Appendix F: Summary of Provider Survey Responses
Social Inclusion Services Review

October 2014

There are 41 services included in this review, provided by 19 different providers. All providers were sent questionnaires in September and offered 1 to 1 meetings.

13 providers took up the opportunity to meet on a 1 to 1 basis.

9 providers returned questionnaires.

Summary of Consultation to Date

A summary of questionnaire responses received to date and feedback from meetings is given below:

	What have been the challenges delivering services to the socially excluded client group within the staged model since the beginning of the new contracts in April 2013? Are there any significant trends you have noted over the last 18 months? All providers have noted an increase in referrals for clients with complex needs. In particular, an increase in support needs related to mental health, learning disability, poly-substance misuse (including legal highs) and MAPPA referrals. Two providers also reported an increase in referrals for difficult to engage young people and one reported an increase in ex service personnel with PTSD. Floating support providers reported an increase in demand. One specialist family floating support service also reported an increase in families on JSA, where individuals had never worked or had not worked for a long time and lacked the skills to secure suitable employment. Generic floating support services have seen an increase in referrals for people with learning disabilities and mental health needs who do not meet statutory eligibility criteria for care services. They have attributed this to changes in the eligibility criteria for longer term disability services. Move on was cited has a particular challenge in most responses. Particular issues included ‘lack of move on options for people with complex needs’, ‘decline in available housing’. ‘high rents in the private sector’, ‘difficulties securing deposits / rent bond schemes’ and the ‘requirement of guarantors to secure private rented housing’. Most providers who are experiencing success securing private rented are supporting people to move away from their local area. One provider mentioned success finding accommodation in Southampton and Eastleigh areas. Providers at the front end of the model are often unable to move

clients with higher support needs into stage 2 accommodation as providers assess these service users as too high risk for the number of support hours attached to the service

Other significant challenges relate to the numbers of people being sanctioned by the DWP and delays with benefit payments and PIP claims.

Two providers stated that more targeted support in partnership with health was needed.

What do you feel works well in the current service model and what not so well?

Works well:

Two providers mentioned that the continuation of the Supported Housing Panel in Winchester had been useful in terms of partnership working. They also stated that this supported local delivery and provision of services to people with a local connection

Floating support providers reported success with the drop in model, particularly where these were operating in collaboration with other agencies. The flexibility of the floating support contracts to provide support in a range of different ways was included in responses by 3 providers. Direct access to floating support has enabled providers to improve response time and early assessment.

Outreach support linked in with direct access hostels.

One provider for the whole pathway. The young persons combined stage model was also given as an example of good practice

Works not so well:

No consensus within providers regarding definitions of stages. Support pathway inadequate and too dependent on supported housing

In a pathway model you can only be as efficient as those around you. Stage 2 services can be ‘squeezed’ at both ends.

Return rate into services is high. Very complex cases come round the system time after time.

Lack of risk information on referral forms

Poor communication between stakeholders/partners results in poor outcomes for service users

Stage 3 accommodation based services have insufficient support

<table>
<tr><td></td><td>hours to meet the needs of people requiring the service. This was a particular issue in Winchester where there are no designated stage 2 services.

Drop ins in rural areas

Inappropriate referrals to floating support (repairs issue only)</td></tr>
<tr><td>1.</td><td>Do you have any examples of successful service models for this client group from your experience delivering services in other local authority areas or through your wider partnerships?

• Systems Thinking Approach
• Support provided at community venues to reduce dependence on home visits
• Use of group work by floating support services to tackle common needs within the community
• Core/flexi type support in accommodation based services
• Universal paperwork across all services
• One Stop shops (housing, substance misuse, CAB)
• Pathway model with one provider for multiple stages
• Provision of alternative therapies
• Advocacy support
• 24/7 support for complex needs
• Flexibility within floating support contracts to maximise throughput and availability
• Sign posting and maximising the use of existing resources within the community
• Peer support groups
• Links with health services
• Specialist worker roles within generic services (MH, mediation, substance misuse)
• Provider led training courses for service users – tenancy sustainment, personal safety, assertiveness, healthy living and anger management were given as examples
• Support planning that promotes wider social inclusion
• Joint funding to address the MEAM client group
• Joint working with partners to deliver preventative surgeries to respond to specific issues (eg. Mental Health and Domestic Abuse)</td></tr>
<tr><td>2.</td><td>What do you think the challenges would be delivering an integrated service model that combines all or some accommodation based services with community support?

• Landlords would need to be on board and be prepared to maximise intensive housing management input</td></tr>
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	• Move on is a challenge to any model • Loss of identity for voluntary sector organisation that are experts in their field • Cost and TUPE implications • Barrier could be access to accommodation in the districts of Hampshire where there are rural communities and satellite towns rather than a centre • May reduce the risks landlords will take. Floating support is inappropriate for shared provision for people with complex needs. Too high risk for landlords. May withdraw buildings. **What do you see as the essential elements of such a model?** • Information sharing would be key • Central coordinator to take overall responsibility for service delivery and outcomes • Joint working protocols and partnership work with the landlord. • Facilitates transition from supported to independent living • Demonstrates a clear pathway for clients • Essential elements would be outreach, assessment/triage hostel, resettlement service and or housing first model, move on with FS • Mapping what the needs are now and in the future • Statutory provider input and partnerships • Hard and soft targets • Assertive engagement with complex clients • Community involvement • Keep paperwork and bureaucracy to a minimum to enable staff to spend additional time with clients to achieve outcomes • Flexibility to design staffing structures which offer a range of skills and competencies to meet the needs of individuals. These may include posts that have traditionally not been covered by SP funding • Interventions need to happen at both the high end and low end of people's support needs. • Client involvement • Acceptance that some clients need to go backwards before moving forward. Their personal journey may be cyclical not linear.

3.	**Please give your perspective and experiences of outcomes based commissioning and different models of payment by results. What are your immediate concerns?** The idea of outcomes based commissioning was generally supported. Specific responses included:

	'It is outcomes that should be commissioned not staff hours. If a service can't demonstrate outcomes what is it doing?' 'Outcomes would need to be realistic and measurable' 'Support needs to be flexible and respond the individual need. This should be reflected in outcomes' 'Agencies may cherry pick and only work with those service users that they can achieve positive outcomes with' Concerns were expressed regarding PbR. A number of providers felt that a PbR model may put the most vulnerable clients at risk and stated that putting outcomes around more complex clients is difficult. There was a suggestion that this could be recognised by developing softer outcomes that have historically not been captured. Entrenched clients and those with more complex needs tend to fluctuate in terms of outcomes. Any model would need to ensure that providers do not 'cherry pick' to get results. One provider gave an example of another local authority that is currently commissioning a service with an element of PbR for successful outcomes with the most complex service users. Other responses included: 'PbR would need to be a bonus for outstanding work rather that 'not getting the money we need.' 'PbR should be for service outcomes not for individual service users' 'Would services put up with bad behaviour to achieve results?' 'If this was an integrated service with multiple agencies involved, if one agency failed to meet targets would we all get penalised?' 'Providers need to be involved in setting outcomes to ensure that they are realistic and specific.'
4.	**What outcomes do you think should form the basis of service delivery for this client group?** Specific outcomes were listed by 3 providers. More general responses included: • Outcomes need to be person specific and client led • Length of stay should not be included as this is dependent on individual needs

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- Use of Outcomes Star
- Need to capture the ranges of support delivery (those with low to high needs)
- Include drop in and cluster group activity to fully demonstrate the range of intervention and engagement
- Social value outcomes
- Planned moves need to be included
- Measure level of independence, not just planned moves
- Service user feedback should be used to measure outcomes
- Need to involve the local CCG
- Sitra common data framework should form the basis
- What would generic results look like? Outcomes are not consistent across client groups
- Measures distance travelled for the individual
- Simpler more achievable outcomes, especially around returning to work and or education or social inclusion would contribute to communities thriving.
- Difficult to measure how much personal skills have improves

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<tr><td>5.</td><td>

If we were to consider redistribution of available funding geographically, what indicators do you think would give us a reliable measure of need within a particular area?

Most responses included indicators that would be included under the Indices of Multiple Deprivation.

- Historical commissioning
- Emerging and historic trends
- Take up of services/utilisation/waiting lists
- Benefit claimants/ JSA sanctions
- Crime stats
- Crime stats specifically relating to substance misuse
- Rent arrears data
- No of people presenting as homeless to local council
- Employment
- Health
- Poverty Scores
- Accommodation availability and local cost
- What other services are available in the District/Borough
- Availability of housing and rent bond/guarantor schemes
- Impact of substance misuse in an area
- Travel in rural areas and gaps in community provision
- Number of referrals to current provision
- Substance misuse stats
- GP data
- NHS data
- Adult social care data

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	• Homelessness data • Rough Sleeper counts • NFA admissions to hospital • Equality and diversity data • Decide on data to include and use as % of population in a particular area. • Rural areas should not be marginalised because there is seemingly less volume of needs • Availability of HMOs in local area
6.	**Other comments:** • Engagement with landlords is essential in the development of any new model • Retaining named buildings would aid continuity • Need to ensure that provision for vulnerable people who don't meet statutory criteria remains a key element of prevention and early intervention • Housing criteria remains important but a wider scope of criteria would be more beneficial so we are able to support customers who may remain vulnerable with no obvious current housing need but are identified as struggling to maintain independence with no statutory needs. • Support delivered alongside housing management offers the most consistent package for service users.

Appendix G: Homelessness Services - Summary of Service User Consultation

May 2015

Introduction

The aim of this project is to ensure that service users across the cluster are informed about the review process and have the opportunity to be consulted and involved in the process.

The project plan was to contact each of the providers with services included in the review and hold a meeting with their service users, either attending existing forums or through setting up a specific meeting. These would be followed by a number of smaller meetings made up of service user representatives, culminating in supporting them to devise and evaluate a tender question, working with the Council's procurement team.

Service Specific Meetings

Initially contacting all providers during the middle of January, I was able to begin arranging meetings for February and March. Only one provider said that they would not be able to facilitate a service user meeting at the present time. I drafted a short information briefing to:

- Introduce the background leading to the current situation
- Provide information about the process and methodology, including how service users would/could be involved and timescales
- Explain how Hampshire wanted service users views on current services and development of outcomes for new services
- Explain the importance of service user views in assisting Hampshire to get this right
- Include and check the areas where feedback was important
- Ensure information was collected on what service users wanted Hampshire to know was really important to them
- Stress all answers would remain confidential
- Allay any fears, worries or concerns that service users may express about what services would be available after April 2016
- Encourage those service users who expressed interest to be involved in focussed representative meetings
- Maintain consistency at each of the service based meetings

18 service meetings were held with a total of 113 service users, with attendance varying from 2 to 21, partly depending on the size of each service. Two providers have returned feedback individually completed by 8 service users.

Feedback from meetings

Throughout all the meetings the honesty, openness and frankness expressed by those attending was by turn humbling and inspiring. The depth and breadth of support provided has enabled really vulnerable people to coproduce needs and risk assessments and support plans, achieve their own agreed outcomes and move towards or maintain independence.

There were very few, if any negative responses. One was regarding the amount of support available for the number of people who needed it. Second was regarding support available to move to where family were or remain in the area you had been receiving support and were establishing roots. Third, which was, mentioned by more than one person, tended to be not about the support, the staff or the organisations but about how their support organisation dealt with a small percentage of service users, who did not accept support, were seen to be taking advantage, and were not taking any responsibility themselves and were taking up services that other vulnerable people needed and couldn't get into. There was a general recognition though that everyone was at a different place, you needed support at times of crisis but there came a time when the changes had to start from yourself and that was when your support was really successful in enabling you to achieve outcomes.

The following responses have been collated as a combination from all of the meetings and the written feedback received, collected under each of the subjects discussed. In many areas there was a consistency with the responses from the service user questionnaire that was carried out in the summer of 2014. Some direct quotes have been included.

How did you find out about support when you needed it? From parents, other family members, friends, local district councils, word of mouth, midwife, Adult Services, other providers. However generally many individuals thought there should be more advertising on services available where they would be able to pick it up, in day services, youth clubs, CABs, pubs, drugs and alcohol services.

What was the timescale from finding out about the service to referral, acceptance and receiving a service? This was generally quite quick but varied from the same day, 2 days, a week and up to four months where they were waiting for a vacancy.

Can you explain what led you to needing support from your service? Family breakdown, Pregnant, Homeless, Prison, Drug and Alcohol issues, Mental Health issues.

What Support are you currently receiving? Up to five hours a week for assistance with finding accommodation, dealing with bills, budgeting and debts, eviction, drugs and alcohol addiction, life skills, writing CVs, getting into or returning to education/training, apprenticeships, work or volunteering, health issues, counselling, establishing or re-establishing relationships particularly with family, form filling, reading and understanding letters, move-on (utilities, furniture, council tax) and

maintain tenancies, Depression and other health issues including recovery, court orders and Probation and Adult Services.

How much support do you get and is it available when you need it? It is the right amount and there when you need it. There are regular sessions at agreed times but you can usually get help from staff at any time, when you need it. The service users knew about contacting an "on call" number. Many said they received help, information and support from other service users as they had shared problems and experiences, developed a support network, all been through it and this was often encouraged and facilitated through their support provider. There were a surprising number of uses of the word 'prevention' in describing the support people receive, especially in terms of alleviating future crisis.

What happens if staff are not able to provide the support you need? There was a lot of mention of staff supporting service users with help to contact, make appointments and/or attend other services. Other services mentioned that service users had been 'signposted to' included DAAT, colleges, CAB, health, hospital and GPs, health visitors and CMHT and specifically Alabare, the Junction, Children's centres, Young Mums Matter. One service user said "It was important for them to get all right services together". Specific support was provided "in understanding and getting my medication levels right" Other support when staff weren't around was through a welcome pack/list of useful contacts that was provided and a specialist drop-in. Staff know "the right people/information for what I need"

Do you have a Support plan? Without exception everyone knew they had one, was involved in it and could change it. "It is what I want"

How long have you been at this service? The time that people had been in the service varied from 1 month to 3 years. Generally the service users knew there was a time scale for receiving support and many were working towards a reduction of support and move-on from when they first entered the service. However there was a general issue raised with the problem of available move-on accommodation, which many said had made their stay within the service longer than it needed to have been.

How have you changed since you have been receiving support? Become more independent, gained confidence, have started volunteering/Peer Mentoring, one ex-user had come back as a staff member, "We are treated as individuals/adults" "as other human beings", "I have now got a doctor and am dealing with my health issues", "I have got motivation and want to change", "I feel safe and secure", "I have a chance to focus on myself", "I have gained skills" "This period of two and half years is the longest I have ever been out of prison".

What would you say about the staff? There is the right amount and at the right time. "They always double check I am okay", they find alternatives, they provide what we want, they don't push us into their ideas, we have regular meetings, they are on your side, staff are non-judgemental, someone is there when needed, they are flexible, provide encouragement, help us identify weaknesses and deal with them, they are caring, compassionate, listen to us, it is not just a job, the support they provide is tailored to our needs, I can even text or ring in, my support is there if

needed, staff support is confidential, they get things done, they are amazing, bend over backwards, very experienced and knowledgeable.

What outcomes are in your support plan? Housing/ to get on the housing register/ to achieve successful move on, Home-choice, get on with/contact my family, to find volunteering opportunities, get work, go to college, join in community activities, maintain my tenancy, support me to return home, get a job and qualifications, Make a new beginning/restart my life, have a new chance, have social activities like joining a gym, going to baby groups

Where would you be or what would have happened to you without support? "My children would have been taken away and be in care, I would be homeless, sofa surfing, living in a tent, have committed suicide, have been sectioned, been in hospital, been evicted, in a B&B, in Prison". "I wouldn't leave my house", "This support has saved my life", I would be back into crisis, "Where would I have turned to". There were many service users who said they would be suffering from depression again, been back on drugs or alcohol, been in foster placement or lodgings, returned to stealing/shop-lifting/burglary/other crime or be back in rehab again.

What changes or improvements would you make to the service?

- There are a lack of housing options – how can we improve Home choice/Housing options/the banding system
- Options for increased accommodation through Private landlords or Sub-letting, more bedsits and follow up flat
- Improved, larger communal areas in shared accommodation but less sharing of facilities for cooking and laundry
- Difference between those service users who want to change and those who don't
- More information and easier Home swaps
- On going support is important even for a limited time or for a one off call in times of crisis to avoid a relapse
- You can't always get support when you need it especially evenings, during the night and at weekends
- More services in accessible locations
- Increased emergency beds/direct access
- Increased overall capacity
- The transition period is important so a pathway through with planned reduced support
- Some way of dealing with the need for a rent guarantor
- Improved links with local/district authority and problems with a local connection
- Service users expressed a wish to be more involved in their service and organisation including volunteering, peer-mentoring and involvement in staff recruitment

Representative Groups

There have been three meetings of those service users who expressed interest- in February, March and April.

The first meeting on the 27th February was held after meetings with 10 with providers was attended by 6 service users. The meeting was given an up to date briefing and feedback from the first round of organisation based meetings. Main topics of discussion were:

- How services are currently working – The meeting felt that it was important for services to have structure and for service users to understand responsibilities and consequences. Timescales around the length of support was an issue that would need to discussed at a future meeting
- Outcomes that were important to service users and that achieving independence and maintaining tenancies were two of the most important. Measurement of outcomes would be an important issue for Hampshire
- The roles of support staff and the agreement that support should/does vary and over time in a service that support will and can reduce
- The suggestion of a pathway of services including Direct Access, shared and self-contained accommodation and floating support. For some service users it was important to know that the use of drugs and alcohol were not allowed in their service. There was a consensus of opinion that times of support should be flexible to include evenings and some part of the weekend as well as knowing that outside of these times, there was an on-call system that would respond
- Geographical spread of services as there was a recognition that there would not be the extent of current services due to budget constraints
- Provision of specialist support
- Much of the discussion confirmed what had been said at the service level meetings

The next meeting was held on Friday 13th March and two additional service users attended from other services, visited since the first meeting.

- The meeting reviewed notes from the initial meeting
- There was further discussion on how services could work including the importance of service users having a complete service often by linking into other providers and specialist services
- The use of drop-ins was introduced and felt to be a useful option, preferably based at an accessible independent venue rather than ‘Council’ offices. The use of a shop front or day centre was discussed as two existing services use. It was suggested that it successful working included attendance from other services such as housing benefit, job centres and midwives
- Discussion on the length of support ranged from as short as four months to one or two years in accommodation and for floating support from eight weeks down to limited occasional support for up to two years to reassure or avert crisis.

- Amount of support suggested ranged from up to ten hours a week when first entering a service down to contact by phone or drop-in at the culmination of floating support
- Service users felt that if they moved from accommodation based services to floating support, continuation and consistency of support was important. Ideally this would be through the same provider but if not possible there should be proper handover and joint working at time of transition
- Much of the discussion ranged around the provision of available move-on accommodation. Whilst recognising this as a problem, it was suggested that this needed to face by everyone working together and exploring all possibilities. This included support providers, housing associations and private landlords, district and county councils as well as the service user themselves.
- Sub-letting schemes, rent guarantors, use of an enhanced banding or points scheme, continued limited support from existing provider and even checking local adverts were all options that had assisted successful move-on

The third meeting on Thursday 23rd April was the best attended so far with fifteen service users from seven different providers attending.

- Provision of the same information about available services across the County was seen to be really important with some users being given all the information they needed whilst others said they had to source their own information. A suggestion was that all information about services and support county wide should be available in a directory that all service users could have access to. Leaflets about local and specialist support should always be available where vulnerable people would be able to get it, libraries, doctors surgeries, hospitals, youth clubs, police and probation were all suggested.
- Continuation of support should be provided wherever possible by the provider of the initial support because of the issues of repeating all previous personal information, trust, consistency and knowledge about the service users and their issues
- Any pathway should include Severe Weather Emergency Protocols (SWEP), night shelters, shared and self-contained accommodation, floating support and the use of drop-in centres
- There should be no gaps in provision
- Timescales and levels of support should be individually based and flexible
- It would be really helpful to understand and achieve consistency with local resources and any local connection policy not only across districts within Hampshire but both with neighbouring authorities and nationally
- All services should be a stepping stone to assist service users in achieving their outcomes
- Providers should promote and facilitate more support for service users from each other. "We are the ones who need support and those who have been through a service have experience they can share with us to help ".
- Two service users who attended are now working with provider organisations and a number of others felt that both now and in the future they would want to

do this either through mentoring, volunteering, training or as a member of staff.

The meeting was attended by a member of the Hampshire CC Procurement and Commissioning team who explained the proposed involvement in writing and evaluating a tender question. Service users understood the protocol and confidentiality this would involve.

A number expressed interest in being involved at that stage and further meetings would be arranged for that group to take this further.

Mike Ballard May 2015