

King's Fund

Loose Connections

Bringing together
agencies working
with single
homeless people

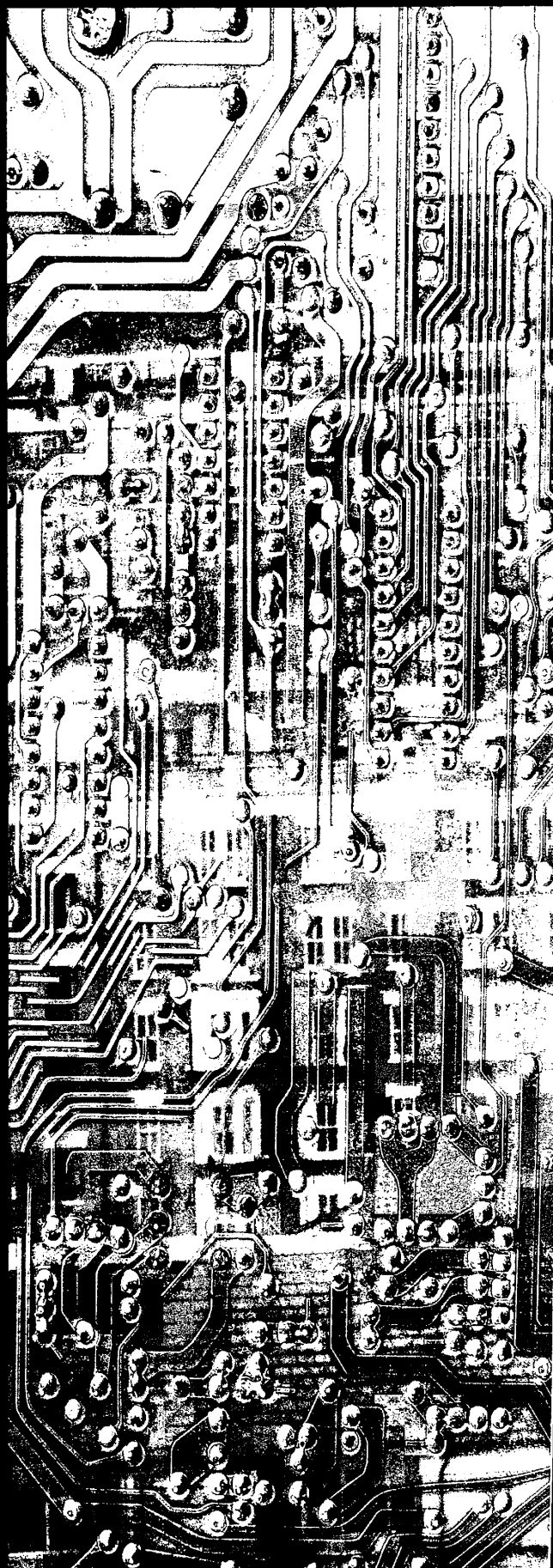
Graham Park
Liz Barrington



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**Graham Park
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London W1G 0AN

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evaluation documents, and this report draws more on their work than may immediately be apparent.

Finally, particular thanks are due to Liz Barrington, Under One Roof's administrator. Many of the successful aspects of this project have resulted from her attention to detail and sensitivity to individual needs, and the outcome would unquestionably have been far less positive without her.

Acknowledgements in interagency projects of this kind are inevitably lengthy and also risk unintended omissions, for which we apologise. The full list of participants is available in Appendix 3, and thanks are extended to all those who took part.

Graham Park, Liz Barrington

For Under One Roof

July 2001

Further information

Copies of this report, of the Evaluation of Under One Roof by Geoffrey Randall and Susan Brown, and of other reports and papers mentioned in this document may be obtained from:

The Grants Department, King's Fund, 11-13 Cavendish Square, London W1G 0AN

Tel: 020 7307 2489

Reports and papers may also be downloaded from our web site at:

www.underoneroof.org.uk

Preface

Rough sleeping remains one of the most potent symbols of the failure of a society to support its most vulnerable members. People who become rough sleepers have often faced multiple problems in their lives, from poverty, school exclusion, crime, insecurity and family difficulties. It is now widely acknowledged that only by tackling the issues at the bottom of rough sleepers' experiences will they get a chance to lead a more ordinary life in future.

Under One Roof has provided some invaluable learning for anyone wishing to address the causes of street homelessness or to provide decent services to those who endure it. Over three distinct phases, it has evolved from a one-stop-shop scheme to become a broker of partnerships. It has demonstrated the kind of learning approach that many public services never manage, and in so doing has uncovered many of the invisible gaps in services for rough sleepers.

As this report shows, the problem is not simply that the medical, housing, social care, benefits and criminal justice services that rough sleepers encounter are located in different places. More importantly, these services often do not speak in the same language. They have different administrative systems; they use widely varying procedures for dealing with people; and, while agencies may know of each other's existence, all too often they do not understand what they do or how they work. While relationships between some agencies are excellent, homeless people too often experience services as poorly co-ordinated, with an apparently wide network of services adding up to considerably less than 'the sum of its parts'.

Under One Roof gives us a clear sense of the way forward for rough sleepers' services, from GP surgeries and benefits offices to specialist housing services and hostels. Many agencies need to invest more in administration and not see it as an inconvenient burden, wasting time when they could be 'out there' dealing with patients and clients. They need to pool resources in order to support homeless people better and to invest in training and career development for the specialist workers who can steer both users and fellow workers through the system. Above all, they need a commitment to the basics of any provision – a commitment to building

a consistently reliable network of services that together can properly address the real and sometimes complex needs of the individuals who call on them.

Rabbi Julia Neuberger

July 2001

Calendar of events

		Lambeth Team			Southwark Team		CATs
		NLDC	Thames Reach	Cedars Road	St Giles Trust	Crisis shelter	Case conferences
1997	November: Start						
1998	Feb: Planning Day	Feb 1998			Feb 1998		
	May: Launch at KF June: Review Day						
	July: Evaluation Stage 1						
	Oct: Review Day						
1999	March: Evaluation Stage 2 April: Review Day	Jan 1999 Feb 1999					
		July 1999	Aug 1999				
			Dec 1999			Nov 1999	
2000	Jan: Review Day Feb: Evaluation Stage 3 and launch of Interim Report					March 2000	
				May 2000	April 2000 May 2000		
	August: Final Evaluation						
	Oct: Final Conference Nov: First Interagency Practitioners Forum						Oct 2000
2001	March: End						March 2001

Casework

Casework/Panel

Panel

Introduction and Executive summary

Under One Roof was an interagency project aiming to provide better integrated services to homeless single people in two London boroughs. Working in Lambeth and Southwark, it brought together a partnership of a dozen statutory and voluntary organisations.

The programme was funded by the King's Fund for three years from 1997 to 2000, its interest generated by the report *Health and homelessness in London: a review* (Pleace N, Quilgars D, 1996), which made a number of observations relating to the poor exchange and limited collaboration between services.

That report made the particular point that despite strong recent encouragement for joint assessment – defined as assessing all an individual's needs and involving all necessary services from the outset – they could find no examples of this occurring beyond isolated individuals or projects. Merely determining what services existed for homeless people, and where they were, proved to be a major exercise. No one central register of services existed, and agencies were sometimes not aware of each other's existence. Although many agencies could claim good links with health, or housing, or social services, and sometimes two of these, sound relationships with all three were rare.

Health and homelessness considered all forms of homelessness, but Under One Roof chose to address the most severe and visible form of this – rough sleeping – and this report sets out its experience and findings. The project was intended as a practical one, enabling practitioners in the participating agencies to meet face to face, but also offering a public service directed, particularly in the planning stage, towards those homeless people with the most severe difficulties, who would typically be sleeping rough or living in emergency hostels and shelters, with health or other problems, making it difficult for them to get out of that situation.

Our report is in part an examination of the original multiple agency casework service and of the multiagency panels that followed, but it also reflects upon some of the processes and problems encountered along the way and comments on potential solutions. The

project did not set out to provide anything like a full analysis of interagency issues in this sector and such comments are simply offered as a contribution to discussion on policy.

The project was evaluated by Research and Information Services and their report (Randall and Brown, 2000) is available separately. The evaluation: a) examines the effectiveness in client outcomes compared to a baseline of broadly similar clients using services before the joint facility was set up; b) reports on the opinions of selected practitioners and managers; c) offers outline suggestions for further work. The conclusions and recommendations in that report are presented in Appendix 1.

The current report follows a paper on our interim findings, published when we were a little over halfway through the project (Stern *et al.*, 2000), and because so many aspects of Under One Roof have depended on the gradual growth of experience during our three or so years, we would commend readers to look at that document also.

Phase 1: a multiagency casework service

- The service was available on Mondays at North Lambeth Day Centre in Waterloo and on Wednesdays at St Giles Trust Day Centre in Camberwell. The service began in February 1998 and ran for a year.
- Staff from six visiting agencies were available. The statutory agencies were: the Benefits Agency; the Three Boroughs Primary Health Care Team; the START mental health team; local authority social services and housing departments – Lambeth at North Lambeth Day Centre, Southwark at St Giles Trust. The voluntary agencies were Thames Reach, which provides residential and outreach services for homeless people (at North Lambeth Day Centre) and Shelter's Piccadilly Advice Centre at St Giles Trust.
- The focus of the service was to be on people who were sleeping rough, had multiple problems, and were not getting access to the services they needed, but it was also to be available to people with lesser difficulties.

- The aim was to assess what was required and to get clients into the necessary combination of mainstream services as quickly as possible.

The service did not work well. Few of the outside agencies expected to be the main source of referrals found it useful, and most clients were referred by the host day centres. It was hard to make efficient use of staff time, and there were queues for some specialists, while others were underused. The evaluation concluded that this model was unlikely to deliver a more integrated and effective response than was already available from existing services, attributing many difficulties to the small scale of the project, but also doubting whether it would have been effective even if it had run full time. To work at all, such a service would require two or more staff from each discipline and, because of the extra cost, would have to cover a wide geographical area, in turn limiting its value to clients.

Phase 2: multiagency panels

Because of problems with the original model, this was amended to provide a multiagency panel that practitioners could consult about current casework, particularly where they were making little progress with resolving individual clients' difficulties. This new arrangement eliminated idle time created by clients failing to attend within a narrow time slot, and by bringing all agencies to the table at once was expected to promote closer understanding and cooperation between practitioners.

- The panels were held at several locations in turn. The Lambeth panel met at North Lambeth Day Centre, Thames Reach's Stamford Street Hostel, and, briefly, St Mungo's Cedars Road Hostel. The Southwark panel met at St Giles Trust and then at the cold weather shelter run by Crisis, returning afterwards to St Giles.
- The same combinations of agencies as before took part.
- Clients were discussed in some detail for up to an hour, and most meetings were minuted.

- Most meetings pooled and collated information, and many also drew up plans for further action. Some meetings were used to obtain detailed technical advice.

The evaluation found an improvement over the first phase, both in the development of interagency work and in the delivery of integrated services to clients with very high needs. Despite wide differences in agency and training, most felt that they were communicating effectively and as equals. There was some evidence of improved outcomes for clients over existing services, though this was hard to demonstrate conclusively.

The possibility of a permanent panel to continue beyond the life of Under One Roof was considered at St Giles, but the plan was eventually rejected because the flow of work did not fit well with a weekly meeting. The bulk of a day centre's work needs rapid attention and cannot wait for a meeting and, while some cases require a more considered approach, there were not enough of these to justify continuation once the experimental period had passed. Panels at St Giles ended in May 2000, and the panel in Lambeth was not restarted for similar reasons, but Under One Roof used this experience and the cross-agency relationships that it had established to move on to the third phase of the project, with practice branching in three directions:

Phase 3: an interagency practitioners forum, case conferences and a consultancy service

- i) The Interagency Practitioners Forum. Although the weekly meetings were hard to sustain, participants were strongly aware of the value gained from detailed discussion of real people, and from November 2000 the Lambeth and Southwark panels were combined into a monthly forum which continued after the project ended. From the start, it was agreed that this should be a structured event rather than a 'talking shop'. Part of the meeting is dedicated to detailed discussion of an anonymised, or in some instances an identified, complex case example presented by one of the participating agencies. In most of the examples discussed, the presenting agency has experienced repeated failure to meet their client's needs, and the advice and assistance generated by the meeting is of direct practical use. In the second part

of the meeting, one practitioner describes his or her role in detail, often providing written material from his or her agency, and there is opportunity to discuss current policy issues. In order to sustain this arrangement over time, clear instructions for the conduct of the meeting have been produced, together with a note for managers explaining the meeting's background and the value of participation.

- ii) Case conferences for Contact and Assessment Teams. Between October 2000 and the end of the project in March 2001, Under One Roof chaired and minuted a series of case conferences for two of the central London Contact and Assessment Teams commissioned by the Government's Rough Sleepers Unit. The clients discussed were all long-term rough sleepers. Most had severe addiction problems but they did not qualify for the attention offered by statutory Care Programme Approach meetings because they did not have a diagnosed mental illness. In conducting these meetings, Under One Roof could draw on two strengths. First, it had staff with sufficient time and technical knowledge to produce high quality documentation. Second, from earlier experience it had learned how to chair and minute in a style suited to a meeting of agencies representing a wide range of disciplines and approaches.
- iii) Consultancy on assessment and record keeping. In the last months of 2000, Under One Roof provided training, advice and materials to the South London Contact and Assessment Team, enabling them to establish an assessment system suited to their needs.

Other activities

Alongside and in association with its principal activities, Under One Roof was able to address some associated issues that came to its attention:

- Guidance on writing to local authority housing departments about patients who are homeless was written for the use of general practitioners.

- Problems with hospital discharge arrangements when the patient is homeless were discussed with St Thomas' Hospital and the Three Boroughs Primary Health Care Team, and guidance notes were drafted.
- Telephone conferences about clients were tried as a way to overcome communication problems created by distance and by the limited availability of busy staff. Those that participated spoke well of the experience, but the unfamiliar technology caused some anxiety and it proved difficult to persuade people to try it out or to use the facility regularly.

Conclusions and recommendations

Under One Roof has presented an excellent opportunity to observe and reflect upon the network of services available to homeless people. Conclusions and suggestions arising from this and from the evaluation report are set out below, ending with three practical proposals for following on more directly from the work of Under One Roof.

Assessment and record keeping

There is an urgent need to improve the quality of record keeping within some agencies and a similar need to improve assessment practice in many agencies. The project is aware of the considerable attention currently paid to the development of common assessment procedures and common stationery among homelessness agencies – and of limited progress with this. Under One Roof considers it at least as important that managers and practitioners familiarise themselves with the range of assessment methods required if they are to respond to the complexity of problems that their clients face.

We are concerned that although some agencies offer training in locally important methods – particularly *needs* assessment – little training on the principles of assessment or the range of available techniques is provided for hostel, day centre and outreach staff. This needs to be developed urgently.

Resources for administration

In many cases, poor administration is the result of poor management, but we also attribute the lack of proper records in some agencies to the inadequate resources devoted to administration and exchange, traditionally regarded as unattractive to funders. Agencies need to give a more prominent place to administration when planning services, and funding organisations need a greater willingness to support this aspect of their work.

Use of technology

Because of the scattered nature of agencies and the mobility of some clients, there is particular scope for increased use of technologies that permit contact and transfer of information at a distance. We commend the use of three-way calling and of telephone conferencing to enable all interested parties to participate in assembling information and constructing client plans; but we are also aware that these practices can feel unfamiliar and generate considerable anxiety, indicating a requirement for training and, particularly, direction from management.

Many agencies will already be familiar with the value of the Internet through services such as Hostels Online and Homeless Pages, though we have noted that some remain cautious about it. Through the experimental development of our own multiagency web site and observation of others, we have become convinced of particular benefits that this technology offers. Some sites have already taken advantage of the system's ability to use images for putting across the nature and, if carefully chosen, the atmosphere of services. We look forward to the provision of additional material valuable to practitioners such as staff lists and downloadable referral forms.

Confidentiality and exchange

Some agencies need to amend their confidentiality policies and practices. Guidance is required that properly reflects the complexities of multiagency work, particularly when addressing the needs of people with multiple and severe problems who sometimes do not stay in one location for long.

Services for escorting clients

After concluding that it is often functional for agencies to be separated physically rather than operate literally 'under one roof', we urge that greater attention is paid to the transfer of vulnerable and confused clients between premises. Where assistance is not routinely provided, the need for it should be reviewed, and where necessary adjusting workloads and throughput targets to allow it to take place. Additional funding is likely to be required if existing throughput targets are to be maintained.

Hospital discharge

In some hospitals there is an urgent need to improve guidance and practice concerning the discharge of homeless people. Progress is likely to be faster if homelessness agencies take an active part or even take the lead in drafting guidance, given that homelessness is a comparatively rare experience with which health workers cannot reasonably be expected to be familiar.

Need for greater clarity about services offered

Interagency cooperation is sometimes hindered by inadequate descriptions of services and by unclear language. Hospital and other workers may, for example, base their expectation of day centres for homeless people on their experience of other kinds of day care. We place responsibility for clear explanation of services with the day centres themselves. We also note that apparently technical terms have been allowed to have a wide range of meaning, with 'resettlement', as an example, implying anything from a full service to establish a client in their own home to, at the other extreme, a service that will obtain a bed for the night but offer little else. The potential for developing a truly technical language is doubtful, but we urge agencies to be clearer about their services and to avoid ambiguous language where they can.

Limited understanding of processes and structures

The sector is well served by paper and online directories of excellent quality and, provided that managers ensure they are accessible and kept up to date, staff appear to have little difficulty finding out what services are available. Where there are problems, they usually lie in practitioners' limited understanding of other agencies' structures, procedures and standards. Under One Roof proved an excellent environment for overcoming this, but more generally such explanation and learning is a matter that inevitably requires repeated attention and review. In particular we urge agencies continually to attend to the quality and level of detail in information provided to others.

Meetings

Some organisations need to attend to the structure and quality of interagency meetings about their clients, ensuring if they take the lead that they are effectively chaired and minuted, and if they are a visiting agency that necessary participants can attend and are properly briefed. Methods such as the Care Programme Approach, successfully developed in mental health, could well be adapted to establish a 'CPA for homeless people', where problems additional to lack of housing are evident. We regard meetings as part of the technology of welfare and consider the cost of producing well-drafted minutes, written with future use as sources of information in mind, as a worthwhile investment. Although not essential, we also found considerable advantage in having a chair with detailed technical knowledge of health, welfare and housing. We note that staff who know the client best, such as hostel and day centre workers, may have particular difficulty in attending meetings, and recommend that agencies consider imaginative ways to overcome this. Although only partly tried out at Under One Roof, they might consider, for example, the use of technology, such as loudspeaker telephones, as a response to this problem.

Learning disabilities

A pattern of poor response to the needs of homeless people with mild learning disabilities was noted, with the disability often going unrecognised or unrecorded. Even when it is

recognised, agencies are often unsure how to respond or obtain advice. This needs urgent review and improved access to training and written guidance.

Three proposals for following on

- i) *A central resource* with independent, expert staff providing a service to Contact and Assessment Teams and perhaps other associated organisations. This resource could be focused on case conferences, or have a wider remit to include advice and inspection to ensure minimum standards of assessment, recording and training are established and maintained. Although the Government's Rough Sleepers Unit, which commissioned Contact and Assessment Teams, is planned to close in March 2002, with the expectation that the level of street homelessness will have dropped, there will still be a need for the 'expert resource'.
- ii) Increased support for *training* in homelessness agencies. Many people enter the sector by working with homeless people as volunteers and progress to full-time work. There is no specific career, training or qualification pathway. A bespoke diploma and/or certificate, incorporating minimum standards of practice, might be timely. This training could focus on assessment, management and administrative skills as a route to raising the standards within the sector. If this were to be pursued, there would be a need to investigate whether voluntary organisations would be prepared to release/sponsor members of staff and whether there is a demand from workers.
- iii) *Pooled resources* and joint assessment and care packages. It would be worth supporting and evaluating an area that could pilot pooling budgets and providing joint care packages. This would need the involvement and support of social services, the local health authority, the housing department and the voluntary sector. This does not appear to have happened anywhere yet, although it seems that the legislation would allow for it. The project could focus on one or two areas to which support could be offered.

Chapter 1

The start of the project: a multiagency casework service

Under One Roof ran from November 1997 to March 2001, with an initial plan for six voluntary and statutory agencies providing assistance with housing, health, income support and social work assessment to be placed at two day centres for homeless people in south London. It was expected that this concentration of resources in a familiar setting would be of particular value to those who had encountered difficulty getting access to services because of the complexity of their personal needs. The project was to be carefully evaluated to establish whether an improvement over existing models of intervention could be demonstrated and if, as it turned out, such an improvement was not found, whether amendments to the original model were effective. The conclusions presented in that evaluation are set out in Appendix 1 below.

1.1 Origins and settings

Origins

The immediate origins of this project were twofold. First, the King's Fund offered a grant to improve cooperation among agencies providing services for homeless people following the publication of their report *Health and homelessness in London: a review* (Pleace N, Quilgars D, 1996), which made a number of observations relating to poor exchange and limited collaboration. *Health and homelessness* had made the particular point that despite strong recent encouragement for joint assessment – defined (p. 106) as assessing all an individual's needs and involving all necessary services from the outset – the authors could find no examples of this occurring beyond isolated individuals or projects (p. 138). Merely determining what services existed for homeless people, and where they were, proved to be a major exercise. No one central register of services existed, and agencies were sometimes not aware of each other's existence (p. 139). Although many agencies could claim good links with health, or housing, or social services, and sometimes two of these, sound relationships with all three was rare (p. 129).

Second, managers in the agencies that were to become the core of the project heard about the Hub, a multiagency service for homeless people in Bristol. This service is managed by the City of Bristol Housing Department, offers statutory housing assessments and housing advice, and has workers from Social Services, Shelter, the Benefits Agency, the Employment Service, the education service and the health authority on the premises. In order to minimise anxieties about approaching statutory services, a voluntary agency, Bristol Cyrenians, has been engaged to provide reception and initial assessment (The Hub, 1997). Impressed by a visit to the project, the management group wondered if aspects of this might be developed in London.

Of course, most readers will be aware that there are more distant but no less important origins as well – principally the increased involvement of private and voluntary agencies and of housing providers in community care – so that it is now almost routine for researchers to be asked about the extent to which joint work is being conducted in the agencies they examine, often glossing over whether it is actually relevant (Allen, 1998; Ling, 2000). In the field of homelessness, however, the value of joint working cannot seriously be challenged. With the exception of individuals with minimal problems, multiple services must inevitably be involved, and the scope for misunderstanding between them seems particularly great. Agencies have widely differing responsibilities, resources, discipline and depth of professional training and degree of involvement with homeless people, and clients themselves are easily misunderstood, if only because of the differing life experience and wide social distance between most practitioners and most clients (Wiseman, 1970; Tomas and Dittmar, 1995).

Aims

For clients

The project was from the start aimed at measurable improvement in client outcomes, with more people moving into accommodation appropriate to their needs, more people receiving treatment for health problems, and more obtaining their income support entitlements, each compared to a baseline group receiving services through existing

agencies and networks. Measurement methods and the effectiveness of the service are available in a separate report (Randall and Brown, 2000).

For organisations

As well as providing a public service, the project was intended as an exercise to explore the relationships between agencies and to identify problems and solutions. The approach to this was atheoretical and indeed not articulated in much detail, but there was an expectation that the project would lead to improvements in interagency communication and developments in joint assessment, and that it may generate imaginative responses to any gaps in services that came to light. A specific question that the project did intend to explore was whether a service similar to the Hub would be of any value in London. This aspect of the project was not formally evaluated, but we have been able to feed our experiences into discussions elsewhere (Under One Roof, 2000a; Benefits Agency, 2000).

The locality: Lambeth and Southwark

The area of central London just south of the Thames has a substantial homeless population and the choice of two neighbouring boroughs allowed some comparison between local authority practice and between agencies.

The street homeless population was visibly greater in Lambeth. At the start of the project there was an established though fluid group using home made shelters in the Bullring, a walkway beneath the roundabout next to Waterloo railway station. This was cleared in a separate collaborative arrangement between local agencies completed just before Under One Roof started, but some of this population, with others, subsequently remained in less visible and more scattered locations, and North Lambeth Day Centre, located close by the Bullring, continued to provide services for this community of often long-term rough sleepers.

Although Southwark has a smaller population of street homeless people, this is still a manifest problem, and there is a heavy demand on agencies within its boundaries from this group and from people in equivalent difficulties.

The host agencies

North Lambeth Day Centre

This day centre is in the crypt of St John's Church close to Waterloo Station, accessed by a descending stairway at the side of the building and with an open reception area in the passage to the day centre itself. The core of the day centre is a large multi-purpose room leading on to smaller spaces for meeting, recreation, games and workshop activities. Interview rooms lead off the main area. The main administrative offices are at the rear. Excluding the directorate and two employment workers on attachment from another agency, there are 11 staff and managers.

St Giles Trust

St Giles offers day centre and other services, and occupies a four-storey Georgian building close to Camberwell Green, with adaptations including a lift and external wheelchair ramp and a basement rear extension containing the day centre and interview rooms. At the ground floor front entrance there is a reception area with a screened reception desk, and nearby at the same level is a medical suite with surgery, dental surgery, optician's/chiropractor's room and interview room. Offices and a conference room are on the upper floors. There are 20 staff excluding directorate and finance.

Comparing the two, North Lambeth Day Centre is a smaller facility, concentrating on people sleeping rough, whereas St Giles, as well as responding to this population, is clearly regarded as a resource for people who may well have serious personal problems requiring assistance, but are not sleeping out.

Participating agencies

The agencies involved from the statutory sector were the Benefits Agency; social services; Housing Advice in Southwark and specialist housing officers for homeless people in Lambeth; the Three Boroughs Primary Health Care Team, which offers community nursing and other medical services for homeless people in Lambeth,

Southwark and Lewisham; and START, a mental health service for homeless people covering the same area. Voluntary agencies were Thames Reach, which provides residential and outreach services for homeless people, and Shelter's Piccadilly Advice Centre. As well as providing premises, St Giles Trust and, later, North Lambeth Day Centre, allocated staff to ensure close liaison with their own services.

Management of Under One Roof

The Steering Group

The project was overseen by a Steering Group (Appendix 3) of managers from all of the participating agencies, many of whom had been instrumental in setting up the project. This was chaired and initially administered by Homeless Network, the coordinating agency for voluntary organisations providing services for homeless single people in central London. Monthly meetings were later replaced by quarterly meetings, with a small Management Group attending to issues needing more frequent attention.

The Policy Group

Further guidance was provided by a smaller Policy Group of senior managers from health, local authority, government and voluntary agencies, meeting with the King's Fund at six-month intervals (Appendix 3). A potential role for this group was to amend local policy where it presented obstacles to development, although this was not in the end needed. Instead, as well as adding legitimacy to the project, the Group was able to offer independent comment on proposals for amendment and development of the original format.

Planning and Review Days

The project held a total of six full-day meetings for participating agencies and other interested parties, the first being a Planning Day to clarify the aims of the project and to introduce participants to each other. Subsequent Review Days were used to present the

project's interim findings and examine options for future development. These were often the locus for the development of new insights and ideas.

Evaluation

An evaluation was commissioned by the King's Fund from Research and Information Services. The principal aims were to:

1. Establish if there was an improvement in communication and joint working between different statutory agencies and the voluntary sector, and an improvement in the commissioning and delivery of services as a result of the project.
2. Establish whether the project made a significant impact on the uptake of services by homeless people and whether it improved the effectiveness of services.
3. Draw conclusions on the lessons that can be learned from this project that are relevant to other projects.

Methods included: collecting baseline data drawn from current cases held by partner agencies before their participation in Under One Roof; setting up and later analysing a continuing data collection system; analysing case meeting minutes; reviewing minutes of other meetings and background papers; observation of panel meetings; and interviewing key agency participants.

Interim reports were provided in July 1998, March 1999, and February 2000, with a final report presented in August 2000. The conclusions from the final evaluation are set out in Appendix 1.

The full text of the final evaluation (Randall and Brown, 2000) can be obtained from the King's Fund, from Homeless Network, and at <http://www.underoneroof.org.uk/>

Project management

Staff

The project was managed by two staff: a coordinator with previous experience in statutory social work in both the mental health and homelessness fields, and in housing management in the voluntary sector; and an administrator. Line management was provided by the START mental health team.

Consultancy

A consultant was engaged by the King's Fund to offer guidance on policy development, to provide support for the coordinator, and to facilitate the series of Planning and Review Days, the interim report launch and the final conference.

1.2 The planned service

The Under One Roof service was set up to provide multiagency casework on one day a week at each of the 'host' day centres, with a stated primary aim of assisting homeless people, especially those sleeping rough who were hard to help because of their multiple needs. It was expected that for some clients at least, a concerted effort by several agencies would produce successes where agencies working on their own had failed. In an ideal case, all of a client's needs would be quickly assessed, and then temporary accommodation would be arranged by a housing adviser, with the Benefits Agency ensuring an income, a social worker arranging a rapid assessment for addiction or other services, and a nurse or mental health worker arranging appropriate treatment. Housing workers would then refer the client to the most appropriate long-term housing in the light of their assessed needs.

It was always understood that there would be a limited number of such clients. The rest of the time staff would assist with simpler cases: those preferably needing the attention of more than one agency and with a degree of complexity.

Access to the service could be gained: i) through pre-booked appointments; ii) by outreach workers bringing clients in if the opportunity presented itself; or iii) through open access, with clients able to access any of the practitioners without appointment. Referral by the host day centre itself was not envisaged as a major route into the service, but it later turned out to be the primary channel for referrals.

The service was to consist of: i) initial assessment by the coordinator or another team member; ii) individual or joint interviews as needed; and iii) follow-up and referral on to mainstream service. Immediate follow-up would be carried out by the practitioners at Under One Roof, but further work would take place at one of the wider agencies involved in the initiative.

1.3 Starting up

Meetings with potential referrers

Before starting, meetings were arranged with outside agencies to explain the new service. Some of these external agencies expressed considerable enthusiasm, liking the idea of having quick access to the range of services offered and expecting to refer clients at least occasionally. Others liked the idea in principle but were unsure if it would be of any value to them. Others still were puzzled about what was really on offer – not least because the project itself stressed its experimental approach and was cautious about promising concrete outcomes that it was unsure it could deliver. In the event, few of the external agencies used it much. Over the course of 11 months, 12 agencies made a single referral and six made two. Only the Maudsley Hospital's Methadone Maintenance Clinic, which referred three, and the Ace of Clubs, a busy but understaffed day centre in Clapham which referred over ten (seven of whom were seen), referred more.

Meetings with the host day centres

Meetings were also held at the host day centres, both to introduce the idea of the service to staff and to clarify the details of practice. Staff, on the whole, accepted that this was an experiment and indeed liked the idea that it could be modified in the light of

experience. Some saw it positively as an additional resource. The project also encountered some hostility at this stage, almost always heard secondhand through staff reporting the views of colleagues. There was concern that the project was in some way taking away individuals' jobs – 'de-skilling' was a term often heard – but the argument most commonly presented was that the work was already being done by the day centre. These problems reduced and seemed to disappear at St Giles and to a lesser extent at North Lambeth Day Centre over the following months, and we heard increasing expression at both locations that the experience and contacts made had been valuable.

Practical arrangements

During the run-in phase, various practical arrangements were made for operating the service, such as identifying suitable rooms for the visiting teams, adding to the existing telephone system and obtaining office equipment. Both day centres had well-designed interview rooms, and the project was given priority for using some of these.

Designing stationery

Referral forms, data collection sheets and file stationery were designed and tested, some proving immediately robust and some requiring later modification. The referral form consisted, apart from essential personal data, of a box for describing the client's situation, a box for listing what the client needed, and a section for suggesting the appropriate agencies. This form also contained a page for recording the client's agreement that agencies could exchange information about them.

The approach with stationery for recording and for internal communication was a cautious and formal one. An early form allowed participants to make brief referrals to each other, but this was little used and was quickly abandoned. Instead, agencies mostly referred verbally, passing on brief notes of work done so far, and often providing photocopies of their own records. Under One Roof held files about individual clients with copies of most work done, and participating agencies maintained files at their own offices in parallel. The process of trial, error and correction allowed us to reflect on the relevance of stationery design to interagency working, some of which is discussed in Chapter 4.

1.4 Running the service

Start up strategy and initial clients

The public service began at North Lambeth Day Centre in March 1998 and at St Giles Trust the following month. The start-up strategy had three elements. First, a small number of people who frequently came to the attention of services and showed little progress were identified to test out the project's capacity to respond to such needs. Second, the service was primarily offered to the host day centres, asking them to refer people who had problems requiring the attention of more than one agency but who attended the day centre regularly. This was to ensure that the team would have a ready source of clients to test out the system while staff learned to work together and a rhythm of work was established. Third, invitations to refer from elsewhere were restricted to a very limited number of outreach workers and day centres. We were concerned that others would be displeased if, after the considerable effort needed to bring a client with complex problems, they encountered on arrival the uncertainties and apparent disorganisation of a brand new project.

Both host agencies, and particularly North Lambeth Day Centre, provided Under One Roof with a list of complex cases to consider, but perhaps unsurprisingly there was limited success in arranging meetings with these clients and most encounters occurred because the client happened to be in the day centre on the day: a pattern that continued throughout this phase of the project. We quickly came to the conclusion that, while Under One Roof may benefit some clients, many were best assisted through established techniques of outreach and day centre casework.

The start-up strategy nevertheless worked reasonably well at St Giles which, with its regular clients presenting difficulties ranging all the way from chronic rough sleeping to minor problems with landlords or neighbours, was able to maintain a flow of referrals to Under One Roof sufficient to occupy most of the visiting services at least some of the time. Between two and five were people were seen in a morning, and occasionally this rose to six or seven – which felt close to the team's capacity. With this moderate success, the group at St Giles began to feel like a team within a few weeks. Sometimes while

dealing with a current case and sometimes while waiting for a referral, staff devoted time to explaining to each other precisely what their roles and limitations were. Cooperation developed quickly and naturally.

At North Lambeth Day Centre, on the other hand, about half the number of clients was seen. This day centre has traditionally serviced a local population of often long-term rough sleepers, and although facilities are offered to others, many are likely to be deterred by the dominant culture. While for some of the visiting staff there were occasional busy mornings of constructive work, there were often painfully long periods of inactivity for most of those involved, and several sessions when no clients were seen at all. Unsurprisingly, team development was slow, despite, as at St Giles, productive discussions about agency functions and staff roles. Some of the visiting staff made it clear they resented being placed in this setting when they had urgent work to do elsewhere.

Trying to expand

Once we were reasonably confident of a growing understanding between the participant disciplines within Under One Roof, and conscious that the project had been set up with the expectation that the bulk of its referrals would come from outside agencies, the project looked for referrals elsewhere. A large number of organisations were invited to refer clients, both through a mail shot and through a series of meetings with managers and their teams. This produced occasional responses from some agencies, notably the Ace of Clubs Day Centre, but the overall demand remained low. We discuss some of the reasons for this in Section 1.6 below.

1.5 Client outcomes

We have in passing already considered some of the organisational outcomes from the project. Because these developments are often a continuing process, they are examined in further detail in later chapters. After almost a year (February 1999), 81 clients had been referred to Under One Roof at North Lambeth Day Centre and 125 at St Giles Trust. Forty-three per cent were seen or had action taken by more than one agency, and only

twenty per cent by more than two agencies. In many cases, one-off problems were presented and dealt with.

Outcomes showed no improvement over the baseline data of similar cases known to participating agencies, and there was little evidence that the project was reaching the people with severe and multiple problems envisaged as its primary client group (Randall, 1999). Some of the reasons for this are considered in the last section of this chapter.

Some case examples

The examples that follow (and those at other locations in this report) have been chosen to give some feel for the client group and the work undertaken. To reduce the temptation to cite interesting but ultimately atypical material, we have selected examples where at least three reasonably similar cases can also be identified.

Ms A, 20, had recently arrived in London from Scotland. She had slept rough and lived in squats for over a year, after escaping family sexual abuse. She and her partner were former heroin users but had been stable on methadone for some time. She had expected to stay with an aunt with whom she had lived two years ago, but was turned away following her partner's misbehaviour. From previous contact she knew that St Giles Trust may be able to help. On arrival she was depressed and anxious, looked frail and had not been eating. After an initial brief assessment of her needs, arrangements were made for her to see the housing adviser from Southwark who, working closely with St Giles' staff, organised an urgent placement in temporary accommodation. At the same time the health worker arranged for immediate treatment and for further investigation of her health problems, and contact was made with the nearby Methadone Maintenance Clinic. Contact over the next few weeks was maintained by St Giles, with Under One Roof offering a regular clinic responding to a series of income, housing and health problems. Ms A was in a stable situation and had obtained employment when a check was made the following year.

And at North Lambeth Day Centre:

Mr B, 48, was referred to Under One Roof by the visiting nurse at North Lambeth Day Centre. He had approached her with a medical problem – he was diabetic, had high blood pressure and was clearly depressed – and had then told her he was sleeping rough. He had stayed with a friend until two weeks previously, leaving because he felt, after six months, that he had overstayed his welcome. Surprisingly, he still technically held the tenancy of a previous flat that he had abandoned to stay with the friend. It seemed that he had lived in hostels for much of his life, working as a labourer until recent illness, and had been rehoused to independent accommodation without proper consideration of his ability to manage. Mr B said that on reflection he preferred to stay in shared accommodation, and after obtaining further advice from the nurse and the mental health team, the Thames Reach outreach worker referred him to a suitable hostel. Proof of income was obtained to speed the referral process and Under One Roof staff arranged the orderly surrender of his old tenancy. A later check found that the new temporary hostel was arranging placement in smaller, permanent, shared accommodation.

1.6 Reasons for the project adding little to existing services

Although the initial expectation had been that the project would, perhaps with minor modification, expand to a further site, it later became evident that this would not be worthwhile. We realised that our model, while not entirely unworkable, was unlikely to be sustainable in the longer term. Øvretveit (1993) warns about the difficulties that multidisciplinary teams can face, offering a list of factors likely to make them fail, many of which we seemed to match: practitioners' main functions remained with their own teams, each with their own referral procedures and work priorities; there was no team base so that contact and communication points, records and support services were scattered across different sites; there was no plan for a wider integrated service linking the agency network within which the project was set; the team was very part time; and the authority for decision-making on client matters often lay elsewhere.

Alongside these difficulties we were particularly conscious of the following.

Poor estimate of need

The original proposal intended a clear focus on the most hard-to-help individuals: people who had slept rough for some time, had proved difficult to help in the past, and may even have had no contact at all with services. Any staff time remaining would be directed to clients with less extreme problems.

In the event, it proved hard to identify such people. Almost by definition, potential referring agencies might be expected to find it hard to locate people who were not in touch with services, and equally might be expected already to be working with people with recognised severe problems. Under One Roof quickly reached the view that the outreach practice established by existing agencies such as Thames Reach was the method of choice for responding to these needs and that they already had channels of communication with key agencies. This was confirmed further when the South London Contact and Assessment Team, set up in June 2000 (Rough Sleepers Unit, 2000), reported to us that people sleeping out in the area previously covered by Thames Reach and others were almost all known to services, whereas those in areas not previously covered by outreach workers were not. We concluded that:

Our findings ... suggest that very few people remain completely outside the system, but are excluded from parts of it. (Stern et al., 2000)

Scale

There were considerable difficulties created by the small scale of the project. One of the aims was to test the potential for a full-scale multiagency service, but the order of magnitude differed too greatly to offer a realistic trial. Problems of scale included:

- Short opening. While some of the agencies offered a worker for a full day, others could only release staff for half a day. This, together with the limited opening hours of the day centres, forced a morning-only service. Although several staff

worked into the afternoon where the case required it, this would rarely have been visible to clients or referrers.

- A week between sessions. While this may be adequate for constructing a considered plan for individuals whose problems had historically proved hard to resolve, it was unsuited to most other purposes, including the concerted and multifaceted action ostensibly offered by the project.
- One worker from each agency. This caused substantial queuing problems for clients requiring some of the services offered. If the worker was engaged with one client, then they were not available for another. Although the project nominally gave priority to people with complex needs, this was hard to arrange in practice – any delay required urgent and stressful juggling of staff and client time. Although perhaps unexpected, it is the large, busy office with many staff dedicated to the same task that can best respond to requirements for special treatment.

Difficulty allocating casework responsibility

At the start of Under One Roof there was an expectation that each active case would have a keyworker appointed from an appropriate participant agency to ensure planned actions were followed through and outcomes were reported back. There was some expectation that this would be shared between the agencies. Little progress was made with this, with the day centre or other referring agency often retaining responsibility for the client, initially with some resentment as they had been led to expect otherwise, but later with recognition on both sides that this was a better approach anyway. Occasionally, the Under One Roof coordinator took direct responsibility for the client. While it may partly have been because of limitations in the project itself – its part-time nature, the high proportion of relatively simple cases, the imbalance in demand for the services provided – there seemed to be more fundamental problems with the idea. In particular:

- Some disciplines are better suited to the keyworker role than others. Social workers, for example, routinely keep detailed records including information about

the network of agencies involved with a client, while nurses or housing workers usually keep fewer notes, and benefits systems are more specific still.

- Even among agencies with a stated keyworking model, there is little agreement about what 'keyworker' actually means – a problem that recurred in the next phase of the project and that we reflect upon further in Chapter 4.

Putting these problems together, it was evident that while Under One Roof may have been effective in bringing agencies together, it had not provided a model suitable for development elsewhere, and other approaches had to be considered. These developments are discussed in the following chapters.

Chapter 2

Changing to panels

The original formulation of the service was maintained, with minor amendments, for almost 12 months, a period dictated by development and evaluation strategies. It was at North Lambeth Day Centre, where the flow of cases remained particularly poor, that an alternative strategy was eventually developed. Rather than waiting in vain for clients to arrive, the team arranged instead to offer a consultation service for the host agency, recognising that this would also make exchange and negotiation between agencies more visible.

The new approach was consciously based on practice in other settings, notably mental health services, child protection within social services, and some aspects of housing management. Although we could have referred to these discussions as case conferences, reviews or simply as meetings – and on occasion below, do so – we decided to call them ‘panels’ to signify the ordered way in which business was to be conducted, and to indicate that participants were present to offer their expertise rather than necessarily to represent their agencies or offer other formal responsibility.

Guidance notes were drawn up (Under One Roof, 1999) that described the purpose and structure of the meetings. The multiagency group already established would assemble weekly to consider two or three clients at each morning session, and a practitioner from the host agency would present a brief description of their client, give an outline of past and current problems, and identify issues that were of particular concern. The meeting could offer guidance, action by one or more of the agencies present, or if options for these were not apparent, discussion. The meeting would be minuted, with some care to ensure that the discussion was not lost and that a coherent record of basic client information was available for later use. The client could attend if he or she wished, though, despite the known value of this in other settings, it was not expected that many would do so, either because of the client’s anxiety or because such practices were unfamiliar to likely referrers; in the event, few did.

The day centres were invited to refer clients for any reasonable purpose, with the following suggested specifically: a) the views of more than one discipline or agency were needed to formulate an action plan, and the client did not qualify for statutory Care Programme Approach or Mental Health Act Section 117 meetings; b) homelessness services had repeatedly failed to meet a client's needs; c) workers were conscious of having a partial understanding of a client's situation; d) workers had tried helping a client and now felt stuck about what to do next; e) a number of agencies were involved and a forum was required to summarise the current situation and plan further action, and f) a client felt confused about how services were supposed to help them and wanted clarification on where they stood.

This development was broadly welcomed by the day centres, though initially we also heard arguments that they already routinely discussed clients and that this was therefore unnecessary.

2.1 The Lambeth panels

North Lambeth Day Centre

Despite apparent enthusiasm for the new approach, some of the difficulties encountered in the preceding casework service persisted. The start was slow, with the continued problem of identifying suitable clients for consideration. At the early meetings it also became clear that some day centre staff were unused to considering their clients in much depth, and the minutes of the early panels were brief and shallow, often providing little more than an outline description of the client, and recording that agencies would check their agency records and report back the following week.

Throughput improved when a day centre worker with a personal interest in this work was assigned to the team, with time made available for her to search for suitable cases or actively persuade colleagues to identify clients for discussion. The initially stilted and shallow discussions improved as experience grew:

- Under One Roof developed a chairing and minuting style suited to the setting.

- Participating agencies became used to the purpose and format of discussion.
- It began to feel, despite wide differences in discipline and depth of training, that all present were participating as equals.
- We found that staff from the participating agencies lacking formal recording systems could often, nevertheless, provide considerable verbal detail about their clients. These meetings enabled such knowledge to be used in a constructive and ordered way.

In total, 12 clients were discussed, two on two occasions. One person was discussed four times, and provides an example of the complexities presented by this client group:

Mr C was 51. When first discussed he was in hospital with septicaemia, and the hostel where he had been staying was reluctant to take him back, saying his support needs were too high. He was known to have slept rough for at least two years, and a learning disability was suspected but not confirmed. Following discussion at Under One Roof, an outreach worker from North Lambeth Day Centre contacted the hospital and obtained a few details of the man's history. He also learned that the hospital social worker was unwilling to carry out a Community Care Assessment, seeing no reason to do so: he was now physically well and said he needed no help. The hospital discharged Mr C to a hostel in east London, where he stayed for one day, unable to understand that his previous hostel would not take him back. He slept rough and then left the area. By this time the START mental health team had established that he had been in psychiatric hospitals in the past and also lived in a hospital for people with learning disabilities, Lambeth Social Services Homeless Single Persons Team had agreed to carry out an assessment but Mr C had gone before it could be arranged. A few months later he returned to the area and asked North Lambeth Day Centre for help. This time they quickly arranged for social services to carry out a Community Care Assessment using much of the material assembled by Under One Roof and, now knowing that Mr C had a psychiatric disorder rather than

simply being unhygienic and strange, referred him to the START mental health team. He was placed in supported accommodation, where he remains.

What did this provide us with? Through close contact between agencies, the panel moved quickly from a state of ignorance, with the client simply seen as homeless, difficult and odd, to a situation where there was a clear explanation for his behaviour and he was understood more solidly as a person. This change occurred with the full participation of the voluntary agency with greatest contact with the client, enabling it in turn to make rapid and appropriate referrals to the statutory and other necessary voluntary agencies when the need arose. While we cannot of course be sure that this would not have occurred anyway – START, social services, the Primary Health Care Team and Thames Reach were already engaged with North Lambeth Day Centre and remain so – we probably can claim failure to be more likely without the direction of the panel.

While this case clearly benefited the client and offered encouragement for further work, few other referrals presented both this complexity and the opportunity for participating agencies to assist, and it proved difficult to maintain a continued flow of cases for discussion. Meetings began to be held fortnightly, then discontinued entirely when the project transferred to another setting.

Thames Reach

A new direction was taken with Thames Reach's Stamford Street Hostel where, between August and December 1999, a list of 16 current and former residents were considered together with one each from North Lambeth Day Centre and the Bondway Hostel.

The Stamford Street Hostel is a converted pair of terrace houses in Lambeth, and has 18 beds for men and women with high support needs, most of whom have slept rough for long periods and may have substantial difficulties with alcohol, drugs, or physical or mental illness. The hostel referred people to Under One Roof who were currently resident or who had recently left and either lost contact or returned to rough sleeping nearby.

Two people were generally discussed in a morning, with an hour allocated to each. As an additional exercise, as well as producing minutes, Under One Roof staff compiled detailed reports based on the meeting, on hostel files, and on some limited contact with agencies elsewhere, using a style and format adapted from social services practice. This exercise allowed the available information to be examined in detail and obstacles to its proper assembly and exchange to be considered.

It also allowed us to learn more about the expectations of the referring agency, nicely articulated by Curran (1999), reporting on the views of participants from Thames Reach that:

In many cases the lack of tangible solutions was disappointing and frustrating. Emphasis [seemed] to be more geared towards developing assessment of client need rather than on action planning. In some cases the session had given the referring worker little else but a discussion which only managed to highlight the difficulties of their plight. This offers little support or imaginative ways forward, leaving the worker in much the same position as they were before the meeting took place. [His emphasis.]

In short, Thames Reach staff expected action, and the meetings just talked (and wrote in some detail) about the clients' and agencies' problems. While we think this underplays the value of assessment – there were several examples where valuable information held elsewhere, and in some cases missed in Thames Reach's own files, was unearthed and reconsidered – it rightly identifies the importance that agencies at the front-line place on action. These discussions also reminded us of the differing functions of meetings that appear superficially similar, and the need to be clear about their purpose and authority to take action. We suggest a distinction between:

- Meetings at which most participants have already accepted responsibility for the client under discussion. Examples of these would include case conferences, Care Programme Approach meetings in the mental health field and, as it turned out, most of the panels that were later held with Crisis, described below.

- Meetings where one or two participants currently hold responsibility for the client, while others are present potentially either to be persuaded they also have responsibility or that they should assess the matter further.
- Meetings where information not previously shared is pooled to obtain a clearer picture of the situation.
- Meetings where either short-term action (usually, finding more information) or long-term action (usually either providing a specific service or preparing for potential events) is planned.

We were interested in the expectation that new and 'imaginative ways forward' would be generated by bringing agencies together – an expectation that the project itself held when it started. Closer reflection would indicate that this could only happen from time to time anyway, and we are aware from elsewhere that multiagency meetings are not particularly good places for imaginative decision-making or long-term action planning, dependent as they usually are on the opinions and detailed information provided by one or two participants (Milner and O'Byrne, 1998).

It seems likely that most of the gains from these meetings would be obtained over a period, though at Thames Reach there was little to criticise about existing assessment and planning procedures. In some cases the meetings may simply have confirmed that everything possible was already being done with the available resources, presumably helpful in itself.

An example that both illustrates the kind of complex problem that Thames Reach routinely deals with and, in this case, demonstrates the value of Under One Roof's involvement is provided by the following:

The panel was told that Ms D, 25, had stayed at the Thames Reach Hostel on two occasions, at other times sleeping rough or staying with male partners, some of whom were known to have been violent towards her. She had had several children, all adopted or in care. Her behaviour in the hostel had been alarming,

with sudden and violent outbursts, and she had a rapid series of male partners while there. There was suspicion that she may have a learning disability, and was thought to have been assessed by social services. She was currently missing. At the meeting, social services, Thames Reach, the Primary Health Care Team and Under One Roof staff undertook to check details of assessments, previous referrals, and potential sources of advice or assistance, and to report back. By the next meeting, one of the agencies had discovered that Ms D was now living in a hostel in Tower Hamlets, where staff had no information about her, were finding her behaviour difficult, and were considering asking her to leave. A telephone conference was organised, involving most of the participants at the previous meeting, together with a manager at another hostel where Ms D had once stayed, and the keyworker at the new hostel. The meeting identified repeating patterns of difficult behaviour and considered strategies that had, and had not, worked in the past. Evidence was produced that learning disability was unlikely and that instead this was a personality problem, the aetiology of which was currently unknown. Detailed advice on sexual health was provided by the Primary Health Care nurse. The meeting agreed a plan of action, including referral for a psychological assessment, and minutes of the meeting were later submitted to assist that assessment. Most importantly, armed with the detailed information now provided, and feeling more supported by other agencies, the hostel felt able to retain the client and construct a strategies to respond to her needs.

St Mungo's Hostel, Cedars Road

The Lambeth team's final activity was in May 2000 at St Mungo's Hostel in Cedars Road, Clapham, where we planned to consider a short series of clients where potential employment was a factor. We were aware of the interest taken in employment at this agency's hostels and hoped to learn something from meeting with staff from St Mungo's Vocational Guidance Team. In practice, there were fewer residents than expected who both had an active interest in employment and presented significant health or other issues that panel members could address, though we understood that such clients were present at other times and at other hostels managed by St Mungo's.

Four people were considered, not all involving employment, and although discussion felt productive, it is difficult to derive firm observations or proposals from this exercise beyond noting that, as found elsewhere during the project, we could observe practitioners picking up the detail of each others' practice and learning how to negotiate the grey areas of services. The very novelty of meeting with staff representing most stages from chronic homelessness to stability and employment did, however, remind us of an important point: although it is easy enough to describe the theoretical process from rough sleeping through hostel residence to mainstream housing and employment, many practitioners will only routinely see a segment of this. Regrettably, however, while it may be desirable to extend routine panel or casework meeting practice to include employment, it seems likely that conflicting demands on staff time will in most instances prevent it; but other arrangements, such as the monthly forum devised at the end of the project and described in Section 2.6 below, may well be solution.

2.2 The Southwark panels

St Giles Trust: the first period

The panels at St Giles developed in a different way, continuing with a reduced version of the original service to visiting clients but with panel meetings held when current casework indicated the value of a team discussion or when there was a direct request for discussion from day centre staff. Interspersing panel meetings with casework is difficult to manage and is not a model to be recommended, requiring as it does continued juggling of staff time. It was possible to continue for a period in this setting because staff were working together particularly well and because a regular flow of complex cases sustained interest. We particularly noted that:

- Some of the cases brought to the panel were relatively complex technical enquiries from experienced day centre staff. After describing the problem in detail, discussing the options and obtaining technical advice, they were happy to retain responsibility for the case, making use of the guidance given.

- Closer participation of the Three Boroughs Primary Care Team developed during this period, with the visiting nurse taking a strong personal interest in attending meetings if there was no patient in her surgery. It was here that we particularly noted how often clients will reveal difficulties or details to a nurse while they are cautious with anyone else. With appropriate client permission, it often then became possible to construct a more rounded picture of the person under discussion or to embark on a new line of assistance.

The following example illustrates the degree of complexity that the panel sometimes faced. In this instance the client was not literally homeless, but was close to being so, reminding us of the value of preventative work:

Mr E, 46, was referred by St Giles Trust and presented by their health worker. He was an irregular attender at the day centre and had been seen by Under One Roof the previous year, when little progress was made. He had brain damage following an accident and also had a chronic alcohol problem. He owned his house, but a relative had taken over mortgage payments and was slowly renovating the property. He was living in one room while this was done, but the property was considered so dangerous that domiciliary care workers from social services were unwilling to visit and the file had been closed. As a result of his confusion, he sometimes got lost and slept rough. Recent attempts at neurological assessment had failed through missed appointments or because he absconded. At the panel, the local authority housing adviser explained the client's legal position, agreed to pursue the matter with the local Environmental Health Department, and arranged to make a home visit with the housing adviser from Shelter to clarify the situation. The social worker explained how his department would deal with a case of this type and advised that a copy of the council's Community Care Assessment be obtained. The Benefits Agency agreed to clarify why Mr E's mortgage interest payments had been discontinued. Options for obtaining assistance through social services and via the mental health system were discussed. It was recognised that although St Giles Trust had become Mr E's main point of contact with services, it was the statutory agencies that had the responsibility and resources to respond

to his needs, and the minutes of the meeting were used to confirm and clarify that relationship.

Crisis Cold Weather Shelter

Between November 1999 and March 2000, the Southwark team moved from St Giles to the cold weather shelter run by Crisis. Cold weather shelters have been running since 1993, managed by various agencies across London, and mostly consisting of disused industrial or office buildings adapted for temporary hostel use. The shelters are particularly directed towards longer-term rough sleepers considered at risk. Admission is restricted to people that outreach workers have confirmed sleep out regularly, and unlike other hostels, Housing Benefit payments are not needed to stay there, making them available for people unable or unwilling to claim benefits.

Special features of this setting were: a) users had all arrived very recently and needed to be assessed and moved on to an improved setting no later than March; b) the prevalence of ill health, substance misuse and behavioural problems was particularly high; c) although client files were kept, the temporary nature of the hostel meant that records only covered the current year and often contained little information. On the other hand, senior staff had long personal knowledge of many users, and arrangements had been made to second staff from Thames Reach to provide resettlement assistance, and from Equinox to provide specialist help with alcohol and drug problems.

During this period we particularly noticed that:

- The panel very rapidly felt like a team, despite the addition of three new agencies.
- All participating agencies were willing and able to respond rapidly with information and advice.
- Crisis staff appreciated the ordered way in which the available information was assembled. Although meetings and minutes sometimes lacked the detail achievable in other settings, they were considered sufficient to make a plan for

each client and to move ahead with some confidence that available options had properly been considered.

Before starting at the shelter we heard from elsewhere that day-to-day practice at Crisis often felt disorganised, and we had arrived expecting it to take a while before meetings were running properly. While the unexpected speed with which we developed a mature and productive discussion style might be attributed to our growing experience of settings such as this, we would also attribute the rapid success of the meetings to the following:

- The shelter had much to gain by joining with other agencies, with few channels for obtaining housing and other services within its own organisation. More established agencies that rightly or wrongly believe that they are self-sufficient in such services are often less competent at cooperative activity, even on occasions when it is clearly necessary.
- The staff seconded from Equinox and Thames Reach were already working well with the senior staff at the shelter, and recording, discussing and negotiating about clients was built into those visiting agencies' practice. This fitted well with the structure and procedures already developed within Under One Roof.
- Discussions were held away from the shelter, avoiding disturbances and permitting a more rigorous structure than the small and informally furnished meeting room at the hostel allowed. We suspect that many of the complaints we heard from other agencies originated in environmental difficulties.

An example of a typical case in this setting is provided by the following:

Ms F, 39, had arrived at the Crisis Hostel in November 1999, referred by the Thames Reach outreach team who had reported that she was originally from northern England, had slept rough and stayed in hostels for many years, had a severe alcohol problem, and had a tenancy that she had recently abandoned. The meeting identified further information, some of which was in the casenotes of visiting agencies and some of which was remembered by participants. The

meeting established that she had slept rough since her late teens, mostly in central London. She described herself as a 'street person' and did not want to stop drinking. Her tenancy failed because she had repeatedly missed an Incapacity Benefit review and this, and therefore her Housing Benefit, had been stopped. She had recently been in hospital with pneumonia. An issue to consider was that she had a partner, also an alcoholic, who had a greater interest in stopping drinking and was currently receiving residential treatment. After identifying all these factors, the meeting agreed that harm minimisation, rather than abstinence, was the appropriate approach, and agencies able to provide this in a residential setting were listed. The substance misuse worker attached to the Crisis Hostel was identified to act as keyworker, and the meeting suggested that: a) attempts be made to obtain a more detailed housing history, and through that, a social history; and b) it should be established why a tenancy had recently been thought suitable – potentially identifying details that the meeting had missed. Under One Roof later learned Ms F had, as planned, been placed in a specialist hostel for continuing drinkers where supervision was available and health and welfare services were on hand.

Returning to St Giles Trust: the second period

Following closure of the temporary shelter in March 2000, the project returned to St Giles. Aware that Under One Roof was a temporary scheme and could not sustain its administrative support indefinitely, an arrangement was made to pass responsibility for chairing the meeting to a senior member of St Giles' staff. Discussion also began about finding ways to replace the administrator's responsibility for minuting the meetings. The remains of the casework service that had persisted from the inception of Under One Roof was also discontinued, though existing health and welfare services provided at the day centre naturally remained.

Twelve clients were discussed at a total of seven meetings, presenting a range of issues with which the panel was now familiar: half had health, legal or housing difficulties resulting from the use of hard drugs, and three had similar difficulties with alcohol; four had moderate to severe mental illnesses, three were thought to have a learning disability,

and one suffered confusion as a result of a head injury; two were victims of domestic violence and two were regularly aggressive to others. All were either in insecure housing or actually sleeping rough, and three had presented repeating problems with accessing and retaining accommodation, applying to the local authority on several occasions and losing the accommodation provided or offered. The minutes generated by most of these meetings often demonstrated a rapid accumulation of previously scattered information – helped by participants checking their agency's records beforehand after being faxed names of the clients to be discussed – and some contained valuable technical advice about eligibility for services and ways to access them. On the other hand, in some of the meetings the discussion and planning were brief and could arguably have been done another way.

St Giles Trust came to the conclusion that this was not a useful approach for most of its clients and made poor use of staff time. Most of the day centre's casework needed a quick response, which a weekly meeting could not provide, and their own staff were sufficiently engaged with the agencies involved to contact them if needed. While there was value in a programme of case reviews to discuss their longer-term clients with complex difficulties, it was certainly not appropriate to do this weekly. Many such meetings were arguably best done primarily involving their own staff, and St Giles pointed out that they had adopted some of the methods for structuring meetings developed through Under One Roof.

It was agreed to discontinue the St Giles meetings, but in the view of both the panel membership and the Steering Group, much would be lost by abandoning these meetings entirely, and the group went on to develop the interagency practitioners forum described in Section 2.6 below.

2.3 The value and wider applicability of panels

Panels developed because: a) an essential requirement of the project was that agency staff work together in the same setting; and b) the original casework formulation was for various reasons unsuccessful.

The different locations, memberships and purposes of panels has enabled us to make several observations on their value:

- One of the functions of panels is to signify the seriousness with which the client's situation is regarded. Sleeping rough over an extended period is an exceptionally grave situation, in principle deserving the attention routinely afforded to the allocation of specialist housing, to complex hospital discharge, or to the protection of vulnerable children.
- Panels are excellent for collating information about clients, particularly when little seems to be known about them or when the full range of issues has not been properly articulated. Participants often bring up questions that others have not thought to ask.
- Meetings enable practitioners or agencies feeling 'stuck' with clients presenting hard-to-resolve difficulties to gain new perspective on their problems and potential solutions to them. At the very least, they can confirm that all aspects have been considered and that there is nothing that has been inadvertently missed.
- Panels work particularly well when there is a clear task or target group. This is probably why they were especially valued at the Crisis Cold Weather Shelter, where there was a fixed date for closure and where little was initially available on paper about clients.
- Panels tend to work less well when the target group is very general, for example in day centres, where requests for assistance are hard to predict and may range from the elementary, with work better done more cheaply and effectively in other ways, to the unfamiliar or over complex, with the panel lacking the membership necessary to respond appropriately.
- We sometimes encountered an expectation that the panel would generate an authoritative and detailed assessment about the client. While some of the

documents we produced no doubt represent worthwhile advances in that direction, our view is that interagency groups have limited value for detailed assessment purposes and indeed, unless special care is taken, risk amplifying and adding legitimacy to faulty verbal assessments presented to them (Milner and O'Byrne, 1998). The range of expertise can be misleading – one simply cannot cover issues in much depth in an hour or so, particularly if discussion is starting from scratch – and we took particular care in our minute taking with the potential for such misunderstanding in mind.

- We similarly encountered an expectation that the panel itself would accept formal responsibility for a case or that some kind of joint decision might be obtained from it. This was rarely achieved, and could not reasonably be expected. Such expectations probably reflect the failure of homelessness services to properly think through the meaning of 'keyworker', 'case responsibility', and so on – something that one would not generally encounter in, for example, health services. This is considered more fully in Chapter 4.
- On the other hand, panels of this kind do seem to have something to offer when technical advice is required. Some of the most productive meetings at St Giles, for example, occurred when day centre staff brought cases that they unquestionably accepted as their current responsibility, received detailed and specific technical advice on a health or housing matter, then went away satisfied that they were better able to deal with the task in hand. While some of these enquiries could have been made in other ways, the personal nature of a service from known staff, often in combination and with a degree of debate, gave particular weight to the advice offered.
- The panels were particularly effective in the development of personal networks, with individuals increasingly able to make rapid and appropriate formal referrals, and to make less formal exchanges as steps towards the solution of complex problems. The final format for a continuing forum at the end of the project (see below) was consciously adopted so that these relationships could be sustained. Although it is clearly possible to use such a forum to establish these relationships

in the first place, we are conscious that the frequency and intensive nature of even a temporary panel is particularly effective for establishing relationships that can be carried on into day-to-day practice and become embedded in organisational as well as personal practice.

2.5 Outcomes for clients

A total of 107 cases were considered by panels. The evaluation was unable to conclusively demonstrate improved outcomes for clients compared with the original casework model or with baseline data, although examination of case records provides much anecdotal evidence of improved assessments and some evidence of solutions to problems that might not otherwise have been identified (Randall and Brown, 2000). Comparison was made difficult due to the comparatively low number of cases, the closer targeting on difficult or complex problems, and the difficulty obtaining some of the outcome data (*Ibid.*).

2.6 Organisational outcomes from the second phase

It was noticeable how both day centres had become increasingly engaged with Under One Roof and with its constituent agencies after panels began. While this may have been the result of what was becoming long familiarity, the quality and speed of this change seemed almost certainly to be the result of a switch from a service inviting referrals, which for reasons of scale only worked sporadically, to one where pooling and exchange of information, discussion and planning were the focus of activity. More staff seemed comfortable discussing partly completed work or revealing uncertainties about the right course to take with a client. While this was intended and expected, based on experience in and observations of panels in other settings, there were some other positive results that were unexpected. For example, some visiting agencies appeared to be more willing to make enquiries or even accept responsibility for continuing casework now that anxiety about a potentially endless stream of difficult referrals had been reduced.

Some of these developments will be attributable to the fact that meetings, rather than a series of less organised or even casual encounters were now occurring, but other aspects followed from the manner in which business was conducted:

All staff interviewed valued highly the formal structure offered by panel meetings. They identified the importance of the independent element offered by Under One Roof and of its professional chairing and production of minutes and reports of meetings. It was important that the chair of the panel had a wide technical knowledge of social work, health and housing. (Randall and Brown, 2000)

Knowledge of the strengths of and constraints on the voluntary sector might be added to this. As we realised early on (Section 2.1, above) it was possible at least temporarily to suspend the power differences created by variations in professional authority, experience and information held, to engage in discussion as equals, and then to proceed with greater collective understanding when those relationships were inevitably reasserted.

An interagency practitioners forum

Having concluded that panels were unlikely to be a worthwhile long-term adjunct to casework, except in situations where a multiagency focus was particularly required, attention turned to their value as a medium for networking and the development of good front-line practice. Informal discussion indicated that monthly meetings for agencies in both Lambeth and Southwark was the model to follow, and a questionnaire circulated to participants and managers confirmed a continuing enthusiasm for this.

Monthly two-hour meetings began in November 2000, with the stated aim of 'continuing to foster interagency relationships developed within the last three years, promoting communication and shared learning in relation to the care and provision of services for homeless people in Lambeth and Southwark' (Bouck-Standen, 2000). Meetings were to be 'a place to learn of the difficulties other agencies face in carrying out assessments, and in providing services for homeless people' and 'a place to learn of good practice examples used by other agencies and find good pathways of effective communication' (*Ibid.*). Features include:

- i) Structured meetings are carried out in a conducive environment with a consistent Chair and minute taker.
- ii) The main section of the meeting consists of an anonymised (or where appropriate and with necessary confidentiality precautions in place, identified) case study presentation and discussion. Agencies take turns in making presentations and, to ensure high standards, examples are selected well in advance. Guidelines are provided so that case studies have a standard structure and content style.
- iii) The second part of each meeting consists of discussion of a policy and practice issue pertinent to one of the participant agencies and led by someone from that agency. Documents made available from this part of the meeting have included guidance and procedure notes in use by local authority officers, explanatory material about local Health Action Zone initiatives, guidance on Rough Sleepers Unit policy provided by Homeless Network, and notes about the Mental Health Act 1983.
- iv) The third part consists of a practitioner explaining their role.
- v) Participants are invited to attend on a named basis and places are not intended to be transferable, although replacements inevitably occur from time to time. The meeting is specifically intended for practitioners and first-line managers with a personal interest in attending. While not excluded, the meeting is not for senior management, although their understanding and support is clearly required if constructive participation is to be maintained.

Since starting, additional agencies have become involved, including the Stockwell Project and Mainliners, both agencies for drug users, the South London Contact and Assessment Team and the Rough Sleepers Unit funded service at Wandsworth Prison managed by St Giles Trust. There is a potential for further agencies to join or attend as guest speakers.

Chapter 3

Work done in parallel and work that followed

By bringing agencies together at all levels, the project has provided opportunities for thinking about obstacles to communication and exchange, and for considering – and in some cases testing out – potential solutions to them. This chapter reports on these activities. Some of it was done in parallel with the main work of the project, some was carried out in conjunction with it, and some followed on later, drawing on the experience gained and the networks developed at earlier stages.

3.1 Advice on statutory homelessness for general practitioners

Under One Roof encountered a case where a homeless person's application for council housing was delayed because, although a doctor had written in support of the application, this was presented in very general terms and provided insufficient detail to establish her eligibility on health grounds. Aware that this often happens, guidance notes were produced to explain local authority practice and the kind of information that is required, following detailed advice from colleagues in local authority housing and in primary health care. The notes:

- Explain how homelessness law works and how local authorities administer it.
- Set out the issues that doctors are likely to be asked about.
- Advise on how to respond to enquiries, with examples of suitable letters.
- Advise on how to respond if the patient seems not to be in priority need.

This is available in two formats from our web site at www.underoneroof.org.uk/

3.2 Telephone conferencing

Having experienced the value of interdisciplinary discussion at close hand, and conscious of the limitations to such discussion created by distance and time, the project looked for supplementary methods for bringing agencies together. Reports in the Press prompted us to consider video conferencing, but the need for special equipment, together with the questionable value of the low-quality images that such systems provide (Lindop, 1997), quickly persuaded us against it. We found British Telecom's Conference Call Instant service suited our needs, and tried this out on over ten occasions. Our findings were that:

- The system is excellent for bringing together staff unable to meet in other ways, either because of distance or because their other responsibilities prevent them leaving the hostel, day centre, surgery or office where they are working.
- Time is used very efficiently indeed, with no wastage on travelling.
- Almost everybody who has taken part has spoken positively of the experience: initial anxiety about the new medium dispels within a few minutes.
- Meetings need confident chairing, but with this in place speakers tend to be concise and accurate. Discussion is often more structured than in face-to-face meetings and is easier to minute. The key activities of chairing and minuting were helped by the use of headset telephones, with hands free for consulting files and note taking.

There are a few difficulties with the system:

- The system cannot be used on occasions such as Care Programme Approach meetings, at which clients are routinely expected to be present. We have, however, heard of their special value for client participation in some settings (Macdonald, 2000).

- Although it provides substantial savings in staff time and, if agencies are not all local, travel costs, it is expensive in cash terms and for regular use would require a special budget.
- Because the medium is so unfamiliar – first use brings a sharp reminder of how it felt using the phone for the very first time – there is considerable anxiety about using it. Potential participants often present arguments that: a) much is lost by not seeing people face to face; or that b) participants need to know each other first before conferring in this way. While both appear to make sense, we have found neither to be the case: with confident chairing a sense of collaboration builds up remarkably quickly.

Under One Roof was easily able to overcome the latter problem through persuasion, but it may be that confident direction from management is required to make regular and efficient use of it. The system has been in use in business for several years now and has already shown its value in health and welfare services (McLeod, 1998; Macdonald, 2000), and is to be recommended for use in this field. Guidance notes on using the system are available from www.underoneroof.org.uk/

3.3 Thinking about information systems

Primarily as an exercise to facilitate thought about the information that agencies need to tell each other, an experimental web site (www.underoneroof.org.uk) was constructed that, among other things, tried out a common format for describing the agencies involved in the project. Headings that seemed to work for most agencies despite their differing size and structure were: a description of the service, how to make contact, how to make a referral, staff names and job titles, and, since we were particularly interested in facilitating cooperation, a final section for identifying actions for outside agencies to do, or avoid doing, to help the service work better or faster.

Some of the observations that this exercise helped us to make were:

- i) Unsurprisingly, given that agencies will have long experience of describing themselves in writing, there was little difficulty in obtaining descriptions of the service offered. Agencies with complex weekly programmes of activities, such as day centres or community nursing services, quickly provided these to us.
- ii) Far fewer had a written explanation of what would *happen* when a referral was received or the client arrived, and some agencies found it hard to answer the question at all, saying only that the client could turn up and would be seen; matters important to users such as waiting times, arrangements for clients who were ill, were nervous or unfamiliar with the setting, or had other special requirements, seemed not to be at the front of people's minds. A leaflet that did impress us was produced by the START mental health team and explained both their referral process and some of the responses they could make to differing client sensitivities. The quality of this was no accident: it was the result of repeated reviews and adjustments over several years.
- iii) For a few agencies, we set up downloadable versions of their referral form. With the large size of some forms, circulation by post will continue to be the preferred method, but providing stationery in this way seems a valuable alternative for occasional or urgent use.
- iv) There was also delay with some agencies in obtaining a current staff list, and most organisations seemed unused to providing these. Not only do such lists give an immediate picture of the size, structure and range of responsibilities and competencies of an agency, but experience and observation during the project suggest that, although rarely articulated, a major need for practitioners is to know precisely who to contact within an organisation and what they can reasonably expect from them. In a recent study in a hospital, a quarter of telephone and equivalent calls were associated with identifying the name of the person occupying a specific role (Coiera and Tombs, 1998). It has clearly not been practicable in the past to routinely swap such material as organisations would drown in paper, but the web offers a simple way to do this and we commend it to agencies.

- v) The benefit of practitioners visiting outside agencies with which they have a regular relationship has long been recognised, quickly overcoming misunderstandings and prejudgements. In practice, it is often difficult to do this, but we found that providing pictures of premises and staff through this medium can be an adequate substitute for most purposes.
- vi) Most agencies provided useful guidance in the final section on assisting them in their work, although some were slow to provide this information, presumably through being unused to thinking about these issues in an ordered way. Common requests included:
 - Avoiding giving misleading information about services or likely outcomes. People referred to housing advice agencies, for example, are often told they will be found accommodation when the agency is not in a position to do this.
 - Responding to individual needs and sensitivities. Two day centres, for example, suggested checking that the service is suitable before advising a client to visit, and two agencies suggested accompanying clients who were ill, confused, or new to the setting.
 - Providing sufficient and appropriate information. Mental health workers asked for brief and accurate descriptions of current problems; housing and income support agencies asked for written evidence of eligibility for services and for identification evidence.
 - Taking working hours into account. Three agencies mentioned days or times to be preferred or avoided, or asked for general consideration to be given to their working hours.

Our conclusion from this exercise is that it is technically possible for widely differing welfare agencies to describe themselves in a common format, and while an increasing number of agencies has helpful sites about their own services, for most busy practitioners a common portal and common structure are to be preferred. Two sites in this field are

already provided by Resource Information Service – Hostels On Line (www.hostels.org.uk), offering daily updated details of vacancies and outline information about each hostel; and Homeless Pages (www.homelesspages.org.uk), a database listing literature and contacts in this field. We recommend expansion into other areas by that agency or others.

3.4 Hospital discharge

The project encountered several instances of poor hospital discharge arrangements. For example, a newly disabled drug user had been discharged to a second floor hotel room without proper involvement of community nursing services, housing staff or the homelessness agencies that had known him in the past and were available to advise and assist. Discussion with a discharge manager and with the Three Boroughs Primary Health Care Team revealed substantial gaps in the information hospitals held about homelessness services:

- i) Hospital staff do not necessarily know about information sources that more specialist organisations take for granted, such as the London Hostels Directory (Resource Information Service, 2001) and similar manuals. Equally, they may not know which agencies can be relied upon to provide verbal advice.
- ii) Terms that homelessness services take for granted, such as 'day centre', can have quite different meanings for ward staff who are likely to have experienced these terms applied to quite different kinds of service. We discuss this further in Chapter 4.
- iii) It is often difficult for hospital staff to determine what an agency will actually *do*. This is not helped by the widely differing types and standards of service provided by hostels, day centres and advice agencies, with agencies in each group often presenting very similar accounts of the service they offer.

Under One Roof places responsibility for clarifying this firmly within homelessness services. It is they, rather than hospitals, that lie outside most people's experience. As a

step towards this, outline guidance on discharge and relationships with housing and homelessness agencies for use by local hospitals was drafted in the final few weeks of the project.

3.5 Generic assessor

A proposal discussed in 1998 was to train a group of staff to provide a multiagency generic assessment service in Lambeth and Southwark.

From the agencies' point of view, the absence of properly coordinated assessments can result in: duplication of assessment between agencies; repeated assessments within agencies; failure to obtain information required to allocate appropriate housing or services; resentments arising from failure to involve all agencies concerned; and simply losing track of clients. In some settings, notably hospitals experiencing delays in discharge, the time dimension is particularly salient.

From the client's point of view, this omission can result in queues for a series of apparently similar assessments, the stress of having to establish a relationship with a series of people, low opinion of services following previous experience of lengthy assessments and poor outcomes, uncertainty about who does what and who to turn to, feeling blamed or actually being blamed for not dealing with a complex set of events, and general delays.

In the model proposed (Under One Roof, 1998a), the assessor would assemble a detailed account of the client's situation and needs, and prepare assessments on behalf of the appropriate housing, social services, employment and social security agencies using their forms and report formats, and forward them for further action. Formal decision-making would remain with agency managers and responsibility for the bulk of day-to-day contact would stay with the allocated hostel, outreach or day centre worker, social worker or nurse.

The Policy Group advised that this was too complex a project for Under One Roof to address, and that separate funding should be sought to consider this approach.

Issues that such an evaluation would need to examine include:

- The differing natures of assessments between agencies, sometimes acknowledged and sometimes not.
- Differences between statutory authorities in interpretation of policy and guidance – for example, on eligibility criteria for priority need in housing.
- Whether such an external service would in practice be accepted and used in parallel with existing assessment arrangements.
- Whether the same outcome might be achieved more effectively by other means, such as through training existing staff or by placing staff with advanced assessment skills within voluntary agencies.

3.6 Consultancy for Contact and Assessment Teams

In its final few months, the project was able to apply its experience of interagency working by offering a consultancy service to three of the Contact and Assessment Teams (CATs) commissioned in 2000 by the Government's Rough Sleepers Unit to participate in a concerted drive to reduce the number of rough sleepers in London and elsewhere.

The South London CAT

The South London CAT is managed by St Mungo's, a large charity and housing association providing hostel and other services for homeless people in the London area; the CAT's geographical coverage, by coincidence, matches that of Under One Roof. Under contract, Under One Roof:

- Organised a meeting in July 2000 for the CAT to explain to over 30 statutory and voluntary agencies how the new system was intended to work. We provided an introductory pack containing a description of the service, a staff list, a map, and a wall poster. The explanatory material drew on our experience constructing the

web site, and particularly on the careful consideration of quantity and format of information that this required.

- Provided training in assessment and recording tailored to the special needs of the new team.
- Designed an assessment form and case management stationery based on practice in various agencies and particularly on a form used at St Giles Trust, itself recently drafted with advice from ourselves, and stationery used in some social services departments.
- Provided a web page. Some of this material is now incorporated into St Mungo's web site (www.mungos.org).

The Central and North Central CATs

The project also chaired and minuted a series of case conferences for the Central South and West CAT (Thames Reach), discussing clients with particularly severe drug or alcohol problems, and similarly conducted meetings for the North Central CAT (St Mungo's) about clients who, for various reasons, required interagency discussion. Again, the style and structure of these meetings was based on prior experience of multiagency panels involving staff from organisations differing widely in approach, responsibility and training.

Agencies involved at various times included Westminster Social Services, the Passage Day Centre, Equinox, Providence Row, and the Metropolitan Police.

As well as the experience it had gained in the previous two years, much of Under One Roof's contribution to this process self-evidently lay in the time it had available to conduct meetings and, importantly, to produce and distribute detailed minutes. But it also had the advantage of being a partial outsider. As one of the regular participants noted:

I've worked with these clients for several years, first as an outreach worker and more recently as a social worker. I don't think I've actually got stale, but having to talk this through with others, particularly in a meeting chaired by someone who doesn't know the client, helps me to see issues in a new light. It helps me to see things I hadn't thought of before.

Sometimes these were new lines for enquiry; sometimes small insights that made it easier to respond appropriately to the client's needs. It was noticeable, for example, how often the meeting was able to pool agencies' experiences to establish that a given client, while he may be offensive and frightening when drunk, is not violent or dangerous.

It would be foolish to present these meetings as a new model of good practice – other structures and styles will work equally well, and our own procedures are based on experience elsewhere – but there are features that are worth pointing out here.

- i) An underlying formality. Meetings are conducted round a table using a standard agenda. We consider that less formal arrangements – while superficially less intimidating – make it harder to participate and harder to take notes and refer to records. With this structure in place, however, meetings feel informal and allow differing experiences and opinions to be expressed.
- ii) A standard structure for the agenda and minutes. The parts include: a) introductory sections, including a listing of agencies present and others involved, purpose of the meeting, client's knowledge of the meeting, significant documents and client location now; b) the body of the meeting, usually consisting of a pooling of information about the client's background and current situation; and c) discussion, recommendations and plan.
- iii) Chair reads documents beforehand. Where possible, a social worker's or doctor's report is read, or the hostel or day centre case file is skimmed before the meeting, allowing the chair to give a brief summary at the start if nobody else can. More importantly, this also alerts the chair to issues that speakers may forget or miss through over-caution. On occasions when this intervention was experimentally

withheld, for example, participants failed to mention that the client had been imprisoned for serious violence and that another had been rehoused twice before without success.

- iv) Asking what the client is *like*. This is a direct question that the Chair sometimes needs to ask; without doing so, minuted descriptions can concentrate on client problems and fail to give a rounded picture of the person being discussed.
- v) Constructing an action plan as the final section of the meeting. While major decisions are sometimes made, planned action usually consists of minor decisions, the setting out of options for immediate or later action, or indications of areas where more information is needed.
- vi) Structuring and drafting the minutes for later use. Rather than providing a simple record of the discussion, minutes are drafted so that they can stand alone as a planning document. Care is taken to produce a dated narrative identifying important events and trends, and where necessary indicating gaps in agencies' collective understanding of the client's history and situation. Where more detailed documents such as Community Care Assessments are known to exist, these are listed, leaving it to the interested agencies to negotiate between themselves and with the client whether it is reasonable to pass these on also.
- vii) Chair and minute taker working closely together, with the minutes regarded as a product of both. The minute taker makes detailed notes in a standard format and the chair then edits them for technical accuracy – a requirement that reduces as time goes on.

3.7 Learning and following on from this work

This experience, combined with observations about the technical and resource problems that some agencies face when trying to construct adequate plans for clients with complex needs, has now fed into one of the concrete proposals for following on from Under One Roof set out in the Executive summary.

We were talking about serious and chronic situations and sometimes identified major gaps in information or understanding between agencies prior to the meetings. We have become convinced that the kind of case conferences we have been engaged in are essential for some clients. There have even been suggestions that for some people our collective services need to go further than that. Bayliss (1993) has proposed that the Care Programme Approach procedures developed for people with mental health problems might be equally applicable to homeless people with physical illnesses or disabilities. Indeed, it makes sense to extend this still further and have a 'CPA for homeless people', whether or not a health problem is identified in the first instance (Hughes, 2001).

Chapter 4

Further observations: the real lessons from Under One Roof

The principal findings about the multiagency casework service and multiagency panels tried during the project are set out in previous chapters. This chapter sets out some of our other observations, starting with a commentary about the nature and depth of knowledge that agencies hold about each others' services and goes on to consider the experience of agencies learning to work together. Under the heading 'Communication within and between agencies', the chapter then considers issues such as confidentiality, meetings, the nature and quality of client records, joint assessment and problems with assessment more generally, systems for reporting on outcomes, and the difficulties sometimes created by the choice of language for describing clients and situations. Finally, conscious that one of the project's tasks was to observe and comment on gaps in systems and services, observations are made about requirements for escorting anxious or vulnerable clients between services, about the limited attention sometimes paid to the administration of exchange, and about the poor response of services to the needs of people with learning disabilities who are also homeless.

4.1 The starting point: what do we know about each others' agencies?

Under One Roof had begun with a concern that agencies providing services for homeless people were often in poor contact with each other and had set out to find ways to improve this situation. In the latter part of the project it became clear that there were some questions we had forgotten to ask ourselves. We were looking at ways to understand each other better and to work together more closely, but had omitted to consider what was preventing collaboration and what it was that we didn't understand.

A detailed analysis is well beyond our brief, but it has been helpful to consider some initial ideas. Many of the obstacles to mutual comprehension, for example, are created by problems of distance and time – overcome at least temporarily by the structure of the project – and by variance in practitioner training and agency function.

But we also began to recognise that there were different kinds of understanding and lack of understanding between agencies, and that these implied quite different responses if problems were to be resolved. We called this 'inventory knowledge' and 'process knowledge'.

Inventory knowledge: knowing which organisations exist

Despite the frustration expressed in *Health and homelessness in London* about locating services available to homeless people (Section 1.1, above) ignorance of agencies' existence was not a problem experienced directly at Under One Roof. The single homeless sector is well served by publications such as the annual London Hostels Directory (Resource Information Service, 2001), the London Day Centres Directory (*Ibid.*, 1998), and many of the agencies participating in Under One Roof produce their own material either directed towards homeless people or as part of a more general publication. Resource Information Service's information web site (www.homelesspages.org.uk) listed 31 directories of London or national interest at the time of writing. The *Health and homelessness* report addressed services for homeless families as well as those for single people considered by this project, and it may be that services for the former group were particularly found lacking.

Our one complaint was that managers did not always ensure that written material was kept up to date, or that staff knew how to make best use of new information technology. We were particularly concerned that in some places this technology was not used at all.

When looking more widely, however, we did come across instances where this material was quite unknown. Agencies that only occasionally encounter homeless people will not necessarily know these resources exist – we were for example able to tell a hospital discharge manager about the Hostels Directory – or if they do, may not have sufficient reason to buy them. Our impression was that agencies were often good and in some cases excellent at responding to enquiries from people unfamiliar with available services. Our only suggestion is that, where necessary, organisations familiarise themselves with local sources of advice for groups they do not deal with – families or refugees, for example – so that enquirers can be quickly redirected to the adviser best suited to their needs.

Process knowledge: understanding how organisations work

Under One Roof became increasingly convinced that it was detailed information about the functioning and processes of agencies that practitioners particularly lacked. In the early days, there were many occasions when – sometimes while negotiating a service for a client and sometimes during a lull in other activity – staff could be observed explaining to each other in some detail how their own agency worked, their role within it and the amount of discretion and flexibility that was open to them.

Similar processes occurred when considering outside agencies. While it is common for a consumer's directory to describe the strengths, weaknesses and atmosphere of a hotel or restaurant, for example, it is for various reasons difficult for a directory of hostels or day centres to explain what the facility is actually like. One of Under One Roof's strengths was its quick access to several practitioners with detailed knowledge of these. In one of many examples, a worker from Thames Reach was able to recommend a quiet suburban hostel, not known to others present, for a woman who was particularly sensitive to her surroundings following assaults in a seemingly safe environment.

Although comparatively easy to overcome in this setting – the project was clearly *about* interagency cooperation and allowed ample time for asking questions – it was also evident how hard it can sometimes be for staff to articulate exactly what they don't know about other organisations and, equally, to identify what outsiders need to know about their own. During the series of Review Days (Section 1.6, above), group exercises asking agencies to explain or ask questions about practice for the most part generated exchanges that, while not without value, often felt shallow and inconclusive, and despite conscientious minuting were hard to record (see Under One Roof 1998b; 2000b).

Knowles (2000) has similarly observed both the importance of such detail and the difficulty in obtaining it either from agency staff or their clients, commenting that:

[Her] dissatisfaction with verbal narrative was about its failure to give an adequate sense of some of the spectacular spatial contexts in which daily lives are set. It matters where the mundane practices of daily life occur: there is a

world of difference between getting up and having breakfast in a private home and getting up in a shelter and panhandling for money to buy breakfast in a public place. (p. 17)

To this residential example we might, for clients, add contexts such as the entrance to a hostel, day centre or office: its appearance, accessibility, and clarity of purpose; who will meet the client and what they will ask, tell, and know about the visitor; where they will be spoken to or interviewed; and whether other clients are likely to be present whose behaviour may cause concern. For staff, contexts will include spatial matters such as office premises – following Knowles, there is a world of difference between a purpose-built office with separate areas for reception, formal and informal interaction with clients, and paperwork, and a room in a hostel used for all these activities – but will more often be structural: agency responsibilities, the technical knowledge of staff, how paperwork is processed, how decisions are made, and who you need to speak to in a given situation.

Despite the difficulty of obtaining such knowledge, understanding how agencies work at this level of detail matters both for reducing stress and error in day-to-day practice and for delivering an acceptable service. As one participant who had recently been homeless said at a Review Day:

It would help if people assessing our needs could take more care with it. It takes time for me to explain what I want and find out if that is what I am getting. Sometimes I wish people would explain what is actually going to happen. [Our emphasis.]

We would argue that too often practitioners do not *know* what is going to happen, considering the act of referral to another agency as sufficient and assuming that responsibility for smoothing the process lies entirely with the other party. We suggest that failure to consider what one's agency looks like to outsiders – both practitioners and service users – represents a serious omission that hinders proper engagement with clients.

What can we conclude from all this?

- It is difficult, and sometimes impossible, to convey the subtleties of process information without personal contact between practitioners.
- Practitioners need to be prepared to *ask* for the details of a service and if necessary ask apparently naive questions.
- Agencies and practitioners need to be prepared to *explain* in some detail how their agency and associated systems work.
- While homelessness agencies will generally be familiar with available resources, they may need to remind themselves that colleagues in sectors with irregular contact with homeless people may not know about them or understand what they are like.

4.2 Learning to work together

At the start of the project it was expected that conflicts and snags would arise preventing the development of a fully cooperative service, and attention was therefore paid to establishing a robust management structure, with a monthly Steering Group, a six-monthly Policy Group, and regular Planning and Review Days for managers and front-line workers. Expectations of conflict were even built into the choice of participating agencies, with one of the perceived functions of voluntary sector housing advisers being to act as advocates in cases where there was conflict with statutory housing services. In practice this rarely if ever occurred, though this may have been because the local authority was represented by housing advisers, rather than the hoped-for homelessness caseworkers directly responsible for statutory assessments.

One of the expected functions of the Policy Group of senior managers was to push through any adjustments in their own agencies that were needed to make the system work. This turned out not to be necessary. While this may partly have been due to the project failing to expand sufficiently to warrant such interventions, it seemed to have been primarily because conflicts that did arise were resolved either by the Steering Group or by practitioners themselves.

Resolution was achieved by the agency receiving a request to amend its service explaining, sometimes at some length over a series of Steering Group or other meetings, why the hoped-for development could not be provided and, particularly later, participants thinking through the advantages and difficulties of proposed new arrangements from the point of view of colleagues and of clients.

An example of the former, considered by the Steering Group, is provided by the following:

One of the day centre managers hoped that new outposted services could be developed at the day centre itself, with: a) the Benefits Agency processing applications up to, and at one point including, payment; and b) the local authority Housing Department processing homelessness applications up to, and including, placement in temporary accommodation. In each case it was established that neither would be possible: what appeared to be a simple process of assessment to outsiders turned out to be a complex series of actions involving several staff.

These discussions were spread over two or more meetings, with the debate providing a detailed insight into how each organisation functioned. Similar processes could be observed during the Under One Roof sessions involving front-line staff, with differing expectations again resolved by explanation:

A client had gone part way through applying for a change in his benefits and then, due to illness, missed two appointments for the interview needed to complete the application. An outreach worker asked his Benefits Agency colleague if the application could be restarted where it ended, avoiding the anxiety, delay and loss of benefit likely to be created by completing a fresh application form. He also asked if a routine procedure could be established for similar cases. The Benefits Agency worker made it clear not only that he could not process a claim in this particular way, but also explained why this was so – principally because of the strongly rule-based nature of an organisation processing financial assessments at high volume and the consequent limited

discretion open to Benefits Agency staff compared with other disciplines. In this case, the client had delayed his claim for too long and a new claim could not be avoided.

As understanding grew, practitioners were increasingly able to discuss among themselves the value and practicality of proposed new arrangements from the point of view of colleagues and of clients. For example, they later recognised independently that the special assessment arrangements proposed at the Steering Group were, anyway, less desirable than they might appear, being likely to generate queuing problems and to confuse staff and service users as to the best location to make a claim.

Some practitioners were inevitably more interested in the project than others – we later concluded it may have been better to select team members against agreed criteria rather than rely on nominations (Stern *et al.*, 2000) – but in general the broader task of developing teamwork proved not to be a problem. The initial casework groups both began to *feel* like a team within a very few weeks, seemingly independently of whether the service was working reasonably well, as at St Giles, or was failing to attract a reasonable flow of clients, as at North Lambeth Day Centre. Staff could be observed learning about each others' practice throughout the project and to be responding to this new knowledge.

Lying prominently behind all these developments was the series of six facilitated Planning and Review Days that began before direct joint work started and continued at between six monthly and annual intervals through the project. Over 70 managers and front-line practitioners were invited to these meetings, and between 40 and 60 attended. Meetings of this type are expensive in staff time, and there is a need to consider whether this investment was really necessary. We conclude that, while the project may have got by without them, the Review Days made a major contribution to the depth and probably the permanence of the alliances between agencies. Harries *et al.* (1999) in particular provided us with useful insights into the nature and value of such meetings. We had appreciated that people who do not normally meet were being brought together, that faces were being put to names and that sufficient time was being provided to allow participants to go beyond first impressions and establish new working relationships. But we had not initially appreciated that these sometimes repetitive meetings, with limited discernible

progression in understanding at the time, were quite characteristic of the kind of complex system with which we were engaged, and that meetings of this kind could be remarkably effective in enabling relationships between agencies to develop that are systemic, do not depend on personalities, and can last well beyond the life of a project of this type.

There were, however, some hindrances to cooperation. In the early stages it proved remarkably difficult to discover the nature and quality of some participants' practice. At St Giles this was resolved by reading their literature and reports, by questioning individual staff, and by looking at case files. North Lambeth Day Centre did not at that time have a consistent filing system and while they could supply simple data about users, they could offer little aggregate information about work done. Although we became knowledgeable and confident about some individuals' practice, this was not the case for the agency as a whole. We have been told that many managers and workers in day centres consider it impossible to keep records in such an environment. Our view is that while such an approach is acceptable in some situations, as long as the agency is clear about this to others, it is usually possible to adapt methods in use elsewhere that take the difficult conditions of a day centre into account. We understand that North Lambeth Day Centre is currently working on this.

4.3 Communication within and between agencies

Over the three years that it ran, Under One Roof was in a good position to observe the everyday traffic of meetings, informal discussions, telephone calls, document production and document exchange. This section reports on some of this. At its inception, the project was asked to consider the issue of confidentiality, usually regarded as central to communication and exchange. We were also able to comment on the conduct of meetings and, because communication often happens on paper, make some observations about client records. The project was again specifically asked to look for ways for developing practice in joint assessment, and following on from this we could make some observations about assessment itself – the starting point of all activities and of particular importance when responding to the needs of people for whom existing services and previous interventions have so far failed. Other issues we looked at were systems for providing feedback, some observed difficulties with the language in which undertakings

were conducted, and finally for this section one practical matter (we suspect of many) concerning location and distance between agencies that we thought of particular importance to some clients.

Confidentiality

It was reasonable to assume that, given the range of agencies involved with Under One Roof, some kind of difficulty would arise within the project even if we were uncertain precisely what this might be. In practice, concerns about confidentiality rarely caused obstacles to exchange, presumably because most interactions were occurring within a group that understood its collective function and could informally gauge the responsibilities and competence of its membership. Indeed, rather than encounter impedances to the flow of information, we noted that exchange often happened without formal client agreement, sometimes because the matter was urgent and client contact had been lost, but sometimes simply because practitioners had forgotten to ask or had no opportunity to do so, and it was thought reasonable to proceed and check later.

In addition to recognising confidentiality as an issue arising from the nature of the project, we were also aware it was a source of occasional contention in homelessness services, having heard several anecdotal accounts of voluntary agencies' (perceived) unreasonableness in withholding of information. More than once we heard of experiences where an agency had refused to provide information about a current or past client and, when pressed, admitted that they had no information anyway. While some of this may reflect a simple lack of experience or competence, it also suggests to us an uneasiness and lack of guidance about the matter.

Despite the importance attached to confidentiality, we decided not to waste time negotiating a detailed document with the agencies involved. We were aware that trying to do so could have a fatal effect on interagency initiatives and that the right time to do so was later (Greenberg *et al.*, 1992).

Instead, we constructed a simple draft policy that began with first principles – the reasons that confidentiality matters to clients – and went on to outline the essentials of good

practice. A form was also designed for use with clients, making it clear that this was best used at the point of referral. Rather than present a simple agreement to release information, the approach of this form was to separately identify various categories of contact: the immediate Under One Roof group, other agencies, and because of their special status – see i) below – medical contacts. There was also an option for the client to give specific instructions for the release and restriction of personal information. Most clients gave general agreement; a few wanted some kind of restriction but, with very few exceptions, this did not obstruct progress. The style of this form was later adopted by some of the participants for use elsewhere.

The policy was drafted this way after looking for something to copy directly from existing policies and failing to find it. Reading further, we were convinced that this caution was well founded. As Thomas (1989) points out, much of the literature on confidentiality in effect skates round the issue and fails to provide a coherent framework within which practitioners can comfortably work.

Our current view is that it has historically been difficult to construct policies that are easily shared and that offer sound day-to-day guidance because of the varied principles and approaches that lie behind agency practice. In the fields we were addressing these include:

- i) The established professions. These, principally for our purposes medicine and ancillary disciplines, have well-understood principles of confidentiality: it is normally accepted that when someone engages with a doctor, lawyer or priest they are putting themselves unreservedly into their hands (Hamilton, 1951). Written agreement is required only when an enquiry is made by someone outside the professional group, but when this is done it is taken seriously, not only for reasons of security but because later allegations of professional misconduct can be particularly damaging. It is for this reason that Under One Roof's information release form specifically asked for permission to contact medical staff rather than grouping them with other agencies.

- ii) Counselling. Some voluntary agencies offer counselling to a professional standard or are otherwise responding to exceptionally sensitive and painful issues. Counselling does not *work* unless absolute confidentiality is promised and there is considerable overlap with the relationships cited in the previous paragraph. We also suspect, however, that it may be the wide use of basic counselling training as a way to acquire a grounding in interviewing and working with people that has led to the application of similar principles in some agencies when the following approach is more likely to be appropriate.
- iii) Other welfare disciplines, such as social work. Although client privacy is taken seriously, with stress placed on confidentiality in various codes of practice (see, for example, British Association of Social Workers, 1996; College of Occupational Therapists, 2000) social work and similar disciplines have, in contrast to counselling, never offered absolute confidentiality: interagency work is and always has been an integral part of their function (Thomas, 1989). At first sight one might think that interagency initiatives could easily borrow from these disciplines, but there are at least two problems with this. First, agreement to contact appropriate services is usually obtained verbally early in the welfare worker's relationship with the client, and verbal explanation is often employed even when issues become contentious; where signed agreements to release information are used, there is no consensus on how they should be structured. Second, although codes of ethics give some guidance on good practice, they are outline principles only and responsibility for detailed interpretation is in effect devolved to the work setting and to the employer. The very local nature of such guidance makes them less accessible as a source for wider use.
- iv) Need to know. It is common for agencies to base their policies on the concept of 'need to know', curiously borrowed from the counter-espionage practice by which information about an *event* is restricted to those required to implement it. Although the notion translates reasonably well to stable groups of professionals in, for example, hospital settings where there is an implied consent to information sharing (Harbour, 2001), the increased involvement of non-professionals requires careful thought on a case-by-case basis. Applied to facts and hypotheses about clients it has

even less instructive value, and we suggest it is in essence tautological, perhaps offering some guidance for simple decisions but not where there is uncertainty or conflict.

- v) Statute and law. Some agencies have been directed by statute for some time, notably the Data Protection Act (1984), the Access to Personal Files Act (1987), and the Data Protection Act (1998), with its extension beyond the earlier legislation's focus on electronic data. Much of this legislation is, in effect, directed at the larger or more powerful organisations (we noticed, for example, that although most voluntary agencies allowed clients to see their files, unrestricted prior editing by staff was often permitted, which with limited exceptions statutory workers cannot do), but Article 8 of the Human Rights Act (1998) unquestionably establishes rights to private life that all organisations need to consider.
- vi) Finally, if only because formal rules cannot anticipate every situation where confidentiality will be an issue, most practitioners and agencies are guided by notions of reasonable conduct, obtainable both through introspection and by direct or indirect consultation with people at the receiving end. We suggest that what really matters to users is that:
 - Privacy is maintained and agencies do not discuss personal matters, sensitive or not, with family, friends or neighbours unless clear permission has been obtained.
 - Personal information is not distributed indiscriminately.
 - Sensitive information is only passed to people competent to understand and use it – a matter sometimes overlooked by homelessness agencies.
 - Some system is in place to prevent irrelevant material from their past following them about forever.

See, for example, Sugden and Skinner (undated) for a users' view on the last three points. Particular exception is taken to written material that concentrates on problems, confuses

fact with hypothesis and fails to recognise the whole person. Under One Roof was able to take these last points into account at its panel meetings (Chapter 2) and in the case conferences it ran for Contact and Assessment Teams (3.6, above); for example, making it clear in a footnote to the minutes that the record may range from fact to tentative hypothesis (we were particularly conscious that information in typed documents can sometimes be treated as fact when it is really a guess).

These various strands of principles and practice may seem daunting, but following Davis (1994), we are optimistic that despite differences between agencies it is both essential and, once grasped, not as difficult as it might appear to reformulate shared policies that properly reflect the complexity of necessary exchanges. We suggest the elements listed below are required for an adequate interagency approach.

a) A common release form (or reasonably common style of form) that properly allows *informed* client consent, offers a choice between options and avoids 'blanket releases' that are open-ended on matters such as the period covered, the information to be exchanged, and the reasons for the exchange (Davis, *op. cit.*). We note both the absence of such an approach among most homelessness agencies, and that our own draft form, while not quite meeting these criteria, approaches them closely. The form offers several options, there is space for the client's special instructions, and there are clear directions on the form itself requiring the interviewer to explain the alternatives available if the client finds the document hard to read or understand.

b) A policy that specifically addresses both confidentiality and information exchange – we suggest both in the document's title.

c) A policy that acknowledges and gives guidance about paternalistic action. By 'paternalist action' we mean any activity from guessing at a person's preferences without consulting them, to direct intervention against a client's wishes for their own or others' safety or because of a recognised lack of competence on their part (Van DeVeer, 1986). We suspect that agencies will be reluctant to refer to paternalism in written policy, but it is hardly possible to delimit and minimise such actions without naming them as such at some stage of discussion.

d) Most importantly, a policy that develops over time, starting with simple guidance on basic principles, and is amended as experience grows, so that a document of direct practical value as a reference document is available to practitioners. We were encouraged by reading at a late stage of the project that Under One Roof had been right not to spend time at the start on negotiating a detailed confidentiality policy for agencies to sign up to:

Perhaps the clearest advice we heard from successful collaborators is that working on confidentiality and information sharing should not be among the first tasks of a developing collaborative effort. Because the subject is complex and a mutually agreed upon approach for information is likely to entail compromises, it is important to have working relationships and commitment to joint efforts already in place. (Greenberg et al., 1992)

Under One Roof did not reach the stage where a mature policy, negotiated and renegotiated, had been produced, and indeed did not attempt to do so, but we are confident that such a document could be generated if required.

Meetings

Meetings are central to information exchange, and although the project did not set out to look at practice, there were occasions when it encountered difficulties. These included:

a) Staff in more than one voluntary agency said they could see no advantage in discussing clients in an interagency group because they had meetings about clients already. While this to some extent made sense – discussion is time-consuming and unnecessary duplication clearly needs to be avoided – we found it hard to identify the nature and depth of discussion. Practitioners seemed to lack the language necessary to articulate what they actually did in meetings, and managers seemed unaware of the strengths and weaknesses of the various meeting formats and styles available to them.

b) One or two statutory agency staff made similar comments, though because their own meetings are often prescribed by government directive or guidance their nature was easier to determine: if not already understood, they could easily be described. Mental health

workers, for example, could explain who might attend a Care Programme Approach meeting and the kind of topics they commonly covered, and could show us the kind of documents they generated. It was easy enough to distinguish genuine duplication from situations where there may still be advantage in our proceeding.

c) A few comments from practitioners indicated difficulty understanding the different approaches of other agencies to meetings, with one agency, for example, regarding another's failure to attend as 'not bothering', when a more likely explanation might be that the agency genuinely had no time to do so. Under One Roof was particularly conscious of the absence of hostel staff from our meetings, who often know the client best but because of their principal responsibilities and rota commitments find it hard to get off site.

d) On the other hand, we also encountered instances when agencies missed vital Care Programme Approach meetings, despite strenuous attempts by the mental health team to make it as easy as possible for them to take part, including arranging to meet at the defaulting agency's premises. At best this is a management error requiring urgent attention; at worst it suggests a misrepresentation by the agencies concerned about the nature of their service and their approach to collaboration.

e) We noticed (particularly at panel meetings) how unused many practitioners were to describing what hostel, day centre and other services were actually *like*. Discussion was often about availability rather than, except in very general terms, suitability. It was sometimes similarly difficult to obtain rounded descriptions of what *clients* were like, beyond a list of problems and behaviours, though this improved as time went on.

Meetings are part of the technology of welfare and we place particular stress on the need to promote the development of meeting skills. This is not the place to present detailed advice about this – plenty of training and written guidance is available – but based both on our observation during the life of Under One Roof and on the final evaluation (Randall and Brown, 2000) we suggest the following be considered:

- i) Attention is paid to best practice in the conduct and recording of meetings. We lay particular emphasis on providing adequate but not excessive time for discussion, on having a clear underlying structure and agenda, and on having a regular chair and minute taker (we deprecate the practice of rotating responsibility for this, suggesting instead the appointment of deputies to cover absences).
- ii) Some agencies need to place greater emphasis on good timekeeping and prior preparation.
- iii) Agencies are open about the nature and depth of discussion, and recognise the need to describe this to others (best demonstrated by describing the time allocated to each client and the product of the meeting – a decision, a paragraph in a client list, detailed minutes about an individual client, a form completed).
- iv) There may be value in agencies that commission services, and agencies that provide them, defining how meetings are to be conducted when specifying the service offered.
- v) Agencies acknowledge that where discussions cannot be held because of resource limitations or because they have no formal responsibility for doing so, the need nevertheless remains, and that they constantly revisit the issue.

Client records

The project offered an opportunity to examine the client recording systems of most participant agencies, a matter of importance if clients are to feel they are being taken seriously and mistakes are to be avoided.

Varying standards in recording systems

Unsurprisingly, statutory and other well-established agencies tended to have stationery better designed for the task and to have superior systems for processing records in place, having had years to adjust and polish their documentation in the light of experience,

although even in established organisations we occasionally came across forms whose poor design made it hard to enter, process or extract information.

Surprisingly, common omissions encountered in written records was the date of entry, the worker's name and, in multidisciplinary agencies, their discipline or job title, making later interpretation difficult. Most of these problems can be overcome by designing stationery with more care or, for the date problem, displaying the date prominently on the office wall.

One voluntary agency had a particularly inadequate recording system, with the choice of style and depth – and indeed of making a permanent record at all – left to individual staff. This agency and two others we encountered also failed to provide the basic materials required for the management and security of files: the absence of hole punches, for example, meant that the sequence of documents was easily lost, it was harder to notice omissions, and potentially sensitive documents could easily become separated. Responsible agencies should arguably hesitate to provide sensitive information in the first place if basic security precautions are not observed.

Records not constructed with exchange in mind

It was noticeable how the design of many organisations' stationery assumed that paperwork would remain within the agency – no doubt an oversight in some cases, but also indicating that interagency cooperation is not given the consideration that it requires. Under One Roof was, for example, sometimes uncertain where notes and assessments stored in its own files had come from. If agencies put their name or logo on the first and preferably every page of their stationery, this would immediately identify the source and indicate the author's involvement with the client.

Joint assessment

One of the project's planned outcomes was 'progress towards joint assessment of clients across agencies' (Under One Roof, 1997). The setting offered an excellent opportunity to explore the possibilities of this, but practitioners also found themselves struggling with

what it actually meant. Could we really get all the relevant agencies contributing to a comprehensive plan for further action? Could we construct a document to which all agencies might contribute? Or did this just mean paired agencies interviewing a given client? Were our panel meetings joint assessments? Without some clarity about this we would be unable to measure changes in practice or to pass our experience on to others in a coherent way.

Taking the simplest of these – two agencies interviewing the client at the same time and reaching some kind of shared conclusion – we found that this occurred on a minority of occasions and that although practitioners became adept at working with colleagues from other disciplines, it was difficult to establish anything like a routine joint interview. As a housing officer from Lambeth put it:

Doing a joint interview with the social worker is interesting – I am picking up more and more about how she works – but because we have to ask different questions and in a different order, we usually end up interviewing the client twice: I sit through the social worker's bit, then she sits through mine.

If both had been asking simple administrative questions then it may have been possible to negotiate an order acceptable to both, but this task becomes massively harder once differences in the necessary depth of questioning, variation in the logical flow of narrative when discussing different issues and the need for precise wording in some statutory assessments are taken into account.

On the other hand, there were occasions when a joint interview enabled a breakthrough that might otherwise have taken days or weeks to resolve. In one example, the housing adviser from Shelter was interviewing a client whose account was increasingly hard to follow. She asked a mental health worker to join the discussion, who was then able to establish that the client had a learning disability. A plan for action was made, with Shelter and St Giles taking the lead and relying on advice from the mental health worker about the effect of the client's disability on his prospects for housing. This might properly be regarded as a joint assessment.

Later, with the development of multiagency panels, we wondered if this was the joint assessment we were looking for. Some agencies such as the Scottish Office (1998) use this definition, regarding joint assessment as a multidisciplinary meeting, though that report also speaks of 'social work coordinated joint assessments' in which the social worker looks at housing, health and social care together when assessing a person's needs. The detailed documents produced during the period working with Thames Reach's Stamford Street Hostel (2.1, above) probably matched the latter interpretation.

We also saw some excellent examples of stationery which invited several disciplines to complete their own sections for assembly into a comprehensive analysis (see, for example, Lewisham and Guy's, undated), and for a while wondered if we might devise something similar. In the end we recognised that, while this may be appropriate in a well-defined sector such as acute mental health, it was unlikely to be routinely useful in a field where needs, combinations of necessary disciplines, and agency responsibilities and skills vary so widely from client to client.

We eventually decided that the notion of 'joint assessment' was less helpful than it might seem. The meaning of 'assessment' differed according to the discipline concerned, and 'joint' implied a degree of collaboration that was rarely achieved or, usually, needed. What really mattered was that the natures of these various assessments were understood, their values recognised, and their contributions taken into account in continuing work.

It may be better to speak of 'combined' assessments when agencies consciously pool information and construct a written plan, of 'joint work' to cover more general activities that may or may not result in written assessment, and of 'joint services' when a more formal collaboration is presented to the public.

Problems with assessment

Thinking about joint assessment drew our attention to the nature of assessment itself. It occurred to us that some agencies' ability to communicate was restricted because they had little to communicate *about*. Some agencies made no assessment of any depth even when thoroughness was indicated; others used methods that were to some degree

inappropriate. We realised that there was surprisingly little training on this subject available to the voluntary agencies taking primary responsibility for homeless people, and that what there was concentrated on assessments of needs, borrowed from Community Care practice, and assessment of risk. By examining client case records and from discussion with staff and managers, we similarly noticed in several voluntary agencies that there was a poor, or at least an inconsistent, grasp of the nature and practice of assessment and that three problems seemed to arise from this.

Dominance of eligibility-based assessments

Little conscious distinction seemed to have been made between the eligibility-based assessment dominant in income support, housing and some welfare services, and the analytical approach required in medicine, nursing and most areas of social casework (Jones, 2000). Some agencies – notably hostels, though it was seen elsewhere – commonly based their assessments on the five-year housing histories often used on referral forms in presumed emulation of the eligibility evidence used in homelessness legislation (DETR, 1997, 1999), thus potentially missing analytically meaningful events in clients' lives.

Interest in standard assessment forms

Currently, there is considerable interest in the development of standard assessment forms for use across the voluntary sector, but after observing some of the difficulties these present we have come to doubt the value of this approach. We learned that the Lewisham and Guy's form that we had admired (see Joint Assessment, above) had taken two years to design and that its replacement was taking longer. Even among a short list of statutory agencies and with a clearly defined client group the matter is clearly not straightforward. Similarly, a community nurse reported at one of our Review Days how, in a previous job, she had been involved in work on a common form for over four years; the agencies were still at it when she left.

Difficulties we can see are:

- Forms of any complexity are inherently difficult to design, even for use within one agency. Fine details of layout and the use of rulings and white space have a major effect on compliance with requested information, and the best order for putting information in, perhaps at an interview, is not necessarily the best order for accessing it later. Good forms – for example those used by the Benefits Agency and, on a different scale, those used in the START mental health team – are often the result of amendment and improvement over several years.
- Agencies often have special requirements for the order of questions. There may be particular competition, for example, for space on the first page for display of key information. Agencies that use the form as a source for database entry will usually want the question order to match that of their database fields, making it harder to make changes required for other purposes.
- The nature and depth of involvement with clients often differs between agencies, even when offering apparently similar services. This is unlikely to change in a sector where difference is particularly valued and it is innovation rather than application of tested practice that often attracts funding. These differences influence the kind of information and the level of detail required.
- Agencies and professions differ considerably in their preferred style of recording: medical workers often use a terse, abbreviated style, while social workers prefer narrative, and housing workers, particularly in the statutory sector, use brief statements.

Despite these doubts about common assessment forms, we are nevertheless optimistic about the possibility of *convergence* in the structure and design of assessment stationery, with administratively and analytically helpful procedures gradually replacing those that are not, and a repertoire of good practice building up for adaptation to local requirements. Aspects of the stationery from Lewisham and Guy's referred to above have already been adapted for use elsewhere, and we were impressed by the comprehensive form recently

produced by a consortium of agencies (Homeless Multiple Needs Partnership, 2000) which, if properly used, is likely to contribute to improved practice in some settings. All this requires agencies to think actively about their needs, to look critically at their own and others' methods and to be open to sharing ideas and, since the process must be a continuous one, may best done with the assistance of a permanent coordinating agency.

Partial assessments

Some of the assessments we observed in hostels and day centres covered comparatively short periods of the client's life, commonly beginning a few years before arrival and drawn from information provided at referral, and containing an attenuated account – and sometimes no record at all – of the client's life before becoming homeless. While in some cases it would be inappropriate or offensive to ask for such personal information, in others failure to do so risks responding to a stereotype and treating the client as if he or she has always been homeless. The physical descriptions and personal histories commonly encountered in social workers' reports or, for example, psychiatric discharge summaries, are recorded not only to identify past events that have a bearing on the present, but to give the recipient some feel for *who* the client is. Homeless people would rightly be infuriated if asked to give their life history whenever they moved to a new hostel, but increased collaboration between agencies can quickly overcome this problem and provided that records are accurate and well constructed will be welcomed by most clients.

Of course, Under One Roof also encountered many examples of good practice. Lambeth Social Services' Homeless Single Persons Team produced thorough and detailed Community Care Assessments that provided rounded pictures of the client, enabling the voluntary agencies in more regular contact to plan a confident response to presenting difficulties, whether or not council services were eventually obtained. Similar material was also available from the START mental health team. Some of the records at St Giles Trust provided similar detail, though the high volume of clients restricted the number to whom they could offer this approach. Many aspects of the recording systems used in Thames Reach's Stamford Street Hostel were well designed, but the information was sometimes not properly collated and summarised, and there were occasions when we

found valuable details buried in old files. We understand that this has now been rectified, but it reminded us how valuable observations by residential workers could be and how easily this can be lost or not passed on.

How can we improve matters? For the voluntary agencies providing day-to-day services for single homeless people, we suggest:

- Developments in training that address the principles of assessment and, rather than promoting one method, offer a battery of techniques. The Homelessness Training Unit has already arranged a seminar on this topic in association with Under One Roof.
- Debate about and training on the design of recording systems and recording stationery. Rather than search for a common format through committee, it may be more effective to set up a good design competition in emulation of the Plain English Campaign.
- Development of exchange mechanisms to make best use of available assessments. Community Care Assessments, for example, alongside their primary function of establishing eligibility for local authority services, often provide detailed accounts of the client to a standard that other agencies cannot match. Making greater use of these would require guidance on good practice, ensuring, for example, that receiving agencies had knowledgeable supervisory staff and that certain kinds of information were restricted, but the current system of repeated and sometimes low quality assessment is unacceptably wasteful.

Systems for reporting back about outcomes

Under One Roof received several requests to include, or improve, systems for feeding back the outcomes of client work to the person making the referral. While most requests were for immediate practical purposes – usually one agency wanting to know what another had achieved so that it could continue its own work – a social worker also pointed out how valuable such feedback was for maintaining her own standards and job

satisfaction. She was often frustrated by carrying out work with a client without discovering how effective this was in the long run.

Despite the strength of this interest and despite efforts to find a system for routine application, progress with this was limited to specific and restricted areas of work including: a) feedback arising through the routine data collection required for project evaluation; b) annotated lists provided for the host day centre at the end of each Under One Roof session summarising the work done; and c) verbal reports to meetings.

We would not be the first to point out that routine feedback is inherently hard to manage and impossible to perfect, particularly given the number and variability of potentially interested parties and the indistinct boundaries between hard, soft and ephemeral information. Given the importance that many practitioners place on feedback and the difficulty it inevitably presents in practice, we suggest the best approach is to:

- Continue to place primary responsibility for collecting information with the client's keyworker. Although practitioners should clearly do their best to do so, we doubt if a reliable system exists – outside formal meetings – for routinely feeding information *towards* keyworkers and other lead staff.
- Attend to the written outcomes from meetings, reviewing from time to time the format in which they are presented, the input required to produce such documentation, and the use, if any, to which they are put.
- Attend to the design and structure of client records and their suitability for both inserting and extracting information.

Difficulties with language

We regularly encountered instances where apparently technical terms were used without shared agreement on what they meant. It proved difficult, for example, for Under One Roof to discover what was meant locally by 'resettlement', a key service that should properly involve the successful establishment of a home and consist of much more than

a move to new accommodation (Deacon, 1999). In some agencies this indeed meant a comprehensive service, but for others it meant rather less, with initial home visits quickly replaced by the offer of office-based advice, and for some it simply meant obtaining a bed for the night. It often required careful questioning to establish precisely what was on offer. Randall and Brown (1999) offer further evidence that this difficulty is widespread.

'Keyworker' caused similar uncertainty. Some agencies use it with the original meaning first developed some 20 years ago in residential social work – 'a member of staff with the prime responsibility for ensuring that a resident is looked after *in all aspects*' [our emphasis] (Centre for Policy on Ageing, 1996; see also Residential Care Association, 1978) and later in mental health under the Care Programme Approach (Department of Health, 1990). Others give it a more restricted meaning in settings where supported housing management is the dominant model, and yet others, as indeed Under One Roof did in its initial months, use it to indicate responsibility while failing to define very clearly where that responsibility begins and ends.

These uncertainties continue to be added to. We note, for example, that 'meaningful occupation', a term long used in Occupational Therapy specifically to signify social and recreational activities with meaning for the *client* (Creek, 1997) has recently been adopted in government policy on rough sleeping to signify services directed towards employment (Rough Sleepers Unit, 2000), a matter no doubt of importance to many clients, but also one suspects to others.

Does this really matter and is there anything to be done about it? We think it matters because we encountered instances of gross misunderstanding that led to potentially serious neglect. For example, staff in one organisation thought their managers had commissioned an agency to provide a comprehensive resettlement service for a group of people with acknowledged serious problems, while staff in the agency itself were clear that they could offer little more than basic initial assistance.

Looking more closely at language also alerts us to the possibility that the situation of homeless people is not properly understood or at least that there is less agreement about the nature of problems and solutions than might at first be apparent. Rojek *et al.* (1988)

argue that language tells us a great deal about the relationships between agencies and between the agency and the person receiving the service. One of the examples they offer that is pertinent to our own work is the term 'NFA' – no fixed address – which they suggest signifies much more than a particular housing status, having parallel meanings, albeit unstated, that imply a lower level of interest among welfare agencies towards the people so described.

'Resettlement', we suggest, while seemingly the name of a particular welfare practice, has strong resonances in many quarters with authoritarian notions of 'doing something (anything) about the visibly homeless' or 'stopping people idly wandering about'; it has after all also meant forced migration and worse in the recent past. Another term that might alert us more directly to a limited empathy with homeless people's situations is hostel 'dweller', encountered in journalistic but sometimes official accounts – an expression usually only applied to people living in conditions that are poorly understood or merit positive disapproval. We might also consider how often we hear observations that homeless people 'choose' to sleep rough – while the rest of us decide not to.

Although this helpfully alerts us to relationship problems, we are not suggesting that language is (necessarily) changed unless it is clearly hurtful to clients. Social meanings will still attach themselves to the new terms. We are also aware that the scope for more precise definition of even technical terms may be rather limited. An amalgam of services, approaches and methods lacking the coherence of an established discipline can hardly be expected to agree on what their terms mean, particularly given the variation of standards and resources encountered from agency to agency. Even terms for concrete facilities such as 'day centre' or 'hostel' have a wide range of meanings for service users and practitioners depending on how they are managed, in a way that more established services such as 'hospital', 'surgery' and even 'residential care' do not.

On the other hand, such opportunities as there are to minimise confusion need to be taken: if agencies do not address this, errors will continue to be made, often one suspects without anyone noticing or with clients blamed for the resulting failures. While we recognise the other factors to be considered when choosing a term (the value of metaphor,

the need to avoid offence or stigma, the need to impress funders) we suggest that agencies:

- try to adopt terms that describe what is actually done
- avoid employing terms already in use for other purposes, particularly if those purposes are close to, but not the same as, the service or practice being named
- perhaps most importantly, learn what other interpretations might be put upon the language they use, ensure staff can define terms and describe their own service concisely, and ensure that the local interpretation of words with multiple meanings is made clear in written material.

Overcoming distance and transaction difficulties: expanded capacity for escorting clients to interview

A set of problems that homeless people often face is the distance between services, combined with uncertainties about how to negotiate the required response once access to the right agency has been gained. Having accepted during the casework phase of the project that Under One Roof could not always provide the complete on-site service originally envisaged, we began to recognise the limited capacity within the system for escorting clients to interview elsewhere, and became aware of the considerable barrier that the lack of advocacy at interview creates for gaining access to housing (Lidstone, 1994) and other services.

Robinson (1998) describes how exceptionally hard many people indisputably in priority need for housing on health grounds can find it to identify that there is a health question to be asked in the first place, negotiate an interview, and put across the nature of the problem. This certainly matches Under One Roof's experience. In one case at St Giles Trust, the housing adviser from Shelter went with a severely depressed man for a housing interview and needed to intervene when he said he had no health problems; he was later housed. Similarly, the Under One Roof coordinator took a man with a learning disability for interview in Brent, after two attempts of his own when he had said he had no health

problems. He was housed temporarily but, despite correspondence from a social worker, was discharged the following week after again saying he was fine, and returned to sleeping rough. In a more successful case in Lambeth, a refugee who had been assaulted and raped by local officials in her home country and now had symptoms of post-traumatic stress disorder was accompanied to interview by Under One Roof's administrator. There were several men in the waiting room when they arrived who clearly made her feel uneasy, and if she had been alone she would have left. She was placed in carefully chosen temporary accommodation and now has a flat.

Some issues of interagency coordination are not concerned with relationships but with helping clients to negotiate the physical space between them. While escort and advocacy work of this type is clearly part of some practitioners' work – we were impressed, for example, by the occasion when a practitioner from START quickly arrived to take her previously missing client to the housing office when we came across him – we are also aware that many do not have time for this often lengthy but essential activity, and suggest greater recognition of this need.

4.4 Administration

We have been able to consider some of the administrative aspects of interagency work not already covered under previous headings.

The system devised for the first phase of Under One Roof described in Chapter 1 was a simple one. A common file for use by all agencies was considered, but this was certainly not practicable for a part-time service and would have been hard to construct even if it had been full-time. Instead, a simple Under One Roof file was used containing referral and data collection forms, photocopies of individual agencies' partial case records when necessary, and usually brief notes completed by the Under One Roof coordinator and administrator and, later, other agencies as they became used to it. Files were colour coded to indicate the locations where the client was seen, and current and recent records were carried to each session – possible because files with rare exceptions were not bulky.

The project also provided an opportunity to look at and compare other systems, and a collection of over 40 assessment and other forms was eventually assembled. We saw some excellent examples of administrative responses to problems and needs. We have already cited the various on-line and paper information systems provided by Resource Information Service and were similarly aware of the Rough Sleepers Register and other systems managed by Housing Services Agency. The fax-based alert system by which Homeless Mentally Ill Initiative Teams notified each other of missing clients impressed us, particularly as implemented within the START team, where notifications from elsewhere are routinely entered in their database.

But despite the obvious awareness of administrative needs and these examples of appropriate responses, we rarely heard discussion about administration as such, perhaps because administration is so often confused with bureaucracy (with its pejorative rather than its organisational, Weberian meaning).

We also observed some difficulties, which we can classify as follows:

Failure to attend to basic administrative requirements

It has been pointed out before (Randall and Brown, 1995) that standards of client record keeping in voluntary agencies in this sector are often low. While there may have been some improvement since that report, it was noticeable in some agencies how frequently their records omitted essential information and provided no real account of their involvement with the client. Staff usually said that they had no time to keep records or were unable to make notes away from the office. Police officers, estate agents, engineers and countless others routinely manage this, and we do not see why lower standards should be acceptable when providing services for people in serious difficulty. Without reasonable records it is inevitable that practitioners will lapse into stereotypes and unwarranted assumptions, overemphasise deviant behaviour and under-record their clients' positive characteristics and, subsequently, make poor decisions on their clients' behalf.

This problem may be the result of commissioning organisations setting targets unrealistically high or failing to specify adequate standards, or may be because local managers have insufficient technical knowledge to establish and monitor standards of good practice. Either way, this is a management failure requiring urgent attention.

Underuse of existing resources

We noticed how often agencies miss the potential provided by modern information technology. We saw few agencies, for example, using word processor templates to format correspondence and records or to generate on-screen forms.

Some organisations seemed exceptionally cautious about using the Internet, and if they did have access to it, offered no training to enable staff to make best use of it. Our view is that this is a false economy: costs are trivial provided basic precautions are taken, and offer considerable savings in time over traditional methods of obtaining advice and information.

Lack of resources

Independently of these, some aspects of administration are often underfunded in the voluntary and, sometimes, the statutory sector. Experience in the latter part of the project, when conducting case conferences for Contact and Assessment Teams, indicated the extent to which agencies lacked the resources to service meetings. We note that in settings where the conduct and recording of discussion is seen to matter, it is unquestionably part of someone's job to make those records, time is properly allocated to the task rather than expecting staff to look for gaps in their other activities, and the work is regarded as a skill rather than a chore.

4.5 A further gap: missing out on learning disabilities

Finally, an omission that frequently came to Under One Roof's attention was the limited capacity of services to respond to the needs of homeless people with learning disabilities or associated behavioural problems. Disabilities often went unrecognised or unrecorded,

and agencies seemed uncertain how to respond to them if they did know. Just over 6 per cent of clients interviewed or discussed in any detail were identified as having a learning disability, but because we did not actively assess every client this is almost certainly an underestimate.

Getting a real figure is difficult, quite apart from problems of definition. Some questionnaire surveys have produced very low figures, presumably because many interviewees were reluctant to volunteer the information and others were hard to interview. The survey of single homeless people by Anderson *et al.* (1993), for example, reported between 1 and 4 per cent with a learning disability. On the other hand, Stark *et al.* (1989) found that between 11 and 17 per cent of the residents in the emergency hostels they examined had attended 'special schools', most of which will have been concerned with learning disabilities or major behavioural problems; and there will have been others who did not attend such a school but nevertheless had a disability. Simons (2000) in his recent study of adults living in the community without help from specialist services quotes Australian research estimating the percentage of homeless people with learning disabilities at between 9 and 18 per cent (Hill, 1998). Putting these together, it seems likely that a tenth and quite possibly more of many homelessness agencies' clients will have a learning disability that at earlier stages of their lives has justified intervention by specialist services.

An example encountered by Under One Roof is furnished by the following:

Mr F, a man in his mid-twenties, had just lost a tenancy in a medium-term hostel following repeated damage to his room and aggressive behaviour towards neighbours. He was now missing. No difficulty had been apparent when he was accepted by the hostel, and there were no difficulties in other settings, even at the time of this destructive behaviour at home. The mental health worker at Under One Roof identified that he had a learning disability, though this was almost missed in the first interview. Later investigations established that this man had lost a series of tenancies and hostel places following similar behaviour, sometimes with his disability known and at other times not. We learned that he had received special education in a nearby borough a few years previously, but

records about his disability had now been destroyed. Social services in a different borough had been involved when he was an adult, but the only report available related to immediate presenting problems and offered little guidance to others. Under One Roof decided to consolidate available information. Detailed description from the hostel combined with advice from others who knew him led to a conclusion that this behaviour occurred when the client was left unattended for long periods, and recommendations about suitable and unsuitable future placements were drawn up. An alert was circulated to the various homeless mental health teams and the details forwarded to the team that eventually found him sleeping rough in another part of London.

We are not suggesting that all homeless people with a learning disability need special attention, but this and other examples have been enough to convince us that where there is such a need it is often missed. Through lack of training and access to advice, staff are often working with a layman's understanding of the disability. Day-to-day difficulties are likely to be aggravated by the following problems.

- Being misled by terminology. Most people with learning difficulties that practitioners are likely to meet will have a mild disability. Some workers fail to realise that 'mild' encompasses a wide range of conditions, some of which put the person at considerable and lasting risk. 'Mild' is a clinical term and does not mean 'trivial'.
- Most people with a learning disability do not bring up the issue in public, either through limited insight into their own condition or because they have been taught or discovered through experience that it is inadvisable to do so.
- Compared with other disabilities and illnesses, there are few socially acceptable ways to bring up the topic in routine interview. Euphemisms such as 'nervous breakdown' or 'stress', available when discussing mental illness, for example, are not available in this context, and the simple and direct questioning likely to be appreciated by people with an intellectual impairment may feel patronising and offensive to those who do not.

- Some practitioners may be aware of the limitations of measures such as IQ and mental age, and either become confused about their applicability or reject them altogether, regarding them as stigmatising and unhelpful. While this may be appropriate in some settings, we suggest it both overlooks the seriousness of any homeless client's situation – perhaps arising directly from their disability – and impedes the proper planning of services to prevent recurrence.
- Limited interest from statutory agencies and limited experience among their staff. Statutory agencies such as local authority social services departments have limited interest in people with mild disabilities, often rejecting anyone with an IQ over a set level as ineligible for assistance, even where there are manifest behavioural problems or where, say, autism has been identified (Thompson, 2000). As a result of this, even specialist social workers may lack experience of working with people with mild disabilities. While some may be a useful source of advice, this will not necessarily be so.
- There are often problems with obtaining the diagnoses and assessments that are normally required if the provision of a service is even to be considered. If material assembled in childhood is unavailable, the process is time-consuming and there can be long delays in arranging appointments for assessment.

How can services respond to this?

- i) Day centres, outreach teams, hostels and housing providers need to acknowledge the presence of a substantial minority among their clients who have learning disabilities, and to build this into their service planning.
- ii) More training about learning disabilities needs to be made available, perhaps with an emphasis on communication skills, and staff that have completed such training need to remain identifiable within their organisations so that they can be called upon when, for example, a client interview is required.

- iii) Agencies need to ensure in advance that they have ready access to advice from specialist agencies to allow an appropriate response to more complex problems. Because specialist learning disability agencies vary in their approach and focus, written material such as service level agreements may help to clarify their value to clients with mild disabilities.
- iv) When clients with learning disabilities move into ordinary tenancies, nominating agencies should ensure that landlords and tenancy support services are properly informed about the disability. Even if support at home is offered, this is often not sustained in the long term, despite initial intentions to do so. If rent or management problems arise perhaps years ahead, a reminder that their tenant is not necessarily culpable can make the difference between continued housing and further homelessness.

Chapter 5

Putting it all together: principles for action

Despite considerable interest in collaborative work over the last two decades, a minority of such exercises in the homelessness and broader welfare field have produced tangible improvements over existing services. While most can claim improvements in communication and understanding, measurable improvements in client outcome are less common (Hudson, 1987; Oldman, 1997). Under One Roof fitted this pattern, demonstrating little improvement in the speed or effectiveness of response to clients' housing, health and income needs over previous practice, despite the satisfaction of many participating staff about other aspects of the service.

On the other hand, despite starting out with formal targets for improved productivity, we had been aware from the beginning that the strengths of the project were likely to show up in other ways. Not only was our project constructed on a small scale, running for less than one full day a week, but there were substantial gaps in the whole system in which we were working – gaps that would be at least as likely to trip up or fail our clients as any failure on our part – and we made this clear in our interim report (Stern *et al.*, 2000). We knew, for example, that the issues we were trying to tackle did not lend themselves to simple technical solutions, and indeed that what was originally conceived as a problem lying with the client (there was much talk initially about people who were 'chaotic' or 'not in touch with services'), and with difficulties of access, actually lay in the system as a whole, and that problems and solutions varied from person to person.

Observations about some of these technical and system problems are scattered throughout this report or are listed in the Executive summary. The Executive summary also presents three proposals for following on from Under One Roof, drawing on those observations and on the direct experience of interagency practice particularly in the latter part of the project. These need not be repeated here; instead, this chapter pulls together some of the underlying principles that seemed to matter during the life of the project. We saw a particular need to:

Understand the need to work together

It is self-evident that in a situation where people in serious difficulty have more than one problem to deal with, agencies responding to those needs must collaborate from time to time. While in some circumstances straightforward communication or a simple request for a service will suffice, a service that properly meets clients' needs is unlikely to be generated unless agencies properly work *together*. As Under One Roof observed when it was part way into the project:

The challenge has shifted from enabling voluntary sector clients to access statutory services to finding the most effective ways of sharing information and working together, acknowledging the different contributions to a collective endeavour. (Stern et al., 2000)

For this collective endeavour to be fully effective there is a further requirement that needs special prominence. Because chronic homelessness is so often the end result of repeated failures by ordinarily competent services, agencies and practitioners need to be prepared to work at the edges of their responsibilities.

Because each individual [agency] cannot meet all the needs of all its participants, successful programs have also incorporated some type of collaborative component and find mechanisms to circumvent professional and bureaucratic boundaries ... no one tells a client that 'this may be what you need, but helping you get it is "outside our jurisdiction" or "not part of my job"'. (Schorr and Schorr, 1988)

Under One Roof was able to observe evidence of this flexible approach time and again, and cannot imagine real cooperation happening without it.

Understand that people will fail to understand

Some of the difficulties encountered when trying to develop constructive links between services arise simply from a failure to understand the nature of homelessness, not through

simple ignorance or lack of sympathy with people in difficulty, but because for most people this is a situation that is particularly hard to grasp in any depth. While most people will have direct or indirect experience of poor health or unemployment, few have been forced to sleep rough for any length of time or will know anyone socially to whom this has happened. First-hand accounts of rough sleeping often describe how very quickly one comes to be seen as a homeless person and little else (see, for example, Wilkinson, 1981 and Jack London's disturbingly similar 1903 account). It is doubtful if helping agencies are all immune to the kinds of oversimplifications that follow from this lack of familiarity.

Things are little easier at the theoretical and policy level either. As Pleace (1998a, 1998b) has pointed out, there is no *single* social problem that can be described as homelessness:

Rough sleeping is best understood as a set of consequences that arise when a diverse range of individuals, for a diverse range of reasons, are unable to participate in social and economic relationships and, crucially, cannot get access to assistance.

Because of this difficulty with defining the problem and, consequently, the solution, there is a continuing risk of plausible but mistaken plans being adopted both for individuals and for homeless people in general, and careful scrutiny is required to minimise error.

Understand the complexity of the system

Most readers will already be aware of the prevalence of health and other problems among homeless people and of the range of services available to respond to these and more mundane needs, some set up specially and some available to the population as a whole. Agencies are inevitably in contact with each other, or ought to be.

But what is special about the situation of many homeless people is their mobility, not so much because they wish to move about (though this is no doubt the case for some) but because the scattered nature of services and the insistence of others that they move on force it upon them. This presents particular difficulties in London, where administrative

areas are small, and adds considerably to the complexity of the system to be negotiated, with even statutory agencies differing in the volume and style of available resources and in the interpretation of legislation and guidance. Voluntary agencies vary even more. Without an understanding of this complexity, it is unlikely that the reasons for failure, and hence their solution, will be recognised.

Understand how agencies appear to people who use them

While the distinctions between agencies and the internal relationships within larger organisations may be obvious to those that work in them, these will often be far less evident to people using the services. The START mental health team, for example, found a surprising number of their clients who thought their psychiatric nurse or social worker was a member of staff at the hostel where they were seen (Empowerment Consultancy, 1998). Service users may similarly be expected to be unclear where information networks begin and end, perhaps assuming that agencies are in touch with each other when they are not.

Perspectives about the effectiveness of services are also likely to differ. While agencies will understandably want to present a positive image of their service, anyone who has been homeless for any length of time will equally understandably regard them as ineffective (Lipsky, 1980). Few agencies provide all that they need, and many users are likely to be conscious that despite initial promises these services have not got them out of the situation in which they find themselves. With such differing views, homeless people may seem to be failing to take advantage of the assistance offered or to be misusing or manipulating services when such behaviour is more likely to be a natural reaction to their situation.

Attend to detail

Architect and theorist Rem Koolhaas (1999) warns us against the 'masterstroke' solution to urban problems, attractive to politicians and planners, that fails to consider the necessary application to detail or take the randomness of the urban environment into account. Attention to detail and a capacity to respond to unpredictable events are

particularly demanded where people at risk of continuing homelessness are concerned. Using the term employed by Wiseman (1970), most people in this situation have a particularly narrow social margin, lacking the personal resources and network of family and friends that others can fall back on when a setback occurs; mistakes and misdemeanours that for the majority would result in little more than embarrassment can in this situation result in simultaneous loss of accommodation, income and access to vital services. There is a special requirement here for systems that minimise delays and errors and that can respond rapidly and appropriately when these occur.

Take positive action to support and develop cooperation

Under One Roof has observed and experienced continuing difficulties with communication and cooperation, and despite successes with resolving some of these, such problems must inevitably recur and remain. Where we had successes, these consisted of something more than agencies making an effort to speak to each other: positive work to enable exchanges to happen was required. After observing several cooperative projects, including Under One Roof, Shapiro (1999) concluded that the presence of a person with a specific coordinating role was a key to their success. Not only does this provide for the many tasks that are not otherwise anyone's clear responsibility to do, but it also permits an independent voice on the occasions when this is required.

A key feature of Under One Roof's work was its focus on day-to-day practice. While it may have started with authority derived from the backing it had from senior managers, this was sustainable in the long run only by offering efficient services of direct practical value to participating agencies in their work with clients. We believe that with such a focus, cooperative dialogue on strategic matters will usually follow.

This is a complex environment and we do not think that agencies can overcome all of the problems produced by that complexity, but we do believe that agencies can *tend towards* a solution.

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Appendix 1

Conclusions and recommendations presented in the August 2000 evaluation by Geoffrey Randall and Susan Brown

Under One Roof was established as an innovative pilot project and it retained throughout an ability to experiment and to adapt its work methods in the light of experience.

It was recognised after the first year that the casework model would be unlikely to deliver more integrated and effective services, mainly because it was only available for half a day a week in two separate locations.

Those staff who were interviewed and who were directly involved in the panels believed they were successful in improving inter-agency work and in delivering more integrated services to clients with very high levels of multiple needs. The majority of these staff were enthusiastic about the experience and were keen to continue developing this model of work.

The case records show that the panels did help homeless people with the very highest level of multiple needs. It has been more difficult to measure an improvement in outcomes for panel clients, although examination of the case records provides much anecdotal evidence of improved assessments and some evidence of solutions to problems that might not otherwise have been identified. There are some indications of improved outcomes from the case statistics, but these are not conclusive for two main reasons. First, the number of cases dealt with by the panels was relatively low, and second, the comparison with baseline cases must be treated with caution because they were not necessarily representative of the types of cases that were in practice referred to Under One Roof. In view of the fact that priority for referrals was given to the most intractable cases that the referral agencies had been unable to resolve, the relatively high proportion of positive outcomes, however, does indicate successful work by Under One Roof and its partner agencies.

Most agencies thought the panel model should be continued. A number of ways have been identified in which the model could be developed and effectiveness could be further enhanced.

Maximising the effectiveness of the current model

- Agencies need to ensure that staff attending meetings are, in the case of the referral agency, those who have personal knowledge of the client and that all panel members are fully briefed on their own agencies' records on each client.
- There may need to be more formalised arrangements for joint work and information sharing. Service level agreements with participating agencies could be considered.
- There is an urgent need to improve the quality of record keeping and needs assessments within some agencies, regardless of panel meetings.
- High standards of attendance and timekeeping at panels should be expected. Where attendance cannot be guaranteed, alternatives such as telephone conferences or one-to-one contacts between agencies should be developed.
- Without reducing the comprehensiveness and thoroughness of assessments done by the panel, targets could be set for the number of cases covered at each meeting.
- Lead agencies and keyworkers could be assigned to each client, with responsibility for coordinating follow-up work.
- There is a need for more detailed monitoring of outcomes on cases, with lead agencies recording the immediate outcomes of follow-up work on panel discussions.
- More voluntary agencies could be involved to extend the scope of interagency work.
- There is scope for the further development of telephone conferencing.
- Under One Roof might consider producing a good practice manual for other agencies planning to develop such work, including *pro forma* assessment and case records.

Delivering more effective services to homeless people through interagency work

Discussions were also held with participants on whether the lessons from Under One Roof could be more broadly applied to identify means of improving services to homeless single people. There are two possible models that could be considered. They are not mutually exclusive.

These models are presented for further consideration and discussion. Detailed work would be necessary before developing them further.

A consultancy model

The expertise of Under One Roof could provide specialist support to other agencies, helping them to improve the quality of their casework and to develop interagency services. In this model, an expert panel would visit agencies, perhaps weekly for two to three months, to advise on difficult cases referred by the agency. Training and practical assistance would be given with carrying out needs assessments, identifying solutions, developing interagency work and record keeping. Staff interviewees believed there would be a demand for such a service.

Many voluntary organisations have limited training and consultancy budgets, and it is likely that external funding would be needed for such a service. Funding agencies could also play a role in encouraging the take-up of this service by agencies.

A consortium model

A second model would be to develop the panel approach into a more formal consortium for the delivery of interagency services in local areas, particularly to those with multiple needs. It might initially focus on homeless people, but need not be confined to this client group. Other potential client groups could include those at risk of homelessness, street drinkers and others who tend to fall outside of statutory services. Features of this model might be:

- A group of local agencies sign up to deliver interagency services through a consortium. This would involve detailed agreements between the agencies.
- The consortium would hold a common database of clients with multiple needs who would benefit from such a service.
- A panel of agency staff would meet regularly to assess clients' needs and draw up action plans. A lead agency and keyworker would be agreed for each client.
- The lead agency would report back, where necessary, on outcomes with clients.

This model would take the Under One Roof panels a step further and would require detailed work to:

- Draw up agreements between agencies
- Secure the agreement of funders and arrange additional funding where necessary
- Deal with any problems of client confidentiality
- Establish common recording systems and outcome measures.

Under One Roof has identified some key ways of improving interagency work and providing more effective services to people with complex needs. It will be important that these lessons are drawn on in the future development of services for homeless people and other excluded groups. Funding for the current project is due to end later this year and the lessons learned should be made available to the widest possible audience of practitioners in similar fields. There is a case for exploring the extension of the model to other agencies, client groups and geographical areas.

Appendix 2

Under One Roof documents 1997–2001

Copies of these papers can be obtained from the Grants Department at the King's Fund. Their addresses are included in the acknowledgements and further information page at the start of this report.

Date	Title	Number of pages
1997	Under One Roof in Lambeth and Southwark: One stop assessment for single homeless people	39
10.6.98	Preliminary notes on the direction and shape of the Under One Roof: a discussion paper for the Steering Group	4
19.6.98	Notes from a Review Day on 19 June 1998	2
2.8.98	Next steps for Under One Roof: a discussion paper for the Steering Group special meeting on 5 August 1998	5
5.8.98	Notes for the Minister of Housing and Local Government: visit to Under One Roof on 5 August 1998	2
7.9.98	Under One Roof Progress Report to King's Fund, September 1998	3
30.9.98	Sharpening our focus: review notes at September 1998	5
2.10.98	Notes from the Under One Roof Review Day held on 2 October 1998 at Southwark Cathedral Conference Centre	15
15.10.98	Initial proposal for a telephone conferencing service: note for the Steering Group on 15 October 1998	3
–.10.98	Under One Roof Update: October 1998	1
4.12.98	Proposed Generic Assessor	5
8.1.99	Planning the second half of the project: discussion paper, January 1999	2
8.1.99	Three questions about referring to Under One Roof: response to a survey in December 1998/January 1999	3
25.1.99	Taking a new direction: an expert panel	4
12.3.99	Under One Roof multidisciplinary panel: guidance notes. Draft 2	3

-4.99	A new telephone conferencing service for agencies working with homeless people in Lambeth, Southwark and nearby: trial April – September 1999	6
22.4.99	Notes from the 4th Under One Roof Review Day held on 23 April 1999	12
16.8.99	Under One Roof panels: report after six months	6
25.10.99	Multidisciplinary panels at Thames Reach: the first ten cases	4
-1.00	Response to Benefits Agency proposal for a one-stop centre in London for homeless people	5
27.1.00	Notes from the 5th Under One Roof Review Day held on 27 January at Reay House: The emerging policy agenda and local priorities for action	9
10.4.00	Progress report on telephone conferences at April 2000	5
15.5.00	Multidisciplinary panels at the Crisis shelter, Southwark Street	7
13.7.00	Feedback from questionnaire: Following on from Under One Roof panels	1
-7.00	St Mungo's South London Contact and Assessment Team Introductory pack	11
12.10.00	Notes from the 6th Under One Roof Review Day held on 12 October 2000 at Glaziers Hall: The Final Conference	10
20.3.01	Hospital discharge arrangements for people who have been living rough or staying in hostels for homeless people	10

Appendix 3

Management and staff

Policy Group

Tony Edge	Director of Field Operations, South, Midlands and Wales, Benefits Agency
Ceri Sheppard	Acting Director, Homeless Network
Susan Elizabeth	Grants Director, King's Fund
Julia Neuberger	Chief Executive, King's Fund
Lisa Christiansen	Executive Director, Lambeth Social Services
Martin Roberts	Chief Executive, Lambeth, Southwark and Lewisham Health Authority
June McKerrow	Director, Mental Health Foundation
Rick Stern	Senior Consultant, Salomons Centre
Isobel Morris	Borough Director for Southwark, South London and Maudsley NHS Trust
Chris Holmes	Director, Shelter

Steering Group

Arlene Olver	Benefits Agency
Jon Lillistone	Homeless Network
Ceri Sheppard	Homeless Network
David Jones	King's Fund
Chris Knaggs	Lambeth Housing
Gerry Nicholas	Lambeth Social Services
Corinne Moocarme	Lambeth, Southwark and Lewisham Health Authority
Geoffrey Randall	Research and Information Services
Daniel Currie	St Giles Trust
Alex Marshall	St Giles Trust User Group

David Devoy	St Mungo's
Rick Stern	Salomons Centre
Lynn Hannah	Shelter
Peter Okali	Shelter
Richard Cunningham	South London Contact and Assessment Team
Tony Benjamin	Southwark Housing
Jeff Doodson	Southwark Social Services
Cathy Jeffrey	Southwark Social Services
Cha Power	START
Sue Sommers	Thames Reach
Louise Bouck-Standen	Three Boroughs Primary Health Care Team
Graham Park	Under One Roof

Management Group

Ceri Sheppard	Homeless Network
Daniel Currie	St Giles Trust
Rick Stern	Salomons Centre
Cha Power	START
Louise Bouck-Standen	Three Boroughs Primary Health Care Team
Graham Park	Under One Roof

Practitioners from August 1999 onwards**Lambeth**

Louis Nichols	Benefits Agency
Lloyd Dotting	Lambeth Housing
Birgit Wagner	Lambeth Social Services
Richard Cunningham	North Lambeth Day Centre
Brigid O'Brien	START
Miles Davis	St Mungo's Cedars Road Hostel
Marc McDonagh	Thames Reach Stamford Street Hostel
Lesley Petrie	Three Boroughs Primary Health Care Team
Graham Park	Under One Roof
Liz Barrington	Under One Roof

Southwark

Dionne Lewis	Benefits Agency
Colleen Hamilton	Crisis
Eilis Flanagan	Crisis
Elin Jones	Equinox
Shawn McLean	Piccadilly Advice Centre/Shelter
Natty St Louis	St Giles Trust
Christine Fannell	Southwark Housing Advice in rotation

Harcourt Jones	"	"	"	"
Juliette Ogbechie	"	"	"	"
Kate Sinar	"	"	"	"
Allister Wale	Southwark Social Services			
Sean Murphy	START in rotation			
Marita Sparrow	"	"	"	"
Rob Douglas	Thames Reach in rotation			
Helen Lewis	"	"	"	"
Louise Bouck-Standen	Three Boroughs Primary Health Care Team			
Graham Park	Under One Roof			
Liz Barrington	Under One Roof			

Participants in the earlier phase of the project are listed in our first report (Stern *et al.*, 2000).

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