

Food Health and Homelessness - Making the Strategic Links

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What we were asked to do

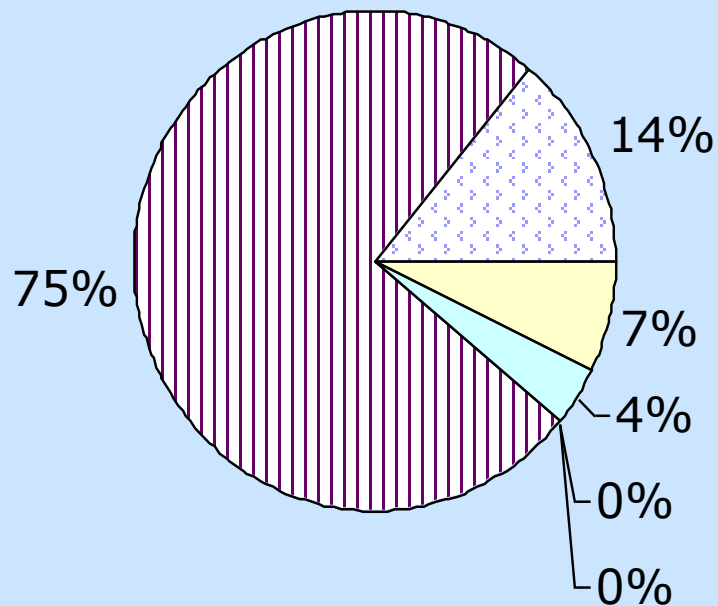
- map food, health, and homelessness in Scotland - building on mapping exercise from 2006;
- look for “food” and “health” in local authority Homelessness Strategies NHS Health and Homelessness Action Plans;
- produce 4 case studies – food, health and homelessness.

Some Figures

- Sent survey to 462 organisations
- Received 101 responses
- 30% had taken part in first survey
- 70% were from new (to us) food, health and homelessness organisations

Some Figures

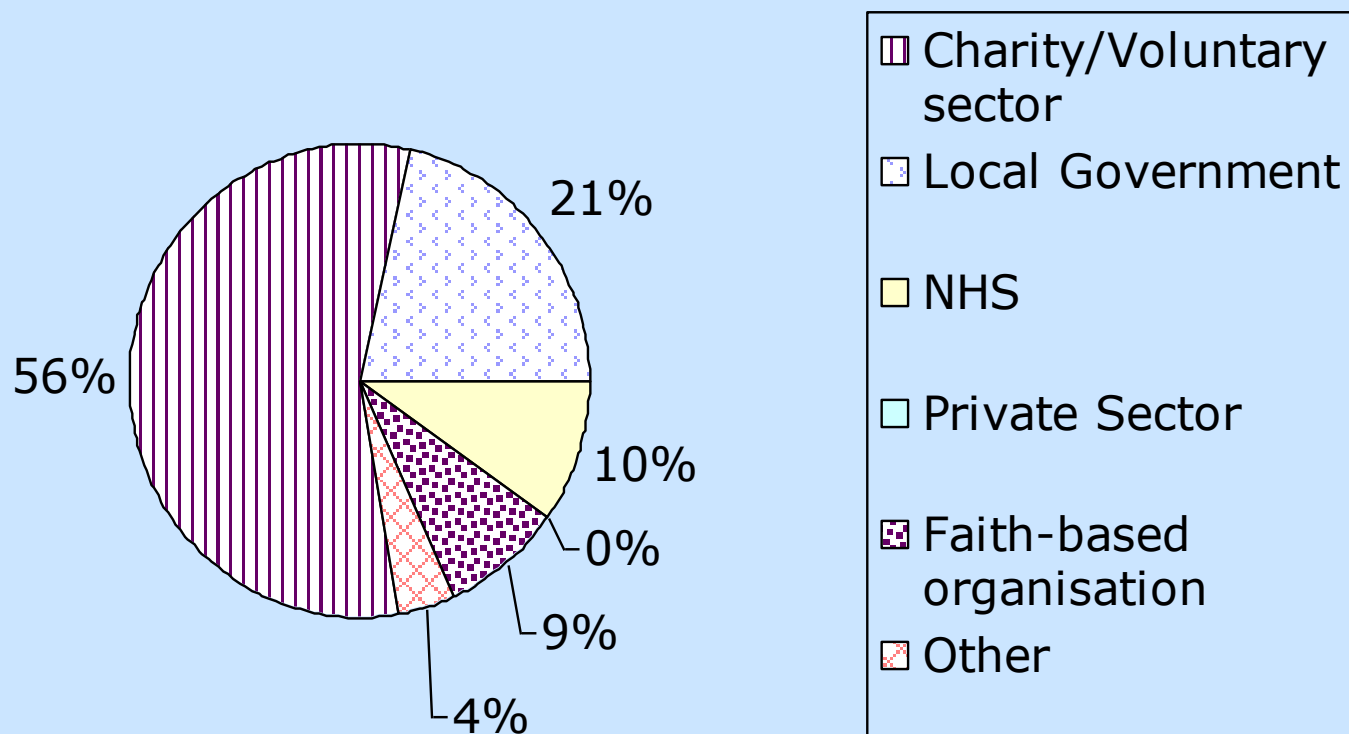
Organisations from first survey



- Charity/Voluntary sector
- Faith-based organisation
- NHS
- Other
- Local Government
- Private Sector

Some Figures

New Organisations



What's going on in 28/32 LAs and 11/14 Health Boards?

- 13 (40%) LA Homelessness Strategies refer to food and health initiatives (7 from 2006, 6 since)
- 6 (55%) NHS Health Boards have food "action points"
- **HOWEVER**, food, health and homelessness initiatives exist in all 19 local authority areas where the issue does not feature in the Homelessness Strategy;

Community Planning Partnership - SOAs

- homelessness strategies going into Local Housing Strategies and contribute to Single Outcome Agreements – as will NHS health and homelessness plans;
- is there or will there be one joint approach by health and housing in the SOA –possibly through the CHP?

Where does food fit with health and homelessness?

- **Food**, does not have a clear “fit” in either homelessness strategies or action plans.
- Many local authorities see food as part of health and NHS see food as a homelessness service.

Do strategic level officers understand the importance of food in addressing homelessness?

Reasons for the exclusion of food, health and homelessness from plans/strategies

- Other issues related to addressing homelessness are seen as more important
- A lack of funding and/or staff to implement healthy eating initiatives.
- The size of the homeless population in the area and the pressure on resources as a result.
- The Homelessness Strategy or Health and Homelessness Action Plan is treated as a high level document that does not consider details of specific initiatives.

- A lack of clarity over which agency's role it is to promote healthy eating among homeless people.

However, there are relevant initiatives in operation, in every area where the local authority or health board does not include mention of "food".

Only one area (Orkney) - no evidence of the operation of any food, health and homelessness initiatives.

Partnership Working

Some good examples - the voluntary sector in particular

Funding

- Scottish Government monies – BUT Single Outcome Agreements (SOAs) - removal of ring-fenced funding, what are the implications?
- short-term, project funding from local authorities, health boards, national funding bodies (including Community Food and Health (Scotland) and the Big Lottery Fund), and charitable trusts and foundations.
- Fundraising initiatives and individual donations

Staffing

- By and large existing staff - from local authorities, health boards and/or voluntary organisations
- Few exceptions eg NHS Tayside, funded by Angus Council, recruited a dietician to work with homeless people.
- 88% of respondents used paid staff.
- 64% also used volunteers often
- 25% of responses volunteers are homeless people

Monitoring and Evaluation

- Not much - because not many mandatory targets?
- task spread between service providers, steering groups, stakeholders and partnership bodies
- significant knowledge gaps between those **delivering services** and those making **strategic decisions**?
- approaches to evaluation not consistent, **but** strategies developed recently are more outcome focused than those developed in 2003.

Preventative Action

- Not much strategy but some good practice

Main Finding

The lack of connection between strategic approach and practice on the ground

But, something can be done about that

Recommendations - CFHS

Funding and Outcome setting

To help ensure that food, health and homelessness initiatives continue to receive mainstream funding from local authorities, their outcomes must be clearly linked to the homelessness outcomes contained within SOAs

Community Food and Health (Scotland) and other agencies work together to formulate a set of shared outcomes of relevance to food, health and homelessness initiatives

Raising the profile of food, health and homelessness at a strategic level

Recommendation 1

work with lead officers in LAs and Health Boards - where the role exists.

Recommendation 2

raise awareness of the importance of food initiatives among strategic level officers - part of a holistic approach

Raising the profile of food, health and homelessness at a strategic level (*cont'd*)

Recommendation 3

Raise awareness of opportunities for policy influence:

- the development of SOAs; and
- new Local Housing Strategies - to be aligned with SOAs between 2009 and 2011.

Recommendation 4

- encourage local authorities and NHS health boards to set shared outcomes and co-ordinate strategies
- clear lines of responsibility for implementation of action points.

Monitoring and Evaluation

Recommendation 6

raise awareness at strategic, policy and practice level, of the importance of evaluation
- will help to secure future funding.

Recommendation 7

encourage initiatives to use a portion of their funding for evaluation

Monitoring and Evaluation (*cont'd*)

Recommendation 8

Clear and measurable outcomes for food, health and homelessness initiatives are essential.

Provide guidance to initiatives to help them identify and measure appropriate outcomes.

Disseminating Good Practice

Recommendation 9

Community Food and Health (Scotland) disseminate the case studies to strategic level officers in local authorities and health boards, as well as individual food, health and homelessness initiatives.

Workforce

Recommendation 10

further involve homeless people in project delivery, and in health related training – eg REHIS food hygiene and food and health courses

improves their employability and independent living skills.

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