

Public bodies and homelessness prevention

Working towards a
prevention duty

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CONTENTS

Executive Summary	5
Key findings	5
Recommendations	8
Conclusion	9
Introduction	10
Shelter Scotland	11
Policy Context	13
Homelessness prevention	13
Scottish homelessness prevention policy and practice development	14
Statistics	15
Tension between prevention and legislation	15
Wider public bodies and the prevention of homelessness	16
Following Welsh and English policy developments	17
Other policy context	19
Methodology	20
The Sectors	22
Education	22
Health	23
Police Scotland	24
Thematic Analysis	26
Knowledge of homelessness	26
Increasing awareness of prevention	27
Cultures of help	29
Language and motivation	30
Local focus	32
Voluntary sector	33
Housing resources	35

Implementation process	37
Recommendations	39
Conclusion	42
Appendix: Interview Schedules	43
Strategic/Frontline level schedule	43
Person with experience schedule	44

EXECUTIVE SUMMARY

The Ending Homelessness Together Action Plan sets out the intention of Scottish Government and COSLA to **'work with public bodies, housing providers and other partners to develop a new duty on local authorities, wider public bodies and delivery partners for the prevention of homelessness'**¹. The proposed legislation follows on from the implementation of the Housing (Wales) Act 2014 and the English Homeless Reduction Act 2017, which in different ways have had some success in increasing homelessness prevention efforts in their respective countries, including widening the responsibility for prevention beyond the doors of local authority homelessness teams.

A Homeless Prevention Duty Review Group has been convened by Crisis to explore with stakeholders what such a duty might look like in the Scottish context, and to make recommendations to the Scottish Government on the basis of the discussions. The main focus of the group is what and who the legislation should encompass.

The aim of this research is to identify what introducing homeless prevention legislation would be like for a broad range of people that would be impacted. As one interviewee commented, **'Legislation can open the door, but unless you change culture and practice, nothing's actually going to change. You've got to empower staff.'** This report explores what would need to be done to change culture and practice. It does this through conducting and analysing interviews with people in three types of role (strategic management, frontline, service user) within health, police and education, representing organisations that work in very different contexts. Interviewees were asked about the strengths and previous experiences that implementation could learn from, as well as what the barriers to change might be and what resources would be needed for adaptation.

This report draws on the interviews to introduce the roles that each of the sectors might play in preventing homelessness. It then identifies and analyses the themes that were raised in exploring what will be important if a greater involvement in homelessness prevention is to be effectively implemented across the public sector.

Key findings

The following eight themes were identified as recurrent and significant in the interviews across strategic and frontline professionals, and those with experience of using them. Each of the themes drawn out in this section were cross-cutting across the three sectors, unless otherwise noted.

Knowledge of homelessness

All the professional contributors expressed a high level of confidence in knowing about the connections between their areas of work and homelessness.

¹ Scottish Government / COSLA (2018) Ending Homelessness Together Action Plan

However, there were indications that understanding of many of the issues involved in homelessness was limited, for example equating homelessness with rooflessness. Strategic professionals consistently pointed more readily to operational rather than strategic examples of how their work related to homelessness. The strategic health professional described:

Integration hasn't cracked the link between health and housing. If it wasn't for the specific project, I wouldn't have met [deputy head of homelessness]. Having to deliver a joint piece of work together is the only real way to drive partnership working.

Increasing awareness of prevention

Despite all the professionals interviewed having some level of knowledge about homelessness, most demonstrated significantly less understanding of how the risk of homelessness might be identified early or what prevention measures might look like. While none of the professional interviewees thought that there would be a need for significant additional resources in order to deliver a prevention duty, there was a strong acknowledgement of the need to raise awareness of issues around homelessness prevention.

Cultures of Help

Professionals from all three organisations expressed strongly and repeatedly that having a culture of helping people is what they already do, and that as such there would not need to be any culture change to implement a homelessness prevention duty. Police and Education contributors referred multiple times to having a 'duty of care', which was felt to include when they came across anyone who was homeless or at risk of homelessness.

Despite a 'culture of help' being reiterated and seen to be highly applicable by interviewees from all sectors, that doesn't mean that there would be universal easy acceptance of a duty to prevent across public sector partners. Frontline hospital clinical staff and senior management within the police force were mentioned as examples of groups that would require more work to get buy-in.

Motivation and Language

During the interviews, professional contributors were asked about what motivation in their organisation would be like for the implementation of a prevention duty. Education and health contributors felt that the language used will be very important in the reception of a new duty and can be significant in shaping how people feel about adopting it into their workload. For example, the strategic education contributor felt that calling it a 'duty' for teachers will put up barriers and incur attitudes of 'it's yet another thing to do', spurring thoughts about how education is being asked 'to fix everything'².

The police contributors presented a more straightforward approach: 'If we are directed to, then it will be done. It's a simple case of implementation.' This is just one instance in which differing approaches for different sectors will be important.

² Interestingly, this risk wasn't reflected in the interview with the teacher.

Local focus

Five of the seven professional contributors mentioned that there would need to be local implementation and adaptation of a national prevention duty. The reasons given were: some places already have specialist services in place (health visitor), challenges and services available vary depending on the area, whether it is rural/ urban etc. (police and strategic police), that the best initiatives are locally tailored (GP) and that local application will encourage more engagement and could draw on local experiences (strategic health). The strategic police interviewee summarised that ‘it would need to be a local response on a national scale, not a national response.’

Voluntary Sector

Strategic and frontline professionals, alongside people with experience, highlighted the important role that the voluntary sector plays in responding to people at risk of homelessness.

The voluntary sector was felt to be particularly vital in engaging with the most vulnerable. One professional described public sector workers being bound by rules and a culture of ‘boxed’ thinking. This was a perception echoed by people with experience: ‘[public sector services] are expecting people to have structure in their lives, but how can they if they’ve nae foundation?’ A strong theme for two of the people with experience was a deep mistrust of statutory agencies.

Housing resources

Both professionals and people with experience repeatedly stressed that public bodies being more involved in the prevention of homelessness will only be effective if sufficient housing resources are in place. The frontline police interviewee summarised, ‘The worst case would be if the support and resources still aren’t available and we let people down.’

First and foremost, concern was about the availability of suitable housing. However, it was also frequently in relation to staffing capacity within local authority homelessness teams, ‘somebody at the housing end to pick the referral up’ (strategic health), the need for appropriate processes and tenancy support to be in place, and the desire for housing colleagues to collaborate and co-operate more closely with other public sector agencies.

Implementation process

Interviewees felt that practically implementing a referral duty could be relatively straightforward. Representatives from each sector pointed to existing IT systems that referral mechanisms may be able to be integrated with, with a sense that doing so wouldn’t necessarily be very complicated. If a referral duty were to be introduced, several contributors stressed that there would need to be very clear and comprehensive information communicated to everyone who might be affected. One contributor pointed out that the more people a duty is relevant for, the more opportunity for misinterpretation there becomes. It was felt that a fairly simple referral mechanism and uncomplicated pathways would be important in helping frontline professionals to engage. Another strong theme that emerged through the interviews was how important it is for people to receive feedback on any referrals or prevention work they are involved in. One interviewee stressed, ‘otherwise people will think, “what’s the point?”’.

Recommendations

The themes identified have practical implications for the design and implementation of a prevention duty.

- **Training, information and awareness** raising would need to span a range of topics including the factors and triggers that can make homelessness more likely, what prevention measures are available in the local area and softer skills in engaging with people at risk of homelessness.
- Not just **that** a training programme is designed, but **how** it is delivered would be important. The most appropriate approach and language for each sector should be considered.
- **Consultation** with strategic and frontline professionals from each of the separate public bodies that would be impacted by a duty would provide a check on language and messaging, so that communication is clear and effective for the intended audience, and culturally appropriate within the target organisations.
- Thought and resource will need to be put into **methods to fully engage** sectors in adopting a role in homeless prevention. Homelessness champions would be one such approach suggested during the interviews.
- Although a prevention duty would be applied across Scotland, consideration at a **local level** of its implementation will be important.
- There is the risk that a new focus on the role of public sector bodies in prevention could be to the detriment of focus on - and investment in - **voluntary sector partners**. Contributors to this research confirmed the very important place that charities play in the homelessness prevention landscape.
- **Feedback** mechanisms on the impact of any actions will be important in maintaining motivation for frontline professionals who are being asked to increase their involvement in preventing homelessness.
- A strong theme that emerged was the anticipated impact on **homelessness and housing resources**. Investment will be needed to ensure that sufficient affordable housing is available and staffing capacity and training is in place to meet demand. Prevention tools and projects would need to be ready to meet the needs of households that are referred.
- It is also important that there is **clear communication** about how an increased focus on prevention interacts with local authorities' existing duties, ensuring that all households that wish to can exercise their right to make a homelessness application.
- If homelessness is to be a conversation that can be had in a wider variety of contexts, it is likely that **information** being displayed public sector settings would be helpful in priming people to be ready for the subject to be broached.
- Whether **GPs** can be given responsibility under the prevention duty should be investigated, as for some they may be the only frontline service that is accessed before the point of a housing crisis. Likewise, whether there is any way that Job Centres could be included despite being under Westminster Government jurisdiction should be investigated. Regardless of whether any formal duty becomes incumbent upon them, staff in both areas should be equipped with training and resources

Conclusion

This research indicates that professionals are keen to build on the help and care that they already provide, welcoming increased understanding and closer, formalised links with housing colleagues. It was felt that not any extra resources are likely to be needed for the actual enactment of a duty, but contributors to this research were clear that they would need to know that people, prevention measures and homes were in place to respond and prevent homelessness. Implementation of a duty would need to be carefully thought through for legislation to fulfill its potential impact. For example, the need for training and awareness raising has been evidenced, which would need to be both global - across Scotland and at every level within the affected organisations - and also locally tailored. While the focus of the duty would be on increasing the role of statutory agencies, contributors to this research stressed that the voluntary sector must continue to be a crucial element of provision, particularly for the most vulnerable. It is hoped that should a prevention duty be created the findings of this research will contribute to the formulation of a well-designed, implemented and delivered duty, such that thousands of public sector professionals would be engaged in extending the reach of potential help and support for households at risk of losing their homes.

1. INTRODUCTION

The Ending Homelessness Together Action Plan sets out the intention of Scottish Government and COSLA to ‘work with public bodies, housing providers and other partners to develop a new duty on local authorities, wider public bodies and delivery partners for the prevention of homelessness’³. This commitment is based on a mounting body of evidence that for most people homelessness is not an isolated event. As someone’s housing situation becomes at risk they are likely to come into contact with one or many statutory services: education, health, social services, criminal justice etc. A crisis response is rarely the best solution: the earlier that a risk to someone's housing can be noticed, the more time and opportunity there may be for finding a way to keep them in their home or to assist them to move into alternative accommodation. The engagement and empowering of professionals from across the public sector through legislative change presents an opportunity for many more people to avoid the difficulties and disadvantages associated with becoming homeless.

The proposed legislation follows the Housing (Wales) Act 2014 and the English Homeless Reduction Act 2017, which in different ways have encouraged and increased homelessness prevention efforts. Both Acts also widened the responsibility for prevention beyond the doors of local authority homelessness teams. The Scottish context is different in terms of pre-existing legislation, the planned human rights legislation, structures and practice, but important lessons can be learnt from our southern neighbours’ experiences.

The creation of a duty that has implications for a wide range of diverse organisations, each of whom employ many thousands of professionals, must be carefully considered. Crisis has established a review group to assess the effectiveness and efficacy of a duty to prevent homelessness in Scotland. Shelter Scotland has commissioned this research to feed into the work of that group, which they are a member of, and to contribute to wider conversations about prevention. The focus of the research is **not** to investigate what exactly the duty should be, but focuses on how any prevention duty would be received by public bodies. In these early stages along the long road to effective legislation being drawn up, passed and implemented it is important to understand the areas of change that will need to be addressed in the implicated public bodies. As one interviewee for this research commented, **‘Legislation can open the door, but unless you change culture and practice, nothing’s actually going to change. You’ve got to empower staff.’**

The aim of this research is to identify what introducing homeless prevention legislation would be like for a broad range of people that would be impacted. It does this through conducting and analysing interviews with people in three types of role (strategic management, frontline, service user) within health, police and education, representing organisations that work in very different contexts. Interviewees were asked about the strengths and previous experiences that

³ Scottish Government / COSLA (2018) Ending Homelessness Together Action Plan

implementation could learn from, as well as what the barriers to change might be and what resources would be needed for adaptation.

This report draws on the interviews to introduce the roles that each of the sectors might play in preventing homelessness (section 4). It then identifies and analyses the themes that were raised in exploring what will be important if a greater involvement in homelessness prevention is to be effectively adopted across the public sector (section 5).

1.1 Shelter Scotland

As both a provider of services for people at risk of homelessness, and a policy and campaigning organisation, Shelter Scotland is broadly supportive of the commitments made by the Scottish Government and COSLA in the 'Ending Homelessness Together Action Plan'. In particular, the focus given to prevention tallies closely with the long-term work and aims of the organisation.

For many years, Shelter Scotland has been highlighting the crucial role that wider public services can play in preventing homelessness. For example, the organisation's 'Healthy Finances' service has worked with GPs offering money and debt advice to those with mental health challenges, and the SPAN project linked housing advice with prisons for many years with provision still in place to provide advice in a prison context. Furthermore, the 'Building Families' project worked closely with the health sector via the Family Nurse Partnership, aiming to inform and empower health colleagues via training and the provision of direct and second-tier advice, and similarly the 'Safe and Sound' project in Dundee and Tayside strengthened relationships between housing advice and the police to ensure a better response to young people at risk of homelessness.

More recently Shelter Scotland has launched the NHS Fife Intervention Project, which is a two-year project to test a new approach to providing services in NHS Scotland hospitals for those patients who are homeless and who have multiple and complex needs. The key aims of this project are to improve working links between health and housing service, provide homeless individuals with the right support to improve their health outcomes, reduce the re-admission rates among this cohort and evaluate the preventative value of this approach in reducing pressures on NHS Emergency Departments in Scotland. The project is also aiming to reduce the level of repeat homelessness in Fife.

Shelter Scotland is keen to ensure that should a duty be created that this change should be an integrated part of a wider increase in prevention efforts. Success in ending homelessness - and indeed stopping it happening in the first place. It must recognise wider, structural factors such as the need for sustained investment in support and a radical increase in social housing – prevention at all levels.

Good practice example: Healthy Finances⁴

⁴ Rocket Science (2018) Healthy Finances Pilot Final Evaluation

In 2017, Shelter Scotland secured funding from the (then) Money Advice Service to pilot a programme called 'Healthy Finances'. The aim was to test an approach rooted in primary care that would reach individuals who were vulnerable to becoming at risk of homelessness, due to the impact of their mental health – in the main, on their ability to manage their finances. The people targeted had mental health issues and were not engaging with any other service, apart from their GP. The project built on the premise of other successful interventions based within primary care, such as the Glasgow Centre for Population Health's 'Healthier, Wealthier Children' programme, which underlined that because primary care in general and GPs specifically are amongst the most trusted professionals, a recommendation from a GP to seek financial or housing advice is much more likely to lead to the person engaging with that support. Making money and debt a subject of routine enquiry from GPs addresses one of the biggest barriers to securing early intervention on the problems that can lead to homelessness: stigma.

Healthy Finances was independently evaluated by Rocket Science, whose report highlighted that a key benefit of the programme was "removing barriers related to stigma around financial and housing difficulties such as offering support in close collaboration with primary health care, which is less stigmatised". The evaluation demonstrated that the financial wellbeing and the housing situations of clients were improved, with positive impacts on mental health. It also highlighted that the health staff involved in the programme perceived the collaboration with Healthy Finances as 'low-burden', which is welcomed in the context that GPs may have an understandable concern that such an approach would add to their workload. Moreover, the health staff involved reported to Rocket Science that Healthy Finances actually relieved some of the pressure on primary health care.

2. POLICY CONTEXT

2.1 Homelessness prevention

It has long been understood that preventing someone from becoming homeless could potentially happen at various points along the journey to losing their home. Prevention can also refer to rapidly rehousing someone once they have lost their own accommodation, or to addressing the needs of people who have already been homeless to prevent them from losing any new accommodation. The categories primary, secondary and tertiary respectively have been applied to help to categorise prevention activity⁵. In 2019, however, a new five-tier framework was proposed⁶. This typology offers more discrete categories of prevention, and provides for a finer-grained assessment of current prevention efforts in the UK. This more detailed lens better captures the wide scope of prevention work that happens and, more importantly, can enable clear thinking about the analysis, organisation, resourcing and development of prevention work in the future. The five categories are as follows:

- Universal prevention - preventing or minimising homelessness risks across the population at large
- Targeted prevention – upstream prevention focussed on high risk groups, such as vulnerable young people, and risky transitions, such as leaving local authority care, prison or mental health in-patient treatment
- Crisis prevention – preventing homelessness likely to occur within 56 days, in line with legislation across Great Britain on ‘threatened with homelessness’
- Emergency prevention – support for those at immediate risk of homelessness, especially sleeping rough
- Recovery prevention – prevention of repeat homelessness and rough sleeping

Since this typology was initially presented, it has gained rapid traction in the homelessness field. The five categories are being used as the structure for several pieces of work, including in the work of the Homeless Prevention Duties Review Group (see below)⁷.

⁵ E.g. Parsell, C. & Marston, G. (2012) Beyond the ‘at risk’ individual: Housing and the eradication of poverty to

prevent homelessness, *Australian Journal of Public Administration*, 71(1), 33–44

⁶ Fitzpatrick, S., Mackie, P. & Wood, J. (2019) *Homeless Prevention in the UK: Policy Briefing*, Glasgow: UK Collaborative Centre for Housing Evidence

⁷ Fitzpatrick, S., Mackie, P. & Wood, J. (2019) *Blog: Homeless Prevention in the UK: Emerging impact of CaCHE analysis*, Glasgow: UK Collaborative Centre for Housing Evidence

2.2 Scottish homelessness prevention policy and practice development

There has been a paradigm shift in international homelessness policies towards a prevention focus⁸. In the UK this more preventative approach has taken the form of the ‘Housing Options’ approach, introduced in England in the early 2000’s and eventually adopted in Scotland in 2010. Whereas earlier homelessness prevention developments in Scotland had focused on Emergency Prevention, ensuring that all homeless people have an enforceable right to temporary accommodation, with the Housing Options model most effort has been expended on Crisis Prevention, whereby people at risk of homelessness are assisted to remain or secure alternative accommodation⁹. Five ‘Housing Options Hubs’ have provided a structure for Scottish local authorities to work together to improve and increase their prevention work. In a 2014 thematic enquiry, the Scottish Housing Regulator noted the wide variation in application of Housing Options across Scotland and gaps between theory and practice¹⁰. In response to this report statistical monitoring was introduced in the form of “PREVENT1” to monitor the level and impact of Housing Options activity (see below) and Housing Options Guidance was published in 2016 to promote consistency of approach across local authorities. An overall commitment to prevention is shown in Local Authorities’ recently produced Rapid Rehousing Transition Plans, the vast majority of which place a significant level of focus on prevention, setting out multiple actions to reduce homelessness demand and increase tenancy sustainment over the next five years.

Despite the developments outlined above, in a 2019 briefing the Collaborative Centre for Housing Evidence summarises that progress in Scotland has been much slower on implementing preventative approaches than in England and Wales¹¹. This is a longer term trend but specifically Scotland is now lagging behind our southern neighbours in England and Wales, where legislative duties to prevent homelessness have been established in recent years (see section below).

Encouragingly, the past couple of years have seen a renewed political interest in homelessness in Scotland, including the commitment of £50 million additional expenditure on homelessness over 5 years. A Homelessness and Rough Sleeping Action Group pulled together experts from across the sector and concluded its work by making a series of 70 recommendations. These have been adopted by the Scottish Government and CoSLA in a national ‘Ending Homelessness Together: High Level Action Plan’ published in November 2018. The Action Plan is ambitious and wide ranging, with six key commitments including “We will end homelessness by preventing it from happening in the first place”. Two of the actions identified within this aim relate to the important role that public bodies beyond local authority housing/ homelessness departments have in the prevention of homelessness. In pursuit of fulfilling one of these

⁸ Peter K. Mackie (2015) Homelessness Prevention and the Welsh Legal Duty: Lessons for International Policies, *Housing Studies*, 30:1, 40-59

⁹ Fitzpatrick, S., Mackie, P., Wood, J. (2019) Policy Briefing

¹⁰ Scottish Housing Regulator (2014) *Housing Options in Scotland: A thematic enquiry*

¹¹ Fitzpatrick, S., Mackie, P., Wood, J. (2019) Policy Briefing

actions, a Homeless Prevention Legal Duties Review Group has been set up by Crisis after the duty was deprioritized by the HPSG . In the first months of 2020 this group will pull together experts and evidence from across many spheres to investigate proposals to develop a new duty on both local authorities and wider public bodies for the prevention of homelessness. At the point of publishing this report, it has not yet been decided what form, if any, a prevention duty in Scotland would include.

2.3 Statistics

The PREVENT1 monitoring system was introduced in 2014-15 to monitor housing options activity. In 2018-19, 42,850 housing options approaches were recorded, of which 50% went on to make a homelessness application, 22% remained in their current home and 15% moved into alternative accommodation¹². PREVENT1 consistently demonstrates that the most common type of prevention intervention by local authorities in Scotland is the provision of ‘active information, signposting and explanation’ (54% in 2018-19), followed by ‘casework’ (46%). Less than 1% households receive ‘Advocacy, Representation and Mediation at Tribunal or Court Action Level’.

Between 2014-15 and 2018-19, the number of recorded housing options approaches has dropped by 32.2%, with the number of households that have gone on to make homeless applications dropping by 15.7% in the same period. However, it is difficult to draw any conclusions regarding the amount or effectiveness of prevention work as the data set is still regarded as ‘experimental’ and there is an evolving picture of local variation in the way that housing options is delivered and recorded. Particular challenges exist regarding the extent to which there is overlap in recording with one of the homelessness datasets, ‘HL1’, which has also changed since PREVENT1 was established.

2.4 Tension between prevention and legislation

Scotland has one of the strongest statutory safety nets for homeless households anywhere in the world, particularly since the abolition of priority need in 2012. It is the Scottish Housing Regulator’s role to ensure that social landlords uphold the laws and standards that govern them, including that the legislative rights of homeless households are upheld. The Regulator’s enquiry into Housing Options in 2014 acknowledged prevention as an appropriate policy response to homelessness but also found that the diversion of people from a homelessness assessment to Housing Options was not always appropriate¹³. In looking at the work of individual authorities, the Regulator has since found some local authorities to be ‘gatekeeping’¹⁴. There is evidence to suggest that this is an

¹² 13% lost contact or the outcome is not known.

¹³ Scottish Housing Regulator (2014)

¹⁴ Scottish Housing Regulator (2019) Housing People Who Are Homeless In Glasgow

ongoing issue in some areas¹⁵. This dual desire to prevent homelessness and also openly allow people to exercise their right to make a homeless application is reflected in the Ending Homelessness Together Action Plan. Being able to tread the line between these two policy aims continues to be a live tension felt by local authorities and experienced by individuals seeking homelessness support. There are concerns from local authorities that further prevention activity may be classed as gatekeeping¹⁶, but this concern does not negate the need to ensure that households are fully able to exercise their right to make a homeless application.

2.5 Wider public bodies and the prevention of homelessness

The influential report of the 2011 Christie Commission called for prevention being at the heart of what all public services in Scotland should seek to achieve, as well as calling for greater integration of those same public services¹⁷. These principles are nowhere more relevant than in the realm of homelessness, and the Scottish Government commitment to engage wider public bodies in the prevention of homelessness draws them together. This commitment is not only based on sound principles. It builds on the long known and well evidenced fact that before reaching the doors of a homelessness service at the point of crisis, many people will have been involved with other services and, had the opportunity been recognised and taken, they may have been prevented from losing their home.

Evidence for the overlap between homelessness and engagement with other services has been growing in recent years. For example, the Hard Edges Scotland research demonstrated the extent to which people with experience of homelessness are likely to also have experienced contact with criminal justice and/ or substance misuse services, with 5,600 people estimated to currently be experiencing all three¹⁸. Recent data linkage research published by the Scottish Government has evidenced the strong links between homelessness and increased mortality and morbidity, and use of health services such as A&E. This has reinforced the already well understood need for strong connections between homelessness and health services¹⁹.

“Perhaps the most significant policy implications of this research relates to homelessness prevention ... prevention interventions should focus on earlier signs of distress wherever possible, with schools, drug and

¹⁵ For example, [https://scotland.shelter.org.uk/data/assets/pdf_file/0006/1537152/Glasgow Gatekeeping Report FINAL.pdf_nocache](https://scotland.shelter.org.uk/data/assets/pdf_file/0006/1537152/Glasgow_Gatekeeping_Report_FINAL.pdf_nocache)

¹⁶ Crisis New prevention duties in Scotland roundtable meeting (September 2019), unpublished notes.

¹⁷ Christie, C. (2011) Christie Commission on the Future Delivery of Public Services, Edinburgh: Scottish Government

¹⁸ Bramley, G., Fitzpatrick, S., Wood, J., Sosenko, F., Blenkinsopp, J., Littlewood, M., Frew, C., Bashar, T., McIntyre, J., Johnsen, S., (2019) Hard Edges Scotland: New conversations about severe and multiple disadvantage, Online: Heriot-Watt University, I-SPHERE, Lankelly Chase, The Robertson Trust.

¹⁹ Waugh, A. et al. (2018) Health and homelessness in Scotland. Online: Scottish Government.

alcohol services and the criminal justice system likely to come into contact with people vulnerable to ... homelessness well before housing and homelessness services do.”²⁰

Although links with wider public services are well known and increasingly understood, for those experiencing homelessness across Scotland there are often very real gaps between services. Evidence from the Homelessness Monitor Scotland 2019 suggested that for local authority teams at the frontline, lack of cooperation and failure to intervene at an early stage by partner organisations is a major barrier to improved homelessness prevention. For example, only 8 out of 28 local authorities said that their local Health and Social Care Partnership helps them prevent homelessness²¹. These gaps do not just impact the ability to potentially prevent homelessness, but also to respond appropriately to the needs of those who are homeless and therefore to help people into sustainable housing. While homelessness services and Housing Options teams may seek to make referrals to addiction and mental health services for people facing severe and multiple disadvantage, research has found that they have no command over these resources, nor the necessary authority to coordinate timely multi-sectoral interventions for people with complex needs²².

Some tools are already in place to bridge these gaps, such as hospital discharge protocols in many areas, local links with prisons and more recently the Sustainable Housing On Release for Everyone standards. The A Way Home Scotland Partnership seeks to build links between homelessness and education, and focus on care leavers. Several local authorities and stakeholders contributing to the Homeless Monitor Scotland 2019 report commented that the ‘Rapid Rehousing Transition Plans’ have provided a useful framework for more constructive engagement with Health and Social Care Partnerships on homelessness²³. Good practice examples of projects and initiatives that have already been developed to build links between wider public bodies and homelessness teams are included throughout this report.

2.6 Following Welsh and English policy developments

The Housing (Wales) Act 2014 and the English Homeless Reduction Act 2017 have both introduced legal duties around homelessness prevention. In the pursuit of designing and implementing a prevention duty for wider public bodies, Scotland is in an advantageous position of being able to learn from the experiences of our southern neighbours. Scotland should be able to build on what has gone before to create effective, clear and coherent responsibilities for all bodies that could assist in preventing homelessness.

²⁰ Fitzpatrick, S., Bramley, G. and Johnsen, S. (2013) Pathways into Multiple-Exclusion Homelessness in Seven UK Cities, *Journal of Urban Studies*

²¹ Fitzpatrick, S., Pawson, H., Bramley, G., Wilcox, S., Watts, B., Wood, J., Stephens, M. & Blenkinsopp, J. (2019) *The Homelessness Monitor: Scotland 2019*, London: Crisis

²² Bramley, G., Fitzpatrick, S., Wood, J., Sosenko, F., Blenkinsopp, J., Littlewood, M., Frew, C., Bashar, T., McIntyre, J. & Johnsen, S. (2019) *Hard Edges Scotland*, Online: Heriot-Watt University, I-SPHERE, Lankelly Chase and The Robertson Trust

²³ Fitzpatrick et al. (2019)

The Welsh Act was wide ranging and included many aspects that wouldn't be necessary in Scotland, such as changes in the application of priority need. It did, however, introduce duties for local authorities to help prevent homelessness for anyone who asks for help and the duty that authorities carry out 'reasonable steps' to prevent or relieve homelessness. It also included a 'duty to cooperate' for both strategic and frontline functions in a specified list of housing and social services bodies²⁴.

Having now been in place for a few years, the Welsh duty has been subject to a full evaluation²⁵. The evaluation found that the legislation had multiple positive impacts, spurring a culture change leading to earlier and more effective prevention work. At the time of the evaluation, 62% cases had homelessness prevented and 72% were assisted into alternative accommodation, with a greatly increased use of private tenancies. The evaluation was not solely positive, however, including reporting that the picture for partnership working remained mixed. The majority of local housing authorities reported no change in partnership work with external partners and success often relying on individual relationships. In particular, the evaluation identified that greater strategic direction is needed from Welsh Government to align agendas around homelessness, mental health, social services and registered social landlord practice, including the development of shared indicators capturing performance. The evaluation noted that despite an overall increase in prevention, those with more complex needs continued to fall through the gaps, with high levels of cases becoming 'lost contacts'. This may be tied to the inclusion in the Welsh process of the need for individuals to "reasonably co-operate" with the requirements of a Personal Housing Plan, but the suggestions around increased flexibility for people with vulnerabilities and for full account to be taken of individuals' capacity are applicable to all homelessness processes.

In addition to the above strategic factors, the evaluation investigated the implementation of the Act and can provide relevant learning points for Scotland. The report found that successful implementation of the Act was contingent on the skills, expertise and behaviour of frontline, point of contact staff delivering the service. The skill set required to successfully implement the Act was found to be broader than that traditionally associated with housing advice roles, including motivational interviewing, empathy, mediation, liaison and person-centred practice. It was highlighted that such training also needs to be rolled out to wider and non-statutory partners that are the first line of engagement and refer people to the homelessness departments. The evaluation of Welsh prevention measures also highlighted that success of the above detailed process and practice change was somewhat contingent upon wider structural factors, such as the availability and affordability of housing in a particular area.

The key relevant aspects of the English Homeless Reduction Act are the duties it puts on local authorities to prevent homelessness and particularly the duty it places on other public bodies to refer to a local authority if they believe somebody to be at risk of homelessness. The 'duty to refer' applies to a wide

²⁴ (a) a local housing authority (b) a social services authority (c) a registered social landlord (d) a new town corporation (e) a private registered provider of social housing (f) a housing action trust.

²⁵ A. Ahmed, M. Wilding, A. Gibbons, K. Jones, M. Rogers, I. Madoc-Jones (2018). Post-implementation evaluation of Part 2 of the Housing Act (Wales) 2014: Final Report Cardiff: Welsh Government, GSR report number 46/2018.

range of bodies including prisons, police, Jobcentre Plus, social services, emergency departments and hospitals and the regular Armed Forces. Notably, it does not apply to housing associations or GPs. The representative of the public body must only pass on contact details if the individual is happy for them to do so, and the individual also specifies which local housing authority the referral is made to. In the first draft of the Homelessness Reduction Bill the duty to refer was a more comprehensive duty to co-operate, but this was changed during the parliamentary process. As the Act is implemented, however, frontline practitioners and umbrella bodies are recognising the limitations of the referral duty and calling for a focus on co-operation. The English Local Government Association have produced constructive guidance on the referral duty, describing it as an ‘opportunity to co-operate to prevent and alleviate homelessness’²⁶. 47% of English local authority respondents to a survey for the English Homelessness Monitor considered that the Act would significantly improve joint working with public authorities subject to the duty to refer²⁷. For local authorities in London this increased to 79%. The English Monitor also raises helpful pointers around implementation, finding that the bureaucratic burden of the Act was heavy - even prohibitive - for local authorities, particularly those who felt that they had already been doing effective prevention work. It isn’t clear, however, how much of this was specifically relevant to the duty to refer.

2.7 Other policy context

Alongside the proposed Homelessness Prevention Duty, other developments are currently at play that could also call on wider public bodies to carry responsibility with regards to housing. The First Minister’s Advisory Group on Human Rights Leadership²⁸ recommended a new Human Rights Act which would include a right to adequate housing. Under the proposals, all public bodies would have a duty to “pay due regard” to the rights in the Act. Subsequently they recommend a “duty to comply” and provisions for remedies if rights are not upheld. A task force has now been appointed to take forward these recommendations. Due consideration must be paid to how this Act may interact with a potential prevention duty, or indeed if a prevention duty would be required. This may for example provide a tool to support the wider public bodies prevention duty, as might consideration of homelessness through the new socio-economic duty on public bodies to tackle inequality of outcomes from socio-economic disadvantage²⁹.

²⁶ Local Government Association (2018) Duty to refer: an opportunity to cooperate to tackle homelessness Advice for local housing authorities

²⁷ Fitzpatrick et al. (2019)

²⁸ <https://humanrightsleadership.scot/wp-content/uploads/2018/12/First-Ministers-Advisory-Group-on-Human-Rights-Leadership-Final-report-for-publication.pdf>

²⁹ Crisis New prevention duties in Scotland roundtable meeting (September 2019), unpublished notes.

3. METHODOLOGY

During this research interviews were conducted with ten individuals involved in health, education and policing as represented in the table below.

	Health	Policing	Education
Strategic professional	Clinical services manager	Chief inspector	Senior education officer (Education Scotland)
Frontline professional	GP	Police constable (Area commander)	Guidance teacher
	Health visitor		
People with experience of homelessness and interaction with services	Two people with experience of both services ³⁰		Young person

Both a GP and another frontline health professional were interviewed because GPs are likely to sit outside of a legislative duty but were nevertheless considered to have an important perspective on the role of health services in homelessness prevention (see section 4.2).

Interviewees were found through having had previous contact with Shelter Scotland, or as secondary contacts. In this sense the interviewees cannot necessarily be regarded as representative of the broader population. However, some geographical spread was sought, such that interviewees were speaking from five different local authority area contexts spanning East Scotland, the central belt and West Scotland. It is interesting to note that across all three sectors, frontline professionals were hardest to recruit, which may be interpreted as indicative of busyness and capacity to operate beyond their core function.

The interviews were semi-structured and lasted between 30 and 50 minutes, with notes taken during the interviews. Five interviews were face-to-face and five were conducted over the telephone. Peer-reviewed interview schedules were drawn up in advance, one for professionals and one for people with experience (see appendix).

The interviews were analysed utilising a simplified version of grounded theory. Ideas, concepts and elements were identified in the interviews, coded and grouped into themes. These themes were then reviewed, grouped and analysed. The analysis is presented in section 5. Insights from interviewees were also used to describe the roles that health, education and the police sectors may be able to play in preventing homelessness (section 4). Interviewees were given the

³⁰ One of these individuals had not been homeless, but had experience of being at risk of homelessness.

opportunity to comment on the interpretation of their input to ensure that the analysis had integrity with the original meaning.

4. THE SECTORS

This section provides an introduction to the three sectors that were focussed on for the research: education, health and policing. It includes insights from the interviewees to the role that professionals in these contexts can, or should, play in the prevention of homelessness.

4.1 Education

The recent Hard Edges Scotland study found that in terms of ‘missed opportunities’ for preventative interventions in the lives of adults currently experiencing Severe and Multiple Disadvantages, schools and other educational services were a central theme raised by people with lived experience, service providers and national stakeholders³¹. As a universal service schools have a vital and unique role to play in identifying housing problems and early intervention.

Schools can play a part in universal, targeted and crisis prevention. At the universal level, making space in the curriculum for lessons addressing homelessness and independent living can both undermine stigma around homelessness - making it a subject that can be raised without shame in the school context - and can prepare young people to successfully maintain a tenancy once they leave home. All three interviewees involved in education were keen for this kind of work in schools to be increased. The strategic education professional mentioned that ‘citizenship is one of the four central capacities for schools, which schools are very aware of in educating children about societal issues’. Despite this, the inclusion of education around homelessness in schools is patchy at best, although a range of resources are available and there is flexibility around what is included in Personal and Social Education lessons. The young person interviewed also expressed how helpful it would be for information about homelessness services and charities to be displayed around school buildings: ‘I only learned about [homelessness charity] when I was 16. That was three years too late’. At the targeted stage of prevention, young people who have been identified as at risk of homelessness might attend specific sessions looking at the realities of leaving home.

As a point of crisis prevention and intervention, staff can liaise between young people, parents and homelessness services. The strategic education professional felt that ‘referral to a homelessness team would happen anyway. It would be within the care of duty that a school holds. Ethically it would be wrong not to.’ The frontline professional had experience of addressing housing issues, although pointed out that this would normally take the form of a referral to social services. It is guidance teachers that have responsibility for having a pastoral role in schools, but the young person interviewed for this research highlighted that the attitude and approachability of a teacher were more important to them in whether they would talk to them about homelessness. However, the frontline education professional stressed that any teacher in school who hears of risk of homelessness would be obliged to pass on the situation to guidance staff.

³¹ Bramley et al. (2019)

Young person: It's really difficult to trust anyone. If anyone else had asked [about where I was sleeping] would probably have gone into 'flight or fight' mode and got defensive. But the guidance teacher was really trustworthy - although it took a while to start to trust her. Also, she tries to find solutions..... You don't feel that you want to bother people so you don't go to them first.... But when my history teacher said that I could talk to him and he was there for me, it was a real relief.

It is worth noting that the education professionals interviewed were very confident about schools identifying and responding appropriately to risk of homelessness, but this was somewhat called into question by the experience of the young person that contributed, who had become homeless at the age of 13 and had experience of street sleeping and sofa surfing at that age.

4.2 Health

The close links between health and homelessness are now well understood, at least amongst homelessness professionals. Most recently, this was robustly evidenced through data linkage between Scottish Government homelessness data and NHS health records, which found strong links between homelessness and increased mortality and morbidity, and use of health services such as A&E³². The relationship with substance misuse, mental health, and A&E use are particularly well understood at a policy, if not always a practice, level. Local hospital discharge protocols have long been adopted by housing options teams as good practice³³.

In order to gain insight to how a homelessness prevention duty might be applicable and implemented by services with a more universal reach, for this research a health visitor and a GP were interviewed. As will be discussed in section 5.8, through their responsibility for the welfare of children the health visitor already had significant experience of intervening early to try to prevent the homelessness of families including regular contact with local authority homelessness and housing teams.

Although also a widely accessed primary care service, the experience of the GP regarding homelessness was different. The interviewee had an awareness of patients being in precarious tenancy situations – at risk of homelessness - but had had very little interaction with the issue. On occasion the interviewee had referred someone to a local homelessness charity, but this relied on their own personal knowledge and they recognised that another GP in the practice may not have done the same 'as there is no official pathway'. However, both the GP and one of the people with experience thought that GPs could play an important part in homelessness prevention.

GP: For some patients, the GP would be a very useful link person as we are the only professionals that they engage with – they won't respond to other things, but will still come to the GP for, say, a chest infection... this is especially true for men.

³² Waugh, A. et al. (2018)

³³ E.g. Scottish Government and COSLA (2009) Prevention of Homelessness Guidance

Person with experience: The DWP and GP ask very intrusive and personal questions anyway - asking about housing would be no different... Through the GP I got referred to the [voluntary sector service] that was, like, totally, really good.

It should be noted that GPs are commissioned in a different way to other NHS services, through a complicated contractual agreement negotiated at a health board level, itemising and financially incentivising each intervention that a GP can make. Therefore, despite being one of the health services with the widest reach and it having been identified that they may be a helpful part of the homelessness prevention picture, it may not be possible for GPs to be included as implicated under a homelessness prevention duty.

4.3 Police Scotland

Homeless people are more likely to be victims of crime than perpetrators. 13% of people who became homeless in Scotland in 2018-19 cited a violent or abusive dispute within the household as their main reason for homelessness, with another 4% pointing to fleeing non-domestic violence. In total, this represents 5,895 households³⁴. It is reasonable to assume that the police will have been involved in a proportion of these cases prior to their making an application for homelessness.

The links between offending and homelessness have been well evidenced³⁵. People who are arrested by the police may later be detained on remand or given a custodial conviction. In a survey of Scottish prisoners, 49% of respondents said that they had become homeless while they are in prison³⁶. 1,822 homeless applications were recorded as having been from people leaving prison in 2018-19³⁷. This represents 5.0% of total applications³⁸. Therefore, homelessness prevention for this group is key. Indeed, becoming homeless while in prison was the experience of one of the people interviewed for this research. For most offenders, being arrested by the police is the moment in time that triggers a sequence of events that then eventually lead to imprisonment and homelessness. As such, it may be helpful at this early juncture for the police to have a role in raising the question of potential future housing concerns for some people. This should be treated with care, however, as an arrest does not equal a conviction. In addition, one interviewee described emotions running high at this point, which can be a barrier to being able to think about wider, non-immediate concerns. The frontline police interviewee also described how 'at the moment links with the housing relies on individual officers... A direct form contacting us with housing would be useful.' If there was an increased knowledge of the factors/ triggers that can increase the risk of homelessness and awareness of

³⁴ Scottish Government (2019) Homelessness in Scotland: Annual publication 2018-19, online.

³⁵ E.g. Williams K, Poyser J and Hopkins K (2012) Accommodation, homelessness and re-offending of prisoners: Results from the Surveying Prisoner Crime Reduction (SPCR) survey, Ministry of Justice research summary 3/12, London: Ministry of Justice

³⁶ Scottish Prison Service (2017) Prisoner Survey 2017, Edinburgh: SPS

³⁷ Scottish Government (2019)

³⁸ There were 36,465 applications in 2018-19 in total. Scottish Government (2019) Homelessness in Scotland: Annual publication 2018-19

the issues at play, the broad reach of the police potentially makes them a valuable resource for assisting in preventing homelessness.

The recent Homeless Monitor in Scotland commented on the challenge of successfully rehousing people with previous convictions due to them being saddled with a problematic and well-known reputation³⁹. The police may become aware of them through complaints/ accusations being made by neighbours. This was the experience of one of the contributors to this research, who described what happened when neighbours found out about their offending history and substance use, spreading malicious rumours and making multiple complaints about fictitious events to the housing association and the police. This eventually led to the interviewee becoming homeless again. The police, then, could be well placed to spot where a tenancy is not sustainable at an early stage. Unfortunately, the individual concerned felt that, in their particular situation, the police had exacerbated the situation rather than helped.

It is important to also represent the views and experiences of those that contributed to this research, who did not view the police as potentially assisting in preventing homelessness. Indeed, one interviewee felt that 'The police are against you...They would've been glad I was losing ma hoose.' The other person had lost their private rented tenancy following police 'putting the door in' while they were looking for him: in that instance, they felt that the police had done the opposite of preventing homelessness. When considering whether they would have shared concerns about their housing situation with the police, one contributor summarised, 'There just isn't a relationship there that would allow for being real with the police [about housing] to happen.' For two of the interviewees with experience the idea of being able to share information with and be positively assisted by the police was at direct odds with their experiences and attitudes:

The system is against you...you mistrust everyone...it becomes difficult to co-operate with them... they are seen as your enemies...

³⁹ Fitzpatrick et al. (2019)

5. THEMATIC ANALYSIS

The following eight themes were identified as recurrent and significant in the interviews across strategic and frontline professionals, and those with experience of using them. Each of the themes drawn out in this section were cross-cutting across the sectors, unless otherwise noted.

5.1 Knowledge of homelessness

All the professionals interviewed felt that they were very aware of a variety of issues around homelessness and could point to examples of how their work had come into contact with homelessness⁴⁰. For all frontline workers this was in the course of their day-to-day work. For example, the police contributor said,

If someone is homeless then we would take them to the housing office or bring them to the police station in the meantime as somewhere dry and safe for their welfare. It's a matter of course for day-to-day policing.

There were indications that understanding of homelessness was limited for some, for example two professionals thought that almost all people who become homeless have a substance misuse issue and in several cases homelessness was equated with rough sleeping. More broadly, interviewees had a variety of perceptions about the awareness of their peers regarding homelessness. This ranged from the GP feeling that 'no-one would have any doubt as to the links between mental health/ drugs and homelessness' to the strategic education contributor feeling that their peers are not very aware at all⁴¹. For the health visitor, responding to the threat of homelessness is central to the work of all health visitors, especially in areas of deprivation.

The strategic professionals were asked to talk about strategic links between their sector and homelessness. However, in response to this question each pointed more readily to an operational example in their current or a previous role. This would suggest that for those working in strategic positions, priorities can be somewhat influenced by an individual's personal experience. This was summarised by the strategic police contributor: 'Without it being a live issue in your work, you're less so aware.' The same idea was described by the strategic health professional:

Integration hasn't cracked the link between health and housing. If it wasn't for the specific project, I wouldn't have met [deputy head of homelessness]. Having to deliver a joint piece of work together is the only real way to drive partnership working.

⁴⁰ However, it should be noted that as the small sample of professionals (n=7) involved in this study were contacted through some connection with Shelter Scotland and so this cannot be viewed as necessarily representative.

⁴¹ They did however point out that Education Scotland as an organisation has been building links with Social Bite. Josh Littlejohn did a keynote speech at the Scottish Learning Festival last year about the work that they do, which it was felt has started to raise awareness.

5.2 Increasing awareness of prevention

Despite all the professionals interviewed having some level of knowledge of homelessness, they demonstrated significantly less understanding of homelessness prevention. The exception to this was the health visitor, who spoke in detail about processes and issues that might be involved in preventing homelessness. The teacher also felt that they ‘can identify when someone is at risk of homelessness: it becomes pretty obvious.’ Whereas none of the professional interviewees thought that there would be a need for significant additional resources in order to implement a prevention duty, there was a strong acknowledgement of the need to raise awareness of the issues around homeless prevention. For example, the factors and triggers that can make homelessness more likely, groups that are high risk and the ways in which someone can lose their home. The strategic health interviewee said, ‘the most useful contribution to the prevention of homelessness would be upskilling staff to be aware; to be part of the early identification and early access process.’

GP: Training would be useful to raise awareness and help GPs to think about homelessness. For example, I don’t know what happens in homelessness departments. Training should be tailored and delivered locally to be most attractive to GPs and relevant. My GP practice has one afternoon every 3 months for education for just this sort of thing.

The young person interviewed felt emphatically that school staff need to be more educated about what to do. They continued by saying, ‘some teachers will just listen and say “I’m sorry you’re going through this” but that’s not enough. You need someone who is going to DO something.’ The young person also stressed that ‘If they had asked earlier it would have saved me from a lot...a lot of hurt.’ Sadly for this young person that hurt included sleeping out at the age of 13, sofa surfing and returning to an abusive household.

Increasing the awareness and involvement of wider public bodies in homelessness prevention could potentially link in with existing training resources and mechanisms. For example, the strategic police interviewee suggested that this subject would naturally fit into the portfolio of their Safer Communities Department who deliver policy on mental health, young people and missing persons and will advise and support training delivery. Also of relevance is that recruits are now trained in Trauma Informed Policing at the policing college. The strategic health contributor had some useful insights into training in the NHS setting. Her opinion was that although there is already a ‘Learnpro’ training module on homelessness, ‘no-one uses it’. It was their experience that formal learning sessions and topic based training will also not generate much take-up from staff. Instead, they would suggest that it is better to update people on a piece of work that is already happening and link it to clinical practice, delivered in a ‘teachable moment’ e.g. at the end of a team meeting. In the NHS context there would be a resistance to making any additional training mandatory as clinical staff have so much of this already. The frontline police contributor, however, felt that in their context, making training mandatory is helpful and that an online resource would be the most accessible way to facilitate this.

Interviewees with experience indicated that training for wider agencies about homelessness prevention should not just cover facts and processes but also touch on skills. The young person contributing said:

If someone asked [about your housing situation], your immediate reaction would be that you don't tell anyone. It's difficult to tell anyone - you are just embarrassed. No-one talks about it so you're too scared... People will assume that it's your fault or your decision to run away... You definitely need to talk in private.

Another person with experience highlighted how important it is for them to be communicated with in a non-judgemental manner. This was reminiscent of the evaluation of the Welsh Act, which concluded that the skill set required to successfully implement the Act was found to include approaches such as motivational interviewing, empathy, mediation, liaison and person-centred practice (see section 2.6 above).

Beyond training, there were a few other suggestions from interviewees about how awareness could be raised. The use of 'Champions' who are trained as trainers, informed of anything new, and have a responsibility for reminding colleagues has previously been a successful model in the police force. This is in line with the findings of the Local Government Association in responding to the implementation of the English Homeless Reduction Act 2017, who found homelessness champions to be one of four keys to successful cooperation of public sector bodies to tackle homelessness⁴². The strategic health interviewee suggested that local pots of money for people to bid for could also generate engagement. The effectiveness of this strategy has certainly previously been witnessed in the world of homelessness, for example through the Housing Options Hubs.

As a useful indication of how the introduction of new duties can be ineffective, the strategic health interviewee pointed to the introduction of Carers legislation, which was only seen by frontline staff as a social work function despite having implications for health. A survey found that there had not been one referral in a hospital that the contributor has responsibility for. This prompted investment in a carer support worker for the hospital, following which there has been very enthusiastic take up, enabling the legislation to be appropriately applied and followed through. The implication was that in some settings, a dedicated post may provide a useful catalyst for the implementation of a prevention duty, depending on the shape that the legislation takes.

Beyond a 'duty to refer', the strategic education interviewee called for investment in a substantial resource that could be included in the personal/social education curriculum to educate young people about homelessness and 'bust the myth that homelessness happens to other people.' The young person interviewed also stressed the important role that this could have in preventing homelessness. In addition, the young person said that there needs to be posters and leaflets around schools with phone numbers that students can pick up. They said, 'I didn't know about [charity] until I was 16, which was three years

⁴² Morland, N., Griffiths, L. and Paterson, L. (2019) Duty to Refer: An opportunity to cooperate to tackle homelessness, London: Local Government Association

after I had first slept rough.’ Given some of the stereotypes that were reflected in the awareness of the professionals, and the desire for homelessness to be a conversation that can be had in a wider variety of contexts, it is likely that similar information being displayed in other public body settings would be helpful.

Good practice example: Tenancy Education⁴³

Kibble is a specialist provider of services for young people in Scotland facing adversity or trauma, based in Paisley and Glasgow. The organisation recognises that young people are often not given the skills they need to look after a home and survive on their own. Kibble particularly recognises the increased risk of homelessness for care leavers, who lack a safety net for when they can’t pay the bills on time or they don’t understand how to pay their council tax.

The tenancy and citizenship course set up by the Scottish Qualifications Authority (SQA) in 2015 covers modules such as being a good neighbour, gaining and sustaining a tenancy, looking after your home, and managing personal finances⁴⁴. It imparts young people with a sense of the rights and responsibilities they need to be aware of as a tenant. By equipping young people with this knowledge, Kibble and other education providers increase awareness of the challenges of independent living and give young people a better chance of being able to sustain a tenancy if and when they do leave home.

5.3 Cultures of help

Professionals from all three organisations expressed strongly and repeatedly that having a culture of helping people is what they already do, and that as such there would not need to be any culture change to implement a homelessness prevention duty. Police and Education contributors referred multiple times to having a ‘duty of care’, which was felt to include when they came across anyone who was homeless or at risk of homelessness.

Frontline police: We have a duty of care - we wouldn’t be doing our job if we didn’t pass it on. Five minutes [to pass on a referral] is nothing in the grand scheme of things - even if you have to stay a bit past the end of your shift to fit it in. It wouldn’t really change much for ourselves.

The teacher felt that if a prevention duty included a duty to refer, ‘as a school we are good at passing on information already... The culture is already about passing information on at every level so that it gets to the right place.’ Education contributors pointed to the Child Protection system as a parallel process that they are familiar with.

Among the three health professionals perceptions around the need for culture change to implement a duty were more varied, despite everyone strongly

⁴³ <https://www.tes.com/news/how-schools-can-help-tackle-scourge-homelessness>

⁴⁴ <https://www.sqa.org.uk/sqa/74927.html>

holding that adopting a duty would be consistent with the existing culture of care. The strategic health contributor suggested that a shift in mindset would be needed for most frontline hospital staff to incorporate a prevention duty, with the prevailing attitude being focussed on clinical pathways. The GP contributor felt that there was already a culture of referring people on if a housing issue was identified, although it was acknowledged that this is variable and depends on the individual GP's knowledge of local services. They also thought that among GPs 'there is a culture of trying new things.' For the Health Visitor working with multiple agencies, making referrals and advocating for families that are in need are already key parts of the role.

The only suggestion of where there could be need for a significant culture change was indicated by the strategic police contributor who felt that senior management within the police force 'can be more old school'. If police are called then they want to be seen to be 'doing something' (i.e. making arrests) and meeting the perceived expectations of the public. The implication was that preventing homelessness would not fit within this set of priorities. Including the highest levels of sectors in discussions about design and implementation of a prevention duty will be important in all sectors to get full 'buy-in'. Regarding the implementation of a homelessness prevention duty in schools, the strategic education contributor highlighted that 'local authorities can really set a fire under schools and tell them "you've got to do this".' At the level above this, it was stressed that to have the Association of Directors of Education co-ordinated by COSLA on board would be vital.

5.4 Language and motivation

During the interviews, professional contributors were asked about what motivation in their organisation would be like for the implementation of a prevention duty. Education and health contributors felt that the language used will be very important in the reception of a new duty and can be significant in shaping how people feel about adopting it into their workload. The strategic education contributor felt that calling it a 'duty' for teachers will put up barriers and incur attitudes of 'it's yet another thing to do', spurring thoughts about how education is being asked 'to fix everything'⁴⁵. Similarly, the strategic health interviewee felt that frontline health staff would have some trepidation in the introduction of a compulsory referral system, with the potential for it to be perceived by some as heavy handed.

Strategic health: There will definitely be a "fear factor" by people saying "it's not our place to refer". Objections will include that they want to maintain a good therapeutic relationship, that it's a bit big-brother-ish and that it is over and above their duties.

For both of these strategic professionals, the way to avoid this kind of pushback would be in using language that speaks to the priorities of the frontline professional, to 'sell it' to them. Within health, this means emphasising that stabilising housing will help a patient's health outcomes, that potential homelessness places a patient on a risk trajectory, that referral would only be with the consent of the patient and that they would have the right to withdraw at

⁴⁵ Interestingly, this risk wasn't reflected in the interview with the teacher.

any point from housing help. Clarity of communication around consent was flagged as a significant issue from the health visitor perspective as well, following negative experiences around the implementation of the Children's Act. From the GP's perspective, it would be helpful to link with language around helping people, 'this could be billed as a new way of helping them.' Within education, it was suggested that motivation could be maximised through 'billing it' as a formalisation of what is already happening, acknowledging that guidance teachers are doing this already rather than 'patronising them'. It would also be effective to talk about how it is important to capture everything that education is doing, that it is in the best interest of the children to record centrally referrals that are made, to gather national data and ensure that everything is joined up.

Framing the prevention duty as the introduction of an additional resource was also mentioned as a catalyst for motivation. The GP and strategic police contributors both explicitly said that they would really welcome a new resource to assist them in helping people. The GP said that 'GPs are all over new things that come up. We're excited for things that we can refer people to.'

Strategic police: I'm excited about the prospect of it... it is motivating and inspiring... Having seen what it's like for people in [hostel] temporary accommodation, it will be good to be able to do more to stop people from ever getting to that place.

Although from the housing perspective, homelessness prevention and housing options are far from a new resource and closer links to health and criminal justice services have been desirable for some time, a new duty will promote existing services and cast them in a new light for other agencies.

Strategic police: There would be no issue at all for the police regarding motivation... A criminal justice solution isn't appropriate for a housing or substance use need. When we are called out, there is only a limited range of responses we are equipped to make. The Police and Fire reform Act gives Police the duty of being responsible for community wellbeing, including risk of homelessness... We can't say 'no' and walk away from a situation until someone else [i.e. another organisation] says 'yes'.

The lack of challenge around motivation was reflected by the frontline police interviewee who expressed, 'If we are directed to, then it will be done. It's a simple case of implementation.' This is just one instance in which differing approaches for different sectors will be important.

One health professional felt that for staff implicated by the duty there should be an indicator for engaging with homelessness prevention as part of individual action plans in order to motivate staff to engage, whereas another health professional was of the opinion that such tactics do not provide a true measure and can be manipulated.

The GP and the strategic health professional also noted that language will be important when frontline staff are raising the issue of risk of homelessness with people. The strategic health contributor described how, as part of a voluntary sector homelessness intervention in an A&E department, questions about housing have been very carefully crafted to encourage engagement and engender an accurate response. Patients are asked, 'have you got anywhere to

go tonight?’ This question is appropriate for an emergency intervention, but different language will have to be used by professionals when hoping to prevent homelessness at an earlier stage.

GP: It’s probably best not to use the term “homelessness” as it will scare people away. “Housing options” would be better at the preventative stage.

Good practice example: Cooperation with local authority landlord services – prevention pilot, Flintshire County Council⁴⁶

In response to an increase in rent arrears for council tenants, Flintshire’s housing solutions, supporting people and estate management services have worked together to develop an early response for any council housing tenant who falls into rent arrears. The aim of the project is to maximise the rent income to the council, reduce the level of arrears and the number of households falling into arrears, and reduce the number of households referred to housing solutions at risk of homelessness as a result of non-payment of rent. They have developed a range of interventions which have the most impact in terms of sustaining tenancies. A ‘hub’ has been established, which is made up of two housing solutions support officers and two income officers.

The team focuses on addressing rent arrears whilst they are at a low level, before they become unmanageable. Tenants who miss one month’s rent payment trigger an intervention from the team, who will contact them, including undertaking home visits, to understand the reason why the arrears have begun to accumulate. The team will work proactively with the tenant and put any necessary support or measures in place to help them manage their money and maximise their incomes, and at the same time ensure that tenants understand their rent responsibilities and ensure rent payments or arrangements are made. This early engagement helps the team to identify the tenants who can’t pay and those that won’t pay. Court action will follow for tenants who won’t pay. Whilst the hub is very much in its early days, the team has been successful in addressing low-level rent arrears by engaging with tenants at a much earlier stage.

5.5 Local focus

Five of the seven professional contributors mentioned that there would need to be local implementation and adaptation of a national prevention duty. The reasons given were: some places already have specialist services in place (health visitor), challenges and services available vary depending on the area, whether it is rural/ urban etc. (police and strategic police), that the best initiatives are locally tailored (GP) and that local application will encourage more engagement and could draw on local experiences (strategic health). The GP contributor went as far as to say that the worst case scenario would be for ‘[the duty] to be rolled out as a national initiative that doesn’t match local need and priorities.’ The strategic police interviewee summarised that ‘it would need to be

⁴⁶ Morland, N., Griffiths, L. and Paterson, L. (2019) Duty to Refer: An opportunity to cooperate to tackle homelessness, London: Local Government Association

a local response on a national scale, not a national response.’ From the policing context, local authority liaison officers were pointed to as a potentially helpful model to draw on. These roles ensure consistency of approach and message across Scotland while also focussing on local links and application.

Good practice example: Safe and Sound⁴⁷

The Safe and Sound Project in Dundee was run by Shelter Scotland and Relationships Scotland. It supported young people and their families in a practical way when they experienced a breakdown of family relationships. Through family mediation the service helped avoid irretrievable family breakdown by working with the young person and their family to resolve difficult issues and to agree courses of action. The young people the project worked with often had unstable family situations and might experience domestic violence and emotional difficulties.

Over half of the young people Safe and Sound worked with had been referred by Police Scotland as people who had previously gone missing. All non-looked after children who had gone missing in Dundee were referred to the Safe and Sound project. This recognised that young people who have gone missing are at significantly increased risk of homelessness and seeks to prevent future problems. The Safe and Sound team would investigate and respond to the reasons that the young person may have gone missing, which in many cases would be relationship breakdown. The team sought to find a safe route back home for young people, where appropriate, helping to find solutions by re-establishing positive contact with their families. Through family mediation they would help to improve communications and skills in conflict resolution within the family. In addition the team would support young people who needed to move away, to set up and keep a tenancy.

Although the automatic referrals from police led to only 21% of young people engaging beyond an initial Safe and Sound welfare interview, outcomes for those cases were very positive. The project was independently evaluated as increasing the safety of young people, to be a highly effective (and more appropriate) response to delivering Return Home interviews for previously missing young people, and in many cases improving the relationships of young people with their family, reducing the likelihood of future missing persons incidents and homelessness.

5.6 Voluntary sector

Strategic and frontline professionals, alongside people with experience, highlighted the important role that the voluntary sector plays in responding to people at risk of homelessness.

Strategic health: The voluntary sector can have agility and specialist skills, such as a coaching approach and mediation skills that health/public sector staff don't have. A descriptive term used at the moment is

⁴⁷ Figure 8 Consultancy (2018) [External Evaluation of the Safe and Sound Project](#)

‘elastic resilience’. They can respond quickly, flexibly and access resources in a way that public sector colleagues wouldn’t have been able to.

Police, education and health representatives all spoke highly of voluntary sector projects that they have seen make a significant contribution to fulfilling the wider objectives of their services, and in many cases have provided a useful link point with housing/ homelessness services. For example, the frontline education contributor described working with a local youth housing project who comes to the school and delivers education sessions about how hard it is to live independently. If a student chooses to leave home they are signposted to the same agency.

The voluntary sector was felt to be particularly vital in engaging with the most vulnerable. One professional described public sector workers being bound by rules and a culture of ‘boxed’ thinking. This was a perception echoed by people with experience:

‘[public sector services] are expecting people to have structure in their lives, but how can they if they’ve nae foundation?’

A strong theme for two of the people with experience was a deep mistrust of statutory agencies. They both felt that there can be victimisation of ‘people they don’t like’, and had a strong suspicion of organisations sharing information about them ‘behind their back’. One in particular had felt that there was a conspiracy against him by statutory agencies.

Person with experience: Rather than the council, a voluntary sector person would be most helpful. I’d be more likely to trust and co-operate. Maybe a supportive group of people rather than a couple of council workers marching round.

This avoidance of public sector workers was reflected by the strategic health professional who had experience of people refusing a housing options interview because they don’t want the council to be involved, assuming that it would lead to an unwelcome social work referral. Trust was also raised as a crucial theme by the young person: one guidance teacher was perceived as not being approachable or trustworthy and therefore the young person had not engaged with them. The next guidance teacher, however, took a softer approach and was confided in. The GP contributor thought that for some people becoming homeless ‘includes severing links on many levels, including with primary care contacts’. One person with experience of prison and substance misuse described passionately how it was engagement with voluntary sector agencies that had turned his life around.

The above comments highlight that even if all public services become far more positively engaged with homelessness prevention through the introduction of a legal duty, there will still be an important role for the voluntary sector. A prevention duty would not apply to or directly impact on voluntary sector services, but they should be included in planning as local authorities review their prevention pathways as vital partners.

Good practice example: Stirling Council and Stirling Women's Aid home safety assessments⁴⁸

One clear example of where the strengths of the voluntary sector are utilised for homeless prevention is in Stirling Women's Aid being authorised by Stirling Council to carry out home safety assessments for women they support in the community. This includes additional safety measures which the local authority and housing associations that are members of the scheme then provide. These include lock changes, fire letterbox covers, video entry, door and window alarms, external lighting as well as reinforced doors and door frames. These are then installed within 24 hours. It works well as the Women's Aid risk assessment takes into account the previous pattern of the perpetrator's behaviour which they are aware of through support work with the woman and the children. Women also have to deal only with Women's Aid: they don't have a stranger coming into their home, and many women have more trust in these workers based on their knowledge and expertise. Women's Aid can also arrange to have the address prioritised by the police and refer to the community safety team for neighbourhood checks. These measures have resulted in women feeling safer and more settled, homelessness being prevented and also improved multi-agency working.

5.7 Housing resources

Both professionals and people with experience repeatedly stressed that public bodies being more involved in the prevention of homelessness will only be effective if sufficient housing resources are in place. The frontline police interviewee summarised, 'The worst case would be if the support and resources still aren't available and we let people down.'

First and foremost, concern was about the availability of housing. The health visitor commented, 'The shortage of social housing can be frustrating. The lack of availability is a barrier to preventing homelessness.' Emphatically another health professional commented:

Houses! You can't implement something with nothing! If the referrals people make don't lead to anything happening then people will stop seeing the point.

This point was especially clearly made by the young person interviewed who had been 'sofa surfing' while waiting for accommodation for six months, despite being only 16 years old and suffering from several health issues.

The second most repeated concern was that there will need to be staffing capacity within local authority homelessness teams, 'somebody at the housing end to pick the referral up' (strategic health). The strategic police contributor commented, 'Importantly, it has to be a service that has capacity to deal with [referrals].' For the health visitor, this went beyond the capacity to take referrals. They had had experience of trying to prevent homelessness for families with

⁴⁸ ALACHO, CIH, SFHA, Shelter Scotland, Scottish Women's Aid (2019) [Domestic abuse: a good practice guide for social landlords](#)

tenancies in the private rented sector but found that the homelessness team that they contacted wouldn't respond until the family had been issued with an eviction notice. In this, and other, instances the health visitor would want more proactive early intervention support to be available where risk of homelessness had been identified by other professionals.

One of the people with experience shared that they had emailed their housing association with concerns about relationships with their neighbours and the sustainability of their tenancy at an early stage in the conflict, but they didn't receive a reply and subsequently became homeless. From their perspective, the engagement of registered social landlords in prevention is key.

Good practice example: Glasgow Private Rented Sector Hub⁴⁹

Glasgow City Council has established a Private Rented Sector Support Hub. The aims of the team are to prevent homelessness for families living in the PRS through placing families on a stronger, more supported footing where they are able to self-manage and move out of crisis. They also look at addressing child poverty. Referrals to the service come from across the council and a variety of other agencies: housing and homelessness organisations, health visitors, social workers, and also the DWP, with referrals coming directly from local job centres.

The team takes a pro-active 'Housing Options' approach, with intensive individual case management, which has proven to be successful in working with previously hard to reach households. As well as looking at the tenant's financial situation, they also look at housing and personal needs, to ensure families are enabled to either sustain their current private rented tenancy or are offered advice and support enabling them to pursue other re-housing options.

Stories also highlighted the need for appropriate processes and tenancy support to be in place to ensure that housing is sustainable in order to prevent repeat homelessness. One person with experience had been released from prison with keys to a flat, but when they reached the accommodation found that the keys were to the electricity cupboard, not to the steel door that had been put over the front door of the property. They were sofa surfing while they waited two weeks for the right keys. Two of the people with experience mentioned the negative cycle that people they know had entered into, moving between prison and accommodation, returning intentionally to prison because they 'couldn't cope' in the accommodation they had been given.

Beyond the practical measures mentioned above, there was a desire for housing colleagues to collaborate and co-operate more closely with other public sector agencies. The health visitor reported, 'occasionally we will call a multi professional meeting, but more often than not housing don't attend.' Police contributors pointed to the strong links between mental health issues, substance misuse and homelessness. For them, an increased focus on homeless

⁴⁹ <https://scottishhousingnews.com/article/glasgow-leads-the-way-supporting-vulnerable-families-living-in-the-prs>

prevention would increase the links between housing and mental health and substance misuse services. The frontline education contributor pointed out that they would like reciprocally to see homelessness teams being more aware of education:

If a young person becomes homeless, the local authority doesn't take into account their need to continue education. One family was moved into temp but was two hours away on the bus, so it was very disruptive to education. It's a big problem... One young person was sent to a youth rehousing scheme on the other side of the country!...They only help out with travel costs for 4 weeks but a family can be in temporary accommodation for four years because of shortage of social housing... this can lead to young people disengaging from school.

5.8 Implementation process

Interviewees felt that practically implementing a referral duty would be relatively straightforward. Representatives from each sector pointed to existing IT systems that referral mechanisms may be able to be integrated with, with a sense that doing so wouldn't necessarily be very complicated. The systems mentioned were: Track (hospital setting), Sky Gateway (GP), Seemis (education), interim Vulnerable Persons Database (police). It is worth noting that although electronic referrals were seen to be the most efficient medium for communication, several people also mentioned that having the option of paper-based referrals and information would be useful.

If a referral duty were to be introduced, several contributors stressed that there would need to be very clear and comprehensive information communicated to everyone who might be affected. For example, when can a referral be made (health visitor), who would be responsible for making a referral and who would be eligible for referral (strategic health). One contributor pointed out that the more people a duty is relevant for, the more opportunity for misinterpretation there becomes. The health visitor gave an example of what can happen when clear communication isn't achieved:

The Children's Act imposed a duty on Health Visitors (as Named Persons) to share information. It was a really big thing, so there were working groups, training sessions, delivery resources and additional funding. However, despite all of that, health visitors were often left with more questions than answers. It would be bad if this duty wasn't clear about the information sharing stuff, if we were supposed to share information without permission.

It was felt that a fairly simple referral mechanism and uncomplicated pathways would be important in helping frontline professionals to engage. The frontline education contributor stressed, 'It needs to be very clear... a clear access route for that information.' Indeed, for the strategic health interviewee the worst case scenario would be for there to be a long assessment, or for it to be 'too difficult' for the frontline worker to complete or process.

Another strong theme that emerged through the interviews was how important it is for people to receive feedback on any referrals or prevention work they are involved in. One interviewee stressed, 'otherwise people will think, "what's the point?"'. It was indicated that feedback would be important on both a case-by-case and bigger picture scale:

Frontline education: The biggest problem is that we don't get anything back from them...It's all about tying up lines of communication so that we know what's going on...There will need to be a system for knowing the information has been received and acted on, otherwise it is not helpful to us.

GP: It would be good to get updates saying 'this service has been running for 6 months and this is what happened'. Including case studies would be helpful and would probably motivate people to do more.

6. RECOMMENDATIONS

The themes identified have practical implications for the design and implementation of a prevention duty. Many of the findings intersect with ongoing policy concerns of Shelter Scotland, which provide a background for the following recommendations:

- **Training, information and awareness** raising would need to include:
 - Why wider public bodies are being included in homelessness prevention
 - Wider information around homelessness, to ensure that professionals think beyond stereotypes and therefore are more alert to who may be at risk of becoming homeless.
 - Homeless prevention training: the factors and triggers that can make homelessness more likely, groups that are high risk and the ways in which someone can lose their home.
 - What can be done, what is available in the local area
 - Softer skills: motivational interviewing, empathy, mediation, liaison and person-centred practice
- Not just **that** a training programme is designed, but **how** it is delivered would be important.
 - The most appropriate approach for each sector should be considered. For example, linking with existing training platforms may be effective in some situations (e.g. police) but not in others (e.g. NHS).
 - Acknowledging the engagement and desire to help that already exists, and treating it as a strength to be built on.
 - Training needs to go right to the top of all the relevant organisations in order to be sustained.
 - Using the right language is key to engaging and motivating individuals.
- With the above in mind, at every stage of the design and implementation of a duty there would need to be **consultation** with strategic and frontline professionals from each of the separate public bodies that would be impacted by a duty. This would provide a check on language and messaging, so that communication is clear and effective for the intended audience, and culturally appropriate within the target organisations.
- Thought and resource will need to be put into **methods to fully engage** sectors in adopting a role in homeless prevention. Homelessness champions would be one such approach suggested during the interviews. Another idea arising from the interviews would be opportunities for strategic professionals to visit or shadow someone in a frontline position. Inviting and including wider strategic professionals to be involved in relevant project design would also be effective in this regard.

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- Although a prevention duty would be applied across Scotland, consideration at a **local level** of its implementation will be important. Utilising the pre-existing Housing Options Hub structure could be useful, but will need to be only part of the picture. Representatives from the local structures of the other public authorities should be equally as involved in discussions regarding roll-out. Mechanisms such as local champions, local funding pots and local forums should also be considered to support initial implementation of the duty.
 - There is the risk that a new focus on the role of public sector bodies in prevention could be to the detriment of focus on - and investment in - **voluntary sector partners**. Contributors to this research confirmed the very important place that charities play in the homelessness prevention landscape, particularly regarding engaging with people who have complex needs and in the provision of specialist interventions such as youth homelessness. The interviewees highlighted that the independent nature of support and advice provided by the voluntary sector is felt to be approachable and encourages trust from people that may not otherwise have sought help or engaged. Careful attention in each local authority will need to be paid to ensure that voluntary sector partners are included as local authorities review their prevention pathways, drawing on expertise, reputation and existing links with other public bodies. Resources should not be diverted from the voluntary sector in the name of increasing the role of public sector bodies.
 - Although the focus of the questions for this research were on the role of wider public bodies, a strong theme that emerged was the anticipated impact on **homelessness and housing resources**. Investment will be needed to ensure that staffing capacity and training is in place to meet demand, and for prevention tools and projects to be ready to meet the needs of households that are referred. Local authority homelessness departments are already under pressure due to budget cuts. For the right level of support to be available in the event of increased prevention referrals, housing options teams will need the resources and capacity to respond appropriately, as well as to develop increased working relationships and processes for effective working with the other sectors. Interviewees also recognised the need for universal prevention measures to continue to be financed, such as increasing the availability of social housing. This is in line with Shelter Scotland's long-term call for a sufficient stock of suitable affordable homes.
 - **Feedback** mechanisms on the impact of any actions will be important in maintaining motivation for frontline professionals who are being asked to increase their involvement in preventing homelessness. It is recommended that this goes beyond the English model of an acknowledgement and - where possible and with consent of the individual - shares any action taken and the outcome. If not possible at a case level, periodic updates on the number of referrals made by an agency and what happened with them would also be helpful for motivation, as well as providing an engagement reporting mechanism. Lessons may be learnt from fuel poverty work, which has explored and endeavoured to solve some of the challenges in providing feedback.

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- It is also important that there is **clear communication** about how an increased focus on prevention interacts with local authorities' existing duties, ensuring that all households that wish to can exercise their right to make a homelessness application. The Scottish Housing Regulator, local authority homelessness departments and wider public bodies will need to establish a shared understanding of where, when and how prevention duties relate to other homelessness legislation and guidance.
 - Whether **GPs** can be given responsibility under the prevention duty should be investigated, as for some they may be the only frontline service that is accessed before the point of a housing crisis. Likewise, whether there is any way that Job Centres could be included despite being under Westminster Government jurisdiction should be investigated. Regardless of whether any formal duty becomes incumbent upon them, staff in both areas should be equipped with training and resources in the same way that other public sector bodies will be, in order that they are informally more able to assist in homelessness prevention.
 - If homelessness is to be a conversation that can be had in a wider variety of contexts, it is likely that **information** being displayed public sector settings would be helpful in priming people to be ready for the subject to be broached. The wording of any information would be vital as people are likely to disassociate from "homelessness", especially at a stage that would allow for early intervention.

7. CONCLUSION

This research indicates that professionals are keen to build on the help and care that they already provide, welcoming increased understanding and closer, formalised links with housing colleagues. In line with the findings of the evaluation of the Welsh Act, this research found that at the moment connection between homelessness services and other public sector bodies too often relies on individual relationships, rather than formalised referral pathways, partnerships or protocols. It was felt that not many extra resources are likely to be needed for the actual enactment of a duty by frontline professionals in other public bodies, but the contributors to this research were clear that if there was a duty to refer people to housing options colleagues they would need to know that resources were in place to respond and actively prevent people becoming homeless. Additional resources would be needed to be available for local authority homelessness departments, many of whom are already under significant pressure due to reducing local authority budgets.

Implementation of a duty would need to be carefully thought through for legislation to fulfill its potential impact. The need for training and awareness raising has been evidenced, which would need to be both global - across Scotland and at every level within the affected organisations - and also locally tailored in order to be engaging, meaningful and relevant. Interviewees, particularly those with experience, felt that training needed to go beyond information but should equip staff with 'softer' skills and understanding of the situations that people at risk of homelessness may be facing. The important role of the language used was highlighted in order for public sector professionals to 'buy in' to having a formalised role in homelessness prevention.

This research highlights how central to successful implementation clear communication about the duty will be: with public bodies, with individuals, as well as the important role of feedback regarding the difference that is being made. This call for clear communication provides a helpful and timely challenge at the current stage of the legislative design process to seek clarity around the duty itself: what it will be, when it is applicable, who holds the legal duty and who that is delegated to. There is also a need for clarity on how the duty will interact with existing legislative rights and requirements and how this will be monitored and regulated.

In light of the increased number of referrals to housing options teams that will be generated, the duty may provide a focus for review of the wider prevention landscape in Scotland - universal, targeted, crisis, emergency and relief - encouraging increased activity and innovative partnerships. While the focus of the duty is on increasing the role of statutory agencies, contributors to this research stressed that the voluntary sector must continue to be a crucial element of provision, particularly for the most vulnerable.

It is hoped that if a duty is created the findings of this research will contribute to the formulation of a well-designed, implemented and delivered duty, such that thousands of public sector professionals would be engaged in extending the reach of potential help and support for households at risk of losing their homes.

8. APPENDIX: INTERVIEW SCHEDULES

8.1 Strategic/Frontline level schedule

1. How **aware** are you of any links for people between interaction with [sector] and being at risk of homelessness?
Very aware/ Somewhat aware/ Not a great deal aware/ Not at all aware
Comment:

What would you say about the awareness in general of your peers?
Very aware/ Somewhat aware/ Not a great deal aware/ Not at all aware
Comment:
2. In the past, has your work touched on homelessness? How?
3. Assuming that a legal duty for your sector is passed, what could additionally catalyse and encourage **motivation** in implementation in your sector?
4. Implementing a new duty will require some kind of **systems/ process** change. Have there been any parallels introducing something new into your sector that the homeless prevention duty could learn from?
5. What would be the strengths of your sector in implementing any systems/ process changes at a strategic/ frontline level?
6. What would be the main barriers to systems/process change at your level? How might these be overcome?
7. Integrating a homelessness duty into [sector] will also require **culture** change. Have there been any parallels introducing something new into your sector that the homeless prevention duty could learn from?
8. What would be the strengths of your sector in making any cultural changes at a strategic/frontline level?
9. What would be the main barriers to cultural change? How might these be overcome?
10. There will obviously be **resource** implications, which will need to be costed. What resources would you need to help you implement a duty?
11. Taking a step back, what would be the **best-case** scenario for you as a duty is drawn up, legislated and implemented?
12. What about the **worst-case** scenario?
13. Anything else you'd like to add?

8.2 Person with experience schedule

1. Can you tell me a bit about how you were involved with [sector] before you became homeless?
2. What role do you think that [sector] could have in helping people experiencing homelessness, or those at risk of becoming homeless?
3. How would it have been for you if the person you had contact with in [sector] had asked you whether they could share with the homeless team that you were at risk of homelessness?
4. If they had asked you about your housing situation, would you have felt able to be real with them?
5. Who would have been the best person in [sector] to ask you? Why them?
6. Is there anything else that would have encouraged you to mention your housing situation to them?
7. At what point before you lost/ had to leave your home do you think it might have been possible to prevent you ever becoming homeless? How long was that before you eventually made a homelessness application?
8. How could the homeless prevention duty for [sector] work best?
9. What would be the worst-case scenario?
10. Anything else you'd like to add?

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