Glasgow Homelessness Network works to end homelessness in Glasgow, and ensure that outcomes for people affected by homelessness meet their needs, interests and aspirations.

Glasgow Homelessness Network (GHN) brings together a wide range of service users, voluntary organisations and others with an interest in homelessness. GHN is pleased to offer this response to:

JOINT COMMUNITY CARE PLAN 2008 - 2011

June 2008

GLASGOW CITY PARTNERSHIP

Glasgow Homelessness Network (GHN) warmly welcomes the opportunity to make this response to the consultation on the draft Joint Community Care Plan 2008-11.

General Points

GHN acknowledges that there has been an effort to create a Plan which is 'a reference for all staff, service users, carers and members of the public.' (p4) However, the difficulty in establishing clear and meaningful communication to and with service users and members of the public means that the content of the Plan might be more effectively produced in different formats suitable to people across the communities we seek to serve. The consultation period has not allowed for this to be done fully. However, the agreed final plan should be produced in formats suitable to everyone. Accessibility issues include language and disability issues but also issues around literacy and accessible formats.

The proposed Annual Review should involve all stakeholders – GHN would be glad to participate in this process and to facilitate the participation of people affected by homelessness.

1. Delivering Community Care Services

GHN agrees that the development of Community Health and Care Partnership structures offers the opportunity to 'facilitate a step change' in 'addressing the City's considerable health and social challenges' (p5). However, changed structures do not guarantee this.

The Plan states that 'We are optimistic that the CHCP model can make a real difference to the lives of our citizens by delivering… services that have been shaped by local people themselves'. While GHN agrees that this may in principle be true; in reality, CHCP structures, through Public Partnership Forums, do not lend themselves to the inclusion or participation of people affected by homelessness or enable these people to contribute to the shaping of services – whether they be mainstream or specialist homelessness services. There is a need to create mechanisms by which people affected by homelessness can become active in community-based development of services.

The development of Health and Homelessness Action Plans has ensured that the needs of the population affected by homelessness have been taken into account in developing services. The links to Social Work services' development is less clear.

2. Future Policy Direction

GHN would agree with the direction of policy and the four bullet points (p6). However, while the direction of policy development may be set out in such a paper as the Plan, what is less clear is the means by which these directions will be followed and the resources that will be available. These are crucial to the success of the Plan.

Within homelessness, integrated services have been slow to develop, and an unplanned delay in the development of an assessment of need (both an assessment tool and an agreed process) has damaged the process. There are still outstanding matters in this respect. The issue is not of financial resources but of the will to implement and the ownership and management of the process.

GHN agrees that people should maintain their independence as far as possible. It is important, from this perspective, that homelessness prevention is seen as the best means of dealing with housing and support issues. While homelessness may be a preferable outcome in a limited number of defined cases (domestic violence from a partner cannot be removed, for example), the example of the Response pilot shows that there is no need for people to remain within homelessness for substantial periods of time and that support needs are best met in the context of suitable and permanent accommodation.

2.1 Personalisation of care

The personalisation of care is dependent on the movement away from crisis-based services. In reality, almost all care and most health services used by people affected by homelessness (and other substantial parts of the population) are premised on crisis. Indeed many services are crisis response services. Here the personalisation of care is more than a challenge and may be impossible. **To deal with homelessness effectively involves services that are non-crisis services, recognising and addressing housing issues including vulnerability to homelessness.** Many of these non-crisis services will be non-homelessness services. Early warning and preventative action are key to eliminating homelessness – or, rather, minimising homelessness presentations.

Self-directed support is to be encouraged. However, in practice budgetary and other constraints mean that clients get what someone else says they need. In housing support services, people supported in their own tenancy to maintain their tenancy often face issues of social isolation, a lack of meaningful activity, poor social networks etc. However, while clients may identify these issues, housing support services were not specifically designed to address them, even though they can be key to the effectiveness of homelessness prevention measures and of empowering clients. Self-directed support means changes to the ethos and process of work of statutory and commissioned services.

2.2 Service User and Carer Involvement

As previously stated, the Public Partnership Forum mechanism used by CHCPs to carry out service user involvement is inappropriate for people affected by homelessness. Firstly homelessness should be a transitory life event which, while it can have profound effects, does not designate an individual to a 'care group'. Issues of representativeness always face any process of service user involvement, but they are particularly difficult within homelessness.

GHN has worked with the West CHCP to develop mechanisms by which people affected by homelessness may be able to voice their opinions and experiences as regards service development of mainstream and specialist services. These mechanisms serve also to give non-specialist staff and management insight into the experienced processes of homelessness and resettlement.

2.3 Support to Carers

A whole group of people who could be designated as carers exists within those 'friends and family no longer willing to support' who are identified as the main immediate cause of homelessness within Glasgow. These friends and family relationships can break down because people are not adequately supported. For some their breakdown can be inevitable and unavoidable. However, a planned move is always better and we should be encouraging

friends and family to withdraw their support in a planned way that allows people to avoid presenting as homeless in crisis. At present we do not know the size or the needs of this population which is at the sharp end of homelessness (crisis) prevention and is largely unsupported.

2.4 Mainstreaming Equality

A lack of reliable statistics prevents monitoring of equalities within homelessness. We also have a poor understanding of how equalities issues impact on homelessness. For example we do not know the number of people whose sexuality, or perceived sexuality, leads to abuse from neighbours which causes them to abandon tenancies. We do not know how many people leave the parental home because of their sexuality. Until we mainstream equalities, these mechanisms will not be fully understood and the extent of these problems will be unknown. One impact of this is that we cannot design better, more appropriate services.

2.5 Promoting Employability

GHN wholly welcomes the focus put on employability in the plan. For many people homelessness is prevented through being in paid employment. However, being in employment does not insulate people from homelessness and in-work poverty and child poverty is still prevalent. GHN would also argue that meaningful occupation – paid work, volunteering, involvement in learning and training - can help prevent and alleviate homelessness, not least through decreasing isolation, improving mental health etc. Moving people along employment pathways too quickly can be damaging and can lead to problems including homelessness.

Staff involved in care and health have not previously had a focus on and may have little insight or interest in employment. This represents a cultural change for these staff which should not be underestimated.

2.6 Single Shared Assessment

GHN welcomes and supports the development of shared assessments and believes that the voluntary sector have a role in contributing to assessments. A client-centred approach suggests that the assessor should be someone with a good relationship with the client whom the client trusts. Where this relationship exists with a member of staff of a voluntary sector organisation, the assessment should be co-ordinated by this individual. This is particularly pertinent with clients who refuse or are reluctant to engage with statutory sector services.

The lessons of the Homelessness Integrated Assessment should be noted by those developing single shared assessment. GHN would welcome a review of the Homelessness Integrated Assessment for this purpose.

3. Addictions

3.1 Housing Support

All housing support services are dependent on the identification of suitable clients and their referral. There is evidence that social work and health staff do not know of the range of housing support services and do not know how to refer. It should be the responsibility of commissioners to adequately publicise the existence, remit and means of referral to commissioned services – not to do so wastes public money.

Housing support services to people who have issues with their alcohol use are hampered by the issues outlined above, but also by a lack of awareness of the full spectrum of services. There are services for people who want to address their drinking and those who do not. All people whose use of alcohol is problematic to themselves or others should be eligible for housing support unless they refuse the support. Unfortunately those working with these people do not always know about the range of services.

3.2 Employability

GHN welcomes the emphasis on employability measures as interim goals. The practicability of achieving these goals would be increased with an increased allowance of so-called take-home privileges for those on the methadone programme. The balance between patient safety, the safety of professionals involved and the empowerment that comes from being released from a daily dispensing regime has to be achieved in a manner that allows people to move on. Without meaningful occupation it is hard to imagine how a person who has occupied themselves almost entirely by the pursuit and consumption of drugs will stop and move on to lead a full and active life, fulfilling their potential and contributing to their community.

4. Homelessness

GHN welcomes and appreciates the opportunity it has already had in the development of the Homelessness section of the Plan to date. Therefore, comment on the final draft is limited to the following:

- Strategic Objectives: we believe this section might benefit from explicit recognition of and reference to the role of the voluntary sector in contributing to, and realigning to support, the current change agenda.
- Integration with CHCPs: It would be useful to set out the complimentary roles and responsibilities of both GHN and GHP in the planning and evaluation of the Scottish Government's Health & Homelessness Standards across the Greater Glasgow & Clyde NHS Board area.

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- the last 2 bullet items under the rough sleeping objective would be more suitably placed in the alleviation activity.
- The reconfiguration of the Hamish Allan Centre and the Homeless Persons Team, likewise may be more appropriate under alleviation.
- Where 2012 targets are mentioned could the 2009 interim target be mentioned (p49)
- Under priority actions 2008-11 could the modernisation of the Hamish Allan Centre and the review of Community Casework Teams be mentioned?
- We strongly recommend that housing outcome is included as a performance measure of the Homelessness Partnership.

Interface with Addiction Services

(p57) The Scottish Government's Advisory Group on Substance Misuse and Homelessness identifies that the link between substance misuse and homelessness (and vice versa) will need to be broken to contribute to the achievement of 2012 targets.

It would be useful to incorporate a set of performance targets for the Glasgow Addiction Service which might incorporate operational protocols to –

- Demonstrate efforts to measure all homelessness among client population (including 'sofa surfing', 'care of' addresses etc)
- Demonstrable measures to reduce homelessness among the client population
- Recorded routine review of clients' housing situation & where issues are apparent the engagement of appropriate services
- Where homelessness is anticipated, its prevention or prompt resolution.

If you would like to discuss this response further, please contact Austin Smith at GHN on 0141 276 4825 or email austin@ghn.org.uk