

Complex needs: Homelessness services in the Housing Options East Hub

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EXECUTIVE SUMMARY

Introduction

Scotland is widely regarded as having some of the most progressive homelessness legislation and practice in the world. Since 2012, every unintentionally homeless person has the right to a permanent home, and to temporary accommodation, advice and housing support while a permanent home is found. These rights and a new focus on prevention of homelessness through the housing options approach has transformed the response to homelessness in Scotland. However, there is a renewed focus on groups whose needs are not being well met through this approach. In particular, people with multiple and complex needs.

This research was conducted with the purpose of contributing to the ongoing improvement of homelessness policy and services for this group. Its aim is to explore how homelessness services from the statutory and voluntary sector are responding to people with complex needs in the Housing Options East Hub. Specifically, it looks at the definitions, services, challenges, good practices and key factors of change for service providers when working with people with complex needs. After interviewing 35 service providers from five councils and 10 service users categorized as having complex needs, the key findings are:

Definitions

- Although almost all homelessness service providers from the statutory and voluntary sector affirmed that they work with people with complex needs, there is no written official definition within any of the five councils of the East Hub nor among them.
- The most common understanding of complex needs for homelessness service providers in the five councils of the East Hub is when an individual has three or more interrelated issues like mental illness, substance misuse, physical disability, homelessness. This is the 'unofficial' definition used generically to describe and categorize people with complex needs. This

arbitrary number sets a very high bar for service access that can exclude some very vulnerable individuals.

- Another understanding of complex needs emerged through interviews that saw complex needs as a problem of the individual's ability to build constructive relationships. Rather than looking at complex needs as the number or severity of issues a person faces, a relational understanding focuses on their (in)ability to cope with their issues or engage with the people and organizations available to help them.

Services

- A variety of services are provided and adapted for people with complex needs in the Housing Options East Hub, but there is a lot of variation in the type and quality of what is offered.
- The main services offered are personal support plans, various types of temporary accommodation, and general advice and support.
- In local authorities with smaller, less concentrated populations of homeless people with complex needs, specific services and processes for this group were not available. In these contexts, services for people with mental health issues, substance misuse, sex offenders or youth homelessness prevail and are the basis of what is offered for people with complex needs.
- In some councils, to improve the response to the most complex cases, case conferences are held, although often as a crisis response mechanism rather than a planned procedure. Also, in at least one of the councils, an effort to work on early intervention is sought.
- In general there are not established plans for people with complex needs in the Housing Options East Hub. In most of the councils, what is offered is what is available from traditional homelessness services, not specific responses designed to address what people with complex needs may require.

Challenges

- There are factors at several levels that service providers consider as barriers when working with people with complex needs.
- The lack of affordable housing and appropriate supported accommodation was pointed to by all the interviewees across the sectors.
- Another challenge is funding, its mechanisms and incentives. All service providers engaged with through this research feel constrained by the reduction of human and economic resources in their agencies.
- Coordination and integration among public sector agencies remains a challenge. Services that plan, think and work in an atomized manner (a 'silo mentality') do not necessarily work best for people with complex needs.
- Interviewees in this research also mentioned that there is a tendency to consider outcomes that are exclusively quantitative and easier to measure, although maybe not the most appropriate for people with complex needs. Also, for the majority of service providers, a central barrier is that the current timeframe -6 to 12 months- to work with people with complex needs is too short to engage and support people to make significant change.
- Interviews uncovered a level of dissatisfaction amongst practitioners from both the statutory and voluntary sector regarding the recognition they received for the difficult work that they do. This discontentment is important to note as it may contribute to occupational burnout among practitioners and effect service provision, which heavily relies on their abilities, motivation and well-being.
- The central interpersonal challenge found among service providers was the difficulty in engaging in the way expected and establishing positive relationships with people with complex needs.

What works

- All service providers from the Housing Options East Hub agreed that building relationships and trust with people with complex needs is essential to working with them successfully. Relationships are considered a transformational tool that allows practitioners to identify and begin to work on the other issues that are affecting the individual.
- Practitioners that this research engaged with think that having a balance between strong boundaries and flexibility is key to developing appropriate relationships with people with complex needs. Service providers add that it is important to be empathetic, tolerant to some behaviors, flexible with missing appointments and showing that you are genuinely committed to help.
- Having a consistent trusted worker who works with an individual -'case-ownership', is deemed as a crucial factor in developing positive relationships. Similarly, the proactive outreach model, in which the caseworkers go wherever the clients are without expecting them to approach the services offices, is seen as effective by service providers.
- These approaches require considerable discretion due to the unpredictability of service users with complex needs and chaotic lifestyles. This is more likely to happen within services that are not tightly constrained by specific outcomes set by funders, which may not closely map to realistic outcomes identified by service users.
 - **Theoretical Discussion**
Various social policy theories were drawn on to shed light on themes that were identified as conceptually important in underpinning effective interventions for people with complex needs.
 - The research found that when someone is labelled as having complex needs, what is often meant by practitioners and commentators

is that they do not fit any current service descriptor or that it is not clear how to directly resolve their issue or provide the best support.

- Currently, when we approach people with complex needs, we try to identify, count and address the different aspects of need (mental health, addiction etc.) but this can lead to losing connection with relating to the whole person. Also, professionals can look for definitions that suit their -or the services'- abilities and capacity to measure them.
- To better understand and serve this group of people, there is the need for a new paradigm based on complexity theory and complex thinking that is non-linear, based on principles of distinction and conjunction. People are complex, services and organizations are complex, their interactions are complex. There is a need to embrace that complexity instead of trying to simplify it and, because of that, risk misunderstanding it.
- In a way, people with complex needs may have, at the core, relational difficulties, often stemming from experiences of abuse or trauma. This problem is manifested in how they relate with public services and front-line staff and often may also extend to how they relate with themselves, their families, their friends, the law, authority and substances such as alcohol and drugs.
- Any approach to working in this area must primarily address the reasons behind the disengagement that prevent people getting their needs met by existing general services. Rather than addressing particular defined issues, the objective would be to re-engage them with the multiple dimensions that make up their lives, with the services that can help them on their single issues, and ultimately with society, to enable improved social inclusion.
- Services working with people with complex needs have been constrained by the current processes and assumptions within which the public sector operates. The managerial model has tried to simplify the complexity of homelessness, instead

of embrace it. This is a foundational cause of why many existing services do not offer what is needed by people with complex needs, who are disengaged and socially excluded.

- It is not that people with complex needs are always the only problem because they don't engage. It can often be that the institutional environment of the public sector restricts the way services can work and relate effectively with these individuals. Traditional single-issue services such as substance misuse, mental health and homelessness are not designed to relate with people that fit into more than one of these categories, or do not neatly fit into any of the boxes that referral criteria prescribe.
- The lack of a consistently used, sophisticated understanding of the problem -what complex needs is and means - leads to solutions that are often neither the most appropriate nor of most benefit for the service users.

Conclusions

- This research highlights that there are various factors that affect negatively the way services currently work in these local authority areas. The lack of an official definition and sophisticated understanding of complex needs means that there isn't a planned response for this group of service users. At the moment, a linear approach focusing on specific single needs was found to dominate service provision.
- Interviews evidenced that service providers are aware of what would be more effective for working with people with complex needs. They understand that relationships work and that service users have psycho-social problems linked to a past of complex trauma that, if addressed, will enable better engagement with other interventions. A fundamental challenge is that the current institutional framework, including funding mechanisms, service criteria and outcome measures, do not always allow services to work effectively with people with complex needs. The way services are set up can constrain the relationship building process that is needed for engagement and recovery.

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- In light of this, it will be necessary to move beyond the standard and linear approaches that currently dominate the systems that define services and move towards more complex, holistic responses.

Key factors of change

- There is a need to address the following identified key factors in order to enable a relationship-based approach that would serve effectively people with complex needs and tackle homelessness from a broader perspective:

- Common definition and understanding
- Joined-up approach and coordination
- Appropriate support and accommodation
- Time and flexibility
- Softer outcomes
- Training and support for frontline staff
- Prevention and early intervention

1. INTRODUCTION

Homeless people with complex needs are some of the most excluded in society. With multiple challenges in their lives, they can face barriers to accessing the services that could help them. Often their stories are of being pushed deeper into extreme poverty and left with no option but to sleep on the street.

Concerns regarding people with complex needs in Scotland initially emerged during the second half of the last decade after the Evaluation of the Rough Sleepers Initiative.¹ Since that time, additional research has added to our understanding of this group, including more in depth evidence about the nature and patterns of homeless people categorized as having severe and multiple disadvantages in the UK.² Recently, following the embedding and maturing of Housing Options in Scotland, frontline experiences have led to a re-emergence of attention on people with complex needs in the public policy agenda in Scotland.

In May 2015, the Homelessness Prevention and Strategy Group (HPSG) produced a paper stating that:

(...) there is a renewed interest across the homelessness sector in Scotland about those individuals who are less likely to have benefited [from the establishment of strong legislative rights for homeless households in 2012 and the roll out of housing options in 2010]. This includes those who may have the most complex needs, who may be rough sleeping and have a history of substance misuse or mental ill health. These individuals are likely to be less engaged, for whatever reason, with the

services which may connect them to the housing rights and/or prevention activity available in Scotland.³

After reviewing different initiatives, policy options and pieces of research related to complex needs, the document concludes that:

(...) while the challenges raised by this issue are not new, the changed policy landscape (...) may offer fresh opportunities to address this (...) Consequently, in its role as the key strategic policy making group in Scotland, the Homelessness Prevention and Strategy Group may wish to address this issue as a key objective in its work plan in the coming year.⁴

We cannot afford to let these ‘fresh opportunities’ pass by. Equipped with new information on the links between health and homelessness, the integration of health and social care, and social justice being front and center of the political agenda, now is the time for a step change in response to people with complex needs.

In 2014, the City of Edinburgh Council and the Glasgow Homelessness Network both led separate projects to investigate

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1. Fitzpatrick, S., Pleace, N. & Bevan, M. (2005); ‘Final Evaluation of the Rough Sleepers Initiative’; Edinburgh: Scottish Executive.
 2. See list of references for relevant papers.
 3. Homelessness Prevention and Strategy Group (2015); ‘Homelessness in Scotland: rough-sleeping, multiple exclusion and complex needs’; Scottish Government.
 4. Homelessness Prevention and Strategy Group (2015); ‘Homelessness in Scotland: rough-sleeping, multiple exclusion and complex needs’; Scottish Government.

and improve services for this group.⁵ Both initiatives contributed to an enhanced understanding of the challenges ahead for homelessness services in these two specific councils. However, there is still a general gap of knowledge regarding how services are working for people with complex needs in Scotland outside of these specific areas.

Through interviewing 35 service providers and 10 service users, this research explores how the statutory and voluntary sector are responding to people with complex needs in the Housing Options East Hub.⁶ Due to the variation and range of situations represented, the East Hub is an important and representative case study. Findings from this research can help to fill the gap in understanding

of homelessness services and their responses to people with complex needs across Scotland. This paper aims to add momentum to the improvement of homelessness policy and services for people with complex needs.

The report lays out findings from the interviews, with a focus on the frontline services that are delivered for people with complex needs and the factors that impact these services. Where relevant, broader perspectives from previous research have been referenced. Based on the findings, a discussion of the theoretical foundations that underpin approaches to practice is included, followed by key factors for change, policy implications and subsequent recommendations.

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5. Health, Social Care & Housing Committee (2014); *'Inclusive Edinburgh - A review of support for people with complex needs'*; The City of Edinburgh Council. Health, Social Care & Housing Committee (2015); *'Inclusive Edinburgh Update - 8 September 2015'*; Retrieved on 01 Nov 2015 from http://www.edinburgh.gov.uk/info/20029/have_your_say/948/inclusive_edinburgh Anna Evans Housing Consultancy (2014); *'Homelessness and complex needs in Glasgow'*; Glasgow Homelessness Network & the Oak Foundation.
 6. The Housing Options East Hub is comprised of East Lothian, the City of Edinburgh, Falkirk, Midlothian, the Scottish Borders and West Lothian.

2. RESEARCH DESIGN

To explore how homelessness services from the statutory and voluntary sector are responding to people with complex needs in the Housing Options East Hub, specific research questions were developed.⁷

- How do service providers understand and define people with complex needs?
- What services are being offered to people with complex needs?
- What are the challenges that service providers face in their work?
- What works when dealing with people with complex needs?
- What are the key factors that need to be addressed to improve the services?

The research also examined what the reasons are behind the difficulty of engagement between service providers and people with complex needs; what would success look like for people with complex needs; and what would be the most appropriate service models to work with this group of people in the future. Finally, it explored what a sample of people categorized as having complex needs think about the support and accommodation they are receiving from the homelessness services.

To address the pragmatically-approached questions of this research, a qualitative method and a case study strategy were used. The main subjects of study were the homelessness service providers from the statutory and voluntary sector in five councils of the Housing Options East Hub and a sample of service users categorized as having complex needs in one of the councils. The research participants were recruited based on purposive and snowballing sampling. The methods of data collection were semi-structured interviews, focus groups and documentary analysis. Finally, the data analysis was done using the thematic coding approach with the assistance of NVivo 10 software.

Case study

The Housing Options East Hub was selected due to its demographic and geographic diversity. Among its local authorities, there are important variations in terms of total population and prevalence of homelessness as it is shown in the following table:

Local Authority	Total Population 2014	Homeless Applications 2014-2015	Homeless Assessments 2014-2015	Households living in temporary accommodation (30th Sept 2015)
East Lothian	102,050	719	614	399
Edinburgh	492,680	3,980	3,837	976
Falkirk	157,640	1,206	930	294
Midlothian	86,210	575	520	497
Scottish Borders	114,030	650	532	89
West Lothian	177,150	1,331	1,085	325
TOTAL	1,129,760	8,461	7,518	2,580

Sources: National Records of Scotland (2015); Scottish Government (2015, 2016)

7. See Appendices 1 and 2 for interview guides.

Overall, the Housing Options East Hub represents around 21% of the Scottish population and in terms of homelessness, it has approximately 24% of homeless applications nationally as well as 25% of the people assessed as homeless in the period between 1 April 2014 – 31 March 2015. In terms of households

living in temporary accommodation, the Housing Options East Hub covers 24% of people staying in this type of housing up to 30 September 2015. Specifically, homeless households living in temporary accommodation are distributed in the following manner:

Local Authority	Households in temporary accommodation (30th Sept 2015)			
	Social Sector	Hostel	Bed & Breakfast	Other
East Lothian	304	31	58	6
Edinburgh	334	305	337	0
Falkirk	140	55	0	99
Midlothian	169	92	7	229
Scottish Borders	21	0	0	68
West Lothian	271	6	32	16
TOTAL	1,239	489	402	418

Source: Scottish Government (2016)

Lastly, in terms of geography, the distribution of urban and rural areas among these local authorities vary widely as presented in the next table:

Local Authority	Large and other Urban areas	Accessible and remote Small towns	Accessible and remote Rural areas
East Lothian	34.1%	38.3%	27.6%
Edinburgh	96.3%	2.6%	1.1%
Falkirk	90.9%	0%	9.1%
Midlothian	68.2%	14.5%	17.3%
Scottish Borders	25.2%	23.7%	51%
West Lothian	81.3%	8.9%	9.8%

Source: Scottish Government (2010)

Considering all these characteristics, the Housing Options East Hub becomes an important and representative case study to analyze homelessness services and their responses to people with complex needs in Scotland. No direct information or reliable proxy figures were available in any of the authority areas regarding the scale of complex needs cases.

The subjects of the study were selected based on purposive and snowballing sampling. After mapping the homelessness agencies and inviting them

to participate in the research project, a total of 35 service providers and 10 service users were recruited. Among the service providers were team leaders, directors of services, housing officers, homelessness prevention and assessment officers, caseworkers, support workers, hostel managers from five councils and 14 voluntary sector organizations. The service users were recruited in coordination with 3 voluntary sector organizations in one of the councils. Anonymity and confidentiality were guaranteed and, therefore, none of the quotations used will identify name

or organization to which the participants belong.⁸ The following table summarizes the fieldwork carried out during June 2015 to October 2015:

Interviews / Focus Groups Conducted				
Local Authority	Service providers	Hostel	Bed & Breakfast	Other
Council 1	3	2	0	5
Council 2	3	0	0	3
Council 3	1	1	0	2
Council 4	3	1	0	4
Council 5	8	13	10	31
TOTAL	18	17	10	45

Source: Scottish Government (2016)

Limitations

One of the six councils from the Housing Options East Hub did not participate due to conflicting timeframes with the fieldwork and lack of capacity to participate. Also, a large proportion, 60%, of the interviews and focus groups with service providers were conducted in one of the five councils studied. This is reflective of the number of services available. Although this could have generated a certain bias, it is considered that this issue has not affected the general conclusions nor the analysis that is presented. The ideas expressed by service providers across all areas were fairly similar: the responses reached a point of saturation at which no new information was being gathered. For the purpose of differentiation at the end of each section in this report the findings from each area are given.

There were two limitations regarding the semi-structured interviews with the service

users categorized as having 'complex needs'. Firstly, all of them were conducted in just one of the five councils due to time constraints and the prevalence of services in this area. Secondly, as the term 'complex needs' encompasses a wide spectrum of cases, there was a considerable variation in the level of need experienced by the service users interviewed. Some of them were, at the time of the interviews, in a stable situation due to the support they have been obtaining through the agencies, meanwhile others were still sleeping rough and reaching levels of crisis in different aspects of their lives. This spectrum reflects the range of needs that people who access services present with and therefore was not considered to inappropriately skew responses. It is likely that the most extreme clients were not represented amongst the interview sample. This has been accounted for in analysis.

8. Additional relevant quotations from the service user interviews are included at Appendix 3.

3. FINDINGS

3.1 Defining ‘Complex needs’

Although almost all homelessness service providers from the statutory and voluntary sector affirmed that they work with people with complex needs, there is no written official definition within any of the five councils of the East Hub nor a shared understanding between them. We found that service providers can have their own understanding about what complex needs means that is in line with the nature, interests and tasks of the specific organisation. For example, for statutory services, complex needs would be “anybody that doesn’t fit or could be excluded from mainstream services” (Statutory sector representative). On the other hand, for voluntary sector services, “we are, to an extent, bounded by the definitions of others because we are commissioned by the Local Authority” (Voluntary sector representative).

The most common understanding of complex needs for homelessness service providers from the statutory and voluntary sector in the five councils of the East Hub, was having three or more interrelated issues such as mental illness, substance misuse, physical disability, homelessness. This is an ‘unofficial’ definition used generically to describe and categorize people with complex needs. Inasmuch as it is used by councils to commission services it has become an official definition, despite their being no recorded rationale for this framing. A service provider stated that “money defines complex needs” (Voluntary sector representative). On the ground, this can translate to being a very high criteria of need for an individual and can exclude extremely vulnerable individuals that require specialist support.

There is no written official definition within any of the five councils of the East Hub nor a shared understanding between them

Alongside this numerical categorization, this research found that there are many other understandings that service

providers have about complex needs. What is often meant by practitioners and commentators is that an individual does not fit any current service descriptor or that it is not clear how to directly resolve their issue or provide the best support.

Instead of focusing on the number (breadth) of issues, some service providers consider that the severity (depth) is more important: “one need that is so deep, so entrenched, then to me it would be complex needs” (Statutory sector representative). Additionally, there was also an emphasis on the chaotic behavior involved: “when they say complex needs, we are thinking of people with chaotic lifestyles” (Voluntary sector representative). Although there was no consensus among service providers about the relationship between complex needs and chaos, there was a tendency to consider challenging behavior and being ‘hard to reach’ as central factors of the definition. In this sense being ‘hard to reach’ “is a need in itself” (Voluntary sector representative). Expressed from a different angle, “if you can turn up twice a week at the same time, at the same place, having done all the agreed tasks then you don’t have complex needs” (Voluntary sector representative).

‘If you can turn up twice a week at the same time, at the same place, having done all the agreed tasks then you don’t have complex needs’

An interesting perspective that emerged through the interviews is one that understands complex needs as a problem of relational skills. In these terms, complex needs would be “[they] just have that general inability to sustain a kind of meaningful relationship. And that in itself is complex, I think” (Statutory sector representative). The challenge is not about the number of issues or their severity; instead, it is about their inability to cope with their issues or deal with the people and organizations that are set up to help them. As put by a practitioner, “a group of people whose fundamental human needs are probably no different from you and I, but the thing that is complicated is their

capacity and ability to get those needs met” (Statutory sector representative).

For some service providers this lack of definition does not represent a problem as “most people that do our work have an understanding that these labels are crap” (Voluntary sector representative). However, for others, it represents an essential issue:

“the definition of complex needs is really important because it can really exclude you or really include you... in a negative way”

Voluntary sector representative

3.1.1. Hub Findings

The following table synthesizes the different understandings and terms associated with complex needs amongst service providers in areas of the East Hub:

Local Authority	Understandings of complex needs
Council 1	<ul style="list-style-type: none"> 3 or more interrelated issues (social, physical and psychological) Someone that touches multiple services and that need these services to coordinate Someone away from the norm Chaotic lifestyle
Council 2	<ul style="list-style-type: none"> “It is difficult to differentiate complex needs as just opposed to needs” Variety of issues interlinked Something never straightforward When personal responsibility is not there
Council 3	<ul style="list-style-type: none"> Multiple issues Related to the level of support needed
Council 4	<ul style="list-style-type: none"> Dual diagnosis Depends on context (youth, elderly) Related to the level of support needed Multiple issues
Council 5	<ul style="list-style-type: none"> 3 or more interrelated issues Chaotic & entrenched lives Unable to relate with services & maintain accommodation Quite subjective Related to the level of support needed

3.1.2. Wider Perspectives

In academia there is also neither a consensus nor single definition about complex needs.⁹ Although in their original context terms such as “multiple exclusion homelessness”, “severe and multiple disadvantages”, “high support needs”, “multiple and complex needs”¹⁰ may have been defined to mean specific things, in common parlance they are used roughly

interchangeably to refer to people with complex needs. Authors like Rankin and Regan, after stating that “on one level everyone has complex needs”, argued that is better to think of complex needs as a framework for understanding rather than as a specific definition.¹¹ In the same manner, Stalker et al. concluded that apart from the lack of consensus, there is a surplus of meaning in use of the term “complex needs”.¹²

9. See Rosengard et al. (2007)

10. Rankin & Regan (2004)

11. Ibid.

12. See Stalker et al. (2003)

3.2 Services

A diverse range of services are being provided and adapted for people with complex needs in the Housing Options East Hub. The breadth of contexts in the Hub leads to considerable variation in the type and quality of what is offered. Outside of the urban center there were not found to be services that specifically address complex needs. In the majority of areas, the offer for homeless people with complex needs is based on existing services specializing in mental health issues, substance misuse, sex offenders or youth homelessness.

Discussion during the interviews centered on the provision of temporary and supported accommodation, support, case conferences and joint working.

3.2.1 Temporary Accommodation

After someone has made a homeless application, a local authority will allocate temporary accommodation. Finding accommodation that is appropriate to match the level of support needed by people with complex needs was expressed as a challenge in most areas.

'at the moment we ain't got anything. People with that level of support needs just don't get the services they need. We just don't have [them]'

Statutory sector representative

One local authority said, *"it is difficult to put people with complex needs in emergency accommodation due to the risks involved for others staying there (...) if you are too chaotic, you don't get in"* (Statutory sector representative). In other cases, although the person with complex needs could be assessed as not presenting a risk to others, appropriate supported accommodation cannot be offered as *"at the moment we ain't got anything. People with that level of support needs just don't get the services they need. We just don't have [them]"* (Statutory sector representative).

3.2.2 Support

General support is the other strand of service offered. This starts by *"helping*

people to identify their needs" (Voluntary sector representative). Then, if allocated in supported accommodation, *"a lot of the practical support is around benefits, budgeting, how they can sustain themselves with a limited income, healthy eating (...)"* (Voluntary sector representative). In some cases, there are specific services of support workers that 'stick' with people with complex needs in order to build a relationship and therefore engage them with different services. This aspect although very positive, is not always possible as some service providers need the agreement of the client to keep working with them: a practitioner stated, *"some challenging behavior has to be interpreted as a lack of consent. So, as soon as someone doesn't consent then we don't work with them anymore"* (Voluntary sector representative).

Another support service approach for people with complex needs offers basic facilities and general advice on a drop-in basis. This service structure acknowledges the difficulty of sporadic engagement patterns. In the words of the service provider, *"to the center, they just present when they want and that's probably what they like about it. It's that they go when they want and doesn't ask too much of them. There is not too many processes that you have to go through"* (Voluntary sector representative). However, this model of service provision is not available across the councils of the Housing Options East Hub as a certain level of service demand is needed to make a drop-in service viable.

3.2.3 Case conferences

'there have been occasions where case-conferences were called to discuss a specific case where everybody is having difficulties. But it's always at the last minute'

Statutory sector representative

In some councils, to improve the responses for the most complex cases, case conferences are put in place. This enables agencies to discuss and coordinate the different services and try to develop a more effective approach. However, there was evidence that these

are not often systematically conducted or strategically planned for the most vulnerable individuals: “There have been occasions where case conferences were called to discuss a specific case where everybody is having difficulties. But it’s always at the last minute” (Statutory sector representative).

In one of the councils at least, an effort to work on early intervention is sought. In this case, there is a strong coordination with other agencies, especially with social work. Effective coordination among agencies was found to mostly occur through by-passing formally established processes rather than occurring because of them, **“If we went through the normal channels people would be sitting there for months (...) We bent the rules a little bit for them” (Statutory sector representative)**. An important factor that facilitates effective, coordinated responses was having good informal relationships between service providers that did not rely on formal processes. Or in the words of a practitioner, **“you can have all the protocols and meetings you like, but there needs to be mainly a culture of data sharing and trust” (Statutory sector representative)**. This was found to be more likely to happen in smaller councils or where there is co-location of multiple services.

‘right now we are flying by the seat of our pants’

Statutory sector representative

This informality was seen by interviewees as effective and, sometimes the key factor in facilitating quick and coordinated responses. However, it is also fragile and in some way represents a lacking in the services that are put in place for people with complex needs. In general, there was not found to be an established and understood plan by local authorities for people with complex needs. As a service provider from one of the councils stated, *“right now we are flying by the seat of our pants”* (Statutory sector representative).

Significantly, the housing options approach did not emerge from this research as being relevant for this group. The individuals concerned are mostly in a stage of crisis and a preventative service may not suit

their present situation. In this sense, in most of the councils, what is offered though Housing Options is not what people with complex needs actually need. As a service provider said, *“we have this resource. It’s not right but it’s all we’ve got”* (Statutory sector representative). For this reason, some practitioners would state that:

‘I don’t think that people who are coming to the services, get the service that we are advertising. If I were a customer, I would be angry.’

‘But our performance is wonderful. But I don’t see the customer getting the service they deserve or they ask for’

Statutory sector representatives

This passage, of course, has to be taken as an opinion of some service providers and doesn’t mean that there aren’t good practices and services for people with complex needs at all. There are some examples of approaches and services that do work well (see section 3.4).

There was also an issue of disengagement from statutory services in which individuals had previously engaged but had negative experiences, *“Been before in hostel supported accommodation with the Council. But it was nothing but trouble with them. That was with the Council but, I’ll never go to the Council again”* (Service user).

3.3 Challenges

There are several factors that service providers included in this research considered as barriers when working for people with complex needs.

3.3.1 Lack of accommodation

The lack of affordable housing and appropriate supported accommodation was pointed to by all the interviewees across the sectors. In the areas included, this shortage results in people with complex needs staying in Bed and Breakfasts (B&Bs). B&Bs were largely regarded as inadequate for people with complex needs due to high cost, low quality and absence of support. One service user described them: *“Some are terrible. Some should be shut down... I wouldn’t send my mouse there,*

you know what I mean. Yeah, it's not nice.” (Service user, rough-sleeping). However, these are the temporary accommodation placements that they receive because “*in terms of complex needs, the biggest gap is challenging behavior. There isn't any place that would be for challenging behaviors”* (Statutory sector representative).

[Regarding Bed and Breakfasts] some are terrible. Some should be shut down... I wouldn't send my mouse there'

Service user, rough-sleeping

3.3.2 Funding

As is the case across many spheres, all service providers interviewed felt constrained by the reduction of human and economic resources. However, aside from funding cuts, mechanisms and incentives generate other challenges for service provision at the street-level. For example, the fact that the budgets from the different social departments are intended to achieve single outcomes related to the purpose of the funding agency, limits a holistic approach to support people with multiple and complex needs. In the words of a practitioner, “*we are funded by Services for Communities, so they are interested in housing people. Budgets are in silos, [and] they are interested in having housing outcomes”* (Voluntary sector representative).

3.3.3 Co-ordination and integration

An important difficulty is coordination and integration among public sector agencies. This is related to the funding mechanisms and incentives but also touches upon a cultural bureaucratic characteristic that can result in vulnerable individuals not receiving the support that they need. This is known as a ‘silo mentality’. The following case illustrates this situation:

'This was a person [with complex needs] that no one thought that would get any accommodation. He stayed 24 months, so they told him: “you have to leave. Not because your behavior is

bad but because it is temporary and you have to go” (...). And there were some people from the NHS and the Council saying “yes, and we funded that housing and you NHS did those savings, but you didn't give us any money”. And there lies the problem.’

Voluntary sector representative

This kind of organizational behaviour hinders the necessary coordination and integration that is already difficult due to the different professional backgrounds, understandings and languages that exist between housing, health and social work agencies.

3.3.4 Outcome measurement

Interviewees also mentioned that there is a tendency for funders to consider outcomes that are exclusively quantitative and easier to measure, despite this maybe not being the most appropriate for people with complex needs. As said by a practitioner, “*money and complex needs are notoriously difficult to put together because is so difficult to quantify the work that you are doing with somebody with complex needs and pin it into a box that can be ticked”* (Voluntary sector representative). Furthermore, in at least one of the councils, the commissioned agencies get paid by the appointments kept with these clients who, in general, are hard to engage. “*Can you imagine being paid hourly to engage with someone who is going through chaos? It doesn't work”* (Voluntary sector representative). This funding mechanism can create disincentives for practitioners and voluntary agencies to work with people with complex needs because their financial interests are at risk. Consequently, a cherry-picking of less vulnerable clients is liable to take place.

'Clients find it really difficult to engage consistently and a longer time is essential to get them on board'

Statutory sector representative

3.3.5 Timeframe

For the majority of service providers, a central barrier is that the current timeframe set by service commissioners to engage and achieve specified outcomes for people with complex needs ranges between 6 and 12 months. This was felt by interviewees to be too short. *“Clients find it really difficult to engage consistently and a longer time is essential to get them on board”* (Statutory sector representative). In this sense, the time limitations inhibit the development of a relationship between the service providers and the service users.

3.3.6 Frontline staff care

Additionally, among practitioners from the statutory and voluntary sector we interviewed, there seems to be dissatisfaction regarding their working conditions. For example, the perceived lack of recognition and appreciation by the organisations of the work that frontline staff do daily with people with complex needs:

‘Just let me be absolutely clear. Staff need to be paid more and respected more by the statutory bodies for the fact that we essentially subsidize their services.’

‘Yes. We subsidize social work services doing what we do, which is harder, nastier... more traumatic.’

‘Just for the end, because it’s true... It takes quite a lot of knowledge and experience to work with the real chaotic, complex needs people we are talking about... and if you continue to chip away at the pay, at the respect you are given as a practitioner, you will lose those people. An example is probably me. If my pay in real time decreases much more, why would I be here? And that is an issue. You pay peanuts, you get monkeys.’

Voluntary sector representatives

Many examples of negative feeling were encountered from frontline staff across both public and voluntary sectors: *“the frustration’s at the job, that is, not frustration about the client. It’s just sometimes frustrations about... that we can’t, you know, kind of get there with people”* (Statutory sector representative). This discontentment is important as it can contribute to generating occupational burnout among practitioners and effect the service provision which heavily relies on their abilities, motivation and well-being. This is an issue that has gained increased attention and is prevalent especially in the realm of social work.¹³

3.3.7 Engagement

Probably the central interpersonal challenge found among service providers, is the difficulty of engaging in the way expected to establish positive relationships with people with complex needs. Firstly, building trust between practitioners and clients is complicated due to the time limitations described before. This is particularly important because *“people with complex needs have huge trust issues”* (Statutory sector representative).

‘most of the problems that we perceive in engagement relates to, broadly speaking, the traumatic psycho-social history of the people we are working [with]’

Statutory sector representative

This lack of trust is generally attributed to a significant proportion of rough sleepers with contact needs having been victims of trauma or ‘adverse childhood experiences’.¹⁴ The majority of practitioners agree that *“most of the problems that we perceive in engagement relates to, broadly speaking, the traumatic psycho-social history of the people we are working [with]”* (Statutory sector representative).

The ‘challenging behavior’ presented by people with complex needs is also

13. See Lloyd, C., King, R. & Chenoweth, L. (2002): ‘Social work, stress and burnout: a review’; Journal of Mental Health 11(3), 255-265.

14. See for example Case Studies 1 and 2, IRISS (2016) ‘Change the frame: A project about journeys out of homelessness’ <http://blogs.iriss.org.uk/homelessness/> and Adverse childhood experiences and the life course’ presentation, Dr Helen Lowey, Consultant in Public Health Blackburn and Darwen Borough Council given at the Scottish Health and Homelessness Conference, March 2016. <http://www.healthscotland.com/documents/27096.aspx>

considered an obstacle for services in engagement. A number of practitioners agree that clients' behavior is a defense mechanism and a way of coping with their lives. *"It might be scary for them to get out the lifestyle they are used to"* (Voluntary sector representative). Some practitioners interpreted this way of being and relating as their 'normality' because *"they don't know how to be any other*

way" (Statutory sector representative). This was taken further by one interviewee who commented that "it's also like a... I don't want to use the word career, but it is a career. *"This is what I do. I am sick"* (Voluntary sector representative). However, it is recognized that *"they are not trying to stay sick. They just don't know how to get better. Which is a different thing."* (Voluntary sector representative).

3.3.8 Hub findings

The following table synthesizes the different challenges service providers expressed when working with complex needs in the councils of the East Hub:

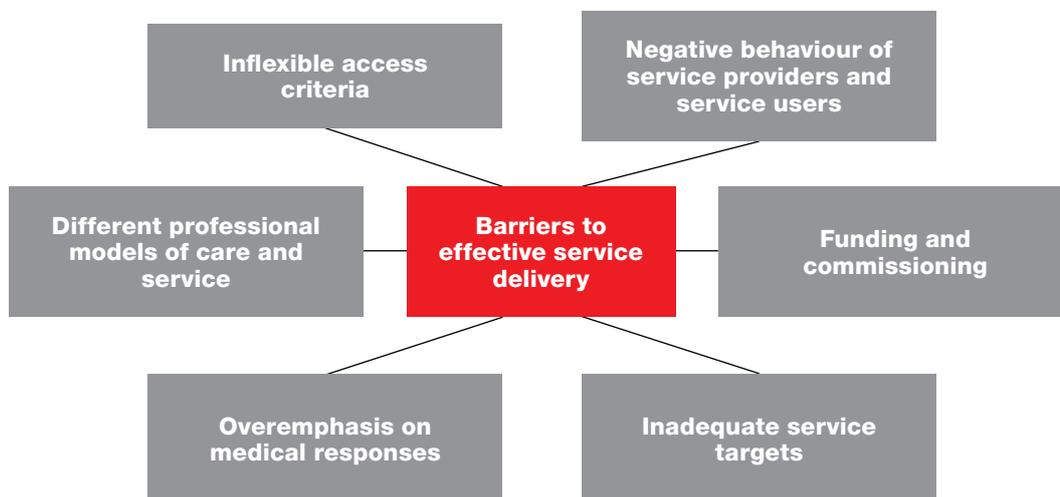
Local Authority	Challenges
Council 1	<ul style="list-style-type: none"> ■ Time ■ Get partners involved ■ Geography ■ Eligibility criteria ■ Funding/cuts
Council 2	<ul style="list-style-type: none"> ■ Limited access to supported accommodation ■ Eligibility criteria ■ Tick-box approach ■ Lack of services in the Council
Council 3	<ul style="list-style-type: none"> ■ Client's past traumatic events ■ Time ■ Caseload ■ Geography
Council 4	<ul style="list-style-type: none"> ■ Lack of temporary accommodation ■ Silo mentality ■ Inadequate training of some staff ■ Not much provision for the most chaotic people
Council 5	<ul style="list-style-type: none"> ■ Client's behavior ■ Lack of guidance on prevention ■ Lack of understanding ■ Time to relate ■ Outcomes are not appropriate ■ To build trust with client ■ Caseload of staff

3.3.9 Wider perspectives

The challenges found through interviewing service providers and service users in the East Hub predominately reflect similar challenges that have been identified in

previous research works. For example, the literature review conducted by Anderson¹⁵ identified the following barriers to effective service delivery for people with complex needs:

Figure 2. Barriers to effective service delivery for complex needs



Overall, these factors represent the complexity of the interactional reality between service providers and people with complex needs. Rankin and Regan relate this to the ‘inverse care law’; that is “the more complex a person’s needs, the more likely they are to fall through the gaps in the services society provides.”¹⁶

3.4 What works

Interviewees were asked what the key factors are in successfully engaging with people with complex needs and in supporting them. In the context of a focus group exchange, the following conversation summarised a sentiment shared by all interviewees from the statutory and voluntary sector:

“What has worked well when working with people with complex needs?”

- Long. Term. Relationship.
- Time.
- Trust.
- Long-term relationship... Our team used to work long-term with people... and we were able to be very creative...” (Voluntary sector representatives).

The absolute majority of them agreed that building relationships and trust with the people with complex needs is essential:

‘The number one, most important thing is always the relationship between you and another person. So, if you can develop a relationship or if the resident develops a relationship with a support worker, that can change things enormously for them in any direction. So, if you don’t have that relationship, I think it is more a ticking boxes exercise. But if you establish a relationship, I just think it gives you a good basis for addressing other needs.’

Statutory sector representative

Relationships are considered a transformational tool that enables services to identify and begin to work on the issues that are affecting the individuals.

If they are so important, what do these relationships entail? Practitioners reported that having a balance between strong boundaries and flexibility is the key:

15. See Anderson (2011).

16. Rankin and Regan (2004).

“we always say that you are not a friend, you are supporter... you are a helper. There has to be boundaries. However... the same skills that you use with your friends, possibly, are used to work” (Voluntary sector representatives). This perspective was generally shared among the interviewed service providers. Other factors that were seen as important were:

- empathy
- tolerance to some behaviors,
- flexibility with missing appointments
- showing that you are genuinely committed to help

When people with complex needs were asked what they appreciate the most from the support they tended to mention similar qualities: *“(...) like I said, they are really friendly. They take their time to listen to you... how you’re feeling. Always take your needs into consideration. They always put you first”* (Service user, supported accommodation).

‘(...) like I said, they are really friendly. They take their time to listen to you... how you’re feeling. Always take your needs into consideration. They always put you first’

Service user, supported accommodation

As part of positive relationship development, having a constant trusted worker – ‘case-ownership’ – was deemed as a very positive factor. This is very similar to the Link worker model advocated

by the Making Every Adult Matter coalition in England: a delivery model coordinating multiple areas of support for people with multiple needs. Link workers also act as advocates and consistent sources of support for their clients.¹⁷

Similarly, the proactive outreach model, in which the caseworkers go wherever the clients are without expecting them to attend particular office locations was seen as effective by service providers. However, this approach was accompanied with certain cautions as it can contribute to the blurring of boundaries between the practitioner and the client.

Building positive relationships with people who have complex needs and chaotic lifestyles requires considerable discretion by frontline workers due to the unpredictability of service users. A theme that emerged through the interviews was that this is more likely to happen with services that are not bounded to achieve outcomes specified by funders. Without specific outcome constraints, providers reported being free to work more creatively and focus on the ‘small things’ that have a positive impact on the relationship and on recovery of people with complex needs. Service providers generally agreed that it is really useful to *“to do little things that make them feel they can do well or be successful at some things”* (Voluntary sector representative). These ‘small things’ could include going to cultural activities, sport events or basically any other activity that helps them to become more confident and increase their self-esteem.

17. Calouste Gulbenkian Foundation (UK Branch) and Making Every Adult Matter (April 2015) *‘Individuals with multiple needs: the case for a national focus’*

3.4.1 Hub findings

Other factors alongside relationship building were found to be significant in working effectively with homeless people with complex needs. However, these were all essentially the opposite of

the factors that have previously been discussed in section 3.3 Challenges (above). The following table synthesizes the different approaches that work well with people with complex needs, according to the service providers of the East Hub:

Local Authority	What works
Council 1	<ul style="list-style-type: none"> ■ Individual support plan ■ Supported accommodation ■ Help to identify people's needs ■ Flexibility ■ Establish a routine
Council 2	<ul style="list-style-type: none"> ■ Tenancy support services ■ Relationship with client ■ Case-conference ■ Flexibility
Council 3	<ul style="list-style-type: none"> ■ Relationship with client ■ Personal support plan ■ Supported accommodation ■ Case-conference
Council 4	<ul style="list-style-type: none"> ■ Early intervention ■ Personal support plan ■ Informal relations among providers ■ Supported accommodation ■ Flexibility
Council 5	<ul style="list-style-type: none"> ■ Appropriate supported accommodation ■ Give routine and structure to their lives ■ Proactive outreach ■ Flexibility and boundaries ■ Persistence

3.4.2 Wider perspectives

The effective approaches identified during the research generally match with the best practices identified previously by different authors.¹⁸ For example, Schneider identified that the most effective services would include “individualized case management; assertive outreach; integrated, multi-disciplinary team working; crisis resolution; day hospital

care; engagement with therapeutic communities/residential rehabilitation”.¹⁹ At a strategic level, authors such as Rankin and Regan proposed a service based on the recognition of whole needs; single point of entry to health and social care services; creative whole systems services; and user empowerment.²⁰ From a more operational perspective, Rosengard *et al.* and Gallimore *et al.*, who conducted literature reviews on this topic, pointed to

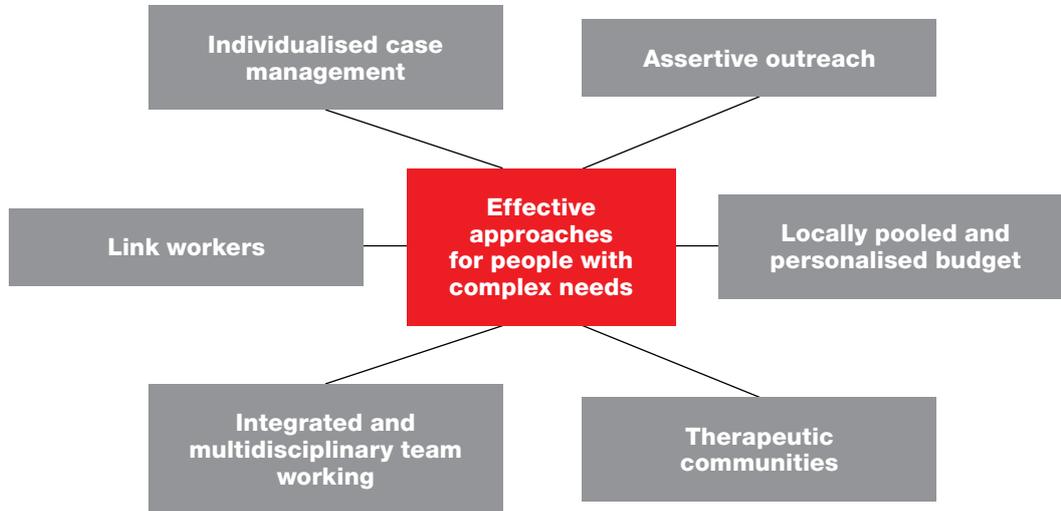
18. See Schneider (2007); Rankin and Regan (2004); Rosengard *et al.* (2007); Gallimore *et al.* (2009).

19. Schneider (2007).

20. Rankin and Regan (2004).

proactive outreach, link workers, locally pooled and personalized budgets and initiatives to overcome access difficulties. The following figure summarizes the effective services identified by previous research works:

Figure 3. Effective approaches for people with complex needs



4. THEORETICAL DISCUSSION

Through the interviews three themes have been identified as conceptually important in underpinning effective interventions for people with complex needs. This section draws on various social policy theories to shed light on these issues.

4.1 Complexity and simplicity

Complexity is a term that can be used too lightly. It is intended to elucidate, but “usually means confusion and uncertainty”.²¹ When we refer to people with complex needs it seems that this is particularly the case. Complexity is a problematic concept used by service providers that aims to characterize people that are too complicated to fit into normal categories of understanding. In general, the term ‘complexity’ points to a “whole made up of complicated or interrelated parts”²² and by ‘complicated’ it refers to “hard to understand, explain or deal with”.²³ In this sense, when someone is labelled as having complex needs, what is often meant is people we don’t fully understand, cannot explain and do not know how to deal with. In practical terms, this may mean that an individual does not fit any current service descriptor or that it is not clear how to directly resolve their issue or provide the best support.

Interviews with both service providers and service users in this research highlighted that for homeless people with complex needs, complexity is not the same as simply having multiple needs. Having a number of issues is not what defines the complexity of people and could be seen as a reductionist approach to the issue at the expense of relating to service users as holistic people.²⁴ As one service provider put it “we have met multiple needs clients that may have addiction issues and challenging behavior issues and things

like that but I don’t think that necessarily makes a person complex” (Statutory sector representative). This undermines the most common understanding among the statutory and voluntary services we spoke to was that having three needs meant that you had complex needs.

To really understand and serve this group of people, a new approach is needed. As one person said during the fieldwork of this research, “we are all complex and we all have needs”. People are complex, services and organizations are complex, their interactions are complex. There is a need to embrace that complexity instead of trying to simplify and parcel it up:

‘complexity requires that one tries to comprehend the relations between the whole and the parts. The knowledge of the parts is not enough, the knowledge of the whole as a whole is not enough, if one ignores its parts.’²⁵

Complex thinking requires us to analyze the single issues that the individual presents, but also their relations with the whole “this is the basis of a whole-systems approach: that it is the behaviour of the overall system rather than the individual parts of the system that needs to be the focus of inquiry”.²⁶ That is, we need to move away from simplistic approaches and towards an understanding that is non-linear and based on the principles of distinction and conjunction.

21. Morin, E. (2005); ‘Restricted complexity, General complexity’; Presentation at the Colloquium ‘Intelligence de la Complexité: épistémologie et pragmatique’, Cerisy-La-Salle, France, June 26th, 2005; Translated from French by Carlos Gershenson.

22. ‘Complex’ in Merriam-Webster.com (n.d.)

23. ‘Complicated’ in Ibid.

24. Morin, E. (2005)

25. Morin (2005).

26. Pycroft, A. & Bartollas, C. (Eds.) (2015); ‘Applying complexity theory: Whole systems approaches to criminal justice and social work’; Policy Press Scholarship Online.

It is important to look beyond the symptoms and holistically assess individuals in relation to their selves and their communities. A more nuanced approach implies that we need to move away from “*the confident assumption (...) that a simple relationship exists between cause and effect in a system that can be understood by reducing it into its component parts*”.²⁷ A common language that emerges from the wider concept social exclusion could be helpful in developing a more suitable starting point for understanding.

4.2 Homelessness and social exclusion

From the service providers’ perspective, this group of people are sometimes ‘hard to reach’ and chaotic. The barriers to engagement faced by people with complex needs can be seen by service providers as an additional complication which makes tackling the diagnoses of drug use, mental health problems etc. more difficult. However, discussions during this research point to lack of engagement being a central rather than peripheral issue that must be understood and addressed. People with complex needs often have, at the core, relational difficulties. This problem is manifested in how they relate with services and front-line staff: “*the problem is in how he engages with the services. He was engaging in a way that you find problematic*” (Statutory sector representative).

At a deeper level, the issue is how people with complex needs relate with themselves, their families, their friends, the law, authority and how they relate with substances such as alcohol and drugs. When we refer to people with complex needs, it may be helpful to understand patterns of behaviour in terms of disengagement or exclusion: from their social networks, from their communities, from services. It is about “*the rupture of relationships between people and the society in which they live*”²⁸; it is about the relational difficulties that are affecting different layers of their lives and the way that they deal with them.

As said by a service provider:

“for the majority of our clients, the biggest issue that they face on life, is that inability to be in relation to other people. That is the single biggest issue (...) and homelessness is just a symptom of something far deeper”

Statutory sector representative

In this sense, any approach to working with them must primarily address the reasons behind their disengagement that prevents them getting their needs met by existing services used by the general population. Consequently, the objective would be to *re-engage* them with the multiple dimensions that make up their lives, with the services that can help them on their single issues, and ultimately with society; that is, to socially include them. This implies working with a broader vision of what the problem is and avoiding narrow conceptions that lead to ‘silos’ among providers.

In Scotland, the complexity of homelessness has been recognized,²⁹ but it may be said that the services addressing this issue have been constrained by the current institutional culture and approaches that exist within the public sector. Service providers, following a housing provision and medical model focus on addressing the symptoms rather than the roots of the problem. They have tried to *simplify the complexity* of homelessness, instead of embrace it. This is why, for people with complex needs who are *disengaged* and socially excluded, services usually do not offer what they need. Generally, services are not designed for the disengaged, for the *socially excluded* or for people with *relational difficulties*. Traditional single-issue services, such as for substance misuse, mental health and housing, are not designed to work with people that escape those single-issue categories.

27. Kernick, D. (2006); ‘*Wanted – new methodologies for health service research. Is complexity theory the answer?*’; Family Practice, Vol 23, No 3, pp 385–90, cited in Pycroft & Bartollas (2015).

28. Mathieson, J., Popay, J., Enoch E., Escorel, S., Hernandez, M., Johnston, H., & Rispe, L. (2008); ‘*Social Exclusion – Meaning, measurement and experience and links to health inequalities – A review of literature*’; WHO Social Exclusion Knowledge Network Background Paper 1; SEKN, Lancaster University.

29. See Scottish Executive (2002); ‘*Helping Homeless People: An action plan for prevention and effective response – Homelessness Task Force Final Report*’; Edinburgh: Scottish Executive

4.3 Outcomes and discretion

Service providers themselves also have relational difficulties. The problem is not that people with complex needs don't engage. Rather, it is that many current institutional factors restrict the way services can work and relate effectively. Firstly, the administrative model which emphasizes the command and control of frontline staff and an outcomes-focused service. As some service providers discussed:

'Everything I see, all the services I work in or touch, is performance oriented. None of them are about the person. It's about figures, funding. To me that's not why I came into the job. I came into the job to help people, not to say I helped ten. I think in Britain there is a really bad emphasis on performance. (...) We need to break that cycle. To get back to why we are actually doing this and what are we trying to achieve'

'I would agree on that...I think the whole performance thing is supposedly for the customer but has ended up going against the customer'

Statutory service representatives

This managerial model can generate incentives that may effect negatively the quality of services offered. Namely, the focus on achieving outcomes as defined by commissioners that may not be suited for people with complex needs, and the reduction of the necessary professional discretion that frontline staff need to work more creatively and respond to the unpredictable nature of the client group.

The lack of a sophisticated understanding of what complex needs is has sometimes led to the outcomes defined by commissioners being neither the most appropriate nor realistic for the service users. For example, outcomes around accessing and sustaining a tenancy were thought to be out of reach for many in

this group. Numerical and traditional 'hard' outcomes are asked of service providers as measures of success. For this reason 'soft' outcomes that are difficult to measure, such as building relationships or increasing resilience- are often disregarded. This can generate two perverse dynamics. The first is that the commissioned organizations and their frontline staff are forced to choose between their financial interests and their clients' well-being. The second is that service providers are incentivized to work with the clients that are more prone to achieve these outcomes; and people with the most complex needs may be excluded once again.

The other problem that the current prevalent managerial model generates is the lack of value and scope given to professional discretion.³⁰ This is particularly important in complex needs cases due to the flexibility and creativity needed to counter the disengagement and mistrust that many people in this group experience. Practitioners are bounded by appointment systems, the duty to achieve outcomes and by time restrictions.

'There has to be an element of trust by the employer for the actual employee to go out and do what they are going to do.'

Statutory sector representative

It is important to make clear that the reduction of professional discretion was not found to be linked to the relationship between frontline managers and staff. There was not found to be a conflict between 'management' within services and frontline practitioners, as it has been argued in previous studies about street-level bureaucracy.³¹ It was found to be important that frontline managers and staff shared a professional background. In the cases analyzed in the Housing Options East Hub the reduction of discretion may be linked more to the funding mechanisms and the way services are commissioned than to direct line management controls.

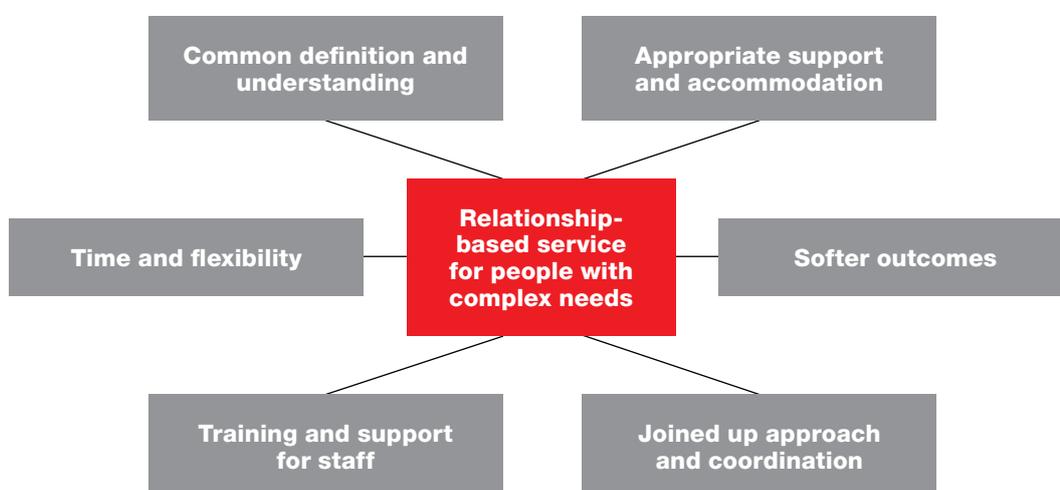
30. Lipsky, M. (2010); *'Street-level bureaucracy – Dilemmas of the individual in public services'*; 30th Anniversary Expanded Edition; New York: Russell Sage Foundation.

31. Evans, T. (2010); *'Professional Discretion in Welfare Services – Beyond Street-level Bureaucracy'*; Surrey: Ashgate Publishing Company.

5. POLICY IMPLICATIONS AND RECOMMENDATIONS

For successful policy design and implementation, there has to be a well-defined policy issue. The way policy-makers and practitioners understand a problem shapes the way it will be addressed and the frameworks that will support it. To effectively serve people with complex needs there is a need for changes to be made in both policy and practice.

5.1 Key factors of change



5.1.1 Common definition and understanding

It is important to develop a common understanding of what complex needs means among service providers from the public and voluntary sectors. Although most people with complex needs do have a number of interrelated support needs, based on this research it is recommended that a more nuanced definition is adopted, going beyond a set number of issues and focusing on the whole person, including relational skills.

A more holistic definition of complex needs would have implications for service delivery. There would, practically speaking, need to be methods to define the level of need that services are targeted at. One tool that has been implemented to identify potential service users with complex needs is the 'Chaos Index'. The index is used by Simon Community Scotland, among others, and

uses ten criteria to indicate the relational capabilities of an individual. Commissioners and service providers should assess the suitability of the Chaos Index, or other similar tools, to develop a common methodology for identifying complex needs.

5.1.2 Joined-up approach and coordination

At a local level, single managers should be appointed to strategically coordinate the response to people with complex needs. Where it is not possible to have a dedicated role within a local authority, the Housing Options Hubs would provide useful forum for co-ordination over a larger area. The coordinator role should focus on overcoming any 'silos' to improve joint working between agencies, including exploring joint funding opportunities for specialist services, and improving the offer for this group across public and voluntary agencies.

There is the potential within health and social care integration for more progressive and helpful joint working between these two fields that are often significant in the lives of people with complex needs. However, there is the risk that this opportunity is missed without a strategic advocate for the inclusion of this group within the agenda.

At an operational level, the model of a single link worker has likewise proven to be successful, practically assisting the individual to navigate the multiple services and systems that they engage with. This approach is recommended as it is based on building positive relationships with the clients and overcoming the different institutional barriers that can exist among services.

5.1.3 Appropriate support and accommodation

'Psychologically informed environments' (PIE) is an approach that prioritises understanding and supporting homeless people's psychological needs through staff training, shaping processes and physical spaces around these needs.³² This is very much in line with the conclusions of this research around focusing on relational issues and the problems that underlie the presenting factors of 'complex needs'. PIE has been at the forefront of good practice in England for a few years and there are many examples in which this model has been successfully applied.³³ Support and accommodation providers in Scotland should need to build on this learning and adopt the PIE approach, with the support of local authority commissioners.

More accommodation with a variety of levels of support is needed. In the East Hub there were found to be several supported accommodation projects but it was felt there isn't an adequate supply of this type of accommodation. It is likely that this situation is reflected across Scotland. Some supported accommodation units were found to have time limits that were not conducive to establishing relationships or completing the support packages necessary, which

had led to some people moving into their own tenancy before they were ready to do so. As with support services (5.1.4 below), accommodation services for people with complex needs must acknowledge that the journey towards independence for this group can take extended amounts of time.

There are currently no Housing First projects within the East Hub, so this was not discussed during the interviews. However, it is important to consider the Housing First model as another alternative for people with complex needs. The model incorporates long term supportive relationships (with boundaries) and recognises the importance of 'softer' outcomes. Once someone has a Housing First tenancy change can be slow and incremental, but housing is stabilised as a foundation for progress in other areas of exclusion. Housing First has been evaluated as effective for this client group in other areas of Scotland, and internationally.³⁴ At the moment there are only a handful of Housing First projects in Scotland. Further investment in this model would be of significant benefit in progressing the complex needs agenda.

5.1.4 Time and flexibility

Building trusting relationships takes time. For this reason it is necessary that timeframes for engagement and interventions with people with are extended, beyond the 6 – 12 months limitations most often experienced by those interviewed. According to practitioners interviewed for this research, a period of at least two years is a required to work towards the recovery of people with complex needs. Accordingly, it is suggested that services for this client group are designed and commissioned to allow for an extended engagement timescale, which will ultimately improve the outcomes a service is able to achieve.

As people with complex needs can struggle with structured engagement, there is the need to consider that their relation to services is likely to be irregular. In this sense, being flexible towards missing appointments, challenging behaviors

32. Keats, H., Maguire, N., Johnson, R. & Cockersell, P. (2012); '*Psychologically informed services for homeless people: Good practice guide*'; Department for Communities and Local Government, University of Southampton, Homeless Health Care.

33. See Keats *et al.* (2011) and Cattel, J., Mackie, A., Gibson, K, Hitchins, T., Parry, W., Porsch, L. & Savage, J. (2011); '*Simple but effective: local solutions for adults facing multiple deprivation – Adults facing Chronic Exclusion evaluation – Final report*'; Department for Communities and Local Government.

34. E.g. Johnsen, S. & Fitzpatrick, S. (2012); 'Turning Point Scotland's Housing First Project Evaluation – Interim Report'; Heriot-Watt University and Johnsen, S. & Teixeira, L. (2015); '*Staircases, elevators and cycles of change – 'Housing First' and other housing models for homeless people with complex support needs*'; The University of York & Crisis.

and unaccomplished tasks is essential. Inflexible expectations around engagement can be a fundamental barrier to the needs of this group being met, particularly in areas where specialist services do not exist. Complex needs protocols including flexibilities that move beyond general engagement criteria should be signed up to by all relevant partner organisations.

5.1.5 Softer outcomes

It is recommended that local authority commissioning teams and other funders consider redefining service outcomes to more closely reflect the kind of work done by practitioners and to the reality faced by people with complex needs. The objective is to eliminate the current conflict between the outcomes that organizations have to achieve in order to get funded, and the ones that the service users consider helpful to work towards (see section 4.3).

The Outcomes Star is an assessment tool developed by Triangle Consulting that allows individuals to assess their progress against a variety of soft indicators. Currently it is used by many service providers to effectively measure progress against support plans. It is suggested that local authority commissioners and other funders use this – or other softer outcomes measurement tools – to define their service outcome requirements.

Another option is to use ‘intermediate’ outcomes as indicative of reducing the chaotic behavior of individuals, incrementally decreasing the level of support needed by the client, as steps towards enabling the client to access traditional mainstream services.

5.1.6 Training and support for staff

Due to the level of emotional stress that relationships with people with complex needs can bring to practitioners, reflective practice sessions should be introduced to support front-line staff. Management should have a focus on preventing or reduce occupation burnout by all means possible. One method of increasing staff satisfaction

is through offering training. Front-line workers should be introduced or further trained in the management and sustaining of therapeutic and transformational relationships through the PIE approach (see above), which also includes increasing the focus on psychological support for staff.³⁵

The forthcoming Housing Options Training Toolkit also presents an important opportunity to make available to local authority staff a resource around responding to people with complex needs. It has been widely reported that the proportion of cases approaching local authorities with complex needs is increasing and local authority frontline staff have a crucial role to play. Particularly because standard housing options and homelessness assessment processes are often inaccessible or inappropriate for this client group, information on best practice approaches and training in the toolkit would be highly valuable.

5.2 Prevention and early intervention

Currently, the policy discussion and this research focuses on how services can respond better to people with complex needs. This is absolutely important because there is already a group of individuals that are facing chronic exclusion who cannot get their needs met through the current system. However, a policy response would be short-sighted if it doesn’t address the question of how can complex needs be prevented. Previous research³⁶ has shown that people with complex needs had frequently experienced child abuse, domestic violence and poor experiences at school, such as truancy and bullying. In the same line, in Scotland, one of the main factors that cause homelessness is relationship breakdown.³⁷ Therefore, it is fundamental to work more closely with the educational system and those that support families and young people. Enhancing coordination between homelessness agencies and schools in order to identify and support students that have a history of truancy and exclusion could contribute to the prevention of complex needs.

35. Keats, H., Maguire, N., Johnson, R. & Cockersell, P. (2012); ‘*Psychologically informed services for homeless people: Good practice guide*’; Department for Communities and Local Government, University of Southampton, Homeless Health Care.

36. See Fitzpatrick *et al.*, 2012; Bramley *et al.*, 2015.

37. Shelter Scotland (2015); ‘*Homelessness in Scotland 2014 - Getting behind the statistics*’; Tabner, K. (2013); ‘Beyond homelessness – Final Report 2013. Developing Positive Social Networks: Research into the application and effects of a networks approach in tackling homelessness’; Edinburgh: Rock trust.

6. CONCLUSIONS

At this time there is increasing interest in improving the experiences of homeless people with complex needs in Scotland. This research has presented how homelessness services from the statutory and voluntary sector work with people with complex needs in the Housing Options East Hub. The findings from this one representative case-study area highlight it is necessary to make the most of the current *momentum* and existing political will to achieve change at both a strategic and practical level.

It has been demonstrated that there are different factors which affect the way services work in these areas. The lack of an official definition and sophisticated understanding of complex needs results in there not being a planned response for this group of service users. A simplistic, linear approach was found to dominate provision. There are factors that constrain the development and implementation of an appropriate approach for people with complex needs.

It is important to make clear that the issue is not that service providers don't know how to deal with people with complex needs. They know that relationships work and that service users have psycho-social problems linked to a past of complex trauma that must be addressed first. This is in itself complicated, due to the uncertainties and difficulties of 'assessing' how good, bad, helpful or unhelpful relationships are. As one interviewee summarised, "*nobody wants to pay you to build a relationship with somebody 'cause it seems the wishy-washy bit of it. But it's*

not. It's the crucial part." (Voluntary sector representative).

It is acknowledged that new investment in services is challenging in the economic context of austerity and restricted finances in the public sector. Convincing 'spend to save' arguments can be made to justify spend on the redesign of services towards more effective models, particularly for this often 'high tariff' group.

The core problem is that there is not an institutional framework that allows services to work effectively with people with complex needs. The way services are set up constrains the relationship building process that is needed. At the moment, people with complex needs can be responded to with the same processes as people for whom homelessness is solely a housing issue. This research did not find evidence of many services specifically designed to meet the needs of people with relational difficulties engendered by complex trauma.

In this sense, it's not the people with complex needs that we should focus on, but on the services and the institutional cultures and processes that shape them. It's not only the disengagement of people with complex needs that we need to worry about, it's the barriers and difficulties that services face in engaging appropriately with this group of service users. Ultimately, the design of the institutional framework needs to change in order to enable long term relationships between caseworkers and people with complex needs.

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APPENDICES

Appendix 1 – Interview guide for service users

How do service users think of the accommodation and support they are receiving?

Views on current accommodation

- Where are you staying at the moment?
 - For how long?
- Do you like it?
 - Why?
 - What you do/don't like about it?

Opinions on current support services

- What support do you get here?
 - Do you like the support that you are being given?
 - How it has helped you?
 - What are the things that you appreciate the most?
- What do you do daily?
 - What are the things that you enjoy doing here?
 - What other things you prefer not to do?

Journeys through homelessness services

- How did you end up in this place?
 - Was it easy to get here?
- Where were you before?
- How was your last experience before this place?
- How have you find dealing with the housing officers from the Council?
 - What difficulties did you relating with them?

Social relationships

- How do you get along with the people in this place?
 - Have you made friends?
 - Do you like being with other residents?
 - What about the staff?
- What are your relationships like apart from support workers and the other people who also stay in this place?
- Do you have to see a social worker from the Council?
 - Do you get along well with the social worker?
- Have you seen lately someone from the NHS?
 - Did they help you in what you needed?
- Do you still have contact with your friends? How is your relationship like?
- How is your relationship with your family?

General aspirations

- What other kind of support or service would you like to have?
- What would you like to change about this and the other services you receive?
- After this place, in what kind of accommodation would you like to be?
- What would you like to be your next step?
 - Do you want to stay here or do you want to move on to other place?

Appendix 2 – Interview guide for service providers

How do service providers respond to people with complex needs?

Introductory

- What is your role in the organization?
- During your career, have you personally worked with complex needs cases?

Conceptual

- What does complex needs mean to you?
- Does the organization have an official definition of complex needs?
 - What is it?

Practice/Service options

- When someone approaches the service and staff determine that person has complex needs, what do you do next?
- What options or services do you offer them?

- In terms of **crisis response**?
- In terms of **temporary housing**?

With whom?

What does the stock look like?

- What about settled accommodation?

How this works for PCN?

- How do you assess which is the best service for a person with complex needs?
- Which services (public/ voluntary sector) do you think have worked better for people with complex needs in your Local Authority?
 - On the other hand, which services have not worked so well for this group?
- What other challenges do you think there are in the service provision for

people with complex needs in your Council?

- What has been done to address these challenges?
- Is there any different idea that the Council has tried to work out as an alternative for this group?

Engagement

- What does the Council do to engage people with complex needs who are homeless/ at risk of homelessness?
 - What are the difficulties in this engagement process?
 - On the other hand, what do you think has worked well?
- For the people that do not come to your offices, is there any type of proactive outreach service?
- What kind of additional support does the Local Authority give to homeless people?
 - How has that worked?

Integration

- Is there any high-level governance committee to set up processes for integration when working with people with complex needs?
 - If yes, how does it work?
 - What difference has it made?
- Are there any formal processes to coordinate with other statutory services?
 - How does it work together with health services?
 - How does it work with social care?
 - How does it work with substance misuse services?
 - Is there any relationship with the criminal justice system?
 - Is there any relationship with the police or fire-fighters?
- How is the coordination with the voluntary sector?
 - What role do they play in the services for people with complex needs?

-
- Is there information sharing among the statutory services about cases with complex needs?
 - And with the voluntary agencies working with homelessness?

Key factors for change

- What do you think would improve the services for people with complex needs?
- Is there any model that you have in mind that would work better for this group?

- Any other factors that you think are essential to consider in the improvement of the services for people with complex needs?

Contacts

- From the homelessness team at the Council, who else would you recommend to talk to about this topic?
- From the voluntary sector, who would you recommend to contact?

Appendix 3 – Additional Service User Quotations

- *“Sounds silly but, sleeping on a stair, in a bench or with my friends is better than living in a hostel because... you don’t get any privacy. They say that they look after your stuff but...”*
- *“Last B&B I was actually in. I went for a shower and I was walking through the hall for the bathroom with a shower and I said “hello” to somebody that just passed by. As soon as I came out from the shower, the woman on the B&B was standing out of my bedroom and I when I was walking to my room I asked her what’s up and she said “you have to move out” I said “why?” and she said “because you were speaking with somebody” (...) You are not allowed to speak to anybody. It’s crazy”*
- *“B&B is like living with your parents again. You won’t do this, you won’t do that”*
- *“Not getting support from the council. They always tell me, you are not suitable or something”*
- *“When you are in a B&B you have to get by 11 o’clock (...) I can’t stick to the rules”*
- *“I had another supporter that he was not nasty, but how do you say? He didn’t care about the people”*
- *– “What things do you appreciate the most from support workers?”*
– “Helping to keep my appointments, reading the mail for me. Sometimes just talk to them as well because I don’t socialize well with people that don’t take drugs. So it’s cool to talk to normal people.”
- *“Not good relationships with them [family] because I am ill and they want to send me to a mental health. They don’t understand myself. I still don’t understand myself sometimes but basically they are not very supportive.”*
- *– “Do you go everyday to the council to see if you get something?”*
– “Everyday last week. They say nowhere, nowhere, nowhere. Just a joke. I should get something.”
- *“Housing mainly is just housing. Someone has to come up with a better idea. Too many places for students, hostels, backpackers (...)”*
- *– N: “When you get put out to places like this, it takes you from 3 to 6 months and then it can take a year, a year and a half to get a house, right? I think there should be a housing officer that phones me about to see what’s happened. Should contact us to tell us how things are.”*
– M: “so, more communication?”
– N: “Yeh, more communication I would say.”
- *– “What is needed to improve the services?”*
– “People that genuinely gives a shit.”
- *– M: “What do you expect from the CPN?”*
– N “Just to be able to listen. And to be able to help me on my psychiatric problems and that... in self harm and that as well (...)”
- *“No support to get back to be a member of society, you know what I mean? Budget my money, just doing normal things”*
- *I would like to have a house to live independently but I would like visiting support, a keyworker to make sure everything is ok. If I need... I don’t know... anything”*

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