

hello

Healthy Finances: An early intervention approach to prevent homelessness

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Healthy Finances

Setting the scene

Delivered by Shelter Scotland

- in Dundee and Glasgow
- 16-64 year olds
- who belong to “struggling” section of society (MAS 2016)
- referrals from primary health care services

“They struggle to keep up with bills and payments and to build any form of savings buffer. They are the least financially resilient and the most likely to be over-indebted”

Funded by MAS What Works and evaluated by Rocket Science

Discussion point

Take 5 minutes to discuss:

What is the potential role of housing/welfare rights/money and debt advice as a health intervention?

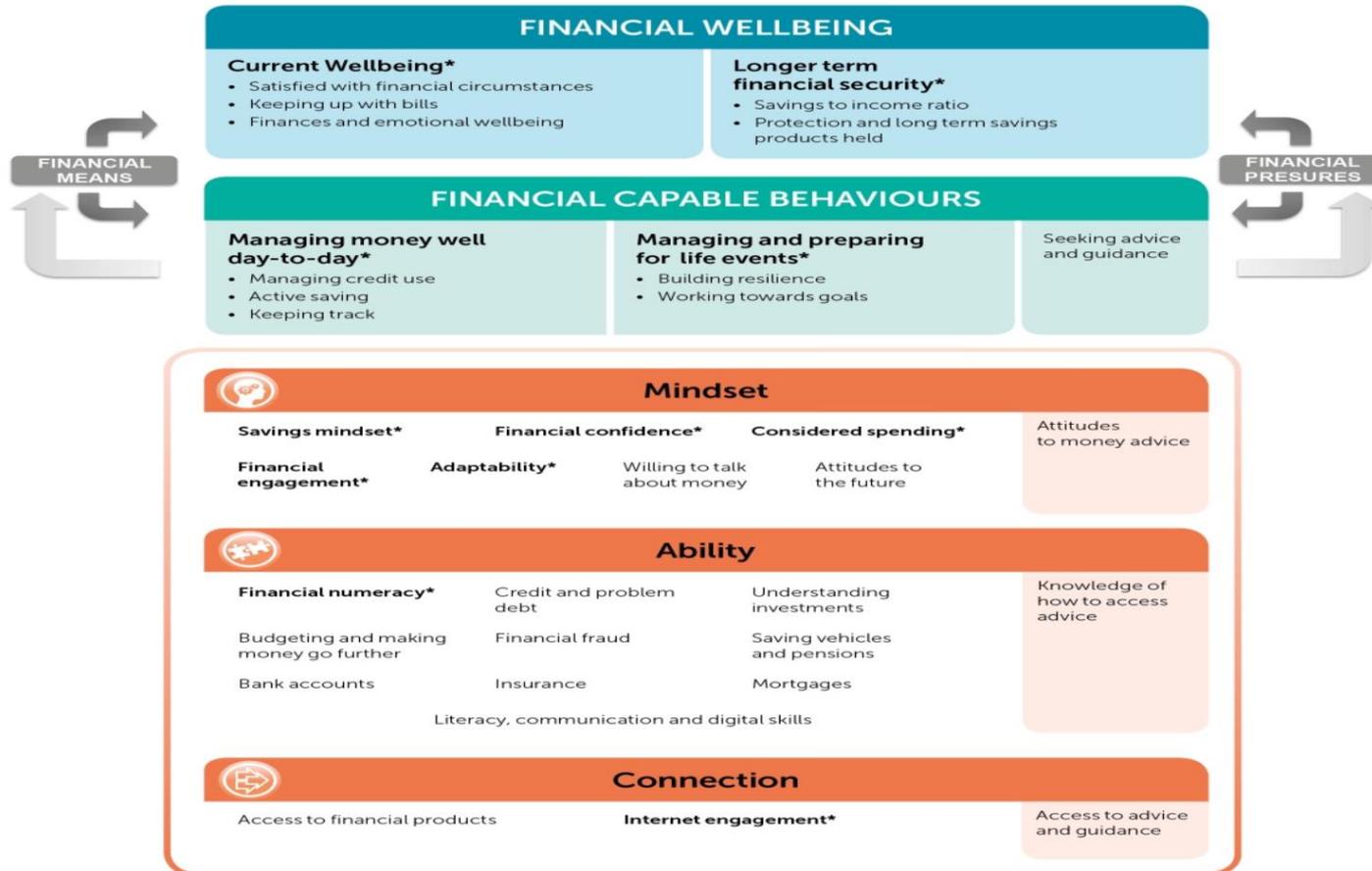
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The assumptions

- 1. That placing a service within primary health care services helps to engage clients that would not have previously engaged with financial capability services - i.e, they were 'under the radar'**
- 2. That providing longer term support provides more sustainable positive outcomes than shorter interventions**

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MAS Financial Wellbeing and Financial Behaviour Outcomes



* These outcomes contain measures from MAS Building Blocks of Financial Capability which identified key drivers of Financial Wellbeing

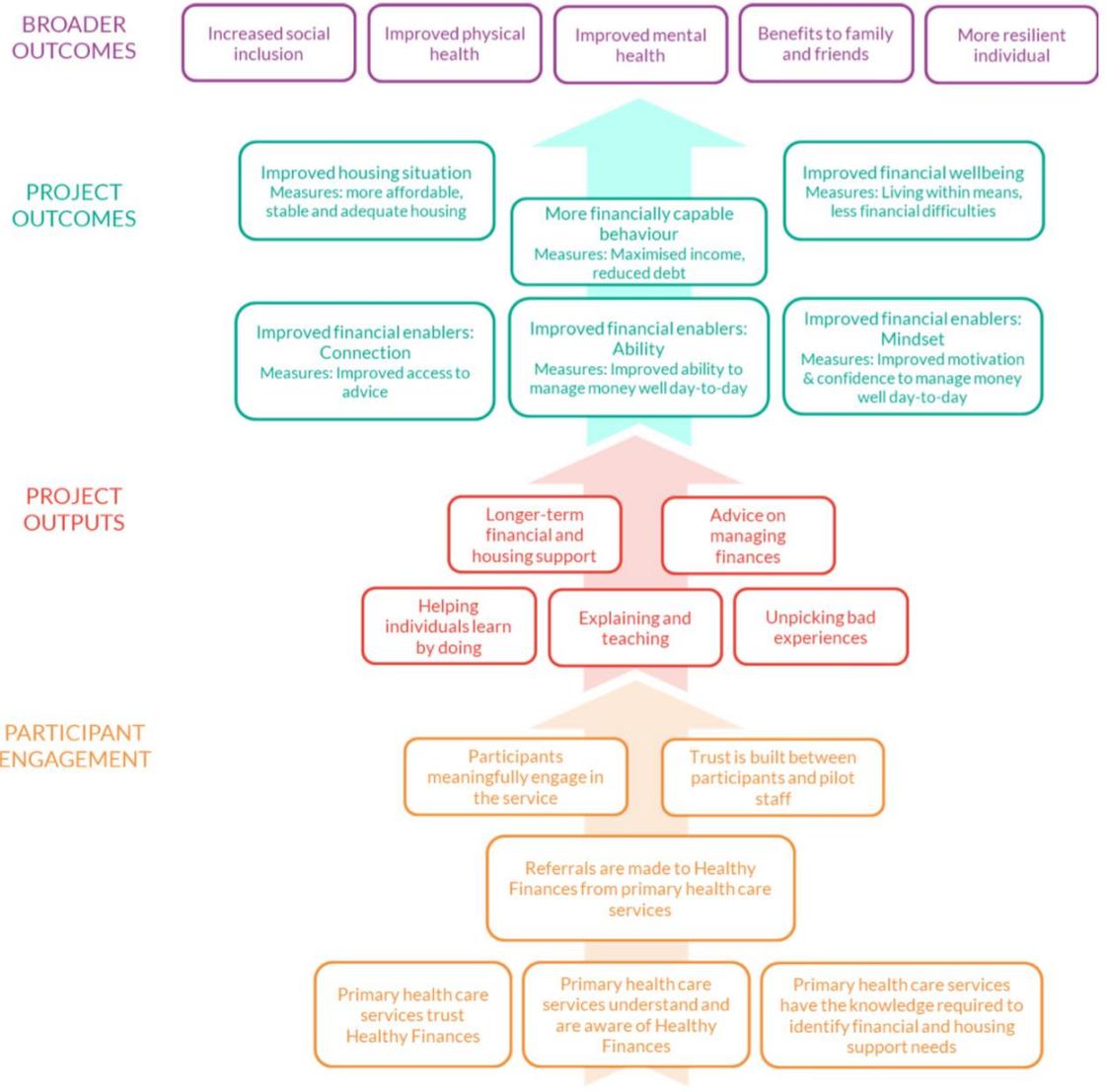


Figure 4: Shelter Scotland Healthy Finances pilot - Theory of Change

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Designing our intervention



Increased income

Reduced debts

**Improved ability, motivation
and confidence to manage
money well**

**More stable, affordable or
appropriate housing secured**

Quality of housing improved

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The project

14 health care centres took part across the two locations plus Dental Van and Social Prescribing Unit which have various locations

11 out of 14 situated in the 25% most deprived areas in Scotland

5 out of 14 situated within 5% of most deprived areas in Scotland

Identification – interlinked housing/financial issues and health – referral to project

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The project

CRISIS INTERVENTION

- early support
- resolving urgent housing and financial issues
- securing accommodation
- applying for benefits

FINANCIAL CAPABILITY

- increased awareness, confidence and abilities
- enable independent coping

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Policy and Research

Project built around link between health and homelessness

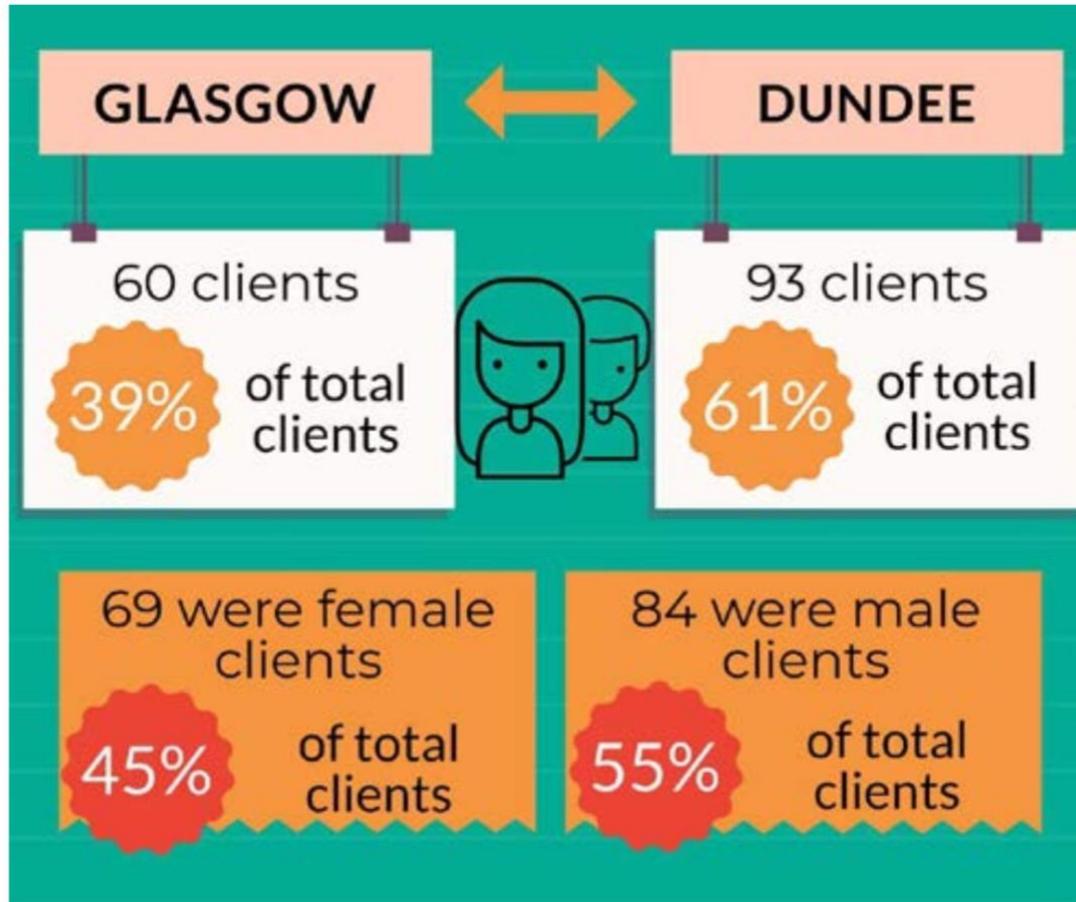
Homelessness is both a cause and a consequence of health inequalities

People who are, or have been homeless, are considerably more likely than the average population to experience poor physical and mental health

Particular groups of the population with health and support needs appear to be at an elevated risk of homelessness

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The evaluation



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Health and wellbeing issues

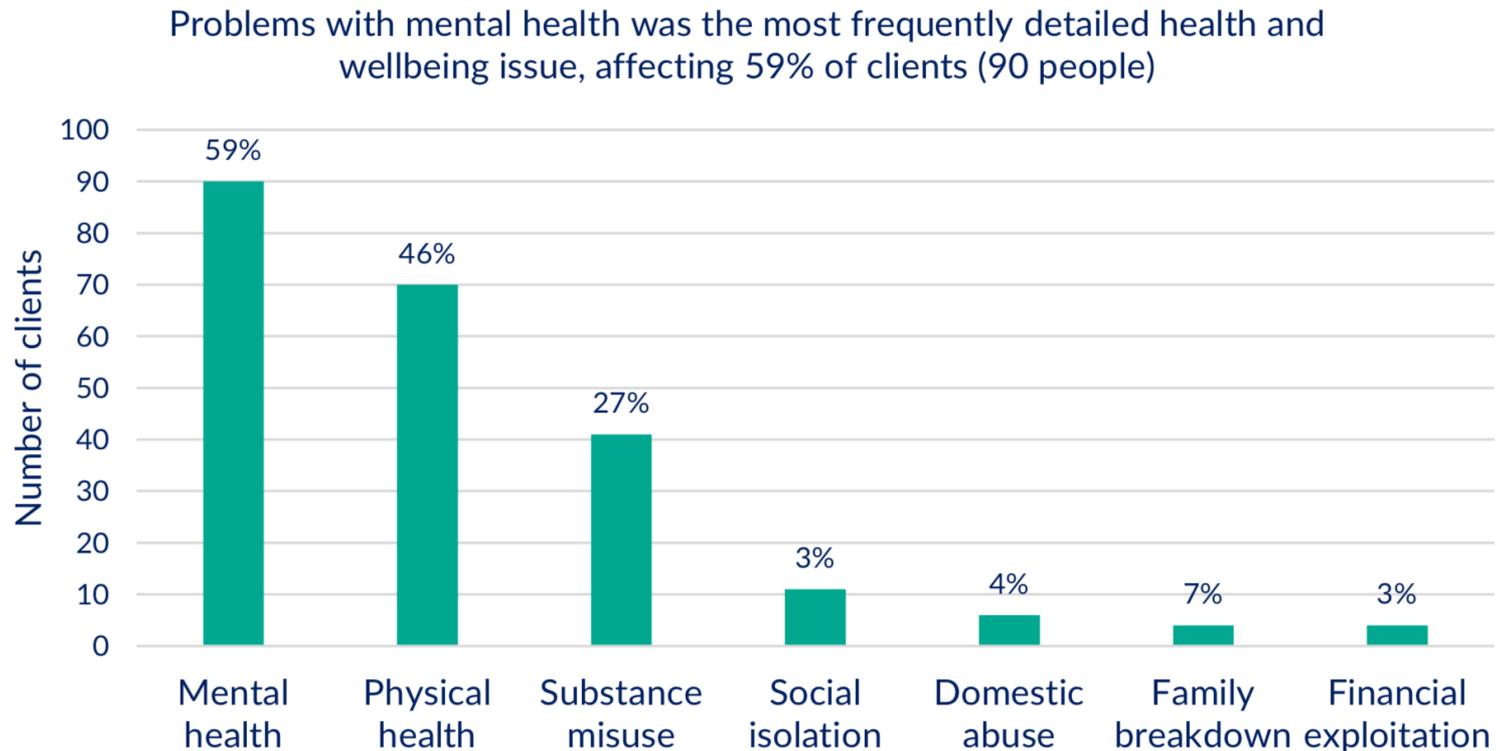


Figure 9: Types of health issues recorded in client forms

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Impact

“I really appreciate that they were there to help me. I felt life was finished at 57. Nicola made me positive. She said there are ways. And that happened, I am sitting here, relaxed now and just waiting to move house.”

“Without Nicola’s help, I would be homeless right now.”

“They helped me financially and emotionally. I am in a much better place than I was 6 months ago and a lot of it has to do with Shelter’s help.”

“I feel like a totally different person altogether”

“I fell apart and now I am rebuilding my life”

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Key findings

Housing situation improved considerably

Financial wellbeing and behaviour improved considerably

Insufficient ability, confidence or motivation to manage finances found to be a consequence of their housing and financial issues

Offering longer term engagement, where needed, improves outcomes

Relationship based on trust is key to longer term engagement

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Key findings - health

Improved housing situation and financial wellbeing led to improved mental health

Referrals from primary health care improves access to financial and housing advice for clients whose needs are otherwise unmet

Referrals from GP Practices, which account for the majority of referrals, were most likely to reach the intended group of new clients with unmet needs

Most referrals were received from Community Link Practitioners, Social Prescribers or Homeless Liaison Nurses – few from doctors themselves

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Implications for policy and practice

Those belonging to “struggling” segment of society have a particular need for advice around benefits

Service design and delivery can foster longer-term engagement, which can, in turn, improve financial and housing outcomes

More holistic advice on a combination of financial and housing issues can have additional benefits compared to a more specific and restricted advice

Collaborating with primary health care can improve access to financial housing advice

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For consideration...

Questions for discussion:

What can we learn from this approach?

What are the future possibilities for primary health care to work more closely with advice and support services?

Thank You