# HEALTHY RELATIONSHIPS?

## health and social services engagement in homelessness strategies and services

**MORE THAN A ROOF:** TAKING THE NEW HOMELESSNESS AGENDA FORWARD


Shelter

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More than a roof: taking the new homelessness agenda forward

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# INTRODUCTION

Until recently, the services provided to homeless people via statutory agencies have been fragmented. Joint working between local authority departments has been hampered by the limited nature of the duties in place and the tendency of council departments to function within strong organisational boundaries and agendas.

Housing, health and social services authorities often have the same clients, since many vulnerable people and those with community care needs may also have housing problems. In the past, lack of joint working between health, social services and housing has meant that vulnerable people have not received the support they require to secure and maintain their home and are left at risk of homelessness. Shelter's report, *From Pillar to Post*[i] demonstrated the consequences of a lack of joined up services:

- Clients being discharged from hospital without appropriate housing or support packages in place
- People being placed in temporary accommodation which did not meet their needs
- Lack of support for people at the start of their tenancy, resulting in housing problems in the longer term
- Threats to take children into care following family homelessness.

Shelter's current research into local authorities' implementation of the Homelessness Act[ii] shows some improvements in relationships between statutory agencies at a strategic level. However, a lack of involvement from key services is making the process of implementing the provisions of the Act difficult in many local authority areas.

*Mr A was homeless. He was suffering from post traumatic stress disorder following a severe accident at work and receiving psychological counselling and other support. The housing authority, social services department and health authority all failed to pass on important information to one another. The housing authority eventually undertook a homelessness assessment, but the health authority failed to provide supporting information that would have established that Mr A was vulnerable. Mr A found the whole process too difficult and finally refused to have contact with services.*

There are particular issues associated with the placement of homeless people in temporary accommodation. The supply of temporary housing, especially in areas of high demand, means that people accepted as homeless are likely to be placed in accommodation in unfamiliar locations and away from existing support networks. At present, people's support needs and vulnerability are rarely taken into account by local authorities as part of their assessment of the suitability of temporary accommodation. Mechanisms to ensure that relevant services are notified of people's support needs once they have moved into that accommodation are frequently inadequate.

## Notify

'Notify' is a web-based information and notification system being developed jointly by the Association of London Government and Greater London Authority. Its primary role is to identify relevant services for the placement or movement of statutorily homeless households living in temporary accommodation in London.

The system uses information provided by London borough housing departments to notify a selected range of services, including social services and Primary Care Trusts. Each of these services in return will disseminate this information within their department/Primary Care Trust and make contact with households and other departments and services, as appropriate.

The system will also serve as a means of producing more accurate and comprehensive information than is currently available on homelessness and temporary accommodation in London. The process of establishing the system has already produced benefits for joint working practice – helping to overcome concerns about sharing of personal data between departments and services and clarifying accountability.

The recent Laming Inquiry – into the death of Victoria Climbie[iii] – illustrates how multiple interventions from agencies are required in order to provide adequate care for homeless people and the possible tragic consequences when this does not happen. In Victoria's case, there was a lack of joint assessment and liaison between health and social services that resulted in the placement of Victoria and her guardian in temporary accommodation which was totally inappropriate for her needs and lacking any package of support.

## Leaving institutional care

Hospital discharge is one situation where health, housing and social services may all need to be involved in providing a joined up service. People in hospital may not have accommodation to go to when they leave, or may need adaptations to be made to their homes. They may have additional problems, such as mental health or substance misuse, that require input from health and social care services to help them live successfully in the community. When these needs are not recognised, or properly assessed, people are put at particular risk of becoming homeless. Utilising homelessness strategies and other planning frameworks can help overcome this problem: they help identify the potential risks of homelessness to people in this situation and also the points at which statutory agencies can most effectively work together to reduce this risk. They can also develop appropriate services in response to the needs that have been identified. Some local authorities have already set up joint protocols between agencies for assessing and arranging hospital discharge. In some areas, there are also links with outreach teams, who carry out assessment of housing and other support needs whilst people are still in hospital. This ensures that people are not placed in inappropriate accommodation once they leave and that they are linked into other appropriate services, such as tenancy support. Properly addressing people's housing situation at this time also means that any other health and social care needs they have are less likely to increase over the longer term, as well as contributing to the local authority's overall aim of reducing homelessness in its district.

Recent legislative changes in health and social care services aim to break down barriers in service delivery and produce a system of more integrated care with users at the centre of provision. The Government has also recently set out a new preventative agenda on homelessness in the 2002 Homelessness Act. This identifies the need for responses to homelessness to be better co-ordinated and involve greater partnership working between agencies. Shelter is strongly in favour of this new approach to homelessness and believes it will provide greater accountability for individual organisations, not only for their own services, but also help people receive the right help from the most appropriate provider and ensure that all of their needs are met.

Following on from the Homelessness Act, Shelter is writing a series of reports that aims to ensure that relevant departments, agencies and organisations are fully engaged with the new agenda on tackling homelessness. This report highlights recent policy changes in homelessness, health and social care and examines their implications for joint working practice and outcomes for homeless people. It recommends that some outstanding problems might be better addressed by statutory agencies in future. In doing this, it also utilises evidence from *Local Authority Progress and Practice*, Shelter's on-going research into councils' implementation of the Homelessness Act 2002[iv]. This research indicates some improvements in the delivery of services to homeless people by statutory agencies. However, it also highlights significant problems in joint working practice that must be overcome in order to meet the needs of all homeless people.

## SUMMARY AND RECOMMENDATIONS

- Health, housing and social services often have the same clients, since many vulnerable people have complex problems. Effective joint working between statutory services ensures that people are placed in appropriate accommodation and are linked into services that meet their health and social care needs.
- Current government policy emphasises the benefits of strategic working in delivering better outcomes for service users. Changes in legislation mean that there are now greater opportunities for joint commissioning and planning of services across health and social services. Within central government, the health inequalities agenda offers a means of committing all departments to improving the health of homeless people and bringing the issue into the mainstream of their services. *Every Child Matters*, the Government's recent Green Paper on children's services, also proposes to integrate existing services as a means of better addressing children's needs.
- The Homelessness Act is having a positive impact on the quality and level of joint working between local authority departments. In some areas, statutory services have plans to, or are already reviewing a range of their policies and procedures. It is clear, however, that joint working between statutory services at a local level remains a problematic area. Good practice is not being consistently developed in all local authorities and also appears to be concentrated in work with particular client groups, rather than across all categories of homeless people, as intended under the Homelessness Act. Poor relationships between statutory agencies are resulting in variable services and leaving vulnerable people at risk of homelessness in future.

- In some cases the minimum duties and expectations set out in the Homelessness Act are not being adhered to. Whilst social services authorities are on the whole involved in the review and strategy process, in many cases they are failing to provide a sufficient level of assistance for the process to be carried out thoroughly.
- Health services are less frequently involved in the review and strategy process than their social services counterparts and their input often does not produce clear outcomes.
- Strategic working needs to be backed up by robust operational policies and procedures, if outcomes for homeless people are to be improved in the long term.

## RECOMMENDATIONS

On the basis of this, we make the following recommendations:

- The Office of the Deputy Prime Minister (ODPM) and Department of Health (DoH) should make the following changes in the revised Homelessness Code of Guidance to:

  a) Clarify at what point the functions of health services in general – and Primary Care Trusts in particular – overlap with housing under Homelessness Act legislation

  b) Strengthen the guidance on the duties on social services authorities to assist local housing authorities in their discharge of homelessness functions.
- The forthcoming Homelessness (Suitability of Accommodation) (England) Order[v] should include a requirement to ensure that the provision of appropriate support is a factor taken into account by local authorities in determining whether or not accommodation is suitable for a person. Accompanying guidance should cover assessments, placements and provision of services.
- The Green Paper, *Every Child Matters* proposes a range of measures to improve information-sharing between local agencies. It is essential that these measures involve the homelessness functions of local housing authorities. Children in homeless families can be at risk and are often not in contact with key agencies or services. Funding should be provided by the Homelessness Directorate for the development of information-sharing systems for homeless households placed in temporary accommodation, along the lines of the 'Notify' system in London.
- The approach taken in Scotland to health and homelessness joint work should be considered for England and Wales. The ODPM and DoH should consider appointing a permanent co-ordinator to support and guide the development of health and homelessness work. A similar model should be considered for work between local housing and social services authorities.
- The DoH should ensure that addressing the health needs of homeless people is always included within the health inequalities element of Health Delivery Plans, produced by Primary Care Trusts.
- 'Corporate responsibility' for homelessness and health improvement needs to be clarified and adequate senior representation from social services authorities improved. The Laming Report recommended setting up a Management Board for services to children and families, with representatives from key agencies and a Director responsible for effective inter-agency arrangements. This should be considered by the ODPM, DoH and the Department for Education and Skills (DfES) as a means of improving current joint working between statutory agencies.

- Government should follow the approach adopted by the Social Services Inspectorate in focusing on the quality and productivity of relationships between local agencies involved in providing services to homeless people. This will enable better monitoring of joint work between statutory agencies and their compliance with the Homelessness Act and ultimately promote more consistency in services provided to homeless people.
- Statutory services should do further work within their respective agencies to raise awareness of the benefits of joint working and enable housing, health and social services staff to better understand how their roles fit within the wider framework. Cross-departmental training for frontline staff and managers should be provided as one means of doing this.
- Local authorities need to translate the general improvement in working relationships that has developed through the homelessness review and strategy process into better joint working policies and procedures. The use of common referral forms, common statistical returns and monitoring and protocols for particular client groups needs to be promoted and expanded. Local authorities should also consider the establishment of multi-agency panels for service users with complex needs.
- Where protocols exist between departments, participating agencies should also draw up targets and relevant indicators to assess and demonstrate how the performance of services is improving for particular client groups.
- Local authorities should utilise the budgetary and commissioning flexibilities allowed under the Health Act 1999 to develop their joint working arrangements. Jointly funded workers should be considered immediately and a longer-term aim established to set up multi-disciplinary teams to work with particular vulnerable client groups.
- Within their Local Public Service Agreements, local authorities should consider setting a local objective to address specific issues that have been identified in their homelessness strategies.

## MAJOR POLICY INITIATIVES

Recent changes to the delivery of health and social care services contain several key themes that aim to address some of the problems caused by poor joint working:

- The devolution of services and decision-making to local level
- Developing strategic and partnership working
- Setting minimum national standards to ensure equity in service response;
- Increasing inspection and regulation.

### HEALTH SERVICES

New roles and responsibilities for health authorities are being developed and implemented. The Health and Social Care Act (2001) replaced existing regional health authorities with new bodies with less responsibility for direct commissioning of services, but greater powers to oversee local effectiveness. These new bodies – Strategic Health Authorities – delegate functions to Primary Care Groups/Primary Care Trusts. They are fewer in number than previous health authorities and cover larger geographical areas.

The internal market within the NHS has been replaced with a system that provides integrated care. New statutory bodies, including Primary Care Groups (PCGs) and Primary Care Trusts (PCTs) (created under the Health Act 1999) are able to both commission and develop services, through working in partnership with other agencies. Primary Care Trusts have the greater degree of autonomy in decision-making and are intended to replace Primary Care Groups by 2004. Their role is important both in terms of their share of the devolved NHS budget (projected to be 75% by 2004) and as the leading representative body of the NHS in partnerships with local authorities, NHS Trusts, Strategic Health Authorities and communities.

### Potential benefits:

- Primary Care Trusts have a central role in ensuring that mainstream services are flexible enough to meet the needs of homeless people. Their size and local base create opportunities to link community care to social care and housing and to deliver health improvement activity in a range of non-NHS settings, such as housing department offices and schools.
- The legislative structure and that of PCGs/PCTs themselves allows decision-making to be devolved down to the level where services are delivered or commissioned and therefore to tackle locally agreed issues, such as homelessness. Both bodies offer greater access to clients than previous organisational arrangements and better opportunities to co-ordinate services with homeless people with multiple needs.

### Potential problems:

- Not all PCTs are coterminous with local authority boundaries – this is potentially problematic for partnership working.

## Strategic working and planning frameworks

New and increased 'flexibilities' for partnership working are now available to NHS, local authorities and other bodies that allow for joint purchasing of health and health-related services (Section 31 of The Health Act 1999). Primary Care Trusts are being encouraged to use Health Act flexibilities – including the use of pooled budgets – when thinking about their role in developing local authorities' homelessness strategies and delivering services.

### Potential benefits of the Health Act approach

- Pooled funds allow money to be spent by a partnership on the health functions of the NHS and health-related functions of social services authorities, meaning that funds are no longer tagged as belonging to either organisation.
- Delegated functions – a 'lead commissioning' agency appointed by a partnership enables services to be commissioned at strategic level for a particular client group from a single point.
- Integrated provision allows for the merger of service delivery across health and social care.

- Health Act partnerships significantly increase the level of co-ordination between services and can be tailored to local circumstances. They provide better opportunities to meet the needs of particular client groups, especially those with long-term needs and those in social care settings, where there is a strong health component. There are opportunities for housing providers to integrate provision, for example housing and support services to prevent admission to hospital and as rehabilitation after a period in care.

## Health inequalities

The Health Inequalities agenda – introduced in the White Paper, *Saving Lives: Our Healthier Nation* (1999) – is intended as an action plan for tackling poor health. The White Paper acknowledges a link between social circumstances and ill-health and the health benefits to be gained from tackling homelessness and poor housing and improving access to services for homeless people. It aims to both improve the overall health of the population and that of the worst-off in society and to narrow the 'health gap'. It also sets out central government's commitment to ensuring that all departments work together as part of a 'national contract for health'.

Targets for reducing health inequalities have subsequently been set, for example in the NHS Plan (2000). The Health Inequalities Unit has set a Public Service Agreement target of narrowing the gap in health inequalities by 10% by 2010 and is also encouraging mainstream services to develop new or redesign existing services to meet the needs of vulnerable groups.

Shared priorities for local government and NHS planning and priorities now include targets for reducing health inequalities. In addition to this, the cross-cutting review of health inequalities produced by the Department of Health and the Treasury has targeted interventions for specific groups, including homeless people[vi]. Primary Care Trusts/Groups and local authorities are also viewed as having a leading role in addressing health inequalities through other strategies, such as Community Plans and Local Strategic Partnerships[vii].

Established under Section 28 of the Health Act 1999, Health Improvement Plans are joint local strategies designed to improve the health of, and provision of health care to, a local population. They are a 'planning tool to increase coherence in provision and for reducing health inequalities in the area'. They are health authority-led, but also require planning input from Primary Care Trusts/Groups and local authorities, including social services. Primary Care Trusts and social service authorities must also take account of it when planning their own services. It is intended that social services authorities lead on specific areas – children's welfare, inter-agency working and regulation, with separate shared priorities: cutting health inequalities, mental health and promoting independence. In April 2003, Health Improvement Plans were replaced by Local Delivery Plans. Local Delivery Plans are produced by every Primary Care Trust and cover a period of three years. They retain the decision-making process of Health Improvement Plans, but simplify the commissioning streams contained within them.

### Health planning frameworks and homelessness

- Health Improvement Plans are a key strategic planning document because of their ability to cut across housing, health and social care.
- There is scope for Health Improvement Plans and Local Delivery Plans to include information on health inequalities and thus link with homelessness strategies/examine the health services available to homeless people.

### Health and homelessness in Scotland

The Scottish Executive has recently issued Guidance to NHS bodies to ensure that they work with local government to meet the range of needs of homeless people. NHS Boards are required to develop a Health and Homelessness Action Plan as an integral part of their local health plan, in partnership with local authorities, the voluntary sector and homeless people. Central to the development of the Action Plan will be a clear mechanism for linking the Action Plan with local authorities' homelessness strategies and also with Community Plans.

## SOCIAL SERVICES

Following reorganisation in the mid-1990s, local government in England now operates through a mixture of 2-tier authorities (covering counties and districts) and unitary authorities. Areas with 2-tier government have social services as the responsibility of the county council, whilst housing is that of district councils. Social services authorities are now overwhelmingly smaller than previously and in the majority of cases now operate as part of new local authority structures. Directors of social services do not necessarily have responsibility for the totality of the social services function and/or may also be responsible for housing, education or for environmental health.

### Potential benefits

- Smaller authorities may allow greater flexibility in service provision and the possibility of better joint working with housing and other services.
- The enhanced strategic role envisaged for social services authorities gives them a remit to improve the health and social functioning of people in their district.

### Potential problems

- Smaller authorities increase the complexity of the consultative structure between social services and other agencies. This gives rise to a proliferation of strategy and implementation groups and to tensions around representation of the local authority as a whole and by individual departments, such as housing. It can also cause increased variation in the level of services between authorities.

Whilst there has been debate about the relative merits of both types of arrangements, to date there is no strong evidence that either necessarily provides a better means of joining up the work of housing and social services teams. Unitary authorities may experience as many problems doing this as their 2-tier counterparts.[viii]

In recognition that current social services structures and mechanisms are failing to deliver adequate services to children and families, The Laming Report made a series of recommendations for change, intended to apply to each local authority with social services responsibilities. This included the setting up of a Management Board, chaired by the Chief Executive, including senior officers from each of the key agencies. Amongst its responsibilities, the Board would ensure that staff working in key agencies are appropriately trained and are able to demonstrate competence in their respective tasks and would appoint a director responsible for appropriate and effective inter-agency arrangements.

The Government's recent Green Paper, *Every Child Matters* (September 2003) builds on these recommendations. The Paper establishes a framework for services to children from birth to 19 years old. It proposes a range of measures, with an emphasis on early intervention, better accountability and improved co-ordination between services working with children.

- The post of Director of Children's Services will be created within each local authority, to be in charge of and accountable for, children's services in the area. Legislation will enable councils to make such appointments immediately and make this a requirement in due course. In the longer term, the expectation is that this will lead to the creation of a Children's Department within local authorities. Directors of Children's Services must have responsibility for children's social services and education, but may also be responsible for a broader range of services, including housing and leisure.
- Children's Trusts are also to be established. These aim to integrate 'key services' within a single organisation. The key services to be included are education, children's social services and community and acute health services. Trusts may also include other services, such as Youth Offending Teams and Connexions services, but are not expected to include housing. Children's Trusts will have powers to both commission and provide services, will sit within local authorities and report to the Director of Children' Services. In August 2003, the government announced 35 Pathfinder sites for Children's Trusts; it is expected that they will be operational in most areas by 2006.
- Multi-disciplinary teams are to be set up. In the short-term, these will integrate education, social care and health services; in the longer-term, there are plans to also include statutory and voluntary homelessness agencies. They will work within a common assessment framework – developed with a lead from government – and be able to both commission and provide services.
- The Green Paper specifically recognises that homeless families with children, including those in temporary accommodation, are not likely at present to receive the range of services they need and that greater co-ordination is required between services in order to ensure that their health and social care needs are met. The paper sees effective sharing of information as the essential starting point in providing joined up services. It sets out the Government's expectation that local authorities produce protocols that will enable information-sharing across a wide range of services and departments, including housing.

### Multi-agency panels: finding the best solution

Multi-agency panels work with individuals who have a range of needs, including housing, health and social care. They bring together representatives from key agencies, such as housing and social services, who discuss these needs and develop action plans to address them. This approach ensures that agencies are working together to meet all the person's support needs and that the help given is from the most appropriate provider. Multi-agency panels have been successfully piloted in a joint initiative by Crisis and Shelter and have proved to be beneficial to joint working relationships and outcomes for homeless people.

*Mr T is 63 and has been homeless on and off for 20 years. He has substance misuse and mental health problems. His local authority turned down his homelessness application without full consideration of these needs. Mr T was referred to his local Multi-agency Assessment Panel. Following this meeting, an action plan was devised for Mr T. This included the completion of a new homeless application, assessments with the mental health team and social services and the investigation of possible links with the Drug and Alcohol team. Mr T has since been placed in temporary accommodation and receives a support package, including daily visits from social services. This has helped him stabilise and to stop drinking. A further review of his needs is due to be held soon, with a view to extending the support and determining the most appropriate long-term accommodation for him.*

## THE HOMELESSNESS ACT 2002

The Homelessness Act 2002 places a duty on local authorities to carry out a review of homelessness in their area and develop a strategy that addresses the prevention of homelessness, as well as identifying support services needed by homeless people.

The Homelessness Act marks a radical change in the way that central and local government and other partners will work together to tackle the issue. It follows the successful approach of the Rough Sleepers Initiative in recognising that both personal and structural factors have a role in causing homelessness. Taking a more strategic approach to the problem enables local authorities to address both the causes and symptoms of homelessness and provides a means through which individual agencies can deliver integrated services. The Act also requires local authorities, as part of the review process, to carry out consultation with relevant organisations and individuals. This should produce a better understanding of homeless people's own experiences of current services and those needing to be provided in future.

Partnerships between statutory agencies are viewed by Government as central to the homelessness review and strategy process – improving the delivery of services at a local level and producing better outcomes for homeless people. Good partnerships help to provide higher quality integrated services to users with multiple needs and prevent people 'falling through the net', as well as expanding the knowledge and expertise of partner agencies. Effective partnership working can take many forms, including information-sharing, joint training, agreeing common assessments and protocols and even joint commissioning of services.[ix]

Whilst the duty to formulate the strategy is on the housing authority, the fact that services to homeless people are provided by many statutory agencies means it is important that they too are involved in the formulation of the strategy from the start of the process. The Act sets a minimum expectation that social services authorities should 'assist' local housing authorities in the review and strategy process.

The links between the functions of health services and housing are not set out so directly: the expectation in this relationship is that housing, health and social services liaise during enquiries for homelessness applications. However, the Act does open up opportunities for the development of strategic links and new posts within health and homelessness and the development of new specialist services. There are also possibilities for local authorities to stipulate outcomes within their strategy documents that cut across service boundaries, such as the percentage of people due for hospital discharge who have received assessment of their housing needs. In addition to this, there is specific reference within the Homelessness Code of Guidance to other programmes with which strategies can be productively linked. These include Health Improvement Plans and Primary Care Trust commissioning plans.

## Specific duties for social services and housing authorities

In addition to the general duty to 'assist' within the Homelessness Act, there are also specific duties contained within it and in other legislation, requiring joint working to take place between local housing authorities and social services in particular circumstances. These extend the safety net for certain groups of homeless people and reduce the risk of homelessness occurring.

Section 12 of the Homelessness Act, for example, makes amendments to the existing legislation (the Housing Act 1996) and requires clear co-operation between housing and social services authorities to find solutions for families with children who are not owed a re-housing duty by the housing authority, such as those who are intentionally homeless. Housing authorities are required to refer such families to social services, provided that the household gives its consent to this referral.

The Adoption and Children Act (2002) amends the Children Act 1989 and clarifies social services' powers to provide assistance to families and children where local housing authorities do not have a duty to house them. Under sections 17 and 20 of the Children Act, social services had powers to help with deposits or rent, or to secure accommodation. However, subsequent court judgements had severely restricted these powers of assistance, leaving the only legal option available to social services to take the children of intentionally homeless families into care. This split up families and neglected the needs of children in particular. The amendment restores the previous power and thus extends the range of options for assistance to potentially homeless people.

*Ms O is a single parent with 3 children, who was deemed to be intentionally homeless after leaving local authority accommodation. The landlord sought possession of the property – this was granted. Ms O was referred to social services for assistance. The social services legal team liaised with the homeless person's unit to stop the execution of the possession order. Under the amended Children Act, social services was also able to provide a deposit and rent in advance and to make arrangements to discuss longer-term housing options with Ms O.*

## OTHER FRAMEWORKS

(i) *Supporting People*. From April 2003, there has been a requirement that housing and social services authorities work in partnership with health to address the support needs of vulnerable people. Supporting People marks a change from previous funding regimes for housing-related support in being a single pot of money that is cash-limited (approximately £1.4 billion in 2003/4) and allocated according to strategic priorities set by local authorities. Supporting People offers opportunities to increase the flexibility of support services to vulnerable people and to integrate support with wider local strategies.

(ii) *Best Value* has introduced performance management arrangements into local government to ensure that best value is achieved. *Best Value in Housing, Care and Support*[x] emphasises the very close links that should exist between housing, care and support for a wide range of people, as well as the importance of corporate responsibility for specific groups of people (such as young people leaving care). The Department of Health is reorganising its approach so that it is aligned with and builds on local best value arrangements. Key statistical information about the performance of social services authorities will in future be provided within the Performance Assessment Framework. A similar framework is being developed for the NHS and, taken together, these two frameworks will enable the 'the interface' between health and social care services to be examined.

iii) *Local Public Service Agreements* – these involve an agreement between central government and individual local authorities on shared local performance goals. Local authorities commit to deliver (over a three year period) approximately 12 specific improvements in performance. Targets set against these objectives relate to both national and local priorities: social services is one of three key national areas that must be included, with 'preventative health' often included as a local measure. The broad-ranging nature of Public Service Agreement (PSA) targets and objectives fosters the establishment of broad partnerships. The process also offers an opportunity to pool and transfer money between local budgets – including health and social care – in order to address particular local problems. The process has been used, for example, to remove the barriers to effective hospital discharge.

## INSPECTORATES AND NATIONAL STANDARDS

Central Government acknowledges that health and social services authorities' services will differ according to local needs and circumstances. Nevertheless there is a growing focus on inspection and the establishment of national standards in service delivery as a means of ensuring minimum quality standards and reducing current inconsistencies in service delivery. Again, the approach is based on providing a 'whole system of care', with involvement from the wider local authority and its partners.

The White Paper, *Modernising Social Services* (1998) and subsequent Care Standards Act (2000), for example, aim to ensure consistency both within individual social services authorities and co-ordination between health and social services authorities. Social services are expected to improve their definition and application of eligibility criteria for adult social care services and their compatibility with criteria for continuing health care, housing and other services.[xi]

The expansion of the role of the Social Services Inspectorate (SSI) also reflects this agenda: a rolling programme of Joint Reviews – with the Audit Commission – examines the performance of all local authorities in England and Wales with social services responsibilities. Inspections place a particular importance on the 'quality and productivity of relationships between agencies across the locality, [as] these factors have proved critical in the delivery of social care'.[xii] In addition to this, the Laming Report recommends that government inspectorates should consider both the quality of the services delivered and also the effectiveness of the inter-agency arrangements for the provision of services to children and families.

Proposals contained within the Health and Social Care Bill 2003 take a further step towards establishing standards that are both consistent and comparable across all social care settings. The creation of a Commission for Social Care Inspection (CSCI) and Commission of Healthcare Audit and Inspection (CHAI) will bring together the existing functions of the Social Services Inspectorate and other regulatory bodies under a single umbrella. This means that, for the first time, single inspectorates will exist with powers to monitor all health care and social services in England. As an additional measure, the two inspectorates will also work closely together to ensure joint approaches are taken to delivering integrated services.

Housing is increasingly viewed as integral to the broader agendas of social inclusion, regeneration, sustainable development and neighbourhood management. The Housing Inspectorate is responsible for assessing the performance of all English and Welsh local authority housing services and more than 2000 registered social landlords operating in England. As part of the Audit Commission, it also has links with other national inspectorates looking at all local government services. Inspections are also intended to contribute to wider local, regional and national policy debates.

The Homelessness Directorate has recently issued guidance to local authorities, setting out its intention to adopt an outcomes-based approach to their assessment of local authority homelessness reviews and strategies.[xiii] Local authorities are being encouraged to adopt measurements that relate to local homelessness issues and problems, over and above non-negotiable targets set around use of bed and breakfast accommodation for families and local levels of rough sleeping. The Government is backing this expectation with the provision of new revenue funding to housing authorities to support their efforts in this area.

## SHELTER'S HOMELESSNESS ACT IMPLEMENTATION RESEARCH

Since August 2002, Shelter has been conducting research to monitor the implementation of the Homelessness Act. Shelter's research is the first study of the implementation of the new legislation to have been carried out. Its findings offer a valuable insight into what is happening at both strategic and operational level, as well as changes in working practice in relation to housing and homelessness.

The research covers 28 local authorities in England and includes a mixture of small district and larger city councils. A series of surveys has been conducted with local authority housing staff involved in the review and strategy process, covering a broad range of

issues, including the involvement of health and social services authorities. The first of the surveys was conducted in August 2002, the second in February 2003 and the third and final survey during July 2003. The first two focused on local housing authorities' expectations of the review and strategy process and the problems they were encountering in completing it. In the final survey, the focus of the questions shifted to consideration of what local housing authorities had found most useful about the process. This was in recognition of the July deadline set by central government for completion of the strategy document.

## POSITIVE IMPACTS

In the first survey, local housing authorities were asked to outline the potential benefits of the homelessness review and strategy process. Many local housing authorities viewed the Homelessness Act 2002 as a useful means of improving the current quality and level of joint working that exists between them and other departments and services and felt there was a potential range of benefits to be had at strategic level. These benefits included: improved co-ordination and assessment of services, identifying gaps and strengths in services and better planning.

Shelter's research indicates that most health and social services have engaged with local housing authorities in the review and strategy process to some degree. In a majority of these cases, health and social services have, for example, attended the local review and strategy group.

**Table one** **Number of local authorities where health and social services have been engaged with homelessness review and strategy process (2nd survey)**

| | |
|---|---|
| Social services | 25 |
| Primary Care Trusts | 22 |
| Total number of local authorities interviewed | 26* |

*26 of the original 28 as selected participated in the research for the second report

The review and strategy process also appears to have been useful in making clearer to local authorities the complex nature of homelessness and how important close joint working between statutory agencies is in order to reduce it. In a number of cases, local authorities feel that the process has produced a general improvement in working relationships and arrangements and a better understanding of specific areas, such as the links between homelessness and health. A total of 27 out of the 28 authorities have specifically included joint work between housing and social services as something they intend to develop within their homelessness strategy documents.

At operational level, there also appear to be some positive impacts. Some housing and social services authorities have already reviewed, or are planning to review a range of policies and procedures, including:

- Referral arrangements
- Instigating formal referral mechanisms and developing protocols, particularly in relation to services for 16/17 year olds
- Clarifying the respective roles of departments and agencies.

## Good practice in action – social services

Nottingham Social Services Department sits in a 2-tier authority, covering seven district councils and seven PCTs.

The Social Services Department has issued a 'position statement', outlining its proposals for involvement in the homelessness review and strategy process. It comes from the perspective that the Homelessness Act's 'reasonable assistance' requirement needs to be seen in a very broad sense and be linked to other partnerships, such as those set up for Supporting People. Co-ordination, the involvement of senior management, adherence to the Code of Guidance are prerequisites to this.

Nottingham Social Services Department is also using the Homelessness Act to review its working practices. Work is being done around:

- Common referral forms
- Common statistical returns and monitoring
- Protocols for vulnerable adults with multiple needs
- Joint assessment.

A 'Policy Commitments Paper' is to be written, covering this work, the Social Services Department's involvement in statutory and non-statutory partnerships and plans for information-sharing with other agencies. This is to be inserted into the local authority's Homelessness Strategy document. The impacts of these measures are to be assessed over the coming two to three years.

## Good practice in action – health services

Westminster Primary Care Trust is operating a pilot scheme in five central London day centres working with street homeless people. It offers clinically-based primary care services specifically targeted towards the needs of this client group, improving on continuity of care, developing existing links with providers of specialist homeless services and social care providers, improving the monitoring of service provision and changing composition of the client group. This new type of service will enable patients who do not access traditional GP services to begin to address their health needs. The scheme will act as point of contact and linkage to mainstream services to improve health and social inclusion. This initiative links directly to the Primary Care Group's Homelessness strategy.

## Good practice in action – joining up services

One local authority has used the homelessness review and strategy process to improve its information-sharing practices. The authority's existing confidentiality policy was being applied too rigidly by individual departments, meaning that important information about service users' needs and circumstances was not being properly shared. The local authority decided to develop a protocol to remedy this. The new approach allows service users to give consent to information being shared between departments, allowing them to have more involvement in the process and improving the knowledge of their needs held by statutory services.

Another local authority intends to produce a booklet, outlining situations in which service users are likely to require assistance from health, housing and social services. The booklet will clarify the responsibilities of each service and what help they intend to give in each of the scenarios outlined.

## PERSISTING PROBLEMS

Whilst almost all local authorities have seen some level of input into the review and strategy processes from health and social services, in a minority of cases, this has not extended to participation in the review and strategy group. For these authorities, there is a danger that social services authorities, in particular, are not giving sufficient 'assistance' to adhere to the minimum duties/expectations set out in the Homelessness Act 2002.

A small number of authorities consider that 'lack of corporate interest' or 'conflicting priorities' has prevented progress in relation to the review and strategy process. In these cases, there seems to be a mismatch between the expectation of corporate duty in relation to homelessness set out in the Act and its implementation by local housing authorities. The question of 'conflicting priorities' may also suggest that the homelessness review and strategy are not of sufficiently high priority for local authorities.

Shelter's research demonstrates that for a larger number of local authorities problems persist due to the lack of involvement of key departments. When asked in the first survey if joint working arrangements with social services authorities were strong enough to ensure sufficient assistance as 'they might reasonably require', in order to carry out the review and strategy, a significant majority of local housing authorities responded that improvements were necessary. In the second survey, local housing authorities were asked to cite barriers they were encountering to completion of the review and strategy process: the relationship between housing and social services was that most frequently mentioned in this context.

Local authorities also continue to express widespread concern about irregular attendance and/or lack of senior representation on the part of social services. We noted that in a large number of local authorities there had been no involvement from Directors, while in a smaller number of cases no managers at any level have attended meetings.

**Table two** **Level of seniority of social services staff involved in homelessness review and strategy (2nd survey)**

| | |
|---|---|
| Director | 3 |
| Manager | 20 |
| Officer | 13 |
| Total number of local authorities interviewed | 26 |

Note: Figures do not add to a total of 26 as more than one social services representative was involved in some areas

In several cases, local authorities indicated that local team structures had an impact on the appropriateness of attendees at review and strategy meetings. For example, the attendee at the strategy group represented a specific team within social services and was thus not able to speak for the wider service.

Whilst there are pockets of good practice on the part of local authorities, this is sporadic and appears to be within particular client groups (especially young people). This is despite the fact that the Homelessness Act 2002 makes clear that the causes and symptoms of all categories of homeless people need to be addressed within the review and strategy process. In particular, many local housing authorities have not taken the opportunity presented by section 12 of the Homelessness Act to review their working arrangements with social services and improve their response in cases of intentional homelessness involving families with children.

Health services (as represented by Primary Care Trusts) demonstrated lower levels of involvement than social services authorities. The involvement of health services generally also led to less specific outcomes in comparison to that of social services authorities: 'greater consultation'. In one case, there was increased involvement with the Local Strategic Partnership; in another, a health and homelessness pilot has been set up.

## CONCLUSIONS

The Homelessness Act has only been in force for a year and it is reasonable to assume that its provisions, as with those of any major piece of legislation, will take time to become fully established and operational within local authorities. However, the evidence to date also suggests that the new homelessness legislation and guidance are not ensuring a sufficient degree of participation from statutory agencies and development of effective joint working for all homeless people. Partnerships established within the review and strategy process do not appear as yet to have overcome the obstacles of departments working to their individual agendas.

Weaknesses in joint working are leading to a variety of problems:

- Lack of guarantee of specialist services
- Exclusion, especially of clients with multiple needs
- Continuing health inequalities
- Inconsistency of services and outcomes for homeless people.

The role of health services, and expectations surrounding their involvement, need review and clarification. It is clear that many Primary Care Trusts/Groups and GPs have had limited contact with housing departments, little or no involvement in the development of homelessness strategies and may not view housing providers as the 'natural partners' of health. This underlying situation is likely to limit health agencies' understanding of the potential role they can have in preventing homelessness and of how housing and support agencies can reduce demand for health care services. The Homelessness Act provides a real opportunity for work to be done at points of natural interaction within the health and homelessness agenda and for responses to become genuinely multi-disciplinary. However, and in contrast to that set out for housing and social services, the Homelessness Code of Guidance does not provide clarity as to where the functions of health services and those of housing overlap.

Similarly, although informal guidance has recently been issued by central government on their role in homelessness reviews and strategies, Primary Care Trusts still lack specific

duties and responsibilities under the Act. This state of affairs is limiting Primary Care Trusts' potential to interact strategically with local authorities and to develop new types of services of benefit to homeless people. Without a 'template' for joint working, health involvement in homelessness strategies remains dependent on existing local services, itself undermining the review and strategy process.

Given the very wide remit of Primary Care Trusts and their dependence in practice on local support, it appears unlikely that services to homeless people will be prioritised in areas where levels of statutory homelessness are low unless guidance from central government is given clearly. Shelter therefore recommends that the ODPM and DoH should make changes in any revised Homelessness Code of Guidance to clarify at what point the functions of Primary Care Trusts overlap with housing under the homelessness legislation. In addition to this, the DoH should ensure that addressing the health needs of homeless people is always included within the health inequalities element of Health Delivery Plans, produced by every Primary Care Trust.

Recent Scottish legislation requires designated officers to facilitate links between housing and primary care and health improvement planning.[xiv] Shelter supports this approach and believes that the ODPM and DoH should consider the appointment of a permanent co-ordinator within central government to support and guide the development of health and homelessness work in England and Wales.

As shown, in smaller, 2-tier authorities, social services authorities may well face capacity issues that make it difficult for them to maintain a full consultative structure and effectively meet their legal and other responsibilities; they may also be hampered by existing team structures. However, whilst involvement from social services remains patchy, the aims of the Homelessness Act are unlikely to be achieved and the provision of integrated services to homeless people will vary significantly across the country. There is a need for further work to be carried out to improve social services authorities' involvement in relation to homelessness. Therefore, Shelter recommends that, in addition to guidance to Primary Care Trusts, a revised Homelessness Code of Guidance should include the strengthening of duties on social services authorities to assist local housing authorities in their discharge of homelessness functions.

As further measures to improve 'corporate responsibility' in relation to homelessness, Shelter recommends that the ODPM utilises the recommendation of the Laming Inquiry and requires local authorities to establish a Board, with senior representation from key agencies and a named person responsible for effective inter-agency arrangements. Shelter also recommends that within their Public Service Agreements, councils should also consider setting a local objective to address specific issues that have been identified in relationship to homelessness in their district.

Aside from the use of appropriate temporary accommodation – which specifically mentions the access of homeless households to health and other support services – the Homelessness Directorate's outcomes-based approach (as set out in *Achieving Positive Outcomes on Homelessness*) does not demonstrate the extent of collaborative working between agencies. It is thus difficult to assess what impact joint working is having on improving services to homeless people and preventing future homelessness. Best Value good practice guidance

around housing care and support suggests that aside from service-specific indicators, there also needs to be a set of performance indicators and targets that cross over departmental agencies and boundaries, in order to assess the effectiveness of joint working. The quality and productivity of relationships between local agencies is also a feature of SSI inspections. Shelter would like to see this approach adopted in relation to the monitoring of services to homeless people. This would add weight to existing outcomes measurements and better reflect the 'whole systems' thinking being promoted in the wider health and social care agenda.

The Government has recently stated its intention to issue statutory guidance, designed to improve standards of temporary accommodation used by homeless people and to provide them with access to basic health and social care services whilst they are placed there.[xv] Shelter supports these proposals because they represent a clear link between the Government's policy objectives on support for homeless people with existing legislation and because they are a first step towards ensuring adequate support for all homeless people in temporary accommodation. Shelter would like to see these proposals extended to require local authorities to take account of the need for appropriate support when determining if accommodation is suitable for a person. Accompanying guidance should cover assessments, placements and provision of services.

Local authorities and their partners are not making sufficient use of the opportunities available to them to maximise the potential benefits of partnership working. The capacity for local discretion in strategy and service delivery is producing examples of good practice in some areas, but in others progress remains slow. Again, this means that equity in service response for homeless people cannot be guaranteed. *Every Child Matters* recognises that strategic working needs to be backed up by robust operational policies and procedures, if outcomes for service users are to be improved in the long term. Shelter agrees with this approach and believes that improvements need to be made in several areas of local authority practice.

There is still a need for work that raises awareness levels within respective agencies and enables housing, health and social services to understand how their roles fit within the wider framework. Cross-departmental training should be developed and delivered with the participation of all relevant services, as a means of improving inter-agency working. Central government should consider supporting its initiatives for work with homeless people with ring-fenced funding for this.

To develop their joint working arrangements, local authorities should also utilise the budgetary and commissioning flexibilities allowed under the Health Act 1999. Jointly funded workers should be considered immediately, with a longer-term aim to set up multi-disciplinary teams to work with particular vulnerable client groups. We consider that, as a minimum, these teams should include workers from health, social services and housing, with the option of further services being added in the longer term. As a further intermediate measure, we recommend that local authorities should develop the use of multi-agency panels, to identify the needs of and develop action plans for working with people with multiple needs.

Shelter agrees with the proposal contained within *Every Child Matters* to set out a clear expectation on local authorities to set up information protocols. This would ensure a minimum 'safety net' for homeless families and children in gaining access to the services

they need. 'Notify' is already operational in London boroughs; this, or a similar model could be extended for use nationally. Funding for this initiative should come from the Homelessness Directorate. In addition to this, departments and services participating in these protocols should also draw up targets and relevant indicators to assess and demonstrate how the performance of services is improving to particular client groups and to individuals.

The ODPM should also lead on the development of common referrals and assessment frameworks. These would help iron out inconsistencies and duplication in current working practice and enable all homeless people and particularly those with multiple needs to have their needs fully met.

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# ANNEX – GLOSSARY OF LEGISLATION AND BODIES

**Care Standards Act 2000**: legislation establishing a major regulatory framework for social care, to ensure standards and improve the protection of vulnerable adults.

**Health Act 1999**: replaced the purchaser-provider system with a duty of co-operation between NHS bodies and local authorities. The Act also enabled the creation of Primary Care Trusts and provided for new 'flexibilities': to pool budgets, integrate service provision across health and social care and allow either local authorities or Primary Care Trusts to take the lead in commissioning services on behalf of both bodies.

**Health and Social Care Act 2001**: introduced reforms of the funding and structure of the NHS and prepared for the replacement of regional health authorities with Strategic Health Authorities. SHAs have less responsibility for direct commissioning of services, but greater powers to oversee local effectiveness. Primary Care Trusts assume many of the powers previously held by health authorities.

**Health and Social Care Bill 2003**: bill proposing further reform and decentralisation of the NHS and the establishment of new independent commissions for health and social care.

**Homelessness Act 2002**: legislation strengthening local authority duties towards people who are homeless, or at risk of homelessness and requiring them to produce a strategy to reduce homelessness in their local area.

**Modernising Social Services**: White Paper aiming to improve co-ordination and consistency in social care through establishing and raising standards in services.

**NHS Plan (2000)**: plan for investment and reform of the NHS, with an emphasis on shared standards and multi-agency teams. Also introduced targets for reducing health inequalities.

**Best Value**: local authority duty to ensure continuous improvement in the quality and cost-effectiveness of its services.

**Primary Care Groups**: group made up of local practitioners, such as GPs and nurses and local authority representatives that makes decisions on local health priorities and services. All Primary Care Groups are due to be replaced by Primary Care Trusts by 2004.

**Primary Care Trusts**: free-standing bodies that set priorities for, commission and deliver health care in a local area. PCTs are also responsible for delivering health improvements. They are intended to replace many of the responsibilities of former health authorities.

**Social Services Inspectorate**: professional division within the Department of Health that monitors local authority performance against policy and legislative requirements. It works with auditors and Strategic Health Authorities and links to other systems, such as Comprehensive Performance Assessments, Local Public Service Agreements and Local Delivery Plans. Separate Inspectorates exist for England, Wales, Scotland and Northern Ireland.

**Supporting People:** funding regime that integrates existing budgets in a single pot for funding of housing-related support. In 2003/04, these will be allocated to local authorities on the basis of existing expenditure, with subsequent decisions being made by the local commissioning body – involving the local authority, health and probation services.

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