Aberdeenshire
C O U N C I L
Infrastructure Services

REPORT TO COMMUNITIES COMMITTEE – 7 SEPTEMBER 2017

HOUSING FIRST PILOT SCHEME

1   Recommendations

The Committee is recommended to:

1.1   Consider the current position with the Housing First pilot, and;

1.2   Receive a further report after 9 months with an update on the pilot.

2.   Background/Discussion

2.1   For some people homelessness is a one-off situation that is resolved by making a homeless application and ultimately being offered permanent housing. Some homeless applicants may have more complex issues but will still be able to sustain accommodation with the appropriate support. There are however a small number of clients who repeatedly come through the homelessness service, and who have been unable to sustain accommodation for a number of reasons. These clients are likely to have a variety of issues indicative of their chaotic lifestyle, and may be known to a number of services including social work, criminal justice, prison, and health.

For those identified with the most complex issues or 'multiple exclusion homelessness', housing alone will not solve the problem. The complexity of these issues often as a result of early childhood trauma such as school or family problems, sexual or physical abuse, or neglect, can lead to deep social exclusion including homelessness, mental health problems, drug and alcohol dependencies and institutional experiences. These issues raises the question of how these complex issues can be addressed by services and prevented in the future.

2.2   Housing First is a model that originated in America and has been adopted throughout Europe, Canada and in some areas of the United Kingdom. The model is held in high esteem in the housing industry and with Scottish Government due to its proven record of success. Although the original and subsequent models have focused on rough sleepers we recognise that in Aberdeenshire there are still a number of clients who though perhaps are not rough sleepers fit the criteria in every other way and struggle to maintain even temporary accommodation. Despite this it is likely in many of these cases we have a statutory duty to provide permanent housing. With this in mind we have taken the decision to pilot a Housing First Project to try and engage with these clients in order to use a multi agency approach to assist them to sustain a further tenancy.
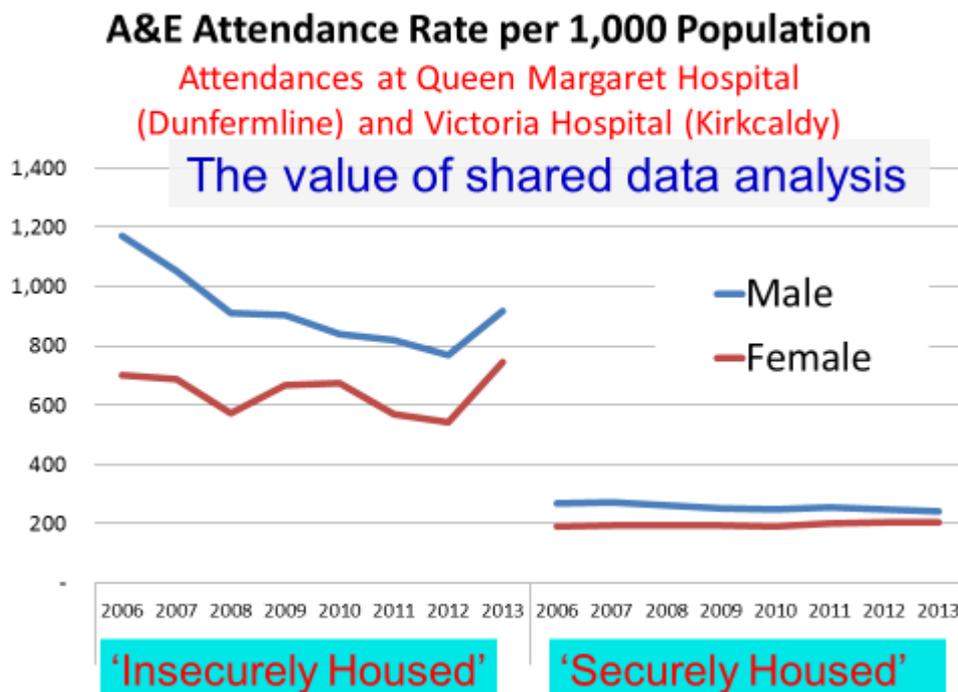
2.3   The most common health needs of homeless people and a cause and consequence of homelessness relate to mental ill-health, alcohol abuse and illicit drug use and dual diagnosis is frequent. Depression and suicides are higher among homeless people compared to the general population and there are also links between homelessness and offending.   There is an increase in the risk of homelessness for those who have spent time in prison and a lack of stable accommodation increases the risk of (re)offending. The table below illustrates some of these differences:
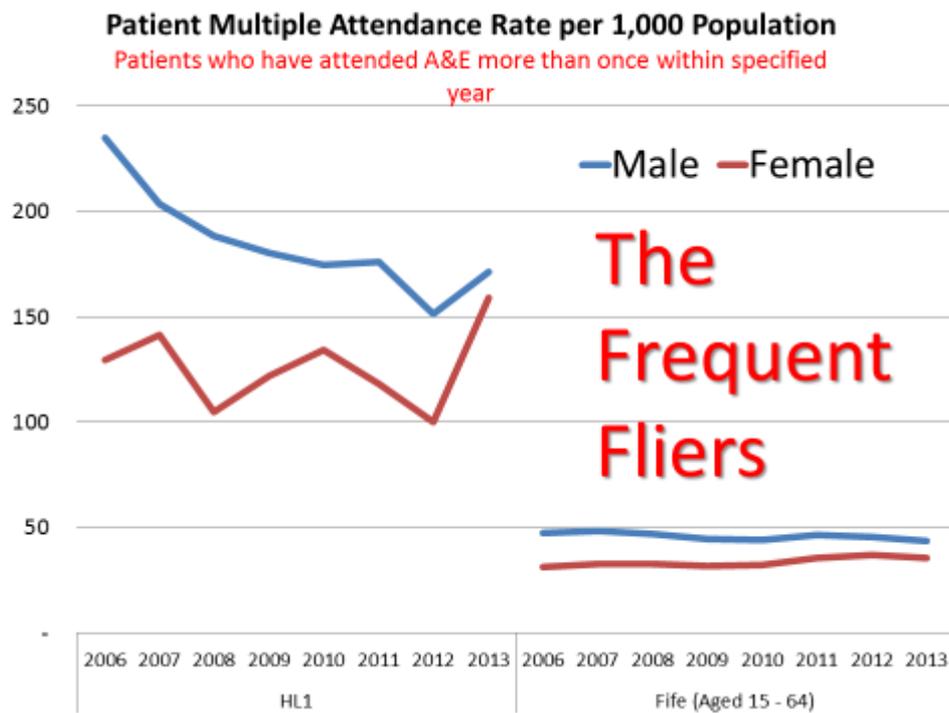
Table 1

Health Issue	Homeless Population	General Population
Long term physical health problems	41%	28%
Diagnosed mental health problems	45%	25%
Taken drugs in the past month	36%	5%

(Source: Homeless Link, Health Audit, 2014)

2.4   Analysis undertaken by Fife Council and Neil Hamlet, Consultant, Public Health Medicine, NHS Fife managed to link health and homelessness data which shows the impact insecure accommodation has on hospital attendees:
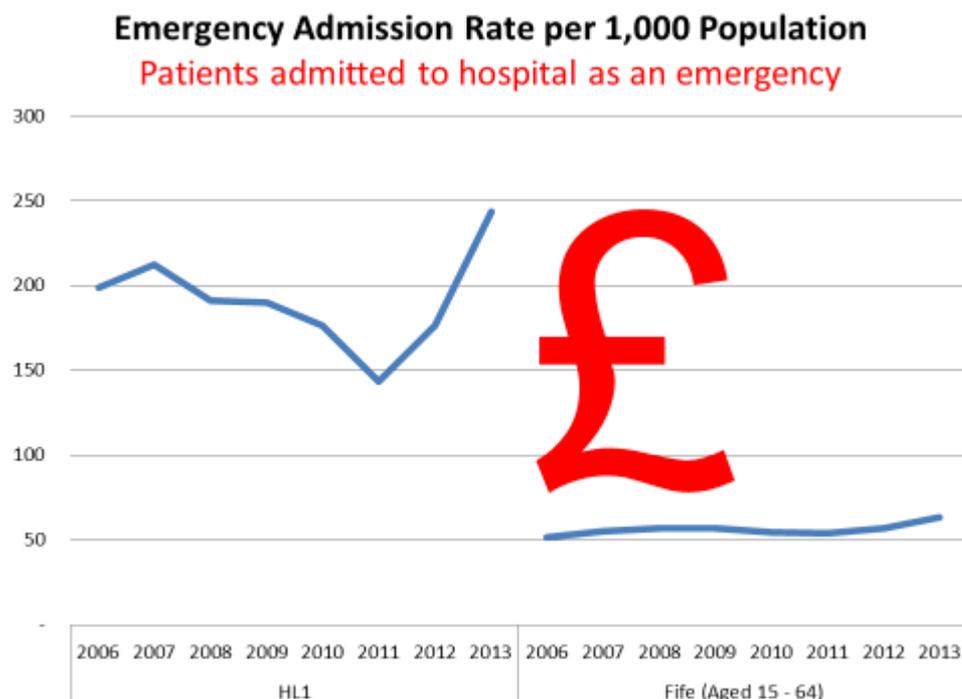

A&E Attendance Rate per 1,000 Population
Attendances at Queen Margaret Hospital (Dunfermline) and Victoria Hospital (Kirkcaldy)
The value of shared data analysis
—Male
—Female
'Insecurely Housed'   'Securely Housed'

Patient Multiple Attendance Rate per 1,000 Population

Patients who have attended A&E more than once within specified year

—Male —Female

The Frequent Fliers

250
200
150
100
50

| 2006 2007 2008 2009 2010 2011 2012 2013 | 2006 2007 2008 2009 2010 2011 2012 2013 |
| HL1 | Fife (Aged 15 - 64) |

This chart shows the number of persons who have attended Accident and Emergency more than once within specified year.

The left hand side of the chart indicates that they were recorded as being homeless (HL1 is the statistics recorded by Scottish Government on homelessness)

Compare this to the right hand side of the chart it clearly indicates the difference in Accident and Emergency attendance for those in secure housing.

Emergency Admission Rate per 1,000 Population

Patients admitted to hospital as an emergency

£

300
250
200
150
100
50

| 2006 2007 2008 2009 2010 2011 2012 2013 | 2006 2007 2008 2009 2010 2011 2012 2013 |
| HL1 | Fife (Aged 15 - 64) |

Again the left hand side of the chart records those who are not in secure housing who are admitted to hospital as emergencies, compared to the right hand side of the chart which looks at those in secure housing.

These statistics relate to Fife only.

2.5 Until recently the Options and Homelessness Service were funding a Care Manager (Homelessness) post based within Social Work. This post was originally created as a link between the two services. However, the focus of the role changed to become more directly involved with the substance misuse team, and it was mutually agreed that the funding could be utilised instead to fund a Housing Officer (Support) to co-ordinate and provide support for Housing First. The pilot project will be available across Aberdeenshire.

2.6 As the charts above demonstrate, there is a clear link between homelessness and poor Health. North Lanarkshire Council have also completed a study and the evidence is repeated in their findings, and we are currently waiting for the outcome of a Scotland wide study. This emphasises the need for a closer working partnerships with Homelessness and The Health and Social Care Partnership. With this in mind the Options and Homelessness service have been working together with not only Health Services, but Police, and Prison services, Langstane Housing Association, Turning Point, Department of Work and Pensions and Social Work in an effort to identify clients known to more than one service and who are repeat clients. The pilot project will focus on clients for whom we have accepted a permanent duty to rehouse under the terms of homelessness legislation but who have been unable previously to sustain either temporary, or permanent accommodation. It will provide wrap around support with each service involved with an individual client committing to provide the required assistance. The Housing Officer (Support) will be the link to all the services, co-ordinating and sourcing support that meets the client's needs.

2.7 There is evidence that shows repeated moves of accommodation is particularly unsettling for someone with complex needs and leads to tenancy failures. The main aim of the project is to ensure a homeless applicant is able to sustain accommodation therefore the hope is that the temporary accommodation can be made permanent in due course. As far as possible the temporary accommodation will be in an area suitable to the client, with sufficient transport links, to allow them access to support, meetings, family networks, employment etc., all in an effort to ensure sustainability.

2.8 Once in settled accommodation it is equally important these clients see improvements in their health and well being

It is hoped in the long term we would be able to show a reduction in

- Repeat Homelessness
- Accident and Emergency Attendance
- Alcohol Related Admissions
- Drug Misuse Related Admissions

- Emergency Admissions related to Injury and Poisoning
- Psychiatric Admissions
- Non-attendance at Outpatient Appointments
- Police arrests
- Offending/reoffending
- Costs

2.9 A project group has been set up with the partners which will meet regularly to share information and ensure the project remains on track. The group will also monitor particular clients and establish the joint savings to all partners.

2.10 Should the project be a success then the hope is that it could be built on with all partners involved in a future expansion of the service.

2.11 The Head of Finance and Monitoring Officer within Business Services have been consulted in the preparation of this report and their comments are incorporated within the report and are satisfied that the report complies with the Scheme of Governance and relevant legislation.

3. Scheme of Governance

3.1 The Committee is able to consider and take decision on this item in terms of Section D. 3.3.1a of the List of Committee Powers in Part 2A of the Scheme of Governance for a decision on any Housing policy issue and resource matter (within agreed budgets).

4. Implications and Risk

4.1 An equality impact assessment has been carried out as part of the development of the proposals set out above. It is included as Appendix 1 and no impact has been identified.

4.2 There are staffing and financial implications. A specific member of staff has been appointed to provide support and co-ordination for the project. It could potentially save staff time if we reduce repeat presentation and reduce management issues. Although we have appointed someone to the role the overall cost is less than what was being paid to the care manager role so this is currently a saving. Repeat homelessness presentation is a large cost to the authority and the aim of the pilot project is to monitor these cost savings to establish if the project is worth continuing with.

4.3 The following Risks have been identified as relevant to this matter on a Corporate Level: Working with other organisations as discussed in point 2.6 and Social Risk due to the client group involved within the project.

Allan Jones, Housing Manager (Options and Homelessness)

Report Prepared by: Alison Mackinnon, Service Development Officer (Homelessness) Allan Jones, Housing Manager (Options and Homelessness)

Date 9 August 2017

Aberdeenshire
C O U N C I L

EQUALITY IMPACT ASSESSMENT

Stage 1: Title and aims of the activity ("activity" is an umbrella term covering policies, procedures, guidance and decisions).	
Service	Infrastructure
Section	Options and Homelessness
Title of the activity etc.	Housing First Pilot
Aims of the activity	To reduce repeat homelessness to a small number of clients who we have a statutory duty towards to provide permanent, but who have multiple complex needs, and struggle to maintain temporary or permanent accommodation. These clients frequently use multiple services but repeatedly withdraw or stop engaging, resulting in Homelessness either never fulfilling their duty, or poor tenancy sustainment, all at great cost to all our services. The aim is to provide wrap around support to this small group of clients in an effort to increase their chances of securing their statutory right and successfully sustaining it.
Author(s) & Title(s)	Allan Jones, Housing Manager (Options & Homelessness) Alison Mackinnon, Service Development Officer (Homelessness)

Stage 2: List the evidence that has been used in this assessment.	
Internal data (customer satisfaction surveys; equality monitoring data; customer complaints).	Monthly monitoring reports of repeat homelessness. Issues with tenancy sustainment. Local knowledge of specific clients frequently using multiple services.
Internal consultation with staff and other services affected.	Meeting held on 6 April 2017 with relevant stakeholders presenting the facts information on Housing First. Presentation by Patrick McKay (Turning Point Scotland) who runs Housing First Project in Glasgow, Renfrewshire, and Inverclyde. Subsequent meetings with sub-group including HSCP, LHS, Police, Prison Services, Turning Point, S/W criminal justice, Substance misuse, Options and Homelessness.
External consultation (partner organisations, community groups, and councils.	Turning Point Scotland Scottish government SHN CIH Shelter Housing Action Scotland

External data (census, available statistics).	Busch-Geertsema, V. (2013) *Housing First Europe Final Report*. Bremen: Housing First Europe. Johnsen, S. with Fitzpatrick, S. (2013) *Housing First Europe Local Evaluation Report*. Bremen: Housing First Europe. Johnsen, S. and Fitzpatrick, S. (2012) *Turning Point Scotland's Housing First Pilot Evaluation: Interim Report.* Edinburgh: Heriot-Watt University. Johnsen, S. and Teixeira, L. (2010) *Staircases, Elevators and Cycles of Change: 'Housing First' and other housing models for homeless people with complex support needs.* London: Crisis. Johnsen, S. and Teixeira, L. (2012) 'Doing it already?' Stakeholder perceptions of 'Housing First' in the UK, *International Journal of Housing Policy*, 12(2): 183-203. Kaye, S. and Darke, S. (2002) Determining a diagnostic cut-off on the Severity of Dependence Scale (SDS) for cocaine dependence, *Addiction*, 97: 727-731. Lawrinson, P., Copeland, J., Gerber, S. and Gilmour, S. (2007) Determining a cut-off on the Severity of Dependence Scale (SDS) for alcohol dependence, *Addictive Behaviors*, 32: 1474-1479. Scottish Government (2008) *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem.* Edinburgh: Scottish Government. Tsemberis, S. (2010) *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction*. New York: Hazelden. Tsemberis, S. and Eisenberg, R. F. (2000) Pathways to housing: supported housing for street-dwelling homeless individuals with psychiatric disabilities, *Psychiatric Services,* 51(4): 487-493. Tsemberis, S., Gulcur, L. and Nakae, M. (2004) Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis, *American Journal of Public Health,* 94(4): 651-656. The efficiency and effectiveness of the Housing First support service piloted by Depaul in Belfast, funded by Supporting People: An SROI evaluation Final Report: June 2016; Edited Report October 2016
Other (general information as appropriate).	The overall philosophy of Housing First is to provide a stable, independent home and intensive personalised support and case management to homeless people with multiple and complex needs. Housing is seen as a human right. Housing First services there are no conditions around housing readiness before providing someone with a home; rather secure housing is viewed as a stable platform from which other issues can be addressed. Homeless Link 2016 Our project differs slightly in that we will be providing temporary accommodation in the first instance, along with wrap around support with every service playing their part and committing to provide assistance where they can. A Housing Officer (Support) will be the link to all the services, co-ordinating and sourcing support that meets the client's needs. Regular meetings with partners are held to identify/discuss referrals and get a picture of how many services a client may be using and where possible costs.

Stage 3: Evidence Gaps.

Are there any gaps in the information you currently hold?	No

Stage 4: Measures to fill the evidence gaps.		
What measures will be taken to fill the information gaps before the activity is implemented? These should be included in the action plan at the back of this form.	Measures:	Timescale:

Stage 5: Are there potential impacts on protected groups? Please complete for each protected group by inserting "yes" in the applicable box/boxes below.				
	Positive	Negative	Neutral	Unknown
Age – Younger			Yes	
Age – Older			Yes	
Disability			Yes	
Race – (includes Gypsy Travellers)			Yes	
Religion or Belief			Yes	
Gender – male/female			Yes	
Pregnancy and maternity			Yes	
Sexual orientation – (includes Lesbian/ Gay/Bisexual)			Yes	
Gender reassignment – (includes Transgender)			Yes	
Marriage and Civil Partnership			Yes	

Stage 6: What are the positive and negative impacts?		
Impacts.	Positive (describe the impact for each of the protected characteristics affected)	Negative (describe the impact for each of the protected characteristics affected)
Please detail the potential positive and/or negative impacts on those with protected characteristics you have highlighted above. Detail the impacts and describe those affected.		

Stage 7: Have any of the affected groups been consulted?	
If yes, please give details of how this was done and what the results were. If no, how have you ensured that you can make an informed decision about mitigating steps?	No, it is a new pilot that will be open to anyone who meets the criteria.

Stage 8: What mitigating steps will be taken to remove or reduce negative impacts?		
These should be included in any action plan at the back of this form.	Mitigating Steps	Timescale

Stage 9: What steps can be taken to promote good relations between various groups?

These should be included in the action plan.	Regular sub-group meetings to discuss pilot and continued agreement to commit to the Project providing assistance and support wherever possible, working together to get best possible outcome for the client and each service .

Stage 10: How does the policy/activity create opportunities for advancing equality of opportunity?
The project will ensure that clients who we have a statutory duty to, but are consistently lost in the system through lost contact/non-engagement have the opportunity to be housed appropriately and have their individual support needs met, allowing them to successfully remain/keep their tenancies and stopping the revolving door for them. Having the permanence of a home allows them the opportunity to access Doctors and hopefully reduce any substance misuse issues eventually allowing them access to employment.

Stage 11: What equality monitoring arrangements will be put in place?	
These should be included in any action plan (for example customer satisfaction questionnaires).	Customer Satisfaction Surveys

Stage 12: What is the outcome of the Assessment?		
Please complete the appropriate box/boxes	1	No negative impacts have been identified –please explain.
		Currently we have a statutory duty to these clients which isn't being met due to non-engagement. The pilot seeks to be more assertive and as it is smaller numbers will have the capacity to do this. This is a small number of clients but who probably cost all our services the most money and the hope is that the stability of being housed, and having their support needs met by the correct services being involved will eventually these clients becoming more able to maintain their tenancies and result in reduced costs to services. The pilot is open to anyone who meets this criteria.
	2	Negative Impacts have been identified, these can be mitigated - please explain. * Please fill in Stage 13 if this option is chosen.
	3	The activity will have negative impacts which cannot be mitigated fully – please explain. * Please fill in Stage 13 if this option is chosen

* Stage 13: Set out the justification that the activity can and should go ahead despite the negative impact.		

<table>
<tr>
<td colspan="4">Stage 14: Sign off and authorisation.</td>
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<tr>
<td rowspan="7">Sign off and authorisation.</td>
<td>1) Service and Team</td>
<td colspan="2">Infrastructure, Housing and Options</td>
</tr>
<tr>
<td>2) Title of Policy/Activity</td>
<td colspan="2">Housing First Pilot</td>
</tr>
<tr>
<td rowspan="2">3) Authors:
I/We have completed the equality impact assessment for this policy/ activity.</td>
<td>Name: Alison Mackinnon
Position: Service Development Officer (Homelessness)
Date:
Signature:</td>
<td>Name:
Position:
Date:
Signature:</td>
</tr>
<tr>
<td>Name: Allan Jones
Position: Housing Manager (Options and Homelessness)
Date: 11/08/2017
Signature:</td>
<td>Name:
Position:
Date:
Signature:</td>
</tr>
<tr>
<td>4) Consultation with Service Manager</td>
<td colspan="2">Name:
Date:</td>
</tr>
<tr>
<td>5) Authorisation by Director or Head of Service</td>
<td>Name:
Position:
Date:</td>
<td>Name:
Position:
Date:</td>
</tr>
<tr>
<td colspan="2">6) If the EIA relates to a matter that has to go before a Committee, Committee report author sends the Committee Report and this form, and any supporting assessment documents, to the Officers responsible for monitoring and the Committee Officer of the relevant Committee. e.g. Social Work and Housing Committee.</td>
<td>Date:</td>
</tr>
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<td colspan="3">7) EIA author sends a copy of the finalised form to: eia@abdnshire   Date:</td>
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<td colspan="3">(Equalities team to complete)
Has the completed form been published on the website?   YES/NO   Date:</td>
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Action Plan

Action	Start	Complete	Lead Officer	Expected Outcome	Resource Implications
Identify appropriate cases.	In progress		Fiona McHardy	Contact to be made with identified clients to discuss project, and if in agreement temp allocated if not already in placement, and agreement of support plan.	Staff Time
Identify appropriate temporary accommodation in areas most suitable for client to recieve family/friend support, access to transport, access to doctors/meetings/rehab etc			Chloe West Team Leaders Accommodation Officers	More likely to sustain tenancy if they have had a say in where it is, and it allows easy access to meet their support needs. Tenancy should be successful	
Hold regular sub-group meetings to discuss cases, identify which services they are known to, and if possible costs to service, and what support/assistance can be provided by partners for supporting them in tenancy.	In progress	For duration of pilot 12 months	Alison Mackinnon (SDO Homelessness) Fiona McHardy T/L Options and Homelessness	All services including HSCP, LHS, Turning Point, S/W, Options and Homelessness, Police, Prison will pull resources and provide wrap around support to each individual to ensure they can sustain their tenancy.	Staff/ Time

Regular 3 monthly reviews of support plans	3 months from start of service	After months 12	Chloe West	Identify support needs and any changes and be able to adapt support plan to accommodate. Continual reporting back to sub-group to ensure they are providing the support etc and are able to adapt accordingly		
Regular User feedback	July 2018		Chloe West	Honest feedback regarding the service and how it could be improved		
Sign temp accommodation over to tenant as permanent /or identify more suitable permanent accommodation	After 12 months		Relevant Team Leaders Allan Jones Housing Manager	By providing wrap around support and with the help of all relative services the client should be able to successfully maintain the tenancy and would get the tenancy at the end of the program or a more suitable alternative if required.	None, we have a duty to provide permanent housing to them, but the hope is that it will result in a more successful sustainment level.	