



Shelter

Argyll & Bute  
Community Health  
Partnership (CHP)



# HOMELESSNESS TRAINING EVENT

Community Education Centre, Campbeltown

1st May 2008

## REPORT

Working with you to make Highland the healthy place to be



**Headquarters:** Assynt House, Beechwood Park, INVERNESS IV2 3HG

Chairman: Garry Coutts

Chief Executive: Dr Roger Gibbins BA MBA PhD

*Highland NHS Board is the common name of Highland Health Board*

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## **Executive Summary**

On 1<sup>st</sup> May 2008, the Argyll & Bute Community Health Partnership (CHP), Scottish Health Council (SHC) and Shelter Scotland co-hosted a one-day training event to look at the impact of homelessness on health.

Since April 2007, Shelter's Capacity Building Project has been running in Argyll and Bute to analyse gaps and best practice in current service provision, work with agencies to adapt services and promote greater coordination of support services in the area for homeless people. Working with a diverse number of people and organisations, the project had identified gaps in services when addressing the needs of homeless people.

The CHP, who is responsible for planning and delivering health services in the area, aims to work in partnership with the public and service providers to address these health needs. The SHC aims to support services working together to respond to the health needs of local people and kindly offered to fund the training event.

The trainer for the day was Sue Irving who until recently worked with the Scottish Executive as the Health and Homelessness Co-ordinator where she had the lead responsibility, on behalf of the Ministers, to deliver the Executive's policy to improve health of homeless people. In this role, Sue was one of the key public figures working to prevent and alleviate homelessness in Scotland.

The other speakers described the roles that their organisation played in terms of supporting homeless people in the area, and this stimulated a lot of useful discussion.

Overall, the event was well attended & feedback through the evaluation process has been very favourable with useful comments to consider for planning future events.

Caroline Champion  
Planning & Public Involvement Manager  
Argyll & Bute Community Health Partnership (CHP)

30<sup>th</sup> June 2008

## 1. Introduction

The Argyll & Bute Community Health Partnership (CHP) Scottish Health Council (SHC) and Shelter Scotland co-hosted a one-day training event on 1<sup>st</sup> May 2008 to look at the impact of homelessness on health.

Since April 2007, Shelter's Capacity Building Project has been running in Argyll and Bute to analyse gaps and best practice in current service provision, work with agencies to adapt services and promote greater coordination of support services in the area for homeless people. Working with a diverse number of people and organisations, the project had identified gaps in services when addressing the needs of homeless people.

The CHP, who is responsible for planning and delivering health services in the area, aims to work in partnership with the public and service providers to address these health needs. The SHC aims to support services working together to respond to the health needs of local people and kindly offered to fund the training event.

The training event aimed to:

- Raise awareness of the impact of homelessness on health;
- Understand how and why people can become homeless;
- Discuss why there is a need for agencies to work together; and
- Understand the roles and responsibilities of the different agencies in the area, and to begin to plan to address the needs of homeless people.

A total of 22 people participated in the event on 1<sup>st</sup> May, with representation from a wide variety of organisations, some covering the immediate geographical area of Kintyre and others with a wider remit.

The workshop programme (a copy of which can be found at Appendix C) was divided into two sessions; the morning session was devoted to considering the facts of homelessness across Argyll and Bute, and learning about the roles and responsibilities of key organisations. The afternoon was dedicated to considering how agencies can work together and developing a local Action Plan to improve the health of homeless people in Argyll & Bute.

A number of presentations were given & copies of these have been included with this report (Appendix D)

An evaluation was carried out & the results included in a separate report.

Further copies of both reports are available on request or can be viewed on the NHS Highland public website [www.nhshighland.scot.nhs.uk/CHP/ArgyllandBute](http://www.nhshighland.scot.nhs.uk/CHP/ArgyllandBute).



(disrupted)  
 : depression (causes)  
 : behavioural  
 : self-harm

- ? Local Authority care
- ▼ Poverty
- ▲ Education

🚧 All Ages

- E.g. particularly roofless “old” diseases/conditions (e.g. Trench Foot, TB, Lice)
- ▲ Risk of suicide
- ▼ Vulnerable to introduction to drugs, alcohol & prostitution – with resulting health implications/risks
- Competence - reduced personal competence
- Priorities - change, keeping appointments not a priority
- Opportunities - become limited

Why do we need to work in partnership?

Benefits

- ▼ Prejudice
- ▼ Information sharing
- Understand each others boundaries
- Prevention
- ▲ Capacity

Challenges

- continuity (*Trevor – is this continuity of service provision for homeless people?*)
- Timescales
- Bureaucracy
- Senior management (e.g. prioritisation)

How can we work together to work towards prevention of homelessness?

- 🚧 Planning (together) to meet the needs & changing needs (e.g., new builds, policies/procedures, types)
- 🚧 Consultation & engagement
- 🚧 Early intervention
- 🚧 Needs-led approach
- 🚧 Appropriate training
- 🚧 Recognising duty of care
- 🚧 Share skills
- 🚧 Knowing who's out there

- + Open to learning
- + Protocols for (e.g.) information/working

#### 4. Health and Homelessness in Argyll & Bute - Sue Irving, Independent Consultant

Sue Irving provided an overview on Health and Homelessness in Argyll and Bute. She described the significant increase in the number of homeless people in the area over the last ten years, outlined the Scottish legal definitions of homelessness, facts about the number of people who are homeless in Argyll and Bute, the impact this has on their health, how they access health services and other ways people are helped.

She explained there is a huge challenge to achieve the Scottish Government's target that 'by 2012 everyone who is unintentionally homeless will be entitled to permanent accommodation' and this statutory responsibility falls to the Local Authority who will be rigorously inspected/monitored to ensure compliance.

In March 2005, the Scottish Executive issued "Health and Homelessness Standards". These standards represent an important step towards improving the health of homeless people and build on the Health and Homeless Guidance issued in 2001. NHS Boards have strategic responsibility for the standards but it is expected that delivery will in the main be through Community Health Partnerships (CHPs) who will need to consider and plan for the needs of homeless people.

There are six corporate standards as follows:

1. **Governance** – the Board governance systems are able to demonstrate improved health outcomes for homeless people are planned, delivered and sustained
2. **Partnership Working** – the Board must take an active role, in partnership with relevant agencies, to prevent and alleviate homelessness
3. **Profile/Health Needs Assessment** – the Board must demonstrate an understanding of the profile and health needs of homeless people across the area
4. **Equitable Access** – the Board must ensure homeless people have equitable access to the full range of health services
5. **Responsive Services** – the Board's services respond positively to the health needs of homeless people
6. **Delivery/Implementation** – the Board is effectively implementing the Health and Homelessness Action Plan

Key to the delivery of these standards is consultation with homeless people and this could be achieved through the Advocacy Service or other support groups/organisations.

Sue went onto to talk about NHS Highland's Health and Homelessness Action Plan. The aim is to *"improve the health of homeless and potentially homeless people and to improve their access to, and experience of healthcare services"*. The Action Plan is based on the six corporate standards as outlined above and due to be ratified by the Health Board in June 2008.

Sue summarised by saying that homelessness is part of everyone's job and that it is preventable, what homelessness is and what can be done about it.

## 5. Capacity Building Project in Argyll & Bute - Trevor Lines, Development Officer, Shelter

Trevor began his presentation by describing the capacity building work that Shelter has undertaken. The project work streams have come from evidence and information provided by support organisations, as well as people who are homeless, with the aim of increasing the capacity of organisations to deliver services to homeless people in a way that is more supportive than at present.

Last year, the work streams looked at:

- Money advice
- Referrals to support – who picks this up as evidence suggests the Single Shared Assessment tool is not currently being used by joint partners organisations
- Assessment of support needs
- Furniture
- Training – getting agencies to work together
- Service-user surveys

The surveys carried out identified why families had become homeless. The reasons included domestic abuse, violence, eviction (although this wasn't just down to debt), repossession, other debt problems, alcoholism and overcrowding.

Of particular note is the fact that these families said access to mental health services was a real problem whereas physical access to health care was not.

Trevor said that homeless people are more likely to have mental health problems, with national statistics suggesting a prevalence rate of up to 57%. Of the fifteen families contacted by Shelter, only three were in contact with professional mental health support. Reasons why those with mental health problems are not in contact with professional mental health support include concerns about future job prospects, stigma, lack of knowledge, or because they are severely demotivated to carry out everyday tasks, e.g. GP appointments, taking children to school and shopping. The correlation between health and money was then described as being a key factor associated with homelessness.

## 6. Homelessness Project in Argyll and Bute – Helen Martin, Homeless Project Officer, NHS Highland and Irene Stuart, Area Homelessness Officer, Argyll and Bute Council

Helen and Irene briefly described their roles in relation to the homelessness project in Argyll and Bute. *[Fay/Trevor – can you write something here as I have no note of the discussion so assuming I must have been out of the room at this point]*

## 7. Scottish Health Council - Donald Crichton, Regional Officer-North

Donald gave a quick overview on the role of the Scottish Health Council. He explained that the Scottish Health Council was set up to make sure the views of patients and the public are properly taken into account by NHS Boards. It is independent of NHS Boards and is able to report on how well they involve people in decisions about their care and health services. Best practice is shared across Health Boards through established local, regional & national networks.

The Scottish Health Council monitor NHS Boards on their Patient Focus and Public Involvement activities and this is achieved through the Annual Assessment process. They also report on

public involvement during service change planning processes. Their role has changed recently with the emphasis now more on development and improvement.

Donald said he felt the training event was an excellent opportunity for the different organisations to get together to consider ways of improving the experience of homeless people in the area, and would hope that similar events would be held to disseminate ideas and examples of good practice across Argyll and Bute.

## **8. Forward Planning – Developing an Action Plan for Argyll and Bute**

Participants were split into four groups to consider what needs to be done next to take the agenda forward locally. The outcome of the group discussions is as follows:

### **Group 1**

- Communicate more with each other
- Staff training – must be a continuous cycle (frequent staff changes)
- Managerial responsibility to achieve objectives of training strategy
- Consultation with homeless people on policy?
- Improve/refine referral pathways

### **Group 2**

Where to go from here?

- Further multi disciplinary events
- Physical care needs – enhance mental health resources
- Bring information, literature, cards etc
- Before people leave, phone call/make contact with people - timescales
- Culture change information sharing
- Gaps – feedback on what agencies should be attending
- Service user involvement

### **Group 3**

- *Fay – was this your group? I only have notes for Groups 1 + 2.*

### **Group 4**

- *Trevor – I believe this was your group? Do you have notes or can you add in the key discussion points?*

## **9. Workshop Summary and Closing Remarks**

Sue summarised by saying that the training event had proved very useful and there was now a greater understanding of how the different agencies can work together to begin planning to address the needs of homeless people in the area. She hoped this would not be a one off event but the catalyst to further similar events not just focussing on services in Kintyre but across Argyll and Bute.

One of the key messages that came out early on is the desire to have a list of those key agencies attending circulated with contact details, so people could keep in touch after the event. It was agreed this would be circulated with a copy of the training event report.

Finally, Sue advised a report from the event would be written up & circulated to attendees, as well as missing colleagues.

The event was brought to a close by thanking everyone participating for making the day such a success.

Special thanks were made to Gail McGeachy, Secretary to Planning, Contracting and Performance, Argyll and Bute CHP for her significant contribution to ensuring the day was a success.

## Workshop Participants

Name	Community Group/Organisation
Uzma Bandy	Patient Focus Unit, Scottish Health Council
Dr Dave Bell	Consultant in Public Health, NHS Highland
Sandy Burnett	Blue Triangle Housing Association
Cathy Cairns	Crossreach Church of Scotland
Caroline Champion	Planning & Public Involvement Manager, NHS Highland (Argyll & Bute CHP)
Donald Crichton	Regional Officer-North, Scottish Health Council
Stephanie Davy	Local Health Council Member
Geraldine Day	Argyll & Bute Citizens Advice Bureau
Ann Gallagher	Argyll & Bute Council
Sue Irving	Independent Consultant
Kirsty Johnson	Housing Officer, Fyne Homes
Keith Kirkland	Strathclyde Police
Trevor Lines	Development Officer, Shelter Scotland
David Lyon	Quarriers Rooftops
Liz MacDonald	Scottish Health Council
Helen Martin	Homelessness Nurse, NHS Highland (Argyll & Bute CHP)
Fay McCormick	Local Officer, Scottish Health Council
Liz McKerral	Argyll & Bute Womens Aid
Hugh O'Neill	Patient Focus Officer-Mental Health, NHS Highland (Argyll & Bute CHP)
Susan Paterson	Kintyre Forum on Community Care
Nona Ruesgon	KADAS
Irene Stuart	Argyll & Bute Council
Lyndsay Wallace	Strathclyde Police





# Shelter



## Health and Homelessness in Argyll and Bute

Thursday 1<sup>st</sup> May 2008

### Programme

10.00 to 10.30am	Registration, tea and coffee	
10.30am	Homelessness and health – an overview	Sue Irving
11.30am	Key Agency Information Sharing	Irene Stuart, Argyll and Bute Council  Trevor Lines, Shelter Scotland  Helen Martin, NHS Highland  Donald Crichton, Scottish Health Council
12.30 to 1.15pm	Lunch	
1.15pm	Partnership working to improve the health of homeless people	Sue Irving
2.00pm	Forward planning – developing an Action Plan for Argyll and Bute	Sue Irving
3.00pm	Close, tea and coffee	

## Copies of Presentations

**NHS Highland Homelessness Action Plan 2008/2009**

**Training Event Evaluation Report**