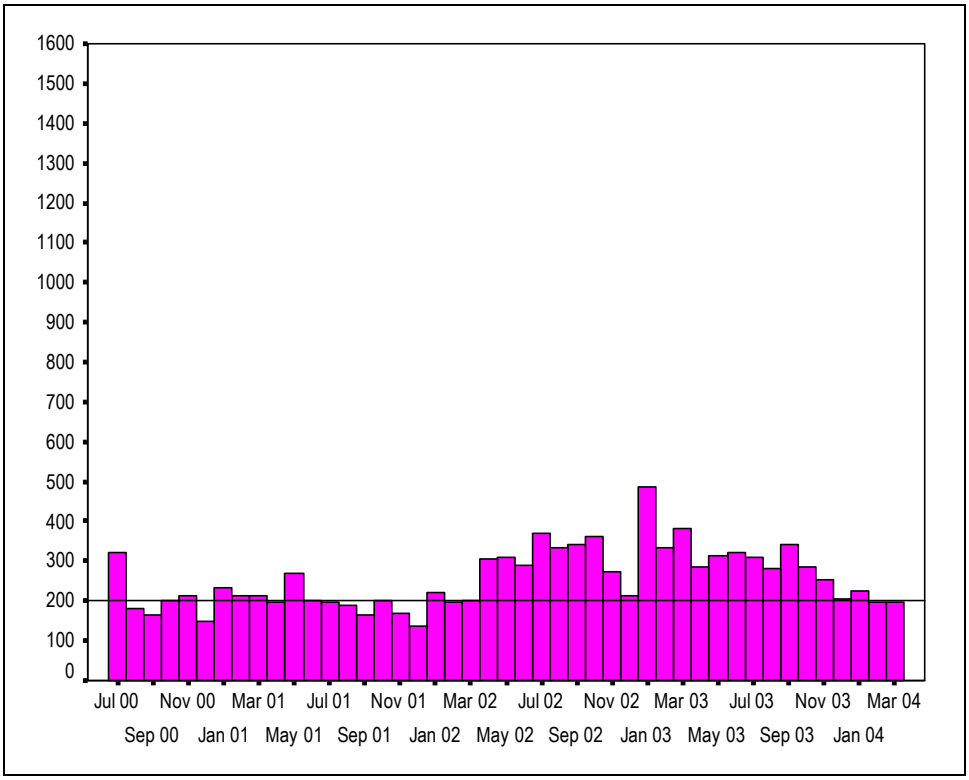

Figure 2.5: Total number of new service users *currently* sleeping rough reported by services to GHN monitoring over the period July 2000 to March 2004 (Source: Glasgow Homelessness Network, *own analysis*).

The geography of rough sleeping

2.56 The geographical dispersion of people using the services that were participating in the GHN monitoring was very similar to that suggested by HL1 and by the GSR monitoring. As would be expected, the central belt, with its relative concentrations of both rough sleepers and RSI funded services for people sleeping rough predominated (Figure 2.5).

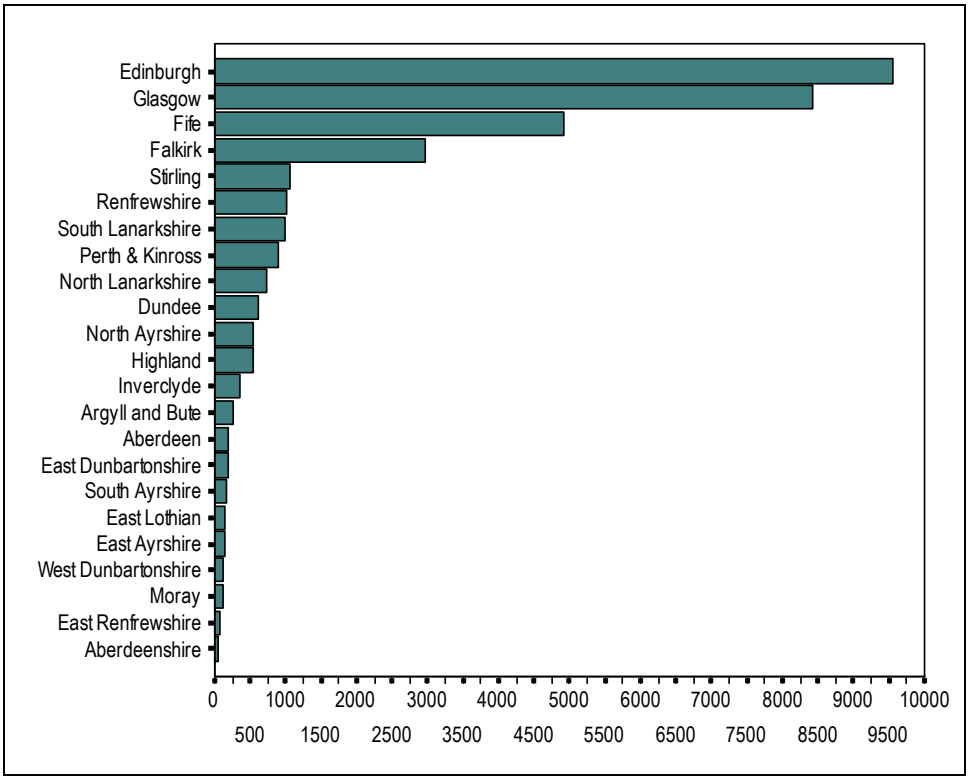

Figure 2.6: Total number of service users reported by services participating in the GHN monitoring by local authority area from 1st July 2000 to 31st March 2004 (Source: Glasgow Homelessness Network, *own analysis*).

2.57 Despite being the smaller of the two main cities, the RSI services in Scotland's capital reported providing a service to slightly more people than those in Glasgow. Between 1st July 2000 and 31st March 2004, Edinburgh RSI services reported 28 per cent of the individuals seen by RSI services in Scotland, compared to the 25 per cent reported by services in Glasgow. Services in Fife reported the next highest level at 15 per cent, followed by Falkirk with 9 per cent.

2.58 Figure 2.6 shows where the first recorded contact of an individual with the GHN monitoring system took place. This is not the same as showing where those individuals became homeless or started to sleep rough, as they might have become homeless elsewhere and travelled to the first service using GHN monitoring that they had contact with, or in some instances they may have been receiving help from agencies that were not part of the GHN monitoring.

2.59 Figure 2.7 shows the number of individuals, with whom projects made first contact, who had come from *outside* the local authority area where the project was located. It can be seen that Edinburgh RSI projects reported that 3,600 of the individuals they recorded first contact with were people who had last lived outside the Edinburgh area (38 per cent of contacts). The figure for Glasgow was lower, at 1,492 individuals, representing 18 per cent of the individuals with whom RSI-funded services in that city recorded the first contact. These data, in common with some other statistical research conducted in Scotland, suggest higher mobility among rough sleeping populations within the major cities and other urban areas (see the preceding discussion of the GSR monitoring in this Chapter).

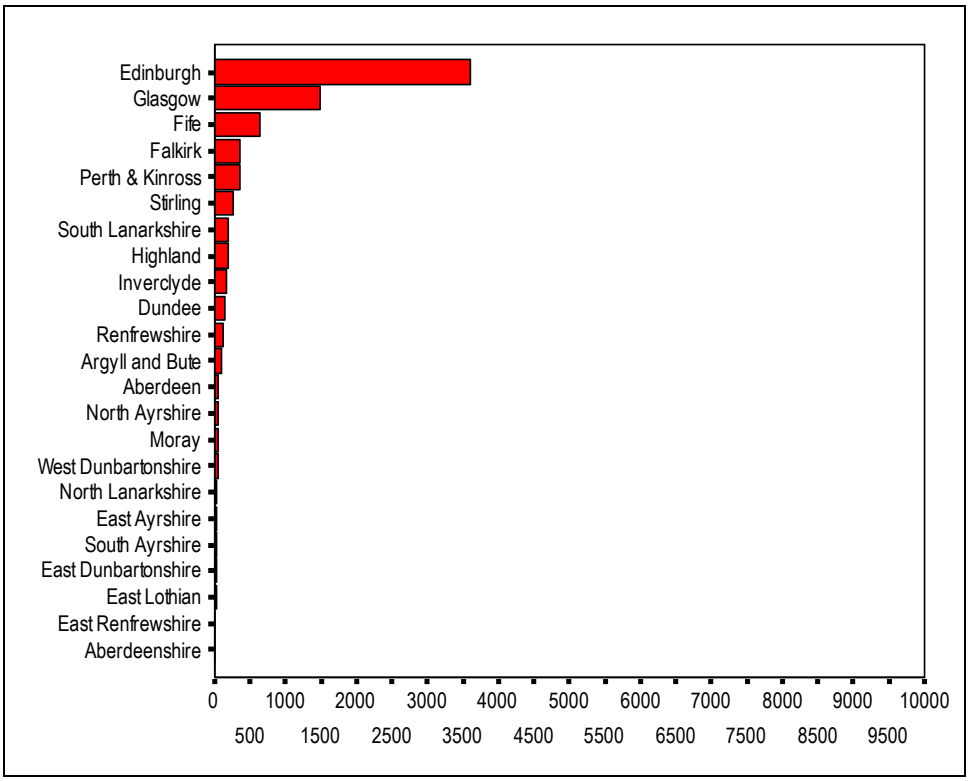

Figure 2.7: Total number of service users coming from outside the local authority area where projects were located (Source: Glasgow Homelessness Network, July 2000 to March 2004, *own analysis*).

2.60 While the bulk of individuals who were from local authority areas other than the one where a service was located were found in the two major cities, it was not uncommon for services across Scotland to report that a quite high proportion of their users had come from another local authority area. Figure 2.8 shows the proportion of service users reported by projects across different local authority areas who said they had come from another local authority area.

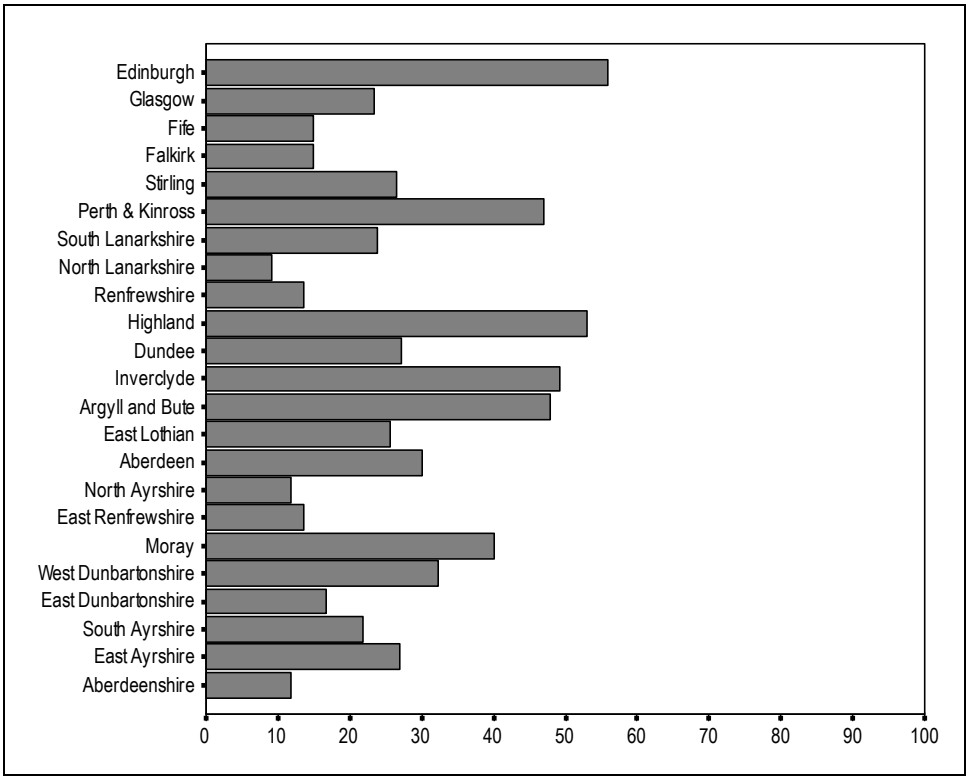

Figure 2.8: Percentage of service users coming from outside the local authority area where projects were located (Source: Glasgow Homelessness Network, July 2000 to March 2004, *own analysis*).

2.61 As can be seen, the proportion of individuals reporting that they had last lived somewhere else varied considerably between localities. Services in Aberdeen tended to find that the individuals they were working with were local, while those in several rural areas including Highland, Argyll and Bute, Moray and Perth and Kinross, reported higher proportions from outside their locality. Edinburgh services, in particular, reported contact with higher proportions of people who were not local. It is important to qualify these findings by noting there is a time dimension to all of this, in that defining the point at which someone ceases to be an 'incomer' and instead becomes a local person using local services is not something that can be precisely defined. The GHN monitoring does record the date at which an individual left the local authority area they last moved from, but these data are unfortunately quite incomplete. Nevertheless, the picture painted by these data was in line with what some local authority respondents and service providers said about movements of people sleeping rough in their areas (see Chapters Three and Four).

2.62 The city with by far the highest proportion and overall numbers of 'incomers' was Edinburgh. Figure 2.9 summarises where it was that incomers reported by Edinburgh projects said they had come from.

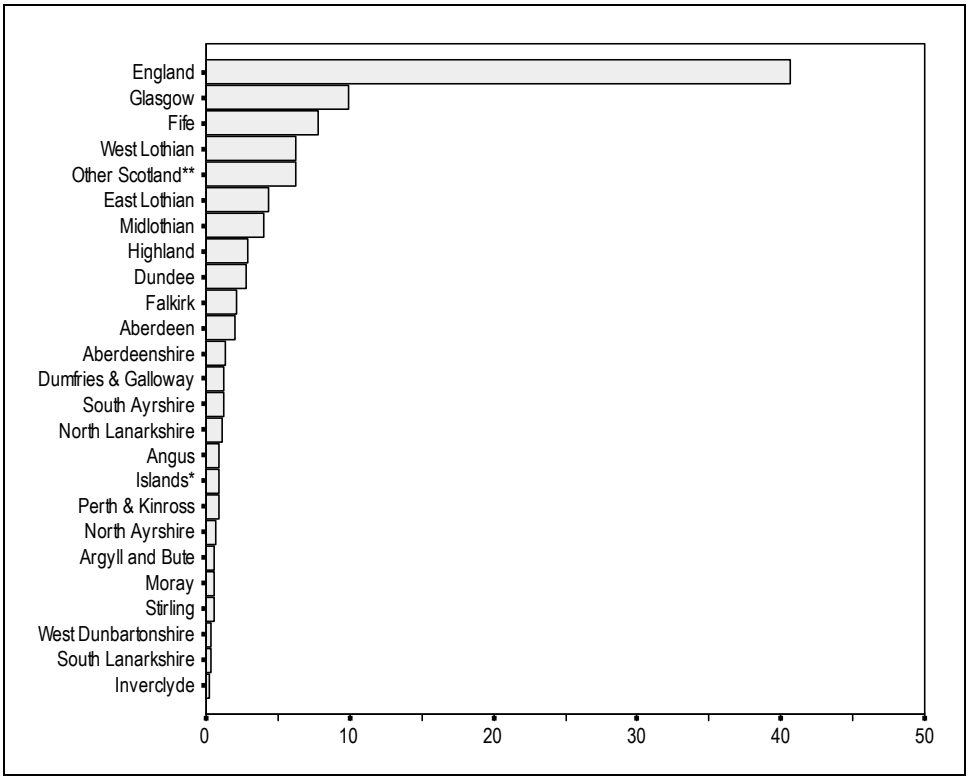

Figure 2.9: Where people who had last lived outside Edinburgh had come from (by percentage of those who had lived outside Edinburgh) (Source: Glasgow Homelessness Network, July 2000 to March 2004, *own analysis*). * Shetland, Skye and Orkneys ** Identified as 'elsewhere in Scotland' in the GHN monitoring.

2.63 Figure 2.9 shows the percentage of those who had last lived outside Edinburgh by the areas they reported coming from. The most striking feature is perhaps the strong presence of people who last lived in England; representing 40 per cent of incomers (these individuals were not necessarily English), and 15 per cent of all individuals reported as using RSI services in Edinburgh. It is also notable that the next largest group of incomers were individuals who had last lived in Glasgow. The wide range of other localities in Scotland where individuals last reported living is also quite striking, particularly in respect of the number of rural areas.

2.64 The reason for this pattern were explored with representatives of Edinburgh City Council in the fieldwork conducted for this research[3]. One representative commented:

> *One of the reasons that people come here is that Edinburgh has, effectively,* [no] *unemployment within the able to work population, it's a tourist city, and it still doesn't quite have any particular by-laws in relation to street drinking or begging, although they are about to introduce a code that will deal with some of those issues. Some would argue that the quality of services that we have mean that people do get a decent deal when they get here.* [There is also] *the issue, in Glasgow, of the large hostels they have there, which some people view in terms of dread…*

3 See also Fitzpatrick and Kennedy, (2000) for a discussion of these issues in relation to Glasgow and Edinburgh

2.65 Figure 2.10 shows the proportion of individuals with whom projects had first contact who had any history of sleeping rough by local authority area. As can be seen, the proportion of people sleeping rough reported by RSI services within a given locality varied considerably. Some of the more rural areas reported that fewer than a third of the service users with whom they recorded the first contact were people with any history of sleeping rough. By contrast, Glasgow services reported that one half of the individuals with whom they had first contact were current or former rough sleepers, while the figure in Edinburgh was 60 per cent. These patterns would be expected to be influenced by the nature of the RSI-funded services within each area. Edinburgh, for example, has some services like The Access Point and the Cowgate centre, that are very specifically orientated towards current rough sleepers, whereas other RSI funded services have a more mixed client group, including potential rough sleepers who may not have yet spent time on the street.

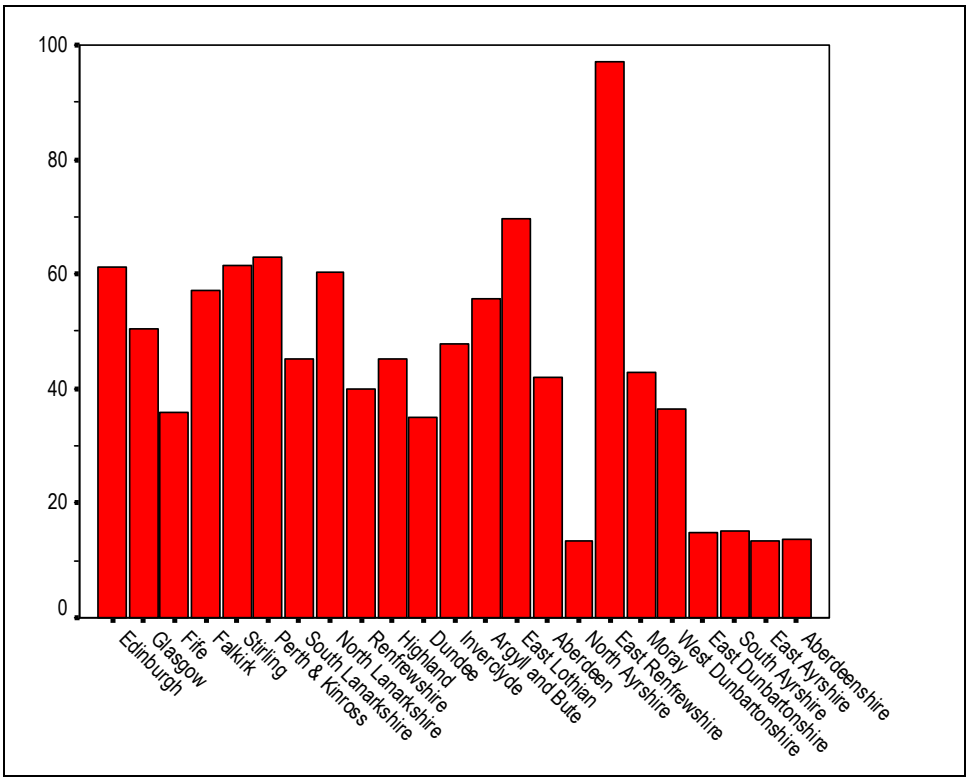

Figure 2.10: Percentage of individuals who reported any history of sleeping rough by local authority area (Source: Glasgow Homelessness Network, July 2000 to March 2004, *own analysis*).

2.66 The greatest *numbers* of people who were current or former rough sleepers were reported by the services in Edinburgh and Glasgow. Services in the Capital reported 5,841 rough sleepers among the individuals with whom they had first contact, while those services in Glasgow reported first contact with 4,294 people sleeping rough. Between them, the two cities reported first contact with 60 per cent of all the rough sleepers seen by RSI projects in Scotland between July 2000 and March 2004.

2.67 An association between former experience of rough sleeping and current experience of rough sleeping is found within the GHN monitoring data. Nine out of ten of those people who were current rough sleepers had a history of sleeping rough (93 per cent), while two-

thirds of all those who reported a history of rough sleeping were current rough sleepers (64 per cent).

Patterns of service delivery

2.68 The GHN data provide some information on pattern of service use and service provision by RSI funded projects. Individual contacts with each service user are recorded in the database and details of some 300,000 'contacts', or episodes of service delivery, are contained within the dataset covering the period July 2000 to March 2004. Figure 2.11 summarises the activity reported by RSI funded projects within the GHN monitoring.

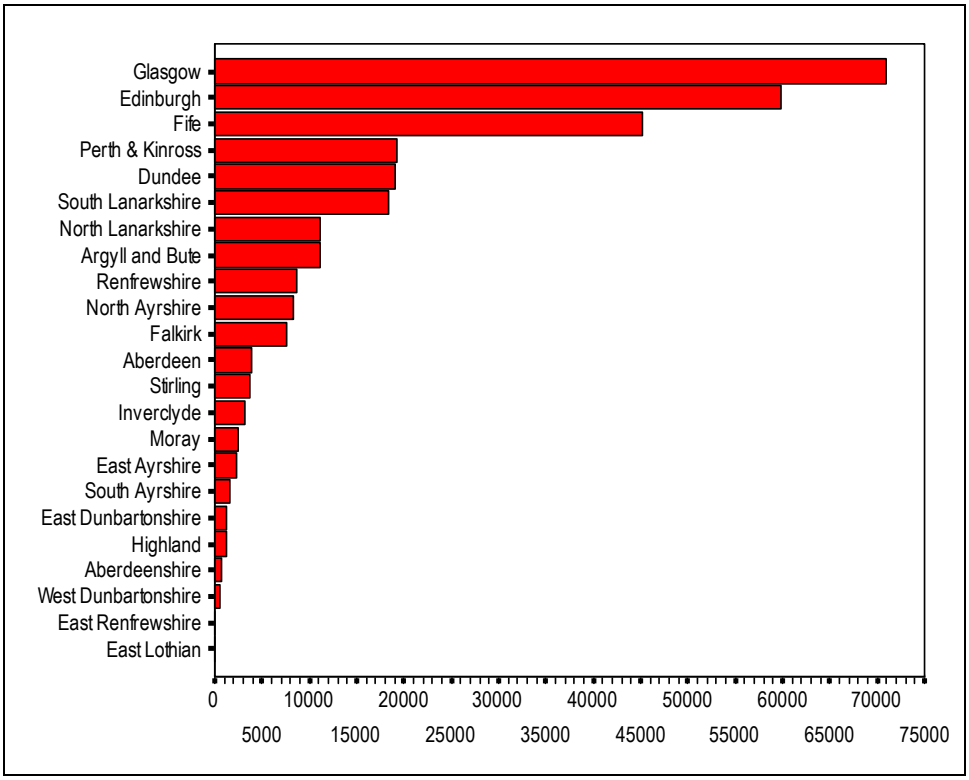

Figure 2.11: Total reported project activity (contacts with service users) by local authority area (Source: Glasgow Homelessness Network, July 2000 to March 2004, *own analysis*).

2.69 The individual contacts between a service and a former, current or potential rough sleeper as shown in Figure 2.11 were often very different from one another. Depending on the nature of the service being provided, an individual contact might involve only a very low level of service provision through to the provision of sustained and quite extensive support over a period of time. The contacts shown in Figure 2.11 included:

- extensive service contacts with individuals over sustained periods
- sole contacts with an individual by an RSI service
- 'contacts' that involved providing advice for a few minutes and 'contacts' that could involve sustained service provision, including providing supported accommodation.

2.70 Given the frequency of recorded service contacts, which averaged at 88 contacts per individual service user, it seems likely that the GHN monitoring often records each small element of support received by a service user. However, as what constitutes a 'contact' is defined by the project concerned, it is difficult to read a great deal into these data, beyond the obvious point that service activity is concentrated in those localities where projects and people sleeping rough are relatively concentrated.

Current and former service users

2.71 One half of the 34,037 people with whom services had worked during the period July 2000 and March 2004 were recorded in the GHN database as 'closed cases'. The remaining half were still current cases. Contact with a service user appears to be have been very variable indeed, ranging from a few days to well over two years.

2.72 The differences between open cases and closed cases, in terms of individual characteristics, appeared to be quite small. As can be seen in Figure 2.12, those 'closed cases' with whom services had ceased to work were reported as having similar experiences of sleeping rough and other shared characteristics with those cases that were still open, as at March 2004.

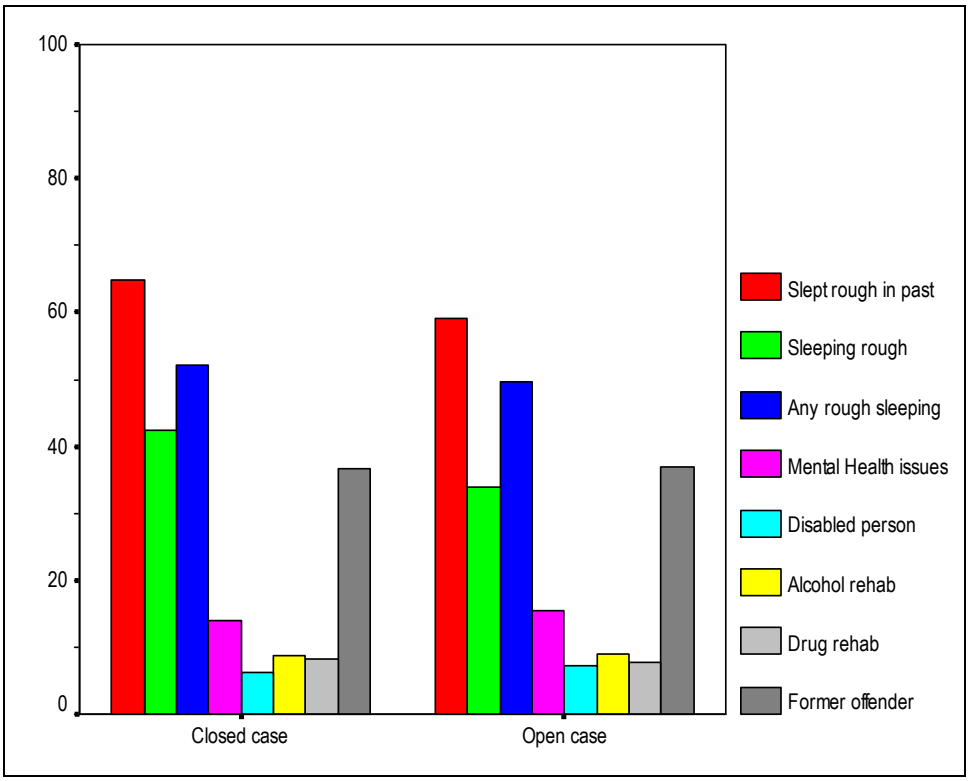

Figure 2.12: Percentage of service users / clients reporting selected characteristics by whether their case was open or closed (Source: Glasgow Homelessness Network, July 2000 to March 2004, *own analysis*).

2.73 Closed cases were slightly more likely to report having slept rough in the past (65 per cent compared to 59 per cent) and more likely to have been sleeping rough at the time of first contact with a service (43 per cent compared to 34 per cent) than open cases as at 31st March

2004. The reported prevalence of mental health problems, disability, experience of drug or alcohol rehabilitation services and the likelihood or being a former offender within open and closed cases was near identical.

2.74 Beyond the slight differences in experiences of sleeping rough, these data suggest that the service users of RSI projects have remained similar in characteristics throughout the period of the GHN monitoring. These findings about the similarity between service users who are 'current' and 'closed' cases echo the headline findings reported by GHN about people sleeping rough in Scotland retaining a tendency to be White, male, middle aged and as often having support needs.

Service outcomes

2.75 Data were available on 9,900 recorded service outcomes. A service outcome refers to the situation of a service user at the time at which their contact with a service ceases. The most desirable service outcome for a former rough sleeper might be seen as sustained successful resettlement in their own tenancy, while the least desirable would be a return to rough sleeping following unsuccessful contact with a RSI funded service. As noted above, information on service outcomes was only recorded by *one third* of the projects participating in the GHN monitoring.

2.76 Figure 2.13 shows the ***positive*** outcomes recorded by services by the broad type of outcome. Most positive outcomes were linked to securing accommodation (4,700, 58 per cent of all recorded outcomes), followed by assistance in getting service users access to health, social care and support services (2200, 27 per cent). Ten per cent of recorded outcomes were in respect of improvement the self-esteem, social skills, emotional literacy and social supports of sometimes highly alienated and isolated individuals (825 outcomes). A smaller number of positive outcomes were recorded in terms of helping claiming benefits or entering employment, education or training (shown as EET).

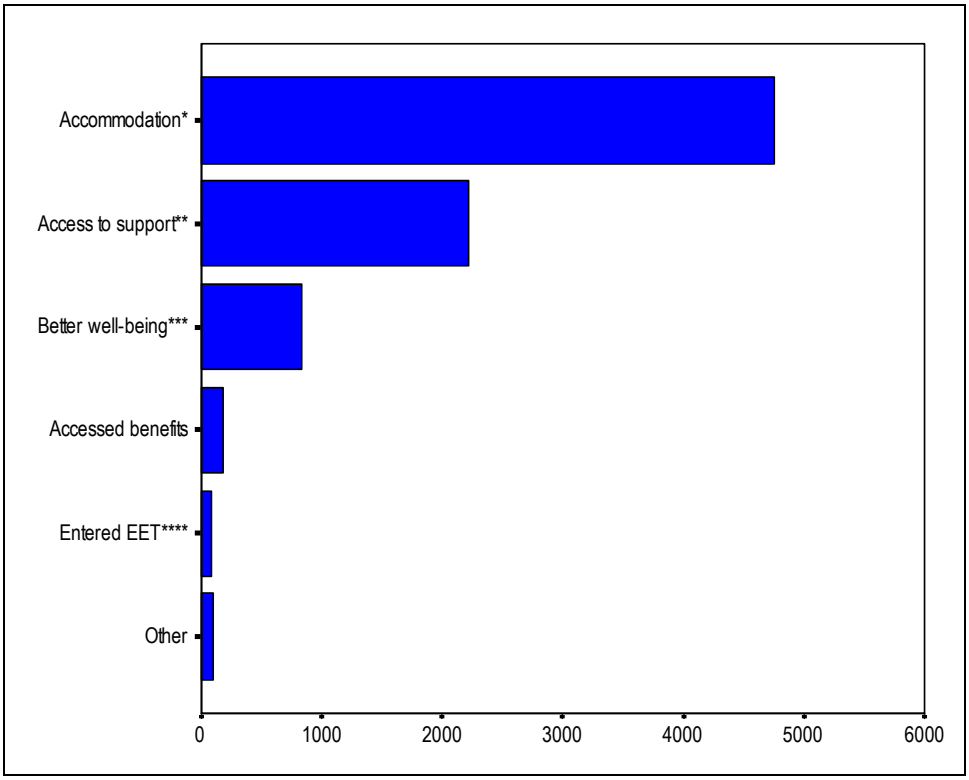

Figure 2.13: Positive outcomes recorded by projects (Source: Glasgow Homelessness Network, July 2000 to March 2004, *own analysis*). * secured or sustained tenancy ** accessed required health or social care services, * improvements in self-image and social support **** entered education, employment or training.**

2.77 Around one fifth of the recorded outcomes were broadly *negative*. These outcomes are not show in Figure 2.13. A negative outcome was one in which the individual returned to rough sleeping or was someone with whom a project lost contact before any positive development was recorded. Many of the negative outcomes were associated with people ceasing to attend a service, something that appears widespread from the fieldwork conducted for this research (see Chapters Three, Four and Five) and from previous research (Yanetta *et al*, 1999).

The GHN Monitoring: a critical assessment

2.78 GHN have implemented a monitoring system with a minimal use of resources, using an affordable commercially available database and securing the cooperation and support of many projects and services which regularly complete the returns needed for the monitoring. The scale of the achievement in securing so much robust data from services that can find themselves relatively short of staffing and under a great deal of pressure should not be underestimated.

2.79 The usual issues in relation to the overall design of the monitoring apply, in that the GHN monitoring is not a database on rough sleeping in Scotland as a whole, but is instead a record of the contacts reported by services with former, current and potential rough sleepers. Like the GSR work, the GHN monitoring can only tell us about who is approaching services and not provide direct information on the overall extent and experience of rough sleeping across the country. However, as is the case with the GSR research, there are good reasons

(based on existing research and on the fieldwork conducted for this project, see Chapters Three to Five) to assume that the population on whom the GHN collects data does represent the great majority of people sleeping rough.

2.80 GHN cannot exercise control over how diligently individual services or projects complete the database or whether or not they choose to complete some sections of it. Every reasonable effort appears to have been made by GHN to encourage and support projects where possible. For example, GHN has produced a series of high quality accessible guides to the database, and has revised its design to facilitate ease or use and reduce the possibility for error.

2.81 Nevertheless, there are a number of issues in relation to the quality of data entry for the GHN monitoring. These include some issues around supplying dates within the proper ranges and the requirement that questions be completed. Mistyped dates are currently accepted by the database, which means that some errors need to be filtered out. It is also the case that the responses to questions that have a small range of correct responses are not checked at the point of data entry.

2.82 When these are combined together, they can result in quite a lot of missing data. For example, information on whether someone had a history of rough sleeping is not available on 24 per cent of the individuals on whom data were collected between July 2000 and March 2004. In 17 per cent of cases, this was because a project reported that whether an individual had such a history was 'not known', while in the remaining 8 per cent, the field was blank. Similarly, information in respect of whether or not an individual was currently sleeping rough was also quite often incomplete, with information on current rough sleeping not being available for 12 per cent of individuals.

2.83 Some services do not make regular returns to the GHN, although the majority are diligent. The evaluation team compared the service listing for the GHN monitoring with the local outcome agreements for RSI and with the services reported to be receiving RSI funding in each local authority area. A few inconsistencies between the GHN listing of RSI funded projects and the pattern of RSI funded service provision at the time of writing were noted. This issue arose in respect of a handful of small projects in rural areas that had changed operation, ceased operation or merged with other services. In broad terms, the dataset collected between July 2000 and March 2004 appeared to consist mainly of a large number of consistently made returns from 58 RSI funded projects.

2.84 The demographic and geographical data collected by the GHN monitoring are very rich, providing a wealth of information on the characteristics of people sleeping rough, their mobility and their geographical distribution. However, the GHN monitoring is markedly less well developed in respect of its role as a tool by which the activities of RSI funded services are monitored and as a tool by which the service outcomes of RSI projects can be recorded and assessed.

2.85 The data collected on service activity and outcomes are relatively limited, compared to the wealth of information collected on individual characteristics. There is only a very broad description of project activities within the database, the recording of contacts with service users (Figure 2.10), which, because a 'contact' is not consistently defined is of limited utility as a means by which the rate and success of service provision by RSI funded projects might be assessed.

2.86 There are particular problems in relation to the recording of service outcomes. A considerable difficulty is that GHN cannot require projects and services to provide service outcome data and two-thirds of services choose not to complete the returns on service outcomes. A lack of data on service outcomes means that there is ultimately a lack of data on service effectiveness and only limited statistical evidence on which judgements about service efficiency and value for money might be based.

2.87 The data collected on service outcomes are rather limited at the time of writing. Rather than recording the overall outcome of contact with a service for a former, current or potential rough sleeper, which might be achieved by testing their circumstances at the point of first contact with the service and their situation on leaving the service with a few simple questions about their accommodation status, support needs and access to services, the database records very broad indicators on the outcomes of service contact with an individual. Sometimes these indicators are in respect of the overall outcome at the end of contact with a service, but at other times they seem to refer to the outcomes of a specific intervention or to what might in some instances be regarded as an interim output.

2.88 In overall terms, the GHN monitoring presents a rather better record of the characteristics of the people using RSI services than it does of the activities those services undertake and what the outcomes of the service interventions undertaken by those services are. The decision of Edinburgh City Council to develop its own monitoring system in parallel with the GHN monitoring, which as an explicit attempt to develop an 'outcome led' database rather than a 'demographic' database, does serve as something of an illustration of these limitations.

2.89 GHN have constructed and maintained an extensive monitoring system within a limited budget and secured extensive cooperation for a large number of the RSI funded projects in the country in maintaining that database. The GHN monitoring provides a very rich data set on current, former and potential rough sleepers. The difficulties in relying on voluntary cooperation must also not be underestimated, as although some projects are clearly very diligent in their responses to GHN, others are much less engaged. GHN has no sanction it can exercise against those projects that either provide partial data or do not respond at all. Despite the relatively much greater scale of expenditure under RSI and from the Homelessness and Housing Support Directorate in England, there is no equivalent national dataset in that country, meaning information on rough sleeping is much more restricted than is the case for Scotland. Understanding of rough sleeping for policy and strategic planning is considerably enhanced by the GHN dataset.

2.90 Some of the problems reported in this Chapter could also be solved through relatively minor adjustments to the data entry controls for the database. There is also a case for a review of the data collected, particularly in respect of the information recorded on service activity and service outcomes. Other issues need to be resolved through persuasion and perhaps the capacity to require participating services to complete all sections of the database. As Edinburgh City Council have developed an outcome led database that covers not only the services for people sleeping rough in the City, but other homelessness services as well, numbering some 80 in total, there are good reasons to draw on any lessons in database and question design that can be gathered from experiences in the City.

Other views on the GHN monitoring

2.91 Again, local authority and national level interviewees (see Chapter Three) were asked for their views on the GHN monitoring. Most local authority respondents were happy with the GHN database, saying it was *'fine'* or, more positively, *'very worthwhile'* because it covered all of Scotland and allowed a picture to build up over time. A few pointed out that there would be some 'guesswork' going on because of lack of diligence in local project staff in filling out the forms, but took the view that this was not GHN's fault. Some wanted to get more 'localised' or nuanced data out of the database and were working with GHN on this.

2.92 A minority of respondents also reported feeling that the GHN monitoring had not delivered the outcome data that had been hoped for at national level and that the GSR work was more useful for the Scottish Executive's purposes.

HL1 DATA ON ROUGH SLEEPING

Summary of methodology

2.93 The HL1 returns are gathered to monitor local authorities' activities in discharging their duties under the homelessness legislation in Scotland. These data are also designed to provide information about the overall numbers and characteristics of households seeking assistance. Quite detailed information is collected on the age, gender and ethnicity of applicants, the composition of their households and their circumstances.

2.94 The HL1 data are *not intended to provide direct information on the RSI programme* or and they provide *no information on RSI funded services*. However, because HL1 monitors rough sleeping levels among homeless applicants, the data provide information about the extent of rough sleeping, the characteristics of those who experience it and its geographical distribution within Scotland.

2.95 The data specifically on rough sleeping comprise two variables within the current HL1 returns (questions 12 and 13):

> *Has any member of the applicant household slept rough during the three months preceding their application?*
>
> *i.e. has any member of the applicant household slept outside, in the open air (such as on the streets, or in doorways, parks of bus shelters) or slept in a building or other place not designed for habitation (such as barns, sheds, car parks, cars, derelict boats, stations etc.) for at least one full night in the last three months?*
>
> *Did any member of the applicant household sleep rough on the night immediately preceding the date of application?*

Summary of findings

The characteristics and numbers of people sleeping rough

2.96 The HL1 data show quite extensive experience of rough sleeping. During the period from 10th December 2001 to 30th September 2003[4], 12,238 households reported having slept rough in the last three months and 9,632 reported having slept rough the night before presenting to a local authority as homeless. In total, 13,738 households reported either or both of these experiences when they presented to a local authority.

2.97 Recent experience of rough sleeping was reported by just under 15 per cent of the 94,000 households presenting as homeless to local authorities in the 22 months covered by the HL1 data that were reviewed for this research.

2.98 The remainder of this section of Chapter Two analyses the characteristics of the households sleeping rough, their geographical dispersion and what the HL1 data can show about the patterns of reported rough sleeping over time. The analysis presented here covers households with any recent experience of sleeping rough (those with a history of rough sleeping and /or who slept rough the night before their application).

2.99 Recent experience of rough sleeping was associated with the same groups as were reported by the GSR research and as are reported by the GHN monitoring. Lone homeless people, particularly lone men, represented the bulk of the households that reported recent experience of sleeping rough to local authorities.

2.100 Table 2.1 shows the number of households reporting recent experience of sleeping rough by household type. Lone males aged 25-64 represented 50 per cent of the households with recent rough sleeping experience. Lone males aged 16-24 made up another 23 per cent, with lone males aged under 65 as a whole representing 73 per cent of the households reporting recent experience of sleeping rough. The next largest groups were young lone women (9 per cent) and lone women aged 25-64 (7 per cent).

[4] The Scottish Executive made the data on 93,955 households that approached local authorities as homeless between 10th December 2001 and 30th September 2003 available to CHP for purposes of this research.

Table 2.1 Households with any experience of rough sleeping in the last three months by household type

Household type	Number	Percentage
Lone male 25-64	6894	50%
Lone male 16 -24	3130	29%
Lone female 16-24	1180	9%
Lone female 25-64	946	7%
Couple 16-24	297	2%
Lone mother 25-64	289	2%
Couple 25-64	270	2%
Lone father 16-64	219	1%
Lone mother 16-24	133	1%
Couple & children 25-64	118	1%
Lone male 65+	104	1%
Other	86	1%
Couple & children 16-24	50	<1%
Lone female 65+	16	<1%
Couple 65+	6	<1%
All households	13738	100%

Source: HL1 Data *Own Analysis* (includes potentially homeless households). Percentages are rounded.

2.101 The number of lone parents and couples with children is quite surprising in a context in which households containing children sleeping rough, within Scotland or any other country in the UK, would be thought to be very unusual indeed. These figures do indicate that it is unusual for these households to report rough sleeping, but nevertheless the reported frequency is higher than the handful of cases that might have been expected. It must be noted, however, that the rough sleeping questions in HL1 relate to *any member of the household*, so this data does not necessarily imply that the entire household (including children) has experienced rough sleeping.

2.102 Recent experience of rough sleeping was concentrated among households that were found homeless by local authorities, including 22 per cent of the 15,417 households found homeless but not in priority need. There were also reports of rough sleeping from 20 per cent of the 7,800 households with whom contact was lost before a decision was taken under the homelessness legislation reported recent experience of sleeping rough. The lowest levels of recent rough sleeping experience were found among households that were assessed as not being homeless (7 per cent of 7,600 households).

2.103 When the fieldwork was conducted for this research (see Chapters Three to Five), some individuals working for local authorities and voluntary sector organisations reported having the view that households sometimes reported themselves as sleeping rough on the basis that they thought they would receive a higher priority. One local authority respondent remarked that:

> *One of the questions on the HL1, is 'have you slept rough on the night before you presented?'... we don't ask for any kind of confirmation of that, we don't know whether people are saying that because they think it will give them more*

priority, on the other hand, we don't check up on other questions on the form either…

2.104 This view was not shared by some other local authority respondents. A few had investigated the reported rough sleeping among households presenting as homeless and reached the conclusion that while most households were not long term rough sleepers, at least some had become homeless, initially had no idea where to go, and ended up sleeping outside. One commented:

…approximately 10 per cent of applicants have slept rough, the vast majority of those have slept rough for one night, the night before applying, in general the issue seems to be about getting to us, a crisis occurs, they try and deal with it, sleep on a friend's floor or sleep out in the open air, or the car or whatever and turn up the following day…there really isn't any need for anybody to sleep rough, but you know, these things happen…

2.105 The broad similarity in characteristics between those households reporting experience of rough sleeping, i.e. lone, white males aged between 25-64 and the characteristics of people sleeping rough reported by the GHN data and GSR research must also be noted. Those reporting themselves as people sleeping rough in HL1 returns had the characteristics that would be expected of rough sleepers.

The rate at which people join the rough sleeping population

2.106 As is the case for the GHN data, these HL1 data suggest a fairly *constant* level of *recent experience* of sleeping rough among households presenting as homeless to local authorities. As can be seen in Figure 2.14, the total numbers of households reporting recent experience of sleeping rough hovers around the 600 mark throughout the period January 2002 to September 2003 (shown by the line on Figure 2.14). These findings suggest that the numbers reporting recent experience of sleeping rough has remained constant, a finding that is consistent with the data from the GHN monitoring on the numbers of new clients being reported by homelessness services and projects funded by RSI.

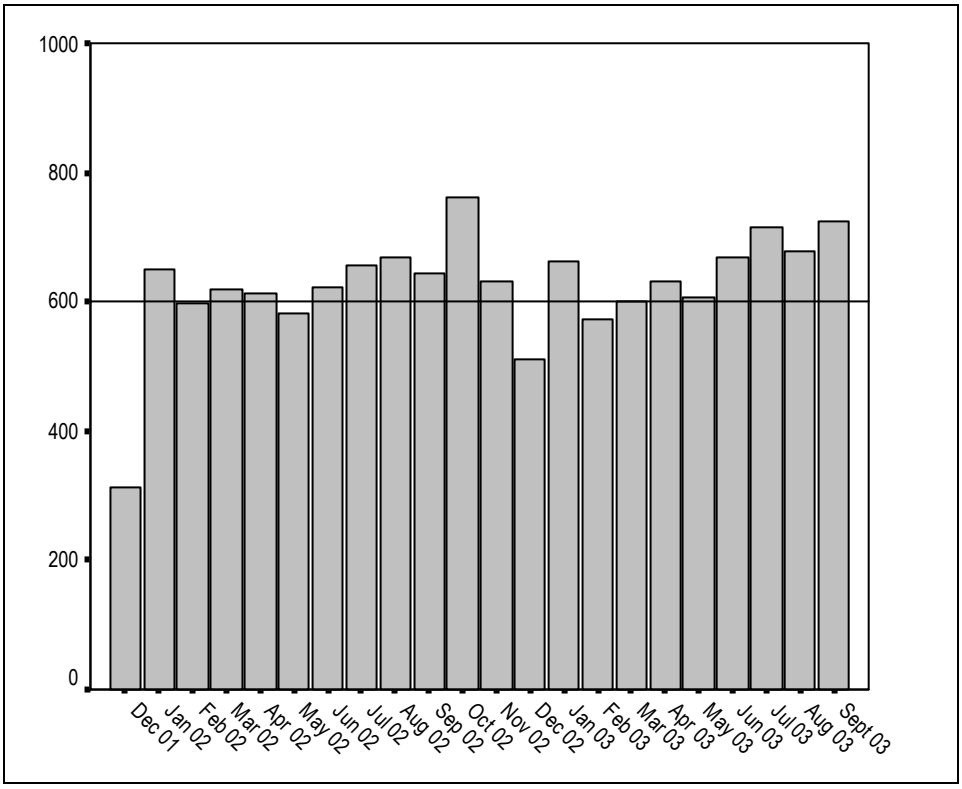

Figure 2.14 Total households reporting recent experience of sleeping rough by month (source: HL1, *own analysis*). Note: Data for December 2001 only commence on 10th December and are incomplete. The experience of rough sleeping reported here covers a three month period, so households had not necessarily slept rough during the same month as they applied for assistance.

The geography of rough sleeping

2.107 Recent experience of sleeping rough was concentrated among those households found homeless in the two major cities. Just under 4,000 of the 13,700 households reporting sleeping rough presented to Glasgow City Council (29 per cent). Another 2,200 households presented themselves as homeless to Edinburgh City Council (17 per cent), while Aberdeen accounted for 9 per cent (1,200) of households reporting recent experience of sleeping rough. Collectively, these three cities accounted for 45 per cent of the households that reported recent experience of sleeping rough (Figure 2.15).

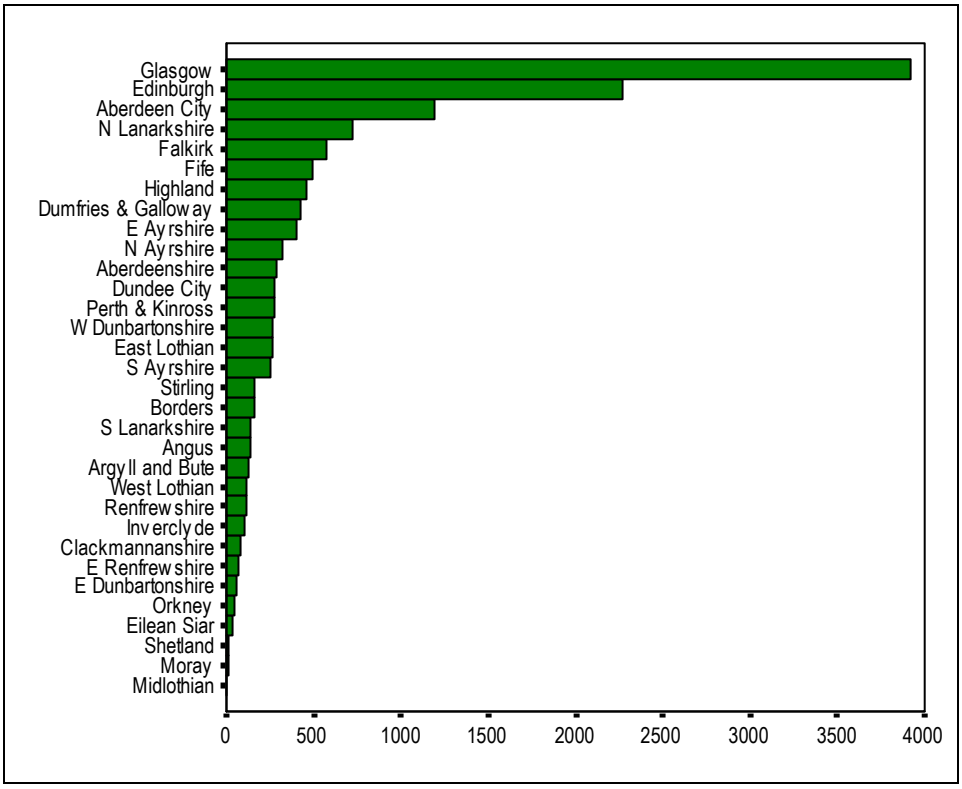

Figure 2.15: Total households reporting recent experience of sleeping rough by local authority area (source: HL1, *own analysis*).

HL1: a critical assessment

2.108 HL1 cannot be subjected to the same assessment as the GSR work or the monitoring conducted by GHN. As noted, HL1 is not primarily designed to function as a statistical information source on people sleeping rough, nor does it record any information on RSI funded services or the users of RSI funded services.

2.109 As is the case with the GSR data and the GHN monitoring, the HL1 data are again confined to households presenting themselves to service providers, in this instance the homelessness sections of local authorities. HL1 cannot be seen as a census of people sleeping rough, because those who do not approach local authorities will not be recorded by HL1.

2.110 These data are also confined to just two variables on experience of sleeping rough. HL1 does not attempt to establish the total duration for which a household has been experiencing rough sleeping, nor does it collect data on what might be termed the 'lifetime prevalence' of rough sleeping among households. HL1 does not make clear the extent to which local authorities might be rehousing a mixture of longer term and short term rough sleepers or the extent to which they may be disproportionately housing one specific group of people sleeping rough.

2.111 Consideration might be given to one extension to HL1, which would be asking a question about lifetime or sustained experience of rough sleeping. This would provide a greater depth of information and allow analysis of the extent to which local authorities might be housing people with sustained experience of sleeping rough.

2.112 HL1 provides a very large dataset on the experience of rough sleeping among households local authorities as homeless. It is also worth noting that HL1 is a much more robust and statistically useful resource (on homelessness in general as well as on rough sleeping) than the English equivalent, the P1E returns.

GAPS IN INFORMATION

2.113 There are some gaps in the information available in all three data sets. Neither the George Street Research monitoring nor the GHN dataset allowed for the existence of two person households within the rough sleeping population. There is some research evidence that couples are occasionally found within this population, something which can act as a obstacle to some forms of accommodation-based service which tend to only offer single rooms. Equally, the presence of pets among people sleeping rough can act as a barrier to service delivery when services can either only kennel a limited number of animals, or do not allow animals (Pleace, 1998).

CHAPTER 3: THE IMPLEMENTATION AND EFFECTIVENESS OF THE RSI FROM THE PERSPECTIVE OF LOCAL AUTHORITIES AND NATIONAL LEVEL AGENCIES

INTRODUCTION

3.1 This Chapter contains the findings of the fieldwork interviews with local authority and national level respondents on the implementation and effectiveness of the RSI. It is based on a series of semi-structured interviews conducted by the research team with 26 representatives from 23 local authorities and four individuals involved in the development and management of the RSI programme at the national level. A list of the agencies and local authorities whom the interviewees represented can be found in **Appendix One** and the topic guide employed can be found in **Appendix Two**.

3.2 The Chapter begins with a discussion of the views of the respondents on the development and objectives of RSI. The next section of the Chapter reports the views of respondents on the distribution of the funding provided by the programme. The remainder of the Chapter reports respondents' views on the specific impacts of RSI in more detail, dealing first with the ways in which the funding has been spent at local level, before moving on to discuss the effectiveness of the programme. The following section reviews the perspectives of the interviewees on the impact that RSI has had on levels of rough sleeping. The Chapter concludes with a discussion of the respondents' views on the future of RSI.

PERSPECTIVES ON THE DEVELOPMENT AND OBJECTIVES OF THE RSI

The development of the programme

3.3 Several of the individuals interviewed for the evaluation were able to offer detailed insight into the development of the RSI programme, from both a national and local perspective. Representatives from Shelter Scotland took the view that their organisation had taken the initiative in campaigning for a Scottish RSI, pressing the case from around 1994 onwards. From Shelter's perspective, some other groups within the voluntary sector were initially nervous about what they saw as a disproportionate focus on rough sleepers and collusion with a "Conservative" agenda to *'narrow the definition of homelessness'*. The concern was that a narrowed definition, i.e. focusing resources mainly on people sleeping rough, might take resources away from other areas of homelessness, within a context of year-on-year cuts in public expenditure, especially in housing.

3.4 According to Shelter, there was also concern among some in the voluntary sector that the RSI might somehow lead to a reinforcement of the populist view that sleeping rough was a *'lifestyle choice'*, rather than a result of the interplay between individual vulnerability and characteristics and socioeconomic factors which research suggested (Anderson *et al*, 1993). Shelter reported pursuing an agenda to calm these fears and promote the idea of the RSI with a seminar in late 1995, followed by a street count within Glasgow in September 1996. From this point onwards the voluntary sector began to resolve into a more united front backing an RSI.

3.5 From the perspective of a minority of respondents, another important contextual factor in the setting up of the Scottish RSI was the upsurge in nationalism across Scotland in

the early 1990s. Shelter and other voluntary sector agencies reported that they were able to capitalise on this, arguing for a distinctly 'Scottish' RSI programme that was distinct from the (then) London focused RSI in England. Several interviewees reported the view that the last Conservative administration saw a Scottish RSI as a means by which the distinctiveness and national identity of Scotland could be advertised at minimal cost. Thus the Scottish RSI was launched in the last months of the Conservative administration, with the incoming Labour administration also confirming that it would wish to continue with the programme.

3.6 According to a few respondents, when the RSI was launched, some local authorities were quite resistant to the idea that they had 'rough sleepers', particularly some rural areas. A few also criticised the 'challenge funding' model by which resources were to be divided up. However, the national commentators all agreed that as money came on stream, voluntary sector and local authorities saw opportunities and earlier opposition began to fade. This perspective was shared by those respondents who were working for local authorities who remembered the early stages of the programme.

The objectives of the programme

3.7 The pre-devolution commitment by the Communities Minister, Wendy Alexander, to *'end the need to sleep rough'* by 2003, was reported by a minority of respondents as taking voluntary sector *'by surprise'* in its ambition, but there was recognition of the political need for a target. A minority of respondents viewed this target as less *'hard-nosed'* than the absolute reduction driving the RSI/RSU programme in England, allowing for a more flexible approach. This 'flexible' target was seen by several respondents as positive, in that it was, in their view, more likely to allow services to focus on hard to reach groups of people sleeping rough, rather than devote their efforts to delivering evidence of rapid resettlement, something that might raise the temptation to engage only with those people sleeping rough who could be rehoused, and sustained in a tenancy, relatively easily.

3.8 This perceived flexibility of the RSI programme was viewed as important by respondents because of the very different nature of the problem in Scotland when compared to England. Rough sleeping did not, it was felt, exist at the same levels or in the same concentrations as existed in London and some other English cities. Scotland was characterised by more intermittent patterns of sleeping rough (see Chapter Two) and while Glasgow had congregations of rough sleepers in the Necropolis and by the Clyde, there was nothing comparable to the Bullring in London and so a distinctive approach was needed. The perspective of the interviewees who had been involved with the development of RSI at national level was that this distinctiveness had been successfully achieved and that a programme reflecting Scotland's needs, rather than something crudely modelled on the London based programme of a few years earlier, had been developed.

THE USE OF RSI FUNDING

3.9 Glasgow and Edinburgh gained the bulk of the initial RSI funding, around 50 per cent went to Glasgow and around another 25 per cent to the capital. However, there was a desire for a spread of funding and a clear picture of rough sleeping across Scotland and the RSI Steering Group (RSISG) encouraged *'good bids that met the criteria'* from outside the main cities. There was a conscious decision that, unlike in England, the Scottish RSI would not be confined to the cities. Effort went in to persuading all local authorities to submit a bid and

this approach meant that very few local authorities received nothing at all, with 28 of the 32 authorities in the country receiving at least some RSI funding during the life of the programme.

3.10 Some of the early funding went to smaller rural and other authorities to conduct counts and other research to establish the parameters of their problem, which then enabled them to bid for projects. Scrutiny of bids was relatively intensive, and the RSI funding programme was described by respondents as *'less back of the envelope'* than other programmes with which they had been involved. National level respondents reported how the RSISG went on visits to Highland and Moray, for example, as part of the process of assessing the bids from those local authorities. One respondent commented that the RSISG was seeking innovative, forward looking proposals which sought to move people away from the streets rather than simply sustain them in homelessness. According to this respondent, most of the bids received were of reasonable quality, but some were initially rejected and resubmission invited.

3.11 A minority of respondents reported the view that during the early part of RSI there was relatively little performance monitoring beyond ensuring services were up and running as planned. However, respondents also felt that Local Outcome Agreements (LOAs), specifically on use of RSI monies had been introduced fairly early on in the programme and that they seemed a good way to set up grant income, with six-monthly reports on LOAs from the local authorities. At the same time, some local authorities entered into service level agreements with providers or engaged the providers directly in the writing of the LOA; in any case, all agencies were meant to collectively 'sign up to' the LOA and to recognise their contribution to delivery. However, according to a few respondents, the ways in which this was implemented varied and it was up to each local authority as to how it managed its relationship with any voluntary sector providers in receipt of RSI funds. The LOAs were seen as providing some mechanism for monitoring progress, but were also sometimes written in very general terms and in some cases were described as *'aspirational'* documents.

3.12 According to some national level respondents, this 'light touch' in terms of central regulation of the RSI programme was deliberate. There was no push from the Scottish Executive for 'hard' indicators because of acceptance that outcomes with rough sleepers were very *'hard to determine'* (see Chapters Two and Four). The variation in degree of monitoring was in keeping with the flexibility of the programme; however, the lack of detailed prescription did seem to have created difficulties in particular local authorities, according to a few respondents.

The uses to which RSI funds were put

3.13 Not all the local authority respondents were able to provide details on the ways in which RSI funding had been spent in their area. Some had not been in post during the initial spending rounds, or were relying on their memories, when trying to respond to questions about how RSI funds had been spent.

3.14 The single most common use of RSI funds appeared to help support rent deposit schemes, which tended to be found in those areas which were more rural. Although these services appeared to be the most common, they represented only a low proportion of the total expenditure by RSI.

3.15 Rent deposit schemes were sometimes coupled with outreach or support worker services designed specifically to respond to the needs of people sleeping rough. In a few rural areas, RSI money had been used to fund a generic rough sleeper worker or workers, who provided housing advice, low intensity support, advocacy and help with securing emergency accommodation. These small scale worker-based outreach services could be the core of provision in more rural areas.

3.16 The distribution of direct access and emergency accommodation funded through RSI was mainly in favour of authorities administering larger towns and cities. However, a few more rural local authorities had direct access provision funded through RSI. Street work teams, which tended to have quite significant budgets and tended to be services funded wholly or largely through RSI, were only found in the main cities. Daycentres funded by RSI were only reported by local authority respondents working for cities.

3.17 The early grants under RSI were often for capital projects and these were very often for direct access, hostel or supported accommodation of various kinds. This capital investment in direct access accommodation reflected not only the inappropriate nature of some of the emergency accommodation available in the large cities in Scotland, but also its absence in many other parts of the country. Some areas had no direct access prior to RSI funds being made available to develop it.

3.18 Investment of RSI resources in specialist drug, alcohol and mental health services was mainly confined to Glasgow and Edinburgh. However, Renfrewshire did use RSI funds to employ a mental health worker on a drop-in basis. Projects aimed at prisoners and ex-prisoners were reported by six local authorities[5].

3.19 A diversity of other projects were reported as having been funded through RSI:

- two projects aimed at assisting women involved in prostitution (in Glasgow and Edinburgh);
- furniture projects (Edinburgh and Angus);
- the provision of a part-time nurse and full-time senior social worker for homeless or roofless clients (Argyll and Bute and Falkirk respectively);
- training/employment support for young people (West Lothian);
- a rural 'night-stop' for young people (South Lanarkshire).

3.20 In Glasgow, RSI funded a wide variety of both statutory and voluntary sector services, but many of these services had moved to mixed funding, especially after the introduction of the Supporting People programme. The city also had a number of other budgets, notably the hostel 'decommissioning' resources, 'homelessness strategy' money[6], as well as Health Board and Social Work funds.

[5] See Reid Howie Associates, 2003 for an evaluation of these projects.

[6] Variable amounts of this grant were given to all local authorities by the Scottish Executive to help them implement in the Housing (Scotland) Act 2001.

3.21 In Edinburgh, RSI funds were similarly spread across a large number of services, most of which were also supported from a variety of other sources. One interviewee in the Capital found it difficult to talk about RSI as a discrete programme in the context of this high degree of integration with other funding streams:

> *We don't operate the rough sleepers monies separately from our homelessness strategy monies now, we've rolled it into a single budget, effectively a homelessness services commissioning budget, which was again from discussions with the Executive…we have, as a sub-group of the homelessness planning group, a commissioning group which I established to pull together people from health, social work and housing and the drug action team, to look at how we take things forward and we've taken all our sources of funding into that, so although we get £1.9 million in relation to rough sleepers money, we get an additional £1.6 million in relation to general homelessness services, so about £3.5 million as a single commissioning budget…if you add then services we've developed under Supporting People around homelessness, then there's probably about another £15 million spent on homelessness there…we are spending well over £20 million on homelessness across the city at the moment.*

3.22 Other funding streams had arrived since RSI was first introduced and in the case of the Supporting People, had become much more significant sources of income. Nevertheless, RSI could be used more flexibly than other funding streams, as for example, unlike Supporting People, it was not confined to accommodation based services. The funding of daycentres, street outreach and a range of other services would have been difficult through other funding streams. The RSI was also valued because it provided a discrete budget for services for people sleeping rough. Within rural areas, a minority of respondents felt, RSI helped keep attention on what was sometimes seen as a fairly small social problem which might otherwise, as was the case before RSI, be ignored (see below), while within the cities it was thought to have created both a focus on people sleeping rough and as allowing flexibility in service responses.

3.23 The smaller authorities had generally received only very small amounts of RSI funding, sometimes as little as £25,000 or £30,000 per annum, but some had used this in very imaginative and quite specific ways. For example, East Dunbartonshire had used all of their RSI money per year to fund one full-time post which, though entitled 'Rent Deposit Officer', in fact fulfilled a far broader range of accommodation functions, including:

- running a rent deposit/guarantee service;
- setting up a supported landlady service for young people;
- setting up a 'lead tenancy' scheme to assist non-priority groups;
- helping to access long-term accommodation for 'non-priority' people whom they temporarily accommodate in B&B in Glasgow; and
- setting up a landlords' forum to increase supply/quality within private rented sector.

3.24 The use of RSI monies to assist with rehousing of people sleeping rough and more broadly defined non-priority groups of homeless people was a common approach among those local authorities that had only ever had low levels of rough sleeping. The preventive role of RSI was viewed as being served well by such use of funding in more rural areas. In these areas the number of long-term rough sleepers was very small but there were relatively large numbers of homeless single people either 'sofa-surfing' round friends and relatives, or staying in B&Bs, who were likely to sleep rough at least occasionally, but who had previously received either no services, or only very basic services.

3.25 In England, RSI funding has been effectively used to establish contracts between local authorities and voluntary sector agencies which provided services for people sleeping rough. Direct provision of services by local authorities no longer occurs and outside the actual administration of homelessness applications and development of homelessness strategies, all other functions, including housing management, are contracted out or have been transferred to RSLs. In Scotland, the picture in relation to RSI is quite different in that some funding is used for direct service provision by local authorities. Funding could be used as a means of coordinating services via a local authority organised umbrella, with one national level commentator giving the example of The Access Point in Edinburgh as an example of this. In another case, the main service provision in Inverness, the daycentre funded through RSI, was delivered by Highland Council. However, it was the case that the majority of RSI-funded services reported by local authority respondents were provided through voluntary sector agencies.

VIEWS ON THE EFFECTIVENESS OF RSI

3.26 The great majority of both the national and local level interviewees thought that the RSI had been a very effective initiative for at least five reasons:

- the new and expanded services it had helped fund;
- the improvements in co-ordination and joint working it had encouraged;
- the improvements in standards and performance it had facilitated;
- the culture and attitudinal change it had brought about at both national and local level; and
- its role as a 'catalyst' for wider changes in homelessness law and policy.

3.27 However, there were some differences of opinion on these issues at local level. Not all the local authority respondents were uncritical of RSI and some had quite mixed opinions as to the degree to which it had been effective in their locality.

New and expanded service provision

3.28 The RSI was generally viewed as enabling a significant increase in the level of service provision, particularly in Glasgow and Edinburgh where most of the spending was concentrated. There was already a range of services addressing the visible problems of rough sleeping in both major cities, but the view of local authority respondents was that these services were able to be made *'better and more comprehensive'* than would otherwise have been the case. Difficult to fund services, such as 'wet' provision (which allows people

sleeping rough to drink) had become a much more practical prospect because of RSI in the view of some local authority respondents in these cities.

3.29 This view of RSI was most strongly expressed in Edinburgh. One local authority respondent in Edinburgh felt that the RSI had been:

> *… very effective… We were able to build on what were a fair number of services there anyway, but actually to improve those and actually to enhance the opportunities for people…I think it funded the services that were difficult to fund before. I mean, the people who are homeless, and sleeping rough… rarely get a service from mainstream Community Care services… so it gave people other means of getting assistance…this was dramatically taken forward by Supporting People, but it's enabled them to access things that were not there before.*

3.30 In Glasgow, it was also felt that many aspects of services for rough sleepers had been much improved and the RSI had made a considerable impact. Several interviewees said that, while now overshadowed by other developments, the RSI was the crucial starting point, as one put it *'it was the catalyst, the start'*.

3.31 Respondents within Glasgow had mixed views on the ways in which RSI funding had been used within the city. These respondents wondered if it had always been spent in the most efficient ways, a concern centred on strongly contrasting views about the extent to which GHN had been expected to undertake an 'inappropriate' monitoring role of RSI funded services by the city, as opposed to the city taking on this role directly. Opinions were quite sharply divided on this subject.

3.32 The other main urban areas in Scotland also benefited considerably from RSI investment, and respondents felt that the service response to people sleeping rough was much improved, as one put it:

> *I think it's been a phenomenal success story for Dundee…I think it's targeted services to a priority area…it's maximising the use of hostel accommodation as best as we possibly can, it's brought far better accommodation through capital investment…it's brought rented properties from the private sector into use and the RSI member of staff now has a really good relationship with some of the landlords…outreach and resettlement has done some good work*…(Local authority respondent, Dundee).

3.33 However, what was perhaps more striking than these impacts were the *'dramatic'* impacts of RSI reported by local authority respondents in more rural parts of Scotland where previously there had been no services at all. The RSI was viewed as successful in establishing services from a zero base and '*raising the possibility'* of direct access accommodation and other services in these areas.

> *People who access the services provided by the Rough Sleepers Initiative don't only get somewhere to sleep but also all the support that goes along with it, it's ongoing support, it's intensive support which is shaped to their individual needs and there have been a number of success stories where people have been able to move on, get homes, get employment and overcome*

a lot of difficulties that they were facing and I don't think that would have happened if there hadn't been that kind of project. (Local authority respondent, Argyll and Bute)

I mean for Perth and Kinross I would say categorically that the national programme and the fact that we were able to access funding were fundamental to establishing services locally, which were needed, because people were actually sleeping rough…without that catalyst, I guess, we'd have been waiting for Supporting People money to come along before there would have been that funding in the system. (Local authority respondent, Perth & Kinross)

3.34 Similarly, many of the small urban authorities around Glasgow were very positive about the possibilities that the RSI opened up for them. In East Dunbartonshire, for example, RSI funded a single post which focused on finding accommodation for non-priority groups who otherwise wouldn't have got a service beyond the statutory minimum: *'wouldn't have been able to do it otherwise'*.

3.35 Several interviewees, across a range of types of local authority, made the point that the RSI services picked up groups who would hitherto not have received any service at all, who were not seen as the local authority or anyone else's responsibility:

Rough sleeper services tend to pick up the most chaotic, the people who are not gonnae survive…but people who are not going to be able to cope with supported accommodation yet, or a hostel, where their behaviour may well rub up against other residents…so what we have in Perth is rough sleeper services that pick up on that chaotic group and that group that are still gonnae drink and still gonnae misuse…(Local authority respondent, Perth and Kinross)

3.36 Likewise an interviewee in Inverclyde thought the RSI a *'wonderful'* initiative because it provided the impetus to open up services not just to rough sleepers but to other highly marginalised groups:

People who were excluded, [RSI] *opened the door for them, you've got rights!*

3.37 A few respondents felt that the amounts of money received by their local authority were just too small to make a major impact, or that their locality never really had a problem with rough sleeping.

It contributed to an overall strategy to deal with homelessness, but you cannot say more than that. It would not be meaningful in this context to say 'this was the number of rough sleepers beforehand, this was the number of rough sleepers afterwards'...(Local authority respondent)

3.38 However, this was a minority view, even in the rural and small urban areas. The perceived success and disproportionate impact of RSI, even where very small amounts of money were involved, were attributed to its highly flexible nature.

Funding remains quite small in comparison to other funding streams.. but it's an important source because of the way it's set up, it allows us to use it in a way that we can't use other funds. A lot of conditions are attached to Supporting People and homeless strategy funding. As long as can justify that meeting the needs of clients who sleep rough we can use it to fund new services. (Local authority respondent, North Ayrshire)

Joint working and co-ordination

3.39 There was a definite sense from the local authority respondents that the RSI got people talking to each other. This varied between local authorities, but in some areas, where the local authority and voluntary groups had never had any interaction they had often sat down together to prepare the RSI bid.

RSI was probably the first time different agencies had sat round the table. (Local authority respondent)

3.40 Local authority respondents sometimes took the view that this was very important, for example, in the later development of homelessness strategies because RSI strategy groups were often already in place and could form the core of steering groups developing the broader homelessness strategy. This joint working, it was felt, had often fed through into better co-ordination of local services than had hitherto been the case.

3.41 Among the local authority respondents, there was much talk of a new emphasis on 'partnership' working prompted by the RSI, with it playing a key role in establishing and reinforcing a *network* of services. The participation of mainstream services in this was highly variable, but particularly with regards to health there was often reported to be a far better co-operation than previously, and interviewees across a range of authorities reported an improved response to rough sleepers from mainstream services. However, in many areas it was felt that there was still room for greater co-ordination and co-operation between services (see Chapters Four and Five).

3.42 Among Glasgow respondents it was always emphasised that much had been achieved and that, at least until recently, an ongoing reduction in rough sleeping had occurred. Yet a few felt that the scale of the RSI programme, alongside the need to administer a range of other large grant streams associated with homelessness which had become available over recent years, such as Supporting People and the hostel closure programme monies, had meant that RSI was not always as well organised as it could have been. In some cases, as already discussed, there were strongly contrasting points of view about the roles GHN and the City Council had undertaken within RSI, with criticisms being aimed at both.

3.43 Glasgow respondents acknowledged that the city was *'starting from a different place'* than other councils in terms of the scale of the problem it was facing and this would inevitably make implementation more complex than elsewhere. It was also felt that strategic coordination, joint working and monitoring of services had all improved within the city and that very considerable progress had been made in tackling rough sleeping. At the time of writing, new management structures have been put in place by the Homelessness Partnership within Glasgow, alongside individual contract monitoring officers for each RSI service.

3.44 Respondents in Edinburgh, both from within the City Council and among service providers and service users, took the view that rough sleeping services and homelessness services within the Capital were unusually well coordinated. All service providers, working with people sleeping rough and all other homeless people, made regular submissions to the City's ECHO (Edinburgh Council Housing Outcomes) database which collected statistical data on service outcomes.

Standards and performance

3.45 Several respondents also noted that the RSI introduced notions of standards and performance in services for people sleeping rough, whereas previously some voluntary and charitable projects were portrayed by local authority respondents as somewhat amateurish operations run on tiny budgets by very small local organisations. According to these respondents, RSI funding brought a greater expectation that services would monitor their activities systematically and employ 'good practice'. Several local authority respondents reported significant improvements in service standards as a result of RSI funding. In one rural area, services were reported as basic prior to RSI, but as having been improved following its introduction.

> *We're not always able to take people from rough sleeping to a white cottage with a white picket fence, nonetheless, we are making some progress with people, even if it's only insofar of us getting a good assessment of what it is that's led to you being homeless and what are the fundamental things we need to help you address. What you're always going to come back to is: "is the client at the place where they're able to take things on, address something like an addiction, a difficult upbringing" ,because you can be dealing with somebody who is very, very damaged. Nonetheless,*[if you mean] *being able to put them into temporary accommodation in the first instance, having identified those issues and working to support them, then we have made some progress*. (Local authority respondent, Highland).

3.46 As Chapter Five makes clear, these service improvements were widely appreciated by those with experience of rough sleeping. However, the increases in more formal practice and increased monitoring associated with RSI was not universally welcomed by service users.

Raising awareness and promoting cultural change

3.47 A great many interviewees emphasised that the RSI had been as much about cultural and political change as about service provision. One national level commentator said that in Scotland (and elsewhere in the UK) workers in the field had *'been told since 1977 than homelessness wasn't rough sleeping'*. Rough sleepers were, according to this respondent, not part of the homelessness client group and not a mainstream policy concern. This changed with RSI, as they *'put rough sleeping on the political radar'*. The cultural impact at local level was often described as profound by local authority respondents, particularly in persuading 'reluctant authorities' to engage with the issue:

> *I mean, initially, it attracted funding into the authority for an area of service that was a bit of a Cinderella type service, nobody really wanted to talk about homelessness issues at a corporate level at one time, it was kind of pushed to one side and RSI raised the profile a lot…it showed there was a core of people*

who slept rough...a core of people with mental health problems, a core of people who were chaotic, that we had no services to deal with, it put a focus on that. (Local authority respondent, Moray).

3.48 This cultural impact of the RSI was partly attributed to the early investment in outreach workers/research projects (particularly in smaller places) that provided crucial information not just on rough sleeping but on 'non-priority' homelessness: information that would prove crucial at a later stage in the development of homelessness strategies.

3.49 The political and policy 'lead' taken by the Scottish Executive in driving this agenda was viewed as important by a minority of respondents. In several local authorities the point was made about the negative perception amongst local councillors about homeless people in general – '*they think all are a problem'*; *'have to convince that they are not a homogeneous group, not all anti-social*'. Reference was sometimes made to *'old diehard'* council members with *'reactionary'* views which meant there was little chance of persuading them to spend local resources on this unpopular group: *'...in places like X nothing would ever have changed without intervention from the Centre'*. Those who wanted to make a difference at local level in these areas found the RSI empowering, especially as there was money attached:

...it's amazing how much more local political support is forthcoming when money is attached to it.

3.50 In most cases the increased profile for rough sleeping associated with RSI was seen as highly positive. But in a few cases respondents said that, while RSI did put rough sleeping 'on the map', this could also sometimes have a negative effect, with some local politicians and media viewing RSI as 'attracting' rough sleepers from elsewhere:

For them, homelessness is down and out on Princes Street…comments such as 'we don't mind helping homeless people from our area, but we don't want rough sleepers'...

3.51 In most local authority areas, some improvements in awareness and cultural change in mainstream services were noted, particularly in health. Some headway did seem to have been made in viewing rough sleepers as in legitimate need of service provision and as having support needs as well as a need for accommodation. Very significant changes had taken place in this respect in Glasgow and Edinburgh, with specialist health, social work and other services for rough sleepers and other homeless groups, though this was seen in terms of the combined effect of RSI with other initiatives, notably health and homelessness action plans. Elsewhere, the degree of improvement was viewed as quite slight, with practical problems in access to appropriate services remaining, especially in relation to mainstream health services.

Wider cultural and policy change

3.52 Finally, the RSI was widely credited with having contributed to the cultural and political change at national level that led to the Homelessness Task Force, the 2001 and 2003 legislative changes, and the development of homelessness strategies. Phrases like *'it was the catalyst'*, *'it kick-started things', 'it blazed the trail';* and *'it smoothed the passage* [of the legislation]*'* were often used, and by local authority respondents, as much as by those at

national level. The RSI was viewed as having brought the problem to national attention and generating the necessary *'political drive'* to do something about it.

3.53 A few other respondents drew attention to what they saw as another effect of RSI, which was the way in which they perceived it having influenced the work of the Homelessness Task Force. The Task Force focus on all forms of homelessness was, in the view of a few respondents, in part a response to the RSI being viewed as already 'plugging a needs gap'. As rough sleepers were already receiving specific attention through RSI, this enabled the task force to focus on homelessness in a broader sense, considering issues such as support needs among homeless families.

3.54 As at local level, it was felt that the RSI had had a positive impact on joint working and co-ordinated efforts at national level:

> *The Homelessness Task Force grew out of the success of the RSI National Steering Group – the success of the voluntary sector, COSLA and Scottish Executive working together at official level.* (National level commentator).

THE IMPACT OF RSI ON ROUGH SLEEPING

The overall impact

3.55 The national level commentators generally felt that the decline in people sleeping rough reported by the GSR research (see Chapter Two) 'rang true', as did most local authority respondents:

> *Well, we don't have people sleeping in 'phone boxes anymore, which we did have…*(Local authority respondent, Argyll & Bute)

> *It's very clear from the data we've got that people are spending less time on the streets than they used to do and that where people are going through repeated episodes of rough sleeping, the balance between rough sleeping and being accommodated is shifting towards the accommodated side. All of that pulls down the numbers of people sleeping rough on the streets.* (Local authority respondent, Edinburgh)

> *…the main effect, here in the daycentre, is that on a day to day basis, there's not as many people sleeping rough, there are people who are in all sorts of circumstances…but the actual incidence of rough sleeping is down…* (Local authority respondent, Highland)

3.56 These reductions in rough sleeping were largely attributed to a more effective set of services which RSI had been instrumental in creating, either by allowing the development of new services where none had existed before, or by allowing innovation and expansion within existing services. However, the reductions in rough sleeping were also seen in terms of the wider changes in homelessness policy and funding, including Supporting People, the health and homelessness action plans and the funds made available for homelessness strategies. RSI was making a continuing contribution to the reductions in rough sleeping and had in the view of many respondents, as already noted, 'kick-started' the development of coordinated

and better funded strategic responses to rough sleeping and all forms of homelessness. At the same time, the reductions in rough sleeping were seen as arising through the cumulative effect of these strategic responses.

Difficulties in reaching some groups of people sleeping rough

3.57 While the GSR research (see Chapter Two) reported that the target to 'end the need to sleep rough' had been narrowly missed, many local authority respondents felt that the target had been met in their area, or, as one put it, was *'very well on the way'*. However, many local authority respondents referred to the presence of small, or very small groups of people sleeping rough who were characterised by high level support needs, quite often multiple support needs, including coexisting mental health problems and a drug or alcohol dependency, whose behaviour could be both challenging and chaotic. These small groups were referred to as being hard to reach or engage with, in part because of their needs and in part because they were mobile. In some rural authorities, local authority respondents referred, literally, to there being one or two individuals in this category within their area at any one point in time. In some of the urban areas, most notably Glasgow, the numbers were felt to be higher.

3.58 Some local authority respondents also referred to the presence of another group of people sleeping rough in their area. This group was characterised as being individuals with low support needs who became homeless and who had little or no idea of where to get assistance. These individuals might spend a night or two, or several nights, sleeping rough before they found their way to services. Some local authority respondents felt that the presence of this group, who once their accommodation needs were met were felt to be quite unlikely to sleep rough again, was reflected in the numbers of people sleeping rough the night before recorded in the HL1 returns (see Chapter Two).

3.59 One final group of people sleeping rough was also identified by some local authority respondents. This group was seen as being made up of precariously housed people who spent their time in one insecure arrangement after another, sleeping on a friend's floor, staying with relatives or 'sofa-surfing' in some other way. On any given night, most of these people would not be sleeping rough, but they faced a heightened risk of rough sleeping because of the inherent insecurity of their living arrangements. Such individuals might spend months or years in these kinds of arrangements and either not know that services were available or choose not to approach them. Although characterised more as *potential* rough sleepers rather than actual rough sleepers, this group was felt to be hard to reach by some local authority respondents.

3.60 These three groups of people sleeping rough meant that, in the view of some local authority respondents, a permanent elimination of rough sleeping was not likely to occur. However, this was in the context of the bulk of the problem that had existed prior to the introduction of RSI being largely addressed. As one local authority respondent put it:

> *I think there will always be some people that sleep rough in Dundee and nationally, a small percentage of the population will not be able to comply or not understand what's there or choose not to use it, but I think we are ninety per cent there in terms of what Dundee set out to do in 1997.* (Local authority respondent, Dundee)

3.61 A few local authority respondents in rural areas reported that rough sleeping was particularly difficult to measure in their locality. The available services would be focused on the largest town or small city in their area, with no real mechanism for measuring the possible extent of rough sleeping elsewhere. None thought that there was a very significant 'hidden' rough sleeping population in the countryside, but a few talked openly of having no real information about who might be sleeping rough a long way from the nearest large town and the nearest services in their locality. One local authority respondent commented:

> *Rough sleeping is an impossibly difficult thing to measure anywhere, but particularly in rural areas, where people can, you know, sleep rough for years, without anybody noticing, you know, in old barns and things like that. It is quite difficult and I personally suspect that the incidence of rough sleeping in Angus is significantly higher than it would appear, but we can only go on what we're seeing and what we are seeing in terms of referrals from other agencies who are working with very marginalised people, is that rough sleeping is not a major issue…which suggests that people are managing, through their social networks to find somewhere in a conventional home, to sleep, rather than in a doorway, car or barn or whatever…*

Contextual factors and other issues adversely affecting rough sleeping levels in some areas

3.62 Although the general view of local authority respondents was that RSI had been a success, there were a few who took the view that 'avoidable' rough sleeping was still taking place and that the 'need to sleep rough' had not been eradicated in their areas. Glasgow stood out in this respect as commentators were emphatic that, while there had been some decline in rough sleeping over past few years, it may have increased again in the past 6 months or so and that the *'need to sleep rough'* had certainly not been eradicated in the city for the following reasons:

- A shortage of emergency accommodation in the city – this was said to be related to both the hostel closure programme, in which some hostel bed spaces had been closed faster than they had been replaced, and 'blockages' in existing and new hostels because of a lack of suitable move-on accommodation. New services coming on stream it was felt would ease the situation but this would take time. This view was echoed by some service providers in the city (see Chapter Four).

- A large number of 'disruptive' homeless people in the city have 'alerts' against their name meaning that they will not be accommodated in local authority accommodation (some service providers referred to these alerts as 'bans', see Chapter Four). This was viewed as contributing to rough sleeping in the city. There was a review of this system currently underway and new, highly intensive services ('enhanced personal support') were planned for the very complex needs of extreme group, estimated to 85 in number who were highly vulnerable through multiple needs, chaotic and presented with challenging behaviour.

- There was a view that even where hostel places were available, some people 'chose' to sleep on the streets because they have experience of the hostels and

don't want to go back – 'don't feel they have an option; hostels can be so bad, that sleeping rough can seem better, at least if it's not for long'. One interviewee in the city said that the Scottish Executive target could not be met 'till we close these horrible hostels'. Problems with drugs and violence in some older hostels were mentioned. Again, these views were echoed by both some service providers in the city and some current and former rough sleepers (see Chapters Four and Five).

3.63 Despite the recent problems, some interviewees reported optimism in the city – new services coming on stream, including good quality emergency and supported accommodation using a range of models, intensive support for the most challenging groups, and lots of Supporting People funded housing support. As well as the funding streams and services, also the new legislation and a supportive set of 'local champions' meant that *'a lot of helpful factors have come into play'*.

3.64 In some rural areas it was felt that the 'need to sleep rough' had not been ended because of continuing shortages in temporary accommodation. The same views were advanced by service providers in some rural areas (see Chapter Four). As one local authority respondent put it:

> *I don't even know that it* [the target] *has been achieved in Oban, because we have people turning up at the hostel and they cannae get in, because it's been full, so I don't think even that has achieved it completely*. (Local authority respondent, Argyll & Bute)

3.65 According to some local authority respondents, difficulties in accessing both temporary and permanent accommodation had worsened very recently. This was felt to be because of the increased demand for temporary accommodation following legislative change, undermining responses to rough sleeping:

> *I would say that up till about six months ago, people had no need to sleep rough in Fife, apart from the odd few, but because of the crisis we are having in temporary accommodation, we suspect that rough sleeping has increased…because we have so many priority cases they are filling up the supported accommodation, so there's nowhere for the rough sleepers to move on to, so you know the direct access hostels are bottlenecked*. (Local authority respondent, Fife).

3.66 There were also concerns raised in the areas of greatest 'housing stress' – Edinburgh and rural areas like Highland, Moray, North Fife and South Ayrshire – about the impact of general housing shortages on move-on and long-term solutions. Again, these perceptions were shared by some service providers in some of these localities (see Chapter Four).

> *Where we've been less effective, and it's not a RSI issue, it's an Edinburgh housing market issue, is actually finding permanent solutions for people…I wouldn't call it warehousing, because people move around, they use different accommodation, people's options are better than they used to be …people do move on, but the reality is that Edinburgh has a massive housing shortage, and no matter what we do in terms of trying to resolve someone's immediate*

need for accommodation it doesn't change the fact that there's a shortage of housing. (Local authority respondent, Edinburgh).

3.67 For some local authority respondents, there was felt to be key unmet need for supported accommodation, particularly for the small group of people with complex needs and challenging behaviour that was reported to exist in many areas.

What we need is a service that pulls all that together and we recognise it needs to be a specialised accommodation project where all the needs of these individuals can be addressed. It's not enough to put these clients into mainstream accommodation and expect to pull in different services at different times because it just doesn't succeed. (Local authority respondent, North Ayrshire).

THE FUTURE OF RSI

3.68 The views of the respondents on the future of RSI were mixed. Most were of the view that a flexible funding stream allocated specifically to services for people sleeping rough would continue to be important across the country. The only partial exceptions to this view were those local authority respondents who felt that rough sleeping was not a particular issue in their locality; however none of the respondents took the view that a discrete funding stream for rough sleeper services should no longer exist.

3.69 In most instances, the continuation of some services, in whole or in part, depended on this stream of funding. Many respondents reported that if RSI ceased it was not clear what the future of services might be. In several areas it was said that the RSI posts and services would definitely go if the RSI funding ceased as the local authority was seeking to make cuts. In these areas, RSI staff were generally still on temporary contracts tied to the funding stream, in either the voluntary or local authority sector. In a few places, the council-run RSI services` had been mainstreamed in that the post-holder had been moved onto permanent contracts.

…we will be devastated if it ceases, if the funding dries up, we will really, really struggle to continue… (Local authority respondent, Dundee).

3.70 Some local authority respondents felt strongly that the end of a specific stream of money would mean a loss of focus on people sleeping rough:

…rough sleeping might tend to be lost; in the short term we need direct access accommodation which we don't have and trying to argue for that against people with children in B&B and all the rest of it, this kind of competing priorities, I still feel that people sleeping rough are among the most vulnerable and that should be acknowledged…(Local authority respondent, Stirling).

I see it as an ongoing problem and it's one that needs money attached to it. (Local authority respondent, Fife).

3.71 Nevertheless, respondents from some rural and smaller urban authorities felt that, while RSI was a good starting point, it was now best to merge it with general homelessness funding. Many of the local authority respondents working for smaller authorities said that it made sense for them at least for RSI to be merged with homelessness strategy money. For these authorities, rough sleeping was a small social problem within the wider social problem of homelessness, there were not sufficient rough sleepers in their locality to warrant the development of specific services and it made more sense to integrate the flexibility to meet the needs of people sleeping rough within their wider homelessness strategies.

3.72 Views in Glasgow, Edinburgh and some other urban areas were quite different. Edinburgh and Glasgow respondents both took the view that rough sleeper services should be fully integrated within wider homelessness strategy, a process that was seen as largely complete within the Capital, but felt that without specific funding it was difficult to see a future for specific rough sleeper services.

3.73 Within Glasgow, there was a feeling that work with the most vulnerable, marginalised and chaotic people sleeping rough would decline without continued emphasis on this social problem from the Scottish Executive. One Glasgow respondent commented, when questioned how without a specific funding stream, they could continue the work that had been started:

> *...how do we keep an eye on investments post 2006; are we sustaining what we have achieved, are we building on what we have achieved?*

3.74 A local authority representative from Edinburgh explained what they saw as the need for a continuing focus on people sleeping rough within the Capital:

> *I would like to see some way in which it is linked to the successes that we have had so far, because if we don't do that, the reality is that sometime in the not too distant future things will drift back to where they were...we've got the level of immigration that we have in Edinburgh, no matter what we do locally... so without that, those people will drift into the same sort of lifestyles as the folk who had been sleeping on streets of Edinburgh for a long time, the majority of whom were not natives of the city either...*

3.75 Several respondents felt that the RSI programme had 'served its purpose' and had now been superseded by the new homelessness legislation in the 2001 and 2003 Acts. The need for specific funding for services for people sleeping rough remained, although for local authority respondents this was seen as being much more of an issue for the major cities than for most rural and smaller urban areas.

3.76 The ever greater integration of rough sleeper services into homelessness strategies was seen as the key change that was happening by many respondents in advance of the intentionality change to the homelessness legislation, which at the time of writing was envisaged to occur in 2006/7. These legislative changes were already seen by a minority of respondents as creating a new environment in which rough sleeper services could work in a much more effective way, as the mainstreaming of rough sleeping as a social problem advanced. One respondent commented:

> *...the thing that is quite different in Scotland, compared to England and Wales, was actually the introduction of the Housing Scotland Act and the intentions within that, in relation to homelessness. What I was able to do in Edinburgh was work with colleagues in mainstream homelessness services, and in relation to people sleeping rough, where there were clearly mental health and substance misuse issues, argue that those people were in priority need for medical reasons and therefore able to access a much broader range of accommodation rather than hostels…so we're able to accommodate many more people within the city and yet reduce our hostel places.* (Local authority respondent, Edinburgh).

3.77 For those who wished to retain specific funding for rough sleeper services, within a mainstream and integrated homelessness strategy, views where mixed as to how this should be achieved. Some thought that specific duties in relation to rough sleeping placed on local authorities should be extended, others remained in favour of some form of ringfencing (although technically this had already ceased at the time of writing). For a minority of respondents there was a need to ensure that LOAs covered people sleeping rough, to maintain the momentum if RSI was wound up.

CHAPTER 4: RSI FROM THE PERSPECTIVE OF SERVICE PROVIDERS

INTRODUCTION

4.1 Alongside the critical review of existing research and monitoring of the RSI programme presented in Chapter Two and the series of interviews with local authority representatives and national level respondents involved in the RSI programme, which focused on their evaluation of the impact of RSI (Chapter Three) the fieldwork for this research also included interviews with the staff who worked in a range of RSI funded services. This Chapter concentrates on the views of the staff in RSI funded projects. A total of 25 staff working in eight RSI funded services were interviewed during the course of the research and the topic guide used is presented in **Appendix Three**.

4.2 This Chapter begins with an overview of the RSI funded services which took part in the fieldwork for this research, providing a brief description of the range of the support and, where applicable, the accommodation that was provided by each service. The fieldwork was not large in scale, as the budget for this research did not allow for extensive interviewing across the country, therefore an attempt was made to select case study services that were representative of the broad types of service provision funded by RSI and which also gave an overview of the different contexts in which RSI funded projects work.

4.3 The remainder of the Chapter is devoted to discussion of the needs of people sleeping rough from the perspective of service providers, followed by an overview of their assessments as to the effectiveness of their own services in meeting those needs. The Chapter concludes with a description of the views of service providers on the effectiveness of the RSI programme in their area, including the impact of the programme on the need to sleep rough. This section includes the points that service providers made about the future of the RSI programme.

THE SERVICES THAT PARTICIPATED IN THE FIELDWORK

4.4 The services that agreed to take part in the research were as follows:

- The Four Square Follow Up team in Edinburgh
- Dunedin Harbour Hostel in Edinburgh
- The Wayside Daycentre in Glasgow
- The Simon Community Street Outreach Team in Glasgow
- The Dundee Cyrenians Street Outreach Team
- Loretto housing in Falkirk
- The SOLAS direct access hostel in Oban

- Inverness Daycentre

4.5 The Four Square Follow Up Team in Edinburgh provides resettlement support to former, current and potential rough sleepers aged 16-25. Young people are initially provided with a 'first stage' flat for six months, which is sublet from an RSL or the City Council and furnished, with one of three workers providing a combination of practical and emotional low intensity support, including help with claiming benefits and help in developing self-esteem and coping skills. A 'second stage' flat can be made available after someone has stayed in a 'first stage' flat. Service users can be provided ongoing support where needed in these flats, but the intention is that the flat will become the permanent home of the service user in which they live independently. Most of the referrals to this service are from hostels, rather than current rough sleepers, although some service users have a history of rough sleeping and many have characteristics associated with the risk of sleeping rough. The bulk of the project's funding was from the Supporting People programme at the time of writing, though a large capital grant and other funding from RSI was used to establish the service and get it running.

4.6 Dunedin Harbour Hostel in Edinburgh provides direct access emergency accommodation to people sleeping rough, or those at risk of sleeping rough for a maximum of eight weeks. The main focus of the project is on the provision of temporary accommodation and removing the immediate need of individuals to sleep rough. The project workers provide advice and support with housing, social skills, budgeting, education and training. The hostel operates links with other services to help promote resettlement and provides an on-site nursing service, needle exchange and visiting benefits surgery. Capital funding for the hostel came from RSI and did provide revenue funding until the advent of Supporting People, which at the time of writing provides the revenue funding for the support workers.

4.7 The Wayside Daycentre in Glasgow was an established service before the advent of RSI. At the time of writing, the daycentre provides a range of facilities, including food, clothing and other basic services and also has a team of workers. Much of the role undertaken by the workers in the daycentre is focused on the provision of advice and on the provision of advocacy on behalf of service users and help with referrals to other services. With the advent of Supporting People, the Wayside has become more focused on its role as a daycentre and places more emphasis on referral to external resettlement and tenancy sustainment services, whereas it had at one point been more involved in the provision of such services itself. The daycentre provides support and other services to current, former and potential rough sleepers and reports that many of its service users have at least a history of sleeping rough. The Wayside also supports vulnerable individuals who have been rehoused following homelessness or who might be at risk of homelessness. The daycentre received significant RSI funding in the past and continued to do so at the time of writing.

4.8 At the time of writing, the Simon community Street Work Team is focused on Glasgow city centre. The team employs six full time street-workers (all full time) and an administrative worker, plus a manager, who are supported by sessional staff who help with providing a seven day service. The service describes itself as providing a mixture of 'advocacy work' and 'crisis work', within a general framework of promoting resettlement. Advocacy work involves referral, liaison and representation of service users' interests to various other services in the city, including the homelessness service provided by the City Council. The crisis work involves the arrangement of emergency accommodation and other

services for the people that the outreach team find within the city who would otherwise be sleeping outside. Emergency accommodation is provided via a network of links and working relationships with other services in the city. All the users of the project are current rough sleepers at the time they engage with the service, although in some circumstances the team will provide ongoing support for a while after someone has been placed in temporary accommodation or rehoused. Funding for the service is entirely through RSI.

4.9 The Dundee Cyrenians Outreach Team have both an outreach and resettlement function at the time of writing. The outreach service is focused on identifying people sleeping rough and directing them to the appropriate services within the city, including some other services provided by the Cyrenians. The resettlement function is based around accommodation provided by external landlords to which the outreach team provide resettlement support. As is the case for the Simon Community outreach team in Glasgow, there is also a role in arranging emergency accommodation for those people sleeping rough who would otherwise be on the street. The outreach team also provide support to vulnerable individuals whose tenancies are at risk, as part of a wider preventative role in relation to homelessness in the city. Most of the individuals with whom the service engages are current or former rough sleepers. The outreach and resettlement work of the service was RSI funded in the first instance and continued to be supported solely by RSI at the time the fieldwork was conducted.

4.10 Loretto provides two supported housing units in Falkirk at the time of writing. One is a short stay assessment unit and the second provides transitional or 'move-on' accommodation. The first unit might make a referral to the second, or it might refer individuals elsewhere. The second unit provides five flats for up to 15 service users and has a clear emphasis on promoting the skills and resources needed for successful independent living. It is specifically designed as a halfway point between emergency accommodation and service users having their own tenancy. Although some service users are former or potential rough sleepers, the proportion of referrals who are current rough sleepers is very low, with the emphasis of the service being on lone people with support needs who would find it difficult to secure and sustain their own tenancy without support. The support services within the second unit reflect this emphasis. RSI initially provided capital funding for the projects in Falkirk and revenue support, but this was prior to Loretto assuming the management of these projects, which now receive all their revenue funding from Supporting People.

4.11 The SOLAS direct access hostel in Oban provides four beds and is designed primarily as emergency accommodation for people who would otherwise be sleeping rough. The hostel has four beds and a living area, with basic cooking facilities. There is also a drop-in service for people sleeping rough, which uses the living area in the afternoons and evenings. The hostel works towards the resettlement of its residents, with a focus on securing accommodation within the locality and also provides advice and information services for its residents. Most of the service users are people sleeping rough, although other homeless people are sometimes accommodated as well. At the time of writing, RSI funding supports the four beds and the associated staff costs and also provided the initial capital grant that was used to set up the building. The local authority provides funding for the drop-in service.

4.12 Inverness Daycentre is provided by Highland Council. The service was originally a nightshelter run by a voluntary sector provider, but was, with the advent of RSI, changed into a daycentre. The daycentre provides food, basic facilities such as a laundry area,

clothing store and secure lockers and also has team of workers. The workers provide a mixture of advice, advocacy, referrals to other agencies and other forms of low intensity support, such as emotional support. The daycentre has a range of supported and unsupported 'satellite' temporary accommodation, some hostel places and some dispersed flats, in which 25-30 people are accommodated at any one point in time, via initial contact with the nightshelter. The daycentre sees a mix of current, former and potential rough sleepers, along with vulnerable individuals who are at risk of homelessness. Funding for the daycentre functions comes entirely from RSI, but the accommodation related functions, including a team of four outreach workers who provide resettlement and tenancy sustainment services to individuals living in the dispersed flats, are funded via Supporting People.

SERVICE PROVIDERS' PERCEPTIONS OF THE NEEDS OF PEOPLE SLEEPING ROUGH

4.13 The service providers worked in localities as diverse as central Glasgow and the rural highlands and were providing a variety of services ranging from direct access accommodation to daycentres and resettlement services. Despite the variations in context and service type, there was near total consensus in terms of how the service providers saw the causation and nature of rough sleeping as a social problem.

The needs of people sleeping rough

Support needs among people sleeping rough

4.14 All the service providers saw the majority of people sleeping rough as vulnerable individuals with support needs who faced barriers to housing and to other services. The housing needs of people sleeping rough were seen as secondary to their support needs. An association between rough sleeping and individuals who are characterised by negative experiences, support needs and health care needs has long been established. Local and national research on people sleeping rough has repeatedly identified significant support needs alongside housing needs (Yanetta *et* al, 1999; Kershaw *et* al, 2000; Third and Yanetta, 2000; Owen and Hendry, 2001; Grigor, 2002; Laird *et al*, 2004). Identical findings have been reported in studies conducted in England (Anderson *et* al, 1993; Pleace, 1998; Pleace *et al*, 2000; Randall and Brown, 1993, 1996 and 2002).

4.15 Service providers often described people sleeping rough as being individuals who had experienced little or no stability during the course of their lives. Rough sleeping was seen as often arising, initially, as a result of males experiencing relationship breakdowns, as a result of drug dependency, or through support needs that made it difficult for an individual to find and sustain a tenancy. Often, rough sleepers had experienced disrupted childhoods or spent much, or all, of their lives in a series of precarious and short term housing arrangements. Poor social skills, limited education and low self esteem formed barriers to employment and training and also made it problematic for some individuals to engage successfully with support, care, health and housing services without support.

4.16 According to some service providers, there were some individuals who had been within the 'world' of homelessness for so long that it was difficult for them to wholly disengage with it. The idea of a 'culture' of homelessness that draws individuals in is a

contentious one, particularly as it might be seen as implying an active choice to either become or stay homeless; something that sits uncomfortably with the evidence about disrupted, chaotic lives and socioeconomic marginalisation that often precede rough sleeping (Vincent *et al*, 1993). However, when some service providers spoke about difficulties in disengaging with this 'world', they were not referring to any unwillingness to leave *actual homelessness*, but rather a difficulty in leaving what had become familiar as a source of social and practical support. A series of research findings from the late 1980s and early 1990s also indicated that isolation, boredom and poor social supports could be one of the greatest difficulties faced by former rough sleepers who were trying to sustain resettlement (Dant and Deacon, 1989; Pleace, 1995).

> *We find that it's unrealistic to expect someone tae integrate really smoothly intae local communities, many of them keep coming back here because their social contacts are here, they've maybe been homeless for a lengthy period of time, they're on benefits, this is a cheap source of food for them, they can get a main meal in the canteen frae a pound, things like that*...(Worker, Daycentre).

4.17 Young people who were sleeping rough were sometimes described as lacking significant experience of parental guidance. They were also seen as having had few positive experiences of contact with adults, with both genders being described as often having experienced traumatic events, particularly sexual abuse and working as prostitutes. Poor self image and low self esteem, sometimes coupled with depression, was also reported by service providers working with young people who were current, former or potential rough sleepers.

4.18 Drug use was often seen as a particular issue among those aged under 25. In urban areas heroin dependency was generally associated with all groups of people sleeping rough by service providers.

> *Early in my days here it would have been predominantly somebody of middle age or an older age group with an alcohol issue…maybe ten, fifteen years ago, predominantly, if they were rough sleeping, alcohol issues and middle aged plus. Yes, there would be drug users there, of that younger age group, but it was significantly more towards alcohol…as the years have gone on, it's hard to say now, maybe fifty-fifty*...(Daycentre worker).

4.19 Women rough sleepers were reported as having increased in number over the past few years, but as still being very firmly in the minority. The increase in women being seen by services was disproportionately younger women, a trend that has also been reported in England (Pleace, 1998). In most, though not all, cases, service providers reported that people sleeping rough were on their own.

People sleeping rough whose main need is accommodation

4.20 The service providers sometimes differentiated between what they saw as distinct elements within the rough sleeping population. Some described a group of people who had become homeless suddenly, quite often because of a relationship breakdown, who did not know where to go for assistance and who initially ended up on the street, or in direct access or other emergency accommodation. When these individuals had relatively low support

needs, or needed little assistance at all beyond the provision of accommodation, their needs could be quite swiftly dealt with and there was no need to provide ongoing support.

> *People who work well with other services, we do try and draw back from, so if people have got things going, the crisis has been sorted out, and people are working well and establishing relationships with other services, then we start to withdraw.* (Outreach Team Manager).

4.21 In such cases the difficult issue was often not about dealing with the support needs of a given individual, where these were limited and quite easily met, but about how to secure long term or permanent suitable accommodation in the locality for that individual. The perceptions of service providers about the structural role of local housing markets and housing supply in all forms of homelessness, including rough sleeping, are discussed in detail in the following section on service effectiveness.

People sleeping rough characterised by very high support needs

4.22 The service providers often reported the presence of small numbers of people sleeping rough who were characterised by *very high support needs* and chaotic behaviour. Individuals in this group were reported as always having *multiple needs*, often centred on drug or alcohol addiction combined with various forms of mental health problem and physical health problems. Some of the service providers described this minority of their client group as absorbing much of their time and effort:

> *…out of that there's like a, what you call it, a hard core of long term rough sleepers who have like addictions, who have mental health problems, who are involved in sex work etcetera, who we may spend a considerable amount of time with, because of multiple needs or complex needs, depending on what phrase you prefer…*(Worker, outreach service).

> *I think there's a group, a small core, who are in like revolving door homelessness, they're in institutions, like they come out of prison, they go into bed and breakfast, maybe have contact with mental health services…those are people that tend to use the daycentre, almost all day, almost everyday…people who come in and use the shower facilities, they'll certainly have a breakfast, they'll use the laundry facilities…I guess they are the people that get that 'chaotic, complex needs' type label and at any given time we're trying to identify when we can next sensibly work with them, put them into accommodation and use that time to address their addiction or whatever it is that's driving their rough sleeping homelessness…*(Daycentre Manager).

4.23 Successful engagement with this small group of people was reported as highly problematic by service providers. Often, this small group were described as highly alienated, difficult to work with and as presenting service providers with difficult or challenging behaviour. In some areas, particularly Glasgow, a city in which homelessness services were highly centralised, these individuals were generally talked about as being a population who had often been 'banned' across several services.

SERVICE EFFECTIVENESS: THE VIEWS OF SERVICE PROVIDERS

The factors influencing success

Variations in service effectiveness linked to rough sleepers' characteristics

4.24 As noted, service providers tended to differentiate between groups of service users chiefly on the basis of the extent of their support needs. Service providers did report that successful engagement with former, potential or current rough sleepers tended to be most frequently effective when the person being supported had lower support needs or only had a need for assistance with getting access to accommodation. By contrast, successful engagement with the minority of people sleeping rough with very high needs, who also tended to be more chaotic and more mobile, was often viewed as more problematic. This was not to say that the service providers did not report successes with people from this group, it was more the case that high need service users both absorbed more time and effort and that outcomes might be mixed.

4.25 Service providers who were working with people sleeping rough with a mixed range of needs reported that they faced a dilemma about engaging with this minority 'high need' population of people sleeping rough. These difficulties centred on ensuring that the service they provided remained safe, stable and productive, whilst at the same time not wishing to turn away individuals who, while they had high needs, might also be characterised by highly challenging and in a few cases potentially violent behaviour. One day centre manager described this dilemma in the following terms:

> *…there are individuals who've not been able to be accommodated because of some of the stuff they bring to a situation…very vulnerable people on the one hand, and on the other hand they can be very, very challenging and sometimes getting the balance right in terms of where those individuals go, is difficult. Having said that, I don't think we have all the people who sleep rough in X at any given time, because we have to effectively manage our door here in terms of the risk that people can present with, then sometimes for a given period of time, sometimes someone isn't able to access the daycentre. Unfortunately, sometimes, you know, that's part of the dilemma you face on a daily basis, because sometimes they are the most vulnerable people, but also the most challenging, because they are using illicit substances or the degree to which they are predatory with other vulnerable people…*

4.26 Another dilemma faced by services was a perception that engagement with this most vulnerable group of people sleeping rough would often be characterised by only limited or partial success. In a few instances, chaotic behaviour and high support needs were associated with a tendency to frequently travel, often over considerable distances and seemingly at random, which meant that someone could disappear from a locality at any given point while a service was working with them. In other cases, services reported accepting that the degree to which they could engage with some people within this minority of people with very high support needs was limited, because individuals would sometimes refuse assistance or be very suspicious and untrusting of services. One outreach team worker gave an example of this kind of issue from their perspective:

There's a guy who's in town now who just hangs around X Square and doesnae access any service, and I think that we're the only service that he accesses and it's difficult, but we can make a difference. Because he doesnae want to engage with anyone and he stays away from services, it's making sure he's got food, because he doesnae claim any benefits, making sure he has access to food, so people buy him a meal when they see him, making sure that he's warm, so it's now winter, so it's making sure he's got hats and gloves and stuff, you know, and trying to see if he will go in somewhere, though he won't, making sure then that if he is gonnae be out there then making sure he's got a sleeping bag, you know, so he's got a bit of protection out there…so we know that this guy is there now, so he would be on our regular kind of thing, d'you know, so, we go up and we know where he hangs out, so every evening someone will see him, though he's a travelling man and sometimes goes to London and other places…

4.27 Such cases were seen as exceptional, as in many instances people with high support needs could be engaged with to a greater extent than this. Individuals could often be provided with emergency or temporary accommodation, support could be provided and advocacy undertaken so that individuals with high needs were given access to benefits, social work services, NHS services and resettlement or tenancy sustainment services funded through Supporting People.

4.28 However, another problem was noted with respect to this minority of people with high levels of support need, which was that service engagement with these individuals could break down, as support needs and associated issues could still overwhelm people who had been given a package of services. There were a few individuals who were described by service providers as being in a situation of near perpetual 'crisis', repeatedly contacting rough sleeper services, homelessness services and accessing packages of housing and support and yet being unable to sustain these arrangements. As one project manager put it:

We work with a group, I would say, of about 20-25 who are hard core rough sleepers, on average, but then if we kind of extend our definition of rough sleeping, there's a lot of people who stay in places that are unsafe, so they're not out on the street…women staying with punters, staying somewhere that is unsafe, just to have somewhere to say. People with complex needs who let's say go through a continuous cycle of crisis…

The impacts of local housing supply on service effectiveness

4.29 Local housing supply was seen as a key factor influencing the success of service interventions by service providers. The responses on this question varied by area, with the service providers describing three main problems from their perspective:

- a shortage of affordable housing in some areas, providing difficulties in finding temporary accommodation and securing long-term housing for people sleeping rough;

- a shortage of suitable affordable housing, i.e. affordable housing located outside neighbourhoods characterised by a high degree of crime, anti-social

behaviour and socioeconomic marginalisation, causing difficulties in securing suitable temporary accommodation and long-term housing;

- a shortage of suitable supported housing and hostel provision in some areas.

4.30 Shortages of affordable housing were reported as being a particular difficulty by service providers in more rural areas. The SOLAS direct access hostel in Oban reported that pressure on accommodation in the area, which has a large tourist industry, was particularly high and that even during the winter months, securing temporary or permanent accommodation was difficult. In Inverness, which although it is a small city, is in the heart of a very large rural hinterland, increasing pressure on affordable accommodation was reported by service providers.

> *...you get that dilemma that they've worked hard, they've done well in the hostel environment and then become very frustrated that they're not able to move out of that situation. Up until this point we've had good results in terms of move-on accommodation, inevitably that's now starting to slow down and silt up to a degree. The people that we have in the floating support accommodation, sometimes we've taken the view that that accommodation can become theirs in the longer term, so that takes care of itself and again that's been helpful.* (Daycentre Manager, Inverness).

4.31 In Edinburgh, there was straightforward shortage of affordable housing in relation to demand, as was reported in the more rural areas, alongside a problem with the available affordable housing stock tending to be located in highly deprived areas characterised by anti-social behaviour and crime. One service provider in Edinburgh, for example, reported what they saw as very high housing stress in the city, and that City Council had:

> *...lots of empties, but it's not that simple...often someone will be offered somewhere like X and don't want it because of social problems.*

4.32 In Glasgow, although parts of the city were inaccessible for either temporary or permanent accommodation because of high housing costs, the issue of housing supply was seen much more as one about the quality of available affordable housing. A lack of suitable move-on accommodation was felt to be an issue by the service providers in the city.

> *...the most frustrating thing for us is that you get them into crisis accommodation, a crisis placement* [then]*…because of the lack of choice about, then appropriate accommodation kind of goes out the window, 'cos you just want accommodation, do you know, 'I just want to do anything to stop you sleeping rough' and the worst thing occasionally, we do have to go back to the Hamish Allen* [City Council Homelessness Assessment Centre] *and present for B&B, which is a real shame, because you lose all that work...*(Service Provider, Glasgow).

> *Appropriate accommodation is a big problem, because if you're dealing with chaotic people and put them in a chaotic environment, things are nae gonnae get any better...*(Service Provider, Glasgow).

4.33 In some localities an absence of dedicated supported housing and hostel provision was seen as an issue by service providers. The nature of the problem varied. In rural and smaller urban areas there was sometimes felt to be an issue in securing supported accommodation for specific groups of people sleeping rough. Care leavers, for example,

would find it problematic to access supported housing in some areas, whereas there would be a variety of options available within the major cities.

4.34 Glasgow service providers expressed particular concerns about what they saw as the impact of the hostel closure programme within the city. They reported their view that the number of bed-spaces within the city had fallen significantly, because there had been a development lag between hostel closure and the provision of replacement supported housing. This was seen as creating pressures on their services in terms of locating suitable emergency and temporary accommodation. It is important to note, however, that the hostel closure programme within the city and the proposals for replacement services, including the development of long stay housing with high level support, were viewed as a positive development in overall terms.

> *Good idea to close the hostels. People were lying there, in hostels with 200 people, in a wee room there, anonymous, with all their issues not being dealt with, a smaller unit of say maybe 15 bed-spaces, with a dedicated staff, looking at dealing with particular needs, nobody will be anonymous there.* (Service Provider, Glasgow).

4.35 Problems with housing supply were not uniformly reported. Although none of the service providers reported that they were working in areas that were unaffected by shortages of affordable and suitable accommodation, the issue was less severe in some areas than in others. Service providers in Dundee were working in a context which they described as being a situation of a surplus of unsuitable affordable accommodation, a view shared by respondents from the local authority, but they nevertheless took the view that options were available in terms of supported housing, the private rented sector and RSL housing. Service providers in Falkirk reported a similar situation in their area.

The impacts of access to other services on service effectiveness

4.36 Much of the work of service providers involved the provision of referral to other services, liaison with other services and advocacy on service users' behalf. Service providers were therefore in a good position to comment on the effectiveness of joint working in their areas.

4.37 Service effectiveness could also be potentially affected by the access that service providers and people sleeping rough had to Supporting People funded services, Social Work services and the NHS. If a support or health care need went unmet, it could potentially undermine the capacity of a resettled individual to sustain their tenancy, whereas a well coordinated package of appropriate services might increase the chances of successful resettlement and tenancy sustainment.

4.38 Fieldwork conducted with local authorities and service users suggested difficulties in relation to accessing drug and alcohol services, including counselling and detoxification, in several areas, though the service providers were less likely to mention this as an issue. Some service providers also referred to close working relationships between themselves and drug and alcohol services, particularly in one of the rural areas. A few service providers commented that drug and alcohol services wanted people sleeping rough to seem stable and committed before they were prepared to engage, something which was difficult for some more chaotic rough sleepers to demonstrate.

4.39 The picture on access to Social Work and mental health services was more mixed. Some service providers reported that it was difficult to access Social Work support outside a crisis situation and it was also their perspective that Social Work departments were working with restricted resources, which made them difficult to access. Others reported that there were fewer difficulties and that coordination with Social Work was working well.

4.40 A similar picture emerged in relation to mental health services, in some localities there appeared to be problems, which both from the fieldwork with local authorities and service providers appeared to be linked to a perceived overall scarcity of mental health services in some areas. In some areas, negotiations to improve access to mental health services were underway, for example a discussion about a homelessness-focused Community Psychiatric Nurse (CPN) service, whereas in others such services were already in place, although sometimes viewed as being under strain.

4.41 Access to the mainstream NHS, in terms of GP registration and primary health care was not viewed as problematic by the majority of service providers. The introduction of the requirements for health boards to adopt health and homelessness strategies was seen by some service providers as having made a positive difference to access to the NHS. A few reported some difficulties in access to GP services.

4.42 In both Edinburgh and Glasgow, a situation in which coordination between homelessness services and NHS Scotland was increasingly effective was described by service providers. This was qualified in some instances by service providers, who took the view that access to specialist services was now quite good, while access to mainstream services was not yet all it could be.

> *I mean initially, five years ago, it was murder trying to get a GP, still is difficult trying to get GPs, but there's a special homeless GP service, which is much easier to access, there's homeless people's mental health service, chiropody and dentistry, so as regards getting access to those services, it's ok. As regards moving things on…like a guy at the moment who doesnae want to use the homeless GP service, then there's difficulties, the area GPs won't take him on.* (Service Provider, Glasgow).

4.43 Supporting People funding was viewed positively by some service providers. Supporting People was seen as introducing an increased range of support for former, current and potential rough sleepers, to which RSI funded services could refer people. The programme was also seen as allowing their services to expand and extend their range of activities. The daycentre in Inverness had, for example, added a team of resettlement workers funded through Supporting People to give it the capacity to resettle people in dispersed flats. By contrast, the daycentre in Glasgow had taken the decision that, since a wide range of resettlement and tenancy sustainment services were now being funded via Supporting People, it could reduce its own outreach worker service, concentrate on core daycentre activities and use referral to Supporting People funded services to facilitate resettlement. As described above, with the exception of the two outreach teams, all the service providers interviewed were working in projects receiving at least some Supporting People funding, while a couple of the projects that were previously RSI-funded were now funded through Supporting People.

The overall success of services

Issues in the measurement and assessment of service effectiveness

4.44 As noted above, service providers quite often described a situation in which the bulk of their effort was devoted towards a minority of people sleeping rough who had very high support needs. From the point of view of service providers, this was a group who were disproportionately characterised by being less likely to achieve successful resettlement and tenancy sustainment than those people with lower support needs, or those whose main need was accommodation. Engagement with this 'high need' minority absorbed much of effort of some service providers, but was at the same time less likely to yield easily enumerated 'successes' that would demonstrate their project's effectiveness.

4.45 Some service providers also took the view that this kind of difficulty was exacerbated by some of the monitoring that they were supposed to complete. As was noted in Chapter Two, the GHN monitoring contained a relatively limited range of data on service outputs at the time of writing. Some service providers felt that there were not sufficient indicators, within this or other monitoring data, that accurately reflected a lot of their less easily measured activities. The role of workers in undertaking referrals, promoting the rights and interests of people sleeping rough through advocacy to other service providers and in coordinating packages of support and care, was not always felt to be accurately represented in existing monitoring. This perceived difficulty was exacerbated by the extent to which the 'soft' or 'difficult to measure' service outcomes, like advocacy, were disproportionately concentrated on those service users with higher support needs.

4.46 The GHN monitoring was also criticised in some instances by service providers because it was felt to be quite long and unwieldy for the projects to complete. One service provider commented:

> *It's a small thing that was cobbled together in Glasgow and other things have been hung onto it and hung onto it. The structure of it, the way it works, is a bit creaking…*

4.47 Such views were not universal, some service providers reported that the GHN monitoring was easy to use. It was also the case that some service providers reported that the data collected by the GHN monitoring were useful to them as an organisation.

4.48 Interactions between services and people sleeping rough could also be quite difficult for the service providers to categorise. Many service providers prided themselves on what they saw their capacity to react quickly, flexibly and positively to a wide variety of support needs among their service users. However, this diversity was sometimes seen as difficult to categorise clearly, because there was too much variation in what was done on a client-by-client basis for a standardised statistical return to work. As one service provider put it:

> *We do everything from arranging dog vaccinations to arranging appointments with full on consultant psychiatrists, so it depends, I mean we really are very client focused, so whatever the issue is, whatever the problem is, we'll try and help…*

Views on the overall success of services

4.49 Assessment of the overall success of their services by service providers was always contextualised, both in terms of the external factors that influenced the effectiveness of their services (as the service providers saw it) and, to a lesser extent, by their feelings on how accurately existing monitoring systems reflected what their services did.

4.50 The extent of Supporting People funding being received by the services for whom the majority of service providers worked also made it difficult for them to speak in terms of the effectiveness of the 'RSI-funded' part of their services. It was quite often the case that RSI funding was being used in conjunction with Supporting People funds, sometimes combined with other funding. Differentiating between the 'RSI-funded' aspect of service provision when these funds were combined with other grants not always possible for the service providers.

4.51 Generally, service providers were quite upbeat about what their specific project was able to achieve. Sometimes the criteria they gave for success were limited by what they saw as the external constraints affecting the effectiveness of their service, ranging from housing supply in their area through to the resources of agencies to which they might refer people and comments on the size of their own budgets. However, none reported feeling that their work and the work of their projects was not making a positive difference to current, former or potential rough sleepers in their area. As two service providers put it:

> *We're a good safety net, if you like, because inevitably there will be people who, even when the support systems are set up initially, they fall down or break down, or even they don't start in some cases and people fall through the net. The daycentre would be part of that process which provides another safety net, for instance for those who might fall through the first net. Quite often we get people presenting who, maybe they've missed all the help available through lack of information, they might come in, retrospectively, say 'I've just moved into a tenancy two months ago, I've no furniture, can you help me?'. Quite a lot of the time there's money management, there's debt problems, there's people presenting more and more who find it difficult to access basic utilities, gas and electricity, I mean you can spend about half an hour on a phone call to these agencies now because of all the streamlining they've done with call centres and that, and that's a very, very difficult barrier to get through for a lot of the people who use our service.* (Worker in Daycentre).

> *I think we have very good success stories. Number one, let's say, when it comes to crisis, crisis intervention, I think 100 per cent of the time we can get people accommodation if they stick with us. It may take two days to do that, people hanging on in there, people being sober and not hitting people and things like that, but if people stick with us, I don't think, I've ever heard of one case where we've given up and said we cannae get accommodation…if somebody is in a crisis and needs medical services immediately, needs mental health services immediately, needs kinda benefit stuff…we can do that, pretty much all the time.* (Worker in outreach team).

4.52 For the service providers, success was often about individual cases. Workers in a hostel, for example, would describe how some former residents had been successfully resettled into general needs housing and had been able to sustain their tenancies. Sometimes the outcome would be less definite than that, though 'hard to measure' successes, for example, getting a highly alienated individual to talk and respond to a worker after some weeks of trying to engage with them, were viewed in positive terms.

THE EFFECTIVENESS OF RSI: THE VIEWS OF SERVICE PROVIDERS

4.53 Knowledge of RSI among the service providers interviewed was varied. In some cases, respondents had been working with people sleeping rough since the beginning of the programme and were able to talk in detail about the first round bids made by their service and all the subsequent bids. At the other extreme, there were individuals who were working for a service that, while it had initially drawn on RSI funds, was now wholly funded by Supporting People and whose knowledge of the RSI was limited.

4.54 As was the case with local authority respondents (see Chapter Three) the service providers who were able to comment on the RSI programme were generally very positive about the impact of RSI in their area and on their service. The positive impacts of the RSI programme were, from the perspective of service providers, centred on three areas:

- providing a financial base from which new services could either be developed, or with which existing services could expand offer a wider range of services;
- changing local attitudes to rough sleeping by placing the social problem within the mainstream policy agenda in their area and by acting the catalyst for subsequent strategic reforms;
- producing a reduction in overall levels of rough sleeping in their area.

Providing a financial base for service development

4.55 In some rural and small urban areas, RSI capital funding, revenue funding, or a combination of the two, had allowed the development of new services. Moving from a situation in which services were non-existent, or in which existing service provision was highly limited, was always seen as having been a positive step by service providers.

4.56 RSI funding was also seen as allowing the development of innovative new forms of service. The street outreach teams were designed to meet sets of needs that had not been the subject of specific service provision before, as they were sometimes engaging with individuals who might not even approach a daycentre for assistance.

4.57 RSI funding was also described by some service providers as making existing services, which previously had lower levels of funding, more extensive. In many respects, from the perspective of service providers, this change might have been characterised as allowing some services to move from an 'emergency accommodation' model to a

'resettlement' model, or as the means by which generic homelessness services were able to develop discrete, targeted support for people sleeping rough for the first time.

> *Through the RSI coming on stream from the Scottish Executive, it doubled our team. We were a relatively small team. When the funding came on board, it doubled our team and we were then able to offer an exclusive service to rough sleepers. That service might have been there in the past, but in a very limited way, because of the numbers of our team, yes, we dealt with rough sleepers who presented, but we dealt with everyone who presented and a lot of our energies, team wise, were taken up with operating the building, keeping it running…*(Service Provider, Glasgow).

Cultural and policy changes and the RSI

4.58 In common with some local authority respondents (see Chapter Three), service providers sometimes referred to the role of the RSI programme in raising the profile of rough sleeping, and homelessness in general, within their area. Service providers in rural and smaller urban areas reported that the RSI had both drawn attention to sleeping rough as a social problem and acted as something of a catalyst to raising the profile of homelessness more generally with their areas.

4.59 In the cities, RSI was viewed by some service providers as having raised the profile of rough sleepers within local policy agendas, both in the sense of drawing attention to the issue, but also in the sense of encouraging a greater degree of joint working between statutory agencies and the voluntary sector. Some service providers in Glasgow and Edinburgh, for example, viewed the extensive infrastructure of specialised homelessness and rough sleeping services of which they were a part as being, in the first instance, brought about by RSI. The strategic responses to rough sleeping in these cities, at the time of writing, were also viewed as product of subsequent developments, such as health and homelessness action plans, homelessness strategies, legislative change and Supporting People. RSI had nevertheless taken the 'first step' in developing the current range of service provision.

> *You're seeing less people sleeping rough, I would say and even those who are sleeping rough are still getting good support, the street team I'm thinking of particularly and how agencies like the street team will liaise with other services like ourselves…there is partnership working on people's cases, to get them off the streets, there's a lot more sharing of information…the RSI brought a lot of the City of Glasgow's agencies together, if you like, helped them tae focus, work well as a team and in a partnership way. I think some of that was already in place, this helped it, the RSI funding cemented it in place.* (Service Provider, Glasgow).

> *It has acted like a stepping stone for things to come after and build on it, like Supporting People. Without that stepping stone it would have been much more difficult to develop a Supporting People type service, RSI allowed a much smoother transition…*(Service Provider, Edinburgh).

4.60 This view of RSI as promoting a positive cultural change was not universal. In some areas in which RSI spending was relatively low, a few service providers reported that local attitudes had not particularly changed and that attitudes from other service providers towards people sleeping rough were still sometimes negative.

4.61 In addition, although a few of the service providers reported feeling that RSI had promoted a cultural change in the wider sense of having changed public attitudes towards rough sleepers or homeless people, others did not share this opinion. Some reported that rough sleepers were seen by the public as a population who deliberately choose their specific lifestyle, rather than as a vulnerable group in need of support services.

Reducing rough sleeping and the need to sleep rough in their area

4.62 The views of service providers on the impact of RSI on the level of rough sleeping in their area were almost universally positive. All reported that rough sleeping was less of a social problem than it had been before RSI was introduced. In some cases, service providers' perceptions were that the RSI had produced a dramatic reduction in rough sleeping, a view that was reported by service providers in smaller cities such as Dundee and Inverness.

4.63 In other cases, service providers took the view that a marked reduction in rough sleeping had occurred as a result of RSI. For the most part, this was the view of service providers working in the two areas where the bulk of RSI funding had been directed, Glasgow and Edinburgh.

4.64 However, views on the extent of rough sleeping in Glasgow at the time of writing were less positive among service providers in that city. As noted above, some service providers felt that the hostel closure programme in the city had not brought sufficient new bed-spaces into use, meaning that there was a significant shortfall in temporary accommodation, from their point of view. Although overall levels of rough sleeping had fallen in Glasgow since the introduction of RSI, some service providers had the perception that they were perhaps higher than they should be, because of logistical issues in the hostel closure programme.

4.65 In some of those areas where rough sleeping had been a small scale problem and the amount of RSI funding had been corresponding small, the impact of RSI on levels of rough sleeping was again viewed positively by service providers. However, the perception could be that RSI had removed something that was not a particular issue in the area. This view existed particularly among service providers whose main activities were not focused specifically on rough sleeping, but on other forms of homelessness, whose projects had once been supported by RSI, but were now funded through Supporting People.

THE FUTURE OF RSI

4.66 The main concern of the service providers who were receiving significant funding from the RSI[7] was that the funding be continued. This was particularly true of those services which did not have an obvious alternative source of income, such as the Supporting People programme, because they were not housing based. The street outreach teams and the daycentres were the best examples of services in this category. Those services receiving a mixture of RSI and Supporting People funding were also keen to retain their RSI funding, as they reported that RSI funding could be used in flexible ways compared to other grants and allowed a specific focus on people sleeping rough. There was no particular attachment to the specific programme, merely a wish that funding specifically allocated to rough sleeper services continued to be available.

4.67 Those services that were no longer recipients of RSI funding were less concerned with these issues. In some instances, these services tended to encounter people sleeping rough only relatively rarely and so did not see rough sleeping as a particular issue in their area.

[7] i.e. the RSI funding element that is currently built in to Local Authority Revenue Support Grant at the time of writing, which will continue to distributed in this way until at least 2005/6.

CHAPTER 5: SERVICE USERS

INTRODUCTION

5.1 This Chapter presents the views of people who have used RSI funded services. The first part of the Chapter examines how far people feel that services are effective. In the second part of the Chapter, service users describe how far there have been changes in their local area, either as a result of RSI, or other factors. Finally, the third part of the Chapter explores the views of service users in relation to unmet needs and gaps in services for homeless people in their areas.

5.2 The Chapter is based upon focus groups and face-to-face interviews with 32 service users, of whom 12 were female. Respondents included a range of ages, although about half were under 25. Most, but not all, respondents had some experience of rough sleeping, ranging from one or two nights to much longer episodes of rough sleeping stretching over a number of years.

SERVICE EFFECTIVENESS

5.3 Respondents were asked for their views and experiences of any services they had used. Respondents commented on the service where they were interviewed – i.e. the service in receipt of RSI funding, and also any other services they had experience of.

Services in receipt of RSI funding

5.4 The majority of respondents expressed strong positive views towards the services in receipt of RSI funding, although this trend was not universal amongst all those interviewed. Some respondents could only comment on the particular service they were using, as this was the only service they had had contact with. However, most respondents had experience of using other services and could make comparisons and judgements about how services varied.

5.5 In many instances, respondents made general comments about how far they valued the RSI funded service, as the following exchange between three respondents illustrated:

> Respondent 1: *I think this is the best place in* [city] *I don't know about youse lads, but I think it's the best.*
>
> Respondent 2: *The best help, whatever the problem is, you can come here, even if it's not related to homelessness, you know what I mean? They'll still help you.*
>
> Respondent 3: *Whatever help you need, you get it, plus they'll give you clothes, if you're struggling. Like me, I'm brand new, I'm alright, but you get people coming and they're struggling, they've got nothing, they get them good clothes. It's great, this is a great place, it really is.*

Physical aspects of services

5.6 However, many comments related to specific aspects of the service that respondents valued. Some of the comments related to the physical attributes of the places where they were staying or using, such as warmth, cleanliness, the level of facilities, or the quality of the food.

> *It's not like I expected, 'cos I thought it would be a run down place. But it's not. It's clean and that. The rooms are good.*

Security

5.7 A safe environment was a key concern for many respondents. Some respondents contrasted their experiences elsewhere with the services they were now using. As one female commented:

> *I came here from the* [hostel] *and I was being bullied up there, and there was me getting battered and this and that, and the staff did nothing about it. But if that was happening here, then there'd be something done about it. You know what I mean. It's just totally different.*

A discussion between two male respondents also illustrated this point:

> Respondent 1: *Waking up on the streets, it's no where near a substitute for a bed, to know for a fact that you're going to stay well 'cos you're not freezing, you feel secure. Doors are locked. Only certain people allowed in after certain times.*
>
> Respondent 2: *It's all cameras, that's another thing I like about it. You can't get idiots walking in, drunk as a skunk.*

5.8 However, not all respondents felt comfortable with security arrangements that were highly visible, particularly in relation to the use of CCTV cameras. One respondent commented on the changes that had been made to a daycentre and contrasted the homely feel of the previous décor of the day centre with the new decoration and changes in security, and noted that '*now it just feels like the gaol*'.

Support

5.9 The most positive responses related to the support that respondents received from RSI services. The majority of respondents commented favourably on not only the range and quality of support received, but also the general attitude of staff. As two respondents commented:

> *This place has been really good. I think if I had gone anywhere else I wouldn't have been as far as I am. Come off drugs, the staff here are great. Someone is on hand 24 hours a day – you can always talk to someone. You can pour your heart out and tell them what's wrong. But there's some people who won't go and talk to staff cos they think it's like talking to a policeman. But it's not like that - it's all confidential.*

It's just the staff. The staff are really, really good, eh? They know where you're coming from; do their best to help you out. And the right help. They provide a lot of support.

5.10 One aspect of support that was mentioned was helping respondents to deal with other agencies. Some respondents felt confident about contacting other services and were happy to deal with service providers on their own terms. Other respondents valued the support provided by RSI services acting in an advocacy role, attending meetings, or visits to other services, or aspects of dealing with other services such as form filling.

5.11 At the same time, respondents commented about support they also received from other services that they were in contact with. Younger respondents often commented favourably not only about the support they were getting from the particular service in receipt of RSI funding, but also services such as Through Care or After Care, from the Social Work service, or key-workers to help respondents with drug and/or alcohol dependencies.

Broader context

5.12 However, what was clear from some respondents was that outcomes could be undermined either by the general context within which services operated or because services did not link together particularly well. One respondent discussed the temporary nature of the accommodation he was in and the lack of options for people to move to, relating principally to the lack of available affordable housing:

You're dreading this letter coming [to tell the respondent they must leave their temporary accommodation]. *But when it actually comes you're running round like a headless chicken trying to sort things out. And there's not a lot you can do cos there's not a lot actually offered, as far as what to do afterwards.*

5.13 Another example was highlighted by two respondents in different case study areas who identified a difficulty combining employment with staying in hostels or supported accommodation. These respondents were critical of the extent to which their benefits were cut if they took up employment, often leaving them with little disposable income, whilst they stayed in their current accommodation, once rent and service charges had been paid.

About six months ago now that was pretty rough and that. I'm glad there was some place like this. At that time it was pretty bad, with drugs and that and what not. But I basically just want to get myself sorted out again. I used to work. This is the longest I've been out of work, this last couple of years. So I really want to get a house and get back into it. Cos you can't really work while you're staying here – too much rent and whatever. So basically just waiting on a house.

My service charge went up just because I was working. They're saying to us you need to go out and get a job and find employment, but you can't do it, cos we can't afford to stay here. That's why everybody here is on DSS…The council need to be thinking, why are we taking so much off, cos they are working. If you stay here it costs 100 pounds a week and if you stay in your

own flat it's only 15 a week. So it makes a big difference if you go out and get a job.

5.14 Another respondent was critical of the training and educational opportunities available to people while they were living in supported accommodation. This respondent commented that:

The Scottish Executive should give places like this money to try and get us into courses, d'you ken? Say if you want to get your HGV licence and that. You need to pay for like courses, like bricklaying and things like that, to get us into work. You have to pay for that yourself. They'll pay for you to go college and that like, and university, but….

5.15 Other respondents noted that issues such as drug and/or alcohol dependencies could undermine the effectiveness of services in relation to housing. For example, one male respondent commented:

You've got yourself a house, but if you've got a habit it's easy to be back on the streets again isn't it? You need to get yourself straight and then go through the house process, you know what I mean, cos I've had my house for three years and I'm still struggling with it.

CHANGES

5.16 Respondents commented on any changes they had seen not only in the type and quality of services provided, but also in the local areas where they lived. As part of this discussion, respondents were also asked to comment on how far they felt that services were currently adequate in the areas where they lived.

5.17 It was not always clear that improvements could necessarily be ascribed directly to RSI funding over and above other changes which may have taken place within case study areas. For example, one male respondent noted that:

Well from years ago, they have got better, no? Cos I've been sleeping rough for quite a few years, and I've noticed a difference. People want to help.

5.18 Nevertheless, other respondents were unequivocal in their views on the services that RSI funding had provided in their area. As one male respondent commented:

It's better than it was before, when they never had nothing, man. I never had any support when I was sleeping in the street, apart from my family. And they wouldn't let me in when I was on the drink.

Q: *What's changed to make it better?*

Well you've got [RSI funded service] *now haven't you? You never had that before.*

Another respondent noted:

> *A lot more help, to help us, than they did years ago, with the social. I mean years ago they didnae have access to the social, now they've got access to the social and the council and that. Years ago they didnae have power, now they're getting the power, today it's like that* [snaps fingers] *you know what I mean? It's a lot better fae us all. Because at one time, you know what I mean, we could just come here and get a wee sandwich and that was it.*

5.19 The quote above also highlights a point made by a couple of respondents about the attitudes of service providers to homeless people, and how these attitudes might be changing. However, occasionally respondents were critical of the attitude that they experienced at the hands of either mainstream services, or services aimed specifically at helping homeless people, as a couple of respondents related:

> *If you walk in with your own address, they're alright with you*

> *I had a problem last week and I spoke to the staff at the hostel. Made me feel so small, it's XXXX, XXXX…I'm no trying to put them all down, but sometimes I wonder if I could be a better support worker myself…*

5.20 A couple of respondents noted that whilst the service they used was valuable, they argued that such services should be replicated in other areas of Scotland where it was felt that other homeless people did not enjoy similar facilities:

> Respondent 1: *I just wish there were more places like here, in this area and in the more rural areas.*

> Respondent 2: *They should be doing this in the cities.*

Another respondent in a different case study area commented:

> *I pity people staying out on the streets, I really do. Especially when there's places like this, providing help. We need more of them. Especially in the Glasgow area and the Edinburgh area. They can put one in Grangemouth, but they can't put one in certain parts of Glasgow. What's the point in that?*

5.21 The above quote notwithstanding, services in Edinburgh seemed to be particularly well-regarded, and not just by respondents who currently used services in Edinburgh itself. One respondent who now lived in Glasgow noted:

> *I think Edinburgh's a bit more advanced than here, to be honest with you. I'm not gonnae lie because I've spent a few years in Edinburgh and I've seen how it's a lot more advanced…It's far ahead, much more ahead o' us, definitely, it's just, see the way they link it up, they've got it all perfect, it was like 'oh, you're homeless, are you staying near here?' 'Aye', 'here's this, go to this place', 'right, here's where you gonnae be staying', away, nae messing about…*

5.22 However, there was not universal support for the changes that RSI funded services had brought. In one case study area, RSI funding had led to the conversion of a nightshelter to a day centre. This change was not well received amongst the respondents of the focus groups in this case study, since it was felt that there was still a need for a nightshelter, and that the new service was less welcoming than the former service which had been run by the voluntary sector.

5.23 Where respondents felt that things had got worse, a common view across the case study areas was that this was because of an increase in the use of drugs within the population at large. In relation to rough sleepers, respondents valued the opportunity afforded by services that welcomed people in, whatever issues they faced:

> *They try their hardest to get you off the street, you know what I mean? To find you somewhere….I was barred from the Council hostels. They got me into* [hostel]*…that's how I got started on my road to recovery. Just getting intae a hostel, with a doctor in it that prescribed methadone. I stayed in it for two and a half years.*

5.24 However, some respondents felt that the use of drugs and/or alcohol was the cause of considerable tensions within services:

> *There's a certain, a certain nightlife, in Glasgow, I suppose that's the way tae put it, with drugs and that. This place is supposed to be somewhere to get away from it, a place to come and get a free meal, soup, anything, some tea, change o' gear, but there's a lot of people that abuse it.*

> *See, there's heroin users in here but I'm actually recovering. Myself, I'm actually off it, so I'm trying to keep myself away frae that, cos it's easy for me to relapse. But they're all my pals so I cannae just say look - OK see you later. That's what I was saying to staff last night. I feel like I'm in a catch 22 here.*

5.25 Certainly providers face a difficult balancing act in terms of dealing not only with very diverse needs, but often with people with very complex issues as well, and of necessity some people have to take one step back to perhaps make progress in the future, as one respondent commented:

> *Some are out of control and get warnings and get thrown out. But even if they throw you out, they'll make sure you've got somewhere to go.*

UNMET NEEDS AND GAPS IN SERVICES

5.26 As noted in the previous section, one of the changes that respondents commented on in the areas where they lived was an increase in the use of drugs. A clear message from a number of respondents was the need for services to help people deal with drug addictions. It was felt that there was insufficient provision around detox and rehabilitation. In particular, as one female respondent commented, services in this respect seemed to be aimed at men. A different female commented:

That's the problem with Inverness. There's no facilities. There's no place you can go for a rehabilitation, for drugs, you know the place you go to, detox, there's nothing. I've supported myself for four and a half weeks. For four and a half weeks I've been off it. And I think I've done alright, but there's nobody here.

5.27 As the above quote illustrates, there was a concern over the amount of specialised accommodation available, but a further theme amongst some respondents was the extent to which agencies take ownership of a complex range of difficulties and issues that single individuals may face. Some respondents noted a lack of support for people with mental health issues, and this problem was often linked with an inability to access mental health services for people with drug and alcohol dependencies. Respondents felt that they were falling between two stools in this respect. As one male highlighted:

I was on the waiting list for three years. While I was in X which is a hostel. I was in there for three year. And then I got a house. But they never helped me with my mental health problems or anything. Even now nobody has helped me with my mental health problems. They brought in a couple of support workers. And they didn't help me. Because I've got to come off the drink. If I don't come off the drink, they can't treat me. They expect you to stop drinking the next day. You cannae do it.

I've been having mental health care since I was three years old. But they don't seem to want to help you at all. I've been 17 years under the mental health Act, but they just seem to shunt us aside. I've got a heroin addiction 'cos I can't deal with my past, and psychiatrists were giving us prescription after prescription for different tablets.

5.28 Across the case study areas, many respondents commented on the suitability of available tenancies in relation to their geographical location. In some cases, respondents commented on the lack of affordable housing that was available in their area. In other instances, respondents felt that it was not the lack of available accommodation that was the issue, but their location in areas where they had experienced anti-social behaviour. As one male respondent related:

You can walk about, you ken, and no-one will give you bother. You couldn't even walk about the streets without someone starting on you an' that.

5.29 However, in one of the case study areas, one male respondent was angry not so much at the lack of available property, but at a policy of making use of accommodation in other authorities and sending people there:

These people here will give you a lot of help but the rules up at the council are just mental. They're just pissing me off. They don't have a XXXXing Scooby[8]. Send them down to Glasgow and tell them to stay there for a week, they'd find out why I don't want to go down there.

[8] Slang for 'clue' (Scooby Doo - Clue).

5.30 The majority of respondents across the case study areas expressed a firm desire for independent living in a mainstream tenancy, as one female highlighted, whilst also stressing the value of support to help people:

> *I'm 23 years old. I just want a house basically and to get on with it. But there's a lot in here do have needs and are here quite a long time. Last year there was a lot of people self harming, things like that. And there's a lot of kids been abused and things that need support.*

5.31 In most instances, these respondents wanted to rent from the local authority or a housing association. A small number of respondents commented that help to gain access to privately rented accommodation would be beneficial, in relation to paying a deposit and/or rent in advance. In this respect a couple of respondents noted the existence of rent deposit schemes as being particularly valuable. One reason that was cited for wanting to rent privately was greater personal choice over where respondents might live: private lets tended to be concentrated in the centre of towns or cities, and away from 'problem' areas.

5.32 However, a couple of respondents felt that other options and choices should be available. In one instance, these needs related to long term experiences of homelessness and support requirements. As one older male respondent commented:

> *I've been that dependent on people for most of my days so.. I've never really thought of getting a house. I wouldn't be able to manage a budget, electricity, phone bill, whatever. And plus I can't cook, so…*

5.33 However, a couple of other respondents discussed the need for accommodation where people could address a complex range of issues. For example, one female respondent commented on the need for accommodation where people could also deal with their drug and/or alcohol dependencies, and also highlighted a desire for shared accommodation to combat isolation:

> *I don't want to move out of here, but I've got to go cos I'm only young so they've got to put me into a tenancy. But I know that I'll keeping coming to these places, because I really don't like living on my own. But if I do get my own place I want to try and get put into like supported accommodation. But I couldn't be without my outreach worker. If it wasn't for her, you ken, I'd probably still be out on the street…..What they're doing here is like making flats for old people cos they're going to be long term here, they know they're not going away from here. Some want to be built for young people. The government should put money into that. Like sheltered housing for young people, that can't move on.*

5.34 A number of respondents in different case study areas highlighted the need for advice and information for homeless people, to let them know what services were available, and also what level of service they might reasonably expect from service providers. For example, one respondent discussed whether things were getting better or worse in the town where he lived and commented:

> *What I would say is there's just a lot of people with drug problems. But I still say they should advertise. Because a lot of people out there dinnae ken of*

them. They're oblivious to what there is until they go and try and get a house. And then when you put down homeless they'll tell them about the [access centre for homeless people]. *That's what you need to find out about.*

5.35 The need for information and advice was also highlighted by a couple of respondents who noted the perceptions of some rough sleepers towards making use of the services available. In some instances, respondents talked about people they knew who preferred to sleep rough in preference to staying in a hostel out of a concern for their personal safety and well-being: staying in a hostel was felt to be worse. However, it was clear that safety was not the only reason, as one respondent related:

…there should be enough places for everybody who is homeless to be in some place. Nobody should be on the street. But some people like it. I ken a couple of people who say, 'I prefer being on the street to being in a hostel'.

Interviewer: *Do you think hostels put some people off?*

Aha, some people don't like working with staff. A lot of hostels you have a keyworker, but some just want to be in overnight and then get out again – they aren't interested in working with staff or anybody else.

5.36 The continued need for outreach and streetwork was also highlighted. As one respondent commented:

There's people that like living on the street. They like sleeping in graveyards. And I've got friends that like sleeping in graveyards. They've done it that long they're used to it. People try so hard for them to get into a hostel, and they feel isolated. Or they've been in prison for so long that they just want to be out in the fresh air. And it's amazing the number of people you think, 'why don't you just get up off your bum and get someone to help to help you'.

OVERALL FINDINGS

5.37 On the whole RSI services were well regarded by most respondents, although this view was not universal. Where respondents commented favourably on the services they were using, these often related to factors such as the physical attributes of the service such as warmth, safety, cleanliness and facilities. However, the most positive comments were focused on the support that respondents had received and the general attitude of staff.

5.38 Some respondents reported difficulties with the operation of the benefits system in relation to maintaining, or taking up, employment whilst living in accommodation with a high rent and service charge.

5.39 Respondents commented on changes in the areas where they lived. Some respondents were positive about the changes in the level of services that were available to homeless people, although there was a feeling that insufficient help was available either in the case study areas themselves, or more broadly across Scotland. The positive comments about RSI services by some respondents were tempered with the view that such services should be replicated elsewhere. However, not all changes brought about as a result of RSI funding were

viewed as positive. In one case study area there was a general feeling amongst the respondents that changes had led to a different type of service, which was viewed as less welcoming.

5.40 In a couple of case study areas, respondents commented on the lack of available affordable housing as an important factor that limited their options. Other respondents, particularly in Glasgow and Edinburgh, noted that housing may be available, but it was not necessarily felt to be suitable because it was in areas that were perceived as 'rough': respondents wanted accommodation in areas where they could feel safe.

5.41 Most respondents were keen to live in their own home. However, a small number of respondents preferred other options such as supported accommodation or shared living. These latter respondents tended to be either older people with considerable experience of a chaotic lifestyle, or younger people with a range of needs that may include housing, mental health, drug and/or alcohol dependencies and experience of abuse.

5.42 A key issue for many respondents was the opportunity to make use of accommodation and support services where they had drug and/or alcohol dependencies, sometimes in addition to issues in relation to their mental health. Respondents commented on gaps in provision such as rehabilitation services, particularly for women. In part, these gaps were attributed to a failure by some agencies to take a rounded view of the complex problems faced by these respondents.

CHAPTER 6: CONCLUSIONS

INTRODUCTION

6.1 This final Chapter of the evaluation draws together the key findings from all aspects of the evaluation of the Scottish RSI, and presents a series of policy and methodological recommendations arising from the research. The first part of this Chapter considers the research evidence in respect of the three main objectives of this programme level evaluation and reports the main conclusions in respect of:

- the extent to which RSI funding has been used effectively to help eliminate the need for rough sleeping in Scotland;
- the extent and effectiveness of the mainstreaming of RSI services, and;
- the effectiveness of current monitoring systems.

6.2 The following section considers the extent to which RSI has followed the recommendations reported by Yanetta *et al* (1999) for the interim evaluation of the programme. The Chapter then moves on to consider the opinions of those who participated in the fieldwork on the future of the programme.

6.3 The remainder of the Chapter covers the recommendations on future practice for the delivery and monitoring of services to meet the needs of rough sleepers, in order to sustain a national position where no-one need sleep rough.

RSI EFFECTIVENESS AND THE NEED TO SLEEP ROUGH IN SCOTLAND

The effectiveness of RSI

6.4 RSI was viewed as a highly successful initiative by all of the main types of stakeholders interviewed in the course of the study. National-level bodies, local authority representatives, service providers and service users were all largely positive about its impact and effectiveness.

6.5 Local authority representatives reported that RSI had enabled the development of new services and enabled the expansion of existing services. Cities reported that their services had become more comprehensive and were able to specialise, some smaller authorities reported that they were able to develop services for people sleeping rough for the first time. A majority took the view that RSI had placed the needs of people sleeping rough within the political mainstream at national level and, in most instances at local level. RSI was seen as a catalyst for increased joint working and joint planning, initially in respect of people sleeping rough, but later as the beginning of the processes that led to the development of strategic planning in respect of all forms of homelessness. All local authority respondents reported tangible reductions in levels of rough sleeping since the introduction of the programme in their area, although the extent to which this was the case varied to some degree between authorities.

6.6 Service providers shared the views of local authority providers to a considerable extent. RSI was seen as politically important at a local and national level in changing policy makers' and service providers' attitudes to people sleeping rough, so that they began to be seen as vulnerable individuals who were legitimately within the remit of publicly funded

services. Like local authority respondents, the service providers felt that RSI had facilitated an expansion of services where they already existed and had allowed the development of services in smaller local authority areas that had previously lacked services. Again, service providers generally shared the view that improved coordination and strategic integration of rough sleeper services had resulted from RSI, and also tended to report that RSI had acted as an early catalyst for the development of integrated homelessness strategies. There was a feeling among service providers that RSI had produced visible reductions in people sleeping rough in their areas since the programme was introduced.

6.7 Both local authority respondents and service providers viewed the flexibility within RSI funding as making an important contribution to developing specific services for people sleeping rough and also thought there were benefits associated with having an identified funding stream for rough sleepers, which helped keep them and their needs on the agenda. The evaluation team found that some RSI funded services, such as street outreach teams and daycentres, would find it difficult to qualify for the accommodation-linked funding of the Supporting People programme or for other funding streams. The evaluation team also found instances where RSI money had been used to fill awkward gaps in services for people sleeping rough which were a by-product of the rules governing larger funding programmes.

6.8 Service users had varied perspectives on the impacts of RSI. While these respondents were not able to comment on the specifics of the programme, they could in many instances remember what services were like before RSI arrived and what the impact of RSI had been. In some cases, service users viewed this change as having been a positive one, remembering how previously more limited services had been expanded and extended. However, in one instance, where the undemanding nature of services that were focused simply on the provision of food, shelter or other basics for sustainment had been replaced with an expectation that service users enter resettlement, the change brought about by RSI was less positively viewed. Overall, current, former and potential rough sleepers, while they also identified some limits and problems, praised the RSI funded services that they used.

Statistical evidence

6.9 The GSR monitoring data illustrated a reduction in the need to sleep rough associated with the RSI programme (see below). Statistical information specifically illustrating service effectiveness was restricted at the time of writing, meaning that statistical longitudinal analysis of the extent to which specific services, or services as a whole, were able to successfully resettle former, potential and current rough sleepers was not possible at the time of writing.

Edinburgh and Glasgow

6.10 The majority of funding under the RSI programme was directed to Glasgow and Edinburgh, and so it is important to give these cities specific consideration. The two cities differ from one another in a number of respects. Edinburgh is characterised by a combination of a highly pressured housing market and by inward migration from other parts of the country and from other countries in the UK. Some parts of the city's social rented stock are characterised by residualisation[9], which through a combination of higher than

[9] Residualisation is a shorthand term for describing the process whereby some social rented stock has been characterised by housing an increasingly socioeconomically excluded group of tenants. In part, this process has

normal rates of crime and anti-social behaviour makes the stock difficult to let, creating a further pressure on affordable and adequate housing supply. There is also evidence that Edinburgh has a higher than usual number of people sleeping rough who arrive in the capital from elsewhere in the country and from England (see Chapter Two).[10]

6.11 Glasgow, in contrast with Edinburgh, while it has areas that have highly pressured housing markets, is a city that has experienced outward migration and lost population in recent years. Within the city, pressures on affordable and adequate housing are more closely linked to the residualisation of the social rented stock than they are in Edinburgh. Although both cities face drug problems (Neale and Kennedy, 2002), this social problem seems particularly pronounced in Glasgow among people sleeping rough (Morrison, 2003, reports 48 per cent of people sleeping rough are drug users, p. 39). Evidence from the fieldwork conducted in Glasgow also suggests that there is a higher concentration of people sleeping rough who are characterised by multiple needs and challenging behaviour than is found in other local authorities in Scotland. The development of long stay supported housing targeted particularly on this group by the city council reflects this pattern of need. There also appear to be fewer rough sleepers arriving from outside the city than is the case for Edinburgh.

6.12 Respondents in Edinburgh, both from within and outside the city council and amongst service providers, took the view that the RSI had been highly effective in the capital, with rough sleeper and other homelessness services that were well co-ordinated. Edinburgh services also seemed particularly well-regarded by service users and not just by those currently using services in the capital. Integration between RSI funded services, Supporting People planning and the local authority homelessness strategy was seen as well advanced and the city had developed an outcome led version of the GHN database monitoring all homelessness services across the city (see Chapters Three and Four).

6.13 The picture in Glasgow was more mixed. RSI was seen as having made a visible difference to rough sleeping within the city. Glasgow was also felt, by respondents within the city, to have responded particularly quickly to the opportunities presented by the RSI, facilitated by the co-ordinating role that the GHN undertook in putting together the bid.

6.14 However, while it was generally emphasised that much had been achieved by the RSI programme in Glasgow, a few respondents felt that the quality of service had not in all respects matched the level of investment. Glasgow was in a position, according to respondents in the city, where it had to manage major RSI grants, a major programme to replace its homeless hostel provision and the Supporting People changes in quick succession. Coordination had not, according to a few respondents in the city, always been all that it could be, both in terms of joint working between the city council and the voluntary sector and in the strategic synchronisation of the hostel closure programme with wider homelessness strategy in the city. There were varied views on these issues within the city.

6.15 At the same time, Glasgow respondents acknowledged that the RSI in Glasgow was 'starting from a different place' than elsewhere in Scotland, because of the presence of the

---

been fuelled by the Right to Buy, which took many employed former tenants out of the social rented sector and left economically inactive tenants within the sector. Residualisation also reflects the increasing proportion of socioeconomically marginalised households entering social rented housing as new tenants. For a discussion see Lee, P. and Murie. A. (1997) *Poverty, housing tenure and social exclusion* Policy Press: Bristol.

[10] A similar pattern has been reported in London.

large-scale hostels (now being replaced) and their associated legacy of drugs and violence, making implementation more challenging than in other cities.

6.16 Recent developments in the city were seen as positive, with work towards addressing some of these issues being described as well underway. There was a general view that earlier difficulties were being overcome and that progress was being made in coordination and strategic planning across the city (see Chapters Three and Four).

The limitations of RSI

6.17 For the local authority respondents, the effectiveness of RSI was limited in two main ways. The first was the wider social and economic context in which services were working. In most localities, difficulties in accessing affordable housing were seen as an important limitation on service effectiveness, as former, potential and current rough sleepers could not always be resettled into permanent housing very easily. In some rural areas, with economies dependent at least in part on tourism, where there were both planning restrictions to preserve areas of outstanding natural beauty and thriving second home and holiday home markets, affordable housing was viewed as extremely scarce in relation to need. In some urban areas, notably Glasgow and Dundee, the issue was less the availability of affordable stock than the situation of that stock, which was located in areas of severe economic deprivation, with high crime and high levels of anti-social behaviour. Some of this housing stock was felt to be unsuitable for the resettlement of people sleeping rough and other homeless households. Edinburgh seemed to be caught in a situation of having very high levels of housing demand existing alongside a partly residualised social rented sector.

6.18 The second limitation of RSI, for local authority respondents, was that some elements within the population of people who sleep rough were difficult to reach. As noted in Chapters Three and Four, these elements included three main groups. The first of these groups were people sleeping rough characterised by multiple needs and challenging behaviour, who were difficult to engage with because of their characteristics and the tendency of some individuals to be highly mobile. Outside Glasgow, this group were felt to be very small in number. The second group were those individuals who might be described as very precariously accommodated. These included those people who were moving repeatedly from one relative or friend to another, who might sleep rough if any of these arrangements broke down, but who, for the most part were keeping a roof over their head through informal arrangements. The third group were those individuals and households who suddenly became homeless and had no idea where to go for assistance, meaning that they spent a short amount of time sleeping rough prior to finding a service or presenting as homeless to a local authority. Members of this third group were not viewed as being likely to sleep rough for a sustained period or to experience recurrent rough sleeping.

6.19 To a large extent, the service providers shared these views of the limitations of RSI. Several described the presence of a 'difficult to engage' group of people sleeping rough who absorbed disproportionate levels of staff time and with whom it was more difficult to proceed to effective resettlement. This group were described by a few respondents as being in a situation of continual crisis. Similarly, successes were sometimes reported as being easiest to achieve with those in the second and third groups of people sleeping rough, as these individuals were mainly in housing need, something that was easier to address than meeting a range of different housing, health, personal care and low intensity support needs. Service providers shared the views of local authority respondents in respect of issues of

access to affordable housing and they also added an additional external limitation, which was the accessibility of some other services, particularly supported housing (in some areas) and drug and alcohol rehabilitation.

6.20 Service users raised issues about the availability of services and appropriate accommodation. For drug users, the major issue in their lives was what they saw as the lack of support and detoxification services to help them end their dependency, particularly for those using opiates. Problems in accessing mental health services were also reported by a few service users. Service users also reported issues in a lack of suitable, affordable housing and, in a few instances, a wish to access supported housing services.

Statistical evidence

6.21 The available statistical data, largely drawn from the GHN dataset (see Chapter Two) suggested an ongoing need for rough sleeper services nationally, as there was evidence of presentation of 'new' rough sleepers to RSI funded services, albeit in fairly low numbers. As noted in Chapter Two, the available statistical evidence on service effectiveness is limited in a number of respects at the time of writing, so accurate statistical measurement of the extent to which services successfully engage with current, former and potential rough sleepers was not really possible (see below and Chapter Two for more discussion of these issues).

Edinburgh and Glasgow

6.22 Edinburgh was seen as a city with well coordinated services working within an effectively integrated strategic planning framework, by local authority respondents and service providers, both within and outside the capital. Limitations on RSI effectiveness could only really be discussed in terms of the factors affecting wider homelessness strategy within the city, which centred on supply issues in affordable and appropriate permanent accommodation and some issues in respect of access to other services (see Chapters Three and Four).

6.23 Within Glasgow, coordination between services was felt by respondents, both within and outside the city, to be somewhat less developed. RSI was generally associated with an ongoing process of ever increasing levels of joint working between agencies within the city, but coordination was sometimes felt not to be all that it might be. The main example of this was the hostel closure programme within the city, which a few respondents felt was not as well matched with the homelessness strategy and objectives in relation to rough sleeping as it could be. Some service providers in the city reported a shortfall in hostel bed-spaces, as existing hostel provision was closed more quickly than it was replaced, seen by some as leading to short term increases in rough sleeping, although all respondents within the city reported that it was right to close and replace the existing hostel provision.

6.24 The city was also reported by respondents as having a higher proportion of difficult to reach people sleeping rough who were characterised by multiple needs and sometimes challenging behaviour that made them difficult for services to engage with effectively. This concentration of need had been reacted to by the city council, which had sought to develop long stay supported housing for people in this group (see Chapters Three and Four).

6.25 Glasgow respondents also reported there were difficulties in relation to access to appropriate affordable accommodation, because of the residualisation of some of the city's

housing stock. There were also issues in relation to access to other services, particularly for drug users (see Chapters Three and Four).

Ending the need to sleep rough

6.26 Local authority respondents varied in their views as to how far the national target that no one need sleep rough had been met in their area. Tangible, visible reductions in rough sleeping were universally reported in comparison with the situation that existed prior to the introduction of the RSI programme. However, these reductions were in many instances seen as the result of a process of service development and strategic planning that RSI had begun, rather than as a product simply of RSI itself. It was the development of integrated homelessness strategies, health and homelessness action plans and Supporting People plans within each area, for which, as noted above, RSI was seen as a catalyst that had produced these tangible effects in the view of most local authority respondents. In some instances, RSI remained at the core of these processes, in others, where the amount of grant had never been large, RSI had become peripheral within wider homelessness and Supporting People strategies.

6.27 Some local authority respondents identified what they saw as ongoing structural issues linked to housing availability and other issues, as discussed above, preventing achievement of the target. In some rural and smaller urban areas it was felt that the need to sleep rough had not ended because of continuing shortages in suitable temporary and permanent accommodation. In a number of cases these difficulties were said to have worsened recently as a result of the increased demand for temporary accommodation following the 2001 legislative changes. Again, the presence of three 'hard to reach groups' - highly dependent people with multiple needs, a 'sofa-surfing' population of precariously accommodated people and those who slept rough for a little while because they did not know where to seek assistance, was reported by local authority respondents.

6.28 The existence of these three groups meant that, in the view of some local authority respondents, a permanent elimination of rough sleeping was not likely to occur. However, this was viewed in the context of the bulk of the problem that existed prior to RSI having largely been addressed. The continuing existence of these forms of rough sleeping need not necessarily be viewed as reflecting poorly on the effectiveness of the RSI: the numbers involved in the first group were thought to be extremely small; the rough sleeping experience of the second group was thought not to constitute a public policy priority if their problems are adequately dealt with once they make contact with a local authority or other services; and the 'invisibility' of the third group meant that they are extremely difficult for services to reach. It is also worth noting that the extension in the rights of 'non-priority' groups under the 2001 and 2003 Acts may mean that the second and third groups have better access to permanent housing.

6.29 For service providers, the picture was essentially the same as that seen by local authority respondents. RSI was universally seen as producing falls in the levels of rough sleeping, although, again, these falls were also seen by some respondents as being a product of ever greater joint working and strategic planning across homelessness services as a whole. Supporting People and homelessness strategies, along with the health and homelessness action plans, were all important in understanding how the reductions in rough sleeping had occurred. The effects of RSI in helping bring agencies together were often seen as almost as important as the money it had provided. Problems remained, from their point of view, in

relation to affordable housing supply and access to some services, such as drug and alcohol and mental health services, as discussed above.

6.30 Among service users, views on the need to sleep rough in different areas were more mixed. Some pointed to an improvement in services over time, but others identified both shortages in suitable housing and in access to drug detoxification and rehabilitation services as significant obstacles. In a few cases, current, former and potential rough sleepers reported what they perceived as a shortfalls in service provision for people sleeping rough in their area.

Statistical evidence

6.31 The GSR monitoring of the need to sleep rough nationally suggested a fall in the number of people sleeping rough that were being seen by the projects participating in the GSR monitoring (see Chapter Two). The figure reported in October 2003 was more than one third lower than the figure reported in May 2001. It should also be noted the data collection was somewhat less complete in May 2001 than it was by the end of 2003, suggesting that the reduction may have been somewhat greater than that reported (Laird *et al*, 2004). The findings of this monitoring were felt to tally with local experience of levels of rough sleeping by many respondents.

6.32 As is noted in Chapter Two, the GSR monitoring was intended as an assessment of the need to sleep rough, not as a census of people sleeping rough across the country. In essence, the monitoring tracked an improving balance between increasing numbers of available services and falling numbers of current, former and potential rough sleepers seeking those services. These findings and the weight of qualitative evidence from this report, indicated tangible and sustained reductions in the need to sleep rough across the country; these were a direct result of RSI and other policy and strategic innovations around homelessness at national and local level.

6.33 The distinction between a target to end the *need* to sleep rough and a target to end sleeping rough must always be borne in mind, in that the views of most respondents (and the available statistical and research evidence) suggest that new rough sleepers will continue to appear and continue to need services. While this issue might be addressed to some extent through an increased emphasis on preventative work, both qualitative evidence from this research and the data from the GHN monitoring, do suggest that various socioeconomic factors, interacting with personal needs, characteristics and experiences, will continue to generate rough sleeping, just as they continue to generate homelessness.

Geographical mobility and the need to sleep rough

6.34 There is a need to bear in mind that while in most areas people sleeping rough are local to those areas, the situation appears to be different in Edinburgh and some rural areas. According to the GHN monitoring (see Chapter Two) and the fieldwork conducted for this evaluation, some areas have more people sleeping rough who have come from other parts of the country than some other areas.

6.35 Both local authority respondents and service providers sometimes reported that their area was characterised by people sleeping rough who ‘passed through’ the area or by people

sleeping rough being quite often found to be from outside the area. This is a difficult issue, as it is a common misconception that people sleeping rough are a mobile population who come from 'outside' areas to access services that are intended for local people. In practice, even where respondents from Edinburgh and some of tourism centres in the Highlands reported this as being an issue, they nevertheless reported that people sleeping rough in their area were generally locals. Across much of the country, service providers and local authority respondents viewed their homeless and rough sleeping populations as overwhelmingly local.

6.36 Assessments of the need to sleep rough do need to reflect these variations in the mobility of rough sleeping populations where they exist. As noted, it is important not to exaggerate the extent to which this is an issue, but some localities faced different patterns of need linked to the mobility of current, former and potential rough sleepers in their area.

Edinburgh and Glasgow

6.37 Both cities faced ongoing issues in tackling the need to sleep rough. Edinburgh had difficulties in relation to housing supply and the city tending to have higher proportions of people sleeping rough who had origins outside the area. However, its services were generally praised by respondents.

6.38 In Glasgow, two sets of issues were identified by respondents within the city. Again, the presence of an unusually large group of 'hard to reach' people sleeping rough with multiple needs and challenging behaviour was reported by respondents. This 'hard to reach' group, had, as noted led to a city council service initiative aimed at providing long stay high support housing. The second set of issues related to issues of accommodation supply, both in respect of suitable affordable permanent housing, because of residualisation and in respect of a lack of temporary accommodation, which was seen by some respondents as being caused by shortfalls in hostel beds as a result of the city's hostel replacement programme.

THE MAINSTREAMING OF RSI SERVICES

6.39 The results of the fieldwork for this evaluation suggested that the process of mainstreaming RSI services within strategic planning was well underway across the country. From being a sector that was, at best, only partially involved in wider strategic thinking at local and national level, rough sleeper services were increasingly well integrated within mainstream service planning. RSI was widely seen by interview respondents as representing the first steps towards both the integration of rough sleeper services with other homelessness services, NHS Scotland and local authorities. This process had been accelerated by the advent of homelessness strategies, the recent and planned changes to the homelessness legislation, health and homelessness action plans and Supporting People planning.

6.40 Mainstreaming had also occurred in the sense that RSI budgets were increasingly integrated within spending across homelessness services. This process was still underway in some areas, but in others, such as Edinburgh, RSI funds were effectively treated as part of a strategically organised 'homelessness' budget, made up of RSI, Supporting People and a range of other grants.

6.41 The mainstreaming of services can also have another meaning, which refers directly to the point of service delivery. Within the NHS, for some years, there has been a debate about the extent to which primary care should be offered directly via specialist services to

people sleeping rough as opposed to gearing generalist services so that they can cope more effectively with the needs of rough sleepers. The arguments for 'mainstreaming', in this very particular sense, are that the difficulties exist with providing specialist services (they are only viable in areas where given populations exist in relatively concentrated numbers and create additional costs). There is also the feeling among some commentators that specialist services may reinforce the separateness and alienation of groups like people sleeping rough, making it more difficult for them to use mainstream NHS services. The contrary arguments are that trying to engage with groups like people sleeping rough via generalist NHS services creates management problems for medical and administrative staff, potential difficulties for both staff and other patients linked to issues such as drug dependency and challenging behaviour and that services insensitive to the particular needs of groups like people sleeping rough will be inaccessible. What research evidence there is suggests that people sleeping rough have difficulty engaging with the mainstream NHS and, in the absence of specialist services, or unusually sympathetic individual GPs, they fail to access necessary healthcare (Pleace *et al*, 2000).

6.42 Issues around mainstreaming at the point of service delivery do not exist in quite the same way with respect to the interrelationship between rough sleeper services and other homelessness services. In some respects, all forms of homelessness service, including the statutory discharge of duties by local authorities are 'specialist', because they deal with forms of housing need which most people never experience. Social landlords and Supporting People funded services provide a wealth of support and other services beyond accommodation to homeless people, sometimes coordinated with other specialist services targeted on homelessness from the NHS or social work departments.

6.43 Alongside integration at strategic level, rough sleeper services have increasingly been brought into closer and closer relationships with other homelessness services. An examination of RSI funding shows that, in most instances, the distinction between an 'RSI funded service' and other homelessness services has broken down. While isolated examples of solely RSI funded services exist at the time of writing, essentially just the street outreach teams, almost all services in receipt of RSI funds are also in receipt of Supporting People funds, often at a higher level than their RSI grants. Service level integration between RSI funded services and homelessness services funded by Supporting People is almost uniform.

6.44 This process of the mainstream integration of RSI funded services at both service delivery and strategic level seems likely to be reinforced by the changes in the homelessness legislation.

MONITORING INFORMATION ON ROUGH SLEEPING AND RSI SERVICES

The GSR monitoring of the need to sleep rough

6.45 The GSR monitoring was based on a bi-annual survey of projects and services working with people sleeping rough across the country undertaken during the years 2001 to 2003. The GSR monitoring had a very specific objective - to assess the need to sleep rough nationally by comparing the number of rough sleepers with the supply of emergency accommodation available to them.

6.46 This evaluation concluded that the GSR monitoring achieved this aim, though there was inevitably some under-counting, as the monitoring was confined to those people

sleeping rough who presented themselves to services during the survey periods. It is not appropriate to treat the results as representing a census of people sleeping rough, as it was designed to assess the balance between people sleeping rough and service provision, the 'need' to sleep rough rather than absolute numbers. As with all such snapshot counts, its key broader value may be in the trend data it supplies rather than in the 'absolute' numbers it generates, and the indications from the GSR monitoring were that the need to sleep rough had declined during the period covered by the surveys.

6.47 Theoretically, a more accurate enumeration of the current number of rough sleepers, which could then be contrasted with available service levels, was possible. However, the expense and logistical difficulties of such an exercise, which would involve attempting to find and count people sleeping rough wherever they might be, meant that it was not viable. The same basic methodology as was used by GSR was also employed for a national survey of homelessness in the US for similar logistical reasons (Burt, 2001).

6.48 On balance, it seems the decision only to record movement between local authority areas during the survey weeks led the George Street team to a partially incorrect conclusion about the geographical mobility of people sleeping rough. As the team detected few such movements during the survey weeks, they concluded that geographical movement by people sleeping rough was generally restricted. However, as noted elsewhere in this report, there is strong evidence indicating this is not the case in at least some areas (see Chapter Two and above). Understanding the degree of mobility among people sleeping rough was important in terms of the main objective of the George Street work, which was to assess the numbers and distribution of people sleeping rough against available services and bed-spaces.

GHN National Rough Sleeping Initiative Core Data

6.49 When the original RSI was extended into a second phase, it was decided to introduce a common monitoring system across the projects that were being supported by the programme, operated by GHN. At the time of writing, this system recorded the numbers of people sleeping rough with whom 57 RSI funded projects reported contact; their characteristics and support needs; and project activity.

6.50 The evaluation concluded that GHN have implemented a monitoring system with a minimal use of resources. The scale of the achievement in securing so much robust data from services that can find themselves relatively short of staffing and under a great deal of pressure should not be underestimated. There are issues with respect to data entry that do affect the quality of the GHN database, but most of these could be solved through relatively minor adjustments to the database.

6.51 The demographic and geographical data collected by the GHN monitoring are very rich, providing a wealth of information on the characteristics of people sleeping rough, their mobility and their geographical distribution. However, the GHN monitoring is markedly less well developed in respect of its role as a tool by which the activities of RSI funded services are monitored and as a tool by which the service outcomes of RSI projects can be recorded and assessed. At the time of writing, the limitations are twofold. First, although around one third of services complete the 'outcomes' sections of the database and second, the range of data collected are quite restricted. The decision of Edinburgh City Council to develop its own monitoring system in parallel with the GHN monitoring, which was an explicit attempt

to develop an 'outcome led' database rather than a 'demographic' database, does serve as something of an illustration of these limitations.

6.52 At the same time it should be noted that, despite the relatively much greater scale of expenditure under RSI and from the Homelessness and Housing Support Directorate in England, there is no equivalent national dataset in that country, meaning information on rough sleeping is much more restricted than is the case for Scotland. Understanding of rough sleeping for policy and strategic planning is considerably enhanced by the GHN dataset.

PROGRESS SINCE THE INTERIM EVALUATION

6.53 An interim evaluation of the RSI conducted by Yanetta *et al* was published in 1999. This evaluation reported on the initial round of RSI grants (RSI-1) which were received by thirteen of the local authorities that submitted bids. The authors found that RSI was proving successful, but that a number of issues remained to be resolved, these included:

- a stronger emphasis on incorporating services for people sleeping rough into strategic planning, including incorporation into homelessness strategies;
- greater NHS Scotland and social work department involvement in service provision for rough sleepers;
- an appropriate package of resettlement, tenancy sustainment and preventative services for people sleeping rough in each local authority area;
- recognition of ongoing issues in affordable housing supply in some areas, affecting the ability of services to move former rough sleepers on;
- recognition of barriers to entry and shortages of some forms of service for people sleeping rough, particularly drug and alcohol services.

6.54 Some of the recommendations of the interim evaluation have been successfully met in the intervening years between its publication in 1999 and the time of writing in early 2005. In the case of the recommendations for greater integration, the adoption of the ideas within the Homelessness Task Force report, including the requirement for local authorities to have homelessness strategies and the requirement for health boards to have health and homelessness action plans, coupled with the strategic requirements attached to Supporting People funding, have generated integration at strategic level. In terms of integration at service delivery level, there was evidence of progress in access to NHS Scotland primary care services for people sleeping rough, but less evidence of success in relation to the drug rehabilitation services and mental health services accessed through either the NHS or social work departments.

6.55 In practice, rough sleeping only exists at sufficient concentrations in some areas of the country to allow the development of specialist services aimed particularly at people sleeping rough. Outside Glasgow, Edinburgh and some other cities such as Dundee, the numbers reported, both from the fieldwork conducted for this evaluation and from the GHN statistical monitoring and GSR monitoring, are often very low. The development of a suite of specific rough sleeper services in these areas of the country is, realistically, not practical. However,

the needs of people sleeping rough can be effectively met through ensuring that other homelessness services can, where possible and practical, adapt to their needs. As the distinction between 'types' of homeless household across the country begins to come to an end, this kind of generic homelessness service should become more commonplace. There is a need to ensure that such services can address the needs of people sleeping rough in areas where they are less common.

6.56 As noted by Yanetta *et al* (1999), problems with suitable and affordable housing supply remain a national issue at the time of writing.

THE FUTURE OF RSI

6.57 Most local authority respondents and service providers were of the view that a flexible funding source suitable for funding services for people sleeping rough would continue to be important. Many respondents reported that if RSI ceased it was not clear what the future of some services working with rough sleepers might be. In several areas it was said that the RSI posts and services would definitely go if the RSI funding ceased as the local authority was seeking to make cuts.

6.58 A few local authority respondents felt strongly that the end of a specific, designated stream of money would mean a loss of focus on people sleeping rough[11]. A concern was expressed that, without a special focus on people sleeping rough, and funding to match, the achievements of the programme might be undermined.

6.59 Other respondents, including some in Glasgow and Edinburgh, took the view that rough sleeper services should be fully integrated within wider homelessness strategies, and that RSI funding should be absorbed as part of a single homelessness grant; a process that was seen as largely complete in the capital. At the same time, these respondents emphasised the view that there should continue to be a specific focus on rough sleepers within local outcome agreements linked to local homelessness strategies. This position was echoed by national level respondents.

6.60 Respondents from some smaller urban and rural authorities felt that, while RSI was a good starting point, it was now best to merge it with general homelessness funding. For these authorities, rough sleeping was a small social problem within the wider problem of homelessness in their area; in their view, there were not sufficient rough sleepers in their locality to warrant the development of specific services, a specific funding stream or a separate policy focus.

6.61 The main concern of the service providers who were receiving significant funding from the RSI was that this income stream be maintained. This was particularly true of those services which did not have an obvious alternative source of income, such as the Supporting People programme, because they were not housing-based. The street outreach teams and the daycentres were the best examples of services in this category. Those services receiving a mixture of RSI and Supporting People funding were also keen to retain their RSI funding, as they reported that RSI funding could be used in flexible ways compared to other grants and allowed a specific focus on people sleeping rough. There was no particular attachment to the

[11] Some referred to the importance of continuing to have a ring-fenced pot of money, although technically this had already ceased at the time of writing

specific programme, merely a wish that funding specifically allocated to rough sleeper services continued to be available.

6.62 Many respondents felt that there was a need for a continuing national level target on rough sleeping, though some took the view that if the 2003 legislation was fully implemented there would no longer be any requirement for a specific target on the 'need' to sleep rough.

OVERALL CONCLUSIONS

6.63 The evaluation of the RSI as a discrete programme has become problematic because the planning of services and the delivery of services is now so integral to responses to homelessness more generally. Specific monitoring of RSI services through Local Outcome Agreements has been merged with the monitoring of homelessness strategies. The majority of RSI funded services receive at least as much of their funding, and often a good deal more, through Supporting People, as via RSI grants. This 'mainstreaming' at both strategic and service delivery level is a desirable outcome and an achievement for the RSI programme, but it does create a situation in which the boundaries of the RSI programme and the services it funds have become less clear than they were at the time of the Interim Evaluation (Yanetta *et al*, 1999).

6.64 The RSI has been a successful programme that has largely fulfilled its objective to end the need to sleep rough in Scotland. The introduction of a flexible funding programme allowed the development of new services in areas that had previously lacked any specific provision and also enabled the further development of the sector in those areas that had some service provision. RSI was widely seen as having culminated in the adoption of local authority homelessness strategies which are coordinated with both health and homelessness action plans and Supporting People plans. Consequently, services for people sleeping rough are increasingly integral to strategic responses to homelessness. Positive changes in cultural and political attitudes, which raised awareness of the multiple needs among people sleeping rough and placed their needs on local and national agendas were strongly associated with the introduction of RSI. There is statistical and qualitative evidence that significant, tangible reductions in the levels of rough sleeping have occurred since the programme began.

6.65 There are limits to the effectiveness of RSI. Some groups of former, current and potential rough sleepers are difficult for services to engage with, as much because of their situation and characteristics as because of the finite resources available to those services. In terms of service delivery, beyond the existing provision of services that specifically target the most marginalised and challenging people sleeping rough, it is difficult to see what else might be done. After a certain point, ever-increasing levels of expenditure on what is quite a small group of people with high needs, would start to become hard to justify.

6.66 There are many other changes outside direct service delivery that can potentially benefit people sleeping rough. The increased coordination and comprehensiveness of responses to all forms of homelessness has been of general benefit to rough sleepers and it can be anticipated that the ongoing legislative changes will ease their access to accommodation in some respects. At the same time, however, a lack of suitable and affordable accommodation is evident across the country and this will continue to limit the effectiveness of responses to homelessness at strategic and service delivery level. There are also issues in respect of access to certain kinds of health and social work services, with the

adequacy and accessibility of drug detoxification services for people sleeping rough, being highlighted in the fieldwork for this evaluation.

RECOMMENDATIONS

6.67 A number of recommendations arise from the analysis presented in this report. The recommendations presented below are divided into overall recommendations for the programme and specific recommendations with respect to monitoring of services.

The future of the programme

- There are good strategic and logistical arguments for integrating RSI planning, commissioning and service delivery within local authority homelessness strategies and associated Supporting People planning. The process of mainstreaming RSI services at strategic and service delivery level is effectively complete in several areas and should be encouraged where it is not yet completed.

- Specific targets to ensure services are geared towards the needs of people sleeping rough should be integrated into local authority homelessness strategies and externally monitored, to ensure that the focus brought to rough sleeping by RSI is not lost.

- If integration of RSI funding with other funding streams were to occur, it would be of central importance to retain the flexibility that has characterised the programme. For example, if RSI funding became integrated into Supporting People, the usual rules with respect to tying funding of services to accommodation would need to be suspended for services for people sleeping rough. Specific modifications to the criteria for funding services for particular client groups are commonplace within the Supporting People programme.

- There is evidence of a continuing need for rough sleeper services. Any significant reductions in expenditure on homelessness and rough sleeper services are likely to produce corresponding rises in rough sleeping.

- Further consideration should be given to investigating the effectiveness of preventative services, in the light of evidence of ongoing need.

- The provision of highly supportive long-term housing settings should be investigated as a possible option for meeting the needs of people sleeping rough with multiple needs and challenging behaviour.

- Specific initiatives such as RSI are affected by the context set by wider housing and social policy across the country. Issues such as the availability of suitable and affordable housing across different areas will have an impact on the effectiveness of homelessness strategies in relation to rough sleeping. Wider policy debates should take account of homelessness and rough sleeping where applicable.

The monitoring of rough sleeping and rough sleeper services

- There is a strong case for maintaining a specific national target on rough sleeping to retain appropriate attention on this easily marginalised group. However, when the 2003 legislation is fully implemented, it may be sensible to revise the 'no-one need sleep rough' target to reflect a changed context whereby there will be a duty on local authorities to supply accommodation to all homeless groups. If this revised target relates to reducing the overall numbers of people sleeping rough, it may be possible to assess this with the suggested modified version of the GHN database.

- The need to continue monitoring of rough sleeper services is clear, in order to assess cost effectiveness and to provide data for local and national policy planning and strategy. The existence of the national dataset on rough sleeping provided by GHN gives Scotland a much clearer picture of progress in tackling rough sleeping than is available in England.

- There is a need to address issues in respect of the data entry systems within the GHN monitoring database, as quality control needs some further development.

- The GHN monitoring lacks sufficient outcome measures, it collects insufficient information from an insufficient number of organisations. Both the range of data collection and the response rate need to be improved.

- Although there are problems with the GHN monitoring, this dataset provides a wealth of data within a very small operating budget. There are good arguments for retaining the role of GHN in managing a revised database system, despite some operational problems, because of the degree of success that has been achieved.

- To maintain a separate 'RSI' database for the foreseeable future is illogical in the context of the mainstreaming of RSI funded services within local and national strategic responses to homelessness. Such a database would represent a increasingly arbitrary set of homelessness projects. Consequently, if the GHN database is to be maintained, it would be logical to roll it out across homelessness services throughout the country.

- The database developed by Edinburgh City Council, which is outcome led and covers all homelessness services in the city, should be examined in detail and any valuable lessons transferred to a revised GHN database. The capital's database system provides both the outcome measures and the universal coverage of homelessness services that would make a national database of great utility for policy planning at local, regional and national level.

- Monitoring should enable the logging of whether people sleeping rough are within couples or other forms of household and whether this has acted as an obstacle to services and also take account of whether pets have acted as an obstacle to services.

- Consideration should be given to one extension to HL1, which would be asking a question about lifetime or sustained experience of rough sleeping. This would provide a greater depth of information and allow analysis of the extent to which local authorities might be housing people with sustained experience of sleeping rough. Again, this modification would be of particular interest following the implementation of the 2003 Act.

REFERENCES

Anderson, I. (1993) 'Housing Policy and Street Homelessness in Britain' *Housing Studies* 8, 1, pp.17-29.

Anderson, I.; Kemp, P.A. and Quilgars, D. (1993) *Single Homeless People* London: HMSO.

Burt, M.R. (2001) 'Homeless Families, Singles and Others: Findings from the 1996 National Survey of Homeless Assistance Providers and Clients' *Housing Policy Debate* 12, 4, pp. 737-780.

Dant, T. and Deacon, A. (1989) *Hostels to Homes? The Rehousing of Single Homeless People* Aldershot: Avebury.

Fitzpatrick, S. and Kennedy, C. (2000) *Getting By: Begging, Rough Sleeping and The Big Issue in Glasgow and Edinburgh.* Bristol: The Policy Press.

Fitzpatrick, S. (2004) 'Homelessness policy in Scotland', in D. Sim (ed.) *Housing and Public Policy in Post-Devolution Scotland.* Edinburgh: Chartered Institute of Housing in Scotland. (pp.183-198)

Gill, B.; Meltzer, H.; Hinds, K. and Petticrew, M. (1996) *Psychiatric Morbidity Among Homeless People* London: HMSO.

Glasgow Homeless Network (2004) *National Rough Sleeping Initiative Core Data Report 01 October 2003 - 31 March 2004* Glasgow: GHN.

Grigor, I (2002) *Homelessness and Homeless Services in Highland: Identifying and Assessing the Issues, Needs, Services and Gaps* Inverness: The Highland Council.

Kershaw, A.; Singleton, N. and Meltzer, H. (2000) *Survey of the Health and Well-Being of Homeless People in Glasgow* Glasgow: Greater Glasgow Health Board.

Laird, A.; Mulholland, S.; Campbell-Jack, D. (2004) *Rough Sleepers Initiative: Monitoring the Target of Ending the Need to Sleep Rough by 2003: Third Report Covering the Period from 2001-2003* Edinburgh: George Street Research.

Morrison, D. (2003) *Extent, Nature and Causes of Homelessness in Glasgow,* Glasgow: NHS Greater Glasgow.

Neale J. and Kennedy C. (2002) Good practice towards homeless drug users: research evidence from Scotland *Health & Social Care In The Community,* 10, 3, pp. 196-205.

Netto, G.; Fancy, C.; Pawson, H.; Lomax, D.; Singh, S. and Power, S. (2004) *Black and Minority Ethnic Communities and Homelessness in Scotland* Edinburgh: Scottish Executive.

Owen K. and Hendry T. (2001) *Rough Sleeping in Edinburgh: The Hard Evidence* Edinburgh: Shelter Scotland.

Pleace, N (1995) *Housing Vulnerable Single Homeless People* York: Centre for Housing Policy, University of York.

Pleace, N. and Quilgars, D. (1996) *Health and Homelessness in London: A Review* London: The Kings Fund.

Pleace, N. (1998) *The Open House Project for People Sleeping Rough: An Evaluation* York: Centre for Housing Policy.

Pleace, N.; Jones, A. and England, J. (2000) *Access to General Practice for People Sleeping Rough* York: Centre for Housing Policy/Department of Health.

Quilgars, D. and Pleace, N. (2003) *Delivering Health Care to Homeless People: An Effectiveness Review* Edinburgh: NHS Health Scotland available at: http://www.show.scot.nhs.uk/sehd/healthandhomelessness/research/effectiveness_review_may_2003.pdf

Randall, G. and Brown, S. (1993) *The Rough Sleepers Initiative: An Evaluation* London: HMSO.

Randall, G. and Brown, S. (1996) *From Street to Home : an evaluation of phase 2 of the Rough Sleepers Initiative* London: Department of the Environment

Randall, G. and Brown, S. (2002), *Helping Rough Sleepers Off the Streets: A Report to the Homelessness Directorate,* London: ODPM.

Reid Howie Associates Ltd. (2004) *RSI-Funded Projects for Prisoners and Ex-Prisoners* Edinburgh: Scottish Executive.

Scottish Executive (2000) *Helping Homeless People: Legislative Proposals on Homelessness. Homelessness Task Force Initial Report.* Edinburgh: Scottish Executive.

Scottish Executive (2002) *Helping Homeless People: An Action Plan for Prevention and Effective Responses. HTF Final Report.* Edinburgh: Scottish Executive.

Scottish Executive (2003) 'Rough Sleepers Initiative', News release: SEC360b/2003.

Scottish Executive (2004) *Helping Homeless People: Delivering the Action Plan for Prevention and Effective Response. Homelessness Monitoring Group First Report – January 2004.* Edinburgh: Scottish Executive.

Shelter (2003) 'The Rough Sleepers Initiative in Scotland', <http://www.shelterscotland.org.uk/page.asp?pageid=402>

Social Work Services Inspectorate (2000) *Report of the Glasgow Street Homelessness Review Team* Edinburgh: SWSI

Third, H. and Yanetta, A. (2000) *Homelessness in Scotland: A Summary of Research Evidence* Edinburgh: Scottish Homes

Vincent, J.; Deacon, A. and Walker, R. (1993) *Security, Variety and Glorious Uncertainty: The Experiences of ex-Alvaston Resettlement Unit Residents* Loughborough: Centre for Research in Social Policy, University of Loughborough.

Yanetta, A.; Third, H. and Anderson, I. (1999) *National Monitoring and Interim Evaluation of the Rough Sleepers Initiative in Scotland* Edinburgh: Scottish Executive.

APPENDIX ONE: LIST OF LOCAL AUTHORITIES THAT PARTICIPATED IN THE FIELDWORK

Argyll and Bute
Angus
North Ayrshire (also covering South Ayrshire and East Ayrshire)
Clackmannanshire
Dumfries and Galloway
Dundee
East Dunbartonshire
City of Edinburgh
Falkirk
Fife
Glasgow City
Highland
Inverclyde
North Lanarkshire
West Lothian
Moray
Perth and Kinross
Renfrewshire
South Lanarkshire
Stirling
East Renfrewshire

APPENDIX TWO: TOPIC GUIDE FOR THE TELEPHONE AND FACE TO FACE INTERVIEWS WITH NATIONAL LEVEL AND LOCAL AUTHORITY RESPONDENTS

Final evaluation of the Rough Sleepers Initiative

Topic guide for telephone interviews

Explain study. Ask if the respondent has any further questions about the study. Tell respondent that interview will be recorded and confirm that they are in agreement with this. Inform respondent that their answers are in confidence and will not be used in any form that will identify them as an individual. However, the content of their interview will be referred to and they may be quoted, in an anonymous form, within the report of the research.

1 Role

What is their role within their local authority (or other organisation)?

How long have they had this role?

What does their role in relation to rough sleeping entail?

- strategic planning
- day to day management of services (where applicable)
- gathering and monitoring of statistics or performance indicators across projects and services for people sleeping rough in their area
- monitoring overall levels of rough sleeping
- Making returns to Scottish Exec on their **LOCAL OUTCOME AGREEMENT** (what does that involve?)
- other? What?

- If work in relation to people sleeping rough is a *part* of their role, what proportion of their time do they devote to it? How would that work on a weekly basis, how many hours would they devote to work related to rough sleeping in their area?

If role in relation to people sleeping rough is restricted, ask if there is an individual who works more directly in this field and whether it would be possible to interview them**. Terminate interview.**

2 RSI services

We are aware of the following services supported by RSI funds in their area (list and briefly describe known services).

Are there any other services supported (in whole or in part) by RSI money in their area, if so what are they?

- housing advice and information (including preventative)
- access or rent deposit schemes (including preventative)
- street work/outreach services (including preventative)
- direct access accommodation (nightshelters, hostels or other supported housing)
- move-on or transitional accommodation (including preventative)
- tenancy sustainment services (including preventative)
- resettlement services
- day centre or night centres
- drug and/or alcohol services
- mental health services
- medium and long stay supported housing
- vertically integrated services (e.g. outreach plus direct access plus resettlement)
- prison discharge services
- anything else? What?

Has the pattern of RSI funded services changed over time? How has it changed?

Which services are supported by other sources of money as well as RSI funding, like the Supporting People budget, Social Work or NHS funding? **How significant** are the RSI funds as compared with these other sources?

What about services that work with former, current or potential rough sleepers but are **not** RSI funded? Are there any of those?

3 Perceptions of rough sleeping

How would they **describe** the population using RSI funded services in their area?

- What proportion are sleeping rough at the time they present to services?
- What proportion have some history of rough sleeping?
- What proportion have no particular experience of rough sleeping?
- How geographically mobile are they? How many come from other areas? (Where?)
- What types of households or individuals do they see? (older people, couples, households containing one or more children)
- What proportion are 'short term' rough sleepers?
- What proportion are 'long term' rough sleepers?
- Have these patterns *changed* over time? How?
- What are their sources of evidence for this?

Are there rough sleepers **not** using RSI funded services? Why is this? Are they using other services?

Is there anything they can say about the **causes** of rough sleeping in their area? What do they think the important causes are?

- housing markets and house prices
- drugs and alcohol
- mental health needs
- changes in society ('uncaring' or unstable family structures, poor social supports)
- economic change or decline
- childhood experiences and later experience of rough sleeping
- migration of people sleeping rough from other areas of Scotland
- other causes? What are they?

How would they describe the **levels** of rough sleeping in their area? A serious social problem?

Has this **increased or decreased** over time?/ Any **change** since the introduction of RSI funding into their area?

4 Impact of RSI

What are their views on the effectiveness of **each** of the RSI funded services? (**Review all services mentioned).** Effective in meeting the needs of people sleeping rough?/potential rough sleepers?/reducing rough sleeping levels?

How effective has the RSI programme **overall** been in reducing levels of rough sleeping in their area/ the need to sleep rough in their area?

Is there **evidence** that these services have been effective in helping reduce levels of rough sleeping in their area?

- evidence from the core monitoring conducted by Glasgow Homelessness Network?
- evidence from George Street Research monitoring on the 'need' to sleep rough?
- evidence from any local evaluations of services?

How would they describe the **quality** of the evidence that there is about how effective these services are?

Thinking in terms of the Scottish Executive target of removing the *need* to sleep rough in Scotland, has that target been achieved in their area? What sort of progress has been made toward it, if it has not been achieved as yet?

Services working with single homeless people and other groups, not funded by RSI, may be providing support to people sleeping rough and potential rough sleepers. In a context in which Supporting People, NHS and in some instances, social work and charitable funding may be contributing towards services, what has the specific impact of RSI been in their area?

- How do RSI projects compare with those working with the same or overlapping groups compare with those projects funded (in whole or in part) by Supporting People, the NHS, Social Work or charitable funding?

6 Future of RSI

What are their views on what the future of the RSI programme should be?

How should the money be allocated? Any comments on the existing system or how it might be revised?

(RSI funding is currently built in to Local Authority Revenue Support Grant and will continue to distributed in this way until at least 2005/6 - there are no plans for it to cease as a separate grant imminently).

How would they describe the process of integrating RSI activity within the strategies for their area, what level of progress has been made in relation to successful integration with:

- the homelessness strategy
- the Supporting People strategy
- the housing strategy
- the health and homelessness action plan
- Social Work/Community Care strategy
- Children's Plan
- any other local planning of relevance?

Have services for people sleeping rough and potential rough sleepers become part of the mainstream services in their area?

- For example, are mainstream housing, health and social care services (for example), better equipped to meet the needs of people sleeping rough?

7 Overall

How would they assess the overall impact of RSI in their area? Is policy moving in the right direction?

Is there anything we have not discussed that they feel is important or relevant that they would like to raise now?

Ask respondent if they have any questions about the interview or the study that they would like to ask now. **Conclude interview**

APPENDIX THREE: TOPIC GUIDE FOR SERVICE PROVIDERS

Interviews with service providers

Explain study. Ask if the respondent has any further questions about the study. Tell respondent that interview will be recorded and confirm that they are in agreement with this. Inform respondent that their answers are in confidence and will not be used in any form that will identify them as an individual. However, the content of their interview will be referred to and they may be quoted, in an anonymous form, within the report of the research.

Check for any annual reports/data.

Job

Can you tell me what your job involves?

And how does that fit into (whatever their organisation is)?

What is your job within the scheme?

- how many hours a week is that for?

Services

Could they describe their service?

What is/are their service(s) for? What do you think it is (they are) designed to achieve?

- Improve the lives of homeless people on the streets or to get homeless people off the streets?
- resettle people who are sleeping rough (make sure they get access to appropriate housing)?
- provide a broader service? What? A welfare role? Support? Arrange medical and social services?
- other services? What are they?

What services do they provide (if not answered above):

- housing advice and information (including preventative)
- access or rent deposit schemes (including preventative)
- Street work/outreach services (including preventative)
- Direct access accommodation (nightshelters, hostels or other supported housing)
- move-on or transitional accommodation (including preventative)
- tenancy sustainment services (including preventative)
- resettlement services
- Day centre or night centres

- drug and/or alcohol services
- mental health services
- medium and long stay supported housing
- vertically integrated services (e.g. streetwork/outreach plus direct access plus resettlement)
- prison discharge services
- anything else? What?

People sleeping rough

How would they describe the people who use their RSI funded services?

- What proportion are sleeping rough at the time they present to services?
- What proportion have some history of rough sleeping?
- What proportion are lone homeless people without particular experience of rough sleeping?
- How would they describe the *needs, characteristics and experiences* of the people using their services?
    - gender
- household type (single, families)
- nature of needs beyond housing
- complex needs
    - short/long term rough sleeping
- What are their sources of evidence for this?

RSI

(If they know what RSI is – check) ***Remember to try to get them to differentiate between RSI funded services and services funded by Supporting People and other sources of revenue or capital funding – some services will be joint RSI and Supporting People funded – ok to talk about those as if RSI funded.***

Which services are funded by RSI? In whole or in part?

Has this pattern changed over time?

What has RSI funding allowed them to do?

Would the service they have provided been available or set up anyway without RSI funding?

If the service already existed: What impact has RSI funding had on the service?

- Improved a service or allowed a different type of service to be provided?

Has Supporting People funding taken over from RSI funding?

Services

How successful are their services in helping users to resettle and exit from sleeping rough?

Is there enough move on accommodation/affordable housing supply?

What about the suitability of existing housing stock?

- is the location suitable/accessible for rough sleepers?
- (include marginalised neighbourhoods with high degree of anti-social behaviour and other problems)

What about packages of support, e.g. housing, health and social work support for resettling people sleeping rough? Can those be organised to enable resettlement?

Any services that it is difficult to access? Gaps in services? Which ones and why?

What are their views on the **effectiveness** of their RSI funded services? Do they feel that they have been successful in achieving their objectives?

What evidence are they asked to provide to show that they have been effective in helping to reduce levels of rough sleeping in their area? What information is gathered?

- evidence from the core monitoring conducted by Glasgow Homelessness Network?
    - Do you make returns to Glasgow Homelessness Network?
    - Do you find this information useful for your own work in any way?
- evidence from any local evaluations of services?
    - Do you have a Local Outcome Agreement with your Local Authority?
    - How do you report on that?
- How far is evidence based on service activity or outcomes?

How would they describe the **quality** of the evidence that there is about how effective these services are?

- Views on George Street research and number of rough sleepers in their area.

Rough sleeping in their area and the impact of RSI

Is there anything they can say about the causes of rough sleeping? What do they think the important causes are?

- housing markets and house prices
- drugs and alcohol
- mental health needs
- changes in society ('uncaring' or unstable family structures, poor social supports)
- economic change or decline
- childhood experiences and later experience of rough sleeping
- migration of people sleeping rough from other areas of Scotland

- other causes? What are they?

How would they describe the levels of rough sleeping in their area?

Has this increased or decreased over time?

Can they say anything about the extent to which rough sleeping levels have changed since the introduction of RSI funding into their area?

To what extent does rough sleeping remain as a serious social problem within their area?

Has this pattern changed over time? How has it changed?

May be that they cannot answer these questions, but check

How effective has RSI funding been in reducing levels of rough sleeping in their area?

Thinking in terms of the Scottish Executive target of removing the *need* to sleep rough in Scotland, has that target been achieved in their area? What sort of progress has been made toward it, if it has not been achieved as yet?

What about other effects of RSI?

- Did RSI produce any changes in attitudes towards homeless people locally?

- Has the way in which mainstream services are delivered altered
  - in terms of the accessibility of services for clients?

Anything else they would like to say?

APPENDIX FOUR: TOPIC GUIDE FOR SERVICE USERS

Topic guide for people sleeping rough

Explain study. Ask if the respondent has any further questions about the study. Tell respondent that interview will be recorded and confirm that they are in agreement with this. Inform respondent that their answers are in confidence and will not be used in any form that will identify them as an individual. However, the content of their interview will be referred to and they may be quoted, in an anonymous form, within the report of the research.

Introduction

Please can they give age, name (just for the tape, does not have to be actual name) (note ethnicity).

How long have you been in contact with X service/going to the hostel/day centre?

What made you first get in touch or go along?

How did you find out about this service?
Was it easy to find out about?

Sleeping rough

Can I ask if you are currently sleeping rough or if you have been sleeping rough recently?

Have they all slept rough regularly?
Are they new to sleeping rough?
How long (broadly) have you been sleeping rough? (By that I mean when did you first sleep rough and how many times have you done it since?)

And how long have you been homeless?

Where you are living now?

- Still homeless/sleeping rough?
- House, flat?
- direct access shelter or hostel
- hostel
- move-on accommodation
- Temporary accommodation/permanent.
- How long living there?

(Anyone else live with you? Who?)

How would they describe where they are living now?

Do you like where you live now?

What is it that you like or don't like?

Enough room?
Feels safe?
Warm and dry?
Sharing with others? (what is that like, if so)?
Anything else?

Is the location of where you are living OK?
Convenient/not convenient?

Support and Support needs

What do people who are rough sleeping need in order to help them out of homelessness?

What accommodation would they like?
What help would they need to get that?

What support do people who are rough sleeping need?

What would make the most difference to them? What are the gaps in services?

What help do they need (if any)?

Try to establish *which services they are in contact with*, and *who provides them*

- Any hostels?
- Supported accommodation?
- Support or resettlement workers (delivered to homeless people living in any housing setting and in any tenure);
- drug or alcohol workers?
- Health workers?
- Outreach workers?
- Anyone else in contact with; Which organisation are they from?

Are they in contact with any other housing providers?

Are they in touch with services for employment training or education?

What support are they getting? Check against list below. If they are receiving it, can they talk about *how useful it is*? If *not receiving* a form of support, is this something they *would like to receive?* (*why?*)

- Help with finding appropriate accommodation and moving. A worker may pursue the most appropriate accommodation available on behalf of a household, visit offered accommodation with households and may also help with the move itself.

- Practical assistance in setting up and maintaining a home such as help in getting furniture, sorting out decoration needs or help with accessing assistance from local volunteers or voluntary sector groups.

- Training and support in daily living skills. Including how to manage finances, to prepare and cook food, to shop and to clean.

- Help with accessing health, care and other services. GPs, drug and alcohol services, social work, other support.

- Help with accessing benefits. Homeless households may need help in accessing all the benefits to which they are entitled if resettlement or the prevention of homelessness is going to be successful.

- Self-advocacy. Learning how to claim benefits or get services on their own, make applications and deal with appeals or complaints on their own.

- Support in developing social skills and social networks. (help establishing new social networks, helping people access opportunities for socialisation and work on developing friendships, peer support, befriending and other relationships)

- Emotional support and facilitating access to counselling services. Direct emotional support to homeless people and help with access to services providing emotional support.

Overall do you think that the right sort of help is available in this area for people sleeping rough?

- **Which services were best and most helpful?**
- **Which services were least helpful?**
- That there was enough help?
- What other types of help would you have liked?

Do you think things round here have got better or not when you use services like:

- Housing
- Health
- Benefits

- Social work

Do services talk to each other and link together or do you find that you have to do this for yourself?

Anything else they would like to say?

ISSN 0950 2254
ISBN 0 7559 3948 4
Price £5.00

www.scotland.gov.uk/socialresearch

The text pages of this document are produced from 100% Elemental Chlorine-Free material.
The paper carries the Nordic Ecolabel for low emissions during production, and is 100% recyclable.

Astron B40545 3/05