Note of workshop sessions

1. What are we already doing on this?

Outpost
- Hands-on approach, staff member encouraged to do Masters in Psychotherapy, shared with other staff and built into assessment approach

Salvation Army Sunderland
- Have funding for a mental health worker and monthly contact with a psychologist

Cyrenians
- Clinical psychotherapist (expert in personality disorder) provides clinical supervision and support, upskills staff
- Also life coaches, and dual diagnosis worker in Durham
- Design of buildings supports people moving through the system – service users involved in design during refurbishment
- Staff include many ex-service users, PD training threw up many issues that staff had

Stages
- Places of Change: building design (Places of Change) also helps to reduce problems

First Stop
- MIND worker seconded to First Stop to look at most complex needs, brings services to the client, and refers into other services in Darlington. Any agency can refer in. Handholding service.

Tyne Housing
- Humanistic approach, strategies to deal with chaotic clients – but need to help clients to recognise what is causing difficult behaviour, not just dealing with the behaviour
- Direct access health service with GPs, CPN, drug treatment – co-located in health centre

DASH
- Help people to act when time is right but often lose the window of opportunity because of delays in accessing other services e.g. community alcohol service

Hartlepool Young People’s Service
- Moves people between services rather than eviction (failure)
South Tyneside
- Consortium approach will enable planned moves between services based on need not behaviour

Newcastle
- JSNA Newcastle – homelessness input
- 2 CPNs working with homeless people

Aquila Way
- Day centre, 70% of clients have housing and mental health issues.
- Using Housing First approach, services coming to the client, alongside case conferencing to prioritise needs of each person (always seem to want to sort out substance misuse problems first)

Sunderland
- Commissioning monitor outcomes based on individually agreed plans rather than numbers

Middlesbrough
- Commissioning – joint floating support for people with substance misuse and mental health problems, rather than 2 separate services

Northumberland
- Has built strong links between Dept of Public Health and Adult Care and Housing

Depaul
- Are training all staff on PIE

Places for People
- Involve clinicians in supervision and expect reflective practice

Other
- Multi-agency case conferencing to tackle complex needs
- HNE – clinical supervision with frontline staff, led to new ways of working
- Small scale resettlement scheme in Newcastle – abstinence-based, human approach, no set tool
- Social networking for young service users to build up networks and stay in touch when move on
- Core and cluster model – all members of the community, those with more needs live in hostel, those with greater independence skills live outside

Examples from elsewhere:
Hampshire: service users within the drug and alcohol service formed a social enterprise aimed at doing anything that aided recovery

Glasgow: focus on trauma
Issues
- Those who won’t engage are the people who we need to work with the most – need to look for different ways of doing this
- Clients under pressure because of rent arrears or ASB (often involving drugs) may abandon or lose their accommodation – increases tension between landlord function and support function – this is about culture in each service
- Involvement of psychotherapist has helped to focus on personality disorder – getting a proper diagnosis, building understanding amongst staff, training staff, building support through the assessment process, and getting to know the mental health team
- How can we measure success to ensure that clients do not become dependent or attached?
- VCS delivers the best for clients due to strategic restrictions
- Joint regional commissioning needs to create equality of services across the region
- We need to consider how to create a positive sense of community culture in our services – helping clients to find reasons for their behaviour, not just to manage it
- It’s a real challenge to get mental health staff to come to homeless services and getting partner agencies to prioritise work with housing
2. What else can we do and how?

Better joint working and inreach

- Joint working on substance misuse and mental health
- Develop (reinstate in some places) mental health and housing forums
- Substance misuse and housing teams working much better together now – need to replicate this with mental health and housing collaboration
- Do we need more MH professionals working within hostels and across substance misuse services?
- Lay on transport for mental health staff to come to housing services!
- Develop a new model of housing support working with hospitals

Training and supervision

- Mental health workers – spend time in hostels as part of their training, and involve medical students in projects to do with mental health
- Universities’ combined degrees on nursing and mental health - need to screen their students to be sure they are people with a commitment to working positively with vulnerable people
- Training – need to upskill staff in supported housing to work to a minimum standard in relation to mental health, and also to provide staff with the confidence – often people are scared of the topic, worried that they could do something catastrophic if something goes wrong, but many have already gained skills in working with substance misuse
- Clinical supervision of staff to create consistent approach. Look at this as a support need
- Equip support workers with the confidence to do what they are already doing. Use supervision to help them to understand that the positive support work they are providing is actually contributing to mental health
- How can we recognise that housing workers have more mental health knowledge than is formally recognised?
- Cross-service training programme – action learning sets?
- Develop “local clinical supervision groups” across organisations so frontline staff have the opportunity to reflect?
- Do CBT training

Commissioning

- Develop strategic agreement and Smarter commissioning – so practitioners can see the benefits of strategic buy-in
- Needs a statutory footing for safeguarding adults as for children
- Build up commissioning intention that encourages innovation – system change will be needed, particularly at a time of great change – so need to influence Clinical Commissioning Groups and Public Health teams and Police and Crimie Commissioners to highlight the great work of homelessness services and show how they create better health and reduce re-offending – Homeless Link are doing this with their Value of the Homelessness Sector
Recruitment of staff
- Ensure that empathy is tested for in recruitment of supported housing staff – involve service users in the recruitment process
- Develop more consistency in staff teams

Providing services
- Northumberland review of temp accom provides opportunity to develop different models and more responsive services in this huge geographical area
- Cyrenians are developing their ACE teams to focus more on outreach
- Evaluate what is already in place across the region
- Link PIE with the MEAM approach – develop both together, gain policy change, and practise change
- Provide a clear tool to encourage what works best at the front line in employing ex-service users as support workers
- Develop better ownership of risk to manage it rather than hide behind it
- Need to look at other models i.e. are hostels the right places for people, should we focus on Housing First or small shared services, or Keyring model (8-10 people with learning disabilities in dispersed housing, network helps to build up social contacts), time banking
- Reduce amount of paperwork needed so as to help focus on clients and take plans with them
- Develop reflective practice as a matter of course, alongside training
- Small scale pilot schemes – but building reflective practice is hard in small teams
- Explore trauma work
- Develop group / sheltered housing with a support worker, mental health staff, and training for staff
- Engage people in long term therapy
- Link people into mentoring services
- Help service users to share their experiences
- Help service users to make informed decisions about their housing options