

## Practitioner article

# The influence of the idiots – the development of trauma services for people affected by homelessness in Glasgow

Written by Austin Smith,  
Development Co-ordinator (Support, Care and Health),  
Glasgow Homelessness Network

January 2005

[www.shelter.org.uk](http://www.shelter.org.uk)

© 2005 Shelter. All rights reserved. This document is only for your personal, non-commercial use. You may not copy, reproduce, republish, post, distribute, transmit or modify it in any way.

This document contains information and policies that were correct at the time of publication.

The views expressed in the article are those of the author and not necessarily those of Shelter.

# Shelter

## The influence of the idiots

**Austin Smith, Development Co-ordinator (Support, Care and Health), Glasgow Homelessness Network, discusses the development of trauma services for people affected by homelessness in Glasgow.**

The followers of Hippocrates used the word 'idiotes' (idiots) to describe non-doctors. 'Idiotes' was also a term for people excluded from participation in the Athenian democracy. For many people working with people with mental health issues and liaising with clinical staff, it is not unusual to feel that remnants of this Hippocratic mindset still linger.

Non-clinical staff and their clients can feel excluded from medical models of health and feel they, as passive consumers of services have no part to play in the development of health services.

However, recent legislation has driven cultural changes within health services that have meant that there has been more opportunity for non-clinical staff from within the voluntary sector and their clients to influence and shape the development of services in the statutory sector.

This article outlines the process by which new services can be developed in response to innovative work and thinking within frontline services and discusses what the critical factors are in the voluntary sector's input to the development of statutory sector services which maximise this influence.

### **Voluntary sector experience**

Voluntary sector staff and management often perceive themselves as having valuable experience and insight into how services could be developed to improve delivery to clients and also where there are gaps in service and funding provision. Often difficulties have occurred in the communication of this experience and insight and in the ability of the statutory sector to hear, acknowledge and respond to the voluntary sector.

There have been significant changes in the rhetoric of both Government and statutory sector organisations in talking about how they will develop services and how they will work with the voluntary sector, service users and the public. Unfortunately this has not always been reflected in practice.

Despite existing relationships, principally through funding and joint working, statutory organisations have been slow to develop relationships with the voluntary sector that empower the sector and for the sector to feel this relationship represents a partnership. Interestingly, where this has been done there have been some positive developments.

The amount of effort involved in developing partnerships has been greater than anticipated and the development of joint working, even between various arms of the statutory service has been slow to develop. Unfortunately the development of this joint working between statutory sector staff – such as health and social work staff - has been seen as a precondition for involvement of the voluntary sector.

## **Glasgow Homeless Partnership**

In Glasgow, the Glasgow Homeless Partnership is a partnership between the Scottish Executive, the City Council, the Health Board and Glasgow Homelessness Network, the voluntary sector umbrella body. The Partnership is managing the Hostel Reprovisioning Programme that will see the closure of the Council's large city-centre hostels and the commissioning of services to support residents through this process and beyond. Ultimately, the Partnership seeks to eradicate homelessness and where it occurs, to alleviate its effects.

The experience of trauma and the consequences of this experience are often a root cause of homelessness. The experience of homelessness can likewise involve traumatic experiences and can exacerbate difficulties in dealing with past events. Homelessness is therefore a cause and a complicating factor for trauma.

In 2002, Glasgow Homelessness Network established a group of frontline staff from agencies offering services directly to people affected by homelessness who have experienced trauma.

The group was established because it had become evident that staff were at times struggling to deal with clients and, at the same time developing the skills to do so, in an ad hoc manner. This affected the quality of care provided and also stressed staff. There was a fear that people's learning was not being put to best use and best practice was not identified or shared as well as it might be. The objective was to allow staff to share their experiences and learning and to promote mutual support, learning and idea-sharing.

The group was to be run as an open forum. While the group achieved all of these objectives to some extent, the main product of the group's work was a report **Disempowerment and Disconnection: Trauma and Homelessness** (GHN 2003).

## **Disempowerment and Disconnection: Trauma and Homelessness**

Without summarising the report here, some of its key findings will help to explain the contribution they made to the development of services. In part two of the report the most effective ways of working with people affected by trauma and homelessness were identified. These included the following key components.

- Ability to refer on to more specialist services.
- Creating a safe and comfortable working environment/relationship.
- Understanding of social aspects of trauma rather than adopting a purely medical approach.
- A sustainable on-going support.
- Help to allow client to cope on a day-to-day basis with mental health problems, self-injury, addictions etc.

The report also identified gaps in present service provision including:

- a general lack of services, particularly for men
- time delays for referrals to specialist services
- no services for people needing immediate help
- poor response from mainstream health services
- lack of commitment in dealing with trauma related issues by some service providers.

By late 2003 the report had been published and the intention was to launch the report and to maximise its circulation within the constraints of a very limited budget. However, prior to its launch, word-of-mouth meant that there was heavy demand and GHN received requests from across Scotland for copies of the report. This in itself was a satisfactory outcome.

### **Voluntary Sector Trauma Group**

The Voluntary Sector Trauma Group continued to meet regularly through 2003 and 2004. After the report's publication the group further developed its thinking particularly in the light of work carried out in Oregon.

The GGNHS Board became interested in the report and related matters through initial contacts made through the Planning & Development Manager (Homelessness). She was able to develop existing networks within the Board that allowed some of the group's thinking to be further communicated and in turn the group further developed its ideas of what services should look and feel like.

Identifying the key components of a service for people who had experienced homelessness and trauma was not difficult. It seemed obvious that such a service would:

- be flexible
- be based on the safety and security of a trusting relationship between the client and the voluntary sector worker
- start where the client wanted to start
- offer practical help and coping mechanism
- allow a space for people to talk and express their concerns and feelings.

What was much more difficult for the group was first of all believing that the health Board would be responsive to what the group had to say and secondly that it would be willing or even able to develop the kind of service that was being outlined.

However, the group furnished the Board with a copy of the report and a copy of their reading list and there was a genuine interest from the Board in the report and in our reading and learning. After some time, the group were invited to join the Board's own group. The internal network within the Board featured key staff in mental health, health and homelessness and women's health.

This joint group quickly developed a proposal for a new service, which was approved. The new trauma team is now recruiting its staff and has found suitable premises.

## **New trauma team**

The project will have its own premises and be headed by a Consultant Psychologist, and have counsellors and an art therapist. The work will be based on the trusting relationship between the voluntary sector frontline staff and the client. The project staff will reach out to work with the member of staff and the client in a setting of the client's choosing.

The project will work for three years and be evaluated. The project will work with people who are or have been affected by homelessness, although it may eventually be developed to work with a broader client group. The service has all the key components identified earlier and the voluntary sector has been invited to be involved in the steering and evaluation of the project.

The key elements of the relationship between the Board and the voluntary sector that allowed this progress to be made may be identified. Some of these elements were put in place through considerable effort; others were easily developed because of existing resources and cultures. The political and structural landscapes were the basis for this positive development. Some of the key features of this were as follows.

- **The capacity of voluntary sector organisations** to be able to free up the time of frontline staff to meet with others to discuss best practice. Management deserve credit for identifying this as a worthwhile use of resources.
- **The capacity of GHN** to take a lead with this work, to co-ordinate it and produce the final report.
- **The existence of the Homelessness Partnership** as a formal arrangement involving the local authority, the health Board and the voluntary sector allowed for the voluntary sector's work around trauma to have a higher profile than it may have had. This meant that the statutory services were aware of, and anticipating the publication of the report.
- **A network of sympathetic 'critical friends' in partner organisations.** The existence within the Board of a group of people working across different departments and disciplines who were interested in the issue of trauma and in developing a service. This allowed for momentum to be maintained.
- **A genuine desire by all partners to work together.** Sometimes this meant that communication links were made for this purpose outwith the formal structures developed for the Homelessness Partnership.
- **Efficient liaison between partner organisations.** The Planning and Development Manager (Homelessness) acted as a conduit for the thinking of the voluntary sector group but also ensured that the proposal for a new service that came from the voluntary sector was written in a manner which would be intelligible to the Board and offered practical advice which would appeal to the Board.

## Making it work

Inevitably, in such work people do come from different cultures and there may be tensions; however these are minimised when people are aware of these differences but find an adequate level of respect and understanding for others' positions. Making a positive response to any new offers to work jointly or in partnership is important. This is a leap of faith that may fly in the face of previous experience; however, risks have to be taken if progress is to be made.

Task-focussed short-life partnerships can work but they will be most productive where the political and cultural landscape encourages their development. Voluntary sector staff and management can help foster these developments.

## Further information

If you would like to contact Austin for more information, please email [chip@shelter.org.uk](mailto:chip@shelter.org.uk) in the first instance.