



BECAUSE PEOPLE MATTER

After 10 Years of Housing First in Turning Point Scotland (TPS), the Key Messages we believe should be embraced

Over 10 years ago TPS invested in the UK's first Housing First pilot project. This was in response to the clear evidence that there was a small but intractable population who were being failed – and worse, increasingly traumatised – by the homelessness system that was supposed to help them. We undertook a scoping exercise to explore ways in which other countries responded to people who faced multiple and enduring support needs, and reviewed the evidence on what makes an effective homelessness intervention for people who need so much more than a home. And we learned that this is exactly where we have to start – with a home.

Over the course of the last 10 years we have seen awareness of and belief in the Housing First approach grow across the country, and we have seen it adopted as the standard response in Scotland to people who are experiencing homeless and multiple and enduring support needs. To see the approach embraced in this way has been remarkable, a real validation of the vision and the gamble we took in trying it out. But the real proof of this pudding is seen in the people we support. The Housing First approach finally allowed the system to adapt and respond to what this group of people really needed, people who had spent years stuck in a revolving door of rough sleeping, hospital admissions, hostels, prison, attempts to help that failed to see or understand what they were asking for; people who are now safe, secure and with many flourishing in their own home.

We have worked to build Housing First services across 6 local authority areas. There is much that we have learned over this time, and we continue to learn. As we do so,

we want to share those lessons with you, to support the development and growth of this approach across Scotland. There are barriers that held us back at the start that still remain, 10 years later, so we also want to share our views on what the priorities for the next 10 years should be.

Fundamentally, we want to contribute to a strong Housing First community in Scotland, in the UK and beyond, a community that shares our practice, our challenges and our attempts at solutions, so that we can all continue in our efforts to ensure that everyone has access to the safe and secure home that is their human right.

Our Key Messages

1. The Non Negotiables
2. Systems fidelity
3. Measuring Success
4. Empower stakeholders within Communities of Practice
5. Invest, support and develop the staff team
6. Peer Support and Lived Experience matters
7. Who decides when we're done?
8. Invest in our communities
9. Housing First is not for everyone

1. The Non negotiables

As we have learned and developed with the Housing First approach over the last decade, we have come to understand the elements that must be in place if this approach is to deliver the impact that evidence tells us it can. We've come to think of these as the 'non-negotiables', and they have been supported by a paper completed by Homeless Link (Homeless Link, 2020). The first is so fundamental that

it overarches them all; a Housing First service must remain faithful to the 7 key principles of the Housing First model.

Some of our non-negotiables relate to how we deliver a high-fidelity approach, others are broader lessons on what needs to be in-place to allow a Housing First approach, and the people it supports, to flourish.

Support is not time limited

An important factor in empowering people to engage in this support, is the building of trust. Central to that trust is the commitment that this support will not go away unless they want it to. A number of elements have to be considered, resourcing long-term support in a system designed to deliver time limited interventions is one of them, and we have had interesting experiences creating connections with wider adult social care services. We also need a way to maintain relationships and pathways for people who move in and out of the service over time. People can feel ready to move on from support but knowing that they can opt back in at a later date if they need to supports the transition and to their ongoing stability. We talk about 'moving on' rather than 'closed cases', and have found that more positive and open language helps to reinforce the message.

Stability of Tenure

As well as trusting in the 'stickability' of their support, people must also trust their home is not going to be taken away from them. A Secure or Assured tenancy is essential to provide ontological security for people, to allow them to create and feel safe in their home. Feeling secure in this most basic of needs is essential if we are to then make progress on the physical and psychological issues that have underpinned individuals experience of homelessness for all this time.

Access to a home is not conditional

This reiterates the recognition that for people experiencing multiple and enduring support needs, a staircase model of support where they have to prove that they have 'earned' or 'deserve' to advance to the next level, is ineffective and

inhumane. In fact, access to a safe and secure home is the first step in any subsequent journey towards treatment, recovery or other positive outcomes. It is important to outline the responsibilities that the person is taking on and the expectations on them within their tenancy, as a resident, a neighbour and a citizen, but this home is not conditional on them being 'tenancy ready'. We start with housing, first.

Caseloads should remain low

Housing First support staff are required to be flexible, responsive and assertive in their engagement. To allow them the capacity to flex their support up or down each week to meet the fluctuating needs of the people they support, we have learned that caseloads should be no more than 7. However, as people move towards the end of their support where they may be on longer term check in's at their request before they move on, we believe we could temporarily work just above this fidelity. We urge caution on this and it should not be used as a method for increasing staff workload beyond the ratio.

For people experiencing multiple and enduring support needs

Anyone who experiences homelessness should benefit from a rapid rehousing approach, but when a person is experiencing homelessness as well as multiple and enduring support needs, Housing First should be the default response. The evidence on the positive impact that Housing First can deliver tells us that the outcomes are stronger with this population, and we should not squeeze people in to an approach that wasn't designed for them. Housing First should be part of a menu of options, allowing people to find the approach that works for them. However, we believe that work to embed the principles and values of Housing First across the homelessness system will improve that system to the benefit of all people who engage with it, something that we explore later in this paper.

2. Systems fidelity

TPS have worked with partners to develop an approach in Scotland that delivers and remains faithful to the 7 Housing First principles. That objective is not yet complete, we need to remain vigilant to ensure that we maintain a high fidelity approach, but the next phase of this challenge is becoming clear. It is not enough for a Housing First service to operate to these principles, we must also consider how the wider system in which this model operates supports – or hinders – delivery of these principles.

The concept of System Fidelity has been growing and developing across Europe, acknowledging the truth that we cannot address the range of interrelated support needs that people engaging with Housing First experience through one service in one part of the wider public service system. Experience tells us that simply adding a Housing First service on to an established homelessness system, without consideration of the part that system plays in supporting that service, severely limits the impact that service is able to deliver. If you want Housing First results, you need service fidelity; we now know that we need systems fidelity too.

We have committed to ending homelessness, and the Ending Homelessness Together Action Plan is driving work at all stages that a person might become or be at risk of becoming homeless may go through – work to prevent homelessness and provide an early intervention, to ‘no wrong door’ when a person needs help, to a rapid response to housing need and finding a sustainable solution.

We believe that we need to go further, to consider not only the homelessness system but the services and systems that it connects to. Or perhaps we need a broader understanding of what is included in ‘the homelessness system’. We certainly need to consider the part played by the justice, mental health and alcohol and other drug treatment, support and recovery systems; is the support flexible and provided for as long as is needed? Is it based on people’s strengths, goals and aspirations? Do people have choice and control? We believe that Housing First is a fundamentally a health and social care intervention, and as such should be

integrated into our health and social care system, a point we have made in our submission to the current Adult Social Care Review.

This need is clear when we consider how we ensure the long-term, possibly permanent support that is a non-negotiable to an effective Housing First approach. Our experience tells us that after 10 years, many people are still engaging with Housing First due to their multiple and enduring support needs and the challenge of navigating a complex system of treatment and support. This is a fantastic achievement for the people involved and should be recognised as such, but the homelessness system is designed to address a need and move people on. There is a pressure for 'through-put' that does not fit with Housing First – these people don't need to move on anywhere, they are where they need to be. What we need to work out is how to resource the support that they need to stay there in a sustainable and possibly permanent way.

There is no single answer to this question – people's needs and priorities vary, circumstances change over time, and local structures and systems differ. What we do know is that Housing First is not a purely housing response. We do not believe that it is proportionate or appropriate for the funding burden to remain with the homelessness system alone when this approach to supporting people is helping them past the barriers they've faced in accessing the treatment and support that they need.

Housing First is a health and social care intervention that is needed because we do not have the kind of 'whole system approach' to public service delivery that people using this service need. We are enabling effective service and treatment delivery and achieving outcomes for many agencies within the health and social care system. It should be integrated and coordinated with the strategic planning, service design and delivery structures of Health and Social Care Partnerships, and these partnerships should consider how they support the Housing First principles.

We accept that the Housing First principles cannot be lifted and applied to other types of support provision in their entirety, but we believe that they should be considered, especially where the people supported by Housing First – people who

often need input from a wide range of agencies in order to end their homelessness – are concerned. We also believe that considering these principles, and how they can be upheld and supported, would strengthen the system and improve outcomes for all those who use and engage with it, people and agencies. Housing First, and the principles and values that define it, could be a springboard to improvement across the health and social care system.

3. Measuring success

We've already touched on this point in the Systems Fidelity section, but Housing First is not a traditional homelessness intervention, and as such the usual measures of success do not apply. Some might see a person still engaged with a housing support service 10 years after their experience with homelessness ended as a failing, when in reality this is a huge success.

The population served by Housing First have generally been failed, repeatedly, by standard service responses. Their needs have not been understood and have not been met until we started doing something differently. Now their needs are being met, we can't apply measures from approaches that haven't worked for them.

We need to start by considering the people supported by Housing First; what does success look like for them? How does success for them as individuals contribute to success for the service commissioner? And beyond that, for the community, the local authority area, and for the country? We must also acknowledge the outcomes delivered for wider parts of the health and social care system – in relation to criminal justice outcomes, public safety, reducing reoffending, and to mental health outcomes for example. Housing First is integral to achieving the outcomes set out in our National Performance Framework for this group of people.

We detail later some of learning on the 'endings' for people moving on from housing first, in some circumstances TPS have had to step back and say, was that success? And in many circumstances, we felt that it was even though on the surface it didn't end in a traditional move on where the majority of an individual's needs are met. If a

service user tells us they don't want us to support them anymore, we won't walk away and will work assertively to engage them but after being told many times to stop contacting someone we have to listen to them. As we know, the tenancy is not conditional on engaging in support. Is this success?

4. Empower stakeholders through Communities of Practice

We noticed a tendency within our Housing First services to keep our heads down and just get on with what we're there to do, rather than to recognise and raise awareness of the innovation, the creativity in overcoming barriers and maintaining fidelity to the Housing First model and to our values. It's just what we do. But in this case, what we've been doing is ground-breaking work. We have taken an approach and adapted it to our own context, to our legislative framework, to our own needs and resources. Our learning throughout this process supports the wider Scottish, UK and international Housing First community, and deserves to be shared.

The knowledge and experience that has been developed does not sit with one manager or leader. Every member of the staff team involved in this work has played a part in finding answers to challenging questions about how we can make Housing First work in Scotland, for Scotland's people and with Scotland's systems. Partner agencies involved in delivering Housing First are experts too; they have faced and found answers to their own questions, specific to their part of the system. In more recent years, as more organisations have got involved in delivering Housing First, they too are becoming a part of the community that drives this model forward.

As we continue to embed this model in Scotland, as the context in which we work shifts and develops, and as we grow in our ambition for what this model and its principles can deliver, we need to learn from and support each other to find the way forward together. This is especially important for people and agencies from out with the homelessness system – justice, health or adult social care agencies for example – who may be less familiar with the model and with homelessness more generally.

In July this year, TPS launched the Housing First Academy, an online resource to support the Housing First Community of Practice. We recognise the expertise held by each stakeholder, and this Academy gives space for people to lead on elements of importance to them. It is intended to help create connections and develop best practice in Scotland, Europe and beyond by providing a platform for the voices of people involved to be heard. We aim to run a range of engagement sessions, some specific to local authority areas, allowing a more focused locality learning, some more structural, where we will seek to engage the senior figures with the power to make real changes. Blogs within the Academy create an opportunity for the sector to challenge the status quo, make assertions on our future direction of Housing First and recognise what is working well.

We invite all partners to get involved with the Academy; it's only through sharing our learning and supporting each other to find solutions that we can move this model forward and achieve our ambitions around what it can deliver.

5. Invest, support and develop the staff team

'Stickability' – the knowledge that staff are going to stay with you through ups and downs – is a key element of an effective Housing First service, and ensuring this demands a lot from our staff team. The population that we are there to support face significant barriers and we have to work creatively to engage them in a way that suits them. Many have a resistance to or a distrust of support services based on years of disappointment that we need to get past. We can never be experts in the range of support needs that someone may be experiencing, but we need to know enough about a lot of things to be able to offer the right support.

On a purely practical level, this type of support demands training and support that is specific to this type of work, such as psychologically informed practice and attachment. We have integrated relationships with psychologists and psychiatrists into our support structures to provide reflective practice, and are developing ways in which we can connect with other mental health professionals. It also demands

specific health and safety approaches that acknowledge the autonomous and flexible way in which staff work, often individually and in a community setting rather than an office base. We need robust lone working procedures, support to manage data safely and access to support and supervision on demand as well as on a planned basis.

Housing First staff must demonstrate persistence, creativity, personal resilience, and the ability to maintain commitment to the values that underpin this model, not all of which can be taught. Our approach to staff development and support includes but goes beyond training and learning; we embed a sense of self-awareness and reflection through our induction process, supervision, team meetings, communities of practice sessions and training, encouraging staff to consider and contribute their own solutions to challenges faced by the service.

It is essential that partners in this work are on board, that they understand the principles and ethos of what we're doing so that they can reflect on the way that they interact with our staff and with the support that we provide, so that they can reflect on their own practice, their own staff teams and consider how they support the Housing First approach.

6. Peer Support and Lived Experience matter

The value of peer support was highlighted in the initial scoping exercise that informed our Housing First pilot, and Peer Support Workers were a key element of the model that we intended to replicate. At the time, this was a new step, certainly for us as an organisation, and there has been a lot of learning over the last 10 years.

We now employ Peer Support Practitioners (PSPs) across our Homelessness, Justice and Alcohol & Other Drug services and remain committed to the belief that people are experts by their experience. We see the impact that PSPs have, the value that they bring, and have developed our understanding of how to support them effectively in their role.

The value of Peer Support was evident from an early stage in our Housing First journey. The evaluation of our pilot project (now our legacy Housing First service), published in 2013, reported that *“The inclusion of peer support workers in the staff team has been universally welcomed by service users. Their shared histories break down perceived barriers about the risk of being judged and enhance service users’ faith in their own ability to recover from addiction.”*

Peer workers themselves universally felt that they were able to give something different from non-peers. Lynn, a PSP who was previously supported by a TPS housing first service stated;

“Being supported as a service user, when I was introduced to a peer support practitioner, I related to the peers more than anyone else as they have been through the same chaos as me. They gave me something different, enthusiasm. gave (Me) hope for future ... My peer support practitioner was special to me.”

However, the growing evidence base on the role played by Peers challenges our thinking as much as it reinforces our experience. When we compared the outcomes of our legacy service to the results of the Housing First Europe experimentation project, (Volker Busch-Geertsema, 2014) the outcomes of services using non peer colleagues matched that of our legacy service. The suggestion that, while being greatly appreciated by the people we support, PSPs do not add to improved outcomes, does not fit with our experience. We see the impact of PSPs on the people we support, particularly when they draw on their experience of problematic alcohol and other drug use and recovery. The impact that we see might be difficult to quantify, but we need to find ways to do so. Further research on comparable Housing First approaches would be helpful.

Recently, we felt it was time for us to step back and assess whether the answers we found in those early years remained helpful, and to consider how we can build and develop this role, the people in it and the impact they have. We began a review of PSPs in our Housing First services that is due to conclude in March this year. Early analysis of our findings suggest that the general understanding is that the difference

between peer workers and other workers with lived experience is that peer workers 'must' use their lived experience' in a safe way at the right time and the right way, other workers can 'choose' to use their lived experience. Peer workers talked about ensuring service users are in control of how much they wanted to know about their workers lived experience, with some service users happy to know they had lived experience of problematic alcohol / other drug use, others wanting more details as they built a level of trust and attachment. Many workers expressed they knew where the line was. One reflection gave insight into a time where they overstepped that mark and they were making the 'telling of their story' about them, rather than using it as the learning tool needed to help the service users, which was a very powerful reflection.

Although people understand the role of peer, using the word in a job title can be counterproductive. Although it is used to indicate someone of equal standing from the perspective of people we support, it actually serves to differentiate that worker from their colleagues. This isn't always detrimental, as peers often have an enhanced status or position, particularly among the people they support. Having peer in the title was welcomed by many peer support practitioners and service users so far, with others saying it didn't really matter, and a minority feeling like it shouldn't be in the title. There could be a pattern between people moving on from the role emerging having slightly different views from workers still in the role which we will look at in more detail.

The issue would be if PSPs were rewarded or supported inequitably, or their ability to develop and progress their career was limited by this title. They have spoken extremely warmly and highly of the support they received from managers, although they didn't see any difference between the support they received and that provided to their non-peer colleagues. Managers confirmed that that they wouldn't specifically give peers more or less than non-peers, each individual would get the support they needed.

There are different opinions of practice in the organisation around areas such as progressing from a peer to a non-peer or management role, how long you could stay in the role for, expectations of non-peers etc. The findings of this evaluation will allow

us to develop our practice and processes on many areas and ensure consistency going forward.

We look forward to sharing the findings of this evaluation on its completion.

7. Who decides when we're done?

How, when and why people move on will vary, we need to balance the principle of long term, open ended support, with the expectations of the system.

Of all the people who have engaged in a TPS Housing First service over the last 10 years:

- 84% remain in their home
- 8% have died
- 1% were evicted
- 3% moved to Supported Accommodation
- 3% of tenancies were abandoned
- Less than 1% of people are serving a long term prison sentence

The 8% of people who died accounts for 24 people, and many of those deaths were or were suspected to be a result of an overdose. We firmly believe that every drug related death is preventable, and TPS is active in the Drug Death Task Force and in developing practice and service models to tackle the horrifying number of lives lost in this way each year. We have drawn on our expertise in this area to build harm reduction into our Housing First services; Naloxone training is mandatory for all staff and Support Practitioners all carry their own supply. We train and equip the people we support and are committed to driving the development of peer naloxone supply models. We will continue to integrate learning and ideas from our Alcohol and Other Drug services as they develop, to build our capacity and to reduce harm and risk of harm among the people we support.

A key lesson learned as we look back over our last ten years is that while we collect a great deal of data, and that we use this to inform and evaluate our practice, we could do more to analyse, communicate and learn from the bigger issues that this data is illustrating.

We've already discussed the challenge of measuring success in a Housing First service. Tenancy sustainment is a good indicator, probably one of the most important indicators for the homelessness system in which Housing First sits, but it only tells part of the story. The 1% of evictions we have seen account for 2 people in 10 years, which given the multiple and enduring support needs of the people supported by Housing First, is a fantastic achievement. However, sustaining a tenancy doesn't mean someone is happy or thriving, or even that they are getting the support that they need. Further, people – especially people who experience multiple and enduring support needs – don't always get it right the first time. What might be seen as a 'failed tenancy' can actually be part of the learning process and help us to understand what support needs to be in place. We have examples of the second tenancy working.

Tenancy sustainment tells us that the person's housing need continues to be met, that further homelessness has been prevented. It tells us that the person is succeeding on this measure, and it suggests that we as the providers of their support are getting something right, but this isn't enough. Is this the result of the right services being accessed at the right time and all working together around the needs of that person? Is it a result of the relationship between the person being supported and the staff team? We don't have the data yet to tell this more nuanced story.

Another – associated – gap in the story told by the data is how, when and why a person's engagement with Housing First 'ends'. Again, the number of people 'moving on' from the service might be a key measure of success for a homelessness service, but what are we expecting people to move on to? Hard Edges gave us the evidence base to demonstrate what we all knew – that public services are not able to effectively support people whose needs are multiple and enduring. Housing First was designed to remedy this, and while this support can move people forward is it right that we should expect them to move on to a system that is not equipped to work

for them, a system that has failed them so many times before? We need to gather more data on what people need beyond the initial period of engagement, to maintain their secure home and to move forward in their lives, to thrive. We need to ask ourselves how these needs should be met, and by whom.

Looking back now, we know that we 'held on' to people for longer than we needed to in the early years of delivery, looking for a level of stability to be achieved that gave us the comfort to 'let' them move on, and we should have transitioned people to other support sooner. We have become more skilled in identifying opportunities for transition, and in having the sensitive conversations with people to explore and consider their options.

Our support comes to an end in many different ways, some amazingly positive, others more difficult. Some people move to a tenancy in another local authority area. Sometime support comes to an end when people are still experiencing challenges. People may be stable for some or most of the time, and still use alcohol or other drugs through choice. They might not want support for weeks or even months at a time, they might just call on the support when something comes up or they experience some form of crisis. Some move on with no formal support, others leave the Housing First service but continue to get support from other parts of the system. Some people move on when they or we feel that our support has become more of a hindrance than a help to their lives. We have a conversation with people over a period of time and leave them with the information that the door isn't closed and they can opt back in for support if they need us.

For a number of people we support, it becomes clear that they will need support for a long time, possibly for the rest of their lives, and we have explored ways in which we can create great integration with more general adult social care and support. We have worked with service commissioners to consider how Self Directed Support can be used to support this transition. We don't believe this is the long term answer as funding in this way brings challenges.

Our data shows an interesting pattern. In our more established Housing First Services (Glasgow and Renfrewshire) we have seen that the majority of people

move on between 2-5 years of engagement. Only a minimal number move on in the first year, and very few move on in years 5-10. There are 19 people we have been supporting them for over 5 years. 5 individuals are expected to move on within 6 months and we are optimistic that another 5 will get to the stage when they're ready to move on, but we expect at least 9 of these people will need support for the long term, possibly forever.

Housing First in Glasgow was developed because there was no other way in which the system could sustainably house the people this service was designed for, but we do not believe that real consideration was given to the long term implications. This data illustrates the point we have already made; that we need to accept that people who need a Housing First service may need that support for a long time, possibly for their whole lives. We must consider how we can resource this support in the long term and ensure that it complements and enhances other types of adult social care support. If we don't we will revert back to individuals bouncing around the system to the part which can pay for their support rather than what works for them.

8. Invest in our communities

The success of Housing First, and indeed any social care intervention, is underpinned by a complex, multi-faceted and hard to pin down resource that is variously described as mental wellbeing, community connection, resilience, recovery capital and social inclusion. It is hard to distil into an easily grasped concept, and so it does not fit neatly into any one area of responsibility, but we see its importance across our services. People are much more able to prevent homelessness or move on from their experience of homelessness if they feel connected to their community. People are in a much stronger position to make progress in their recovery from problematic alcohol and drug use if they have a sense of purpose and value. People's physical and mental health is improved when they have a clear sense of themselves and meaningful relationships with others.

TPS has invested in developing an approach to articulating this resource, through a partnership with the University of Strathclyde and Yale University we are developing a Citizenship approach. Based on a model and philosophy originating in America, this approach is defined as 'an innovative and holistic model for community integration and social inclusion' that considers the strength of an individual's connection to the elements that define citizenship - rights, responsibilities, roles, resources, and relationships (the 5 R's). Alongside these elements we also consider a sense of belonging and feeling part of your community, and aim to address disconnection.

We have integrated this concept into every element of our support at every stage of a person's journey with us. It is not aftercare, nor is it another type of intervention; it is designed to enhance the work that we do and support people to redefine themselves and build an identity away from the reasons that brought them into services and realise that they have a life beyond those issues.

While we are working to empower people to make these connections in their community and develop their roles, we must also ensure that these communities are equipped to welcome them. It is not for national organisations like TPS to dictate how communities should support people, what resources they need to be able to understand and empathise with the people who are often challenging to engage with. Instead, we have begun to open up conversations with communities and Community Anchor Organisations across different areas of the country to further develop TPS's citizenship based approach and to support the capacity within communities to embody and facilitate the Citizenship approach for the people we support.

9. Housing First is not for everyone

We believe that Housing First should be the default option for people who are experiencing homeless and severe and enduring support needs. We also believe that people should have choice and control over where they live, and that they are best placed to decide what is right for them. Some people feel that their own

tenancy is not the right option for them and we believe that there is no 'one size fits all' approach, that we must adapt around what people need.

We would always start by challenging any 'poverty of ambition', whether that is on behalf of the service users or with colleagues. We strongly believe that everyone is entitled to their own how. Most people, with the right support, are capable of managing and thriving in their own home. Belief to the contrary is often rooted in past experience, when a person's needs were not being met, when they were let down by support providers and when support was conditional on compliance and attached to their tenancy. That said, we recognise that Housing First is not the right option for everyone, and that our homelessness system must include alternative options that will deliver the same quality of support.

Some people may require a form of supported accommodation, making a clear link with wider adult health and social care services. We need to consider the way in which supported accommodation can be designed and delivered in a way that integrates what works in a Housing First model, and contributes to a wider system that supports the Housing First principles. TPS have contributed funding to new research commissioned by Homeless Network Scotland to consider the future of supported and shared accommodation in Scotland as a response to homelessness. We have also made our own calls for Supported Accommodation to be wrapped in a Psychological Envelope, where it is positioned as a Health and Social Care resource and led by Health & Social Care Partnerships, rather than Housing teams. We believe the focus should be on a person's physical and emotional health and wellbeing, while building the capacity, skills and confidence to ensure that they are able to manage the challenges in their life when in their own home. This is not about being 'tenancy ready', it's not a staircase model, but about addressing the health and social challenges that might put that tenancy at risk.

Outreach services can also form part of this psychological envelope to ensure that the right support is available whatever form of accommodation the person chooses.

References & Resources:

Busch-Geertsema, V. (2014) *Housing First Europe: A “social experimentation project”* Gesellschaft für Innovative Sozialforschung und Sozialplanung [Association for Innovative Research and Social Planning], Bremen, Germany and European Observatory on Homelessness

https://www.feantsaresearch.org/download/article-01_8-13977658399374625612.pdf

Johnsen, S. (2013). *Turning Point Scotland's Housing First Project Evaluation: Final Report*. Institute for Housing, Urban and Real Estate Research, Heriot-Watt University <https://researchportal.hw.ac.uk/en/publications/turning-point-scotlands-housing-first-project-evaluation-final-re>

Homeless Link (2020). *Developing Housing First: The ‘Non-Negotiables’*

<https://hfe.homeless.org.uk/sites/default/files/attachments/Housing%20First%20non-negotiables.pdf>

<https://www.housingfirstacademy.com/>

The Housing First Academy provides a platform for you and your team to be active citizens within the 'Housing First community' in Scotland by creating connections, building relationships and networks, promoting and building communities of practice, and learning from others in Scotland, Europe and beyond. The Academy will act as a link between Housing First services and partner agencies.

Bramley, G. et al (2019) *Hard Edges Scotland: New conversations about severe & multiple disadvantage* Lankelly Chase

<https://lankellychase.org.uk/resources/publications/hard-edges-scotland/>

Oldham, J (2018) *East Dunbartonshire Housing First: An Evaluation* Homeless Action Scotland

https://www.housingfirstacademy.com/download_file/force/51/273