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# Homelessness Housing First Services In Canada and United States of America

Winston Churchill Travelling Fellowship

Ian Irvine, January 2014

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# Executive Summary

The Report reflects my overview of services visited, learning I gained and my proposals for UK and European Housing First services generated from my Churchill Fellowship experiences.

In late 2009 Turning Point Scotland were asked by two Glasgow City Council senior officers to explore the reasons behind the high level of drug deaths within the City and the volume of failed tenancies because of non-payment of rent due to drug use. Turning Point Scotland seconded an officer to carry out a Scoping Exercise.

At the same time The Scottish Government was exploring the links between substance misuse and homelessness and a report was submitted to the Scottish Government by Nicholas Pleace, York University <sup>(1)</sup>. Pleace particularly commented on the positive experiences of Housing First services in New York. Whilst on holiday in the summer of 2010 in New York I visited two sets of Housing First services whilst there. I was suitably impressed with the services I visited and the underlying thinking and principles. I came back to Glasgow confident that Housing First was worthy of consideration in a Scottish context and set up a multi-agency Focus Group to explore the potential of such within Scotland - initially in Glasgow.

Through and with the support of particularly my employers Turning Point Scotland and two Housing Associations – Glasgow Housing Association and Queens Cross Housing Association – a small pilot Housing First Project was established in Glasgow from January 2011. The service was formally Evaluated by Heriot Watt University <sup>(2)</sup>. When developing the Glasgow service we followed the Housing First principles and philosophy. In addition, through the period 2010 – 2013 we were part of two European studies - Housing First Europe <sup>(3)</sup> and Grundtvig <sup>(4)</sup>

Within Canada - Toronto, Calgary and Vancouver and the Unites States – Minneapolis, Philadelphia and New York - my visits included homelessness services in all six cities including Housing First services and Assertive Community Outreach Teams; The Pathways Work with Veterans services in both Philadelphia and New York; Homelessness support particularly to families in Minneapolis: the Injecting Facility and services in Vancouver and the Peer Support and WRAP developments primarily in Calgary, New York and Philadelphia. I was impressed by the strength of the networks and joint work between NGOs and related agencies as evidenced in Toronto and Minneapolis and in the Housing First services.

I conclude the full Report with a series of Proposals arising from my learning on a range of actions and services - Housing First Fidelity Scales, with Private Landlords. The broader focus on homelessness strategy and actions from Minneapolis. Calgary furnishing funding and 'First Food Shopping', My learning on Assertive Community Outreach Teams and support to Veterans, Housing First work with Families, and the development of Drug Consumption Rooms,. Consideration should be given of sustained links for learning and exchange with NGOs in both Canada and the United States relating to peer support and recovery initiatives, development of peer support posts in services and the development of openness, trust and meaningful partnerships within the voluntary sector in Scotland.

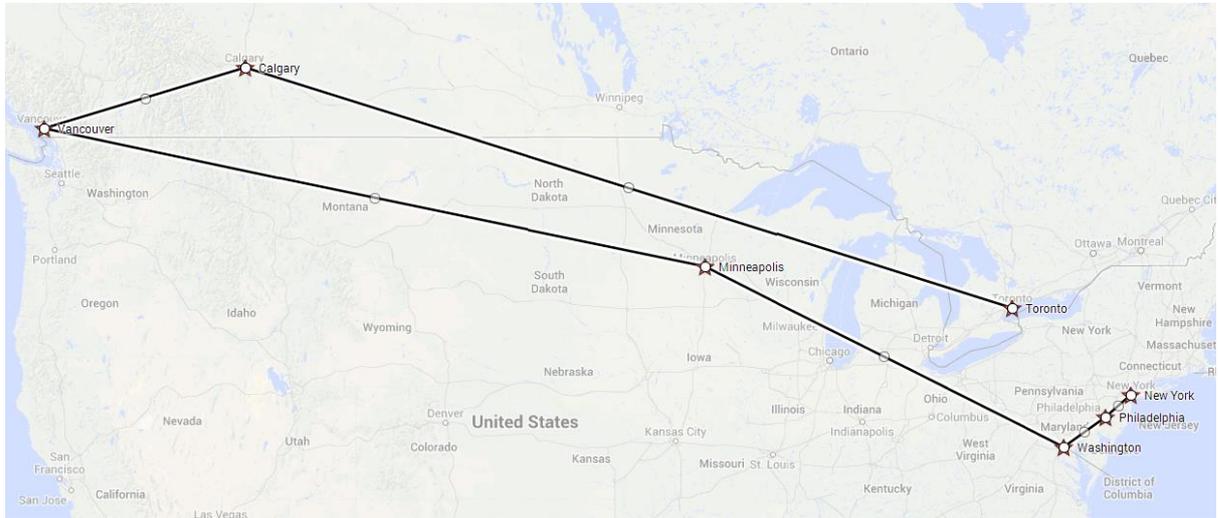
**To all those on their recovery journey:**

**“Go confidently in the direction of your  
dreams. Live the life you’ve imagined.**

Thoreau, Massachusetts, 1817-1862

# Itinerary

28th August – 16th October 2013



Toronto	28 <sup>th</sup> – 30 <sup>th</sup> August
Calgary	1 <sup>st</sup> – 7 <sup>th</sup> September
Vancouver	9 <sup>th</sup> – 13 <sup>th</sup> September
Minneapolis	29 <sup>th</sup> September – 3 <sup>rd</sup> October

Washington D.C.	4 <sup>th</sup> – 7 <sup>th</sup> October
Philadelphia	8 <sup>th</sup> – 9 <sup>th</sup> October
New York	10 <sup>th</sup> – 18 <sup>th</sup> October

# Acknowledgements

This report would not have been possible without the generous support of the Winston Churchill Memorial Trust ([www.wcmt.org.uk](http://www.wcmt.org.uk)) who, in addition to awarding me a Churchill Fellowship and they provided funding to enable me to visit Canada and the United States. Between August to October 2013 I spent time in several cities in each country visiting Housing First homelessness services

During my Travelling Fellowship I met so many committed and inspirational people. At this stage I would want to put on record the wonderful support and participation I received from NGOs and their partners in the Cities I selected. – in Toronto led by Toby Druce, 'Streets to Homes', in Calgary led by Shelley Heartwell and Sue Fortune 'the alex', in Vancouver led by Bill Briscall, 'RainCity Housing', in Minneapolis led by Kelbey Grovender, 'Hearth Connections', when Washington 'closed down', from Colleen Bonner 'Pathways' in Philadelphia and in New York from Stephanie Cowles and Katie Bower 'Project Renewal – In Homes Now' and Juliana Walker and Sam Tsemberis, 'Pathways to Housing'.

Within these organisations and their partner agencies there were many others who not only reflected inspiration and commitment but also gave me their time and expertise in my learning journey. I owe them my grateful thanks.

Most importantly I would acknowledge my gratitude to the service users I met during my visits who willingly shared their experiences with me.

# Background

In late 2009 Turning Point Scotland were asked by two senior officers from Glasgow City Council to explore the reasons behind the high level of drug deaths within the City and the volume of failed tenancies because of non-payment of rent due to drug use. Turning Point Scotland seconded an officer to carry out a Scoping Exercise.

At the same time The Scottish Government was exploring the links between substance misuse and homelessness and a report was submitted to the Scottish Government by Nicholas Pleace, York University <sup>(1)</sup>. He reflected on the range of housing support used in most countries which had the requirement for individuals to be 'housing ready'. He questioned the traditional 'staircase' methodology – not moving to next level of service without personal progress and fitting the service. Pleace particularly commented on the differing philosophy, model and positive experiences of Housing First in New York. I was spending my holiday in the summer of 2010 in New York and I therefore visited two sets of Housing First services whilst there. One was the original Pathways service supporting former homeless individuals with chronic mental illness in their own tenancies and the other, in addition to mental illness, supported individuals in tenancies with substance abuse issues.

'Housing First' has the following principles and philosophy:

- Independent accommodation in scattered site housing – with housing and support provided by different agencies
- No requirement for housing readiness
- Harm reduction approach
- Provision of permanent housing and holistic support
- Respect for service user choice re: apartment, levels of engagement, location and times of support
- 24/7 support– in the 'Pathways' services this is primarily provided by a multi-disciplinary team with full or part-time staff including Team Leaders/Assistant Team Leaders (who require a professional Master's degree), psychiatrist/psychologist, practice nurse/general practitioner, service coordinators/support workers, outreach nurse, peer support worker.

I was suitably impressed with the services I visited and the underlying thinking and principles. I came back to Glasgow confident that the principles of Housing First were worthy of consideration in a Scottish context and set up a multi-agency Focus Group to explore the potential of such within Scotland - initially in Glasgow.

With the support of particularly my employers Turning Point Scotland and two Housing Associations – Glasgow Housing Association and Queens Cross Housing Association – a small pilot Housing First Project was established in Glasgow from January 2011. The service has been evaluated by Heriot Watt University <sup>(2)</sup> whose final Report has now been received.

When developing the Glasgow service we followed the Housing First principles and philosophy described previously.

In addition, through the period 2010 – 2013 we were part of two European studies - Housing First Europe <sup>(3)</sup> and Grundtvig <sup>(4)</sup>. Both studies allowed for visits to a number of cities and their housing first and homelessness services, which provided sharing and learning from varied and developing Housing First services in a range of European cities. A real rapport has developed between the services.

Furthermore, having established the first Housing First service in the United Kingdom, Turning Point Scotland then shared our learning and experiences with London City Council and several London Boroughs and with the Heart Housing Association which resources homelessness in several Midland Authorities. There are now a number of Housing First developments in London and one through Heart Housing Association in the Midlands.

Locally more recently Renfrewshire Council Homelessness Services have provided funding to T.P.S. for a Housing First service in their area and East Dunbartonshire Council will provide funds for T.P.S. to provide a small Housing First service from April 2014.

I realised both from my European visits and discussions that, whilst Glasgow Housing First was being established as a positive service, it was limited to homeless individuals using substances. My thinking and experiences had to widen and develop so that my Housing First learning could be further enhanced. I sensed I could learn from the growth and developments that had taken place in both the United States and Canada and therefore linked directly with the creator of the Housing First philosophy and practice – Dr Sam Tsemberis of New York Pathways organisation. He identified cities with related services in Canada and the United States of America where, by visiting, I would gain wider understanding and experience. I then did further exploring on a range of web-pages on the internet on each of the Cities to clarify the most appropriate services to enhance my learning journey.

# Introduction and Objectives

The volume of those homeless in both Canadian and American cities is considerably greater than the majority of cities within the United Kingdom. In addition to responding to those who are homeless by providing relatively traditional resources, the genesis of developments in the United States – and then replicated in several Canadian cities – reflected concerns about individuals who, in addition to homelessness, had severe mental illness and/or addiction issues. Within America the 'Pathways' model had developed in a number of cities and, given the perceived success of those services and that model, the Canadian Government encouraged and funded 5 cities to develop 'At Home/Chez Soi' programmes with a primary focus on those homeless with a history of severe mental illness.

The objectives from my visits were:

- 1 Develop further understanding in delivering the Housing First model of support to people who, because of their chaotic lifestyle, are at risk of becoming homeless or have become homeless - ex-prisoners, families, those with severe mental health/ illness and Veterans.
- 2 Having established through the Glasgow Pilot that Housing First is an appropriate housing support model within Scottish policies and housing tenure and within the U.K. benefits system, consider the wider consumer group including ex-offenders, families, those with enduring mental illnesses and, in collaboration with veteran associations, Veterans who are experiencing homelessness or potential homelessness.
- 3 Which cities would give the experiential learning I sought and would:  
(i) facilitate such by giving me insight into their history and their services;  
(ii) arrange relevant meetings and discussions; and  
(iii) allow me to shadow their staff on service user visits and interviews.
- 4 As a Churchill Fellow upon completion of my visits, I would want to ensure that I extensively share my learning with as wide an audience as possible and encourage and facilitate the development of Housing First services for wider consumer groups..

# Overview of Services Visited,

## learning gained and those with potential for implementation in the UK and other European countries

As indicated earlier I visited 3 cities in Canada – Toronto, Calgary and Vancouver – and 3 cities within United States – Minneapolis, Philadelphia and New York. In each City I linked with a primary agency for background information and visits to ‘clients’ – often by ‘shadowing’ with either their staff or partner organisation staff.

From these I got a real sense of the volume of those homeless with severe mental health and/or addiction issues. I learned of the genesis of homelessness – particularly within the United States in the 1970s because of changes to personal taxation and considerable reduction in house building. These resulted in a consequential volume increase in homelessness resulting in massive Shelters with little attention to other than accommodation needs and no resourcing for those with mental illness or addiction issues.



*In Toronto, J. with Outreach Worker*



*Encampment in Toronto*

One of the current underlying principles in each City was a desire to respond immediately to those found rough-sleeping or living in ‘encampments’. There was a drive to reduce the numbers in such a position by ensuring that services provided immediate responses - indeed some cities like Calgary and Minneapolis have a vision of reducing homelessness to zero level

There were a number of variables from Glasgow and most other UK cities. Many cities provided Shelters for those who were homeless. (J. above lived in an 800 place Shelter in George Street, Toronto) and Vancouver City, prior to the Winter Olympics in 2010, had purchased 5 downtown hotels (see photographs below) and subsequently given them to N.G.O’s for use as hostels/shelters.



*The views are of Hastings Street, Vancouver from the roof garden of Lux Shelter looking over to Sheldon Hostel/Hotel*

Furthermore neither Canada nor the United States have parallels with our Care Inspectorate and therefore the requirements relating to personal space – for example single rooms with en-suite facilities - were often not provided. In Shelters sleeping arrangements were frequently in dormitories or shared rooms and most toilet/shower rooms were shared and separated only by gender distinctions. Such was the situation even in recently developed buildings – a positive statement about residential services in the U.K.



*K and M both live in a supported living unit opened only 2013 which has gender shared floors, toilets and bathrooms.*

My first set of objectives was to develop and extend my understanding of the range of Housing First models and services.

Within the cities I visited in Canada and the United States the 'Pathways' model was extensively used.

## Pathways Housing First

'Pathways' services are based on a combination of Housing First and Assertive Community Outreach Teams.

We have followed the principles and philosophy that underpin 'Housing First' services in Glasgow and the majority of European cities also embraced these in their Housing First services.

We have struggled since the inception of our service to ensure individuals were financially resourced to purchase furniture/furnishings for their new home. In the UK the former Community Care grant system did not apply to so many we worked with and often it had meant limited furnishings from other charities. The new method of locally based Welfare Funds seems in principle to be a progressive move although the delay of several weeks creates problems given there is no longer any overlap of Housing Benefit (one of several unwelcomed changes in the UK Benefit system).

A difference between the experiences in U.K./Scotland and Canada and the United States is our historical focus on social housing developments. There is little social housing in either Canada or the U.S.A resulting in housing first service users' leasing from the private housing market. Whilst we have yet to venture into that area, in reality, it is an area we will require to explore as in many of our towns there is not an adequate stock of social housing.

Within each of the Housing First services I visited either directly or in conjunction with partner N.G.O's, furniture initiatives had been developed to ensure homeless clients move into a house furnished and equipped which is more likely to assist the individual feel at home.

In Calgary I was highly impressed with the financial support each individual gets both for furnishings (C\$700) and (C\$200) for the individual's first food purchase. 'the alex' in Calgary purchase furnishings wholesale - thus getting discounts - whilst the individual is supported to do their own shopping. It is clear that such commitments contribute significantly to the individual settling into their new house and feeling 'this is my home'.



*Inside client B's new apartment in Calgary*

## Assertive Community Treatment Team <sup>(5)</sup>

The majority of the cities I visited had such a practice model –albeit often with ‘city’ unique additional factors - supporting their Housing First services. In all cities the development had followed the original New York Pathways model of developing services for those individuals with chronic homelessness severe mental illness (in Vancouver, given the volume of particularly heroin addiction, they had extended the range to include homeless substance users). Each ACT has by and large a common multi-disciplinary full or part-time team membership including psychiatrist and/or psychologist, general practitioner or practice nurse, outreach nurse, occupational therapist, addiction counsellor and peer support workers.

In Calgary and Minneapolis I was given verbal presentations and explanation of their A.C.T. Housing First services and in Vancouver, Philadelphia and New York I began by joining the ACT morning meeting and then did ‘shadow’ visits with the ACT Nurse. Each utilised a version of the Pathways Fidelity scale <sup>(6)</sup>.

The Fidelity Scale used <sup>(6)</sup> provides a monitoring format and model so that staff can ensure that both the processes and the individual client are progressing in their Housing First/Recovery journey. The individual is central to identifying the stages/steps in their recovery and invariably the peer wellness support they seek and receive.

From both the ACT morning meetings and my shadow visits with Housing First staff my view is that there are a number of positive factors underpinning the strengths of the Assertive Community Treatment model. The services are all community based and there is a genuine desire to bring a marked decline in hospitalisation. The model may have potential relevance to Scotland and the United Kingdom .



*Both B. and F. have graduated from the Calgary H.F. service and are now assisting as peer supporters*

## Work with Veterans

The Homelessness Survey in USA in 2011 identified 70,000 veterans as homeless. Understandably there were public and political reactions and a new funding emphasis on developing services for homeless veterans was initiated. Housing First work with veterans has been developed by Pathways in several American cities such as Washington, Philadelphia and New York. In all cities a close working arrangement now exists between Pathways and the Veterans Association and, in addition Pathways is training Veteran Association staff to understand and develop the Assertive Community Outreach Team model. For inclusion in the Veterans Association group individuals have to have been honourably discharged, be in receipt of veteran's benefit and be homeless. There is a continuing national push to house veterans from homelessness and additional federal Veterans Funding is being provided to Pathways in several cities.

The 'Pathways'/Housing First services for veterans reflects the same core philosophies and principles – 'scattered site' model, housing and support are separated, individuals are not discharged from 'Pathways' if evicted from their tenancy, harm reduction practice is encouraged and facilitated and the principles include client choice and self-determination.

Like many Pathways services the support to veterans includes a commitment to recovery, peer support and WRAP (see below page 17).

Again like most services in Canada and the United States the primary group are those experiencing homelessness coupled with mental illness. Whilst the range of mental illnesses is consistent with the main society I was advised that the number of veterans displaying post- traumatic stress disorder reflects a greater volume.

It is clear that the Pathways ACT model and Teams, through evidenced successes, are held in high regard in Philadelphia and New York. Given the quality of their services to former street homeless veterans with chronic mental illness the Veterans Association have a positive view of Pathways. It is, as reflected in a number of other cities, these positive factors which provide the strength and practice of the multi-disciplined Assertive Community Treatment Teams.



*M in his apartment*



*V in his apartment*

Work with Veterans is an area that merits further exploration and discussions within both Scotland and the United Kingdom. Turning Point Scotland has initiated this with both the 'Help for Heroes' organisation and with the Scotland Veterans Residential Service.

## Housing First with Families

It is important to recognise that Minneapolis and Hearth Connections sought (perhaps uniquely) to address the issue of complex homelessness and not only single homelessness, although clearly single people are included in that wider definition of homelessness. Given that their analysis, services and partnerships address the issues reflected in complex homelessness and not only single homelessness they represent for me an extremely positive and dynamic vision. It is consistent with my view that our services need to be holistic and not be caught up with or locked into 'silo' funding mentality and services.

There is a view that families using substances were once, in eyes of society, a controversial group. 'If parents are still using substances it is not a safe environment for children to be in'. The agencies I met had a philosophy that with support parents can still function. They are encouraged to set goals to maintain their children and the support agency will start a discussion with families about addressing harm reduction for their substance use. 'People (parents) are entitled to and will identify dreams. They are also entitled to obtain permanent housing. With support services they are helped to understand the importance of education for their child's future thus beginning to increase their engagement in their child's education'(7).

Family homelessness is experiencing a dramatic increase in most American cities and a series of funding initiatives are now in place. In New York the City Council are providing funds to 'Project Renewal' to develop a family support service. In many cities families becoming homeless are first housed in Family Shelters and, if so they are immediately visited by services eager to speedily move them out and away from the Shelter culture.

I spent time carrying out visits/meetings with services who work with families and then undertook shadow visiting with a number.



*E and grandson J*

I was particularly impressed with the Lutheran Social Services 'Family Roots Alliance Service' in Minneapolis who had given considerable thought to the nature and possible composition of families, the range of needs/issues within both the family unit and the varying needs of each individual family member. Links with and relationships developed with schools and other education services are seen as basic requirements in a healthy family.

I am sure that Housing First support for families is worthy of full consideration within Scotland, the United Kingdom and European cities.

In our discussions in Glasgow with Housing Associations one of the issues that has emerged and frequently shared in our discussions is their concerns about existing tenants experiencing parallel behaviours to those homeless individuals in our Housing First service, There is little doubt that on occasions the Housing Associations seek to avoid eviction processes and actions aware of the devastating impact this has on families.

## Injecting Facility and Services

I had the good fortune whilst in Vancouver to spend an afternoon with the 'Insite/Onsite' services. (8) (9) (10). The 'Insite' service was initiated in 2003, is part funded by Vancouver Coastal Health and has a welcoming reception and waiting area. The injecting area comprises 12 booths. One side of each is completely open with the remaining 3 sides mirrored so that staff can see everything. There are 600 injections every day - users bring their own substance with several using more than once per day. The service is staffed by nurses, programme staff and peer staff.

The two floors above are occupied by the 'Onsite' service. On the first floor there is a residential detoxification unit with 12 en-suite rooms. Clients stay between 7/10 days. The top floor is a Transitional housing unit of 18 bedrooms but shared washrooms where individuals (and occasionally couples) wait for progress either into housing first style services or their individual tenancy.

'Insite' was developed as a response to the needless deaths occurring as a result of overdose. The number of overdose deaths had been climbing in Vancouver in the 90's and peaked in 1998. Its initial goals were:

- Intervene in overdose events
- reduce the spread of blood-borne virus
- Educate Intra-venous Drug Users (IDU's) in 'best practices
- Connect a marginalised population to much needed clinical and community services, including housing.

I recognised strong parallels with their initiating experiences and our own in Glasgow. Both Turning Point Scotland's 'Scoping Exercise' and Housing First service were initiated and developed in the City arising from concerns relating both to the level of drug deaths among IDU's and the volume of failed tenancies. The Glasgow Housing First service is the first

internationally to focus uniquely on IDU's and the Heriot-Watt Evaluation <sup>(8)</sup> highlights its success with what is often regarded as a marginalised and non-participative group.

There was an Independent Working Group on Drug Consumption Rooms in the UK and the Report produced by the Joseph Rowntree Foundation in 2006 <sup>(11)</sup> gives an excellent record of the creation and purpose of Drug Consumption Rooms, the work of the Group and its recommendations. The Report recognises that 'the idea of providing drug users with a place to go to use their illegally obtained drugs is highly contentious and --- It is an idea that lends itself to extreme responses ---'.

Such reflects accurately the current debate in Glasgow and Scotland and the dichotomy of views and opinions on Drug Consumption Rooms. The Working Group also recognised the growing acceptance of the worth of the DCR approach. In Europe they have been introduced in six countries – Germany, Switzerland, Holland, Spain, Norway and Luxembourg and internationally in Sydney as well as Vancouver.

## Peer Support and WRAP developments

Within each City I visited on my Fellowship visits, I gave a presentation on 'Housing First – The European Model' and commented within that on our Glasgow service. Without fail the groups in each city, consistent with my experiences during European visits, were particularly keen in developing their learning on Peer Support Workers. Since my return from my Fellowship visits I have made a presentation on 'Peer Support' at 3 Conferences – 2 in Scotland and 1 in Lisbon, Portugal).

There are real 'peer' developments taking place in several Canadian and American cities and this presents opportunities for continued relationships and learning for our services to network with relevant NGO's in several cities I visited.

I will expand below on the developments in the Pathway organisation, particularly New York, but I also want to positively comment upon and applaud the Calgary Family and Peer support networks and services. There were clear parallels with the dynamic Recovery developments taking place in services throughout Scotland. I was particularly impressed how, with client support and approval, the Canadian and American services engaged the wider families in both understanding the client's recovery journey and their role as family members within such. Again they are comparable with the commitments in Scotland as can be evidenced by Scotland Recovery Network, Scottish Recovery Consortium and Circles of Care.

Pathways as an organisation has made commitments to many aspects of Recovery and peer support in its broadest sense. 'Peer support offers a range of mutual support where people with similar life experiences offer encouragement to each other especially as they move through difficult or challenging experiences' <sup>(12)</sup> The philosophy and practices are consistent with the Recovery momentum now taking place in Scotland within both addiction and mental health services. The peer-to-peer strengths-based support has a range of levels on a continuum from natural occurring support and help, formal mentoring through to paid/salaried peer support workers'. <sup>(13)</sup>.

Pathways services embrace that wide range of peer support (9) (10) and in both Philadelphia and New York use WRAP – Wellness Recovery Action Planning - in their Housing First services where they have at least one Peer Support Worker in every Housing First/Assertive Community Treatment Team. In addition they have received 5 year funding to focus on Wellness services delivered by Peers and there are 10 peers as part of that Peer Wellness Team. They have developed links with a Training Centre and have resourced a Peer Service Base in Harlem.



*Peer Community Garden Harlem, New York*

As indicated earlier in this Section, I do believe there are opportunities for developing networks for learning and exchange between NGO's in the UK and Canadian and American services.

## **Networking, sharing and joint work between voluntary agencies**

One of the real positive experiences I came away with was the strength of the networks and joint work between NGO's and related agencies including housing provider and/or support services. These were particularly evidenced in Toronto and Minneapolis as well as in each cities' Housing First services where close working relationships/partnerships are essential elements of successful tenancies.

I sense that in the UK the era of 'competitive tendering' has reduced the trust and working relationships in the NGO sector. Indeed I recall a few years ago when a number of voluntary organisations gave some thought to better sharing and networking it was frowned upon by the Council purchaser and we were warned off doing anything like that.

In our evolving world I strongly believe that meaningful sharing and networking, as I witnessed in Canada, would be major strengths to services and our service users.

# Proposals for UK and Europe Housing First Services

My objectives were focussed on achieving a fuller understanding of Housing First and its application to wider needs groupings. This was successful thanks to the commitments of so many agencies and individuals who facilitated my experiential learning through visits to related services, conversations relating to their philosophies and practices and allowing me to shadow their staff on service user interviews and visits.

I now have clarity of those services/models which I believe are worthy of consideration in both the U.K. but also for some other European cities Housing First services and developments.

My proposals are:

- 1 We need to establish in Turning Point Scotland's Housing First services 'Fidelity Scales'<sup>(6)</sup> as integral to our processes.
- 2 The reality of the housing stock market does mean both Turning Point Scotland and others will require to develop links and partnerships with private landlord organisations. This may require that the tenancies have greater flexibility than the insistence on 'permanent tenancy' agreements.
- 3 Where there is either potential or legally approved eviction pending, the principles, philosophy and practices of Housing First (page 7) may be seen as appropriate to prevent homelessness. The Local Authority or Housing Association then partner with an NGO to develop a Housing + service.<sup>(11)</sup> At present this would be appropriate within the Scotland context where 'Prevention of Homelessness' is a major factor.
- 4 I would recommend that is given by the Scottish Government in terms of their commitment to ending homelessness, by local authorities, registered social landlords and by the voluntary sector, to find ways of financially supporting a modest grant for that gap in furniture and committing to the 'first food shopping' by way of a grant of circa £120 per tenancy.
- 5 I would recommend that the British Government recognises the problems created by their changes in Housing Benefit rules and agree to reinstate a four week overlap period for Housing Benefit payments.  
Failing which I would recommend that the Scottish Government, local authorities, registered social landlords and the voluntary sector consider how finances can be provided to fund rental overlap costs for a four week period.

- 6 I would suggest that when developing multi-disciplined Assertive Community Outreach Teams either within the UK or as responding to Housing First initiatives in European cities, consideration is given to (a) the creation of Nurse Practitioner posts and (b) the secondment of part-time psychiatrist/psychologist posts from the geographic Health Trust to be members of the ACT Team. Further discussion and thought should also be given to the positive opportunities within the 'Marseille' model of links to mainstream health services.
- 7 Whilst the numbers may be small there is little doubt the need exists from within the British Veterans group for both the UK government and the Scottish government to recognise the existence of the need for support and to provide funding for such to be developed. We believe, with our experience in developing and providing Housing First services, Turning Point Scotland is in a unique position to provide such support to the chaotic homeless veterans displaying mental illness and/or addiction issues and we would ask the Scottish Government to fund a pilot Housing First service with us for those veterans.
- 8 Following my positive visits in Minneapolis I believe that Housing First support for families is worthy of full consideration within Scotland, the UK and European cities.
- I would encourage the Scottish government and the local authorities to give considerable thought to the opportunities such might present. Turning Point Scotland should develop partnerships with statutory and other voluntary sector members to pilot the concept of Housing First/ Housing + (11) support for families as a 'Prevention of Eviction' strategy and practice.
- At present this would be appropriate in the Scotland context where Prevention of Homelessness is a major factor.
- 9 My experience of the West of Scotland cultures, the learning we took from the Scoping Exercise and the positive quality of the 'Insite' service in Vancouver makes me a strong advocate of Drug Consumption Rooms as one aspect of the range of services available to injecting drug users.
- I would strongly recommend that the Scotland Government, Glasgow City Council and Greater Glasgow and Clyde NHS Trust and Glasgow City Alcohol and Drug Partnership give serious consideration to the development of a Drug Consumption Room in Glasgow. I further encourage them, in conjunction with Turning Point Scotland to give consideration of such within the Review of the Glasgow Drug Crisis Centre and the suitability of such being part of the GDCC site services,
- 10 I believe there are opportunities for developing networks for learning and contacts between NGO's in the UK and Canadian and American services. As well as encouraging such within Turning Point Scotland, I will share my experiences, thinking and links with Scottish Recovery Network, Scottish Recovery Consortium and Circles of Care.

- 11 I believe Turning Point Scotland and other statutory and voluntary services should amend their staff establishments to facilitate the development and creation of Peer Support Worker posts within their services.
- 12 In our evolving world I would strongly believe that meaningful sharing and networking, as I witnessed in Canada, would be major strengths to services and our service users. Serious consideration should be given as to how we can ensure the development of openness, trust and meaningful partnerships within and between statutory and voluntary agencies and between voluntary agencies and housing agencies.

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