

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

Homelessness Shared Solutions Report to Glasgow South West CHCP & Partners

July 2010

1. Introduction

- 1.1 Glasgow Homelessness Network (GHN) invited Community Health & Care Partnerships in Glasgow to consider a Participation Model that had been designed to represent the diversity of people affected by homelessness and their unique homelessness experience. Through involvement, the aim was to provide a contemporary and sensitive analysis of service user perspectives on relevant local planning and provision.
- 1.2 The Participation Model is based on the review of, and learning from, a pilot commissioned by the East Glasgow Community Health and Care Partnership in 2008. The West CHCP wanted to undertake a project to explore how the CHCP could best develop service user involvement with people affected by homelessness in the planning and delivery of health and care services.
- 1.3 The CHCP regarded GHN as well-placed to deliver this work as a trusted broker with voluntary sector frontline services. GHN has a long experience in involving people affected by homelessness, including:

At **European** Level, GHN:

- Is a member of a participation working and advisory group.

At a **National** level, GHN:

- Is funded by the Scottish Government to create a culture of innovation and continuous improvement in Service User Involvement across Scotland. GHN coordinates the Scottish Homelessness Involvement & Empowerment Network (SHIEN), launched in Dec 2008;
- Facilitates I.E. (Involving Expertise: Improving Effectiveness); a social enterprise and partnership with Alcohol Focus Scotland that provides service user involvement training and an expert advisory and support service for professionals who plan and provide services.

At a **Local** level, GHN:

- Is contracted by Glasgow City Council to facilitate systematic Service User Feedback across a range of homelessness services in Glasgow;

- Is contracted by Greater Glasgow & Clyde NHS Board to evaluate implementation of the Scottish Government's Health & Homelessness Standards in Glasgow, providing a process for the Service User Involvement performance indicators of these Standards;
 - Is funded by Glasgow Housing Association (GHA) to implement and roll out a Peer Mentoring Service User Involvement project;
 - Facilitates Unheard Voices, a theatre group of people experiencing exclusion who creatively raise awareness of the issues;
 - Has published a highly regarded Toolkit and research on Service User Involvement & Empowerment.
- 1.4 The Participation Model is based on the review of, and learning from, a pilot commissioned by the West Glasgow Community Health and Care Partnership in 2008. The West CHCP wanted to undertake a project to explore how the CHCP could best develop service user involvement with people affected by homelessness in the planning and delivery of health and care services.
- 1.5 1st round of workshops in July 2009 were well received. Working toward second round, participation model has become further embedded and recognition for need for shared solutions recognized.
- 1.6 This paper provides a report on the second cycle of Shared Solutions for the South West Area of Glasgow, held in March 2010.

2. Context

"Local solutions rely on their specificity, local ownership, and the ability of groups to tailor solutions to particular contexts. Local groups are also best placed to encourage community engagement on a social issue, through access to local networks and existing relationships".

(Mass Localism: NESTA; 2010)

- 2.1 The progressive development of the Shared Solutions model is influenced by the work of National Endowment for Science, Technology and the Arts (NESTA) on the concept of 'Mass Localism' published in February 2010.
- 2.2 This report discusses a new approach to involving local communities in the work of finding and implementing solutions to big social challenges, of which homelessness is one, in order to strike the balance between supporting genuine local solutions while at the same time achieving national targets and priorities.
- 2.3 The Nesta report sets out a series of principles for stimulating and supporting more local responses to big problems that are at a manageable cost to the public purse.
- 2.4 Within these key principles, Shared Solutions Workshops offer people living, working and using services in local areas a bottom-up and democratic process to supplement, support or challenge central and local planning. This is while providing stakeholder groups with the opportunity to understand the specific

challenges facing each other, alongside a unique and equal say on how solutions for identified issues are prioritised.

3. The Service User Participation Model

3.1 The Service User Participation Model endeavours to:

- Augment existing structures which allow Service User Involvement within services;
- Augment existing structures for Service User Involvement established by service planners and managers in the statutory sector (e.g. Public Partnership Forums);
- Network key staff across services who can share practice and innovation in Service User Involvement and support resource exchanges and access to national network;
- So far as possible, seek to broadly represent the diverse population of people affected by homelessness;
- Use existing infrastructure to maintain its own structure; that is via the Vulnerable Household Forums, Essential Connection Forums etc;
- Enable the systematic input of service users, provide a means for these to be compiled and communicated to appropriate planning and management structures AND provide feedback to service users;
- Allow for consultation with service users affected by homelessness by planners and managers of services.

3.2 The benefits to Stakeholders include:

- **Service users** can raise issues locally with their own services and know there is a conduit for these issues to reach planners and managers within CHCPs, CPP and other structures. Service user involvement is facilitated within an empowerment framework, which aspires to always provide positive benefits for people participating. In a wider context, service user involvement is considered to increase employability, life skills, social networks and personal resilience to crisis. Service users are encouraged to liberate themselves from having an 'ex-homeless' label and participation will have clear exit points.
- **Service staff and managers** see an enhanced service user involvement role for themselves with no resource implications. This is particularly useful in the cases where existing involvement raises issues beyond the means of the service to change (for example, issues that have a wider policy or mainstream service implication). Staff will have access to the support of a national network (SHIEN), innovation resource exchanges and a practitioners Toolkit. Services can access support to meet the service user involvement requirements of funders.
- **Planners of services** have a simple mechanism by which they can 'homelessness-proof' their planning and service development by consulting with people affected by homelessness. They can demonstrate awareness of and responsiveness to the needs of people affected by homelessness. They can meet the Service User Involvement Performance Indicators of the Scottish Government's Health & Homelessness Standards.

4. Shared Solutions Methodology

- 4.1 Delegates attending the workshop were assigned to round tables that contain a range of stakeholders, perspectives and experiences for discussion. Initially, participants are invited to identify all local issues and challenges they consider important for discussion – this is unprescribed, broad and far reaching. This session is designed to generate as many discussion points as possible, following which each group are asked to negotiated and agree on the 2 most important issues for discussion. for discussion; ensuring that each discussion group contains a range of stakeholders brining a range of perspectives and experiences.
- 4.2 The 2 priorities from across each of the roundtable discussion groups are collated and a single list created – participants are subsequently assigned 1 vote and invited to anonymously cast the votes by weighting up their own views on the relative importance of each issue.
- 4.3 The issues receiving the most votes by participants then formed the substantive discussion sessions for the day; this time asking participants to be solutions-focused in their discussions and consider a range of methods that could form part of the means of addressing the issue, set out as follows:
 - What are your experiences of this issue
 - What are the challenges
 - Suggested Solutions
 - Next Steps
- 4.4 Following this process ensures that the agenda for the day is fully set by the participants living and working with in the CHCP area and is designed to make sure that all stakeholders can contribute equally to discussion and priority setting.
- 4.5 There was a question, answer and comments session at the end of the event to raise points not covered during the day.

The workshop closed with a quiz aimed in engaging all participants in an entertaining activity.

5. Overview of the South West Shared Solutions Workshop

- 5.1 The South West CHCP Shared Solutions Workshop was held on the 18th March 2010 in the Pearce Institute, 860 Govan Road, Govan.
- 5.2 The event was attended by 32 delegates representing a range of Registered Social Landlords and voluntary sector accommodation and support services, statutory services and service users within the South West CHCP area. A full list of organisations represented at the workshop can be found in the appendix 4 to this report.
- 5.3 Following on from the 1st Shared Solutions event that took place in July 2009, a further event took place within Southwest CHCP in April 2010.

The purpose of the day was to give feedback to service user regarding issues they had highlighted at the event in July 09 and also to identify any further barriers to mainstream services.

Janice Greig, South West CHCP presented an update on the actions arising from the first South West Shared Solutions workshop in July 2009.

The presentations set out each of the priority issues identified from the first workshop and the work identified to address them. She focused on the work undertaken with the local Housing Support Provider to raise awareness amongst Registered Social Landlords about their role in tenancy sustainment. This was carried out particularly in relation to the priority area of lack of support to sustain tenancies.

The South West CHCP has agreed to compile an action plan which will include feedback from July 09 session and April 10 session. Any barriers that were identified as being City Wide actions were fed back to the Glasgow City Council.

- 5.4 There was excellent partnership working on this event with great input from the planning officer in the SW CHCP, improved representation from across all sectors. Workshop facilitators' on the day were: Janice Greig (SW CHCP); Carol Hughes (SW CCT); Helen McDonald (SW CPN); Michelle Nimmo and Michael Robinson (Children and Families and Addictions). This was enhanced by improved representation across the organisations represented and a recognition of the vast array of expertise that drawn on throughout the day.
- 5.6 Following the methodology detailed in the previous section the three key priority issues identified by stakeholders in the South West CHCP were the following (an outline of morning discussions is available in appendix 2):

Priority 1. Permanent Accommodation

Priority 2. Single point of contact, access advice and information

Priority 3. Local Access to Local Suitable Housing

- 6.1 The number one priority issue of **Permanent Accommodation** was described by participants as focusing on rent arrears, no furniture, community care grants and lack of support.
- 6.2 Experiences and challenges of participants discussing this priority area were:
- Rent arrears due to being in prison.
 - Social worker or Criminal Justice worker.
 - When in prison housing benefit stops.
 - No means of furnishing home.
 - Too great expectations, short fall.
 - Debt, overlap in benefits from one property to another.
 - Arrears as soon as sign for house.
 - People in employment can't afford to be homeless.
 - Drugs/alcohol.
 - No furniture.
 - Getting gas and electricity, paying bills.

- 6.3 Solutions and next steps identified by workshop participants to **Permanent Accommodation** included:
- Be able to apply for CCG before you get the house.
 - SAMH.
 - Social worker inform housing when client goes into prison.
 - Starter Packs.
 - Glasgow Simon Community resettlement service re installed.
 - More preparatory work.
 - Keys to Learn courses (North and West).
- 6.4 The second priority issue of **Single point of contact, access advice and information** was described by participants as the need for a wide range of information to be available in one place for staff and service users.
- 6.5 Experiences and challenges of participants discussing this priority area were:
- Issue resolved itself.
 - Not known fully in housing – information to share.
- 6.6 Solutions and next steps identified by workshop participants to the issue of **Single point of contact, access advice and information** included:
- Text.
 - Service users involved.
 - Publicise customer care HUB info.
 - Single point of contact and publication of HUB info.
- 6.7 The third priority issue of Local **Access to Local Suitable Housing** was described as participants as experiencing a lack of suitable housing in the local area, taking into account local connections, size of accommodation.
- 6.7 Experiences and challenges of participants discussing this priority area were:
- Needed a management transfer-advised to use mutual exchange, requested move and surrendered tenancy.
 - Deposit excessive for private let (including additional costs).
 - No contact with caseworker.
 - No one to assist- identified person.
 - Clearance.
 - High rise – expensive.
- 6.8 Solutions and next steps identified by workshop participants to the issue of **Local Access to Local Suitable Housing** included:
- More appropriate accommodation- availability and affordability.
 - Improved customer services.
 - Prioritising emergency accommodation, first come first served.
 - Appointing a caseworker to identify and take responsibility for accommodation.
 - Lobby Scottish Government.

7. Overview of feedback from other local Shared Solutions Workshops.

7.1 Shared Solutions Workshops following the same format as the South West event were also held in the South East, North and East CHCP areas in **March-April 2010**. A number of common themes were raised; an overview of which is provided below:

- **GLASGOW WEST CHCP PRIORITIES:**

1. Communication and joined up working
2. Sustainability and the continuity of service provision

- **GLASGOW NORTH CHCP PRIORITIES:**

1. Publicising and Promoting Services- Communication and Networking
2. Lack of Choice of Suitable Housing
3. Accessing Tenancy Support for ALL New Tenants

- **GLASGOW SOUTH EAST CHCP PRIORITIES:**

1. Sustaining Permanent Accommodation
2. Avoiding Early Case Closure
3. Improving Communication between Services

- **GLASGOW EAST CHCP PRIORITIES:**

1. Being homeless without complex needs
2. Engagement with people not engaging
3. Attitudes & Values of Staff

An equivalent report has been produced providing details of each of the CHCP Shared Solutions workshops and is available from GHN.

8. Considerations for South West CHCP

8.1 All of the issues identified as priorities for the participants at the South West Shared Solutions Workshop (Permanent Accommodation, Single point of contact for access advice and information and local Access to Local Suitable Housing as the 3 top priorities for the south west) were submitted as having a direct impact on the prevention and alleviation of homelessness in the area. However, it is recognised that not all of the issues are the ultimate responsibility of the CHCP. It is also understood that some of the issues will be able to be resolved relatively quickly, and that some will take longer term planning. The considerations set out in this report aim to reflect these points. These considerations are also intended to build on the range of suggestions put forward by those attending the workshop.

8.2 CHCP Senior management is invited to consider this report, with formal feedback invited by workshop participants through a report and/or presentation at the next local Shared Solutions event (Sept/Oct 2010). This might set out steps taken (or planned) as a result of the suggested solutions and next steps recommended by participants.

8.3 The Health and Homelessness Standards require the CHCP to make *active* use of the views put forward by people using services. In order to continually

improve in relation to this performance requirement the CHCP should consider working with partner agencies through the Vulnerable Housing Forum and Essential Connections Forum to develop and implement an action plan to ensure that service user views are influencing practice in the South West.

- 8.4 In the current financial climate the local groups should be widely used to publicise changes to services and potential closures to ensure people have access to information on what is currently available in the area to meet their needs.

Appendix 1: Best Practice in Service User Involvement

The GHN/CHCP Participation model is defined by 9 characteristics that combine to better represent homelessness diversity. The Participation model will therefore:

1. Develop within a **holistic definition of homelessness**, causes and impacts (housing, opportunities, wellbeing) and at each level (policy, practice, provision, perception).
2. Be grounded in a credible model of homelessness, its causes and consequences and how it may be prevented or alleviated, and give due recognition to the efforts of non-homelessness services in the prevention and alleviation of homelessness – whether they are conscious of or accredited for this aspect of their work or not.
3. Have contact with a **cross section** of the population of people affected by homelessness. This may be done directly or through homelessness and other services. Bearing in mind the extent of hidden homelessness and the extent to which people who are homeless are engaged with mainstream, non-homelessness services, there is a significant amount of contact with people affected by homelessness which will be done through direct contact and through non-homelessness services.
4. Consider the role of **organisations with a smaller stake** in homelessness. Such organisations need to be made aware of the impact of their work as regards homelessness alleviation and prevention and be appropriately networked to facilitate service user contact, but also to share good practice and receive support where necessary.
5. Exist in, develop and perpetuate an **empowering environment**. Service users must have personal benefits from their experience of being involved in the development of CHCP services. This can be achieved through the courtesy of paying travel expenses etc, but sustained involvement needs to compensate the service user through opening up environments where empowerment is possible. This in itself is a contribution to alleviating and preventing homelessness. At the very least, there should be a mechanism to feedback actions and consequences of previous involvement activity.
6. Be facilitated and serviced by **a credible, trusted broker**. This work will involve working across a large range of providers and with a range of service users with different needs and desires. The credibility of the people involved in this work and their independence from other parties is important. It is proposed that GHN take this role, including through the resources and support offered through the Scottish Homelessness Involvement & Empowerment Network.
7. Work in an innovative way to develop means by which service users can be **engaged and their engagement sustained**. This work needs a consistent and persistent approach.
8. Allow service users to raise issues relating to existing CHCP services or to suggest the development of new services and to be consulted on the **development of services by the CHCP**.
9. Work flexibly with a range of planned and structured activity that is **inequalities sensitive**, and takes account of service user's needs and capacities.

There are specific methods of good practice as outlined in **GHN's 'Easy 3x3' Participation Technique & Toolkit**. This includes considerations around a 25 point checklist of good practice. For the CHCP Shared Solutions Workshops, these guidelines ensured the following:

- Invitations extended by email, posters and telephone;

- The Shared Solutions workshop provided a safe, comfortable and encouraging environment;
- Accessible information (in plain English), was provided;
- Service user expenses were available;
- An open agenda allowing delegates to determine the direction of discussion and space for all involved to put forward their opinion;
- Clarity around purpose of the day and aims and objectives and feedback;
- Transparency and clarity concerning who has been invited to take part;
- Inequalities sensitive practice (literacy & language barriers, childcare considerations, accessibility etc);
- Flexibility around service users inputting to overall participation model, and future input welcomed by phone, email, writing, 1:1, or direct through service;
- A structured innovative, agenda, ensuring solutions focus whilst providing time for icebreaker, social networking, lunch and a drama performance;
- Several routes made available to delegates for evaluation.

Appendix 2: Overview of all issues raised at the workshop

Morning round table discussions

Table 1

What are the barriers to accessing services?

- Transferring to services in mainstream when re-housed; lack of coordination and delay in accessing services.
- Lack of knowledge of local services to sustain a tenancy.
- Disengaging from support services, reliance/familiarity.
- Length of time before appointments are given, in particular mental health-Rossdale.
- G.P's don't have time to listen.
- Furniture Community Care grants – moving from temporary accommodation.

What works well in accessing services in your local area?

- Direct access to GP and other health services.
- Housing support services.
- Resettlement team but it has closed.
- Knowledge of voluntary sector wealth of valuable information.
- Holistic perspective of health improvement adapting services to meet needs.
- Starter pack services like Fab Pad (but insufficient).
- Glasgow Rent Deposit Scheme.

What are the 2 main points you would like to put forward for the afternoon discussion?

1. Transition from temporary accommodation to permanent accommodation (i.e. furniture and cc grants).
2. Accessing mainstream services in health (delay and lack of coordination).

Table 2

What are the barriers to accessing services?

- Length of time in hostel 4 weeks to 6 months, one person took 2 years.
- Housing 20-30 referrals per week. Minimum of 47% of stock goes to homelessness/ not enough houses.
- 1 year in homelessness then jail, liberated back to homelessness.
- Alcohol and drug problems.
- Don't know who caseworkers are, don't see them regularly.
- Interferes with family relationships.
- Homelessness has effects of mental health.
- Pool room shut down TV rooms locked.
- Discrimination in homelessness.
- Community care grant, can't apply till you get the house and then you might be refused.
- Prison caused rent arrears/ harder to get house.

What works well in accessing services in your local area?

- Monthly meetings in hostel.
- Starter packs when given house.
- Credit unions/do you need ID?
- SACRO.
- Leaflets at hostel would be useful. For recycled carpets.
- SAMH.
- Talbot have been supportive.

What are the 2 main points you would like to put forward for the afternoon discussion?

1. Effects Mental Health.
2. Discrimination drugs and alcohol.

Table 3

What are the barriers to accessing services?

- Depending on what practice.
- Children specific services.
- Housing/ accessing accommodation locally- advised to present as homeless (single parent-no complex issues).
- Support to find local accommodation.

What works well in accessing services in your local area?

- Talbot services.
- GP.
- Access to Hunter Street services makes a big difference.

What are the 2 main points you would like to put forward for the afternoon discussion?

1. Evictions locally support to sustain tenancy.
2. Access to local suitable housing.

Table 4

What are the barriers to accessing services?

- Financial support from moving to new house furnishing flats system disadvantages moving from temporary to permanent accommodation.
- Knowledge of the process and the areas to access.
- Service directory, updating and communication.
- Stock availability.
- Poverty trap, especially for young people.
- Financial climate is changing the nature of the system. I.E referrals through the homeless partnership to access temporary accommodation.

What works well in accessing services in your local area?

- Regeneration project, employability referral to work out living wage.
- Cooperation of services between housing and social work.
- SE single point of contact.
- Changing system could be a positive, e.g. forums such as Essential Connections.

What are the 2 main points you would like to put forward for the afternoon discussion?

1. Single point of access made widely available for the correct information can be made available at the right time to the right people/ service directory I.T.
2. Stock.

Question, Answer and Comments Session

Open days were suggested. Meet and greet sessions for services to come to in each area. Shared solutions could incorporate this aspect, for example organisations would have one minute to speak about their service.

A lot of myths around homelessness were addressed during discussions, for example single mothers get priority, and those with addiction issues get extra help.

There is not one single issue, a lot of issues occur together, which is why a joined up approach is needed. There can be lost information because of the lack of sharing between services, hence the need for the joined up approach to make sure service users are not let down by services.

The rent deposit scheme was highlighted by a service user who had accessed this service and gave positive feedback on the support received. Also on support received from SAMH.

In response to why is there not published info on half way processes, e.g. Choices Care, Mossspark Housing Association responded choices care pay for frontline staff and 24 hour on call support. It is their own tenancy, plus support in preparation for own tenancy.

Appendix 3: Overview of priority issues and voting results

The following are a list of the two main issues that were raised and put forward during the morning session, which were then voted upon (number of votes registered) to identify the top priorities, which were taken forward and discussed in the afternoon session.

Priority Issue	Votes
Permanent accommodation (rent arrears, no support, no furniture, community care grants)	12
Lack of access to local suitable housing	8
Good practice in bringing advice and information (single point of access for service users and staff)	6
Homelessness and Mental Health (effects on self esteem)	2
Discrimination/stigma (assuming addiction when it isn't there)	2
Good health service in homelessness but not once in mainstream	1
Local evictions and support	0
Information and advice (updated by I.T)	0

Appendix 4: List of organisations attending the workshop

The following organisations were represented at the South West CHCP workshop.

South West CHCP
Glasgow Homelessness Network
Glasgow City Council Money Advice
Glasgow Homelessness Partnership
Scottish Association Mental Health
SAMH Outreach
Mosspark LHO
Glasgow Association Mental Health
SW Community Casework Team
Richmond Fellowship
Glasgow Housing Association
Trust Housing Association
Talbot Association
Addictions
Children and Families

Appendix 5: Overview of participant evaluation (22 responses were returned from 32 delegates)

1. Delegates by occupation/service user and sector.

Type of delegate	No.
Service User:	7
Front Line Staff:	10
Manager:	3
Policy Maker/manager	3
Other:	3

Of these, 4 work in the voluntary sector, 9 in the statutory sector, 9 other which included housing association, Glasgow City Council, unemployed and not specified.

2. The overall rating of the workshop

Delegates rated the workshop on a scale from 1 (lowest) to 5 (highest)

Rating	Responses
Blank or n/a	0
1	0
2	0
3	5
4	12
5	7

Reasons given for these ratings include:

- Overall participation excellent. Well formatted day.
- To access other services as information will be passed onto people who need information.
- Workshop very well facilitated with good discussion.
- Currently oversee homeless service within my organisation. Have worked in the homeless field previously but have been out of the loop for a while. Looking to improve my knowledge in order to ensure that our service is up to date, knowledgeable & responsive.
- I thought the workshop was positive & very relevant. Although I felt some of the solutions to suggested problems were outwith participants' control. Unfortunately I also felt the acoustics were poor & it was not always easy to hear what was being discussed.
- All a bit rushed, not enough time in discussion groups. I feel points needed to be discussed longer in order to give better feedback.
- A lot of discussion time was taken up with people taking over discussions although they had valid points it would have been nice for everyone to have their say. Some people being disruptive & it took away from the discussions. Would have been nice to know more about the process homeless people have to go through.
- Positive & informative.
- I felt people were taking on board what I had to say & things will get improved & I learned a lot. Plus I have arranged to see a case worker tomorrow which I am pleased with.
- I think people were taking on board what I had to say & I learnt a lot & enjoyed myself. I'm glad I came.
- Enjoyed the discussions & sharing information.

- Would have liked a broader representation – eg, more housing providers, health staff.
- It wasn't what I expected. I thought there would be more homeless people here.
- Very good & informative.
- Just moved to CHCP area, not sure of other services.
- It was informative & everyone got the chance to put their view across.
- First time here.
- Inclusive & informative.
- Service users & staff were on the same level.
- Well thought out day flowed very well.
- Being able to talk about problems. People listening.

3. Most/least worth while part of the day

- Open group discussions in the morning and afternoon. As a forum for exchanging experiences, points of view and coming up with potential solutions.
- Meeting people and learning of services in the South West area.
- The open and supportive nature of the event allowing service users to fully participate and share experiences was highlighted.

4. Some specific issues were raised as areas that delegates would like additional information on:

- Resources and accessing other services
- 'Keys To Learning' initiative.
- Need more information on where to locate charities that provide furniture to homeless people moving into own accommodation.
- Support on sustaining accommodation/tenancy.

5. The following were identified by delegates as actions to be taken forward from the workshop:

- Action Plan for South West CHCP
- GAMH has come forward to take me on as my SAMH worker has now to disengage. Feel I still need support.
- Made good networking links & look to develop programme for homeless support.
- A lot of the issues discussed we don't have any control over, but made a few useful contacts.
- SAMH – homelessness services tenants not engaging.
- Customer service – improve.
- Try & access information from different agencies, e.g. GRDS, CRNS.
- Keep asking service users what their experience is & what they want.
- Got a useful number about rent/deposit scheme.
- Information on healthcare & utilities.