

Case Management in the Homelessness Sector

Developing your organisation's approach

Let's end homelessness together

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Full report

www.homeless.org.uk/our-work/case-management-in-homelessness-sector

Produced by

The Innovation and Good Practice Team

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Introduction

What do we mean by case management?

Case management is a catch-all term that describes how you support the people who use your services.

It includes the processes that you use (referral forms, assessments, support plans etc), the way that you record information (your database) and your overall approach. Some organisations have a specific approach such as strengths-based working or broker case management. Some have devised their own approaches that may have been named and described in-house. Others don't have a specific approach or haven't yet put it down on paper.

However we describe it, case management is central to the work that we do. Every homelessness organisation aims to deliver high quality support with the aim of moving people forward in their lives. How we deliver this may differ but the intention is the same.

What did Homeless Link do?

This report presents some of the results of our work from April to September 2018 looking into case management across the homelessness sector. This was neither an evaluation of particular methods nor a formal research project, instead our aim was to gain a better understanding of the case management environment across the sector and to present the status quo.

We held conversations with more than 40 people from around 35 different organisations and services. We discussed a whole range of topics from how they approach support, to how they design their procedures, to how they store their data. A number of key themes emerged that we have written about in this report.

What is this report about?

During our conversations with providers, we discussed how applying a new approach had influenced policies and processes such as assessments and support plans, and why it was taking time for a new approach to be embedded in some services. This report shares our findings on how this process can be started, as well as sharing detailed case studies of services that have made some of these changes.

For the full report on Case Management in the Homelessness Sector, see:
www.homeless.org.uk/our-work/case-management-in-homelessness-sector

Developing an organisational approach

A number of organisations have been developing or re-developing an organisational approach or model over the past few years. There have been different ways of doing this. Some have taken a top-down approach with minimal consultation. Others have embarked on large consultation exercises including staff and residents.

Out of the 30 organisations, services and local authorities we spoke to for this project, 12 were in the process of, or had completed the development of, a new model or approach to apply to their organisation.

Motivation – why develop or change your organisational approach?

The impetus for a new organisational approach can come from many sources.



Responding to contract specifications during the tendering process

In some cases, organisations are responding to commissioners who are increasingly requesting specific approaches in their contract specifications. This often includes requirements for services to be psychologically informed or involve elements of strengths-based practice or co-production. This can introduce services to new ideas and lead to organisations thoroughly re-examining their approach to support.

In our research, there were clear examples of services that had embraced change in a comprehensive way. On other occasions, this can lead to relatively superficial changes and box ticking. This may be well-intentioned: there are services who have taken genuine steps to change an approach without fully understanding the extent to which change might be needed, or where senior managers haven't managed to fully embed this with frontline teams. In other cases, frontline staff and operational managers are committed to the change but are limited by a lack of senior management input.

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Response to specific incidents or poor outcomes

The recognition that a service that is delivering poor outcomes may lead it to reconsider its approach and whether things can be improved. For example, this happens in response to a serious incident, loss of a contract or other challenges. It could offer a positive opportunity for reflection and for all staff to come together to bring about a change. However, teams that have become over-stretched or de-moralised often struggle with change if it isn't introduced in a thoughtful and comprehensive way.

Desire for continuous improvements

Many of the larger organisations (and some of the smaller ones) within the sector constantly seek to evolve and improve their model with the aim of continually improving their outcomes. The ongoing reflection may be positive, although making changes too often can lead to staff fatigue and prevent meaningful change.

Change of leadership

New leadership usually involves re-examining an organisation's strategic direction and, often, wanting to make significant changes. Strong leadership can be a powerful force for change, although it can also be a challenge to ensure that other senior managers and existing staff are on board.

Responding to new ideas from inside and outside of the sector

Several of the services that we spoke to said they had initiated change as a result of learning from other agencies and thought leaders. Conferences and events promoting ideas such as trauma-informed care, psychologically informed environments and strengths-based approaches have been hugely influential in the sector. The inspiration of these events, coupled with an awareness that existing services can be improved, has sparked change.

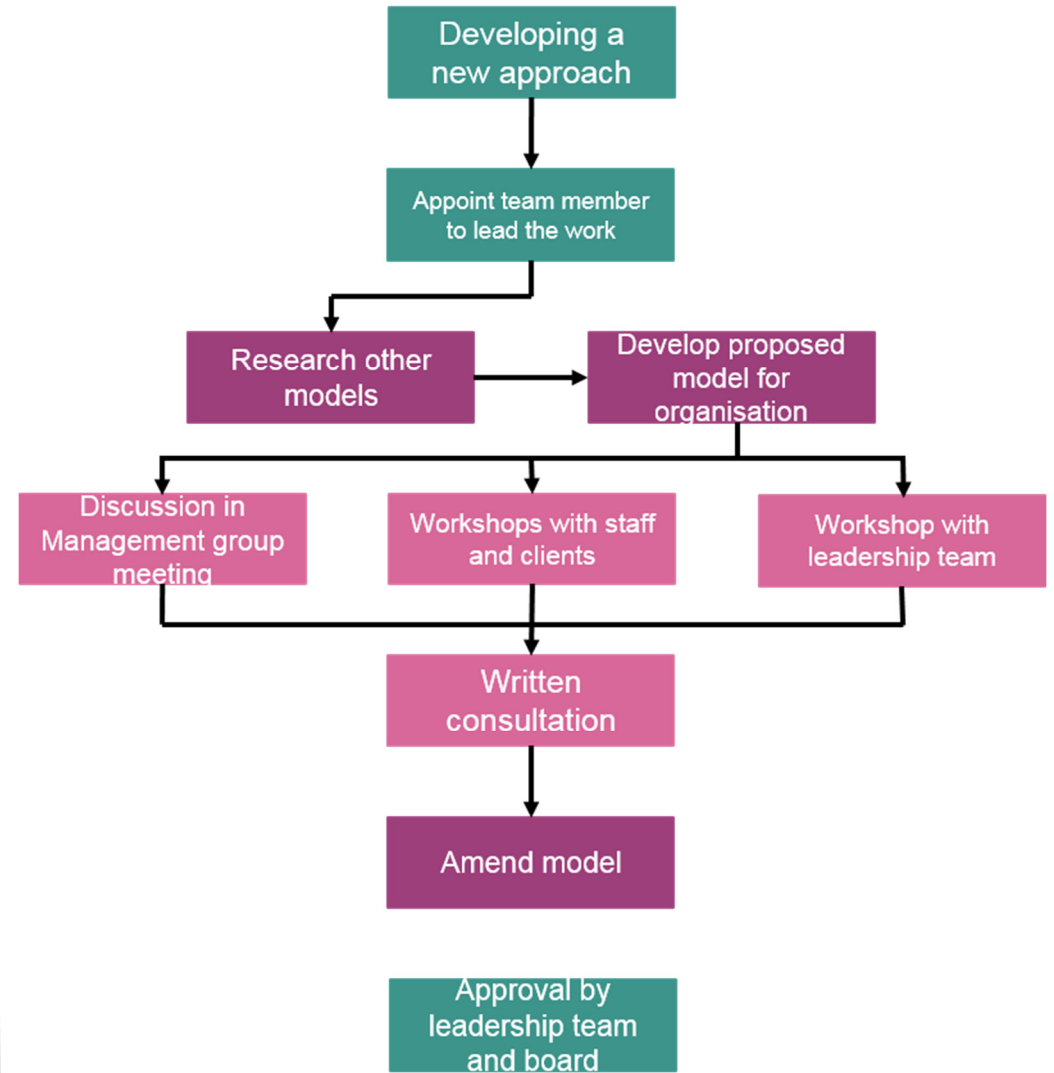
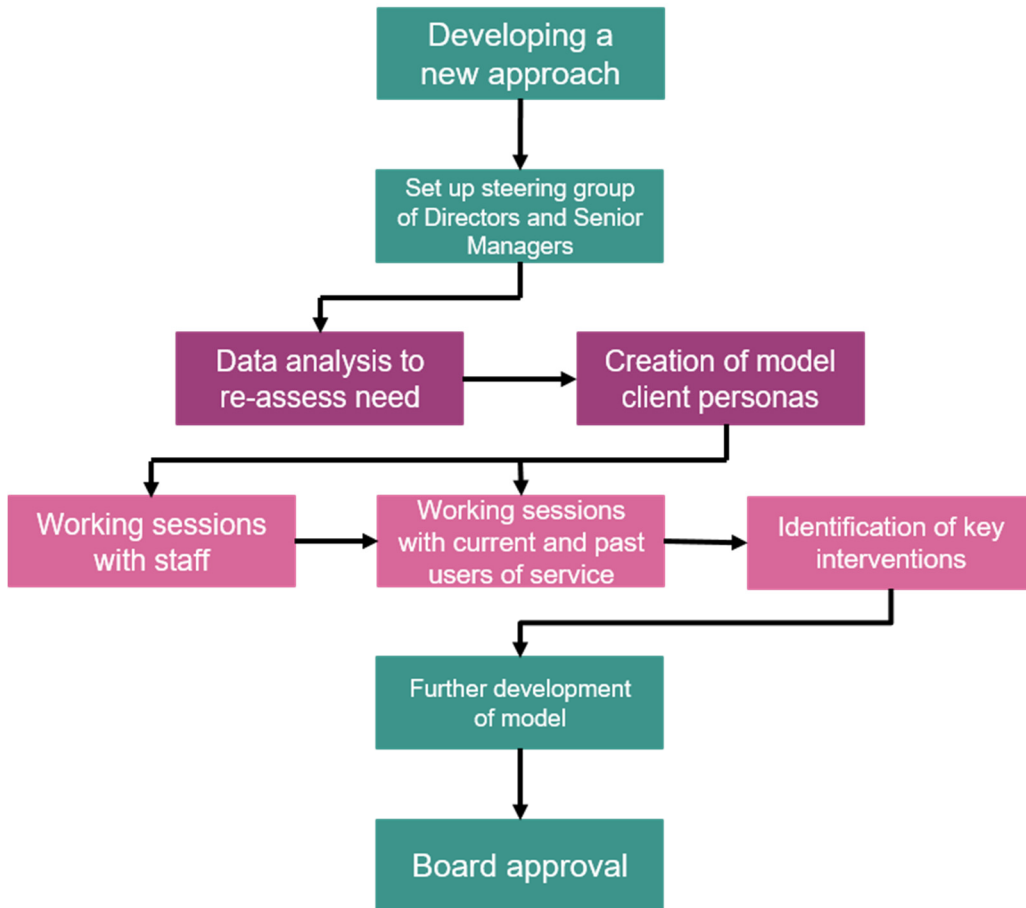
Responding to broader political and financial changes

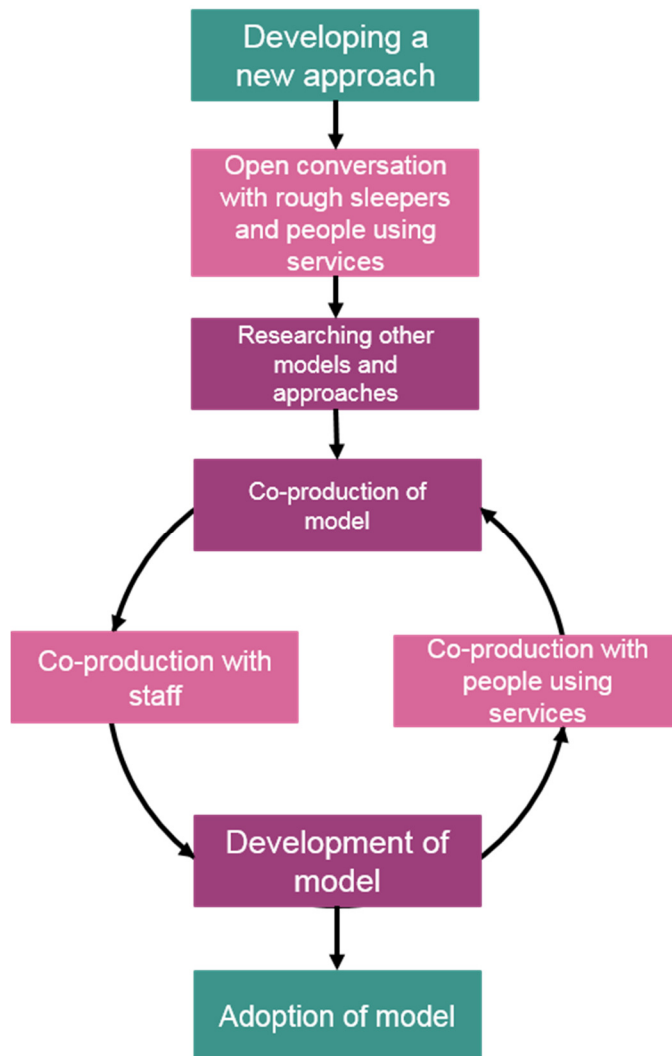
Organisations have increasingly been required to do more for less over recent years. Many services have noted an increase in the number of people with complex needs using services at the same time as many have faced restrictions on their income. This has led them to review whether different approaches could have more impact on these client groups and support staff to cope in increasingly challenging circumstances.

The development process

All 12 organisations developing a new approach have involved a number of members of staff, but the extent of consultation has varied greatly. Some have involved a small selection of senior managers. Others have consulted the whole organisation, including frontline staff and those with experience of using services. In some cases, the process has been managed by a member of the senior management team. In others, someone has been specifically recruited to oversee the change.

Below are some example processes undertaken by organisations spoken to during this project. These examples have been anonymised as, in most cases, the processes were ongoing.





Leadership

Developing and embedding a new organisational approach takes strong leadership. Although it is helpful when leadership of the change is shared across the organisation, it is essential that Senior Management are fully engaged and on board with the process. Strong leadership from a Director or CEO is a key component to ensuring that a new approach is taken seriously by the organisation.

Most organisations have found that introducing a new approach has worked best when involving a range of people at different levels of the organisation, in particular ensuring that service managers are on board, as well as regional and senior managers.

John Kotter is a leading researcher and author on change. He identified eight steps to leading organisational change in his seminal work *Leading Change* (1996), subsequently updated in *Accelerate* (2014).



Image copyright of Kotter Inc¹

Of key interest in Kotter's work is his emphasis on involving a wide base of people in the change. Change leadership should include people at all levels on an organisation who contribute to the direction and strategy. He also recommends enlisting further volunteers to assist in the process. Organisations that have succeeded in doing this are ultimately more successful in particular because involving more people creates momentum. Kotter says that involving 15% of an organisation is enough to build momentum for change. Once you pass 50% you reach 'stickiness'.

¹ www.kotterinc.com/8-steps-process-for-leading-change/

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A small number of homelessness agencies have taken this collaborative approach to leading the change within their organisations. In some cases, this has involved putting together action groups of interested members of staff, managers and leadership to work on different aspects of that change. This helps to ensure buy-in across the organisation and makes it easier to counterbalance any resistance. Senior leadership remains important to ensure that the changes take place and progress is made. However, the group work together to decide the nature of the change.

More commonly, however, organisations have led change from the top down. In most cases this has involved a group of managers or senior managers introducing the model to their staff teams, setting up workshops or training for staff and building in questions about the new model into supervision or reflective practice sessions. Typically, a group of senior managers (with or without the input of a staff and service user representative) have revised policies and procedures and then rolled them out across the organisation. Although there has been an element of consultation and involvement at most services, embedding a model has been led by managers.

Embedding a service model across an organisation

The larger the organisation, the more difficult it can be to ensure that your approach or ethos finds its way into the daily practice of the service. It can also be difficult to 'audit' ethos. A key way that organisations have tried to do this is through regular training sessions. For example, at one large service provider, in addition to training that new employees attend, there is an ongoing series of online training sessions for existing employees. It can be challenging, however, to ensure that training has an influence on practice. As a result, many organisations have ensured the model or approach is discussed regularly as an item in supervision sessions or team meetings.

A key way to ensure that the working model informs practice is to make sure that processes are influenced by them. If assessment and support planning processes reflect the model, it is more likely that the people using the service will receive the service as intended. For some organisations, the process of revising paperwork and procedures is ongoing. A few organisations that had very strong principles, ethos and approach, described assessment forms that showed little or no influence of the principles. The processes in which a person participates when accessing a service form a huge part of their experience of that service and, as such, should reflect the ethos of the organisation.

However, many organisations are limited, or feel limited, about how much they are able to change paperwork to fit in with new ideas and approaches. Some have recording requirements set by commissioners and funders. Others have to complete specific forms in order to access other services for their clients. Still more feel nervous about removing information from forms that could potentially warn services about risks. As a result, most organisations have made relatively few changes to bring their referral and assessment processes in line with their espoused approach and ethos.

Another way of embedding ethos is to have regular staff meetings. At one day centre, where their model and approach is key to all that they do, staff and volunteers meet every morning. They discuss and reflect on an element of their approach, sometimes inviting staff to share expertise. This ensures that the team are all connected and focused on their mission. There are other examples of services that lack a written or defined model but show consistent staff approaches and attitudes – a common thread is often regular staff meetings and/or reflective practice – which can help to instil a common approach, attitude and sense of purpose. In the table below are the various methods organisations have used to try to embed a new model into practice. Most have employed a combination of several different methods at the same time:

Activity	Impact and Benefits	Limitations
Staff training (face to face)	<ul style="list-style-type: none"> • Staff learn about the model and have opportunities to ask questions • The model and its intended application is clearly communicated • Trainer can adapt to meet different learning styles. 	<ul style="list-style-type: none"> • Training can be less interactive than a workshop and there may not be as much opportunity for staff to feed into the process or make change to the model • It can be challenging to ensure that training is applied in practice
Staff training (online)	<ul style="list-style-type: none"> • A cost effective method to reaching a large number of people • Ensures all staff receive identical training • Can be quick and easy to schedule into the working week • Useful as 'top up' or refresher training 	<ul style="list-style-type: none"> • Not all staff engage well with e-learning • Cannot be adapted for individual recipients • It can be challenging to ensure the model is applied in practice
Staff workshops (one-off)	<ul style="list-style-type: none"> • Staff learn about the model • Staff feel consulted and are able to discuss the new model • Interactive sessions can make a bigger impression • Questions can be raised which can then be addressed by design team 	<ul style="list-style-type: none"> • It can be challenging to ensure the model is applied in practice • May raise expectations of changes to the model that take time to develop
Staff workshops (regular)	<ul style="list-style-type: none"> • Staff are fully consulted and able to influence changes to the model • Staff have opportunity to learn more about the model over time • Staff can reflect on the process of applying the model • Model is reinforced 	<ul style="list-style-type: none"> • This is time consuming and can be hard to schedule • Can be expensive to run (hiring venues, facilitators etc)
Management workshops and meetings	<ul style="list-style-type: none"> • Ensures that managers remain up to date with the model • Maintain the model as a priority • Enables managers to reflect back on the model • Supports managers in leading staff teams in using the model 	<ul style="list-style-type: none"> • Can be challenging to find time for regular meetings/workshops • Larger organisations struggle to bring manager together on a regular basis
Support and supervision - discussion of the model is added to regular supervision discussions	<ul style="list-style-type: none"> • Ensures that staff reflect regularly on the model on an individual basis. • Supervisors have the opportunity to reinforce the importance of the model 	<ul style="list-style-type: none"> • Depends on having a supervisor who is fully on board and fluent in the model

Activity	Impact and Benefits	Limitations
<p>Team meetings – discussion of the model is added to the regular agenda</p>	<ul style="list-style-type: none"> • Ensures staff reflect on the model as a group • Staff are able to develop collective response to the model • Staff can collectively troubleshoot and find solutions 	<ul style="list-style-type: none"> • Added item can make meetings longer • If poorly managed could lead to staff group negativity towards the model
<p>Reflective practice – reflecting on the model becomes a key part of reflective practice</p>	<ul style="list-style-type: none"> • Safe environment for reflection • Staff can develop a collective response to the model • Staff can collectively troubleshoot and find solutions • Discussion is facilitated by a neutral observer allowing free expression 	<ul style="list-style-type: none"> • May replace opportunity to reflect on client work which is often valued by staff
<p>Service auditing</p>	<ul style="list-style-type: none"> • Service is audited by senior manager or external auditor • Allows the service to be quality checked to ensure model is being used 	<ul style="list-style-type: none"> • Easier to ensure that the ‘letter’ of the model is being applied than the ‘spirit’. • Time consuming and resource intensive
<p>Service monitoring</p>	<ul style="list-style-type: none"> • Service managers complete regular returns which include discussion of the model and how it is embedded • Ensures that service managers reflect regularly on the model • Maintains the model as a key priority for managers 	<ul style="list-style-type: none"> • May become a paper exercise and not reflect genuine experience of staff and people using the service.

Processes of case management

Most services, and in particular most housing projects, use broadly similar processes with the people they work with. These will include a referral form received prior to moving in (for housing projects), a detailed assessment form taking note of a wide range of potential support needs, a risk assessment and some form of support planning paperwork. Advice services and day centres are often more flexible but would usually have a similarly detailed assessment form for those receiving structured advice or support.

This section includes an introduction to adapting processes, followed by three in-depth case study examples to demonstrate how some services have achieved this, and what this looks like in practice.

Adapting your processes to fit your approach

As more organisations move towards approaches such as strengths-based practice or trauma informed care, new models of assessment and support are developing. However, at this time, only a handful of services have made significant changes to their paperwork. Some organisations are at the beginning of a process of review. Others are not intending to make changes. This is significant because, although the influence of these approaches is positive and a huge amount can change with culture and attitude alone, an organisation cannot fully adopt an approach without giving serious re-consideration to their methods.

There are genuine challenges to adapting paperwork. Certain information may be required in order to refer to hostels and other services. It can be that commissioners require specific information. Omitting information may also feel like an increased risk to residents and staff. Making significant changes requires culture change and this can feel uncomfortable. In many cases these can be overcome and, where they can't, it is possible to adapt and change within severe constraints as our Reading case study (below) demonstrates.

Perhaps the biggest challenge, however, is time. To fully adapt processes is time consuming and should involve a number of members of staff and users of the services. This shouldn't delay efforts to deliver things differently – it is better to change something than nothing. However, allowing sufficient time for the process is a key part of the commitment to changing the operational practices of a service.

Why adapt your processes?

Adopting a new case management style or approach is a holistic process. It should therefore impact on all aspects of the work of an organisation. For example, an organisation will be limited in their adoption of strengths-based practice if they continue to ask a series of deficit-based questions in their assessment. Similar principles apply to those organisations working towards delivering trauma-informed care (TIC) and psychologically informed environments (PIE).

Both TIC implementation guidance² and the PIE framework emphasise that applying these approaches is a comprehensive piece of work that needs to extend to all areas of an organisation.

² Fallot, R.D. and Harris, M. (2009) Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol, Washington, D.C: Community Connections

Figure 1: the 6 elements of PIE

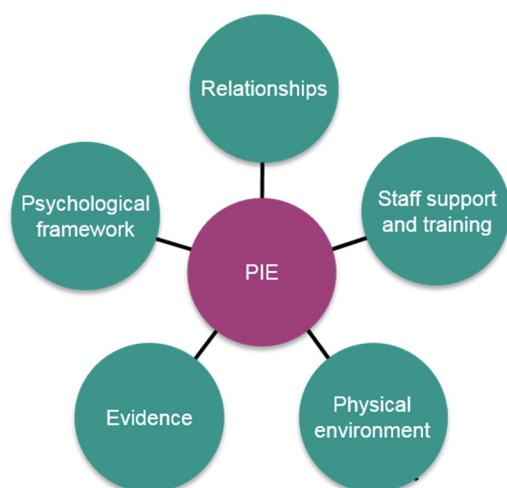


Figure 2: Domains to apply TIC



Figure 1 depicts the PIE framework but it could apply equally to adopting any new approach (with the possible substitution of a psychological framework for the relevant principles). Figure 2 identifies the different domains to consider when implementing TIC. This is similarly comprehensive and includes all aspects of policies, procedures and administration as well as trauma specific training and work.

One reason to adapt holistically is this can otherwise cause friction as people receive one type of service from one aspect of an organisation but a different one from another. One example of this was a trauma-informed service, where the finance staff were not trained in the approach. These staff sent abrupt and challenging letters and emails to residents relating to service charges and arrears. This was causing friction and was not resulting in better financial results until the trauma informed approach was adopted by the finance team.

Language, identity and stigma

Adapting your policies and procedures is about far more than changing language. However, the impact of changing language (and the attitudes and assumptions associated with it) should not be underestimated. Language is hugely powerful. Sociological theories have long discussed the impact of labelling theory on behaviour. They have most often been studied in the field of criminology but also related to mental health, sexuality and other groups. Being described or defined with negative words associated with criminality can affect an individual's self-image and can delay their desire or ability to change their lifestyle.³ Our identity is crucially affected by how we are described and defined by others and many of us will adapt our behaviour accordingly.

Furthermore, our identity can also be affected by how we *perceive* others to view us – stigma that is perceived rather than actual can also have a negative impact.⁴ This resonates with comments made by people with lived experience of homelessness, relating, for example, to how they have responded to entering services for the first time or being asked questions in an initial assessment.

³ Becker, H. (1973) *Outsiders*. New York: Free Press; Sampson, R.J. and Laub, J.H. (2005) 'When prediction fails: from crime-prone boys to heterogeneity in adulthood' in R.J.Sampson and J.H.Laub (eds) *Developmental Criminology and its discontents: trajectories of crime from childhood to old age*. Sage, London.

⁴ Link, Bruce G.; Cullen, Francis T.; Struening, Elmer; Shrout, Patrick E.; Dohrenwend, Bruce P. (1989). "A Modified Labeling Theory Approach to Mental Disorders: An Empirical Assessment". *American Sociological Review*. **54** (3): 400–423

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“There is still judgement and stigma in services. Whether it’s very subconscious. We’ve all experienced it...even if you just perceive that you’re being judged that can stop you.”

Female with lived experience, South of England, interviewed 20th June 2017.

See also Homeless Link’s film ‘The Assessment Process’: www.youtube.com/watch?v=kwvFYGYWAg8

Similarly, several researchers have concluded that ultimately behavioural change (in this case desistance from crime) “rests on the person’s cognitive shifts about who they are as the desistance process unfolds”.⁵ It has been argued that offenders who do not view themselves fundamentally as ‘criminals’ may be more likely to desist.⁶ Having a ‘delinquent identity’ has been shown to be related to offending behaviour.⁷

It follows that a change in how a person views themselves (which can be linked to how ‘society’ views them) supports people to make lifestyle changes. These theories resonate with theories of strengths-based practice, trauma informed care or psychologically informed environments in which the necessity of both using language that supports a positive self-identify and responding to people in a way that reduces stigma is emphasised.

Language also has the power to include or exclude and to create and maintain a power balance. It can be enormously disempowering. Using terms that are not easily understood by the listener makes it difficult for them to fully participate in the conversation. It can also demonstrate that the worker is in control of the conversation and setting the tone, rather than it taking place in a more balanced way.

Use of formal language or describing things differently to those used by the person using the service, can inadvertently display value judgments. It can also make it difficult to communicate openly and easily. Asking someone, for example, whether they have ever sought ‘treatment’ for substance misuse, pre-supposes that their use is problematic. It may not be, or it may be that they do not view it this way. If you phrase a question in this way you can immediately close down opportunities for other conversations about this. Thus staff in services frequently make assumptions that someone should seek treatment for their drug use and put this into support plans when, in reality, this may not be of interest to the individual.

So, while adapting policies and procedures is about far more than changing language, the potential impact of this should not be under-estimated.

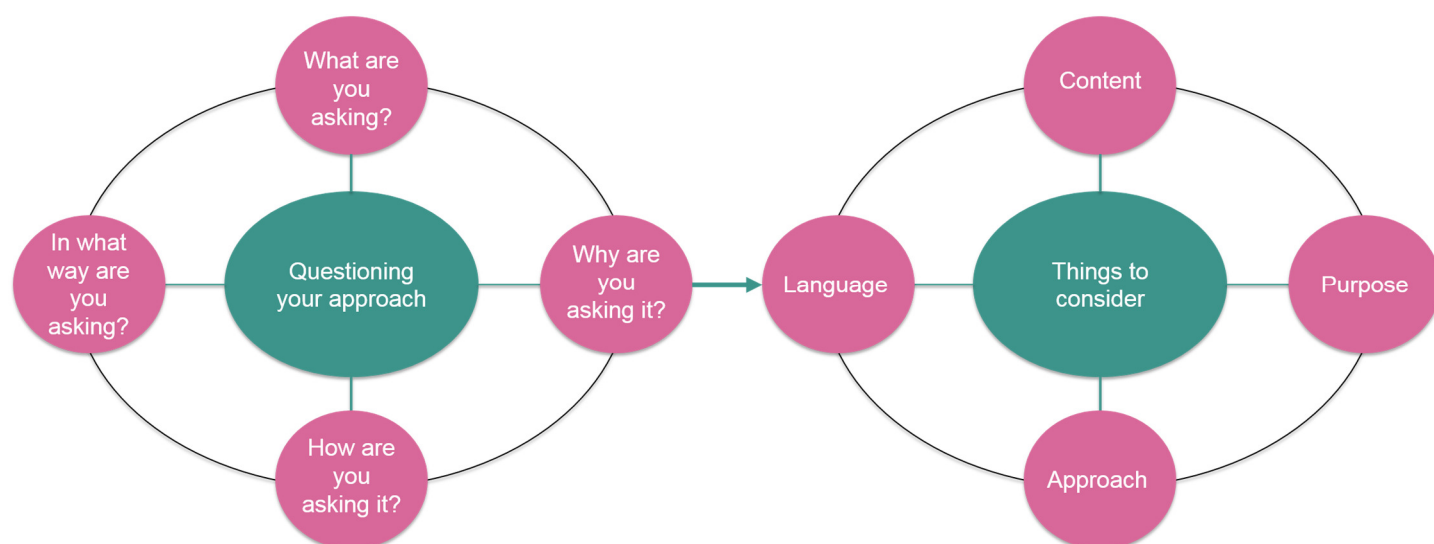
How to adapt your policies and procedures

There is not one way to adapt policies and procedures and in reality, this will be an ongoing process. The image below highlights some of the things to consider as you begin. All of these elements are significant when re-designing policies and procedures. Perhaps the two starting points are ‘what and why’ or ‘content and purpose’. Often, if you have adopted a new approach, your purpose may have shifted. For example, evictions procedures may traditionally have been designed to ensure a clear and transparent method to end someone’s license safely and fairly when they have seriously breached the terms of their agreement. However, with a new focus, your aim may now be to avoid evictions and maintain a licence wherever possible. As we shall see in the example below from Genesis Housing Association, this can lead to a vastly different procedure.

⁵ Mulvey, E.P., Steinberg, L., Fagan, J., Cauffman, E., Piquero, A.R., Chassin, L., Knight, G.P., Brame, R., Schubert, C.A., Hecker, T. and Losoya, S.H. (2004) ‘Theory and research on desistance from antisocial activity among serious adolescent offenders’ in *Youth violence and juvenile justice*, 2, pp 213-236

⁶ Paternoster, R. and Iovanni, L. (1989) ‘The labelling perspective and delinquency: an elaboration of the theory and an assessment of the evidence’ in *Justice Quarterly*, Vol 6 (3), pp 359-394.

⁷ Klein, M.W (1986) ‘Labeling theory and delinquency policy. An experimental test’ in *Criminal Justice and Behavior*, 13 (1), pp 47-79.



We cannot hope to provide a comprehensive guide to re-doing your policies and procedures. We have instead included three detailed case study examples which demonstrate how this can be done and what it may look like in practice. Here are some things to consider when undertaking this task:

Organisational aims:

- What is our overall mission as an organisation? What are our values? What are our aims?
- Do we have a Theory of Change? What is this?
- How does each policy or procedure fit within these?

Organisational approach

- What is our overall approach? Have we adopted a newer approach of our own or do we aim to implement strengths-based practice, TIC or PIE?
- If we have made changes to our approach, how might this impact on policies or procedures?
- How does each policy or procedure complement our current organisational approach? Does it detract from this or support it?

Reviewing policies and procedures?

- What policies and procedures are currently in existence? When were they written/reviewed?
- Audit what you have already to get a sense of what most needs to change (but do not allow this to take so long that you are delayed in making changes!)
- Which policies or procedures can be updated reasonably quickly? Which will require a longer review and consultation period?

Prioritising

- Which policies or procedures do we think need changing most urgently? Which have the biggest immediate impact on the experiences of the people using our services?
- How much time can we set aside over the next quarter/year? Which policies/procedures can be tackled in this time?

Who should be included?

- This will depend on the nature of the policy or procedure being changed. Some smaller policies may be reviewed and adapted by a single allocated person. Others that are more fundamental will need

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to include a broader design team and a full consultation. This would include referral and assessment procedures, support planning, eviction or barring procedures and anything else that has a fundamental impact on the people using your services.

Setting up your working group

- Who is best place within the organisation to lead on this work? How can you free up time for them to do this?
- Who needs to be included in the reviewing and design process? This may be a working group but should representatives of people using your services, managers, frontline staff and volunteers (where relevant).
- How and when will you meet? How can you make meetings meaningful and inclusive? This may include workshops and open discussion groups as well as formal meetings.

Designing your policy or procedure

- Start with considering the purpose of the policy or procedure? What was it originally? Has this changed in the light of changes in the sector or a new approach within your organisation? If the purpose has shifted, how can the policy or procedure be adapted to reflect this?
- Consider the original content and whether it achieves its original purpose? How should the content now be changed to reflect the new purpose?
- Look at examples where possible of how other organisations have adapted similar processes. This will highlight things to you that you might otherwise not have noticed.
- Think about language and wording. How should the policy/procedure be written to ensure it is easily understandable to everyone reading it. How can you best write the policy to reduce exclusion, disempowerment and to balance the power within the conversation? How can you avoid language that makes assumptions or stigmatises?

How should the policy or procedure be applied?

- Think about the approach that staff would need to apply to ensure that the policy/procedure is applied as intended. What principles/styles of conversation do they need to adopt?
- How can you support staff to ensure that they are able to do this?

Consultation

- Who needs to be included in the consultation process? For fundamental items such as assessments and support plans this should ideally include the whole organisation including frontline staff and people currently using your services, people who have used them in the past and people with experience of using other services.
- How can you do this in a meaningful way? This will depend on the size of your organisation and the systems already in place. If you are a very large organisation, you may need to have a generalised feedback process alongside more detailed consultation with groups representing Manager, frontline workers, people using services, volunteers etc. This may need to be done regionally.

Pilot

- Consider piloting the approach within one section of the organisation to see how it works. You can then make amendments as necessary before rolling it out further.

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Guidance/training

- What training should be offered to ensure that all staff operate the procedure effectively? This is essential – if there is insufficient training or a false assumption that training to managers will ‘filter down’, the policy or procedure will not be applied as intended. It may then not have the required impact.
- How can you ensure that guidance you produce is read, understood and applied?

Iteration

- Keep the process of change open. Be open to ongoing changes and adaptation to make improvements. Many policies/procedures have unintended consequences – it is best to have an ongoing consultation as the approach is rolled out so that these can be addressed.

Developing new support plans – Evolve Housing transition to a strengths-based approach

How did we do this?

At Evolve Housing and Support, we launched our new approach to support in summer 2018. In the previous year we worked with staff and customers to review how the existing approach was going. Customers were happy with the support they receive and at the same time some areas for improvement were identified. Customers wanted a focus on what is strong and positive about them and on their relationship with the wider community, which led naturally into focusing on a more asset-based approach to working.

A working group of staff and customers was set up in late October to jointly create this new approach to support. As a group, we designed the new approach and the paperwork, made sure staff and customers could review and feedback at every stage and eventually agreed on what it would look like. The new approach, which focuses on a customer’s wellbeing, their satisfaction with where they live, their community connections and their aspirations, is proving to have a positive effect after the initial pilot. One customer said about his experience of the new support plan: *“I have really enjoyed being able to take the time to complete this and I feel like it is mine and something I can work towards. I have liked looking at my strengths...”*

Customers and staff worked together to review the feedback from the pilot and to make any necessary changes. They also worked together to develop training for staff on how to work with the new approach which is in the process of being delivered. Over 60 staff and customers have been involved in this process with over half of these being our customers. The design, decisions and training work around the new approach have been done in partnership with our customers, and has resulted in a great new way of working for the organisation.

One of our managers said, *“Co-production allowed us to test ideas and bring current lived experience to the planning process. This is essential for any new support approach and invaluable to the ethics of design. By focusing on co-production, we have been able to get all parties to take ownership in its design and delivery and develop it into something that works for all and not something that is just implanted on our clients.”*

What is the new approach?

The approach is community and asset-based. This aligns better with what both customers and staff wanted and fits better with the organisational approach. It also aims to have better and more positive outcomes. At Evolve there is a strong emphasis on co-production and this fits well with the approach.

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The approach in practice has seven key strands. These are

- Creating positive expectations for and with your customers
- Building relationships and opportunity in the community.
- Customer involvement in your service.
- Shifting language.
- Adoption of four support planning areas (see image below).
- Ethos of reciprocity and partnership.
- Building better communities.



The new Support Plan

A full range of new processes have been and are being developed. One of the first to be launched is the new support plan. Support planning has adopted a coaching style and is no longer focused on deficits such as substance use or mental health. Instead, the customer identifies goals that they would like to achieve and works with the support worker to identify steps they may need to take to achieve this. Those people who have newly arrived in the service may adopt shorter term goals if they are in crisis, but over time it is expected that goals will become longer term. The different elements of the new support plan are detailed below.

Goals - what I would like to achieve is:

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The aim is that the goals identified should be motivating. They should also be should be positive, manageable, realistic and achievable and challenging. We all have passions, dreams and aspirations that we aspire to in life. When having the conversation with the customer, staff try to find out what inspires them and what their beliefs and interests are. They ask questions that allow them to be creative and thoughtful in planning their goals.

Current strengths that will support this:

Strengths I would like to work on:

In order to achieve these goals, customers are asked to identify their strengths. Whatever we speak of most will be at the forefront of our awareness and the more it defines who we are. We want to develop a practice with our customers where they acknowledge what their strengths are on a regular basis. The strengths identified in this section should link to the goal that is being discussed.

Please note that the classification belongs to VIA and the images are the intellectual property of Evolve Housing.

VIA Classification of Character Strengths



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The images above are included in the support planning booklet. They are based on the VIA classification with images designed by Evolve. They are used to support this conversation with customers. If a customer is struggling to identify any personal strengths, this provides an opportunity for support staff to feedback and highlight some of the customers, strengths.

The people and networks I would like involved are:

		/	/
		/	/
		/	/

In order for a goal to be achieved, it must be broken down into manageable actions. These actions then become the driver for the goal. Actions need to be relevant and related to the goal in question. The role of the support worker is to help identify the necessary actions to achieve this.

Building strong connections to their local community enhances our customers' chances of success with fulfilling their goals. While the primary driver of any goal is the person who creates it, often it will only be successful if it utilises the support, guidance and coaching from others. Much support may come from staff, but it is essential to make use of all local resources including other services within Evolve, external services and community groups. These are identified within the support plan.

I will celebrate achieving my goal by:

When developing the new support model, customers said they wanted an opportunity to celebrate when they made progress. Focusing on what you have accomplished, rather than the long list of what there is still to do supports people to stay positive and motivated.

At the end of each support planning cycle, the project uses the Short Warwick and Edinburgh Mental Wellbeing Scale with some additional questions to measure progress and report to commissioners. It is a scale used across the sector and has been used in all Housing First pilots.

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last two weeks:

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with my problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things					

This strengths-based document now makes up the entire support plan for residents at Evolve Housing. At the same time, the organisation has adapted new safety planning procedures, assessments and adapted our In-Form to meet our new needs. We have also introduced a five-day training course for all staff to fully understand the approach and how to apply it. It's a long process that is still ongoing but we are optimistic about the future and confident that our approach now fits with the aims and approach of our organisation.

Re-designing procedures – Genesis Housing Association Norfolk and Suffolk

We started this process last year. We had been working towards implementing strengths-based and person-centred approaches as part of our shift towards developing a psychologically informed environment.

A huge amount has been changed across the Homelessness services we run in this area. I have detailed a few of these changes here but this is part of a much wider process and is ongoing.

Referral and induction processes

We were unable to change our external referral process as this is standardised across the local area. However, our own internal referrals and assessments have been changed to enable more open conversations and to use positive language. This has enabled us to get to the root of issues that might previously have led to someone being considered high risk. For example, if someone has previously had repeated evictions from services, we would now talk to them in more detail about why that might have been and what could be done differently on this occasion. In the past, we might have automatically marked this down as a risk.

Below are examples from our guidance on the types of questions staff can ask as part of this conversation. Whilst the conversation starts with more positive strengths-based elements, you will see that we do go on to discuss issues such as substance misuse and mental health (and more topics that aren't included in the sample below). However, how we discuss these topics has changed significantly to a focus on gaining a better understanding of the strengths people use with this issues and why they engage in the behaviour.

MOTIVATION AND TAKING RESPONSIBILITY

- What would you like to achieve whilst here?
- What changes have you made already to achieve this?
- What do you think is not going so well?
- What do you think are the solutions?
- How do you think we can help with that?
- How do you feel about supported accommodation and working alongside the team?
- What is the one thing you think you are good at and one thing you would like to learn/change?
- Where would you like to be two years from now?

MEANINGFUL USE OF TIME

- Tell me about yourself?
- What are your hobbies and interests?
- What are you good at?
- Do you have any cultural/religious beliefs?
- Is there anything we need to consider/be aware of regarding these beliefs?

SOCIAL NETWORKS AND RELATIONSHIPS

- Do you have family/friends/significant others that you have contact with?
- Is there anyone who you would like involved with us?
- Do you have any concerns regarding moving into shared accommodation?
- Easy to make friends? Difficulty in talking to others?

ACCOMMODATION

- Review the reasons given in their application for maintaining/loss of their accommodation and expand focussing on:
- Are there times when you have successfully maintained accommodation/services longer than others- what was different?
- What do you feel are the key reasons for the loss of your accommodation/what have you learnt? What do you feel could prevent this from happening again?
- How do you feel we could help you with this?
- What would you do differently this time?
- Remember the 5 whys, it is important to not just document the first response, but to ask why they feel this each time to find solutions rather than focus on the problem.

DRUGS AND ALCOHOL

- How do you feel about your current drug/alcohol usage? Do you have any concerns?
- What do you think drinking/using drugs helps you with? How does it make you feel?
- Have you previously had periods of being abstinent? What enabled you to achieve this? What do you think caused any relapse?
- How does it impact on you?
- Is it impacting anyone else?
- How do we keep you safe in this environment in relation to your current usage?
- How do you think we can work with you to help you achieve what you want to achieve?
- How are external agencies helping you?

EMOTIONAL AND MENTAL HEALTH

- What helps you maintain your well-being? How can we help you to stay well?
- Do you know if you are becoming unwell?
- Is there anything that could help us identify if you are becoming unwell?
- Are there times when you have been able to overcome your feelings of depression, anxiety etc?
- Has your mental well-being ever caused harm to you or others?
- Have you or are you engaging with other services/support networks to support you with your well-being?
- How are external agencies helping you?
- Do you have a preference in your assigned team member in relation to supporting your well-being?

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Our former induction process for new residents was a full day and involved going through and completing a huge amount of paperwork. It wasn't personalised to the customer and the risk assessment would ask about some very detailed issues that could be totally irrelevant to that person. The information in assessments and support plans often ended up being incomplete or even inaccurate as people didn't disclose all the information in that first meeting. As a result, when reviewed six weeks later, it could look as though the person's issues had escalated, when in fact they might be revealing the true picture for the first time.

We reviewed carefully what we actually needed to do so that we could scrap some of the paperwork. We then initiated a six-week induction process instead. Whilst some paperwork needs to be completed on that first day, we completed the rest gradually and only submitted our assessment paperwork in week six. As a result, information and goals are more honest and realistic.

We try to make people feel welcome on arrival. Everyone receives a Welcome Booklet on arrival with information about house agreements and positive information. There is less focus on 'rules' than previously and language is more positive. We also have Welcome Packs for everyone who moves into our services consisting of a small toiletry kit. The pack can be expanded to include bedding or kitchen equipment if needed too.

Warnings and Evictions

Prior to working towards PIE we had already developed a new breach of license procedure but it was still very focused specific behaviours and their consequences with warnings leading to eviction. We have now introduced different levels and a range of support interventions that accompany them.

There are now three levels of 'breach'. Whilst previously any team member could give a warning, now it is a team decision if someone is to receive a level 1 or 2. If support is not successful and someone may be issued with a breach level 3 or NTQ, this can only be issued by managers following a reflective practice session. The aim is to prevent eviction as much as possible. There are still consequences for people who repeatedly breach the license agreement, but these aren't necessarily as black and white or authoritarian. Services are recognising that there are lots of alternatives to warnings and evictions.

For example, there was one individual who had a NTQ before Christmas last year due to aggressive behaviour towards another resident. Previously warnings would have required the individual engage with alcohol services but this was unrealistic and would have resulted in eviction. Instead the team took time to break down the issues in detail. They did some detailed work with him around his alcohol use. He was able to identify some triggers that lead to his drinking deteriorating and increased aggression. He was also able to avoid those triggers even though he did not wish to reduce his drinking. Staff also worked with him to identify the best ways to respond when he was feeling angry or aggressive. This particular person is still living in the accommodation nearly a year later. This is a good example of using Positive Behaviour Support (see below).

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We have also changed how we notify residents about arrears. Language has changed to make them less aggressive. In an ideal world we would be able to separate support from housing management – however this is not realistic in our services. Instead we have adapted the process so that all arrears letters come from managers. This has enabled support workers to work collaboratively with residents to talk through the issues. In one service where this was piloted, there was a 27% reduction in arrears within the first month alone.

Key Features of Positive Behaviour Support:

The word 'positive' in behavioural terms means 'adding to', so **PBS simply means supporting people to learn different behaviours**. It involves:

- Respecting individuality and how responses and behaviours are unique to the individual
- Identifying the function of behaviours to establish effective interventions
- Understand and recognise when certain behaviours occur
- Assessing the broad social and physical context in which the behaviour occurs - including the person's life history, physical and mental health, and the impact of any traumatic life events
- Planning and implementing ways of supporting the person to enhance quality of life
- Rejection of punishment as a response to behaviours
- Reduction of incidents through the development of adaptive behaviours
- Develops person centred risk management by involving customers in their own behavioural support plans, building skills and alternative approaches in adapting the behaviour

Staff training and support

Although it is important to change policies and procedures, a great deal depends on how these are delivered by staff. Staff need to feel supported to implement changes that can feel unnerving and can also take time to see results.

One solution to this is to develop a range of tools that can be used in different situations by staff. For example, rather than simply asking staff to use person-centred practice to work with customers after an incident, we have introduced the use of Antecedent Behaviour and Consequences (ABC) Charts and Wellness Recovery Action Plans (WRAP). These are both tools that have been professionally developed and, in the case of WRAP, extensively tested. They support staff to work through triggers, risks and incidents collaboratively with the resident.

The ABC helps staff to break down incidents. Although the ABC Chart itself is helpful, it is the accompanying information and guidance that demonstrates how staff can use this to gain a deeper understanding of the individual and the function of any behaviour that they are displaying.

WRAPs are designed for mental health wellness and are completed by the individual themselves. They detail information about how a person feels when things are going well and the different elements that are needed to make that happen (e.g. a good night's sleep, certain foods, exercise, seeing particular people). They also cover what might happen if things reach a crisis and how staff and others can intervene.

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In addition to these tools, we have introduced Positive Behaviour Support Planning, Person Centred Risk Planning and have created a range of guidance and toolkits for staff to make use of. It is important that staff don't feel unsafe as use of previous tools (such as warnings and evictions) are reduced.

Although they had already done training, we felt that we needed to do more to support staff to deliver the approach. We have recently commissioned a five-day training course in much greater depth that will cover different aspects of the framework. Although we considered limiting this to managers, we felt it was essential for everyone to receive it if we want the approach to work. Every member of staff will be attending this course. Undertaking training on this scale can be expensive. However, the rewards come back in improving the quality and outcomes of our services.

We have also changed how we do our one-to-ones with staff. There was a level of fear that doing things differently would mean that they might miss targets at work. We have changed how we assess progress so that staff can meet their objectives in different ways. This should give them more confidence to try the new approach.

Making changes within strict constraints – Reading Borough Council Common Assessment Form

Background

Reading Borough Council has had a Common Assessment Form (CAF) for several years. The CAF is completed by any service wishing to refer someone into Reading's Homeless Support Services, which include supported homelessness accommodation, floating support and the rent guarantee scheme.

The previous version of the CAF had been in circulation for 4-5 years. Over that time, there had been significant changes across services who are now more focused on developing strengths and are more psychologically informed. Feedback from the weekly multi-agency referral panel and other partners was that the CAF was too negative. Individual forms were often simply updated meaning that information may no longer be relevant and risk profiles out of date.

Our brief

We took as our starting point the principle that it is not easy or fun to be assessed and talk about yourself to someone that you have just met for the first time. This can be a re-traumatising experience. We should be questioning why we ask people to complete so many assessments.

There were four main parts to our brief:

- Develop a strengths-based assessment tool.
- Focus on current information and relevant risk profile.
- Include the voice of the client and ask what they think works for them.
- Reduce duplication and the amount of assessments needed by making a Follow Me document that can be updated as people move between services.

Whilst we aimed initially to reduce the number of questions we were asking we found that we were unable to make cuts. Between the many services that used the CAF as a referral form, each question was a requirement for at least one service. As such our challenge was to make significant changes to the form, without changing the basic content.

What we did

We set up a working group of managers and frontline workers across our partnership and got feedback from service users. We also reached out to other areas to see what they were doing. We tried to match the CAF to the initial assessments that providers complete to reduce the need to repeat information at the referral stage and the providers' initial assessment.

What changed

We changed the language on the form to be more inclusive and strength orientated, with separate boxes for client and referrer comments. There were a lot of other subtle changes with the emphasis always on the client and what they think would/has worked for them. This allows the new provider to start risk management/support planning straight away. We produced new guidance and training for professionals completing the CAF. We also changed the front page to include all data we collect to make processing easier for us.

Guidance and Training

We recognised that how the CAF is used is as significant as how it is worded. We therefore produced guidance and training for professionals. The training includes a focus on things to consider which aims to ensure that the CAF is completed in a supportive way. This includes four key areas:

- **Accessibility:** we ask our referrers to consider their use of language, the level of literacy of the person with whom they are working, any mobility issues, risks and also the room in which the interview takes place. We recognise that the environment in which the assessment takes place is key to ensuring that the client has as positive experience as possible when completed the form.
- **Existing information:** we know that people find it frustrating and possibly re-traumatising to have to continually repeat information. We therefore ask in our guidance and training that staff pre-populate the form with information that has already been given. They can then use the meeting to check the details and support needs without forcing the individual to repeat information unnecessarily.
- **Housekeeping:** our training also includes a section on housekeeping as practical considerations can have a big impact. We ask referrers to book a room and allocate enough time so that they aren't hurried or interrupted. We also ask them to ensure there are comfort breaks and drinks offered. The aim is to create as comfortable an environment as possible.
- **Consent:** we also cover when to discuss consent and signing the CAF. It is important to get this right so that the person is confident about what will happen with their information and feels in control of the process.

Examples

Over the next few pages are extracts from our own and new forms, which demonstrate how we have made changes. As you can see, we are still seeking the same or similar information but there is a greater emphasis on hearing from the person themselves. The form is also designed to lead to a more conversational approach to each topic rather than asking direct questions and making assumptions from the outset.

OLD CAF Support needs section

LIVING SKILLS AND SUPPORT NEEDS

<p>What are your client's primary and secondary support needs? exclude need to access accommodation</p>	

Please summarise below how your client is able to manage with the following independent living skills including positive factors and give details if partner services will be putting support in place for them:

<p>Living in shared or supported accommodation include history of rent arrears, any evictions or positive move-on</p>	
<p>Shopping, cooking and cleaning</p>	
<p>Emotional wellbeing health including social skills</p>	
<p>Budgeting and money management include payment of rent</p>	
<p>Personal hygiene</p>	
<p>Basic skills include literacy, numeracy and form filling</p>	
<p>Tenancy sustainment include antisocial behaviour issues, rent arrears and evictions</p>	
<p>Street-based activity include street drinking, begging or street-based sex work</p>	
<p>Other include any other addictive behaviour (for example gambling) or hoarding</p>	

OLD CAF Support needs section

OFFENDING BEHAVIOUR

Offending history include dates	
Current legal status include whether on probation or police or court bail	
Details of any programmes attended to address offending behaviour	

SUBSTANCE USE

History of substance use include length of time using and amount/method of use	
Current substance use include amount used per week	
Treatment history include current prescriptions and motivation to change	

ALCOHOL USE

History of alcohol use include length of time drinking and impacts on functioning	
Current alcohol use include amount consumed on a typical drinking day	
Treatment history include work with treatment services and motivation to change	

OLD CAF Support needs section

MENTAL HEALTH

Details of any mental health diagnoses	
Current medication or treatment include dosages	
History of mental health and involvement with services include any hospital admissions and whether subject to s.117	

PHYSICAL HEALTH

Details of any physical health diagnoses	
Current medication or treatment include dosages	
History of physical health and involvement with services include any hospital admissions, whether registered with a GP and name of surgery	

LEARNING DIFFICULTIES AND/OR DISABILITIES

Details of any learning difficulties and/or disabilities	
Links with any LDD services	

OLD CAF Support needs section

ADDITIONAL INFORMATION

<p>Client comments include whether they agree with the information provided and whether they feel there is any further relevant information</p>	
<p>Strengths include what your client is good at and periods of their life when they have done well and achieved their goals</p>	

New CAF strengths and support needs section

Strengths and Support Needs

Physical Health: Are you happy with your physical health? Do you have any current illness/conditions? How do these affect you? Are you on any medication? Do you generally seek and comply with medical advice? Include recent hospital admissions, risk information and GP details. Do you eat/sleep well?

Referrer's comments:

Tenancy Sustainment: What independent living skills do you have (cooking, cleaning, shopping, and paying bills)? Include any concerns about ASB, hoarding, evictions, previous stays in supported/shared accommodation

Referrer's comments:

Basic Skills/Training/Employment: Are you in employment currently or have you been previously? Do you have any training or qualifications? Do you need any literacy support? Have you ever had support for learning difficulties/disabilities?

Referrer's comments:

Finances: What's your income? Do you work/benefits? Do you have any debts and how did they occur? What are you like at budgeting? How can you be supported to manage your money? Do you have any repayment plans in place?

Referrer's comments:

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Emotional wellbeing/mental health: Are you happy with your mental health? What impacts on your mental health? Can you identify any triggers? What helps you feel better? Do you have a formal diagnosis? Are you on medication? What should support providers do if you are experiencing mental ill health? Include information on self-harm and suicide (frequency, method) and current support or recent hospital admissions.

Referrer's comments:

Substance use/alcohol use: Do you currently use drugs (record the type(s) of substance, method, quantity, frequency length of use. Include any associated risks)? Do you want to make any changes? Has there been a reduction or cessation in use? How was this achieved? What are your triggers? What should support providers look out for? What should support providers do if they identify substance use or are concerned about it? Do you engage in any support? What is good/bad about it?

Referrer's comments:

Offending: What helps you to reduce your offending? What might lead to an increase? Are you currently on probation? Record previous convictions (type, frequency, date) any MAPPA, MARAC, DARIM, RSO details. Include any associated risk (domestic abuse, identify victims or perpetrators if appropriate).

Is the client supervised by	National Probation Service	Community Rehabilitation Company
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Referrer's comments:



What we do

Homeless Link is the national membership charity for organisations working directly with people who become homeless or live with multiple and complex support needs. We work to improve services and campaign for policy change that will help end homelessness.

Let's end homelessness together

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