

PREVENTION OF HOMELESSNESS PARTNERSHIP EVALUATION

Section 11 Homelessness etc. (Scotland) Act 2003 Pilot Project

by
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FOREWORD

In 2005 the Glasgow Homelessness Partnership was looking to fund initiatives to prevent homelessness. For a long time we had observed a common, recurring theme as legal, money advice and social work practitioners. We often saw the same clients with the same problems. Once again they were facing eviction or repossession and the very real and frightening threat of homelessness.

Why was that? Ultimately, we were making good interventions as social workers, money advisors and solicitors and halting evictions or repossessions in the South West of Glasgow. Yet no-one was tackling the underlying causes or compounding factors which led to homelessness. Certainly not in a joined up sustainable way. No-one was providing a holistic service tailored to the varied needs of individual clients.

We thought how do you provide a dedicated holistic service? And with section 11 of the Homelessness etc., (Scotland) Act 2003 on the statute book how could we properly utilise forthcoming law reform to prevent repossessions and evictions in our community?

We decided on a model with service co-ordination at its centre. Co-ordination that was not simply administration but a human being who could focus on the needs of each client; pulling together not just legal, money advice, welfare benefits services, but wider social care and support services for another human being. In short, whatever was needed to resolve the root cause of threatened homelessness?

In that regard, our coordinator, Alistair Sharp has been the lynch-pin of our project and deserves special thanks for his commitment and dedication. Other project team members - including Lorraine Barrie, Anne Baldock and all of our front line clerical staff - deserve special thanks too for their tireless and life-changing work.

We commissioned this report because we wanted an independent evaluation of our s.11 Partnership. We wanted to learn what our clients thought about our service and how we could improve.

This report puts a number of very important issues into sharp focus for us, Glasgow and Scotland too. Almost all of the clients interviewed by the authors developed mental or physical illnesses as a result of facing homelessness. The prospect of having nowhere to live is scary and perhaps it is not surprising to learn there is a direct link between threatened homelessness and ill-health.

ACKNOWLEDGMENTS

Thank you to everyone who assisted with this research. In particular thank you to those who gave up their own time to talk to me about their experiences of using this project. It is not easy to talk to a complete stranger especially when you are being asked personal questions. So I am especially grateful to those who did.

I would also like to thank the staff at Govan Law Centre and Money Matters Money Advice Centre for the time they have dedicated to this evaluation. In particular Geraldine Cotter, Mike Dailly and Alistair Sharp who have given up many hours to assist me. Thanks also to Lorraine Barrie, Chala Ferguson, Maria Sharkey, Lindsay Paterson, Cath McEwan; and to Margaret Sneddon, Mary Dalziel and Anne Taylor for their support.

However, with a doubling in the number of repossessions and evictions as a consequence of the UK recession and international credit crunch we are deeply concerned that Scotland may face a mental health epidemic unless we can prevent homelessness on a sustainable basis. We believe our s.11 Partnership is an innovative model which can do just that: prevent homelessness on a long term basis and in so doing improve the health and wellbeing of our clients.

Besides avoiding human misery and illness, preventing homelessness can save the taxpayer vast sums of money. This report confirms that our s.11 Partnership may have saved the NHS in Glasgow up to £7.2m per annum, and made an overall saving to the taxpayer of £24m per annum. That is quite remarkable given we only receive partial funding of £60,000 of public money each year for our service.

While there is a plethora of quantitative research on homelessness in Scotland there has been a dearth of qualitative research: information on what the threat of homelessness really means for ordinary people in Glasgow. We believe this report goes some way to fill that gap.

Moreover, we would suggest if Scotland is to meet its ambitious target of eradicating homelessness by 2012, it must embrace the need to provide co-ordinated, specialist and holistic services to prevent homelessness on a sustainable basis. In our view, this report provides clear evidence that our holistic approach to preventing homelessness works.

If Scotland wants to retain its worldwide reputation of being at the forefront of preventing homelessness we need more s.11 Partnerships. But we also need to build upon our experience, improve our service and take the next step forward: enable our service to help clients access financial and further education, employment and appropriate aftercare services.

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Thanks to Professor Emeritus Gill Scott for, once again, keeping me right with her considerable expertise in this field and for writing the executive summary.

Thanks to Susan Dalgety for her support and editing; and thanks to Kay Sillars for her advice; and to Kate Primrose for writing up the focus group.

Lastly, there is little point in doing research and evaluations unless we use the learning to improve lives and communities. I hope this report makes a contribution to doing that, even if it is, in a very small way.

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PREVENTION OF HOMELESSNESS PARTNERSHIP EVALUATION

Executive Summary

This report documents and analyses the problems faced by those at risk of homelessness in one area of Glasgow and their experience of the innovative Prevention of Homelessness s.11 Pilot Project (s.11 Partnership). This is a partnership between Glasgow South West Community Health and Care Partnership, Money Matters Money Advice Centre and Govan Law Centre designed to help prevent homelessness and increase local capacity to respond to the issues surrounding housing risk.

Existing research has shown that homelessness impacts significantly on peoples' lives, their health and well-being. It also affects children as well as exacerbating pre existing problems.

The s.11 Partnership is part funded by Glasgow Homelessness Partnership. It aims to provide a comprehensive, fast track and high quality social and health; and legal and money advice service at the same time as making relevant agencies and landlords and the community in which it is active, aware of housing issues and ways to address them.

The aim of the study was to provide a qualitative evidence-base to inform further preventive work and which could also add to statistical data on the s.11 Partnership and problem as a whole. The project and research are timely insofar as the Scottish Government and Local Authorities are increasingly turning to homeless prevention work to assist with meeting agreed reductions in homelessness and the duration of homelessness.

Findings

Clients problems and the capacity of the service to respond to them

Respondents were all at risk of being homeless and had experienced debt as a major contributory factor to their housing problems. The reasons for their current situation were in the main, however, far more complex than a simple debt/housing loss equation. They ranged from child neglect and relationship breakdown to addiction and mental health problems as well as poor housing conditions and benefit delays. This highlights the need for a service which recognises the complex causes of housing problems and which is able to make referrals between social work, legal and money advice and health agencies as well as draw on each agencies respective strengths.

Users of the service reported a significant lack of experience in dealing with debt and housing problems, feelings of personal failure when it did occur and a deep lack of confidence in their ability to deal with the agencies threatening them with homelessness prior to their use of the s.11 Partnership.

Clients perceived the s.11 Partnership as providing a non-judgemental and professional service that allowed and supported users to reduce the threats to their housing in a more realistic and confident way.

A key issue for many of the clients involved in the research was the positive relationship between mental health and the s.11 partnership. Homelessness and unmanageable debt were seen as highly stigmatising for individuals. Families, neighbours and communities were often kept unaware of the problems of clients because of concerns about the stigma of homelessness.

Respondents suggested this often led to isolation and depression, even when family and neighbours were able to help. Clients consistently praised the professional yet personal and '*matter of fact*' manner in which all staff involved in s.11 Partnership delivered the services and

reported that this led to a significant reduction in anxiety and depression amongst users. Users also reported feeling reassured that theirs was not a unique problem.

Clients' housing problems did not disappear with their contact with the s.11 Partnership. A small number of clients reported a loss of housing even after contact. Nevertheless they also reported being more 'settled' in their housing than before such contact.

According to clients and staff, problems faced by clients were often ones that could have been addressed at an earlier stage by both the client and the public services. Accessibility, knowledge of the relevant service and reputation of the agencies involved were key factors affecting the use of the service. Critical factors in clients own lives also had a significant impact on use. Self referrals and referrals between services, for example, were often triggered at a fairly late stage in the process of becoming homeless.

It was felt by a number of respondents that better advertising and campaigning could assist in making sure services would be accessed at a point when the most effective and least costly interventions could be made. This would also reduce the negative effects of the stress and anxiety of homelessness and maximise the strengths of partnership and professional co-operation.

Service change and partnership work

Staff confirmed client reports that the service has prevented people from becoming homeless through eviction and repossession by supporting tenants and owner-occupiers to access high quality legal representation and money advice. Homelessness was not always preventable but in all cases the partnership worked to support users to a more 'settled' housing position.

Innovative ways have been found to ensure those at risk of homelessness have been able to access the service but there is a perception that greater publicity and campaigning is still needed to maximise the service.

A widespread view existed amongst staff and clients that collaborative work between social work, legal advice, money advice and health partners has been enhanced by the s.11 Partnership, and that whilst referrals and collaboration in the s.11 Partnership have been voluntary they highlight how the new section 11 of the 2003 Act could work in practice

Recommendations

3

Developing increased, flexible and faster responses to allow those faced with potential homelessness to access help when and where they want.

Building on the moves of s.11 Partnership towards closer collaboration between social work, legal and money advice services and mental health services to reduce the stigma of debt and homelessness and empower users in negotiations with housing agencies and mortgage bodies.

Examining and supporting the role of the s.11 Partnership agencies in health improvement. It would prove valuable to build on the agencies' role in reducing isolation and stigma and in developing a trusted network of contacts and resources that can help improve the relationship between housing and health and well being.

Recipients of services as well as professionals identified examples of good practice in the delivery of services. It would be valuable to develop this capacity to identify and evaluate what works. It would allow agencies to consider how good practice could be rolled out more widely and could encourage joint approaches to staff development and change management across different fields.

About the research

The study was based mainly on analysis of nine in-depth interviews with people at risk of homelessness, one focus group with service users and nine in depth interviews with staff from the s.11 Partnership partner agencies. It represents a qualitative examination of an area of life that is becoming increasingly important and can help inform and illustrate the often highly quantitative data already available.

CHAPTER 1

POLICY CONTEXT

Scotland is internationally recognised as being at the forefront of tackling homelessness.¹ In 1999 the Scottish Executive set up a new Homelessness Task Force to drive forward national policy to tackle homelessness. The task force consisted of representatives of the voluntary sector, local government and the Scottish Executive.

The Homelessness etc. (Scotland) Act 2003 received international acclaim. The centrepiece of this Act was its ambitious target to ensure that by 2012 all unintentionally homeless households have the right to permanent housing. This is hailed as being ambitious, radical and world leading.

*'Scotland has led the world in legislation to address homelessness and social injustice. The 2003 Homelessness Act received international acclaim and earned Scotland an international human rights award. The eyes of the world will follow how successfully Scotland puts the new rights into action.'*²

The Homelessness Task Force has continued under the new Scottish Government and has developed five top level outcomes:

- no one need to sleep rough;
- existing homelessness is made more visible;
- sustainable resettlement is secured for people who become homeless;
- fewer people become homeless in the first place; and the duration of homelessness is reduced.

Behind these ambitions are significant strategic issues for the Scottish Government, ensuring a sufficient supply of affordable housing, the efficient management and integration of services for homeless people and the prevention of homelessness.

Local authorities are taking a twofold approach:

- crisis intervention to provide accommodation when a household becomes homeless
- prevention of homelessness to reduce the chances of homelessness happening in the first place.

The Scottish Government and local authorities are increasingly turning to homeless prevention work to assist with meeting these ambitions. This approach is generally welcomed by voluntary sector organisations and local authorities across Scotland.³

Homelessness causes enormous stress and devastation to the lives of those affected. It has a big impact on peoples lives, their health and well-being. It disrupts the education of children and can lead to people suffering worse problems than those that caused them to become homeless in the first place. Prevention work should help people sustain a home and improve the outcomes for the whole household affected, it should prevent homelessness from happening.⁴

Prevention work should also cut down the need for people to access crisis intervention and should mean that local authorities are better placed to tackle homelessness when it occurs.

Preventing homelessness remains a policy priority and is seen as making a crucial contribution to Scotland meeting its 2012 target. It is part of a top-level commitment from the Scottish Government, as stated by Stewart Maxwell MSP, Minister for Communities and Sport:

*'Let me be clear: the new Scottish Government is committed to [the 2012 target to abolish the priority need distinction and treat all unintentionally homeless people equally]. But I'm sure no-one here today would underestimate the scale of the challenge facing us. We will encourage innovative approaches to make our shared vision a reality. We need to recognise that one size does not fit all and that solutions must be responsive to local circumstances and local needs.'*⁵

Prevention of Homelessness

A local authority's obligation to prevent homelessness is longstanding, both in law and in good practice advice. Since the Housing (Homeless Persons) Act 1977, local authorities have been legally required to assist people under imminent threat of homelessness (and classed as 'in priority need') by taking reasonable steps to prevent them from losing existing accommodation.

Prevention was also a key concern of the previous Scottish Executive and the national Homelessness Task Force. The Housing (Scotland) Act 2001 requires that every local authority carry out an assessment of homelessness in its area and prepare and submit to the Scottish Ministers a strategy for preventing and alleviating homelessness in its area (a "homelessness strategy").⁶

The Homelessness etc (Scotland) Act 2003, which took forward further recommendations of the Homelessness Task Force, abolishes the 'priority need test from 2012. This means that from 2012 local authorities will have a duty to permanently re-house single 'non vulnerable' people of working age who are currently classed as non-priority applicants and who are currently only entitled to advice and assistance.

Section 11 Homelessness etc (Scotland) Act 2003

Section 11 of the 2003 Act, which is not yet in force⁷, places this duty on both private and social landlords and also on creditors to notify the relevant local authority when they raise repossession proceedings or serve certain other notices such as anti-social behaviour orders. It is expected that further clarity and guidance on the scheme will be forthcoming in both regulations and statutory guidance to Local Authorities and non-statutory guidance to social landlords and creditors.

S.11 Notice to local authorities of proceedings for possession and enforcement of standard securities:

- (1) Where a landlord raises proceedings for possession of a dwellinghouse, the landlord must give notice of the raising of the proceedings to the local authority in whose area the dwellinghouse is situated, unless the landlord-(a) is the local authority, or (b) is required to give such notice to the local authority under any other enactment.
- (2) The schedule to this Act (which makes modifications of enactments for the purpose of requiring that local authorities are given notice of certain proceedings for possession of houses and of steps taken to enforce certain standard securities) has effect.

¹ Homelessness prevention Report, Shelter Scotland, March 2007

² Shelter Scotland: Briefing for Debate on Housing: 8th May 200.

³ Analysis of Consultation responses to the Homelessness etc (Scotland) Act 2003, implementation of S.11, Scottish Government

⁴ Homelessness prevention Report, Shelter Scotland, March 2007

⁵ http://scotland.shelter.org.uk/__data/assets/pdf_file/0019/23284/stewart5Fmaxwell.pdf

⁶ Section 1 (1) Housing (Scotland) Act 2001

⁷ s.14 Homelessness etc. (Scotland) act 2003 requires that ministers implement a commencement order. Statements from Scottish Ministers suggest it will be implemented by April 2009 - see over

- (3) The Scottish Ministers may by regulations made by statutory instrument prescribe—(a) the forms of notices to be given under subsection (1) and under the enactments specified in subsection (5) (which are the enactments modified by the schedule to this Act), and (b) the manner in which such notices are to be given.
- (4) Such regulations may make different provision in relation to different such notices.
- (5) The enactments referred to in subsection (3)(a) are (a) section 19B(1) (notice to local authority of calling-up of standard security) of the Conveyancing and Feudal Reform (Scotland) Act 1970 (c. 35), (b) section 24(3)(c) (notice to local authority of application to court for remedies on default of standard security) of that Act, (c) section 12A(1) (notice to local authority of proceedings for possession of dwelling-house let on protected tenancy or subject to statutory tenancy) of the Rent (Scotland) Act 1984 (c. 58), (d) section 19A(1) (notice to local authority of proceedings for possession of house let on assured tenancy) of the Housing (Scotland) Act 1988 (c. 43), (e) section 14(5A) (notice to local authority of proceedings for possession of house let on Scottish secure tenancy) of the 2001 Act, (f) section 36(6A) (notice to local authority of proceedings for possession of house let on short Scottish secure tenancy) of that Act, (g) section 4(4)(c) (notice to local authority of proceedings to eject proprietor in personal occupancy) of the Mortgage Rights (Scotland) Act 2001 (asp 11).
- (6) A statutory instrument containing regulations under subsection (3) is subject to annulment in pursuance of a resolution of the Parliament.
- (7) In section 79 (issue of guidance by the Scottish Ministers) of the 2001 Act, in subsection (2), after paragraph (b) insert—“(ba) the action which should be taken by local authorities on receipt of notices under—(i) subsection (1) of section 11 of the

Homelessness etc. (Scotland) Act 2003 (asp 10), (ii) the enactments specified in subsection (5) of that section.”.

- (8) In subsection (1)—“dwellinghouse” means any building, or part of a building, which is occupied or intended to be occupied as a separate dwelling, and in particular includes a flat, “proceedings for possession” means any proceedings in which decree of removing or warrant of ejection or other like order is sought.
- (9) This section binds the Crown.

The intention is that Scotland will have a scheme where a local authority will be able to intervene before any legal action is taken to prevent homelessness occurring; or where homelessness cannot be prevented, to minimize the stress and trauma and prevent the situation from worsening.

This duty is seen as an important part of the Scottish Government’s preparation for the right of all unintentionally homeless people to access permanent accommodation by 2012.

In the summer of 2008 the Scottish Government signaled its intention to commence the provisions in the Homelessness etc. (Scotland) Act 2003, *‘that require creditors and landlords to notify the relevant local authority when they take action to repossess a property. This will give local authorities early notice of households at risk of homelessness, allowing them to plan appropriate interventions. They are currently agreeing with COSLA a suitable date for commencement. We expect that the other measures we have outlined will minimize the numbers at risk of homelessness, but it is clearly important to plan for all eventualities.’*⁸

It has now been agreed between the Scottish Government and COSLA that section 11 of the Homelessness etc (Scotland) Act 2003 will come into force on 1 April 2009.

There is general agreement that section 11 will be useful tool to prevent homelessness. There still issues around its implementation, interpretation and administration and there continues to be concern that there are no sanctions for landlords who do not comply.⁹

Homelessness in Glasgow

Glasgow has made significant progress in tackling homelessness over the past decade. Rough sleeping and repeat homelessness have seen significant reductions to a scale unrecognisable when compared to past years. Glasgow is also implementing its ambitious and complex Glasgow Hostel Re-provisioning Programme. This is a long term strategy to close large scale hostels and re-house residents, with increased support, in individual tenancies or small scale hostels.¹⁰

Homelessness in Glasgow has been decreasing year on year for the past five years and it has been decreasing as a percentage of the national homelessness problem. In 2003 around one in three of the total homeless applications in Scotland were made in Glasgow. It is now nearer one in six.

Glasgow City Council (GCC) received 10,467 homeless applications in 2006/7. This 2006/07 figure represents a 6.7% decrease on the previous year and the lowest number of applications received in any of the last five years.¹¹

However, despite this progress Glasgow still has a significant and complex homeless problem. It still accounts for a one sixth of Scotland's homeless applications. Over 10,000 people applied as homeless in 2006/7 and many of those people have complex needs. Further there is deepening concern that the changing economic climate will result in increased homelessness in the coming years. The main reasons for people presenting as homeless in Glasgow are:

- parents, friends or other relatives unable or willing to accommodate (40%) , household members affected by a violent or non-violent dispute with cohabitee or spouse (16%)
- people discharged by institutions (8%)¹²

The Glasgow Homelessness Partnership (GHP) was established in October 2002. It brings together Glasgow City Council, Greater Glasgow NHS Board, the Scottish Government and the Glasgow Homelessness Network, the umbrella organisation which represents the voluntary sector in Glasgow.

From 2003 - 2006 services across Glasgow were working to a single homeless strategy which was developed by the GHP. It included prevention of homelessness by providing early intervention, support, advice and information.

At present services in Glasgow are operating without a homelessness strategy and there is concern about this and other pressures on homelessness services amongst parts of the voluntary sector.

⁸ *Responding to the Changing Economic Climate - Further Action on Housing. August 2006 Scottish Government and see Nicola Sturgeon, Deputy First Minister, Parliamentary Housing Statement, 25 June 2006 Col 10088*

⁹ *Towards 2012, Homelessness Support Project, report to COSLA, ALACHO and the Scottish Government, April 2008, chapter 3 prevention of homelessness (Nolan/McLean)*

¹⁰ *Interview with GHN*

¹¹ *2006/7 annual report of Glasgow City Council HL1 Data, Glasgow Homelessness partnership May 2007*

¹² *2006/7 annual report of Glasgow City Council HL1 Data, Glasgow Homelessness Partnership. May 2007*

The Health, Social and Economic Costs¹⁴

The estimated economic cost of a typical homelessness case study is £24,000. It can be as high at £83,000 for the most complex case. The cost of each case to local authorities and housing provider is £15,000.

The hard costs to health services for a typical case is £7,000, which would include costs such as GP visits; services used after minor wounding; services used after serious wounding; treatment for mental ill health; treatment of TB; and rehabilitation.

The social costs of homelessness and poor housing is well documented. People need a home to feel safe, keep warm and stay healthy. Living in poor housing, or in areas experiencing high levels of crime or anti-social behaviour is particularly detrimental to children's development. Homeless children do less well at school, they are more likely to be sick, unhappy and lack confidence.¹⁵

Measuring success¹⁶

Prevention of homelessness clearly requires work to prevent the homelessness happening in the first place and having services that can resolve the cause of homelessness. It also requires effective management and support systems to respond to people's needs and effective communications strategies so that people know where to go in event of a crisis.

There is, however, no standard definition of 'homelessness prevention' and there appears to be confusion as to how the impact and effectiveness of homelessness prevention work is, or should be, monitored and evaluated.¹⁷ Success will be different in each individual case and there seems to be no agreement on the definition of a sustainable outcome. Local authorities are putting more emphasis on prevention work and the evidence suggests that see it as important. However, there is differing opinion amongst local authorities as to how effective prevention work actually is. There also seems to be little consensus on when and how to intervene meaning there is a considerable variation in approach.

S.11 Partnership in South West Glasgow

The Prevention of Homelessness Pilot Project (s.11 Partnership) was set up through a collaboration of Glasgow South West Community Health and Care Partnership (CHCP), Money Matters Money Advice Centre and Govan Law Centre and part funded by Glasgow Homelessness Partnership. This collaboration has developed an innovative pilot to help combat homelessness and to develop good practice for the promised introduction of s.11 of the 2003 Act.

As section 11 of the Homelessness Etc. (Scotland) 2003 Act is not yet in force, the present scheme in South West Glasgow (Govan and Pollok) is voluntary. The pilot has the agreement of 18 Registered Social Landlords (RSLs) in the South West Area to provide notice to the local authority when they raise any proceedings against a tenant.

See footnote ³⁶ for list of RSLs who have signed up to be part of the s.11 Partnership

This includes Glasgow Housing Association, which is the largest social landlord in the area, as well as other smaller, social landlords in South West CHCP area. Mortgage Lenders in the area are also taking part in the scheme. However the Data Protection Act prevents mortgage lenders passing on client details to the local authority until s.11 is brought into force. So at present they have voluntarily agreed to provide information about the s.11 Partnership to borrowers who are facing repossession.¹⁸

s.11 Partnership's aim is to provide a comprehensive, fast track and high quality advice service in all relevant aspects of social work, health, law and finance. It works to ensure that local services work together to provide a comprehensive, needs-led service to potentially homeless people by intervening early in potential homelessness cases

Objectives of the s.11 Partnership are:

- To prevent people from becoming homeless through eviction or repossession, by supporting tenants or owner-occupiers to access quality legal representation and money advice;
- To make the service easily accessible to all who are at risk of homelessness through eviction or repossession;
- To enable tenants and owner occupiers to keep their homes and to meet their financial responsibilities;
- To establish collaborative and partnership working between local statutory and voluntary agencies and the s.11 Partnership to prevent and alleviate homelessness and repeat homelessness.

The s.11 Partnership Organisations

s.11 Partnership organisations bring a wealth of experience and have in excess of 34 years collective experience in operating successful law and money advice centres.

Money Matters Money Advice Centre have Investors in People recognition and are currently completing the application process and anticipate achieving Scottish National Standards for Advice and Information Quality Management Systems by September 2009. Money Matters have eleven staff with professional and post professional qualification experience.

Govan Law Centre solicitors are fully qualified and meet the National Standards for enrolled solicitors as set forth in the Solicitors (Scotland) Act 1980 and as regulated by the Law Society of Scotland under various practice rules made both by the Law Society and the Sheriff Principal. Twelve staff have professional and post professional qualification experience.

The s.11 partnership has adopted a holistic approach to dealing with legal and money advice issues and all options are considered when dealing with the financial, benefit, housing and legal aspects of homelessness. It has the added advantage of having a Debt Advice Scheme accredited adviser within the s.11 Partnership meaning it can offer service users a fully comprehensive service. The award winning legal service regularly represents clients in the Sheriff Court, Court of Session and at various tribunals. The member organisations of the s.11 Partnership each have a

¹⁴ Scottish Council for the Single Homeless Briefing 'Tenancy failure how much does it cost' and 'Crisis How Many, How Much?' Single homelessness and the question of numbers and cost by Crisis and New Policy Institute

¹⁵ Shelter Scotland website

¹⁶ Towards 2012, Homelessness Support Project, report to COSLA, ALACHO and Scottish Government, April 2008, Chapter 3, Prevention of Homelessness

¹⁷ Homelessness prevention Report, Shelter Scotland, March 2007

Please see Paragraphs under 'Partnership Working' for further details

¹⁸ Please see Paragraphs under 'Partnership Working' for further details

proven track record at working at a highly skilled level, thus ensuring a quality service provision.

The Welfare Rights service includes representation at appeal hearings and progressing cases on to Commissioners etc if necessary. It is pro-active at providing in-work benefit advice such as Tax Credit, Housing Benefit and Council Tax Benefit. In addition any debt problems are dealt with, thus making a smooth transition from benefits into employment.

In addition to the s.11 partnership providing advice and support to service users about their immediate financial problems, it provides a range of financial education, campaign and lobbying work.

The s.11 partnership has an excellent reputation for delivering housing and money advice and information services. Partners involved were awarded the Sound & Vision Project Team of the year at the Scottish Legal Awards 2008. They are recognised as being amongst the most innovative organisations in Glasgow. Examples on this innovation include:

- pioneering the recovery of unfair bank charges for citizens in Scotland. To date this has helped over one million people in the UK to recover millions of pounds;
- developed an award-winning website, and recently launched a new website that includes a virtual adviser and is available in a variety of languages;
- a parliamentary bills unit which supports cross party MSPs to develop private members bills which will improve the lives of clients
- successfully operates a legal and money advice service for Black and Minority Ethnic communities.

People and Housing in South West Community Health and Care Partnership Area¹⁹

The s.11 Partnership supports people living in the South West Community Health and Care Partnership (SWCHCP) area.²⁰

SWCHCP area has 52% owner occupiers, 7% private rented and 41% living in socially rented, the majority being Glasgow Housing Association tenants. 37% of people are working full time with 10% in part-time work. 13.5% are permanently sick, 6% are unemployed and 15% are retired. 10% of households are headed by a lone parent and 40% are single.

These statistics mask the fact that SWCHCP includes many areas with real social problems. Many areas ranks amongst the worst on the Scottish Index of Multiple Deprivation.

Govan itself remains an area of deprivation. The latest Stats show that 31% of people are employment deprived which is twice the national average, it has over 3000 people claiming IB and over 6000 people claiming HB/CTB, 1 in 10 of the population have never worked and are long term unemployed, almost 9 in 10 people live within 500m of vacant or derelict land, crimes against person are around a third higher than the Glasgow average, health tends to be worse and educational attainment considerably lower than the Glasgow average.²¹

Around half (50.8%) the population of Govan are owner occupiers and around a third (31.5%) rent from social landlords (GHA 19%, other 12.5%) and about a fifth (17.7%) rent privately. Almost half are single person households and 44.6% are households with children which includes 8.2% of households which are headed by single parents. 18.7% of the population of Govan are 'students'.²²

Most people in Govan live in tenements and flats (86.2%). Govan also has some terraced (8.2%) and semi-detached housing (5.8%).

Private Landlords

Govan Law Centre (GLC) has seen a significant rise in private sector tenants seeking urgent help for unlawful evictions and harassment over the last few years. GLC claim that a significant minority of private landlords routinely evict their tenants with little or no period of notice. If the tenant does not leave, they are often threatened with violence, or visited 'after dark by heavies'.²³ Tenants have reported returning home to find their belongings thrown out onto the street, with the locks changed. Deposits of two months rent or more are routinely withheld.

The law on unlawful eviction is robust and such action, or attempted action, is clearly a criminal offence. Indeed such behaviour has been outlawed as a criminal offence in Scotland and the UK since the Protection of Eviction Act 1964 - and the current law is now contained within the Rent (Scotland) Act 1984, as amended by the Housing (Scotland) Act 1988.

GLC are calling for the Police and Procurator Fiscal in Glasgow to do more and claim that unless they prosecute alleged criminal offences,

*'rogue landlords will continue to unlawfully evict families on a whim, threaten violence, at the same time as they withhold deposits, steal belongings and so on. Inevitably many families are forced to present as homeless as a result. Given the financial cost of housing homeless people and the trauma homelessness causes to families as a whole, GLC feel the police should be called to task on their failure to apply the law of the land.'*²⁴

GLC are calling for action to be taken at a strategic level by the Crown Office and the Scottish Government, to address these problems, and at a local level by the Glasgow Homelessness Partnership and Glasgow City Council.

^{20.} The areas covered by South West Glasgow CHCP include: Arden, Bellahouston, Cardonald, Carnwadric, Craigton, Crookston, Darnley, Deaconsbank, Drumoyne, Govan, Hillington, Hillpark, Ibrox, Kinning Park, Mosspark, Muirend, Newlands, Nitshill, Penilee, Pollok Park, Pollok, Pollokshaws, Priesthill, Shieldhall, South Cardonald, Southpark Village, Thornliebank and Tradeston.

^{21.} Community Knowledge Centre A Picture of Greater Govan 2003/04, January 2005 Govan SIP

^{22.} Scottish Parliamentary Constituency Stats - Glasgow City council

^{23.} It's a Civil Matter, A Summary Report on the unlawful eviction of private sector tenants, GLC, June 2008

^{24.} It's a Civil Matter, A Summary Report on the unlawful eviction of private sector tenants, GLC, June 2008

Changes In BME population

Whilst the vast majority (96%) of the people living South West Glasgow CHCP area are white twice the national average (4%) of people are from a Black and Ethnic Minority background. South West Glasgow CHCP has areas with the highest concentration of Black and Minority Ethnic people in Scotland, including Pollokshields East and Govan.

For example, Govan's population is also changing. While the population of Govan is reducing the proportion of residents from BME backgrounds is increasing. In 1991, there were 1236 Greater Govan residents with a minority ethnic background: around 5% of the population. Both in absolute and percentage terms, the minority ethnic population has increased over time. In 1991, there were 1236 Greater Govan residents with a minority ethnic background: around 5% of the population. By 2001, this had increased to 1651 residents (7% of the population). Pakistanis/Bangladeshis made up a majority of minority ethnic residents (59%, 970 people) but non-white residents also included: Indians (14%) Chinese (9%). Although we need to wait for the next Census, the interim evidence is that BME population is increasing further in Govan

It is estimated that there is 6,730 A8 nationals living in Glasgow. The vast majority are Polish (70%). Over a third of A8 nationals (34%) live either in the G40-46 area or the G51-G53 area. This is Greater Govan, Govanhill and Pollokshields.²⁵ A8 nationals tend to be in full time low paid employment with 8 in 10 earning between £4.50 and £5.99 per hour - with evidence many are earning below the national minimum wage.²⁶

More than 3000 asylum seekers are resident in G51 and live in Ibrox/Cessnock, primarily due to the concentration of empty homes in these areas.²⁷ 1 in 3 asylum seekers come from just 4 countries – Democratic republic of Congo, Iran, Pakistan and Somalia.²⁸ Govan area is also a 'pull' for refugees. Evidence shows many are facing social, economic and financial exclusion and that many refugees are working in jobs 'below' their skill levels. Refugees on average earn 79% less than the BME population as a whole, and 11% of refugees earn less than National Minimum Wage.²⁹ GLC have cases of Refugees living in very poor private accommodation.

Summary

Scotland is a world leader in tackling homelessness with a radical target to ensure that by 2012, every non-intentionally homeless person has the right to be re-housed. To meet this ambitious target local authorities are increasingly turning to homeless prevention work.

Section 11 of 2003 Act is due come into force 1 April 2009 Scottish ministers.³⁰ Section 11 places a duty on creditors and both private and social landlords to notify the relevant local authority when they raise repossession proceedings or serve certain other notices such as anti-social behaviour orders.

This s.11 Prevention of Homelessness Partnership is a voluntary scheme where RSLs in the area agree to notify the local authority social work department of their intention to evict a household. This notice is then passed to the Govan Homelessness s.11 Partnership who provide an integrated social services, legal and money advice service for the potentially homeless household

This s.11 Partnership has important learning for Scotland's world leading homelessness strategy. It at very least provides important early learning for the implementation of s.11 of the 2003 Act.



Top Left: Anne Baldock
Financial Inclusion Coordinator
Money Matters
Money Advice Centre

Top Middle: Geraldine Cotter
Manager Money Matters Money
Advice Centre

Top Right: Mike Dailly
Principal Solicitor Govan Law Centre

Bottom Left: John Owens
Head of Health & Community Care
SWCHCP

Bottom Right: Lorraine Barrie
Solicitor Govan Law Centre

25. A8 Nationals in Glasgow, Blake Stevenson for Glasgow City Council, May 2007
 26. <http://www.asylumscotland.org.uk/asylumstatistics.php>, COSLA Strategic Migration Partnership 2007
 27. Community Knowledge Centre A Picture of Greater Govan 2003/04, January 2005 Govan SIP
 28. <http://www.asylumscotland.org.uk/asylumstatistics.php>, COSLA Strategic Migration Partnership 2007
 29. COSLA population change statistics
 30. s.14 Homelessness etc. (Scotland) act 2003, See parliamentary statement from Scottish Ministers on page 6

CHAPTER 2

AIMS AND METHODOLOGY

Six key questions shaped this evaluation:

- How much did the Prevention of Homelessness Pilot Project (s.11 Partnership) improve the lives of participants?
- How did participants rate the service, and how could it improve?
- In what ways did participants lives improve, in particular, do participants feel their health may have improved as a consequence of using the s.11 Partnership?
- Did the partnership encourage partnership working between organizations?
- What do participants see as the strengths and weaknesses of the s.11 Partnership?
- What recommendations and learning can we take from the s.11 Partnership?

Participants

Thirteen clients took part in the study. Seven men and six women. Nine were single people although some had grown up children still living with them. In a couple of cases clients lived with grandchildren too.

Three had been owner occupiers but were not any longer. One was still an owner occupier. Two were privately renting and six were housing association tenants. One of the participants was working. Ten of the clients presented to the s.11 Partnership with rent arrears problems. One client used the s.11 Partnership because she was a victim of Anti Social behaviour and one because her property was below tolerable standards and her property was due for demolition.

The group who participated is '*purposive sample*': people whose experience is located at a juncture of policy development and or social change. The clients were randomly selected by the evaluator from a longer list of 30 clients provided by the s.11 Partnership. Around 40% turned up for interviews.

The evaluation used basic qualitative interview and focus group techniques. The evaluation emphasized the context and explored narrative accounts of individuals and their experience of the homeless process and the s.11 Partnership. Clients were taken through their pathway with the evaluator particularly recognizing the need to fully express clients' voices and perspectives while at the same time reflecting the researcher's role in shaping the process and product.

Selection of Participants

The selection of people for the evaluation was carried out by the s.11 Partnership and the researchers. After initial exploration it was decided to hold eight interviews (in fact nine took place) and one focus group, which was held in Govan. The partnership was asked to provide a list of around 30 people to cover a cross-section of clients, e.g. single households, families, households in the private rented sector and households referred by social work.

Many clients did not turn up for appointments, and time constraints prevented the researchers from pursuing more than a few of this group.

Research Methods

In September 2008 the s.11 Partnership commissioned this evaluation to record the views and experiences of clients who used the s.11 Partnership and in particular what qualitative difference it made to their lives.

The research involved a reviewed literature into prevention of homelessness activity, and recent policy developments.

Field work was carried out between September and November 2008 interviewing clients in one-to one interviews and a focus group, staff working in the s.11 Partnership, and staff in stakeholder organisations.

Semi structured interviews with nine clients were held between October and November 2008. The interviews were structured with open questions to encourage the voices and accounts of participants taking them through their pathway from the reasons why their problem happened to the service they received to the solutions they were offered and to explore any possible difference the service made to their lives. Clients were interviewed in their home, or by phone, or in a private interview room in Govan Law Centre.

A focus group was held in the Pearce Institute in Govan. Four out of the ten who were confirmed attended. The focus group considered why people became homeless, what affect that has on you as an individual, what services people need to find solutions, what was available to them locally, their experiences of using local services, and outcomes for homeless people who used the service. Clients were interviewed in their own homes, in interview rooms within the organisations in the partnership and by phone. The focus group was held in a public building in Govan and lasted 90 minutes.

Staff interviews, with five staff, were held. A semi structured interview which was informed by the issues raised by clients.

Stakeholder interviews were held with five staff from four 'stakeholder' organisations. These were organisations that either used the s.11 Partnership for specialist support, referred clients to the s.11 Partnership for further specialist support, or took referrals from the s.11 Partnership to provide further specialist support. Interviews were also held with officers who had a strategic overview of s.11 Partnership.

Qualitative Research Methods

This largely qualitative evaluation has helped to build a picture of the experience of those who are potentially homeless in South West Glasgow CHCP area and the difference the prevention of homelessness partnership has had on their lives.

The partnership already has analysis of data and statistics and produces regular, mostly quantitative reports and updates of s.11 Partnership activity. This evaluation is intended to complement the existing project data, reports, audits and understanding which have come from a largely quantitative approach.

This research adds the views and understanding of clients and service users and will help effectively shape the s.11 Partnership to meet the needs of the clients.

Furthermore the partnership has an interest in examining any health outcomes for clients. The voices of poorer people are often absent in research about poverty, disadvantage and health inequalities. For example, evidence based medicine has been defined as *'the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individuals'*.

In the past policy makers have often seen such *'information'* and *'evidence'* as synonymous with numbers. Much of current research enables us to identify the key quantitative aspects of health inequalities and poverty and of policy outcomes. However, quantitative research often leaves many questions essential to the evaluation and development of social policy misconceived or inadequately understood.³¹

Qualitative research can provide a unique additional tool for studying what lies behind or underpins behaviour and attitudes, and for studying the dynamics that affect outcomes of policy. One significant area largely missing in our knowledge of social exclusion and health, and how best policy development should address the health concerns of the disadvantaged, involves the differential experience and health aspirations of men and women from the most disadvantaged areas of society.

The voices of poor people themselves are mostly absent. A greater involvement in research of people experiencing poverty and its attendant ill health would encourage more effective consideration of the way in which the experience of poverty and social exclusion affect health and health behaviour. It can lead to a greater understanding of the processes that link health and social exclusion, permit the accuracy of understanding based on quantitative data to be ascertained, encourage a recognition that social exclusion and health inequalities are experienced in diverse ways and inform policy and policy evaluation.

The aim of this evaluation is also to make a contribution to this missing element through qualitative research. The report documents and analyses the experience and views of a range of people who are usually furthest from the consultation processes adopted in health planning. It gives prominence to their words. The study is based on data obtained from individual interviews and focus groups of women and of men, of different ages, in different social situations.

Structure of the report

Chapter 1 provides the context around the prevention of homeless policy which is developing. It also provides a summary of the legal rights of homeless people and the responsibilities on landlords and lenders, it provides an overview of the service and its 'policy context' and an overview of the social and housing conditions in the south west Glasgow.

Chapter 2 sets out an outline of the aims and methodology of the research and explains the reason for the adoption of a largely qualitative approach.

Chapter 3 provides a summary of the findings of the report from clients' experiences and views. It provides an overview of their pathways, the service they received, the solutions they were offered, and the outcomes achieved.

Lastly we summarise the issues and draw some learning and recommendations for the future of the service.



CHAPTER 3

FINDINGS

Client's problems

South West CHCP Area has within it a number of areas of deprivation. It has a number of data zones that rank as amongst the most deprived in Scotland when measured by the Scottish Index of Multiple Deprivation.

This is reflected in the full range of clients who took part in the study. Only one client was working. No clients were in education, employment or training. Some clients had a background of long-term unemployment, a few had never worked. Many had chronic health problems, or suffered from mental ill health and some were recovering from addiction to alcohol and drugs.

There was a significant increase in the percentage of referrals of single people in 2007/08 with 61% of the clients referred to the partnership being single. Over 33% of clients referred to the partnership have family, and 12.5% live in a couple.³² This was reflected in the client group interviewed for this study, with over half of them being single around a third having caring responsibilities.

According to members of staff, the issues clients presented to s.11 Partnership were often 'simple', meaning that the rights based issues were simple to diagnose. These included debt, living in very poor housing conditions, rent arrears, problems with social security benefits or they were in need of a housing transfer.

But the reasons why clients had these problems and needed support with them were very complex indeed. Each client had a range of problems, barriers and challenges to cope with.

Clients experienced backgrounds of child neglect, they had had parents who were 'alcoholics', they had 'been in care', had broken marriages and relationships, responsibilities for grown up children and grandchildren, often they felt very isolated, had drug and alcohol addictions themselves, and were coping with ill-health and mental health problems. It was the minority who were 'down on their luck'. Clients viewed their position from a variety of different ways. One client said:

'You feel a bit of a failure. But you don't win everything. I see it as an opportunity missed but just get on with it. There will be a lot more people like me.'

Another client reported that:

'My parents separated when I was 13 my mum got a new partner and left me and my younger brother. My dad is alcoholic and my mum got re-married. Once she had a couple more children she couldn't be bothered with the ones she already had. I was brought up by her Gran, who was my mum, my Gran and my friend, she was everything to me. Gran died recently.'

'I have lived on my own since I was 16. I had a flat in Springburn and my boyfriend moved in he was older than me, he had children and things started to go wrong it became very nasty in the end and I was frightened because of the violence and left. I stayed with my brother but we fell out. I went to the Hamish Allen centre and was assessed and given a place in a homeless hostel, where I got into a real drug problem and had to go onto methadone.'

Many clients reported years of coping with depression, some revealing that they had been depressed as children e.g. 'since age nine'. Many of the clients taking part in this research were taking anti-depressants and had other lists of medication. Staff reported a high level of depression amongst clients and they reported that while they could diagnose the rights issues and identify possible solutions, they concurred that many, but not all, client's had chaotic and complex lives.

Section 11 Partnership Working

S.11 Partnership was set up through the collaboration of Govan Law Centre, Money Matters Money Advice Centre, and Community Health and Care Partnership South West Area Social Work Services. It was part funded by Glasgow Homelessness Partnership.

The s.11 Partnership provides support and advocacy for people who potentially could be made homeless. They access legal advice and representation through Govan Law Centre, receive money advice from Money Matters Money Advice Centre to help maximize their income, repay arrears, manage debt and appeal welfare benefit decisions.

They get social support through the CHCP social work services that can support people with disabilities, mental health problems, addictions and caring responsibilities. The s.11 Partnership also provides support to access appropriate assistance from other voluntary organisations relevant to client's needs.

Social landlords and lenders are *'signed up'* to the s.11 Partnership and refer all potential homeless cases to the partnership.

The project co-ordinator is responsible for inviting clients to make an appointment, for *'chasing up'* urgent cases who do not engage, carrying out needs assessments and also coordinating services to provide the client with the relevant and necessary support needed to maintain their tenancy or owner occupied home. He also works strategically to ensure the partnership is working together effectively

Housing Association tenants who get into difficulties and are in danger of losing their homes are referred to the s.11 partnership directly but also receives a letter and notices which recommend they contact Money Matters Money Advice Centre or Govan Law Centre directly.

Statistics show a steady increase in partnership working between the agencies and with other organisations in the area. The partnership had 1244 inter agency referrals during 2007/08, an increase on previous years. Over 80% are referrals were to Money Matters Money Advice Centre and Govan Law Centre, but there was also a significant amount of referrals to social work teams, including clients being referred to South West Community Health Partnership Welfare Rights Officers. There were also referrals to, amongst others, the Scottish Association for Mental Health and Scottish Financial Inclusion Service (Pollok).

Working with others

S.11 Partnership works closely with key stakeholders. It refers clients to each other and provides 'specialist advice' to each other.

Key stakeholders report that the informal arrangements between each organisation are important.

The benefits of this informality and close working include being able 'to put a name to a face', to be able to easily phone each other up, refer clients, get advice from specialists and to be able to catch up with clients cases. Staff in many different services both within the s.11 Partnership and further afield valued this informal working.

'You start in the best way you can and continue practices because they work, but as you get more clients and more experience you can see it is possible to improve the way you work together' (S.11 staff member)

The social workers said it was invaluable having the project coordinator in their office regularly.

'It is so useful to be able to go and speak face to face, to get advice on individual cases, it saves so much time.'

Strategic managers and funders noted that a strength of the partnership was that it brought together the practical services you need to prevent homelessness and that each partner came to the s.11 Partnership with an excellent reputation.

'[It] brought together the specialisms you need to tackle homelessness to deal with the social care, the understanding of 'the homeless system', money advice and benefits advice and a solid legal service to back it up.'

They also said the campaigning and soft intelligence brought them 'added value'. One person working in local authority housing policy and strategy said:

'This partnership brings together organisations who have an 'excellent reputation'. They pick up a lot of people we would not see. They can see many more people that we wouldn't, those who get into mortgage arrears, tenants in private rented, those who are getting into difficulty but it is not yet a homelessness crisis.'

s.11 Referral Process

Clients living in housing association tenancies who receive a Notice of Proceedings for Recovery of Possession (NPRP) are referred to the s.11 Partnership. The Registered Social Landlords (RSLs) sends a monthly email listing tenants who are subject to legal action to the s.11 partnership and SWCHCP.

The list is picked up by the s.11 Partnership coordinator and the administration section of the CHCP Social work team. The s.11 Partnership coordinator contacts every client on the list letter and asks them to contact the Govan Law Centre or Money Matters Money Advice Centre.

Clients who are already known to the CHCP Social Work Department as vulnerable are invited to attend a 'joint discussion meeting' usually involving a social work welfare rights officer, a social/care worker and possibly the coordinator, the housing officer or other advice worker. All other clients are seen by the project coordinator who assesses their needs through a interview. He then refers clients to the appropriate service - either the law centre, money advice service, social work/health service or other organisation in the area (perhaps Scottish Association for Mental Health).

Clients with an urgent case because an eviction has been scheduled are sent a first class letter with an appointment and the coordinator also visits the address in further attempt to contact the client.

Clients with private landlords will be picked up by local services or local social work teams if they are vulnerable and referred through the same process. Clients who may be about to get repossessed by a lender because they have fallen behind on their mortgage receive a letter from the lender advising them to get in contact with the s.11 partnership.

The coordinator said that:

'in the early days we could do follow up letters and even make home visits where people didn't turn up. Unfortunately that is just not possible anymore because of the increase in case workload and we can only follow up cases with visits and reminders letters in the urgent cases'

Volume of Referrals

The s.11 Partnership has 1302 cases on its database with approximately 100 being 'active cases' in any particular week. It received a total of 762 Notice of Proceedings for Recovery of Possession which included 178 'urgent referrals' in 2007/08.³³ At present, the s.11 partnership receives around 20 urgent enquiries per month.

The s.11 Partnership also has seen significant increases in urgent and complex casework.

This is in part because of the success of the s.11 Partnership. The referral process now includes all 18 Registered Social Landlords³⁴ which includes both housing associations and local housing organisation. Clients also receive further

information about the partnership on letters and notices from lenders and RSLs, and through advice from other local agencies and from health and social work departments.

Clients can also be referred to the service in a variety of different ways. Some self-referred, some received information from RSLs with legal notices, some were referred by addiction works, health workers and social workers, and others received letter from the s.11 Partnership themselves through the referral process. Others were contacted by s.11 Partnership directly through the referral process.

The state of mind of clients and the different ways in which people are referred or come into contact with the s.11 Partnership reinforces the importance of ensuring it is advertised as widely as possible and that the organisations involved continue to maintain a high profile in the community.



Alistair Sharp:
Service Coordinator

^{33.} GLC Prevention of Homelessness Project Report Covering april 2007 to May 2008 Alistair Sharp Project Coordinator

^{34.} Clydeview Housing Partnership; Pollok Tenants Choice; Elderpark Housing Association; Rosehill Housing; Parkview LHO; Glen Oaks Housing Association; Glen Oaks Housing Association; Mossspark Housing Association (GHA); South West Area Tenant Controlled Housing (SWATCH); Halfway LHO; Cardonald Triangle Housing Association; KALM Housing (GHA); Govan Housing Association Ltd; Linthouse Housing Association; Leverwood Housing Association; Sanctuary Scotland Housing; Newshaws Housing (GHA); West of Scotland H/A

Clients experience of referral process

Clients who had experienced the s.11 referral process reported that it had worked very smoothly for them. They had been able to make appointments easily and received a fast track service. They had also found the reception staff to be very helpful.

Many stressed that waiting for the appointment to see the solicitor or adviser had made them anxious. Clients reported that they had been reassured by the reception staff and/or coordinator that no further action could be taken against them in meantime. They had also been given a telephone number to call should anything arise. But they were still anxious because they were not sure what to expect from the solicitor/adviser they were going to see or whether s.11 Partnership could do anything for them.

One client was a victim of anti social behaviour (ASB) and had asked her RSL for a move which had been refused. She became very distressed and was potentially homeless as she was at risk of simply walking out of the property.

She would have been unlikely to receive any notice of proceedings from her landlord (RSL). Therefore no notice would have been passed to the s.11 Partnership

'My mum had used Govan Law Centre in the past and I had heard about their reputation through the bank charges campaign and I knew they campaigned for the area, they got my brother some money back so my mum had suggested I come down and I was just passing so went in to see them.'

Another client was referred by his SWCHCP addiction worker and was sent a referral letter from the s.11 Partnership coordinator. However, he said he couldn't remember if he *received it or not, as he 'hated the postman coming, his stomach was churning when he heard him coming up the stairs.'*

He started ignoring his post, and once he got support from the s.11 Partnership he used to take it around to Money Matters to *'open for him'* because he *'got low very quickly'*

and had tried *'to take [his] own life'*.

Furthermore the homeless statistics for Glasgow show that 40% of people are homeless because family and friends can no longer accommodate them and 16% because of violence.

The s.11 Partnership ensures that services intervene in many cases before family or friends step in to assist, they also provide a fast track service to clients who are in difficulties and are in contact with them. But the evidence strongly highlights the importance of information, publicity, practical packs and follow up visits for those clients who do not attend.

It also suggests the importance of the reputation of the local services amongst the community and the importance of high profile work to raise community awareness. A number of the clients referred to the reputation of either Govan Law Centre or Money Matters Money Advice Centre

One client said she had heard about Govan Law Centre's *'Bank Charges Campaign'* and another said that he took up a referral because:

'Everyone in Govan knows about Govan Money Matters, I have never heard a bad thing about them.'

The focus group felt there should be more work done to ensure everyone in the community knows what assistance is available to them. They felt information was needed in three broad areas:

1. Clients needed **rights based information** telling them what benefits are available to them. There was a perception that staff in benefit offices were prevented from telling clients their rights.
2. Clients needed more **information on what local services are out there** to assist people.
3. Clients felt it would be useful to also have **information to explain how debt problems and the threat of losing one's home could affect a person's health and ability to cope with daily life**. The focus group agreed that *'they*

should emphasise in advertising that these problems can happen to anyone and that the service and advice you receive is free to increase people's confidence.

It is important that the s.11 Partnership ensures that people in all types of housing tenure and need are aware of the project, that budgets are set aside for information campaigns and that the Partnership builds on its high profile and good reputation in the community.

The focus group also expressed concerns about access to the services offered by the s.11 Partnership, saying: *'They are stuck in the middle of a heck of a big area. If you think where Cardonald is. Everybody is all going to the one place and trying to get an appointment.'*

Client's expectations of the service

Clients said they experienced high anxiety before their first appointment with the service, as they did not know what to expect or what the service could do for them. Prior to their appointment clients were living with the pressure of pending legal action, of having no income, possible court hearings, eviction and homelessness. They were often living under the strain of persistent phone calls from debt collection companies.

Clients all said that the receptionist or coordinator had reassured them that nothing could happen before their appointment and this eased their anxiety. They also felt reassured by having a phone number they could ring for advice or support.

One client said:

'I was given a date before my court date. I felt okay that they were going to see me in time, but I was a bit worried. I had never been to a solicitors before so I didn't know if they might judge me, tell me it was all my fault, or if they could even help me. If I am honest, yes, the wait to see them was stressful.'

Views and Experience of using the Service

Clients were, without fail, positive about the staff and services they received or were receiving. They used phrases such as *'life saving,' 'fantastic,' 'so friendly,' 'sympathetic,' 'reception staff were brilliant,' 'so good to have someone on my side,' 'he took me seriously,' 'she listened,' 'she knew her stuff,' 'professional'.*

A few clients were pleased to take part in the research because in the words of one, *'they have been so good to me. It is nice to be able to 'put something back'.*

Clients were encouraged to provide constructive comments about what could have been done better, or to suggest something that could improve the services for others.

The only negative point clients mentioned was the wait for an appointment, but even then, most said it didn't matter because they knew they were going to be seen at a specified appointment and that in itself was a huge comfort. They also said they understood the staff were *'busy helping others'*

Clients report that they received a quality service and were in no doubt about the *'integrity'* of staff. They believed they were honest, working hard in their best interests and *'on their side'*. They did not mind hearing bad news from the staff because they *'were doing their best'* and they liked that *'she tells you straight'*. Trust was very important to clients it was a regular comment; that they *'trusted'* staff.

Staff talked about the importance of confidentiality, of giving clients time to explain and stressed that one of their key roles was to listen. Staff say they always treat clients with respect and are less interested in how an individual got into a mess and more interested in how they can get him or her out of it.

Clients applauded the professionalism of the service though were unsure exactly what they meant by that phrase. They said that the staff *'knew what they were doing'*, that they always called back when they said they would and that they took on difficult cases.

Seeing the same adviser throughout their case was important for clients and gave them peace of mind. They cited other agencies where there was high chance they would see a number of case workers and have to repeat their story on each visit.

Staff expressed fears that they may *'miss someone out'*, that some clients *'worry them'*, and they *'wake up in the night worrying about some cases'*.

Staff also believe that some carefully targeted investment would make an even more effective service. They cited the need for administrative support for the coordinator's post, the need for improvement in how referrals were handled between organisations and suggested a central, confidential, client computer database would improve the overall service significantly.

It should also be noted that the managers of the individual organisations have taken on management roles for the partnership, without the resources to assist them in this task.

Managers expressed concern that many of the individual cases were complex and labour intensive so made significant demand on time and resources. S.11 Partnership organisations were running at a loss and they are paying for the service out of their reserves.

Example of the legal advice work in a typical case³⁵:

SETTING UP FILE

- Client profile
- Assessing legal aid entitlement
- Appropriate referrals
- Completing client database

APPOINTMENTS

| | |
|------------|---|
| 0-15 mins | 1 |
| 16-30 | |
| 31-45 | 2 |
| 45- 1 hour | 1 |

LETTERS SENT

| | |
|--------|----|
| Short | 20 |
| Medium | 11 |
| Long | 1 |

LETTERS RECEIVED

| | |
|--------|---|
| Short | 5 |
| Medium | 5 |
| Long | 4 |

FAXED LETTERS

| | |
|----------|---|
| Sent | 5 |
| Received | 3 |

| | |
|-------------------------------------|----|
| EMAILS SENT | 3 |
| EMAILS RECEIVED | 3 |
| TELEPHONE CALLS | |
| 0-5 | 16 |
| 6-10 mins | 2 |
| DOCS DRAFTED | |
| S2 Minute | |
| Reponing Note | |
| Mortgage to Rent Application | |
| DOCS PERUSED | |
| Interlocutor | |
| Mortgage to Rent Documents | |
| Homebuyers Survey | |
| Charge for Ejection | |
| Eviction letter | |
| Arrears Summary | |
| Company House Information | |
| PAYING OUTLAYS | 2 |
| INSTRUCTED COURT APPEARANCES | 7 |
| INTERNAL MEMOS | 5 |

Example of the money advice work in a typical case³⁶:

SETTING UP FILE

- Complete client record sheet
- Assess emergency actions
- Make appropriate referrals
- Benefit health check & income maximisation advice
- Debt repayment options assessed, discussed and agreed
- Case entered onto databases

APPOINTMENTS

| | |
|------------|---|
| 31-45 mins | 3 |
| 45-1hr | 3 |

LETTER SENT

| | |
|--------------|----|
| Standard | 18 |
| Non-standard | 12 |

LETTERS RECEIVED 25

FAXED LETTERS

| | |
|----------|---|
| Sent | 4 |
| Received | 4 |

EMAILS

| | |
|-----------------|---|
| Emails sent | 2 |
| Emails received | 2 |

³⁵. This does NOT include work of the coordinator, SWCHCP social and support team work or the work of other voluntary organisations

³⁶. This does NOT include work of the coordinator, SWCHCP social and support team work or the work of other voluntary organisations

TELEPHONE CALLS

| | |
|-------|---|
| 0-5 | 3 |
| 6-10 | 2 |
| 15-20 | 1 |

DOCS DRAFTED

Small claims-time to pay order (4)
 Disability living Allowance
 Housing & Council Tax Benefit form
 Mortgage to Rent application
 Bankruptcy Form

DOCS PERUSED

Default notices etc from creditors (14)
 Mortgage to Rent Documents
 Repossession Letter
 Disability Living Allowance appeal papers

PAYING OUTLAYS

Recorded Delivery for Mortgage to rent application

TRIBUNAL HEARING

Disability Living Allowance tribunal preparation
 Disability Living Allowance tribunal representation

Key stakeholders reported that they receive a quality service. They say that partnership staff are *'very approachable and easy to work with', 'if you have a problem or a query it is so much easy just to pick up the phone.'* They stressed the importance of the informal partnerships and face to face contact.

Strategic partners reported that the s.11 Partnership brings added value for money in a four ways:

1. They get to tap into the considerable expertise and experience of well-regarded law and advice centre's in Glasgow.

2. They benefit from the campaigning and policy impact that s.11 Partnership brings.
3. The s.11 Partnership has contact with client groups that council services do not normally have contact with and they raise issues that will have an effect on council services, such as private landlords
4. This s.11 Partnership brings together the three main areas needed to effectively prevent homelessness. One strategic partner described this as: *'social, money advice and legal services with an added policy impact bringin together expertise in social care, money advice and a solid legal backdrop. We also get the campaigning ethos of a community law service and people with knowledge of the financial, debt and homeless system. They are approachable very responsive and committed.'*

This analysis questions how easy this would be to replicate in other areas without these essential elements i.e. strong community legal, money and social services in a single area.

The effect of housing problems and unmanageable debt

Clients reported that their housing issues and debt compounded their existing problems. They felt their health deteriorating; they were stressed, weren't themselves and were in danger of having a breakdown. The thought of losing their home, or not *'getting a move'* was *'very stressful, very, very stressful'* putting them in a *'major panic'*.

Clients reported that:

'I hated the postman coming; my stomach was churning when I heard him coming up the stairs.'

Another said that:

'It was very stressful, very, very stressful. It made it difficult with my kids. They would come over and see me at the weekend. I wanted to do things with the kids and it was difficult. I would spend my money on the kids and 'have no food' at night and maybe go to my parent's house for something to eat. At one point I didn't see my kids for three months because of the breakdown in the relationship with children's mother because I couldn't pay any maintenance and I missed my older daughter's birthday.'

And that:

'I lost a lot of weight, and bought a suit last year [when he was getting support from the s.11 Partnership] and now I need a new suit because it doesn't fit me. I am not one for going to the doctor for depression and getting yourself pills, you just pick yourself up and get on with it but I had a majority of bad days.'

Another reported:

'I was a mess, I started drinking and I don't drink very much at all. I could easily go three or four days without proper sleep or food. I was being sick, couldn't cope, and was getting very unbalanced. I was seeing a clinical psychologist at the Southern General.'

'I lost a lot of weight. My depression was getting really bad, I was feeling literally suicidal, having suicidal thoughts'. The housing association wouldn't re-house me, so I thought my only option was to walk out and go to a homeless hostel but that scared me even more. I had pets and couldn't give them up. I had to go back on anti-depressants and had very bad colitis which I still have to medicate for and I started using cannabis to sleep and see if it would make me hungry.'



The effects on health and mental health

A fifth of all social work clients at SWCHCP have a mental health problem.

*'Mental health problems often begin before homelessness and can be the direct cause of the loss of accommodation. The stresses associated with being homeless may then exacerbate the mental health problem, making it even more difficult to achieve stable housing in the future.'*³⁷

The Joseph Rowntree Foundation says there is considerable evidence to suggest homeless people have more physical and mental health problems when compared to the population as a whole:

*'Mental health problems were eight times as high among hostel and B&B residents and eleven times as high among people sleeping rough compared to the general population. One in four single homeless people with mental health problems had been in a psychiatric hospital at some time in the past. The majority of single homeless people said they would prefer to have their own home than any other type of accommodation and this equally applied to those with health problems. For many, however, accommodation on its own was not enough - seven out of ten homeless people with health problems said they would need at least one type of support in their preferred accommodation. A high proportion of single homeless people had multiple health problems and the more health problems they reported the more likely they were to say that they would need support in accommodation.'*³⁸

The clients in this s.11 partnership tended to report passive or negative mental ill-health symptoms including: apathy, social withdrawal, decline in coping skills, self neglect, meaning it is more difficult to cope with the day to day demands of ordinary life.

They reported that their health deteriorated due to the extra stress of coping with potential homelessness and levels

of debt. Most reported that they lost weight. They all reported much higher levels of stress. If they were taking medication many reported using it. Many reported having 'suicidal thoughts'. Many said they found the experience very isolating, and that people didn't visit them and they would be 'difficult to live with and snap at people'. Many said relationships with their families and partners were put under strain.

One client reported:

'I didn't sleep, I was shivering and shaking. I couldn't get out of bed. I become zombie-like. If I read a book I would read the same page over and over again, up to five times. I knew it was my fault. I had very low self-esteem. I am not suicidal but many times the thoughts would go through my head. I used to think I would be happy if I didn't wake up. I let myself go, neglected my personal stuff.'

Most reported being at a loss what to do. Some reported going to other advice agencies first and being disappointed with the service. Others contacted courts, benefit offices and housing offices. The focus group believed that government agencies were 'not allowed to help'.

Most reported being at a loss what to do. Some reported going to other advice agencies first and being disappointed with the service. Others contacted courts and benefit offices and housing offices. The focus group believed that government agencies were 'not allowed to help'.

One client reported that:

'I tried to contact the court to sort it out, but they had the 'wrong case number', so couldn't help me. So I was mega panicking. I thought I had to be out of the house in two weeks. I was too scared to phone the housing.'

Another reported:

'I am very confrontational I know, I am very uptight, I find it very difficult to deal with authority. I find it very difficult to feel confident or motivated, my sleeping is way to hell and my depression is pretty constant these days. I know I can be very short-tempered, I get very excited, I can't help it and it gives me a lot of problems. My body acts inappropriately to stress.'

Staff concurred with these descriptions. They all felt that their clients were under considerable stress and that many had significant mental health issues.

One partnership staff member said:

'I have no evidence for this but I feel the vast majority [of clients] have some level of mental health difficulties. It is very common that people will tell you they are 'end of the rope' don't know what else I can do' even fell like ending it all. It is almost as if depression and money difficulties go hand in hand.'

And another staff member said:

'One client had a damp flat. He was becoming obsessed with it. He felt trapped. He heard a dripping noise every night for three years when he was sleeping in his bed. He said it was literally driving him mad.'

Outcomes for clients engaging with s.11 partnership

Outcomes for clients were varied with the vast majority of clients reporting significant improvement in their lives as soon as they engage with the s.11 Partnership. Real solutions to their problems could be life changing

'It has been a complete life change, it really has been. I do not feel suicidal, life is not a constant battle, my health has improved a lot, and people just visit me now. I have freedom, I don't worry about it all, I am settled at home, it feels like home.'

'All my relationships are much better I am not isolated I have a life now and I actually go out at the weekend and people visit me. My depression is not as severe, it still bothers me but I can cope without the support of a psychologist and would not have been able to do that before. If I was still there I would have at least tried to commit suicide, not as a call for help, but really tried to commit suicide.'

Even where the solution had not been to save a client's home, or get them the housing transfer they wanted, or get a debt written off, clients still reported that simply receiving a professional service at a time when they needed it most made a big difference to their ability to cope. The service itself had had a hugely positive impact on them.

37. <http://www.crisis.org.uk/publications/PressurePoints.pdf>

38. <http://www.jrf.org.uk/knowledge/findings/housing/H128.asp>

Many clients reported that this was the first time they had used a solicitor or advice centre and they were very nervous. Many had low expectations of what the service could do for them.

But once they meet their advisers, clients report having full trust in them and the service. When asked why they had such confidence in someone they had only met a few times, and allowed them to make with very important decisions in their lives, they said it was because they *'trusted'* them. Many were grateful that the workers *'did not judge them'*. They described being put them at their ease and being reassured. Staff were described as *'knowing their stuff'*, their ability to answer questions was praised, as was their friendliness. Overall the staff gave clients confidence.

Clients also reported professionalism from the workers with strong praise for the reception staff. They were described as *'listening and helpful'*. *'They always looked at you and they tried to find out what the problem was'* and *'they were always trying to get the message to the right person'*. All the staff were praised for always returning calls when promised. This was very important to clients, it gave them confidence in the service and was significant in how they measured professionalism.

Many clients used words and phrases such as *'trust'*, *'confidence'* or *'they are on your side'* or *'they fight your corner'* and said that this atmosphere of trust, in itself, significantly improved their ability to cope. They felt stronger and healthier. Clients talked of being *'relieved'*, *'feeling better'*, *'able to cope more'*, *'able to better follow instructions'*. In short clients said the service itself, rather than the solution, made a big change in the way they felt

Clients said:

'They could not have done any better. It was such a relief.'

'It was a relief. The best thing was not having people calling me all the time at work, and no letters. The harassment has stopped.'

'She put my mind at rest, she calmed me down.'

'He took me seriously.'

'Somebody sympathised with me and that made such a difference, it felt so good to know you had someone on your side.'

'They did it all that is why they are so good.'

'She got right on that phone, she told me to calm down.'

Trust was a huge issue for clients. Many expressed how much trust they had in their adviser and/or lawyer.

'I had total confidence in her, and how she dealt with it. I was happy with what they were doing. All I know is I trusted her.'

Others said:

'I felt quite confident something would happen. I just trusted her, they are all very friendly. She is definitely doing everything she can.'

Clients' trust in the service could be summarised in the following areas that were important to them:

1. Staff were open, approachable and friendly.
2. Staff were friendly and did not blame or judge them.
3. The staff listened to them.
4. The receptionists always got someone to phone them back.
5. The staff kept their word.
6. The same person dealt with the case all the way through.
7. They were given phone numbers to call.
8. The receptionists smiled and took them seriously and tried to help.
9. The advisers and solicitors knew what they were talking about and *'told you straight'*.
10. The service is independent and on the side of the client.

Housing and Homelessness Outcomes

Although not all clients kept the homes they were living in when they first contacted the s.11 Partnership, their housing circumstances improved in all or most cases. No client had to live in a hostel or sleep on other people's couches.

However, in some cases it took months to get a move, so clients did have to spend considerable time in housing they did not deem as suitable in some way. One client was a victim of anti social behaviour and had made a request to her housing association for a move. Another was living in a row of buildings that were being demolished and were severely damp and it took her many months to secure a move. However in the end both were moved to better accommodation and now feel they are in safe, warm and suitable homes.

In all the cases where the Govan Law Centre represented clients in court they were not evicted. This was huge relief to clients and they saw this as a major outcome. However RSL housing officials make the point that the problems that first got a client into difficulties remain, and while they may stay in their home, the support they need is not always available. In many cases there is a strong risk that the underlying problem, whether it be anti-social behaviour or rent arrears could return.

General Health Outcomes

In most cases clients believed their health, and in particular their mental health, improved substantially. Clients talked about significant levels of stress, that they had '*mini-breakdowns*' that their depression got worse and in a number of cases they had '*suicidal thoughts*'. Most said they found sleeping and eating properly difficult and they found coping with the day-to-day demands of life difficult. Many clients said they lost weight and in a few cases they said that was in the region of two stone.

In all cases except one, clients said their health improved because of the service they received. One client said that he still suffered from depression and that the service had not made any difference. Others said their lives had been transformed and that they could not have made that transformation without the service provided by the s.11 Partnership. All clients said the service helped them cope, kept them from going back to drugs or alcohol, helped them reduce their intake of anti-depressants, and sleep and eat better.

What is apparent is the solution to the problem was not the only determinant in them improving their health. Just the fact that they had someone '*on their side*' made significant differences to their physical and mental health. Clients reported anxiety and stress reducing immediately after meeting money advisers, the coordinator or solicitors. They reported that it was a great relief. The most important aspect was being put at '*ease*' and being '*listened to*', '*not being judged*'. In all cases, having someone to represent

them in court removed a significant burden and meant they could cope with other problems.

In some cases the s.11 Partnership did not save their home, or get them the move they wanted for many months, but the fact they had someone to work with on their case and who had their *'best interests at heart'*, and easily contactable, made a huge difference to their ability to cope. This led directly to reduced depression, improved sleeping patterns, improved diet and improvement in general health and well-being.

If the s.11 Partnership found a practical solution such as a housing transfer, a repayment plan or even backdated housing benefit to cover the arrears, then people talked of their health being *'transformed'*. They said their health and stress levels were nothing like what they were before when they described breakdowns and despair at their situation.

Relationship Outcomes

Outcomes for people's relationships were complex. On the whole clients reported deterioration in relationships with close friends and relatives. Some said people close to them noticed something was wrong, but they couldn't talk about it. Others that people didn't notice anything was wrong; they just didn't stop visiting them because they were being difficult.

Clients said family and/or close friends were very important to them. Some said that their experience had strengthened a relationship with the good friend or family member in whom they had confided and who had provided them with support. Others reported that once they had a solution to their housing problem, their relationships got better. However a minority said that some relationships had suffered, even possibly irretrievably broken down, as a direct result of their experiences.

The focus group agreed that they tended to confide in one particular person, usually a family member. Others said they talked to a friend and one said they spoke with their

employers. A number of parents with grown-up children reported that they had confided in their son or daughter and said it had helped bring them closer together, or at least they wouldn't wait so long next time to talk to them.

But most reported that relationships were put under strain. Focus group members agreed that:

'A strong family is very important. Daughter, son, sister, close friends are the most important. Look to them for advice. But I didn't want to burden them with too many problems; I don't like to ask them. Instead I bottled it up. Then you become unwell, depressed, low confidence, short temper and people close to you notice a difference and realise that there is something wrong.'

Another said that:

'Looking back I realised that I was almost having a mini-breakdown and the people around me noticed too. I got two tickets on my car in one day and realised at that point I needed someone to talk to so I phoned my sister. When you keep it to yourself get a bit snappy and nasty with people because of the pressure, but you still didn't confide in family. Looking back I realise it would have been a good idea to confide in my family.'

Others said that many people in their extended family and close friends didn't realise what they were going through which led to a strain in these relationships.

One client said:

'To be honest me and husband are not getting on right now, I mostly sleep on the couch. You can't talk to him about anything.'

On reflection the focus group agreed they wished they had confided in people earlier than they did, but they felt *'embarrassed'* and said they didn't want to burden anyone with their problems.

Clients said that the stress of potential homelessness had a considerable negative impact on their close relationships.

They said the stress made them short with people, often described as *'snappy'*. Others said that people stopped visiting them because they were so stressed.

Another client reported that he had a great relationship with his brother but because the client was acting so strange his brother had stopped phoning. The client thought this was because his brother was annoyed with him. They hadn't spoken for six months. Another reported that as he was having difficulties paying his ex-partner maintenance he didn't see his daughters for months, which he found very hard.

Clients did say that when they found a solution to their problem that some of their relationships were on the mend. Some in the focus group suggested that their relationship with those family members who had helped them was even better now because it was more *'open'*. But essentially this period in their lives had seen their relationships deteriorate and while they got considerably better in most cases, they all took some time to mend, and some were broken forever.

Esteem and Confidence Outcomes

Most clients said that they could now look to the future and could put their problems behind them. However, by no means all. Some were still trying to cope with depression and addiction to alcohol and drugs. Clients generally rated their chances of coping being better because they had contact with the s.11 partnership. They felt that without this support they *'would have been right back on the drink or worse'*.

One client, who had a history of drug addiction, said that she had been able to cope with the death of grandmother, who had looked after her when her mother left her at age 13, and that she does not believe she could have done that before. Clients said their renewed confidence and ability to cope was not all down to the s.11 partnership. Many also stressed that GPs, psychiatrists, addiction workers and family and friends had played a big role. But they all pointed out that the s.11 partnership had played a significant part in improving their lives feeling of self worth and confidence in the future.

Work, Training and Education Outcomes

A few clients said they wanted to go on to work, education or training. Two clients reported that they were looking for work. One client was working and he had not given up work throughout his difficulties, even when his home was being repossessed and he was looking for a new home. But all others were, for a range of reasons, not working. Some clients stressed that they were not ready to work, some that they were still too ill. Others said they had taken 'early retirement'. Only one client was not claiming benefit. A number of clients said they would welcome support to find work.

Summary of Outcomes for Clients

Client's themselves were asked to describe their lives before they had engaged with s.11 Partnership and their lives now and summarise how their lives had changed.

Client A now saw his children regularly; and reported he had much better relationship with his children, he did not go bankrupt and has paid off 90% of his debts, he said he was relieved and no longer always stressed and depressed and he felt healthier and had put on weight

Client B was prevented from becoming homeless; was settled and no longer had a chaotic lifestyle; she was off drugs and off methadone; she could cope with her grandmother dying without returning to taking drugs or depression; she was paying her rent and paying off her rent arrears; was happier more confident and looking for work.

Client C was re-housed; she was in better health; she no longer uses psychologist; she now has a settled home; felt more confident and healthier; she was no longer drinking or taking drugs; she could walk through the centre of Govan; she was off anti-depressants; no longer felt isolated; she reported she had better relationships with her partner and family.

Client D had protected his home; he was still struggling with depression; but his health had stopped getting worse; he felt he had alleviated some stress; had reduced his debts; he was still very anxious about finding work

Client E reported her health had improved; she was less stressed; had moved to a more suitable warm home; was no longer living in damp housing; had a better environment for her children; and she feels much safer.

Client F reported he was staying off drugs; he was taking less methadone; is calmer; his debts have reduced; he is still in his home; he felt healthier; less stressed; had put on weight; and he felt he was looking after himself better.

Client G was healthier; had better relationships with his grown up children; was going out again; had kept his home; was repaying his rent arrears; was eating and sleeping properly; was taking less medication; and coping with depression.

Client H client is tackling alcohol addiction; was still in her home; was looking after her children; was healthier; was attending relationship counseling; was less stressed and coping better with depression.

Meeting Objectives

To prevent people from becoming homeless through eviction or repossession, by supporting tenants or owner-occupiers to access quality legal representation and money advice.

This service has prevented people from becoming homeless through eviction and repossession. Every client who took part in this evaluation agreed with this statement. The project supports tenants and owner occupiers to access quality legal representation and money advice. All clients reported they had found solutions to their problems, they all reported that they had received a quality and professional service and that it had made significant improvement to the quality of their life.

To make the service easily accessible to all who are at risk of homelessness through eviction or repossession.

The service had found innovative ways to ensure that those who were at risk of homelessness through eviction of repossession had been able to access the service. The referral process has been working on a voluntary basis. It will be strengthened when Section 11 of the 2003 Act is brought into force in 2009. Staff were also very open, and accessible. They followed up cases that did not seek help or a response.

Clients became aware of the service through a number of channels. They were advised by social workers and health

workers to make contact with the service, they received letters or advice from RSLs encouraging them to make contact, they received letters or notices from the s.11 partnership to attend interviews and joint discussion meetings.

Many clients said they were not thinking clearly, were putting their *'head in the sand'*, did not open letters and were nervous about going to see someone. The focus group thought there would be many more people who did not know what help was available. They reported they had been surprised that this type of service was free.

They stressed the importance of follow-up notices and letters with phone calls and visits, and of *'information'* and *'adverts'*

To enable tenants and owner occupiers to keep their homes and to meet their financial responsibilities

In many cases clients had been able to keep their homes and to meet their financial responsibilities. However, in some cases that had not been possible. This was particularly true for homeowners. Where clients had not been able to keep their home they had received assistance from the s.11 Partnership and were now *'settled'*. Many of the clients in this study had got into difficulty because of problems with their housing benefit claims. In most cases the s.11 partnership had been able to sort this out and had appealed for back dated payments. This had assisted in keeping clients in their homes.

To establish collaborative and partnership working between local statutory and voluntary agencies and the s.11 Partnership to prevent and alleviate homelessness and repeat homelessness

Collaborative and partnership working had been achieved. Clients reported that they had been referred between each service and reported that this had worked very smoothly. In many cases they hadn't noticed that they were being *'formally referred'* at all. Sometimes they report they were asked to *'go across to the law centre'* in other cases they had had an appointment made for them, or someone had made a phone call on their behalf.

Addiction workers generally made referrals to the coordinator who then made appointments with solicitors and money advice workers if they needed it.

Staff in the s.11 partnership also felt collaborative and partnership working was effective. Social workers reported that it was a huge benefit to them to be able to discuss cases face to face with the coordinator. Other advice sectors reported how important it was to have informal links between the money advice agency, the law centre and themselves. They suggested trying to build on these informal links by doing more joint events together. There was a general plea not to add formal bureaucracy. Partners insisted that the process worked well because it was done over the phone, through case discussions, getting advice and referring clients to the service that best suited their needs.

Summary of Findings

- There are often complex reasons and a set of complex events that lead to people being potentially homeless.
- Potential homelessness has significant negative effect on mental health. Clients in this study reported increased anxiety, depression, medication and suicidal thoughts. They reported their practical problems resulted in them having real difficulty in coping with basic life tasks
- Receiving a professional individual service at a time when they urgently needed it, in itself assisted people to cope and significantly improved their mental health
- Clients appreciated the fact that staff were open, non-judgmental, straight-taking, kept promises and were authoritative about their subject. This made a significant contribution to improving their health and well-being
- Clients also appreciated having a named worker dealing with their file. The prospect of being passed

from worker to worker, as happens in other agencies, increased their anxiety significantly.

- Reception staff and the coordinator are very important as they were the first face-to-face contact clients had with the service. All clients appreciated the staff's professionalism and welcoming attitude.
- This s.11 partnership saves the public purse up to £24,000 per client for the basic cases, up to £7,000 per client in NHS spending and up to £80,000 per client in the most complex of cases.
- Stakeholders appreciated the informal referral networks and support that the s.11 partnership offered. They liked being able to *'pick up the phone'* and the fact that the coordinator worked in a number of offices meant they could discuss issues face to face.
- Outcomes for clients significantly improved as a result of engaging with the s.11 Partnership. For some it was life changing. Health improved, ability to cope improved, and confidence levels and self esteem improved. Relationship outcomes were more complicated some had deteriorated a few had got stronger.
- One client was working many were not ready; others wanted to but needed more support. Many reported that finding sustainable work was their final big step to long term improved health and well-being
- Client themselves wanted more information about their rights and services that are available to them. They have good ideas about how to improve the service and, mostly, welcomed being asked

Recommendations

Information

1. That clients receive a fact sheet prior to their first appointment. This will provide them with information to help reduce their anxiety. This could include basic information about the service, advice on stress, their legal rights, and information about other services in the area. The fact sheet should also be incorporated in all web work.
2. The relatively modest cost of this fact sheet would make a significant impact on the growth of the s.11 partnership and the quality of the service it can provide. It would lead directly to more clients and have a positive impact on the health and well-being of clients.

3. S.11 will not capture everyone who needs the service. The s.11 Partnership should therefore develop an information campaign to promote further awareness of its services locally to encourage more people to make contact with the service.
4. This information campaign should include regular informal events for local key stakeholders, so that more workers get to know each other and put names to faces. Staff in many other services stressed the importance of informal networks and referral processes

Influencing policy and prevention of homelessness services

5. The partnership should call for the immediate introduction of Section 11 of the 2003 Homelessness etc (Scotland) Act 2003 as it will make a huge difference to the well-being of thousands of Scots and confirm Scotland as a world leader in tackling homelessness.
6. Strategic partners should not automatically assume that this s.11 Partnership can be replicated elsewhere. This partnership works, in large part, because of the reputation and professionalism of the organisations and staff involved. That said, the successful work of this s.11 Partnership should be used as an example to other agencies working in this field. Consideration should be given in how best to disseminate this information as widely as possible.
7. Developing increased, flexible and faster responses to allow those faced with potential homelessness to access help when and where they need it and identify the resources to do that.
8. Building on the moves of s.11 Partnership towards closer collaboration between social work, legal and money advice services and mental health services to reduce the stigma of debt and homelessness and empower users in negotiations with housing agencies and mortgage bodies.
9. Examining and supporting the role of the s.11 Partnership agencies in health improvement. It would prove valuable to build on the agencies' role in reducing isolation and stigma and in developing a trusted network

of contacts and resources that can help improve the relationship between housing and health and well being.

10. Recipients of services as well as professionals identified examples of good practice in the delivery of services. It would be valuable to develop this capacity to identify and evaluate what works. It would allow agencies to consider how good practice could be rolled out more widely and could encourage joint approaches to staff development and change management across different fields.

Improving long term sustainable outcomes

11. S.11 Partnership should consider how they can ensure clients who want it receive further advice and support to get longer term sustainable outcomes by them getting into work, education or training

Resources

12. Further targeted funding should be considered to enable earlier interventions that will improve support for clients and which will reduce further pressure on NHS and CHCP budgets.
 13. Areas for targeted investment in the s.11 partnership include: increasing admin support for the coordinator to enable him to deal with clients, further case work support to 'chase up clients' at an earlier stage and increased management support.
 14. Strategic Funders should consider increasing the advice and legal support available for clients to reduce queues and waits for clients.
 15. This s.11 partnership is not sustainable if voluntary organisations have to supplement the costs from their reserves. s.11 Partnership managers and strategic funders should work together to ensure the Partnership is fully funded.
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