



University of Dundee

Health and Homelessness Report. Discussion Forum and Workshop

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Health and Homelessness Discussion Forum and Workshop

“Building collaborative work for
homelessness, health and social care
integration”

December 2016



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About the Report

Dental Health Services Research Unit, School of Dentistry, University of Dundee
TCELT Transformative Change: Educational and Life Transitions Research Centre,
School of Education and Social Work, University of Dundee
Shelter Scotland

A report on the discussion forum proceedings by Andrea Rodriguez, Ruth Freeman and Laura Beaton (DHSRU, University of Dundee), Fernando Fernandes (School of Education and Social Work, University of Dundee) Angela McLachlan and Michelle Harrow (Shelter Scotland).

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PREFACE

“I am delighted to introduce the proceedings of an inspirational day of discussion about the social and health consequences of homelessness held in Dundee. Tayside is a region that has a range of pressing issues that drive the social conditions that lead to homelessness, including unemployment; poor health; areas that have low resilience due to underinvestment in services; and lack of affordable secure accommodation. All of these factors contribute also to health poverty, with a high incidence of chronic conditions, including respiratory, cardiac and malignant disease, as well as a high burden of mental health disorders – and in turn these foster the conditions that predispose to housing insecurity. In some parts of Dundee, we have substantial problems with substance misuse.

It is clear that these social and health problems are interdependent, and demand an integrated approach to find solutions, and I am delighted that there is good evidence that this is now happening. Initiatives that are described in this meeting show how some of the chronic issues can be tackled effectively, helping communities to gain resilience and build successful outcomes from challenging circumstances. The development of Health and Social Care Integration is a clear example of the commitment of NHS Tayside and its local authority partners in Dundee city, Perth and Kinross, and Angus to work together to find a better way of dealing with the problems identified above and find more lasting and better outcomes for the populations that we serve.”

Professor John Connell FRCP FMedSci FRSE

Chairman

Tayside NHS Board

NHS Tayside Headquarters

Ninewells Hospital & Medical School, Dundee.

INTRODUCTION

It is widely recognised that a meaningful response to the needs and aspirations of people who are homeless or at risk of homelessness requires a holistic, person centred approach delivered across services in housing, health and social care.

The Public Bodies (Joint Working) (Scotland) Act 2014 which took effect from April 2016, legislates for NHS and statutory care services to work together where there is a joint responsibility for the health and care needs of patients. This aims to ensure that those who use the services get the right care and support whatever their needs, at any point in their care journey.

A collaborative partnership has been established between Shelter Scotland, the Dental Health Services Research Unit, University of Dundee and the School of Education, University of Dundee, to host a forum in Dundee for local agencies to come together to discuss best ideas and approaches to achieving this shared ambition.

“Building collaborative work for homelessness, health and social care integration” event held on 18th May 2016 began a multi-agency conversation focused on developing the best approach to the creation and delivery of more integrated health and social care services for people facing health and homelessness issues.

This event was designed as a platform from which to discuss existing services as well as the strengths, weaknesses, opportunities and barriers to integrated service delivery for homeless people and those at risk of homelessness in Dundee.

This Report summarizes the key themes and group discussions explored during the event and provides summary and analysis of the issues discussed. The Report concludes with key recommendations and suggested actions to support the required changes identified by the Group.

BACKGROUND

The Dental Health Services Research Unit (DHSRU) based at the School of Dentistry, University of Dundee is an internationally-recognised research Centre in dental public health. It is charged with contributing to the improvement of oral health and psychosocial wellbeing in Scotland and beyond, by undertaking and facilitating collaborative health-related research and development. One of the programmes it co-ordinates is the Smile4life programme.

Smile4life is the Scottish Oral Health Improvement Programme for people experiencing Homelessness. Established in 2007, the first action of the Smile4life Programme was a survey of the health and oral health of people in Scotland who experience homelessness. This is one of the world's largest surveys on the health and oral health needs of homeless people (Freeman et al., 2011) and produced data on demographic profile; health and health behaviours; degree of patient management complexity and psychosocial health of 853 participants.

The findings from the Smile4life survey were used to develop the Smile4life Guide for Trainers (Freeman et al., 2012) to support professionals working within the homelessness sector in terms of oral health promotion.

EVENT METHODOLOGY

The aim of the joint event was to encourage better communication and interaction between key partners and services from the Third Sector, NHS Boards, University, Scottish Government and Local Authorities. The focus was on how to better support people faced with homelessness or experiencing homelessness and how, through touch points with either health, housing or other support services, a more integrated approach could be achieved which would lead to a more stable outcome for the client.

Delegates were gathered in a full day event held at Dundee's Steeple Church involving practitioners and management from across housing, homelessness, health and the social care sector.

The event was structured around the Homelessness Journey through the eyes of the client, the practitioner, the service provider, as well as through the prism of the existing housing, health and social care infrastructure. The discussions were built around the following key areas:

- Reflect upon the challenges of health and social care integration
- Share practice dealing with people who are homeless or at risk of homelessness
- Identify recommendations to develop a more integrated approach to services;
- Reflexive Mapping work undertaken at DHSRU, School of Dentistry, University of Dundee and discuss its implications and potential;

Keynote speakers covered essential topics related with health and homelessness, health and social care integration, improvement of services provision, community engagement, the effects of stigma toward specific groups and youth friendly approaches. This provided a diverse range of insight and experience which fuelled conversation and ideas throughout the day. Details of the presentations and speaker biographies can be found at Appendix 1 (or following link for electronic versions)

Group Discussions

During the event three group activities were held with the delegates to explore key issues related with health and social care integration.

- Mapping exercise
- Homelessness journey (including prevention and sustaining a tenancy)
- SWOT analysis

Details of these activities are described at the end of this document (Appendix 2). The following sessions will present just the main conclusions coming from the groups.

The Mapping Exercise

Each delegate received a list of services to support homeless people based in Dundee as a part of the research findings conducted by University of Dundee and individually they suggested 53 more services to be included making the mapping exercise a real collaborative process. The mapping is available at: <http://dentistry.dundee.ac.uk/scottish-oral-health-improvement-homelessness-programme-smile4life> (under the topic Related Files)

THE HOMELESSNESS JOURNEY– DISCUSSION AND ANALYSIS

Homelessness and the Prevention of Homelessness

Issues and Weaknesses

It is recognised that there is no single cause of homelessness. Overlapping life circumstances and transition periods act as triggers for homelessness, for example, bereavement, release from prison, leaving home or leaving institutional care or service. Physical and mental illness, including the effects of addiction are both a cause and consequence of homelessness as well as relationship breakdown and financial difficulty.

Whilst there are many services available to support people facing homelessness, the homelessness legislation does not support prevention of homelessness in tandem with the pursuit of a sustainable home.

The homeless assessment process was perceived as restrictive and exposes people to risk and increased vulnerability with no or little support which serves to aggravate existing problems or conditions.

Local services aspire to promote and support the prevention of homelessness and finding a home, but they are often locked into approaches determined by contract specifications or statute, therefore services trying to prevent homelessness and repeat homelessness are restricted in their reach and resource.

Short and unstable funding cycles lead to services coming and going and services developed around the needs of the provider and/or the funder and not the service user.

This has resulted in a lack of partnership working and trust between different professionals working in the same field. Monitoring and evaluation programmes focus on activity and outputs rather than sustainable outcomes and a lack of robust evaluation means that we are not capturing what works, and often repeating systems that don't work. Despite the excellent work we have no effective way of measuring success.

Despite the Scottish Government commitment made in 2005 stating that all local authority departments and relevant local agencies should work together to prevent homelessness there are still many challenges to overcome to enable and support meaningful early intervention to prevent homelessness and repeat homelessness.

The stigma associated with homelessness and the consequent marginalisation of those affected by homelessness is a concern due to the impact on the self-esteem and self-worth of the individual who is facing a homelessness crisis which can in turn lead to increased vulnerability. Clients suffer from a “loss of identity” when homeless and also experience a lack of social connection due to the instability of their situation. Loneliness is often expressed by service users when faced with homelessness.

Within the homeless population in Dundee, the following groups were identified as being especially vulnerable and at risk of being “trapped” in the homeless cycle, and therefore requiring special attention from both government and service providers.

Groups at risk:

- People leaving institutions – i.e. Prison, Hospital, Army, Care
- Young people, especially those leaving care
- People with background or history using services who can get “lost in the system” as they don’t know where to go or what to ask.
- People that have already experienced homelessness in some periods of their lives also were seen as at risk to repeat the cycle other times.
- People with multiple and complex needs who have difficulties navigating different services and engaging with the holistic approach

Whilst the list above is not exhaustive, it reflects a diversity of groups and a significant percentage of the homeless population. Within each group, every individual will have their own personal circumstances, challenges and stories which will make their homelessness situation unique. It is important to recognise that whilst categorisation is helpful for the development of services that homogeneity does not exist within either group, therefore a person centred approach needs to be at the core of any service.

This is particularly relevant when working with people with mental health problems suffered as a consequence of emotional trauma. Homelessness is likely to be either a cause or consequence of this trauma and this can further impact on the psychosocial well-being of the person who will be increasingly scared and concerned for safety whilst homeless or faced with homelessness.

Stigma and negative perceptions of homeless people, both from the general public and often from within services, has a further compounding effect on the individual and their situation, leading to complete disempowerment of the individual.

In a digital age, lack of internet access for people facing homelessness creates an information and accessibility gap. Mainstream services are accessed by the majority of people through the internet, however, homeless people are often forced to rely on the telephone or presenting in person, both of which present challenges for the client and the service provider. This issue is allied with social isolation and stigma within a society where access and engagement is fast and efficient, yet for a marginalised client group it is slow and cumbersome.

There is a lack of information of services available to people facing homelessness and no consistent points of contact. This creates tension and stress for both clients and staff due to impatience, lack of clarification of roles from both sectors (health and social care) and stress which can provoke hostile situations. This is also allied to the fact that clients do not know what to expect therefore misconceptions and misinformation creates frustration.

Actions and Improvements

Involvement with people facing homelessness needs to go beyond the transactional. Space for the development of a trusting relationship to help create and support a sustainable and positive outcome is integral to change.

This trust should extend to support those people who sporadically engage or disengage from the service. A culture of persistence combined with one based on trust and respect can lead to greater levels of prolonged engagement and re-engagement without judgement or criticism for “absconding”.

Not every “need” should result in a new service as this can inadvertently create or prolong engagement but can also confuse matters. Most needs are interlinked, so to silo every need and deliver a service round can often be the opposite of person centred.

Move away from “rules of behaviour” for clients with a greater emphasis on understanding the roles and responsibilities of both the clients and the practitioner. A contract of expectation upon each other.

There is a clear need for improved partnership between agencies, particularly for people with complex needs.

Services need to be available and accessible recognising that standard 9-5 hours do not suit all clients. The restricted criteria of acceptance in some mental health services makes it difficult for people to access and for those that do meet the criteria, there are waiting lists of up to a year.

Better data sharing between relevant services that gather personal information of service users.

Improve staff knowledge through the provision of local and centralised training opportunities to share knowledge across organisations, giving practitioners an overview and understanding of a range of different subjects.

A client-centred approach needs to link with autonomy for practitioners to allow for meaningful outputs. If the practitioner is stymied by detailed organisational procedure, then this will impact on the delivery of a person centred approach. Clients to be treated as people rather than data or contract numbers, with a fundamental basis in human rights and a focus on person centred.

A review of service protocols to tailor them to the needs of individuals and not the needs of services would therefore be beneficial. A more flexible approach would be bringing practitioners together around a common purpose and shared values and collective outcomes.

ALISS - A Local Information System for Scotland – could be a useful resource for practitioners. ALISS is a search and collaboration tool for Health and Wellbeing resources in Scotland. It helps signpost practitioner and client towards useful community support and create ideas for innovation.

Greater awareness of the services which do exist and a commitment to keeping this information up to date is needed, as short and unstable funding cycles lead to services coming and going.

Longer term thinking rather than short term fixes with services linking together to support the bigger picture.

Resource reallocation to be shifted from crisis to prevention with tools to identify trigger points and risks at an early stage to lower the risk of homelessness later in life.

Tenancy Sustainment

Engagement and Disengagement

One of the main issues considered was disengagement – led by either the client or the provider.

Influencing factors leading to disengagement are:

- Services users and service/organisations more present and visible during crisis
- Support more prevalent in temporary and/or supported accommodation than in permanent accommodation
- Support withdrawn after a specified number of weeks or months which leads to disengagement from other services.

Housing support services generally operate within a framework which allows a maximum period of resettlement assistance for the client. Whilst this period of time may be sufficient for one person, it may not be long enough for another, and withdrawal of support can lead to the breakdown of a tenancy and further homelessness.

Ongoing Housing Support

A secure tenancy does not, in itself, provide sustainability. The person is likely to be in a new and unfamiliar location with few or no social networks. This can lead to negative emotions such as isolation and loneliness, anxiety and stress, as well as a fear of homelessness occurring again. This can impact on the self-confidence of individuals who are trying to rebuild their lives and can lead to depression or other mental health problems.

In some cases, the housing provided may lead to engagement with people and habits which can then restart the cycle of homelessness.

Housing support, financial support and emotional support are generally not available until a point of crisis which is often too late to support stability and tenancy sustainment.

Clear lack of available services to support the development of independent living skills, especially from young people or those who have spent periods sleeping rough or in temporary accommodation.

Low levels of literacy and numeracy also were considered barriers to address this underlying issues.

Access to benefits and timescales face challenges to pay bills and to furnish the house using the benefit incomes.

One of the barriers to accessing services relies on the unaffordability of transport to meet health appointments for instance and also specific services charges (as dental treatment) that can affect even people receiving some types of benefit. The ingress in a full time higher education also can means a barrier to keep the benefit.

Actions and Improvements

There an urgent demand for a mapping and better understanding of triggers for failure of tenancy. Identify trigger areas leading to relapse and tenancy breakdown, to inform best approach for individual ongoing support.

Increase awareness of what local services actually do – that way other services can make appropriate referrals and signpost accordingly, and service users can have realistic expectations.

Transitional and ongoing support is needed to support resettlement and reintegration as the client moves from a crisis situation into a sustainable situation. Services need to reflect this keeping with their commitment to person centred, holistic support.

Services should be linking with others to share information to prevent escalation of issues, e.g. housing officer knowing who to phone for mental health breakdown so can resurrect services or find new services to meet the client's needs.

The lack of non-specific support through this transition process has been seen as a problem. A “pre-tenancy reality check” or a “practical support on how to maintain tenancy” making the client more aware of the challenges they can experience going through this period was suggested. An offer of a kind of mentor/buddy available at early stages of settlement also was indicated.

There is an issue with how homeless people are represented and perceived by society – this requires a cultural change within the general public, as well as the local community and practitioners.

Support should be withdrawn gradually in tandem with a person's transition to mainstream services. It is important to respect the different personal timetables throughout this process which balances support with the expectation of autonomy and withdrawal of support to prevent dependence.

Services need to be available to receive clients at different stages of the homelessness journey with an intervention focused on regaining stability.

Increased access to independent living skills including budgeting and advice on the full costs of running a property, i.e. heating and lighting, repairs, service charges, rent deposit.

Increased access to services who provide furniture and household goods is a practical and incredibly important when establishing a new home.

Increased access to and awareness of support for families and children as well as access to emotional and mental health services is also required i.e. Togs for Tots, Penumbra, Pregnancy Trust, Smoking Cessation classes, singing classes, drama groups, mothers and toddlers groups.

As well as such specific services the delegates emphasized the importance of “Hub” services that can direct people to services that they need, life skills courses, social services and Housing support services for this period of time.

SWOT Analysis

A SWOT analysis considered the strengths, weaknesses, opportunities and threats to achieving better communication, interaction and shared practice between the services.

Strengths

- Dundee is a relatively small city, with a small centre, self-contained geography and easy to search and find potential partners. As such, it is easier to

develop, improve and promote new approaches and initiatives in Dundee and to observe progresses.

- Number of services available. Dundee offers a range of services which are relatively abundant when compared to other cities. These appear to be of many types and well organised. Youth housing services in the city are also an asset.
- Shared knowledge in Dundee. Services work relatively close to provide a range of skillsets and solutions. An example of good practice would be the University of Dundee initiative to promote a Shared Knowledge Hub between the academic community and organisations in Dundee.
- There is a commitment to listening to, and learning from the lived experience of people who have used health and homelessness services.
- There is a commitment to the values of social justice and human rights.

Weaknesses

- What may inhibit successful communication and interaction between services?
- Duplication of services and gaps in some areas of support.
- Lack of awareness of and communication between existing services.
- Many barriers and difficulties to sharing information between services.
- Disconnect between legislation, policies and practitioners. The system is seen to be rigid and in many occasions bureaucracy, confidentiality and other procedures are barriers to effective, person centred working.
- Formal dress codes may prevent clients engaging as they may be intimidating, promoting a “them and us” atmosphere.
- Children’s services are not integrated into the network of health and homelessness services
- The target and numbers driven approach to service delivery does not support a person centred approach and drives the wrong behaviours. Services are unable to address underlying issues faced by homeless people. This creates stress for practitioners and the client ultimately impacting on quality of service and outcomes.
- Frequent restructuring of services impacts on staff morale, service stability, experience and expertise and client engagement.
- There is a need for more clarity on roles and competencies for practitioners to provide clarity on expectations, timescales, activities and outcomes.
- Professional systems do not speak to each other; there is no shared assessment tool and no integrated pathway out of homelessness.

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- Poor communication and lack of understanding across services about their sector vocabulary creates lack of understanding across the different disciplines and service areas.

Opportunities

- To foster good communication and interaction between services
- To work towards finding an intelligent, effective and ethical way to share information
- Develop services with core characteristics which should include flexibility, reliability, openness and honesty
- Consider a shared vocabulary to encourage meaningful engagement across the sector and with clients.
- Develop person-centred services which should focus on individual strengths.
- To focus more on preventative services to avert crisis responses
- Outcome focused
- An active and coordinated signposting strategy.
- Develop better collaborative networks and resources to allow people time and space to discuss and share practice and knowledge to help build on existing services.
- Information should be made available in many ways not just on line (i.e. drop-in leaflet format).
- Consider the existence of established and emerging networks, such as the DDI (Dundee Drop-In) to develop and support increased collaboration.
- Opportunity to create a consistent and coordinated flow of communication between agencies to develop a better understanding of local services and their goals.
- The willingness to collaborate in a spirit of mutual respect and in consideration of the limits of each organisation/individual. This committed engagement is central to improved collaboration and enhanced service development.
- Joint training opportunities that could provide a common baseline for people working across homelessness and health services. This would help support common understanding of problems, barrier and solutions. A Core Training programme could be introduced across the service spectrum.
- The creation of a website to link provide a map and directory of services detailing what they do and how to access these services. The work already completed by Dundee City Council and DHSRU could be joined together to deliver this resource.
- Opportunity to consider funding strategies that allow for both diversity and sustainability.

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- A strong multi-agency collaborative system to address the needs of health and social care integration. The model adopted by GIRFEC and/or IT systems for sharing information for person-centred care has been mentioned. Better integration at strategic level has also been mentioned.
 - Opportunity to create new channels to speak with, and listen to those people who are, or have been affected by homelessness.
 - Create a monthly networking event for practitioners to allow time for people to work together, share information and identify solutions and initiatives for change.

Threats

- Challenges and barriers to good communication and interaction between services
- Limited funding opportunities and in most occasions, short-term. This creates tension and competitiveness that is counter to the ambition of collaboration and integration.
- Further cuts due to welfare reform creating further pressure for people on low incomes and in receipt of benefit. The polemic around penalisation and individual responsibility that are behind welfare reform does not contribute to a wider understanding of structural drivers for poverty and can reinforce prejudice and moral judgements against homeless people.
- Stigma and discrimination apply not only to individuals but also services/practitioners. It is believed that stigma of services also impacts on funding. Stigmatization of people and services is a critical topic that should be better addressed. The moral judgment is a factor that can reinforce stigmatising practices among practitioners.
- Clear links between trust, power relations and responsibility. There is lack of trust, with regard what has been considered 'possessiveness' of service provisions. The ability to trust self and others must be challenged. This also involves fear of taking clients away from one service to other. This can be explained in terms of fear to lose control and power to make decisions. There is also a fear of no one taking direct responsibility and a consequent 'dilution' of services.

CONCLUSIONS AND RECOMMENDATION

It is evident from the discussions and the opportunities and actions identified that there is an appetite for change and improvement within Dundee. The discussion forum highlighted this shared ambition but also highlighted a collective agreement on the actions required to achieve the shift.

It is therefore a good time to capitalise on the energy and enthusiasm for change which was palpable at this event to deliver on the identified shared objectives to prevent people embarking on a cyclical homelessness journey and provide a clearer, more direct route to a stable and sustainable home through the delivery of meaningful person centred services.

The following two sets of recommendations reflect the requirement for multi-agency working between partner agencies, and health and social care services.

1. General Recommendations

- i. Better communication between services and between services and users. It means the adoption of a simple and common language and more integrated training and exchanging opportunities where professionals from different areas come together to reflect on the best ways to address cases under the perspective of a holistic approach.
- ii. A strong multi-agency collaborative working partnership located within a network of services should be established. Cutting across health and social care, there is a need for health and social care professionals to work collaboratively to engage and provide tailored services for this client group.
- iii. A person-centred approach should be adopted to provide individuals in threat of homelessness (prevention) or experiencing homelessness with a tailored programme of services appropriate to their needs.
- iv. Health and social care sectors and service users groups, together with University departments should provide an environment to permit the sharing of knowledge and skills to promote both service user and provider engagement.
- v. Address issues of welfare reform as one of the critical structural challenges to promote health and social care integration. To ensure that any potential reductions in benefits do not exacerbate poverty and inequality more discussions on the polemic around penalisation and individual responsibility should be done.
- vi. Tackle stigmatising practices in service provision as a way to contribute towards a wider understanding of structural drivers for poverty that can reinforce prejudice and moral judgements against homeless people. Stigma acts also as a barrier for service user accessibility and engagement. Staff and services in general reproduce hidden prejudice that not always is challenged.
- vii. To embrace funding opportunities to provide accessible knowledge transfer networks and facilities to permit exchange of best practice initiatives.

2. Specific recommendations are presented for:

i. Partner Agencies:

- It is recommended that partner agencies should provide consistent user involvement for effective communication and to permit services users to express their felt needs with regard to service provision.
- It is necessary to create a smarter use of IT resources to develop better strategies into a single system where both statutory and non-statutory agencies can share basic and sensitive information.

ii. Health Providers:

- It is necessary to equip staff with a better understanding of the issues related to welfare reform for instance, the practical changes and how they may affect people's health and overall social situation.
- It is recommended that health providers should develop clear working links with other social groups to ensure a trusting network of health and social care services for this client group.
- Specific communication skills trainings to better prepare staff to interact with other disciplines/agencies as well as users.
- More training is needed to reduce prejudice and stigma (as well as campaigns) based on case studies to challenge the development of efficient communication systems

iii. Other Partner Groups: It is recommended that other groups such as University and NGOs should provide the environment for knowledge transfer, policy input and funding opportunities.

APPENDIX 1

Biographies and Presentation Summaries

Professor John Connell

Professor Connell graduated in Medicine from the University of Glasgow in 1977 and MD in 1986. Following this he held clinical research/clinical scientist's posts in Melbourne and Glasgow. He has published more than 250 peer-reviewed papers on aspects of adrenal function and cardiovascular disease. From 2000-2008 he held Clinical Director posts in Acute Medicine in West and North Glasgow and was Senior Clinical Endocrinologist in the Western Infirmary in Glasgow, with a major interest in disorders of the adrenal gland. In 2009 he was appointed to the post of Dean of Medicine at the School of Medicine, University of Dundee and became Vice Principal for Research at the University and Head of the College of Medicine, Dentistry and Nursing in January 2012. He was elected Fellow of the Academy of Medical Sciences in 1999, and was a member of its Council from 2006-9, and a Fellow of the Royal Society of Edinburgh in 2002, where he is currently Fellowship Secretary. Professor John Connell has been Chairman of Tayside NHS Board since 1 October 2015.

Title of talk: Thoughts on Health and Social Integration

John Connell set the scene for the day, by discussing the social conditions present within the Tayside area that can cause health poverty, housing insecurity, and – in some instances – homelessness. John stressed that an integrated approach is necessary to effectively tackle these issues, as evidenced by the development of Health and Social Care Integration between NHS Tayside and its local authority partners.

Alexis Chappell

Alexis is a service manager with Dundee Health and Social Care Partnership with a responsibility for intake services. As part of this role, Alexis co-chairs the Dundee Homeless and Housing Options Strategic Planning Group and a responsibility for commissioning of support for people who find themselves as homeless.

Over the past 11 years, Alexis has had responsibility for managing and leading a range of services which includes youth justice, substance misuse, mental health, learning disabilities, occupational therapy, housing support, hospital discharge, first contact and welfare rights services. This has helped to bring a breadth of experience to supporting people who are at risk of or who are homeless.

Alexis has a consistent focus on improving outcomes and enabling people to achieve the goals which matter to them and uses this to focus discussions in relation Homeless and Housing Options strategic planning.

Title of talk: Building collaboration in homelessness

Alexis began by explaining the context for a collaborative approach to Dundee's homelessness services. Feedback from service users has suggested that what is needed is a safe, non-judgemental and supportive service, that listens to what service users have to say. Dundee's approach to homelessness services is underpinned by the strategic context of the policy and law, population, homelessness statistics within Dundee, and the available resources and partnerships. Taking into consideration this context and the

service user feedback, Dundee City Council have revised their current working practice and have agreed actions to take forward.

One of these new actions is the introduction of the Lead Professional Model, which in Dundee has been named “Team Around You”. Dundee City Council plan to implement the “Team Around You” multi-agency guidance, consult on the Housing Options and Homelessness Strategy, and continue to work towards improving outcomes and building services through collaborative working.

Professor Ruth Freeman

Ruth is currently Professor of Dental Public Health Research and Honorary Consultant in Dental Public Health, NHS Tayside. She is Director of the Oral Health and Health Research Programme and Co-Director of the Dental Health Services Research Unit at the University of Dundee. The research programme led by Ruth is underpinned by psychodynamic principles and uses a mixed methods approach to reduce health inequality by addressing oral health as an indication and predictor of health and psycho-social functioning. Currently Ruth coordinates two Scottish Oral Health improvement programmes for people experiencing Homelessness (Smile4life) and people in Prison (Scottish Oral Health Improvement Prison Programme: Mouth Matters). It achieves this aim by providing high quality research and being successful in securing CSO funding, European Union funding and grant income from the Scottish Government Health Department.

Dr Andrea Rodriguez

Andrea has an MA degree in Psycho-sociology of Communities and a PhD in Social Psychology from Federal University of Rio de Janeiro, Brazil. Her academic and professional experience has a strong connection with Third Sector organizations and Government agencies working with social inequalities, stigmatized groups, professional development and violence reduction. For many years she has worked with vulnerable groups, residents in favelas in Brazil, young offenders and children victims of violence. Her PhD focused on life trajectories of young people involved in crimes and also team strategies and creative approaches used by practitioners from different backgrounds working with these groups. Currently she is working as a Senior Research Fellow in Smile4life Programme, promoting health and psycho-social well-being for homeless people in Scotland.

Title of talk: Translating Research into Practices. The Smile4life Intervention

Ruth Freeman started the first part of this presentation making a brief summary of Smile4life, the Scottish Oral Health Improvement Programme for people experiencing homelessness. Ruth presented the main Research Findings from the Smile4life Survey and how the oral health and psychosocial needs of the 853 participants who took part on this lead to a necessary holistic approach to homelessness. In terms of Health status, a significant part of the sample had prescribed medication to diverse purposes. The dental health status shown decayed, missing and filled teeth. The aspect of psychosocial health presented high levels of dental anxiety and oral health related quality of life, especially depression.

The second part of this presentation was made by Andrea Rodriguez. She spoke about her work to produce a mapping of organisations and services working with people experiencing or at risk of homelessness in Dundee. Andrea explained that the findings from Smile4life survey highlighted that the homeless population have a diverse and complex general health needs that must be addressed by the services. In consequence the mapping of services would be a kind of strategy to address some of the challenges presented in this context providing valuable information in terms of services available and how they are integrated (or not) around the homelessness agenda. She used a

collaborative and participative approach as a methodology to collect data from the services (online search, phone calls and Informal visits to key organisations to update the information available) covering a wide range of topics (housing; advice and information; health; employment; education and training; food assistance among other).

Andrea emphasized the mapping as an important tool to encourage partnerships, increase the dialogue and capabilities of service providers and practitioners.

Dr Fernando Fernandes

Fernando is a Lecturer from School of Education and Social Work, University of Dundee. He has a Bachelors and Masters in Geography and a PhD in Human Geography from the Federal University of Rio de Janeiro, Brazil. His research interest focus in participatory models, especially on those groups who are socio-symbolically marginalised such those threatened by homelessness and imprisoning. He adopts the Participatory Action Research as a strategic approach to mobilise marginalised groups in direction of their rights and critical awareness. His studies look at how social policies reproduce stigmatizing practices and strategies of socio-spatial control and enclosure of the 'disposable' groups. Fernando also was co-director of the Observatory of Favelas, a Brazilian NGO between 2001 and 2009 working on design and coordination of research and projects on urban poverty, youth, violence, human rights and community development.

Title of talk: The perversity of stigma in services provision. How can we change it?

Fernando started his talk mentioning his research report on the situation of people who are at risk of Homelessness in the city of Dundee highlighting how many of them are trapped in a cycle of poverty that leads to a life without hope and support. According his research findings these groups are represented by society as "second class citizen" and the element of Stigma is central to analyse their social isolation and barriers to access health and social care services. Fernando also discussed the concept of Stigma and why this is so perverse in terms of reproduction of inequalities and stigmatising practices coming from practitioners that just reinforce oppressive power against marginalised groups. The last part of his debate provoked a reflection on tackling stigma in service provision through the understanding of the main role of practitioners working in this field, the approach to 'service users' in a citizenship paradigm, the recognition of 'Service users' as citizens that should have more space, opportunity and voice to participate on policy design and service delivery for them. As one of his conclusions it is necessary to overcome the socio-symbolic barriers that prevents empowerment and participation of people who are historically disenfranchised. The diverse services should be an opportunity to promote 'civic encounters' in order to encourage people to have a more active (and organised) voice in relation to policy and services. This means, in order words, the exercise of 'civic literacy' (Giroux, 2011) as a component of service provision.

Dr Karen Adam

Karen Adam has worked in Public Health in Tayside as a consultant in Public Health for thirty years. Her focus has been improving wellbeing, tackling inequalities, reducing social exclusion, reducing suicide, partnership working and close working with the third sector, promoting the voice of health service users, working for young people and engaging with communities. She collaborated with partners to set up the Young Carers Partnership, Xplore and The Shore, won the government bid to set up the Equally Well test site in Stobswell (Dundee), chaired the Scottish Government Social Prescribing Advisory Committee, and has recently developed the first Multi Agency Suicide Review Group in the UK.

Title of talk: Youth friendly partnership approaches

This section discussed the importance of putting the young person at the centre of collaboration to tackle homelessness. Karen explained that her Public Health focus has been working with partners, the third sector and communities to tackle inequalities, prevent mental health problems, reduce suicide and improve wellbeing in our communities.

The Single Outcome Agreement strategy for Dundee City recognises the importance of young people being seen as partners. They should be happy and resilient, to benefit from education and fulfil their promise as fully contributing citizens in Dundee. Karen introduced the topic of youth-friendly approaches giving as an example a case study. After this she introduced Gary Finlayson, who explained about the services that are provided for young people at The Corner. The Corner is an integrated service which offers drop-in advice services alongside a focus on health. Karen went on to give an example of the partnership approach in action, detailing a young person's experience interacting with the service.

Karen was then joined by Wendy McDonald-Paton and Sarah Hogan from Action for Children, Dundee's Youth Housing Service. For over 60 years, Action for Children have worked tirelessly in Scotland to protect and support the young and vulnerable in local communities as they grow up. They have 85 services across Scotland with 9 of these being based in Dundee. The Dundee based services provide support to over 2000 children, young people and families. This includes the provision of on-site supported accommodation for young people experiencing homelessness, have been 'looked after' or have additional support needs, as well as the provision of advice and information. Further to this, the Housing Options and Supported Tenancy Initiative provides homeless prevention through conflict resolution for young people and their families. Action for Children take a person centred approach and recognise that positive working relationships with a variety of local services are essential. Further to this, we have an awareness that encouraging young people into the correct services can be challenging, meaning that a flexible approach is required. A case study was presented, telling the story of one of the organisation's successes, and reflecting on what worked.

Jacky Close

Jacky is Development Coordinator of Faith in Community Dundee, it is an anti-poverty organisation, working alongside faith communities and associated partners to tackle poverty in their local communities. Jacky coordinates this organisation, bringing experience of project management and community development from her 18 years in the third sector. Throughout her working life she has recognised and valued positive partnership work, taking a person centred approach to each family and working alongside others to offer comprehensive and meaningful support.

Title of talk: Dundee Drop-Ins – how we work together

Jackie began by explaining how organisations in Dundee work together to provide drop-in services and health, financial and legal advice. The Dundee Drop-In network was established in 2012, when Parish Nursing and Eagles Wings teamed up to build relationships between services, share and learn from one another, and to produce a leaflet detailing available services within Dundee. The Dundee Drop-In network has three main aims: (1) to ensure that people in need know where food and assistance is available, (2) to avoid duplication of services and the wastage of resources, and (3) to share good practices and resources. Leaflets of available services have been produced, in 2013 and 2016. A survey of homeless individuals in Dundee has taken place through the Dundee Drop-In, the results of which were published in 2015.

APPENDIX 2

Group Activities

Activity 1 (individual)

Mapping of services and organizations to support people at risk or experiencing homelessness.

Time: 10 minutes

Each delegate received a list of services to support homeless people based in Dundee as a part of the mapping made by Dr Andrea Rodriguez. Individually they were asked to go through this list adding any other services that they were aware of that had not been included. Their responses were added to the original document making this mapping a real collaborative process.

Activity 2 (group)

Homelessness Journey

Time: 1 hour

Each group received the following questions to discuss about one of these 3 periods of time (before a person becomes homeless/at the point a person becomes homeless/when a person has moved out of homelessness into a sustained tenancy).

Before becoming homeless (For those participants in groups 1, 2 and 3)

- What happens before someone becomes homeless? Key problems at this stage?
- Which groups are more vulnerable or at risk of becoming homeless?
- What are the key demands on health and social care at this stage?
- Which services are available for the individual at this stage?
- How are these services connected, or not connected? How is the dialogue/collaboration between the practitioners working in these different services?
- Where are the opportunities for improvement in service provision at this stage? Are there any issues that are not addressed by the services?

During the process of being homeless (For those participants the groups 4, 5 and 6)

- What happens when someone becomes homeless? Key problems at this stage?
- What are the key demands on health and social care at this stage?
- Which services are available for the individual at this stage?
- How are (or not) these services connected? How is the dialogue/collaboration between the practitioners working in these different services?
- Where are the opportunities for improvement in service provision at this stage? Are there any issues that are not addressed by the services?
- After (For those participants in groups 7, 8 and 9)
- What happens after someone has moved out of homelessness, into a sustained tenancy? Key issues at this stage?
- What are demands on health and social care sectors at this stage?
- What services are available for the individual?
- Where are the opportunities for improvement in service provision at this stage? Are there any issues that are not addressed by the services?

After the group discussion of these points all the delegates built a homeless journey panel with an overall path from homeless prevention, through becoming homeless, to sustaining a tenancy. The panel showed the scenario met by the practitioners through the key demands, the key services available, the relation between the services and what could be improved (related with each specific period of time).

Recognizing the existence of different types or phases of homelessness this group activity aimed to make a discussion on the homelessness journey from the practitioners' perspective through different periods of time: before someone become homeless, during the and after to get the long term tenancy.

Activity 3 (group)

Solutions and actions

Each group conducted a SWOT analysis – considering the strengths, weaknesses, opportunities and threats to achieving good communication, interaction and shared practice between the services.

- Strengths: The skills, capabilities and resources required to achieve good communication and interaction between services
- Weaknesses: factors that may inhibit successful communication and interaction between services
- Opportunities: opportunities that facilitate good communication and interaction between services
- Threats: Challenges and barriers to good communication and interaction between services

The following questions were used a guide for the discussions:

- What are our strengths and weaknesses?
- From an individual/practitioner perspective
- From an organisational/agency perspective
- From a structural perspective
- What threats might we experience?
- What opportunities do we have?
- How can you turn threats into opportunities?

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