

Glasgow's Annual Homelessness Conference 2015

# Health and Homelessness

...a 360° review



Conference Report



## Glasgow's Annual Homelessness Conference 2015

**Glasgow's Annual Homelessness conference - 'Health & Homelessness' – invited delegates to participate in a review of what we know about the health needs of people who are in housing need and how we could better respond together.**

This was achieved by bringing together the widest range of people from Glasgow and across Scotland – academics, decision makers, frontline workers, service managers, housing providers and the direct insight of people who are currently homeless or in housing need.

While the impact on people's health of poor housing and homelessness has long been recognised, there is now a renewed focus on the links between our home and our health and wellbeing, including:

- Health and Social Care Integration, which opens up new possibilities to better use the connections between housing, health, social care and community planning to prevent and address the damage that homelessness causes;
- The findings from the independent Commission for Housing and Wellbeing in Scotland, commissioned by Shelter Scotland, which reported in June this year;
- The Scottish Public Health Network, whose extensive research this year reached a number of recommendations and key messages to restore the Public Health response to homelessness in Scotland;
- The 10-year 'Go Well' initiative in Glasgow, which has provided new insights following investigations on the impact of investment in housing and neighbourhood renewal on the health and wellbeing of individuals, families and communities.

## Format of the Day

Grant Campbell, CEO of Glasgow City Mission, chaired our new conference format which provided 4 'sofa sessions' – where delegates were audience to a facilitated discussion on key themes.

The aim was to explore each topic from multiple, expert perspectives so that everyone could leave the day with new knowledge or ideas. The sessions were interactive, whereby delegates could text questions to the Chair or directly participate in a short Q&A session at the end.

Each session was followed by roundtable discussions to explore the themes in more depth with peers and colleagues. We invited delegates to keep hold of the single most important thing they heard in each sofa session, to capture and report key learning.

The current context was outlined by 2 keynote speakers (below) and throughout the day, delegates were offered the opportunity to visit exhibitions from a range of relevant services.



# Keynote Speakers (1)

**The conference heard from 2 keynote speakers who helped place the day's discussions in context:**

**Neil Hamlet** (Consultant, Public Health Medicine, NHS Fife) set out the takeaway messages from his research 'Restoring the Public Health Response to Homelessness in Scotland', co-authored with Katy Hetherington (Programme Manager, Health Scotland).

Neil also summarised the key observations and learning from a broader range of relevant and current research and evaluation which has been undertaken by peers and which informed his report. The key points from Neil's keynote include:

- The relevance and influence of contemporary research and evaluation that can inform an improved public health response to homelessness. This includes 'Hard Edges' (Lankelly Chase); Multiple Exclusion Homelessness (Suzanne Fitzpatrick; Sarah Johnsen: Heriot-Watt University); Extent, Nature & Causes of Homelessness (David Morrison; Glasgow City Council); Understanding Complex Lives (Joseph Rowntree Foundation) and the Commission on Housing and Wellbeing (Shelter Scotland).
- Key learning about multiple exclusion homelessness and its overlap with mental ill-health, substance misuse, offending and early childhood trauma. We now know that visible homelessness happens late in a series of other life events and

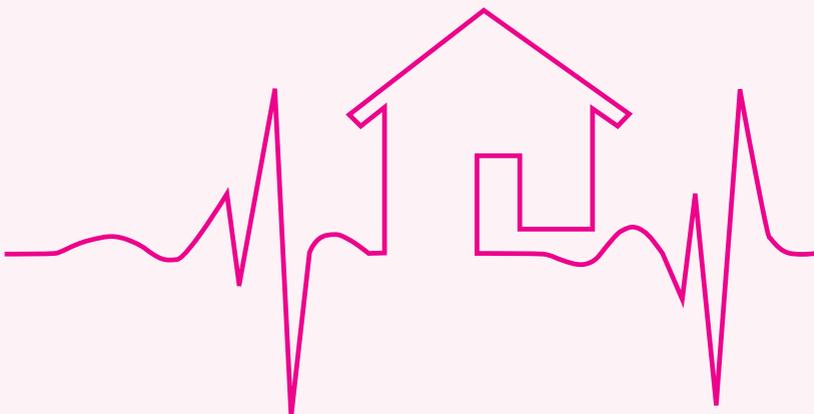
experiences and brings the need for 'psychologically informed practice' across health and homelessness services to adequately understand and respond to those experiences;

- The key factor of place-based poverty and the importance of 'home' and the local environment. A clear contribution of housing to health and social care can help address this;
- Neil's new methodology that compares different data sources to understand the rates of A&E usage among people who are homeless and those who are housed. This demonstrated a 3 fold difference in the rates of frequent A&E admission (more than one visit a year) between the homeless and non-homeless population;
- There is an estimate annual 'churn' cost of £21,800 for people with the most complex needs. That is, the cost to continually provide services, interventions and benefits to people that don't result in sustainable and positive housing and health outcomes;
- Recommended next steps include to reform a strategic national health and homelessness group; facilitate series of national and regional events on this theme; create a new focus on remote and rural issues (with Northern and Island Boards and Northern Housing Hub) and facilitate peer-review pilots and voluntary roll out.

## Keynote Speakers (2)

**Susanne Millar** (Chief Officer Planning, Strategy & Commissioning, Glasgow City Council) set out the key challenges facing the city in addressing homelessness and highlighted the responses and opportunities identified by the new Health and Social Care Partnership. The key points from Susanne's keynote include:

- The findings of the 2014-15 strategic review of homelessness confirmed some assumptions about pressures that exist within the homelessness system, including the need for transformational change to improve access to temporary and settled accommodation;
- Key focus on community-based responses to homelessness, including a Housing Access Team, collaborating with housing associations on local letting plans, plus casework via a new community homeless service re-aligned with social work area services;
- Recognition that the network of support and accommodation that was configured at the time of the hostel closure programme now needs to be modernised in collaboration with service providers;
- That the potential benefits of health and social care integration include improved joint working to reduce health inequalities; enabling service re-design that removes current silos in service provision that currently exist across different care groups;
- The need to shift significantly to take advantage of increased opportunities for early intervention and preventative approaches and to improve access to mainstream health and social work resources for people who are, or have been, homeless.



# Sofa Session 1

## To what extent does housing impact on a person's health and wellbeing?

The following summarises the key messages during the sofa sessions, and also captures the key points that were discussed during the roundtable discussions that followed.

### **PAUL BRADLEY**

Commission on Housing & Wellbeing, Shelter Scotland

### **OLGA CLAYTON**

Group Director of Housing and Care, Wheatley Group

### **NEIL HAMLET**

Consultant in Public Health, NHS Fife

### **DEREK HOLLIDAY**

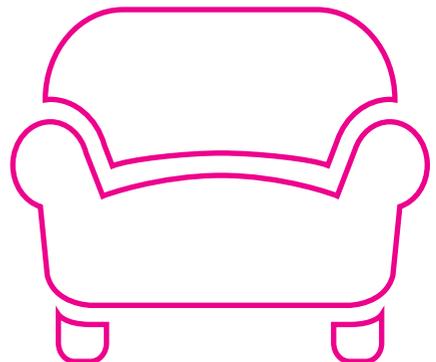
Citizen Advocate, Navigate at Glasgow Homelessness Network

### **PROFESSOR ADE KEARNS**

University of Glasgow and Principal Investigator 'Go Well'

- We need to pay close attention to the physical quality of the housing we offer. While much of the stock in the city is of a high quality, there continues to be high numbers of people living in damp, energy inefficient housing that negatively impacts on their health;
- What more can be done in the short-term to assist broader regeneration across Glasgow's most deprived areas? It is recognised that many of these areas are also the areas with some housing capacity and more community-based coproduction could increase and promote the desirability to live locally

- We also need to fully consider the impacts on people's wellbeing if they are living somewhere they don't want to, for example far from social networks, with the resultant loneliness and isolation often triggering further deterioration in health and wellbeing;
- Being without a home, or living in short term accommodation, continues to impact significantly on people's health and wellbeing. While this is the case all year round, we continue to face specific problems during winter months, particularly for those sleeping rough;
- The wider systems and structures that support people, including the benefits system, need to do more to promote health and wellbeing and not just minimum standards. There is strong support for a 'community hub' approach to provide advice, guidance and community advocacy.



## Sofa Session 2

### Will integration help to improve health outcomes for homeless people – and what role could national standards play to assist this?

**ANN FORSYTH**

Homeless & Asylum Service  
Manager, NHS Greater Glasgow & Clyde

**MARION GIBBS**

Team Leader, Homelessness Team,  
Scottish Government

**SUE IRVING**

Chief Executive, Dumfries &  
Galloway Citizens Advice Service

**ERIC STEEL**

Head of Homelessness,  
Glasgow City Council

- The integration of Health and Social Care has the potential to improve the outcomes we achieve for homeless people – to make homelessness everyone’s responsibility and to focus on points of transition in people’s lives;
- This includes moving away from working in silos to promote personalisation, blending together the ethos of health and social work and embedding a co-production approach early on;
- Integration also offers a broader scope for homelessness prevention and early intervention; plotting the experiences that lead to homelessness and highlighting earlier housing interventions at different points in people’s lives.
- The role of housing in improving people’s health needs to be clearly articulated and planned for. A delegate’s contribution describing how a supportive GP contacted her housing association was considered a powerful example that both prevented her homelessness and led to an improvement in her health. The Scottish Government’s recent advice note on developing a housing contribution statement will assist with this;
- There is an evidenced link between homelessness and worklessness in Glasgow; integration offers the opportunity to practically address and progress the positive links between employment and positive physical and mental health;
- However, integration has to be visible not just at a policy level but at a frontline level, allowing better access to the robust, holistic assessments that many homeless people need;
- National Standards for Health & Homelessness can play an important role so long as they are grounded in the experiences of people who are homeless, are properly monitored, and have an independent accountability structure. The existing standards reflect the context as it was 10 years ago. They would need rewritten to reflect modern concerns, current structures and the knowledge and practice advancements that have been made since.

## Sofa Session 3

### To what extent does Housing First provide a solution for people with complex needs?

**ANN CARRUTHERS**

Housing Options & Homelessness  
Services Manager,  
Renfrewshire Council

**PROFESSOR**

**SUZANNE FITZPATRICK**

Director of Research Institute,  
Heriot-Watt University

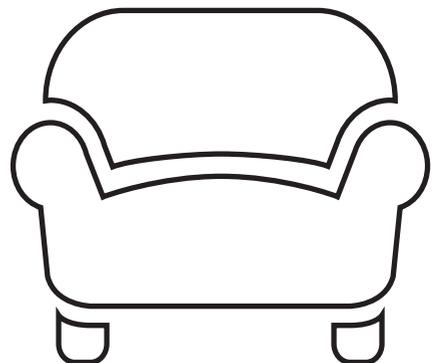
**PATRICK MCKAY**

Operations Manager,  
Turning Point Scotland

**KERRYANNE COLQUHOUN**

Peer Support Worker,  
Turning Point Scotland

- The Housing First model continues to provide positive outcomes for people in Glasgow, Renfrewshire and East Dunbartonshire, with research evidence suggesting that successful outcomes can be achieved for up to 80% of people with complex needs;
- The model requires the removal of any 'housing readiness' requirements by landlords or other agencies, meaning that a tenancy isn't offered to someone because of an external judgement of someone's readiness. This continues to be a concern for some landlords, which can be overcome the wider the model is implemented and the more evidence we generate;
- The model as operated by Turning Point Scotland includes peer support workers – people with experience of homelessness being employed as support workers – which has led to positive outcomes for service users and staff;
- The cost-effectiveness of Housing First needs further exploration with full consideration of where savings are made (e.g. reduced reoffending, reduced repeat homelessness, reduced A&E usage);
- The integration of Health and Social Care may be an important vehicle in terms of ensuring that holistic support is available more widely and that wider funding can be accessed.



## Sofa Session 4

### Sofa Session 4: What Works?

#### Innovative service models that provide effective health interventions

**MARTIN JOHNSTONE**

Lead Counsellor, The Marie Trust

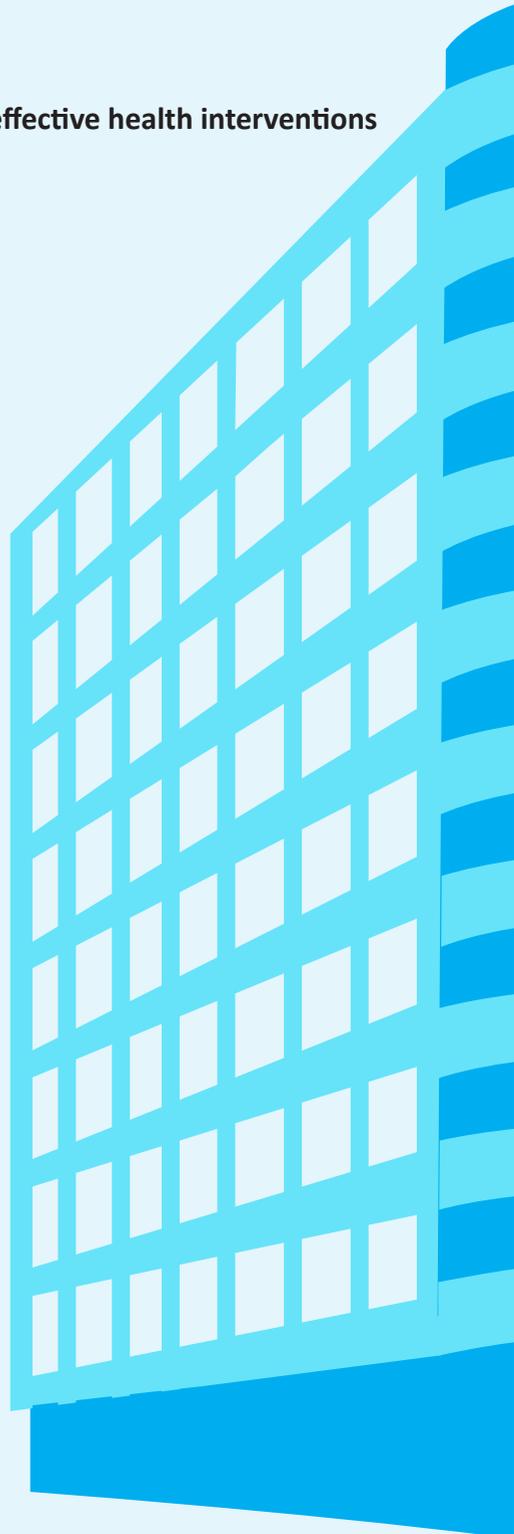
**LINDA MCINALLY**

Head of Prevention & Education  
Services, Glasgow Council on Alcohol

**JANET TOBIN**

Health Improvement Manager  
Support, Glasgow City CHP North  
East Sector

- We need to foster the understanding that health is everyone's business, which can lead to us all providing effective health interventions (big or small);
- Psychologically Informed Environments are an important consideration if we want to tackle the full range of issues faced by people with complex needs;
- Taking an assets based approach to the way we work – building on existing skills and abilities – can build people's confidence and wellbeing;
- Recognising the importance of services such as counselling and making them routinely available, particularly for those with experience of trauma.



## Evaluation

Nearly 200 delegates attended on the day, of whom 78 returned evaluation forms.

The conference chair, Grant Campbell, received very positive feedback on his steering of the day's discussions.

All sofa guests also received consistently high ratings, with specific feedback including:



*Thanks for a really interesting conference.  
Really enjoyed the new format –  
sofa conversations were great*

*Most meaningful conference I have  
attended this year. Thank you!*

*Well done for another thought  
inspiring conference.*

*Really good conference, good networking.  
Good to hear a wide range of  
speakers/users.*

*Format of sofa sessions good.  
Designated tables was a good idea  
and works well, allowed a range of views to be  
heard. Well chaired.*

*Very good conference, groups very  
participative, learned from networking.*



And suggestions for improvements included:



*Venue difficult for listening/hearing*

*Must keep to times.*

*Sofa sessions worked quite well and should  
improve with this experience.  
Less speakers = more useful detail.*

*Might be worth having round table discus-  
sion prior to sofa sessions so people feel  
confident asking questions to sofa speak-  
ers having discussed with  
colleagues/attendees.*

*We need more decision makers and people  
in control of budgets.*

*It will be well if you bring many homeless  
to speak in the conference about their  
problems and experiences with the social  
people and City of Glasgow Council.*



## And Thanks...

With thanks to our chair, **Grant Campbell**, and our keynote speakers and sofa session guests – you were great!

Thanks also to everyone who participated so fully and helped create new thinking and learning – and with a special note of thanks to those who shared their important stories and life experiences. See you all next year!

