



Evaluation of the Glasgow Homelessness Partnership's Strategic Approach to the Glasgow Hostels Reprovisioning Programme since 2003

Final Report

Glasgow Homelessness Partnership

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1 Introduction

- 1.1 Since 2003, the Glasgow Hostels Decommissioning and Reprovisioning Programme has seen the closure of three large-scale, city-centre male hostels for the homeless (with a total of 704 places) and the development of multiple small-scale accommodation across the city with a range of support services in place. This marks a comprehensive shift in the city's approach to homelessness and has involved an unprecedented approach to decommissioning hostels and reprovisioning services.
- 1.2 Glasgow City Council, on behalf of the Glasgow Homelessness Partnership, has commissioned Blake Stevenson Ltd to undertake an evaluation of the strategic approach of the Partnership in delivering the aims and objectives of the Glasgow Hostels Re-provisioning Programme since 2003. The main aim of the study is to evaluate the effectiveness of the strategic structures, processes and practice of the Glasgow Homelessness Partnership (GHP) in ensuring the implementation of the aims and objectives of the Glasgow Hostels Re-provisioning Programme.
- 1.3 The specific objectives for the evaluation are to examine:
- the effectiveness of the structures, processes and practices of the partnership in achieving the aims/objectives of the Hostels Re-provisioning programme;
 - the effectiveness of the partnership approach in implementing the Hostels Re-provisioning programme;
 - what measures have been put in place by the partnership to establish internal monitoring and evaluation of the implementation of the programme;
 - what the barriers have been to more effective working both within and outwith the partnership;
 - what the levers of success have been, both within and outwith the partnership; and
 - what lessons could be learned from the experience of the partnership.
- 1.4 In addressing these issues, the tender brief clearly states that the research should also aim to identify:
- what evidence there is indicating 'value for money' in achieving outcomes;



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- examples of good practice in strategic partnership working to achieve the aims of the programme;
- evidence of good practice by the partnership in bringing about culture change within political, inter-agency and community arenas which have enhanced the success of the programme;
- evidence of both good practice and challenges in translating strategic initiatives into action 'on the ground'; and
- evidence of adoption by the partnership of any lessons learned from the experience of hostels closures in Glasgow prior to the implementation of the programme, including the evaluation of the closure of the Great Eastern Hostel in 2001.

The Evaluation Process

- 1.5 The evaluation commenced in June 2008 and was completed in November 2008. The evaluation was not concerned with Phase 1 of the funding (from 2000/1-2002/3) but was focused on the second phase of funding (from 2003/4-2006/7). It was also specifically not concerned with the outcomes for service users as this was being assessed through a separate longitudinal study.
- 1.6 The evaluation included the following elements:
 - review of documentation associated with the reprovisioning process including the quarterly monitoring reports, minutes of the meetings of the Homelessness Partnership Executive Group and the Homelessness Planning and Implementation Group and a range of background papers listed at Appendix 3;
 - interviews with key members of the GHP team and the Scottish Government (see Appendix 2 for full list);
 - the design of an approach to capturing value for money which was circulated to members of the Evaluation Monitoring Group for comment, amended and an assessment undertaken based on this approach;
 - interviews with accommodation providers and service providers established as part of the reprovisioning element of GHP's work; and
 - ongoing meetings with the operational management group for the evaluation.

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1.7 This is the final report for the evaluation. It is set out as follows:

- Section 2 provides the background context to the work of the GHP
- Section 3 describes the structures and processes in place
- Section 4 draws analysis and findings from the document review and qualitative interviews undertaken
- Section 5 provides an assessment of value for money
- Section 6 draws final conclusions.

2 Background Context

Homelessness in Scotland: Policy Context

- 2.1 In 1999, the Scottish Executive set up the Homelessness Taskforce to research and advise on the extent and nature of homelessness and rough sleeping in Scotland. Its reports informed the development of two key pieces of legislation: the Housing (Scotland) Act 2001 and the Homelessness etc (Scotland) Act 2003.
- 2.2 These acts strengthened the rights of homeless people in Scotland, and introduced a change of culture in the way that homelessness is addressed by local authorities. Through the 2001 Act, local authorities were required to:
- carry out a detailed assessment of the extent, nature and cause of homelessness;
 - prepare a strategy for preventing and alleviating homelessness;
 - provide temporary accommodation for all homeless households; and
 - make sure advice and information is available about homelessness and the prevention of homelessness.
- 2.3 The 2003 Act fundamentally changes the tests which determine the services homeless households receive on application and requires a move away from the concepts of “priority need”, “intentionality” and “local connection” which can act as barriers to individuals and families presenting as homeless in a particular locality. This means that:
- as the definition of “priority need” is gradually broadened, and the “priority need” test abolished by 2012, more homeless households will have a right to be accommodated by local authorities;
 - people who become homeless intentionally should have a right to a Short Scottish Secure Tenancy for a period of 12 months while a support package is provided to address the cause of them becoming homeless (this has not yet been implemented); and
 - homeless households, at a future date, would no longer have to prove that they have a local connection to the area in which they present as homeless.

- 2.4 These changes present considerable challenges for local authorities across Scotland as they plan how to respond to the improved rights of homeless households.

The Needs of Homeless Households

- 2.5 Many of those vulnerable to homelessness have multiple and complex needs and require a range of support from different agencies working in harmony together. This can include support with mental, physical, and sexual health; drug and alcohol dependency; behavioural problems; daily living skills; employability; and/or developing social networks, amongst other things.
- 2.6 The Glasgow Street Homelessness Review Team (2000) found that people living in large-scale hostels across the city were offered very limited support, and did not have access to the kinds of health and social care that they require. The Report of the Glasgow Street Homelessness Review Team (Scottish Executive, 2000) noted that:

“These hostels provide basic living accommodation and cannot hope to meet the full needs of those who now use them. They can be volatile and violent places.”

- 2.7 The implications of residents not getting the support they require include repeat cycles of homelessness and higher levels of rough sleeping, as well as the untold damage that this has on people’s health and well-being.
- 2.8 The Glasgow Street Homeless Review Team highlighted a number of the significant issues about homelessness in Glasgow:
- estimating that 6,500 people in Glasgow had experience of street homeless or hostel living in Glasgow each year;
 - the impact of the scale of the drugs problem in contributing to homelessness;
 - the inadequacy of current resettlement arrangements reflected in the high level of repeat homelessness;
 - the significant contribution that the large hostels, where residents lived without care, support and treatment – made to rough sleeping;
 - the lack of an effective, joined up response when people first appeared on the street;

- the need for an adequate and secure funding stream to achieve the closure of the long stay hostel – as part of a major long term programme, including prevention; and
 - the need to develop new health, support and accommodation services.
- 2.9 A recommendation was made that all large scale 'warehouse' style hostels where individuals had been placed with little or no support be closed and replaced with re-provisioned community based services.

The Glasgow Homelessness Partnership

- 2.10 In the wake of the Glasgow Review Report recommendations, the Glasgow Homelessness Partnership was created in 2001 as a joint partnership between Glasgow City Council, Greater Glasgow Health Board, the Scottish Government, and Glasgow Homelessness Network (representing the Voluntary Sector).
- 2.11 The GHP paper, *Proposals for Hostel De-Commissioning Funding in 2001-02* (written we assume in 2001) stated that the main structures and processes for moving the homelessness programme forward were in place: the GHP Executive Group was established; the GHP Implementation Group was operational and a Head of the Homelessness Partnership had been appointed (August 2001). However it recognised that there was no detailed strategy in place and that there was much to be done to improve inter-agency working.
- 2.12 In 2003, the Partnership published "*Working Together to Prevent & Alleviate Homelessness: Glasgow's Homelessness Strategy 2003-2006*" which outlined the aims and objectives of the Partnership's homelessness strategy, its development process and how it was to be implemented. The key feature of this strategy was the hostel closure and reprovisioning programme to carry out the recommendations of the Glasgow Review Team Report. A summary of the strategy's proposed actions is given in the box on the following page.

Summary of Actions from the Glasgow Homelessness Strategy 2003-2006

1. Make alternative provision for the residents of the large-scale Hostels

How we are going to do it:

- by carefully planning and coordinating the closure of each hostel separately by ensuring each resident receives the most appropriate support and assessment to identify their specific needs
- by ensuring each resident receives the most appropriate advice and information throughout the closure programme by providing or commissioning a planned range of alternative support services and accommodation types for current hostel Residents
- by encouraging and providing opportunities for hostel residents to become involved in the delivery of the programme
- by diverting new homeless presentations from hostels by providing better assessment and access to more appropriate accommodation, care management and support

2. Provide Integrated User-Centred Services

How we are going to do it:

- through joint planning groups and forums
- by piloting a new joint assessment which will assist organisations to support and resettle people affected by homelessness more effectively
- by setting up new Community Casework Teams at 9 locations across the City, to provide an early intervention, prevention and assessment service in conjunction with other community based services
- by developing a Service User Involvement Network to ensure people affected by homelessness can become involved in the changes and make informed choices
- by delivering joint training across all staff working with homeless households, to ensure that values, attitudes and behaviours which deliver responsive and personalised services are promoted

3. Prevent Homelessness

How we are going to do it:

- by preparing and delivering an Advice and Information Strategy to prevent people from becoming homeless or to assist them if they are homeless. This will include information on all types of housing provision in Glasgow.
- by working with Registered Social Landlords (RSLs) and

4. Alleviate Homelessness

How we are going to do it:

- by implementing the new legislative requirements of the Housing (Scotland) Act 2001 and the Homelessness (Scotland) Act 2003 within the prescribed timescales
- by continuing to fund service providers working towards eradicating the need for people to sleep rough by increasing

Summary of Actions from the Glasgow Homelessness Strategy 2003-2006

the Glasgow Housing Association (GHA) to identify and support people getting into housing difficulties

- by contributing to the development of practical RSLs arrears management and anti-social behaviour policies in order to prevent homelessness wherever possible
- by developing comprehensive housing support services to address the needs of people affected by homelessness
- by reviewing access to appropriate information and advice for homeowners at risk of losing their home due to mortgage arrears
- by developing and delivering support for specific groups at risk of homelessness, including care leavers, ex-offenders, refugees, people with complex needs and people leaving the armed forces
- by distributing educational material on the prevention of and response to homelessness within schools and young person service providers

the provision of appropriate temporary accommodation in order to prevent people sleeping on the streets or in other forms of inappropriate accommodation

- by contributing to the planning and provision of appropriate permanent accommodation for people affected by homelessness through links with colleagues developing Glasgow's Local Housing Strategy
- by enhancing health services and access to them for people affected by homelessness in order that any health issues be addressed
- by working jointly with colleagues developing employability strategies to improve access to training and employability initiatives for people affected by homelessness

The Glasgow Hostel Decommissioning and Reprovisioning Programme

- 2.13 The Glasgow Hostel Reprovisioning Programme saw more than £60 million invested by the Scottish Government over three years to close down Glasgow's outdated large-scale hostels and replace them with more suitable, smaller scale accommodation and vital support services.
- 2.14 The three hostels closed under the programme were:
- James Duncan House (331 Bell Street): closed March 2008
 - Peter McCann House (22 Kyle Street): closed July 2006
 - Robertson House: (260 Broad Street): closed February 2005
- 2.15 The initiative aimed to tackle the causes and consequences of homelessness through effective assessments, advice and information services, temporary accommodation, support and access to social care services in the community, with the purpose of reducing the number of people in Glasgow sleeping rough or in precarious accommodation.
- 2.16 Integral to the strategy, the Clyde Place Homelessness Assessment Centre opened in June 2002. This innovative service is designed to provide a short-stay, integrated, comprehensive assessment service for homeless households. It offers joint assessment of clients in place of clients being assessed by separate agencies, support while the client is living in Clyde Place and support plans for the move-on of clients with their input and agreement to the plans. Clyde Place can house up to 52 people in self-contained bedrooms at any one time.

Other Contextual Issues

- 2.17 There are a number of other contextual issues that took place in Glasgow during this period that provide important background information for the evaluation.
- 2.18 In 2003 the stock transfer of Glasgow City Council's housing stock to Glasgow Housing Association (GHA) took place. In terms of this current evaluation one important aspect of this stock transfer was that inevitably the new organisation, GHA, took time to settle in and this affected its ability to find suitable tenancies for homeless households as quickly as might have been wanted and to assist in accommodation/sites for new projects. The other immediate effect it had was that homelessness, which had previously been situated



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within City Housing in the Council moved to sit within Social Work. Glasgow Homelessness Partnership also sits within Social Work Services.

- 2.19 During the period 2003-2008 there have also been two significant internal Council restructurings. These included a re-structuring of health and social work delivery through the establishment in 2005 of the five Community Health and Care Partnerships (CHCPs) which replaced the nine Social Work Area Teams.
- 2.20 During the same period there was an internal workforce Pay and Benefits Review which caused more serious disruption. At one stage over half the staff involved in homelessness faced a potential detriment position in terms of their pay and benefits (although this number has subsequently been reduced significantly) and this caused underlying tensions at a time when staff were already faced with radical change in the way they were being asked to work with homeless households.

Timeline

- 2.21 We have developed a timeline to show the key events in the history of the decommissioning and reprovisioning process.

Timeline	
Contextual timeline pre-2003	
1999	Scottish Executive establishes the Homelessness Taskforce
2000	Report of the Glasgow Street Homelessness Team
2001	Housing (Scotland) Act Great Eastern Hostel closed Glasgow Homelessness Partnership (GHP) created comprising Glasgow City Council, Greater Glasgow Health Board, and Glasgow Homelessness Network (representing the voluntary sector). First Head of GHP appointed.
2002	Homelessness Task Force Final Report produced Laidlaw House Emergency Hostel, Norman Street, closed Clyde Place Homelessness Assessment Centre opened (52 spaces)

Timeline for 2003-2008	
2003	Homelessness etc (Scotland) Act (partial implementation) March Stock transfer from GCC to GHA April Supporting People Programme launched August Catherine Jamieson appointed Head of GHP November (agreed) GHP publishes "Working Together to Prevent and Alleviate Homelessness: Glasgow's Homelessness Strategy 2003-2006"
2005	February Robertson House (252 places) closed
2006	July Closure of Peter McCann House (252 places) CHCPs established (replacing Social Work Area teams)
2008	March Closure of James Duncan House (199 places)



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Timeline

Opening of landmark services

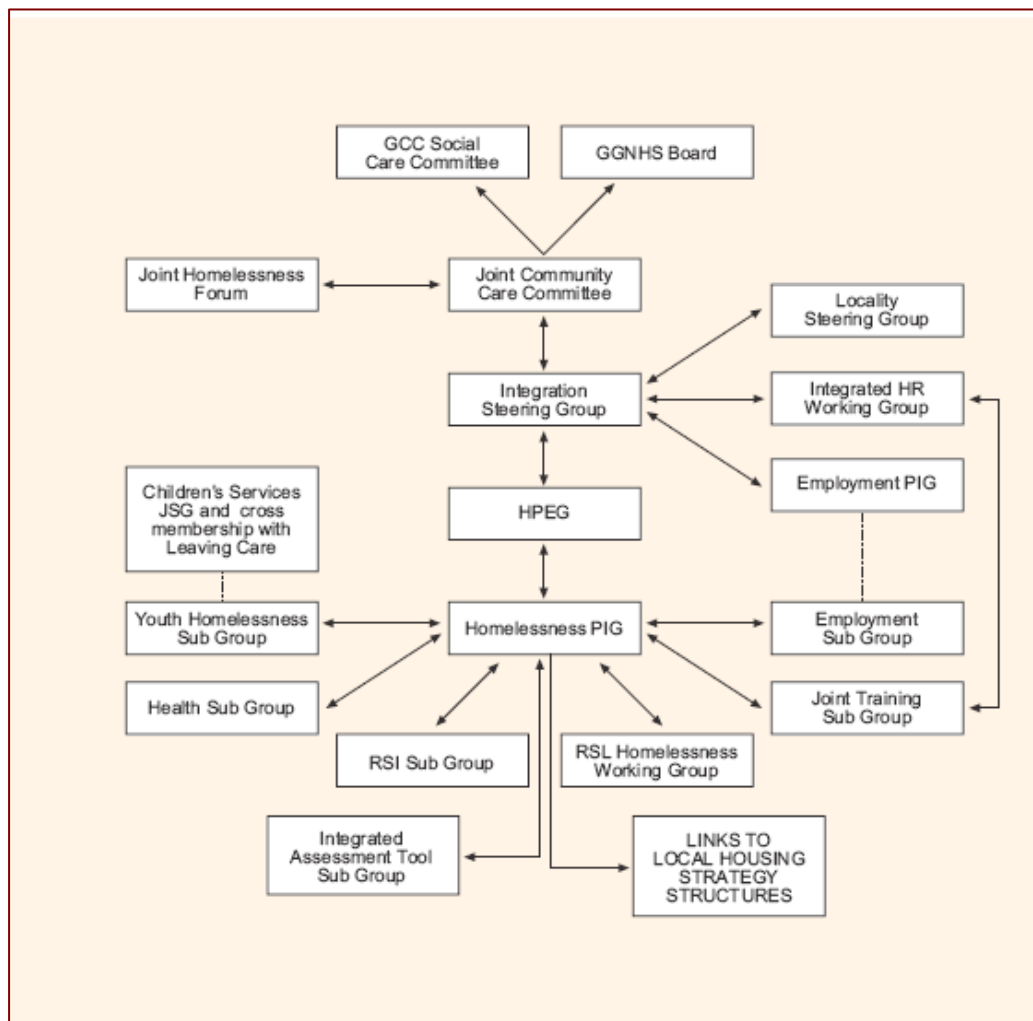
2004/05	<ul style="list-style-type: none">– 2 new resettlement accommodation projects and 6 floating supporting projects opened– SAMH Connect Service (personal support) established
2005/06	<ul style="list-style-type: none">– 6 new resettlement accommodation projects opened– Network of city-wide Community Addiction support services for counselling, community Detox and resettlement support opened
2007/08	<ul style="list-style-type: none">– 8 new supported accommodation projects opened including projects for ARBD, continuing drinkers and move on from rehab

3 Description of Structures and Processes

Governance

- 3.1 The Glasgow Homelessness Strategy 2003-2006 illustrated the governance structures for the GHP as shown in the diagram below.

Figure 3.1



- 3.2 At the heart of the governance structures was the strategic steering group for this work, the Homelessness Partnership Executive Group (HPEG). Its work was supported by the Homelessness Planning Implementation Group (HPIG). The day-to-day implementation was undertaken by the Homelessness Partnership led by the Head of Homelessness and supported by a team drawn from health, social work and housing.

3.3 The HPEG met regularly, in total 37 times between August 2003 and February 2008 (the time period under consideration for this evaluation). The group met four times in 2003; 11 times in 2004; nine times in 2005; six times in 2006; six times in 2007; and once in 2008 demonstrating that as time continued there was a less pressing need to meet as frequently. Appendix 4 provides a more detailed review of the content of the HPEG's work.

3.4 The following individuals attended the meetings regularly:

- Catherine Jamieson, Head of Glasgow Homelessness Partnership
- *Catriona Renfrew, NHSGG Director of Corporate Policy and Planning
- *Jane Arrol, NHSGG Primary Care Trust (until 2005)
- *Margaret Taylor, Glasgow Homelessness Network
- Elaine Haddow, Service Planning and Commissioning Manager, Glasgow Homelessness Partnership
- *Rab Murray, GCC Social Work Depute Director
- Beverley Downie, Principal Finance Officer, Homelessness, GHP (latterly directly in Social Work finance section) - attended mainly in the earlier years.

*These were key members, the rest acted as advisers

This attendance list illustrates the essential partnership nature of the work and the fact that all attended regularly shows the commitment from all partners to ensure the work was achieved.

3.5 In terms of gaps in who attended the HPEG meetings, the earlier scoping report by Stirling University (Design for Evaluating Glasgow's Programme of Hostel Re-provisioning, 2006) has identified that it might have been useful to have Glasgow Housing Association/RSLs representation following on from stock transfer given the importance of securing tenancies from these agencies. (Ref. report p.30). Other feedback we have received through the interview process to date has suggested that a closer involvement of planning officers in the process (whether at HPEG or some other more appropriate part of the structure) might have assisted in some of the complex planning issues that arose.

3.6 The Homelessness Partnership Implementation Group (HPIG) met regularly. Between January 2003 and May 2008 the group met 25

times. The HPIG, like the HPEG, tailed off towards the end of the period with only two meetings in 2008 compared to four-five in other years.

3.7 The membership of the group was reviewed twice during this time period, and representatives from additional organisations became involved, to reflect developments, which suggests that the group was proactive in ensuring that all relevant players were involved.

3.8 The following individuals attended meetings of the HPIG regularly throughout this time period:

- Catherine Jamieson, Head of Glasgow Homelessness Partnership
- Alice Docherty, Primary Care Trust then Glasgow Homelessness Partnership
- Margaret Anne Brunjes, Glasgow Homelessness Network
- Elaine Haddow, Housing Services then Glasgow Homelessness Partnership
- Alison Campbell, Job Centre Plus
- Susan Crookston, Glasgow and West of Scotland Forum of Housing Associations

3.9 However additional representatives from the agencies given above, as well as a wide range of additional organisations, were represented at the HPIG. These included:

- Shelter
- Greater Glasgow NHS Board
- Glasgow City Council Social Work Services
- Equal Access to Employment
- The Big Step
- Glasgow City Council Development & Regeneration Services
- Glasgow Asylum Seekers Project
- Glasgow Housing Association
- Loretto Care (Connect Service)

- Communities Scotland
 - Department of Work and Pensions
- 3.10 Appendix 5 contains an analysis of the content of the meetings and shows the links to the work of the HPEG where these occurred.

Practice

- 3.11 The GHP team is a multi-disciplinary team drawn from housing, social work, and health. Its first Head was appointed in 2001 but it was not until Catherine Jamieson was appointed in 2003 that a detailed hostels closure plan was drawn up.
- 3.12 The GHP is a complex service and made more complex by the fact that its staff operated from different locations. Within the GHP team during the 2003-2008 period there were various sub-teams described below:
- The Hostels Assessment and Resettlement Team (HART) had responsibility to ensure good outcomes for clients and came from a mixture of professional backgrounds. Its focus was on integrated assessment so that the most appropriate support services could be found for each person
 - Homelink dealt with securing accommodation (now employing five FTE staff - was six until 18 months ago)
 - Commissioning Team dealt with the commissioning of services and had eight FTE staff.
 - Locality Development Co-ordinators' posts were established in four areas in Glasgow - north, south, east and west – located across the different sectors - voluntary sector, social work, community casework team and primary care. Their remit was to ensure access to health and other mainstream services at local level for homeless households being re-accommodated in the area. They distributed leaflets about accessing health services and trained 300 CHCP staff in homelessness awareness. In each of the four areas there were also Homelessness Forums established where agencies came together to discuss services issues.

3.13 Other parts of the practice picture included:

- the Residents' Forums (for hostel residents) which Glasgow Homeless Network (GHN) supported and which offered a forum for an independent voice for hostel users.
- the Health and Homelessness Service.

The Role of Housing Associations and RSLs

- 3.14 Following the transfer of housing stock to GHA, all accommodation for homeless households, including former hostel residents, was provided by external agencies – in the main RSLs. GHA and other RSLs are jointly responsible for responding to Section 5 referrals (for permanent accommodation) under the Housing Scotland Act 2001.
- 3.15 GHA liaises with Glasgow City Council to ensure that there are properly supported tenancies and care packages of support in place.
- 3.16 We understand that GHA and local housing associations are about to centralise the Section 5 process in order to ensure appropriate referrals and to enable them to better monitor progress – there is widespread recognition that it does not work effectively in its current form. The new process will be introduced in December this year or early next year and will include a centralised IT system.
- 3.17 The new process will incorporate a comprehensively documented care package and will highlight any particular issues affecting the individual that service/accommodation providers should be aware of, in order to ensure that an appropriate tenancy is provided, and can be sustained by the individual.
- 3.18 Local housing associations currently have no direct role within the single shared assessment although representatives of these organisations feel there would be value in them having the authority to conduct these assessments, if they are the first point of contact for a homeless person.

The Role of the CHCPs

- 3.19 The role of the CHCPs (which were established in April 2005 replacing the former Social Work Area Teams) is central to the way forward for homeless households with an emphasis on local solutions for those who become homeless (with the main aim being to prevent homelessness from happening in the first place). The CHCPs each have Health and Homelessness Action Plans to direct their work. The Locality Development Co-ordinators are now situated within the CHCPs to act as brokers between the CHCPs and the RSLs.

4 Analysis and Findings

Overall Effectiveness

- 4.1 The overall test of effectiveness is: has the partnership achieved what it set out to do? In terms of the hostel closures and the development of new smaller-scale accommodation and support services this has been achieved within the timescales set, despite some delays and challenges along the way. With the background context of stock transfer, internal restructurings and the Workforce Pay and Benefits Review, this is an impressive achievement.

Effectiveness of the Structures

- 4.2 The structures of the HPEG and HPIG appear to have been fit for purpose. There has been little criticism of them from those we have interviewed and comments such as *“they were supportive”*, *“they worked well”* have been made several times. As noted in the previous chapter the membership of the HPEG could perhaps have been usefully expanded but as the core governance group it appears to have acted in partnership. It might also have been useful to have a written statement of its roles and responsibilities as although there is mention in the Programme Delivery Plan (2003) of the HPEG receiving a number of reports there is no statement of its role as a decision-taker which in fact it proved to be (although all decisions taken would then be ratified by the appropriate Board/Committee).
- 4.3 The HPIG is not seen as having played a key planning or implementation role but rather has served as an information-sharing forum. The GHP team has implemented the actions required. The HPIG’s sub-groups have been regarded as useful. People recognised that the HPEG and HPIG tailed off towards the end of the reprovisioning process but there was a perception that the HPIG has begun to revive again.

Effectiveness of Processes and Practices

The Assessment Process

- 4.4 At the heart of the new approach to supporting homeless households was a comprehensive assessment process which was intended to identify the support the person needed and to plan how this would be put in place. The aim was to have an integrated approach to this assessment so that all the agencies involved could contribute to and share the assessments made.

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- 4.5 A homeless integrated assessment (HIA) tool was introduced as a pilot for two years at the start of this period and was considered to be ahead of its time. However there have been various problems with its implementation and it is still not fully operational. One of these problems was the Pay and Benefits Review with some staff refusing to take on the integrated assessments as it was seen as additional to their job. A second problem is that it has not been possible to produce the tool electronically as yet and this has hampered its use. This is linked to the wider development of the Social Work Single Shared Assessment tool.
- 4.6 The situation now appears to be that the teams are mostly doing an initial assessment only rather than a comprehensive one. It appears there are problems with Council staff not being willing to allow that a third party (such as an external voluntary organisation) could undertake the initial assessment. The hostel HART team did use it as they worked closely together as a multi-disciplinary team and a new HART case team service has been pending which might bridge some of these difficulties. Representatives of both voluntary sector agencies and local housing associations feel that there would be great value in them having a role in the single shared assessment process. They feel that the homeless person would benefit from being assessed at the first point that they enter the system (at the first point that they engage with a service – regardless of which service that may be) rather than having to be referred back to local authority or NHS staff for the assessment to be conducted (as we understand the process to be currently). The current Homeless Integrated Assessment Co-ordinator post ends in March 2009 and there are clearly a number of issues still to be resolved in the whole area of integrated assessment.

Commissioning Services Process

- 4.7 Marrying the commissioning process to service users' needs was challenging and more so in cases where the integrated assessment process, described above, became less comprehensive.
- 4.8 Although there was a gap analysis undertaken early on before services started to be expanded, the commissioning process had to be flexible and change according to what it found: for example the original idea was to include services for people with mild to moderate mental health problems but this was changed when it was realised that this was not the key target group and instead it was those with enduring and severe mental ill-health who required more services to be provided. Interviewees recognised that this kind of change caused some delay in the commissioning process.

- 4.9 Glasgow already had an established group of service providers at the start of this period. The new services identified as being required were put out to open tender (the process had previously been one of negotiating tenders with the established group of providers). This led to some new service providers being engaged (such as SAMH, Penumbra and Unity). This has caused tensions with the existing group of providers which are still not completely resolved.
- 4.10 From the GHP's point of view, however, this open tendering process led to some innovation and improvement in the quality of the services offered. Examples of such services include:
- The Quarriers What If service
 - The Fordneuk Shelter service (for continuing drinkers)
 - SAMH – Connect Service (Personal Support). These are described in more detail in the boxes below.

Quarriers: What If

Quarriers was commissioned to deliver the What If (Working with Homeless Adults Towards Independent Futures) project.

What If works with homeless young people aged 18-25 who have complex needs, including physical and mental health issues, addictions, and many clients using the service have experienced trauma or abuse.

The project was commissioned out of the recognition that there was a group of young people living in the hostels, for whom existing youth provision had not worked.

What If has developed into two, gender-specific strands. One strand provides 16 places to women, and the other provides 16 places to men. Quarriers holds the tenancies for the accommodation. Clients are provided with a holistic package of support, led by their needs, and support is available 24 hours a day.

Taking a gender-specific approach has worked well as it has allowed staff to develop skills in addressing issues specific to men and women, and in finding ways of working which suits each gender group. Indeed, the project contributed to research undertaken by Glasgow Homelessness Partnership into gender based violence which looked at gender differences in dealing with trauma.

What If has a policy of non-exclusion and it will continue to work with clients who move on from the project's accommodation (for



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example, if clients move to hospital or prison).

Feedback from the project indicates that it is successfully engaging with clients, many of whom have a history of non-engagement with services. The project also appears to be helping clients to address issues in their lives, with the result that their lives have become less chaotic and they are able to sustain their tenancies.

The approach to preparing people for taking on a tenancy with the project has contributed to its success. Potential clients meet with project staff on a number of occasions in order that they develop a relationship with the project prior to taking on a tenancy.

Loretto Care: Fordneuk Street Accommodation and Alcohol Support Service

The Fordneuk Street Accommodation and Alcohol Support Service is delivered by Loretto Care. The facility provides 38 supported accommodation places to men and women aged 18 and over with alcohol problems, who have a history of non-engagement with services. The service also works with individuals who have expressed that they will continue to use alcohol.

Efforts were made to coincide the opening of Fordneuk Street with the closure of the James Duncan House hostel, and the last ten residents at the hostel were accommodated by the Fordneuk Street service.

In terms of good practice, the referral process includes a pre-referral stage where potential residents visit the site (alongside their care manager) to meet staff and hear more about the support available. This ensures that the service is more likely to receive appropriate referrals, and individuals are assured the service is right for them before taking up referral.

Residents are provided with a tailored package of support focusing on their needs. There is a staff team based at the facility which provides support on a 24-hour basis.

The service focuses on helping residents to move on, and it aims for the average stay to be around 9 months.

Scottish Association for Mental Health: Connect

SAMH was commissioned to deliver Connect, which is an outreach service working with homeless households who have previously experienced difficulties in engaging with services. Indeed, many of the people targeted by Connect state that they do not wish to

engage with any services.

To overcome this, Connect works assertively to engage with clients. For example staff will persist in contacting clients, even when the client is reluctant to engage. In some cases the project will be required to track down clients who are referred to the project.

Connect links people with other agencies who can offer help and support, including our own network of services, and helps them to develop a support package, which suits the needs of the individual. It promotes collaboration, partnership and integration between individuals, professions and agencies, to ensure that we all work together to make a positive difference to people's lives.

Support is tailored to clients' needs and can include practical and emotional support. Connect also assists clients to access and engage with other agencies, and supports clients to attend appointments. The service works with 150 service users at a time.

The service provided by Connect is flexible, and clients will continue to receive support even if they move out of the local authority area or are in prison.

Staffing issues

- 4.11 There are a number of issues relating to staffing that have impacted on the work of the decommissioning and reprovisioning process.
- 4.12 In 2003-04 in particular there were issues of simply getting the staff in place. It took time to recruit the staff required and as the process continued there were occasions when the team had to recognise that there was staff expertise missing that had to be found, for example a commissioning officer in mental health.
- 4.13 A key issue was that some hostel staff did not wish redeployment to different jobs – working mainly office hours - and the strength of their resistance was under-estimated. More than one interviewee has pointed out to us that as a group of people the staff were very close to each other as they had been working shifts together for a long time. The fear of change was significant.
- 4.14 The unions supported the closures in general but this had to be balanced by supporting their members. From the interviews conducted for this evaluation the sense has emerged that one of the key achievements in the process was getting a package in place for voluntary redundancies that was recognised by the unions.

- 4.15 For the hostel staff involved it is apparent that the change to smaller scale accommodation with support services provided was a major change in the way they had previously worked. The change was from hostel management to care and support for service users. It is felt that those who have stayed have made this change, with re-training as a major component of the process, and that the staff who left under the voluntary redundancy scheme are those who would have found the change unacceptable.
- 4.16 One lesson learnt from the whole process was the importance of communicating with staff before decisions were taken rather than after. Whilst this did not always happen in the early stages of the process, as it progressed, communication with staff was recognised as key and prioritised. This has been recognised as important as it allows for staff buy-in to the process and helps reduce resistance to change.
- 4.17 Another learning point in relation to the GHP staff team working together is that it would be helpful if staff in multi-disciplinary teams all had the same terms and conditions: having different holiday terms *etcetera* can make close team working difficult.

Training

- 4.18 There appear to have been two main strands to the training aspect of the decommissioning and reprovisioning process:
- the re-training of hostel staff to enable them to take up new jobs; and
 - a joint training programme across services – health, voluntary sector, local authority - raising homelessness awareness and linked to the need to mainstream homelessness service delivery.
- 4.19 There was a training sub-group of the HPIG that oversaw the re-training of staff to allow them to move to other posts. The aim was wherever possible to re-train hostel staff to take on a people care and support role that would allow them to be re-categorised within social work and open up new opportunities for development and jobs.
- 4.20 The training provided included:
- a rolling programme for HNC (Health and Social Care) for Depute Managers, considered successful;
 - SVQ Level 2 for hostel assistants; and

- training on the Homelessness Integrated Assessment was rolled out to all around the partnership.
- 4.21 In terms of homelessness awareness training this appears to have been successful with, as has been seen in the previous chapter, over 300 staff in CHCPs trained as well as staff across the Council. Service users have been involved in some of it.
- 4.22 The view of those interviewed is that the training programme for staff has been effective.

Delays

- 4.23 The original date for the closure of Robertson House was December 2004 and it eventually closed in February 2005 (the delay being due to the availability of alternative accommodation). Peter McCann House was due to close in July 2006 and this took place on schedule. James Duncan House was due to close in September 2007 and eventually closed in March 2008.
- 4.24 Many of those interviewed recognised that things could have been done faster if there had not been other mitigating factors. There were delays due to a number of factors including time to undertake staff recruitment, staff resistance to change, the Workforce Pay and Benefits Review, planning issues and because of community opposition, and latterly funding issues with the Scottish Government. Hostel residents' opposition was also a factor and each closure became more difficult as there were no more hostels left to which to move those who wanted to stay in a hostel environment. Some of these issues, such as the internal restructurings, were Glasgow specific and would not necessarily be encountered elsewhere. Others would in all likelihood be repeated in a similar major change management process involving buildings: these include staff resistance to change, the length of time required for planning issues, and where sensitive issues are involved-the time for community consultation and dealing with any opposition.
- 4.25 The delays caused tensions for the partners and for the Scottish Government: the former had a sense that the Scottish Government did not understand the pressures they were under and the latter was concerned that the closures would not happen within the set timescale.

Funding

- 4.26 There were also tensions with regard to the funding processes. There was a sense from partners that the Scottish Executive did not fully understand why so much funding was needed:

“it was an uphill struggle to get recognition for what the funding was needed for.....the Scottish Executive underestimated the costs of what was involved.”

- 4.27 Early on in the programme Glasgow City Council asked the Scottish Executive if the funding could be phased over the three years – larger amounts towards the end. For their own internal reasons this was not possible and resulted in additional pressures for those delivering the programme.
- 4.28 There were issues around how the money was drawn down: a lot of the funding had to be spent in the same year it was allocated and there were problems at times in achieving this with the result that in some years there was an underspend.
- 4.29 The financial management processes were complex with cost centres attached to different client groups such as mental health, addictions, older people *etcetera*. Each of these held a budget but it was difficult to get accurate projections from them as there would be slippage on recruitment or on the anticipated numbers of service users. The Principal Finance Officer admitted that this process was *“a bit messy”* and were she to do it again she would keep control over the cost centres (which is eventually what happened). In terms of working with health the process was more straightforward as the money was directly linked to staff employed. There was less contact with the voluntary sector other than for purchasing providers.
- 4.30 Chapter 5 provides a fuller breakdown and analysis of the funding and value for money assessment.

Products

- 4.31 There were a number of “products” from the work including:
- a DVD made at the start of the process which was used with service users as well as Councillors (a DVD was produced at the end of the process too to support the forward strategy);
 - written packs for contingency planning and how to walk into a service and run it. These have been passed on to children’s and older people’s services;

- Unheard Voices Theatre Group; and
- leaflets about accessing health services.

Effectiveness of Partnership

- 4.32 In terms of partnership it was clearly important in achieving the final outcomes to have both health and the voluntary sector involved along with the Council's social work and housing. This is seen to have brought added value, for example, health-wise this has meant that there has been the involvement of Occupational Therapists for the first time in homeless assessments.
- 4.33 Several interviewees have commented on the involvement of the voluntary sector in the partnership as being important but not as straightforward as for the public sector bodies.
- 4.34 There is a strong sense from those interviewed that partnership is more embedded now whereas at the start it was more about co-location rather than integrated services. In particular the HART team and the work of the Locality Development Co-ordinators are seen as good practice examples of multi-disciplinary working.

Barriers

- 4.35 Planning issues took more time than had been anticipated. One interviewee thought it would have helped to have a more high level Council accommodation group involving the planners and lawyers more closely from the start. Community opposition at times could be high and this linked in to the planning issues and delays in getting projects established.
- 4.36 The different terms and conditions of the various people working within the partnership was seen as a barrier. Similarly the fact that social work and health have different IT systems is seen as unhelpful.
- 4.37 The Workforce Pay and Benefits Review was seen as a barrier as it came just at the sensitive time of change and inevitably caused some delay.
- 4.38 The stock transfer process meant that GHA required time to settle in with some delays as a result in the provision of suitable tenancies for re-housing those who had been homeless and identification of accommodation/sites for new projects (supported accommodation).

- 4.39 The culture in the hostels themselves, for staff and for residents, was a barrier to be surmounted: both groups were accustomed to the way things were done in the hostels over a significant period of time.

Levers of success

- 4.40 A number of levers of success have been identified to date:
- the commitment at senior level within health and social work to make it work;
 - the drive and enthusiasm of the Head of the GHP appointed in 2003; she came from a background in both housing and social work and understood the issues on both sides which helped;
 - the management team has stayed closely together over the five years and has demonstrated the strength of team working;
 - several members in the senior team already had significant experience over many years of addressing homelessness issues and were committed to making the change happen; and
 - the backing of Councillors to support the development of prevention and alleviation of homelessness has been important.

Monitoring and Evaluation

- 4.41 There was tension between the Partnership and the Scottish Executive before the KPIs and the quarterly reports were finalised. The partners felt they were being asked for too much detail and the Scottish Executive felt they had a duty to account for public spending and to ensure that the outlined programme happened. These have since then provided detailed progress reports. They provide a thorough and useful set of monitoring data.
- 4.42 The Scottish Government acknowledge now that the level of information they required was perhaps too detailed but at the time they were rightly concerned about ensuring the programme was delivered on time.
- 4.43 In terms of individuals the continuity of care audits allowed a sample of service users to be tracked and this will show us in the



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future whether the process has worked (and the longitudinal study will also pick this up).

Lessons from Previous Closures

- 4.44 The Great Eastern Hostel closure evaluation report made a number of recommendations for any future projects of a similar nature and these appear at least mostly to have been attempted even if not all were fully successful.
- A strategic partnership approach (has been achieved)
 - Improved early planning, considering a range of options (partially achieved)
 - Diversion as well as reprovisioning (achieved)
 - Strengthening assessment and support (partially achieved)
 - Longitudinal study (not started until late on in the process)
- 4.45 However in practical terms the approach taken with the 2003-2008 closures was quite different to that of the Great Eastern: people at that time looked to build other projects for life rather than the philosophy that is now in place of moving people on into their own tenancies, of preventing homelessness in the first place and of providing more targeted care and support.
- 4.46 There were no records from the Council's half of the work as to where people went afterwards so they could not be tracked. This has shifted now with better record-keeping in place.
- 4.47 The closure of Laidlaw House, had no resources and no programme to support people. The hostels were just closed and *"the people shuffled about. They were a lesson in how not to do it."*

Lessons Learnt

- 4.48 We have drawn out a number of lessons from analysis of the interviews undertaken:
- it is important to make roles and responsibilities very clear within partnership working;
 - strong leadership is required;
 - having a dedicated team such as the GHP is essential;

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- the importance of collecting data and evidence;
- putting an evaluation process in place sooner;
- having clarity about success measures at an early stage;
- transparency of budgeting; and
- staying flexible.

4.49 The next section of this report examines value for money in relation to this programme's funding.

5 Value for Money

5.1 As part of this strategic evaluation we undertook to examine the value for money of the decommissioning and reprovisioning process. We produced a paper on the methods we would adopt to undertake this aspect of the evaluation (see Appendix 1) and circulated this for comment to the Evaluation Monitoring Group. We have taken on board the comments received and this section of the report sets out the findings.

5.2 The Scottish Government spent nearly £60 million (in terms of Reprovisioning Funding) and a total of nearly £170 million (if all sources of funding from the Scottish Government are taken into account) over the time period in question and is keen to examine what value it received for this high input of funding. We have examined this question under the following headings:

- Output costs in relation to income and expenditure
- Additionality
- Added value
- Collaborative gain
- Deadweight
- Displacement

5.3 We have also addressed the following process questions linked to value for money:

- were responsibilities allocated clearly enough to managers to allow for co-ordination, with clear milestones?
- was the programme communicated well to allow for buy-in from key stakeholders?
- are there sufficient plans to maintain the changes made?
- have there been additional costs where planning and management could have been more effectively delivered?
- is there a long-term view on the future needs of homeless households to build on what has been achieved?
- has best practice been identified so that it can be shared (internal to Glasgow/more widely) thus adding value? It is

particularly important that from this evaluation we examine the lessons to be learnt nationally.

Measuring outputs

- 5.4 Table 5.1 below summarises the income and expenditure for the years 2003-2008 both in terms of the decommissioning hostels funding and in terms of the overall funding that was available through other Scottish Government channels such as the Supporting People Programme.

Table 5.1: Income and Expenditure Summary, 2003-2008

Decommissioning Grant		
Year	Income	Expenditure
2003-4	1,443	1,443
2004-5	5,955	5,955
2005-6	11,332	11,332
2006-7	17,768	17,768
2007-8	18,455	17,712
Total	54,953	54,210

- 5.5 In crude terms the following outputs were achieved for this money (by the end of the third quarter 2007-08):

- GHP had closed the three hostels;
- it had established 536 spaces in unregistered spaces and 73 registered spaces, all in smaller, more locally based accommodation;
- it had established Community Addiction Services across the city with 1,740 places available in total; and
- it had established six other services ranging from personal support to overnight home care, with the capacity to offer services to a total of 485 people.

As the previous chapter has demonstrated there were other outputs: specific products, a programme of training and staff development, new staff recruited.

- 5.6 Alongside these tangible outputs are the less tangible outcomes and impact: the most important of these is the shift in the way staff

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regard those who are homeless, bringing with it a new culture of prevention and a focus on moving people on from homelessness that is radically different to the old-style warehouse hostels.

Additionality

- 5.7 The consensus view of those we interviewed is that this work has led to a new approach in working with homeless households that includes new forms of accommodation and new types of support service. The approach is centred around the belief that homeless households can move on in their lives rather than that they are “stuck” in hostels. This new approach could not have been established without the funding provided by the Scottish Government. The high level of costs attached to closing hostels, establishing new types of accommodation and underpinning a new approach in terms of the services available to homeless households would have been prohibitive.

Added Value

- 5.8 The Glasgow hostels decommissioning and reprovisioning process has brought a number of added value benefits:
- reduction in crime: it is too early to say whether there has been a lasting impact on reduction of crime in the city centre but some anecdotal evidence suggests this to be the case in the areas immediately surrounding the hostels’ sites;
 - growth of new “players” in this field, organisations such as SAMH which have their own specialisms but which did not previously undertake work with homeless households. The development of new projects is seen to have brought real benefits: examples given have included SAMH’s Connect project; Quarriers What If project and Loretto’s Fordneuk Street service for continuing drinkers;
 - the development of the Locality Development Co-ordinators who are now in the mainstream in the CHCPs is seen as bringing a positive benefit which will continue to the future;
 - both the CHCPs and the RSLs now have homelessness in their plans, again pointing to the increasing mainstreaming of homelessness work;
 - there were no systems for data recording at the start: there is now six years’ worth of data that will be useful for future research purposes;

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- the training delivered; and
- as mentioned earlier, there have been less tangible benefits that those we interviewed referred to, such as a shift in staff attitudes that people who are homeless can move on and take up tenancies, and that more can be done (and needs to be done) by mainstream services to prevent homelessness in the first place.

Collaborative Gain

- 5.9 The partners involved in the delivery of the decommissioning and reprovisioning process agree that there have been additional benefits for the partners in working together so closely. The close partnership working is illustrated by the fact that the hostel closures were delivered and in undertaking this work the partners involved have strengthened the ways in which they can work together generally.

Deadweight

- 5.10 It is unlikely that any of the outputs would have occurred without the funding intervention. At most it is conceivable that over many years Glasgow might slowly have closed down hostels but it would not have been able to afford to accompany these closures with the scale of new accommodation and service support services that has been part of the decommissioning and reprovisioning process.

Displacement

- 5.11 There is no evidence that the Partnership's work led to a decrease in the outcomes/impact of any other programme.

Addressing the Set Questions

- 5.12 The answers to the questions under consideration are shown below.

- Were responsibilities allocated clearly enough to managers to allow for co-ordination, with clear milestones?

Yes, the sense is that there was clear allocation of responsibility and milestones.



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- Was the programme communicated well to allow for buy-in from key stakeholders?

In general yes, but the importance of communicating with all those who will have to be involved, from homeless households, staff in hostels and planning officials to voluntary sector providers cannot be overemphasised. There was probably room for greater involvement of DRS and planning officials and Housing Associations earlier in the process.

- Are there sufficient plans to maintain the changes made?

Yes, there appear to be sufficient plans but the issue is whether the level of funding required to sustain them will continue to be available. With the Single Outcome Agreements between local authorities and Government it is for the local authority to decide how it will allocate funding in the future.

- Have there been additional costs where planning and management could have been more effectively delivered?

Inevitably in a programme of work of this nature there are areas in which greater efficiency could have reduced costs: we do not believe these to have been significant but in relation to the involvement of planning officials our sense is that had they been more fully involved earlier it is possible that some time/cost could have been saved.

- Is there a long-term view on the future needs of homeless households to build on what has been achieved?

Yes, a new strategy is about to be launched to provide that longer term view. It emphasises the need to prevent homelessness through greater mainstreaming.

- Has best practice been identified so that it can be shared (internal to Glasgow/more widely) thus adding value? It is particularly important that from this evaluation we examine the lessons to be learnt nationally.

Yes, the previous section of this report identified lessons learnt from the programme as a whole. In terms of good practice in relation to process we highlight the work of the HPEG, the Hostel Assessment Resettlement Team (HART), the Homeless Health Service (by which every homeless referral gets a health assessment) and having the right leadership.



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- 5.13 To sum up: the decommissioning and reprovisioning programme has provided good value for money, has delivered the key outputs required and alongside these some less tangible but important outcomes in terms of the way staff across the partners view their approach to homeless households. There are identified lessons to be learnt from the process and there is a strategy to take forward the work begun in this programme that it is hoped will sustain the important changes made.

6 Good Practice and Lessons Learned

6.1 One of the key purposes of this evaluation was to learn lessons about approaches that have worked particularly well during the re-provisioning process which can inform practice in relation to similar processes in future, either in Glasgow or in other parts of Scotland.

6.2 In drawing out these examples of good practice, it should be emphasised that the process which was implemented was unprecedented, and so in that sense all of the learning was of value. We highlight below a selection of good practice that can inform learning:

- The multi-disciplinary assessment and resettlement team was an excellent example of different services coming together to work effectively as a unit conducting thorough, in-depth assessments of the needs of homeless people.
- Service-user involvement – the work developed through the hostels decommissioning process has now become part of GHN’s national toolkit on Involving and Empowering People Using Homeless Services in Scotland.
- The delivery of healthcare into homeless accommodation services brought health services close to homeless people improving access to services where previously they were unable to gain access.
- The Aspire emergency accommodation service was developed as an alternative to using B&B accommodation with 24 hour access and housing support on site.
- The online Housing Options guide, which now has 30,000 hits per month and has made information on housing and homelessness services in the City significantly more accessible to services users.
- The flexibility and innovation of the commissioning process - for example, putting services in place in the interim whilst new buildings were built, for example the interim service at Copeland Road for continuing drinkers was an example of an interim service. This meant that service provision did not have to wait until purpose-built facilities were ready – existing buildings were used in the interim.
- The joint training programme developed between the Council, health and voluntary sector has offered a joint

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training programme accessible to all agencies working within homelessness in the city.

- Statement of Best Practice developed between the Council and GHA at stock transfer have been revised and extended to all housing associations working in the city. They raise awareness of joint working at local level, provide forums for development and planning and routes into services for local service delivery issues.
- The hostels decommissioning programme has reduced repeat homeless presentations, especially among single men, through the provision of additional small scale accommodation and support services. It has also helped with engaging with service users. Figures show that repeat homeless presentations fell from 23% to 10%.
- The Response Pilot, for people experiencing domestic abuse (predominantly used by women), provides an out-of-hours service, has a dedicated phonenumber, and workers meet service users to take them to their accommodation. The Respond service is being mainstreamed.
- The network of community addiction services that have been developed – providing counselling and rehabilitation for drug and alcohol users – is very beneficial. These services have provided support to service users and their families in maintaining their accommodation in community settings.
- The Trauma and Personality Disorder service has added a new dimension to mental health services available. There are two parts to the service – not only does it work directly with clients, it also works with service providers who work with clients with complex issues to help them sustain their tenancies and support services – this has worked well.
- The integration of the homeless persons social work team with the emergency service team at the Hamish Allan Centre has been a service improvement.
- Continuation of Care Audits for people leaving the hostels ensured that they had access to support and services once they returned to the community and tested the success of health services in moving people back into mainstream health provision.

7 Conclusions

Challenges That Remain

- 7.1 Moving people on is still an issue: there is much more furnished temporary accommodation than at the start of the period (more than doubled) but *“now have to work at moving people on from that and help staff to see that this is possible”*.
- 7.2 Although there is some tracking of individuals through the continuity of care audits there is no way to link this to the social work Carefirst system and it would be helpful if this was possible.
- 7.3 There is still more to be done in terms of linking/integrating services such as mental health teams within the CHCPs.
- 7.4 There is work remaining to get a fully integrated homeless assessment process in place.
- 7.5 Several interviewees raised the issue that there is still a need for more mainstream services for vulnerable people to prevent homelessness in the first place. They stressed the importance of ensuring the mainstream acts to prevent homelessness.

“Ideally you should only need a very small crisis unit for the most vulnerable people who still become homeless - everything else should be picked up in the mainstream at local level”.

- 7.6 There are issues around how to make the voluntary sector more of an equal partner in this kind of partnership. This is not unique to this partnership and is one that requires further attention across many partnerships.
- 7.7 Some stakeholders think that Education could be more fully involved to assist in the prevention and diversionary strategy.

Overall

- 7.8 *“Commitment of a few key people is critical.”* We have found that the key people involved in the process were hugely committed to what they were trying to achieve. We have been impressed by the obvious commitment, hard work and willingness to make sure the job was done. In particular we recognise the important leadership role that the Head of the GHP has played, and the vital financial contributions from the Scottish Government without which this process and new approach could not have happened.

Value for Money Paper

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Value for Money

As part of the evaluation of GHP's strategic approach to the Glasgow Hostel Reprovisioning programme we have been asked to undertake a value for money assessment. The context for asking this question is the major investment from the Scottish Government, which has been unprecedented in Scotland. Our approach to this is to ask the question: what will it be helpful to know from this assessment? This paper sets out our thoughts to date on this and we would welcome input from the Evaluation Monitoring Group members.

Assessing value for money in this situation is complex in that we are only evaluating the Partnership's strategic approach to the reprovisioning programme. We are not evaluating the impact for the individual homeless households involved in this process as this is part of the longitudinal study looking at the outcomes for individuals.

We suggest that the assessment we undertake should include the following:

- Assessment of overall outputs (in terms of the decommissioning and reprovisioning process) and costs attached (with breakdown of individual components).
- Additionality: how far would the outcomes and impacts have happened without this intervention?
- Added value such as assessment of additional (possibly unforeseen) wider benefits: reduction in crime, growth of new "players" in this field and organisational improvements (for example reduced staff turnover/absence and improved performance outcomes). Identifying the benefits that have added value will be a central and important part of this work.
- Collaborative gain: have there been additional benefits from the partnership/partners working together so closely? Where things have gone badly, there could also be collaborative loss.



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- Deadweight: would it have happened without the specific intervention of the funding?
- Displacement: has the Partnership's work led to a decrease in the outcomes/impact of another programme?
- Process questions linked to value for money:
 - Were responsibilities allocated clearly enough to managers to allow for co-ordination, with clear milestones?
 - Was the programme communicated well to allow for buy-in from key stakeholders?
 - Are there sufficient plans to maintain the changes made?
 - Have there been additional costs where planning and management could have been more effectively delivered?
 - Is there a long-term view on the future needs of homeless households to build on what has been achieved?
 - Has best practice been identified so that it can be shared (internal to Glasgow and/or more widely) thus adding value? It is particularly important that from this evaluation we examine the lessons to be learnt nationally.

List of Interviewees

Catherine Jamieson	Head of Glasgow Homelessness Partnership
Catriona Renfrew	Director of Corporate Policy and Planning, NHS Greater Glasgow and Clyde
Alice Docherty	Health and Homeless Co-ordinator (NHS employee based in GHP)
Maureen Thorpe	Organisation, Development and Training Manager, GHP
Gerry Mearns	Operational Manager (for homeless persons team in Social Work)
John O'Sullivan	Operations Manager, GHP
Vincent McDaid	Assessment and Resettlement Manager, GHP
Elaine Haddow	Service Planning and Commissioning Manager, GHP
Matt Howarth	Policy Officer, Housing Access and Support, Scottish Government
Beverley Downie	Principal Finance Officer, GHP
Mike Neilsen	Director of Housing and Regeneration (2002-2006), Scottish Executive
Fiona Finnie	Operations Manager, Penumbra
Julie Richardson	Service Manager, Quarriers
Martin Glackin	Head of Care, Loretto Care
Paolo Doyle	Housing Team Leader, Thenew Housing Association
Kat Clark	Head of Services, Glasgow Simon Community
Andrew Horne	Operations Manager, Addaction
Sheila Hanney	General Manager, Aspire



Bobby Duffy

Assistant Director, SAMH

Ian Irvine

Operations Manager, Turning Point Scotland

Margaret Vass

Senior Manager, Glasgow Housing Association

Documentation Sources

1. Working Together to Prevent and Alleviate Homelessness: Glasgow's Homelessness Strategy 2003-2006 (Summary)
2. Quarterly Reports
3. HPEG Minutes
4. HPIG Minutes
5. Minutes of meetings between Glasgow City Council and Scottish Government "extended HPEG")
6. Papers and Reports
 - Proposals for Hostel Reprovisioning Funding in 2001-2002 (Glasgow Homelessness Partnership)
 - Hostel Closure and Service Reprovisioning programme (Report by Acting Director of Social Work Services, (May 2003)
 - Design for evaluating Glasgow's programme of hostel reprovisioning (University of Stirling, 2006)

Review of the HPEG Minutes

1. We have read and analysed all the Homelessness Partnership Executive Group (HPEG) minutes from 2003-2008.
2. The HPEG met regularly throughout the course of the hostel re-provisioning process.
3. From the minutes we have received it appears the HPEG met 37 times between August 2003 and February 2008. The group met four times in 2003; 11 times in 2004; nine times in 2005; six times in 2006; six times in 2007; and once in 2008.
4. The following six individuals attended the meetings regularly:
 - Catherine Jamieson (Head of Glasgow Homelessness Partnership)
 - Catriona Renfrew (NHS Greater Glasgow Director of Corporate Policy and Planning)
 - Jane Arrol (NHS Greater Glasgow Primary Care Trust)
 - Margaret Taylor (Glasgow Homelessness Network)
 - Elaine Haddow (Service Planning and Commissioning Manager, Glasgow Homelessness Partnership)
 - Rab Murray (Glasgow City Council Social Work Depute Director)
5. In addition, various other individuals representing agencies including Glasgow Homelessness Partnership (GHP), Social Work, and Glasgow Homelessness Network occasionally attended the HPEG meetings.
6. Representatives from the Scottish Executive began attending HPEG meetings in July 2004 (that is, after the group had been meeting for around a year). However this ends in July 2006 and there is no Scottish Executive/Government representative at the remaining HPEG meetings.
7. We have tracked the common issues discussed during HPEG meetings although on a number of occasions an issue appears but subsequent minutes do not refer to the issue again.

New Accommodation and Facilities

8. The HPEG discussed progress made on identifying new sites for services and accommodation, putting these services in place, and also highlights challenges in achieving new facilities.
9. The minutes show that Development and Regeneration Services (DRS) provides advice to the HPEG on potential sites for new accommodation. For example, during August and September 2004, DRS provided options for sites for the relocation of accommodation in Clyde Place.
10. The provision of alternative accommodation for women using the Inglefield Street Hostel was also discussed by the group at a number of meetings. The group used some meetings to consider future models for providing women's services and to identify sites for these facilities.
11. Later meetings of the HPEG provided updates on when new facilities are due to open, and discuss issues arising which might set this back.

Hostel Closures

12. The HPEG considered the draft programme for hostel closure in September 2003.
13. The HPEG regularly discussed updates on progress made in moving residents out of the hostels and how this affects anticipated dates for decommissioning. For example:
 - in December 2004 85 residents remained in the Robertson House hostel, resulting in the closure date being pushed back to February 2005; and
 - the group noted during the meeting of March 2005 that Robertson House was at decommissioning stage as all residents had moved out.
14. The group also discussed outcomes for service users following hostel closures. For example minutes from April 2005 note that tracking former residents of Robertson House found that just one had presented as homeless in the month since it was decommissioned.

Street Homelessness

15. In a number of the earlier HPEG meetings issues around street homelessness were considered.
16. For example the minutes from February 2004 note that a group member from GHP was tasked with examining "serious rough-sleeping cases" in order to identify issues to be addressed. These minutes note that over 200 individuals were still sleeping rough, and the HPEG agree that Glasgow City Council Social Work should lead on addressing these cases.
17. The HPEG considers and provides comments on the Glasgow Homelessness Network's annual report on the Rough Sleeping Initiative.

Staff recruitment

18. In the early stages the HPEG discussed the ongoing recruitment of staff members involved in the process, including an operational manager, locality managers, casework managers and so on. In later meetings they made decisions regarding continued funding for a number of these posts.

Alcohol Support Service

19. In a number of meetings during 2003 and 2004 the HPEG discussed a proposed Alcohol Support Service. During 2003 the HPEG considered a paper on alcohol-related brain damage prepared by one of the group's representatives, which was due to go to Committee.
20. The group also discussed its approach to providing the Alcohol Support Services, and noted that the approach and potential facility to house clients using these services should be discussed with a local member and David Comely (then Director of Social Work).
21. The approach to providing Alcohol Support Services also involved a visit to Bournemouth for councillors to visit a similar project. The minutes note that proposals for such a service will go to the Social Care Committee for approval.

Youth Homelessness

22. In a number of earlier HPEG meetings, the group discussed youth homelessness. In March 2004 the group agreed to create a youth homelessness subgroup of the Homelessness Partnership Implementation Group (HPIG) (to be chaired by Margaret Taylor of Glasgow Homelessness Network). The purpose of this subgroup was to look at leaving care functions and to interface with leaving care services, as well as plan homelessness services for young people. The first meeting of this subgroup took place in June 2004.
23. HPEG minutes suggest that the youth homelessness subgroup would prepare a needs assessment on youth homelessness and present this to the HPEG. However, this is not mentioned in subsequent minutes.
24. The minutes from April 2004 refer to research being undertaken on youth homelessness, which the group requested should focus on how to avoid homelessness among young people.

Draft Homelessness Strategy

25. During an early meeting of the HPEG (August 2003) the group considered responses received from the Scottish Executive on the draft homelessness strategy, and agrees that Catherine Jamieson will incorporate these and redraft the strategy.
26. Minutes from April 2004 note that the strategy was going for final approval to the joint homelessness working group and the joint care committee in social work, then to Scottish Executive for final approval.

Homeless Integrated Assessment

27. Issues and challenges around implementing an integrated assessment process were discussed at a number of HPEG meetings.
28. It appears that a number of services initially found the integrated assessment process challenging.
29. The HPEG meeting in October 2004 included a presentation of a position paper on the integrated assessment by two people from GHP (Willie McBride and Vincent McDaid) which identified the following issues:
 - all staff should be involved in data entry relating to assessment;



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- the assessment team and basic assessment activity should be co-located at the Hamish Allan Centre; and
 - the role of community casework teams should be considered in relation to integrated assessment.
30. HPEG members raised concerns that social work staff were not engaging with the integrated assessment process, and the minutes note that this was raised with Social Work.
31. The minutes note that the roll-out of the integrated assessment process was due to be completed by April 2006. This issue is further commented on in the section on issues arising from the interviews.

Use of Bed and Breakfast Accommodation

32. The use of bed and breakfasts to accommodate homeless households was an issue discussed at a number of HPEG meetings (particularly later meetings).
33. This issue was first raised in December 2004, where it was noted that work should be done to reduce the number of households covered by the Unsuitable Accommodation regulation living in bed and breakfasts. Indeed several different members of the HPEG noted during various meetings that more work was required to reduce the use of bed and breakfast accommodation.
34. The HPEG member representing Greater Glasgow NHS Board (Catriona Renfrew) raised this issue during the meeting in April 2005, to question why service users “on alerts” are placed in bed and breakfast accommodation rather than intensive care units. The response from the group was that this occurred due to appropriate accommodation being unavailable.
35. The minutes from October 2005 note that a team leader was put in place to oversee the reduction of the use of bed and breakfasts. Subsequent minutes provide updates on progress.

Out-of-area bed and breakfast placements

36. Minutes from May 2006 raise the issue that the number of people in bed and breakfast accommodation in Glasgow is affected by out-of-area placements (that is, other local authorities placing homeless residents in bed and breakfasts in Glasgow). Local authorities which carry out this practice include Renfrewshire, South Lanarkshire, East Dunbartonshire, East Renfrewshire, Inverclyde, Stirling, Falkirk and Clackmannanshire.



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37. Minutes from July 2006 note that an out-of-area protocol regarding placement in Glasgow bed and breakfasts had been developed.
38. However, minutes from October 2006 show that East Dunbartonshire Council in particular continues to place homeless residents in bed and breakfasts in Glasgow. As a result, two members of the group (Catherine Jamieson and Rab Murray) discussed this issue with the Chief Executive of East Dunbartonshire Council.
39. Catherine Jamieson also met with other local authorities who have not signed up to the protocol to discuss the issue. However it appears this continued to be a problem, as the minutes from the meeting in July 2007 show that out-of-area bed and breakfast placements increased; the minutes note that members feel this *“should be raised politically”*. It was suggested that the HPEG should consult with councillors on writing to other authorities about this issue, and Health should write to East Dunbartonshire Council in particular regarding placing vulnerable clients into bed and breakfast accommodation.
40. Catherine Jamieson and David Crawford (Director of Social Work) met with other local authorities in November 2007. As a result, Inverclyde and Stirling Councils agreed to stop placing residents in Glasgow bed and breakfasts, and three local authorities (Renfrewshire, East Renfrewshire, and South Lanarkshire) agreed to stop placing residents in a number of named bed and breakfasts.
41. However East Dunbartonshire Council (EDC) met with the HPEG members separately in December 2007. It would continue to place residents in Glasgow bed and breakfasts. The minutes note that the HPEG members *“advised EDC to be prepared for political interest”*.

Section 5 referrals/Temporary Furnished Flats (TFFs) – Glasgow Housing Association

42. The issue of bed and breakfast use as a result of lack of accommodation is linked to perceived shortcomings by Glasgow Housing Association in responding to Section 5 referrals and providing Temporary Furnished Flats (TFFs). A number of meetings took place between HPEG members and Glasgow Housing Association regarding supply of TFFs and Section 5 referrals, and subsequent minutes detail progress made on this issue – it appears that GHA improved its supply of TFFs.

Comment on the HPEG Minutes

43. Overall the HPEG minutes demonstrate good levels of discussion and decision-taking in what was the key strategic management

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structure for the work of the decommissioning and reprovisioning process. Attendance was good and problems and issues were aired with some direct action taken as a result, for example regarding bed and breakfast accommodation being used by other local authority areas.

44. The frequency of meetings tailed off towards 2007-08, presumably as there was less to be discussed.

Review of the HPIG Minutes

1. We have read and analysed all Homelessness Partnership Implementation Group (HPIG) minutes from 2003-2008.
2. The Homelessness Partnership Implementation Group (HPIG) met regularly. Between January 2003 and May 2008 the group met 25 times:
 - five times in 2003;
 - five times in 2004;
 - four times in 2005;
 - five times in 2006;
 - four times in 2007; and
 - twice in 2008.
3. The membership of the group was reviewed twice during this time period, and representatives from additional organisations became involved, to reflect developments, which suggests that the group was proactive in ensuring that all relevant players were involved.
4. The following individuals attended meetings of the HPIG regularly throughout this time period:
 - Catherine Jamieson, Head of Glasgow Homelessness Partnership
 - Alice Docherty, Primary Care Trust then Glasgow Homelessness Partnership
 - Margaret Anne Brunjes, Glasgow Homelessness Network
 - Elaine Haddow, Housing Services then Glasgow Homelessness Partnership
 - Alison Campbell, Job Centre Plus
 - Susan Crookston, Glasgow and West of Scotland Forum of Housing Associations



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5. However, additional representatives from the agencies given above, as well as a wide range of additional organisations, were represented at the HPIG. These include:
 - Shelter
 - Greater Glasgow NHS Board
 - Glasgow City Council Social Work Services
 - Equal Access to Employment
 - The Big Step
 - Glasgow City Council Development & Regeneration Services
 - Glasgow Asylum Seekers Project
 - Glasgow Housing Association
 - Loretto Care (Connect Service)
 - Communities Scotland
 - Department of Work and Pensions.
6. We have tracked common issues discussed at HPIG meetings and, where relevant, shown how these link with discussions taking place at HPEG meetings.

Casework Services

7. Meetings of the HPIG held during 2003 regularly discussed implementation of casework services, such as issues and delays experienced, recruitment of staff, and progress in finding accommodation for the services.
8. The minutes from January 2003 show that the HPIG discussed delays in implementing the community casework service, and the group agreed that an interim casework service for families should be provided in each Social Work area.
9. The group was regularly updated on delays in implementing these services, which required negotiation with trade unions to resolve issues.
10. It was expected that all teams would be in place by the end of May 2003 – however there were a number of delays, and several

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meetings with trade unions took place to resolve outstanding issues.

Homelessness Integrated Assessment Pilot

11. The HPIG received regular updates on the integrated assessment pilot by staff involved in its implementation. (Issues and challenges around implementing an integrated assessment process are discussed at a number of HPEG meetings).
12. The teams involved in the pilot are the Hostel Assessment Resettlement Team (HART) and the Assessment and Diversion Team (ADT), focusing on activity at Clyde Place.
13. In August 2005, the HPIG was provided with feedback from the evaluation of the pilot. Positive aspects of the pilot included the agreement among staff with the ethos of the integrated assessment, and service users gave positive feedback; however negative aspects included the non-involvement of key staff groups, and the lack of IT support. In addition, the assessment tool did not meet the expectations of the pilot steering group.

Strategy for the Prevention and Alleviation of Homelessness

14. The HPIG discussed the strategy for the prevention and alleviation of homelessness at a number of meetings during 2003, through the drafting of the strategy, to submitting the final version to the then Scottish Executive in late 2003.

Hostel Closure and Reprovisioning Programme

15. The HPIG regularly discusses the programme of hostel closures and reprovision of services, and receives updates from staff involved in the process (the HPEG meetings also provide feedback on progress made in the hostel closure process).
16. The meeting of January 2003 is told that representatives from GHP have met with the Scottish Executive to agree a revised funding schedule for the programme.
17. In May 2003, Glasgow City Council and partners met with the Scottish Executive to agree key aspects of the Hostel Closure and Reprovisioning programme, namely: the spending profile; milestones and programme evaluation; programme governance arrangements; and funding mechanisms.
18. The HPIG also received updates on closures of specific hostels.

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19. For example, in April 2004 a member of staff from GHP gave a presentation describing processes in the run up to the closure of the Robertson House hostel, noting that access to bed spaces at the hostel was closed in February 2004 and 212 residents were “ring fenced”. The HART developed joint working with all Partnership organisations and local housing providers, with regular service user involvement at drop-in sessions. This hostel closed in February 2005, with 283 service users resettled.
20. In discussing the closures of the hostels, it was noted that the role of the Closure Co-ordinator has been essential.
21. The HPIG was updated on delays in closing the James Duncan House hostel, which was originally scheduled for closure in September 2007; however, 24 residents remained within the hostel in December 2007. It was noted that delays in opening the service at Fordneuk Street contributed to the delays in closing this hostel; once Fordneuk Street was open, the remaining hostel residents were moved there and James Duncan House was closed in March 2008.

Service Commissioning

22. The HPIG regularly discussed the commissioning of new services as part of the re-provisioning process. This links with discussions taking place at HPEG meetings which covered identifying and accessing facilities to house new services and flagged up issues and delays with this process.
23. At the meeting in January 2003, the HPIG discussed commissioning new services. Work was underway to develop communication links and protocols with Community Casework team leaders and hostel managers.
24. In May 2003, the HPIG discussed referral procedures to new services and draft protocols were to be circulated to providers to avoid duplication of referrals.
25. The HPIG also received updates on when new services were being put out to tender, and when a provider had been commissioned.
26. The minutes from December 2003 note that a “partnering day” was held for service providers. Its purpose was to look at priorities and timescales for hostel closures and accommodation requirements. A follow-up event was arranged for March 2004, for small providers who need information and help on the tendering process.

27. During a number of meetings in 2005, the HPIG discussed ongoing difficulties in identifying and accessing suitable accommodation for services.

Health Services

28. The HPIG received regular updates from representatives of the NHS on the development of health services for homeless households.
29. For example, in December 2003 the HPIG was informed that the service at Hunter Street was open and operational – the service had 60 staff including the HART, the physical health team, the homeless mental health team, and various allied health professionals. There were also two counsellors based at Hunter Street (including one aimed at younger homeless households).
30. In August 2004 it was noted that a post was in place within each acute trust to develop access and pathways through services for homeless households at Accident and Emergency or inpatient health services. An update provided in May 2005 highlighted improved management of services for homeless households at Accident and Emergency, and improved discharge arrangements at Glasgow Royal Infirmary.
31. The group was provided with updates on the development of mental health services for homeless households.
32. This service included a Clinical Discharge and Resettlement Team which aimed to improve hospital discharge arrangements across the PCT for homeless or potentially homeless households. An update on this service in August 2004 notes that, in its first two months of operation, it moved nine people out of blocked beds, and was working with 20 other cases involving homeless households/people at risk of losing their tenancies.
33. The development of a trauma and personality disorder service was also discussed and updates provided. This service was operational in June 2006.
34. The meeting held in April 2004 discussed the development of dentistry services for homeless households. By June 2006, a service for homeless households was available at the Dental School on Sauchiehall Street.

Service User Involvement and Consultation

35. Consultation with service users was discussed at the meeting in January 2003, and it was noted that a report had been prepared on this. However subsequent minutes do not cover this.

Joint Training and Development

36. The minutes from January 2003 note that a joint homelessness learning and development strategy was being developed, and that there were plans to establish a post within GHP to take an overview of organisational development and training.
37. A report on joint learning and development was discussed at the January 2003 meeting – it was felt that there was not enough capacity to carry out the report's recommendations. The group agreed that the extended training subgroup should meet to identify gaps, drivers and overlaps across all sectors. This was discussed at the HPIG meeting in March 2003 – the subgroup identified service priorities and overarching themes, and also noted that staff require training to deliver services and help them through the change process.
38. An update on the joint learning and development strategy was provided to the HPIG in August 2003, noting that a draft training plan had been produced to focus on meeting the needs of staff in relation to: hostel closure and re-provisioning; integrated assessment; casework teams; and management support and development.
39. In addition the training sub-group had made progress in developing a training programme for management support/casework teams and piloting a further education course for staff affected by hostel closure (The Certificate in Care Support Practice (Homelessness)).
40. The minutes of the May 2005 meeting note that a report on Joint Training was circulated, outlining details of all homelessness training which had taken place from September 2004. The courses had been well attended and formal evaluations had been very positive.

Employability

41. Employability is discussed at a number of HPIG meetings. For example, in December 2003 a presentation on the Equal Access to Employment strategy was given by representatives of Social Work and Development and Regeneration Services.



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42. Also in December 2003, the HPIG received an update on the Link Up service (a progress2work initiative, with homeless households being one of its target groups) from a representative of Job Centre Plus.

Youth Homelessness Sub Group

43. In March 2004 the HPEG agreed to establish a youth homelessness sub-group of the HPIG. The HPIG discussed the draft remit for a youth homelessness sub group in April 2004.
44. An update provided to the HPIG in August 2004 noted that sub-group was developing a workplan, and had written a brief for research into the accommodation and support needs of young people leaving care (for which they will commission external consultants).
45. An update provided in May 2005 noted that the sub-group had met regularly although attendance at times has been poor.
46. The minutes from January 2006 note that a Youth Planning Manager has been appointed.
47. A presentation on the action plan for youth homelessness was given by the Youth Planning Manager in August 2006. The presentation noted that there are relatively high level of youth homelessness presentations; that the level of repeat presentations among young people was a cause for concern; and that service pathways for vulnerable young people need to be enhanced.
48. The presentation identified the following as priorities for the youth homelessness sub-group: implementing the Youth Housing Advice and Information Strategy; improving links with social work (children and families); developing the workforce skills base; and improving emergency services.

Use of Bed and Breakfasts

49. The HPIG was provided with updates on the use of bed and breakfasts; this issue is discussed in-depth at HPEG meetings.
50. For example, the minutes from January 2005 show that Catherine Jamieson informed the HPIG that an inter-authority meeting took place (in December 2004) on use of B&Bs in Glasgow by other authorities - around 100 B&Bs in Glasgow were used by local authorities outwith Glasgow.

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51. In May 2005, the HPIG was told that another meeting had taken place with other local authorities, and that GHP was in the process of drawing up a protocol (linking with DRS, Anti Social Behaviour Unit and other services to obtain procedures for inclusion) to be shared with neighbouring local authorities.
52. However, over the next few years the use of B&Bs in Glasgow by other local authorities continued to be an issue. (The HPEG minutes provide more detail on how this issue is addressed.)

Glasgow Homelessness Partnership Strategic Evaluation

Interview Schedule – Strategic Stakeholders

1. Please tell me your job title and briefly describe the remit of your post.
2. To what extent have you/your organisation been involved with the Glasgow Homelessness Partnership and the programme of hostel re-provisioning?
3. Have you been involved since the beginning of the process or did you become involved later?
4. Are you a member of any of the groups set up to oversee/implement the re-provisioning programme, eg HPIG, HPEG?
5. Have you been involved in re-provisioning or diversion activities? In what way? How successful was this process? What challenges did you face?
6. Please tell me about the processes involved in developing and implementing the programme and how effective these have been.
7. To what extent did the Partnership adopt lessons learned following other hostel closures prior to the implementation of the programme (and the impact these lessons have had)?
8. How has partnership working operated in practice, and how effective has this been in implementing the hostel re-provisioning programme?
9. Has participating in the re-provisioning process resulted in organisations working differently now from the start of the process? If so, do you think these changes will be sustained beyond the re-provisioning programme?
10. To what extent do you think that the the aims and objectives of the re-provisioning programme have been met/are on the way to being met? Were these aims and objectives appropriate or do you think others should have been set?
11. What was the contribution of the processes, structures and practices in achieving these?



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12. What roles have various groups had and how critical was their role in the process (HPIG/HPEG etc)?
13. How effective have the measures been that were put in place to monitor and evaluate the implementation of the programme?
14. What has worked, and what have been the difficulties and challenges encountered, both in terms of partnership working and in the overall strategic approach to implementing the programme. How these have been overcome?
15. How should the strategic approach to providing support to homeless households develop in the future?
16. Can you cite any particular lessons learned or examples of good practice from your experiences of strategic partnership working or in relation to the following issues:
 - Effective joint working
 - Change management
 - Financial management
 - Information sharing and communications
 - Delivery of programme outcomes
 - Translating strategic initiatives into action on the ground
 - Overall achievements of the hostel re-provisioning programme
17. Do you think that the re-provisioning process to date has represented good value for money? In what respects in particular?
18. What has the impact of the re-provisioning process been on the wider community?
19. Has the re-provisioning process resulted in a lasting legacy for Glasgow and if so, what is this legacy?
20. Are there any particular lessons learned that you would wish to highlight to other areas considering implementing a re-provisioning process?