

# **Supporting vulnerable people on Glasgow city centre streets: views of service providers**

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## **Key messages**

- There is a shared view among key informants that those who regularly sleep on the street often have histories of trauma and complex needs. On the street they are vulnerable to poor health, substance abuse and in some cases violence and exploitation.
- Organisations working with the street homeless in Glasgow city centre acknowledge the need to act collaboratively and there is evidence of this working and developing further.
- The activities of organisations are driven by their primary remit and this can sometimes seem contradictory or not conducive to collaborative working. Although they have to be clear about their primary remit, organisations should strive to facilitate the ability to move beyond that where necessary.
- No one organisational remit has precedence when working collaboratively. Organisations working with people on the street could improve service provision by adopting a trauma-informed, public health approach as the overarching principle. This could help in the review of roles and processes while respecting individual organisations' primary responsibility.
- The work of organisations with people on the street seeks to reduce harm for individuals while reducing the negative impact on the public or the economic life of the city. These organisations were supportive of establishing a health-led safe injecting facility.
- There was consensus that direct giving by the public is a factor in street begging. The need was expressed to inform the public of the work being done to support those who beg in Glasgow city centre and the potential to fund more innovative outreach work through alternative giving schemes.

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## Introduction

In 2017 there were more drug-related deaths in Scotland than ever recorded before. With a total figure of 280 deaths, NHS Greater Glasgow & Clyde (NHSGGC) accounted for 30% of the national total, more than in any other health board. This constitutes a drug-death rate in Glasgow of 0.19 per 1,000 people, compared with the Scottish average of 0.14<sup>1</sup>. These statistics followed a significant HIV outbreak among people who inject drugs in Glasgow in 2015, with 47 new diagnoses compared with a previous annual average of ten<sup>2</sup>. Preliminary findings from the 2017 Needle Exchange Initiative Study suggest that this outbreak has not yet abated. There is clear evidence that drug-related illnesses and deaths are contributing to increases in morbidity and mortality among vulnerable population groups in Scotland<sup>1</sup>. In depth data analysis, commissioned by National Records of Scotland on inequalities in leading causes of disease, published in 2018, found that drug use disorders are 17 times more prevalent in poorer than richer areas and are the leading cause of premature death in young adults<sup>3</sup>.

Addressing drug-related harm is one of the Scottish Government's national public health priorities<sup>4</sup> and features as a key strand of Greater Glasgow and Clyde's Public Health Strategy, 'Turning the Tide Through Prevention'<sup>5</sup>. Given the links between homelessness, rough sleeping and drug misuse, there is increasing recognition that a multi-faceted public health response needs to be employed that can operate across organisational boundaries and policy areas in order to better meet the physical, social, and mental health needs of vulnerable populations who are at risk of adversities such as these.

Figures for rough sleeping are not routinely collected and estimates provided by the organisations involved vary. In 2016 a coalition of three prominent charities (Crisis; Glasgow City Mission; and The Bethany Christian Trust) reported a 94% rise in rough sleepers in Glasgow. In 2019 the statistics for homelessness and rough sleeping in Scotland suggested that levels have remained 'relatively static' for the past five years<sup>6</sup>. In the report *Homelessness kills* (Thomas, 2012) life expectancy for homeless people is shown to be very low at age 47<sup>7</sup>. This is cited by Teixeira (2017) with figures showing that "people affected by street homelessness are almost 17 times more likely to have been victims of violence and 15 times more likely to have suffered verbal abuse in the past year, and nine times more likely to take their own life than the general public"<sup>8</sup>. For some people sleeping on the streets the only income they receive is from begging. The Simon Community has reported that "on an average day in Glasgow there are between 60 and 80 people begging on the streets" and that around 30% of them do not have any accommodation<sup>9</sup>. "Income from begging can average £60 to £120 a day"<sup>6</sup> and for many this is used primarily to support drug or alcohol addictions.

The research and findings described in this report grew out of multi-agency planning for the establishment of a pilot Safer Consumption Facility (SCF) and Heroin Assisted Treatment (HAT) service for drug users with complex needs within Glasgow. Establishment of these services were recommended as part of a public health needs assessment conducted in response to the HIV outbreak in 2015<sup>2</sup>. As part of evaluation planning in relation to the SCF/HAT, an observational study of drug-related litter in the city before and after the opening of the facility was

considered. In preparation, two city walkabouts guided by staff from the city Land Environmental Services (LES) were particularly useful in identifying specific areas of the city frequently used as public injecting sites – and consequently places where discarded drug paraphernalia can be found with frequency and in quantity. The walkabouts highlighted the difficulty in isolating public drug injecting from other issues that impact on the city centre, notably begging, homelessness and street sleeping. Indeed, it became clear that these issues commonly affect many of the people who would be eligible to use the proposed SCF or HAT services. Subsequent discussions during this planning and preparation phase emphasised the need to consider the SCF/HAT as part of an integrated approach to addressing these issues. It highlighted shared concerns between the business community, criminal justice, addiction services and homeless agencies in addressing street sleeping, begging, public drug taking and related criminality.

A significant delay in setting up the SCF/HAT has involved an extended planning period and it was agreed that this time could be used to investigate the role and remit of various organisations involved in tackling complex issues in the city centre street population, to explore the issues they focus on and how they work together to address them. An initial literature search took homelessness and street sleeping as its starting point on the basis that this, alongside begging, presents the most visible manifestation of vulnerability in urban centres. A recent report commissioned by the charity Social Bite described research undertaken by Herriot Watt University to inform a 'Funding Framework' in relation to street sleeping, substance misuse, temporary accommodation, employability and independent living in Scotland<sup>10</sup>. Participants included a range of organisations that work in Glasgow. It was reported that in Scotland's four major cities rough sleeping had been stable or in decline over the past few years. However, Glasgow was reported as having an exceptionally large rough sleeping population and, 'by some margin', the largest in Scotland.

There is consensus that the impact of welfare reform, cuts to public and third sector services and other economic and social policies will increase the problem. Indeed, homelessness combined with complex needs such as addiction, involvement in the criminal justice system or mental illness is already "becoming a proportionately greater problem for local authorities across Scotland"<sup>10</sup>. Problems that were reported as particularly acute in Glasgow included bottlenecks in the transition into permanent accommodation with people spending too long in temporary accommodation and rough sleepers being "barred from emergency accommodation" and feeling fearful of the relevant congregate provision<sup>10</sup>.

## **Study aims**

The aim of this study was to explore synergies and differences in the role and remit of key organisations that work with vulnerable people in Glasgow city centre, the range of services/initiatives they deliver and how they respond to challenges they encounter.

## Methods

The study used qualitative methods involving face-to-face interviews with eight key informants representing organisations active within Glasgow. This allowed for detailed discussion around roles, remits, synergies and key challenges from different organisational perspectives. Organisations represented comprised: Police Scotland; Community Safety Glasgow (CSG); Turning Point Scotland; Glasgow Chamber of Commerce; Glasgow City Council; Glasgow City Health & Social Care Partnership (HSCP); and the Simon Community. All informants held positions of strategic responsibility within their organisations.

A semi-structured interview schedule was devised by two researchers. This covered a set of core topics but some questions were amended to accommodate the different remits across the organisations (see Appendix 1).

One researcher conducted all the interviews, by arrangement, in the place of work of each key informant. Each interview lasted approximately 45 minutes to one hour. Topics discussed included the role of the organisation, role of the interviewee, interventions and activities undertaken by the organisation in relation to the street population, working with partner organisations, barriers to implementing interventions and new approaches or interventions in the discussion or planning stage. With consent from participants, all interviews were digitally recorded and transcribed verbatim.

## Analysis

All transcript material was managed and organised using NVivo version 9. The data were then coded to reflect themes identified and arranged into a framework matrix, also organised by theme. Summarising of testimonies was kept to a minimum when creating the thematic framework to allow clear definitions and explanations as well as anecdotal examples to be retained in full.

Two researchers reviewed the material over several sessions. Through discussion, relationships between coded extracts within the matrix were explored and interpreted. Key themes emerging from the data were identified and reported.

## Findings

### *Profile of participants' organisations*

Participants' organisations had varying roles and remits. Two organisations were from the third sector with a remit to deliver hands-on services directly to those begging or sleeping on the streets. Between them they offered services that included detoxification support, residential rehabilitation programmes and street-based outreach, as well as longer-term programmes providing greater stability for vulnerable people with complex needs. Both delivered housing initiatives, including

models such as *Housing First*, that recognises the value of support within stable accommodation in improving health and the ability to engage with other services.

Police Scotland also dealt directly with the street population but their remit shaped a different kind of interaction. With a primary responsibility to protect and promote public safety, tackle criminality and enforce the law, their first duty is to keep the peace by removing, arresting, or in some cases incarcerating people whose behaviour on the street is a direct threat to the public or constitutes a breach of the law. However, the police service recognises the underlying causes of such behaviour and so uses links it has established with other services – statutory and third sector – as alternatives to punitive measures or custody.

Community Safety Glasgow (CSG) is contracted as an *arm's length* organisation to Glasgow City Council and Police Scotland and has a responsibility to address threats to the safety of people in Glasgow. To this end it has a dual role in crime prevention and law enforcement. It is active in implementing structural safety measures (e.g. CCTV) and enforcing responses to antisocial behaviour (e.g. ASBOs). In practice it frequently takes an assertive outreach approach by providing direct support to people its staff encounter on the street when required.

Glasgow City Health & Social Care Partnership (HSCP) includes a remit to address local issues in relation to addiction and homelessness and to adopt various approaches to vulnerability. It has responsibility for the strategic management of those with complex needs within the city centre and is involved in the city's begging strategy group and public protection arrangements for the city. The HSCP works in partnership across organisational boundaries to include NHS emergency care and the police as well as third sector services.

Glasgow City Council has a largely facilitative role in the management of people with complex needs in the city. The elected member interviewed spoke of his role as “a political lead... to champion the work and ...co-ordinate between the different groups” who operate across the city.

Lastly, the Chamber of Commerce representative described a clear remit to support its business members and “to champion Glasgow as a place for economic growth”. Street begging, rough sleeping and public drug and alcohol use often have a direct negative impact on businesses in the city centre. The Chamber of Commerce was described as a “channel of communication” between the public, the third sector and the retail business community in relation to these issues: “it's more that we raise the problem and where appropriate work with the agencies that are engaged with solving it, if there's a role for us to play” [Interview 6].

### *Roles and remits*

A wide range of activities and interventions were delivered by the organisations included in this study, often in response to specific aspects of street living, such as begging, homelessness, criminality and health.

To a greater or lesser degree, all organisations represented in the study were seen to be held to account by the public, either explicitly, through elected members and

council services, or implicitly, in the allocation of funding by bodies such as the Scottish Government. Many of the interviewees expressed a sense of frustration at the view, often attributed to the general public by a vociferous media, that “there’s a load of people in the city centre on the streets and nobody is... doing anything about it” [Interview 4]. On the contrary, responses articulated a wide range of services provided in the city centre for the street population, including assertive outreach. One third sector representative highlighted the work of its *rough sleepers and vulnerable people (RSVP)* outreach scheme that sought out homeless people on the street on a daily basis, offering support and organising rapid accommodation where required. The work of outreach teams was valued across the organisations and demonstrated considerable perseverance in building relationships in order to provide services and support:

*“Somebody ...went to meet this woman ten times, and ten times she wasn’t there and he went back there the eleventh time and got her and... he was like, ‘I’ve been here ten times before, I was just wanting to make sure I got you’ and now she’s doing really well... She thought... he’s not going to give up on me...”* [Interview 1]

Other aspects of work by organisations included gathering information to help articulate the level of street homelessness (“we are constantly doing a headcount around about rough sleepers” [Interview 5]) or to understand the perspective of those on the street (“the...team actually went out into the city centre and actually engaged with some of the people who were begging and they came back with a different kind of view of what was originally... thought” [Interview 2]).

*“We gathered a whole load of information, about offending ...so we have an analytical process that works for us ...and presenting our information to those who can do something about it strategically.”* [Interview 2]

### *Partnership working*

Interviews revealed a strong sense of collaborative working in Glasgow with some organisations particularly closely aligned. For example, the remit of Community Safety Glasgow (CSG) shares some responsibilities with Police Scotland in relation to crime and safety: “we work with the fiscal’s office, we work with the police and quite high level with the trafficking team” [Interview 2].

Homelessness is one area that exemplifies partnership working notably through the City Ambition Network (CAN). CAN was formed in 2015, and is a partnership of the Simon Community, Glasgow City Mission, The Marie Trust, Turning Point Scotland and Glasgow City Health & Social Care Partnership. Members share a common vision around eradicating homelessness and supporting the most vulnerable of those on the streets<sup>11</sup>.

*“...we have a phenomenal relationship with Glasgow City Council because we know we need to work together to get things right and make things work. And that’s the kind of dialogue that we have, what’s the right thing to do? What can we do together to make this work? So we have a flexibility round*

*about our contracts and our services that we're able to utilise to our benefit and for the benefit of the contracting body as well.” [Interview 7]*

By working together, organisations widen their access to the resource, systems and networks that each contributes. This allows them to focus more resource on active support. In short, the shared aim is to provide what one described as a ‘sticky service’ in which their workers will continue to support people as long as is necessary regardless of any changing circumstances (e.g. if they go into prison). Some respondents described close collaboration in the management of the *Winter Initiative* fund during December 2017 when charity workers from each organisation met weekly to discuss the people they had worked with on the street, barriers to finding them accommodation and how best to provide ongoing support. Collaborative working – combined with some dedicated funds – provided a stronger safety net for people and transcended normal approaches in its efforts to meet individual needs.

*“...no one will take me as I'm barred from everywhere’. ‘No, we will take you to somewhere you are not barred’ but that means actually phoning up a friend and telling them we need to get him into accommodation for tonight and I'm going to pay up front. ‘I'm not leaving my dog’ – so, ‘we will find somewhere that will take you and your dog and will get you off the street first.’” [Interview 2]*

Collaborative working appeared to be neither fixed nor exclusive with some pieces of work requiring specific expertise and others benefiting from multiple stakeholders’ inputs. Study participants represented key organisations working with people in the city centre but partnerships were also in place with other agencies such as the prison service, housing associations, and health services. It appeared that the various collaborations tried to retain enough flexibility to allow different combinations of organisational partnering to deliver the best service and to capitalise on available funds.

*“...so there was direct money from the Scottish Government that came in – that went straight to organisations on the ground which kind of bypassed the council...and then obviously the Council's got a bit of money where... that's divvied up between different organisations...” [Interview 4]*

## *Health*

Poor mental health is often a factor that contributes to someone begging or sleeping on the street and physical health is always compromised under street conditions<sup>12,13</sup>. These health issues were raised by several participants, in particular when it related to addictions. The organisations that were providing direct services to people who live with addiction, offered detoxification and medically supervised residential rehabilitation in relation to opiate and alcohol use often utilising outreach to encourage people on the streets to take advantage of these services. Mainstream NHS health services (e.g. primary care) were highlighted as being particularly difficult for people to navigate when they have been living chaotic lives, sometimes for many years. Hence, secondary care (hospital Accident & Emergency (A&E)) was often reported as the first port of call for people on the street who reach a crisis. This could represent a costly misuse of services: one interviewee described a situation



where one individual presented to hospital 400 times in one year, sometimes involving ambulance services [Interview 3]. In addition, incidences of aggressive or disruptive behaviour were reported in relation to some homeless people presenting to A&E departments, resulting in police intervention. The HSCP was working with police and A&E to agree a more effective multi-agency response to such incidents.

Supporting someone to access primary care was described as “very challenging” [Interview 7] and health services themselves as constituting “layers within layers within layers” [Interview 1]. One interviewee described the challenges in helping rough sleepers access primary care:

*“We also have the street team who are working... exclusively with people who are rough sleeping and begging within the city centre... some of the people we work with are disengaged from primary healthcare and when you finally get them engaged in primary healthcare they don't really fit into that mould. So if you take them along, somebody who's in crisis and chaos, and you sit with them in a waiting room for 40 minutes, the chances are within that 40 minutes... they're going to be banned from the service because the stress, the anxiety, so we're trying to tailor that for people as well.”* [Interview 7]

CSG tried to address this difficulty by attaching a nurse to their assertive outreach team which operated as a pilot initiative during 2016-17.

*“The team were finding people had terrible wounds and obviously there had been the outbreak of botulism and the anthrax ...so we managed to get money for a nurse ...and right away people were willing to engage with the nurse.”* [Interview 2]

This initiative was reported to work well but NHS protocol/governance required that the nurse must be supervised at all times as a safety precaution. This was not always feasible and so the service was not sustained due to lack of funding. In general, respondents expressed considerable understanding of people who experience health services as ‘oppositional’ and a belief that the services themselves could improve provision by adopting a stronger trauma-informed approach to routine practice.

*“And in my experience, I worked with very, very chaotic people who need primary healthcare and choose not to go because of their perceptions of how they're treated there. They can be very chaotic, very anxious, very stressed and how that behaviour manifests itself can be deemed as very socially inappropriate.”* [Interview 7]

Expanding on the general limitations of health services, the NHS was described as a *monolith*, and there was an expressed desire to see NHS processes and structures being informed by better understanding of the barriers these can pose to patients, particularly those whose histories and lives do not enable them to conform comfortably with regulated systems. There was concern in relation to a lack of empathy shown in the professional behaviour of some staff that can readily be

experienced as dismissive by patients and some consensus that more work could be done with staff around trauma awareness:

*“There needs to be more work done around trauma awareness, a bit more empathy about psychologically informed environments”* [Interview 7].

### *Homelessness and street sleeping*

How organisations responded to people sleeping on the streets was driven by an overarching aim to help each individual find a stable environment where they could live less chaotically and begin to make lifestyle changes. Homelessness was not seen as a life-defining characteristic: “homelessness isn’t a care group, it’s an event within your life” [Interview 1]. All respondents referred to the need to support people to move from street sleeping into secure housing and there was agreement that it cannot be defined as a singular problem or something that can be addressed in isolation, as understood in this reference to a ‘homeless hub’ proposed for the city:

*“...not necessarily solely about your homelessness situation but certainly it will also do health screening, look at pathways in HSCP, third sector, it will be money advice etc as well so that will compliment... and work closely with what’s happening in criminal justice and addiction.”* [Interview 5]

This point was reiterated in the example of homeless women with histories of trauma or persistent exploitation who are often caught up in the criminal justice system because no alternative place of safety is available to them [Interview 1; Interview 5]. It was acknowledged that moving out of homelessness is not always an easy journey and is dependent on adequate resource being available at the right time. The problem is exacerbated by a shortage of affordable and temporary accommodation but also by the systems and processes inherent in mainstream housing services that often see people disqualified from tenancies as aspects of their lives become difficult to manage. Two organisations taking part in this study had a central remit to support the homeless, and in particular those with complex needs who regularly sleep on the street. In both cases they had developed models of *Housing First*, an approach that is now very much on the national agenda.

Housing First departs from orthodox ‘linear’ approaches to homelessness by placing homeless people with complex needs directly into independent tenancies without first insisting that they progress through transitional housing programmes and/or undergo treatment. Tenants are then provided with flexible, non-time-limited support in their homes and communities<sup>14</sup>.

Described as ‘not cheap’ the *Housing First* model offers a solution that sits well with the ‘sticky service’ approach mentioned above. Early evaluations suggest that it can represent an efficient allocation of resources and deliver cost savings in relation to homeless people with high levels of complex needs<sup>15,16</sup>.

*Housing First* has been adopted as a progressive way forward in addressing street sleeping in Glasgow but there was also an acknowledgment that it may not work for everyone and the need to continue the delivery of traditional supported accommodation alongside newer approaches to rapid housing support, at least for a

transitional period. Reference was made to existing collaborative working between the HSCP, third sector and local housing associations that has capitalised on government funding to provide 'rapid rehousing' utilising the private rented sector and social enterprise letting [Interview 1; Interview 7].

### *Begging*

There was some consensus among respondents that the level of homelessness is exaggerated in the minds of the public by the visibly high numbers of people street begging. Responding to increasing levels of street begging is a challenge throughout the UK, and in Glasgow has led to the formation of a multi-agency begging strategy group aiming to provide responses and actions that reduce the need to beg. Respondents were of the view that those begging were doing so for a variety of reasons. It was felt that not all beggars were homeless; they were often 'public drinkers' or using drugs and could be taking advantage of the proceeds of begging to support alcohol or drug addiction.

*"The vast majority of folk begging have actually got accommodation of some type ranging from their own house, to... staying in supported accommodation or emergency accommodation or a temporary furnished flat..."* [Interview 5]

This is not to characterise those begging as wilfully devious but it reflects the fact that begging is often a consequence of persistent social isolation brought about by unsuitable housing situations, poor mental health, traumatic histories, addictions or chaotic lifestyles, often in combination. Furthermore, given its relatively high level in the city, begging offers a sense of community with others on the street for those who do not find acceptance readily elsewhere. It was felt that the general public are split on how they respond to begging with some seeing it as a public nuisance that should be dealt with harshly by the authorities (e.g. by the City Council, the police, social and housing services) and others motivated to give money directly to those begging because they feel that nobody is "doing anything to help them" [Interview 6].

*"...The social media within Glasgow – there's a lot of folk saying, these poor homeless people nothing happens with them because they assume that somebody begging is homeless. So, on the one hand you are constantly trying to counter a message that suggests that we're not doing enough. Then you've got another cohort that's saying 'well why are you helping these people, it's self-inflicted, you know they are a nuisance, they are a blight, and they bring the image of the city down'."* [Interview 5]

### *Alternative giving*

It was reported that direct giving by the public to those begging had helped to create lucrative begging 'pitches', said to bring in between £60 and £120 a day<sup>6</sup>. These pitches were protected to the point where people were reluctant to leave them for any length of time thus preventing them engaging with supportive health or social services. For those injecting drugs, they left their pitches only long enough to find a nearby secluded spot to inject, discard their needles and return to the begging pitch. Effectively, people were living their days, and sometimes nights, in the one spot or close vicinity and being supported to do so by public donations (the money handed

over or dropped into a plastic cup by passers-by). The council and its partner organisations considered that direct giving is now an integral part of the problem and have looked elsewhere for alternatives that offer an effective approach. One of these is 'alternative giving', a scheme that has been implemented in several UK towns and cities in the last five years.

Alternative giving schemes work on the principle that if the public donated to a dedicated, centrally administered fund, as an alternative to handing money to someone begging on the street, this would be used to fund effective outreach services that can respond more immediately to individual need. The key difference between alternative giving and regular charitable donations is that the fund would go to services that work directly with people on the streets. Using this scheme, other cities have managed to increase substantially the funds available for street services.

*"We've looked at Manchester because they started off with £20,000 to set up this alternative giving scheme and it was very slow – to think that when we raised funds for last year we raised £5,000 which is nowhere near what people [on the streets] are making. So, when I spoke to them recently they had raised £180,000."* [Interview 2]

*Alternative giving* has potential to drive alternative ways of working with people on the street in much the same way as the *Winter Initiative* fund (provided by the Scottish Government in 2017-18). Glasgow distributed its *Winter Initiative* fund to key charities who made small amounts readily accessible to their street-based workers freeing them from laborious bureaucratic processes for small spends. This enabled them to engage with people who were begging in a more immediate and helpful way.

*"...what has happened as a result of that is there have been some fantastic results where they have been able to engage quite vulnerable people who we have come across either in tents or on the streets rough sleeping and so some really good stuff with actually small amounts of money and just as simple as if you are in this begging spot here ...us just there to keep an eye on your begging spot, the team can come along and say look come on we'll take you in and give you a coffee and a sandwich. They've got £20 in their hand and they don't need to go through five million red tapes with the guy ending with £20..."* [Interview 2]

It was suggested that *alternative giving* could operate particularly well if it engaged with the night time economy, a time when people tend to give larger amounts to people begging.

*"...if we link in with Best Bar None scheme or bars in the city centre – there's chip and pin devices you can have in places now where you can do that and it's like a pound a time or something. So if you're at the bar, as you know most people pay with card and stuff ...that money would then directly go to somebody who's on the street."* [Interview 4]

The idea of *alternative giving* had received some support from the business community in Glasgow.

*“...you could imagine businesses taking a role in either advertising alternative giving schemes, signposting folks in their shops to [alternative giving scheme]...some of the business folks would see a value in that.”*  
[Interview 6]

But it remained a controversial proposition requiring a shift in thinking for the large section of the population who express sympathy and kindness in the donations they make to people begging. It would also require them to have confidence in the organisations who manage the alternative fund. The view was expressed that this should be managed by the third sector rather than the City Council. [Interview 4]

*“...if the public can be persuaded that the best way of supporting is to support the organisations providing the services and not taking the risk that the money you give is being utilised for the purpose you’d rather it wasn’t, that feels more likely to break some of the cycles that are... perpetuating problem behaviour.”* [Interview 6]

### ***Criminal justice***

Interviewees were aware of the need to respond appropriately to antisocial or offending behaviour by the street population and to utilise legal imperatives where necessary if crimes were committed and to protect public safety.

*“...from a criminal justice perspective [at] one end you’ve got public protection, so it’s management of individuals in the justice system, male and female, you know are out on licence or are on a community disposal, everything from electronically monitored right through to explicit licence conditions because of the level of risk they present in the city...”* [Interview 5]

However it was also felt that alternative approaches to offending involving alternatives to custody could be effective in terms of individual outcomes as well as community safety. Further development of collaborative multi-agency responses including the private sector and the proposed safe drug consumption facility were regarded as key to generating more effective early intervention.

*“...I think there is a real genuine commitment, I see it, from the short-life working group, around [SCF] and the begging strategy where you’ve got city commerce at one end and businesses saying [a] safer drug consumption facility just seems such a kind of common-sense approach, partly because it assists businesses in terms of that and to be fair you can understand that you have now got businesses saying ‘what can we do or what can we contribute to’, to try and get this profile engaged with services.”* [Interview 5]

### **Views on safe drug consumption services**

There was strong support among respondents in relation to the proposals for establishment of a safe drug consumption facility and a heroin assisted treatment service although most respondent feedback focused on the former. There was consensus regarding the direct benefits of such a service in relation to safer injecting and reduced risk of blood borne virus transmission.

*“...if you look at what is the end result then hopefully the end result is safer injecting, you know, you know that you have few people then who are HIV positive or have Hepatitis as a consequence of unsafe injecting, and I just think that we just have to have that... the evidence tells us you know that the evidence works in that way. Let’s take that risk and do it.” [Interview 1]*

Respondents cited a number of other benefits. These included improved safety for public injectors and enhanced possibilities in accessing other services.

*“...a lot of them will engage with homelessness services they will engage with certainly, eh, a number of the services that are in this part of the city anyway and I would probably say that there will be more willingness to feel safe and secure to actually consume drugs within that setting rather than sitting in between two bins in a lane when it’s pouring with rain.” [Interview 5]*

The current illegality of possessing drugs was acknowledged and, understandably, informs the response of Police Scotland: “it is clear that any move towards the implementation of safer injecting facilities requires a change to the Misuse of Drugs Act 1971, a proposal that to date is not supported by HM Government”. This legislative situation places a condition on the ability of Police Scotland to fully commit to a public health approach to public drug injecting at this time. This was articulated in an official statement offered as part of this study: “were the legislation to be updated then Police Scotland would work with partners and communities to support health improvement proposals”. Offering a personal comment, one respondent expressed frustration with the legal situation and supported the idea of looking “at something different” in relation to persistent public injectors.

From a business perspective there was support for an SCF in terms of addressing street sleeping and begging near shops and to provide appropriate support services for individuals. However there were concerns about where the facility would be located and how service users entering and leaving the building would be managed.

*“I haven’t gone out specifically and asked them [the business community] about the safer injecting facility. I suspect the answer will be on the face of it, ah that’s a good idea if it means we are managing people off the streets from where I happen to have my shop. Yes, and they’re going to a centre where they are getting all the support necessary to tackle the endemic or the chronic issues that they, that they face. Where is it going to be would be the, yeah, the next question.” [Interview 6]*

Greater engagement by the UK government on the issue was called for by one respondent with a call to address public injecting as a public health rather than a criminal issue in order to overcome the current legal barriers to the SCF.

*“But I think we are in a good position to argue our case and I think what we, what we really need is... the Home Secretary to come up and have a meeting with us and discuss it properly and look at the*

*evidence and I would suggest that the evidence far outweighs any concerns about any criminality, yeah. And we need to treat it as a, a public health issue and not a criminal issue.... that's key."* [Interview 4]

Overall, feedback from respondents indicated that the establishment of an SCF could be part of a more effective partnership response in meeting the needs of a very vulnerable population group.

*"So for me the way I look at the safer consumption room is just one part of a wider context. So it's not there to replace anything, it's there to add benefit and add value and safe value. I suppose that's the way I'd look at it. Yes I understand that people see it as a contentious issue from a health perspective which I originally trained in, nursing to social care and working in this industry for a long time and being a citizen of Glasgow I don't understand why there would be much of a contention round about it other than from a legal standpoint I think it's a given. It needs to happen."* [Interview 7]

## **Conclusions**

There is a shared view that those who regularly sleep on the street often have histories of trauma and complex needs. On the street they are vulnerable to poor health, substance abuse and in some cases violence and exploitation. Organisations working with the street homeless in the city centre acknowledge the need to act collaboratively by adopting a shared and consistent trauma-informed approach in their practice. There is evidence of this working and developing further.

The activities of organisations are driven by their primary remit and this can sometimes seem contradictory or not conducive to collaborative working. Although they have to be clear about their primary remit, organisations should strive to facilitate the ability to move beyond that where necessary. No one organisational remit has precedence when working collaboratively. Services working with street beggars and rough sleepers could improve provision by adopting a trauma-informed, public health approach as the overarching principle. This approach would be enhanced by ensuring that all levels of staff have the appropriate level of training in and understanding of trauma-informed approaches that they can put into practice when working with people on the street in Glasgow city centre.

The work of organisations with people on the street seeks to reduce harm for individuals while reducing the negative impact on the public or economic life of the city. Key informants were supportive of establishing a health-led safe injecting facility as part of a wider multi-faceted public health response to meet the physical, social and mental health needs of vulnerable populations.

There was consensus that direct giving by the public is a factor in street begging. The need was expressed to inform the public of the work being done to support those who beg in the city centre and the potential to fund more innovative outreach work through alternative giving schemes.



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