

## Welsh Service Improvement Project

Discovery Report – September 2021 Ceredigion



## Project aims and outcomes

#### Problem to be solved

How might we redesign services to reduce the number of customers "falling out" of the statutory housing system within S66 and S73?

#### **Expected outcomes**

- Increase successful prevention and relief outcomes for people currently falling out of your service system and those who may do so in the future; helping to eliminate repeat homelessness and its associated costs
- Support to work through specific factors that contribute to people falling out, including wider service improvement and development support in an open, collaborative environment
- Ongoing support to trial changes, learn from them and evaluate the impact over the medium-/long-term
- Opportunity to exchange knowledge and practice with a close group of LAs and access Crisis' knowledge and practice work with other GB local authorities
- Opportunity to involve and upskill officers in co-designing changes and taking ownership for making lasting, continuous improvements to your service
- Learn and adapt your service in light of the pandemic, focusing on developing new customer journeys centered around more remote/ virtual forms of access
- Gain novel and invaluable insight from your service users who will share their experiences as part of the project

## Approach & methodology: user-centred design and agile

Phases (iterative)



Discovery



Ideation



**Prototyping** 



**Implementation** 

Description

Research to explore and better understand the problem. Build empathy and understanding of users, their needs and aspirations. Seek inspiration from others. Synthesise research into meaningful and actionable insights, identifying opportunities for design and improvement. Brainstorm solutions to opportunities identified. Identify whether to re-use existing practice ideas or develop something new. Select most promising ideas and develop into concepts to take forward

Develop rough and working prototypes of selected concepts. Share and get feedback early to test hypotheses, assumptions, risks and key elements of the idea. Integrate feedback and keep iterating. Define a 'minimum viable solution' that meets key user needs

Develop roadmap for full solution. Continuous improvement after 'go live' can include full pilots. Deliver more user needs identified in earlier phases and adapt to changing needs. Measure and monitor against KPIs

**Tools/ Outputs** 

- Business case or benefits case
- User research report (qualitative, ethnography)
- · Secondary research
- User Journey and/ or Experience Maps
- Service Blueprints
- Insights & Design Opportunities

- Show and tell
- Brainstorming
- Idea ranking
- Storyboarding
- Create a concept

- Prototypes (low-res to high-res and live)
- Minimum viable products/ solutions
- Experience prototyping
- Storyboarding
- Feedback capture grids
- Scenarios & Use Cases

- Roadmap and KPI reportImplementation plan
- Toolkit & outputs for others to adopt

**Outcomes** 

- Shared understanding of problem
- Frame design opportunities
- Understand user types and needs
- Understand user experience today

- Identified solutions
- Key concepts to take forward to next phase
- Tested assumptions with real users and iterated designs accordingly before committing further resources
- Identified biggest risks and reduced this
- Identified what's most important

- Product/ service that works for users and meets prioritised needs
- Started measuring the performance



S66 success

S73 success

S66 fall-out

S73 fall-out

58% (high)

47% (high)

27% (19/20)

23% (19/20)

Population 73,000

Size 1795square kms

46% of LSOAs in the top 50%

Affordability a big issue

Tourist/university market for housing

Seasonal homelessness

Workloads high and increasing

Lack of stock causing backlog in system



#### **Discovery Goals**

Fully understand the local factors, issues and processes driving fallout rates in Ceredigion; including any changes over time

Identify good/ best practice in this area. Is there anything we can use/ learn from other authorities?

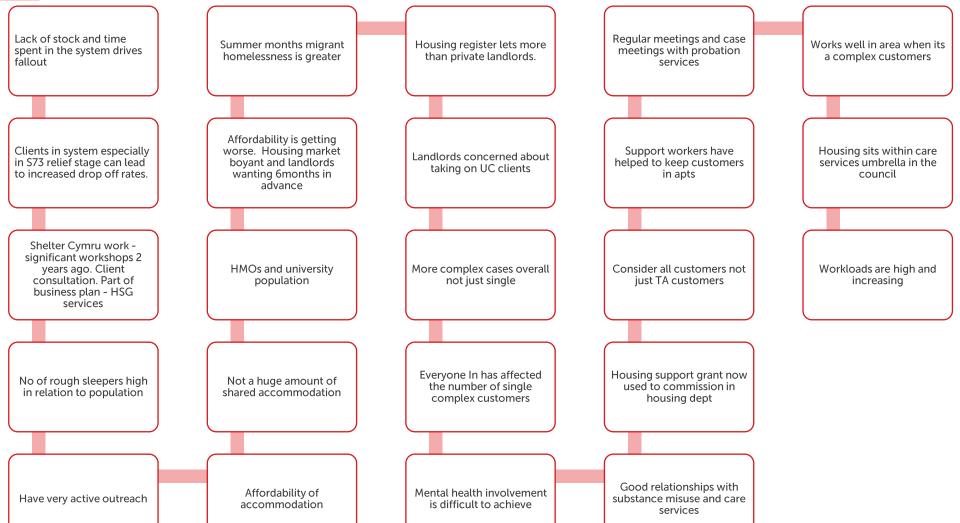
Fully understand who is falling out and capture their needs (types of people/problems)

Fully understand the impact of the CV19 pandemic on this issue

Identify service strengths, good practice and successful initiatives to build on



#### What we already know



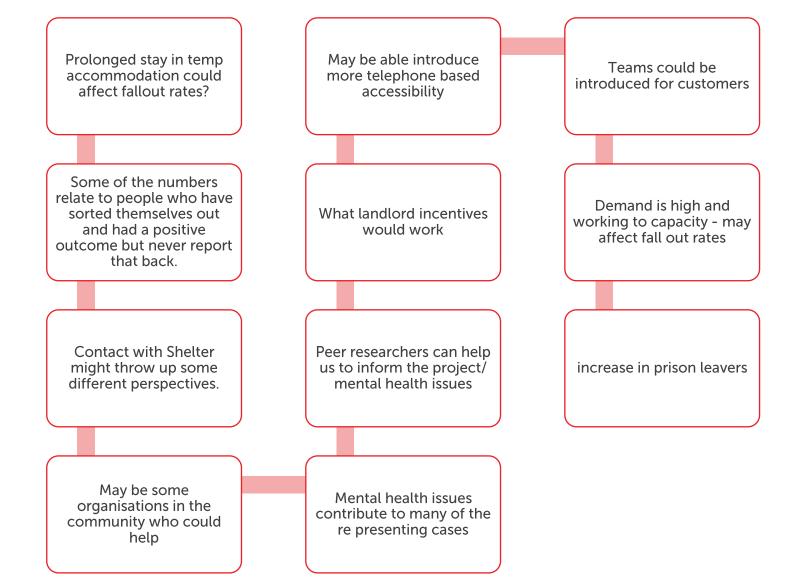
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**Together** 

we will end homelessness

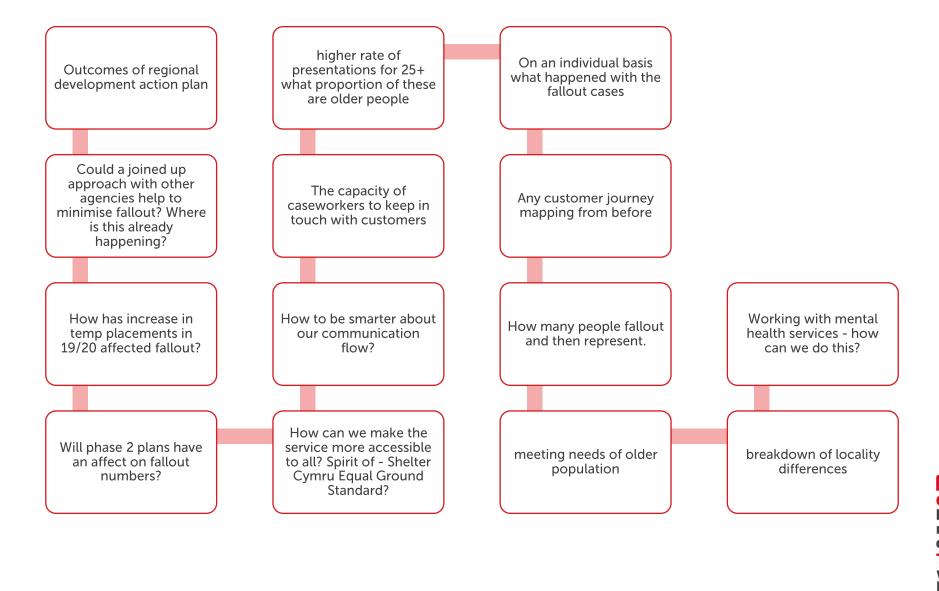


#### Assumptions





#### Where do we need to learn more?



## Discovery activities:

- Data analysis / visualisation
- Auditing case files
- Housing Officer interviews
- Voluntary sector workers interviews
- Statutory Sector worker Interview
- Shelter Cymru insight
- Good practice research
- Desktop review

| Data analysis and visualisation |
|---------------------------------|
| Insights                        |

|   | Insights   |  |
|---|--|--|
| Assessments no significant increase, but more complex customers       | Over 60% of presentations are from single people  On average 26% are U25   | 2018- 2019 74% people falling out are single 2019-2020 79% people falling out are single 2020-2021 71% people falling out are single   |
| Prevention success increased: 58% in 18-19 69% in 19-20               | Relief success has fallen slightly:  47% in 18-19 43% in 19-20  Successful relief rates are also similar between 19/20 and 20/21 However, also seen a 40% increase in unsuccessful relief between these years. | Lack of 1 bed accommodation across the area  Lack of shared accommodation due to concentration of student HMOs Aberystwyth  Culture of expectation to be able to access social housing |
| 77% increase in number of people accessing TA between 19/20 and 20/21 | 983 active applications across all bands for 1 bed property  | Average of 6 allocations per week - General Needs, Extra Care, Sheltered and Affordable Housing Allocations  Temp move on slow (lack of availability and suitable alternatives)        |
| Snapshot of presentations:  August 2020 – March 2021 (8months)        | <ul><li>146 presentations</li><li>26% are U25</li><li>206 adults and 77 children moved into long term suitable accommodation</li></ul>   | For those provided with TA:  16% provided with TA more than once  84% in TA for the first time  28% left their TA  |

# Housing Options officer interviews 5 x officers interviewed Insights

| Customers come through contact centre / housing register and get referred to team – disjointed customer journey                           | All cases get allocated through<br>Team Leader<br>Would like to be able to triage all<br>cases   | Different Officers deal with different parts of the process   | No additional Staff since implementation of the new Housing Act – but have restructured  |
|---|--|---|--|
| Accessibility issues for some, poor signal in rural areas – don't have hubs in all places  Don't use Whats App – and frequently use email | Could have better use of tech – connecting systems – more streamlined customer contact journey   | Reliance on other organisations to keep in touch with customer if they are providing support  | New Gateways system — will help<br>trace and know where / who / when<br>/ what support is being provided -<br>will also help deliver PHP |
| Lack of capacity to carry out prevention activities more people getting through to S75 Caseloads increase as moving through the process   | PHP too generic — not specific -<br>Tick box exercise so people do not<br>take notice            | TA not across whole county – difficult to be able to offer choice   | Length of time in TA and suitability contributes to fall out rates   |
| Shortage of affordable and suitable move on   | PRS leasing post – not long<br>established – need to improve<br>access to PRS and landlord offer | Non stock holding – so have to rely<br>on RSLs – Do have good<br>relationships with some.<br>Were able to move people on in the<br>early stages of pandemic, but<br>slowed down | Transition from TA – people need resettlement support  |
| Unrealistic expectations from customers and partners – complaints from other organisations  | Lack of supported housing for people with MH issues- talked about it for a number of years       | Had PIE and range of other training,<br>but just don't have the time to utilise<br>and implement training learned due<br>to demands on service                                  | Opportunity to improve relationship with Social Services and Adult care as now under same directorate                                    |



#### **Case File Audit**

- The aim of the case file audit was to assess the quality of fact collection, delivery of advice, the implementation of legislation and outcomes for customers.
- This element of the project was restricted due to data protection conditions.
- We were only able to assess a limited number of redacted case files and did not have access to the CMS, PHPs or staged decision letters
- This section presents the limited findings from the audit in isolation from access to CMS so we are unable to provide a full picture and therefore cannot be used to provide a baseline or "health check" with the intention to guide any future audits and/or changes to practice.
- Further cases can be audited if specific areas warrant further exploration.
- The audit was completed during the period 24<sup>th</sup> to 27<sup>th</sup> August 2021.



## Baseline Sample

As far as possible, the sample (n=11) was representative of cases handled by the Housing Options Team (including distribution between officers).

The baseline sample included the following cases:

| Case Type  |   |
|------------|---|
| Section 66 | 9 |
| Section 73 | 2 |

| Household type |   |
|----------------|---|
| Family         | 5 |
| Single         | 6 |

| Logged outcome              |   |
|-----------------------------|---|
| Successful                  | 0 |
| Application refused         | 2 |
| None-cooperation            | 2 |
| Withdrawn                   | 3 |
| Withdrawn – Loss of contact | 3 |
| Other                       | 1 |

| Years assessed |   |
|----------------|---|
| 18/19          | 3 |
| 19/20          | 5 |
| 20/21          | 3 |

## Scoring Methodology

|  | Score |
|--|-------|
| Stage 1: Facts and requirements established (and local authority duty)                       |       |
| Client and household details   | 2     |
| Current circumstances  | 1     |
| Health/ support  | 2     |
| S68 interim accommodation  | 2     |
| Relevant notification sent   | 1     |
| Stage 2: Accurate and appropriate advice and PHP   |       |
| Advice   | 1     |
| Signposting/ referrals   | 1     |
| Develop tailored PHP for reasonable and SMART actions to be taken (by both LA and applicant) | 10    |
| Stage 3: Timely and efficient casework   |       |
| Prompt, timely, efficient setting completion and recording of tasks                          | 4     |
| Closure/progression at appropriate point   | 3     |
| Total score  | 27    |
|  |       |

\*Some sections
were nonapplicable in certain
cases so not every
case could achieve
the maximum
total score. This is
why % of possible
score is used
when presenting
results

### Case scores

#### Overall Mean Score (n=11) - 53%

This section presents the limited findings from the audit in isolation from access to CMS, PHPs or staged decision letters and may therefore not be a true and accurate reflection.

| Score Ranges |   |
|--------------|---|
| 90%+         | 2 |
| 80% - 89%    | 3 |
| 50% - 79%    | 2 |
| <50%         | 8 |

| Score for each stage                             |     |
|--|-----|
| Stage 1: Facts and requirements established      | 55% |
| Stage 2: Accurate and appropriate advice and PHP |     |
| Stage3: Timely and efficient casework            | 51% |

| Highest scoring elements   |     |
|--|-----|
| Casework assistance carried out efficiently including keeping regular contact/ dialogue with the client, including supporting and prompting client/ household actions. Contacts and updates recorded in case notes on system | 91% |
| Officers proactive in meeting duty to secure interim accommodation is available  | 83% |
| Relevant and appropriate summary of situation available on system  | 82% |
| Working with any support agencies? If yes, contact details for support agency/ person available on system  | 80% |
| Correct and appropriate closure procedure followed:  | 64% |

| Lowest scoring elements   |     |
|---|-----|
| Support needs for client/ household - specific note where these will influence ability to retain/ acquire accommodation recorded                              | 30% |
| Timely S.63 letter of decision sent beginning 56 day duty (duty owed, reasoning, and review rights)   | 27% |
| Progressing the case effectively with positive action to prevent/ relieve homelessness undertaken and demonstrated on file (see list of interventions in CoG) | 55% |
| Evidence that everything that could be was done to help the applicant   | 27% |
| Appropriate and detailed closure letter (s.84) sent and available on system.  | 36% |



## Quantitative and Qualitative positives

#### Quantitative

- 82% of cases had good detail regarding customers current situation
- Appropriate discussions and consideration given to when interim accommodation may be needed in 83% of cases
- Contacts and updates recorded in case notes on system 91% of the time
- Correct and appropriate closure procedure followed in 64% of the cases

#### Qualitative

- Good at gathering factual information from customers regarding situation at presentation and initial assessment
- Effective communication with external organisation and landlords when investigating customers circumstances and history
- Allocation to temporary accommodation usually quickly undertaken
- Positive and proactive casework evident when presentation from YP 16-17
- Looks like more casework / communication may have been carried out, but just not recorded



## Quantitative and Qualitative 'areas of improvement'

#### Quantitative

- Lack of notes / discussion with customer about support needs, specifically where these will influence ability to access or maintain accommodation
- Lack of evidence in respect of decision letters on file or being sent to customers
- Mis-categorisation of end of duty reason
- Very few reasonable steps recorded onus on the customer in many cases

#### Qualitative

- Lengthy and possibly confusing letters to customers
- Case files highlight unsuitability of some temporary accommodation / offers of accommodation and refusals due to location / distance from work / schools and support networks
- Little evidence of discussions about client support needs. Where support needs identified and referrals made, lack of follow up
- Only a few files have budgeting / financial assessment or referral for debt advice
- Communication often by email, but no indication that this is the best method to contact customer and cases often closed due to no response to email

#### Case Studies from audit:

#### Study 1:

Household at risk of homelessness due to landlord receiving mortgage re-possession notice.

No PHP completed, but evidence of swift and collaborative case work, between officer, Shelter, letting agent and support worker.

Facts established, courts contacted and landlord able to organise refinancing

Household able to remain in property

#### Study 2:

Customer potentially with nowhere to stay next day, but no mention of interim accommodation.

Relevant advice given, but no mention of discussion about support needs, options / choices. PHP pending

Customer had issues managing money, but no notes re discussions about this or support available or support referrals made

Officer tried to contact x 5 times within one month

Email sent to customer discussing loss of contact and advising that application was going to be withdrawn at end of week

### Voluntary sector workers interviews

#### **Positives:**

- Like the way that Housing Options is structured
- Housing Officers are open, good at keeping in touch and can discuss dynamics with TA placements
- Support from LA exceptional
- Standards of TA has risen good quality
- Have alcohol liaison nurse and surgeries in TA
- New HSG enables conversations and opportunities to develop projects that protect and work for people
- Harm reduction project to address cyclical homelessness and time critical pilot project linked to Rapid Rehousing workers for dual diagnosis / complex needs.
- Sharing of information and support positive at times
- Partnership with neighbourhood policing teams improved
- Improved relationships look like here to stay

#### **Accommodation:**

- Location plays a big part in terms of summer presentations / people staying in or accepting TA and or offers of properties
- Lack of TA suitable for people who have care needs or who need adapted properties
- Transport links are not great and concentration of people and TA in larger towns
- Challenges in TA ASB not all projects have support and can be difficult for people to sustain
- Increase of prison leavers in TA dynamics within properties - not suitable for all - treated like bail hostel
- Some people never stayed in TA before don't understand homelessness services / system
- Need more support in TA and transitional support to move on from TA
- Prolonged stays in TA detrimental one person in TA since 2016

#### Voluntary sector workers interviews cont....

#### Accommodation cont.

- Lack of single unit accommodation
- Bond Scheme not always accessible
- People have to be tenancy ready to move into a Social Letting Agency property
- Need to improve access to and links with PRS landlords including offer to landlords
- Issues with guarantors in PRS Could HSG pilot to help with this?

#### Joint working:

- DA interventions DA training that police have had sensitivity has improved
- Duty MH nurse that can work along TA to help assess, provide support to staff and customers around suicide / self harm etc - proactive rather than reactive
- Recognition of pressure on organisations / staff and resources – can be challenging to maintain partnerships
- As soon as someone is housed, CMHT / Social Services support drops off

#### Joint working cont.

- More people talking about MH issues, so shouldn't we have more services
- Food banks been so invaluable / food sharing hub / supermarkets - community partnerships so important
   but not co-ordinated
- PIE approach needs to be standard practice across organisations, local government / WG

#### Person centred:

- initial Housing Options conversation too intrusive language / investigation - people fall out at this early stage
- Difficult to provide support for severity of MH issues presented with – accommodation not suitable -then difficult to manage
- Difficulties accessing mental health teams / support
- Substance support could have a better assessment process - should be more PIE and about the person not processes - can result in people not accessing / exiting support
- Power imbalances between clients and services

### Voluntary sector workers cont.../

#### Person Centred cont....

- Need more flexibility of rules in TA more tolerance
- Changes to more restorative justice meetings / behaviour contracts / positive change procedures (for clients and staff)
- Loss of contact / lack of support in TA fall out
- Long term TA people can find it difficult to manage
- PIE and trauma informed services are important
- Not all people digitally included
- Scaling wrong for support especially if reducing or been to rehab - need help to link with community services and support
- Increase in criminality and ASB towards staff

#### Policy:

- Rents high / unaffordable PRS
- Fall out from TA because of non paying services charges
- Intentionality may be historic, but still affects peoples opportunities
- Only have HF for young people
- Move away from people having to be tenancy ready
- Grow the private sector leasing scheme
- Develop attractive landlord offer
- Specialist responsive mental health support for staff and customers would make a difference
- Mental health supported TA
- Digital exclusion poor signal services needs to be accessible for all in Ceredigion

### Statutory sector workers interviews

#### **Positives:**

- Good relationships with Housing Options staff
- WG pilot shared house 16-18 yr olds
- Separate HF referral panel
- Works well when support is in place prior to moving into HF project
- Support workers are skilled and knowledgeable
- Cell meetings well attended

#### **Accommodation:**

- Staffing in YP pilot not 24hrs issues can arise and unable to provide right support
- Inappropriate accommodation to meet persons needs – consideration of other people in accommodation
- Managing ASB can be difficult in TA
- Lack of affordable and suitable move on options for YP

#### Accommodation cont..

- One person in accommodation for 8th time
- TA doesn't work for some YP

#### Working together:

- Referrals process come from Housing Options different to third sector organisations
- Need more open and honest information sharing so that as far as possible right accommodation and support can be put in place
- Info sharing regarding clients no necessarily best placed to happen in cell meetings
- Delays / difficulties accessing MH support
- MH support / information should already be in place / provided- so teams know what support is needed
- Why cant services come to providers GP, MH, substance support
- Need specialist professional MH advice line, to develop right support and responses - 24hr?



### Statutory sector workers cont...

#### Person centred work

- •TA not suitable for YP with LD needs resourcing with support to live independently
- More options to provide flexible and responsive support
- •Need to move away from 9-5 working model
- •Not knowing what happens to people when they leave TA what support they have / don't have and will they return
- •Staff don't have the capacity to undertake the community links work that is really needed
- •For YP who have experienced trauma need time and support around boundaries / confidence building and life skills and people being there to build up resilience when things go wrong

#### **Policies:**

- WWHA are landlord but YP in under duty then evicted back into homelessness
- HSG more support staff for HF
- New 18+ extra care project adult social care have had referrals from people experiencing homelessness and need mental health and substance support
- Need triage system what is available where inc. beds / accommodation / support / health services / care
- Who has responsibility / ownership for care needs rather than passing onto other agencies
- Need for more upstream prevention and additional life skills support at an earlier stage - schools



## Desktop review

#### Challenges with PRS:

- Lack of shared / HMOs due to student population
- Difficult to access affordable PRS especially for U35s
- PRS conditions sometimes not as good as TA
- Difficult to secure properties through Bond Scheme and SLA
- However, snapshot of outcomes 18/19 and 19/20 highlights more moves into PRS than social housing

#### **Housing First:**

- Only have HF for young people
- Seems to be a need for older people too

#### Support:

 New Gateway system will help in terms of access to accommodation / support – who, when and what support is being provided

#### Reasons for presentation:

- From snapshot data available shift over the last couple of year from loss of PRS being main reason to parent or other family members no longer being able to accommodate, relationship breakdown and prison leavers
- Not enough intelligence around how many are sofa surfing at any one time
- More presentations for people with mental health issues.

#### Accommodation:

- More one bed accommodation needed peppered around the district to meet need – especially in the south of the region
- Potential to target and increase supply through PRS Leasing scheme



#### **Insights from Shelter Cymru casework**

Offers of interim accommodation either being refused or breaking down due to distance from support networks.

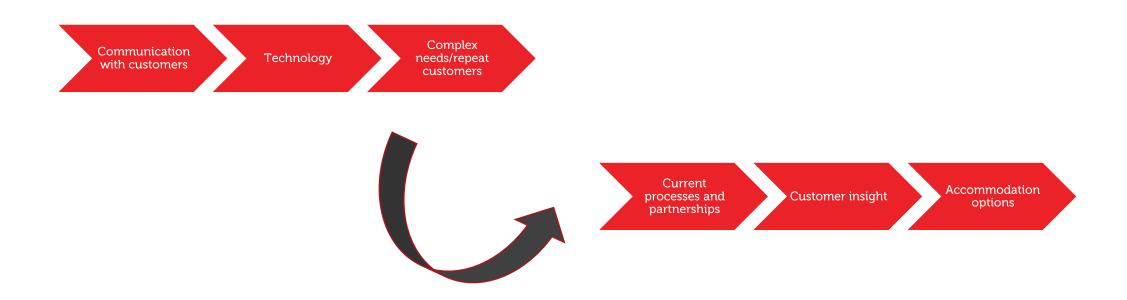
This seems particularly true for customers with multiple support needs and especially where mental health is one of those needs.

Where suitability is raised as an issue, the onus seems to be put onto the customers who may be facing multiple challenges and experiencing deteriorating mental health as a result of their situation. May lead to people falling out as they may face barriers with communication with the GP/relevant party, or will be charged for a letter.

Evidencing decision letters. Some case work illustrates where it looks like the client 'fell out'. Provision of end of duty letters from the council not available.

Can delay case progression, but does appear that the council will often look at this again and 're-open their offer of new TA.

### Areas of insight gained:



| Theme                        | Insight   |
|------------------------------|---|
| Communication with customers | <ul> <li>Most contact made through contact centre and or directly to officer if available – used to be directly to Housing Options</li> <li>Customers need to have access to a phone / credit if cannot get help from support workers</li> <li>Messages passed on through contact centre – officers expected to log in and check</li> <li>Pandemic has meant that hardly any face to face contact has taken place</li> <li>Time not available to utilise PIE and other person centred training approaches received</li> <li>Officer caseloads are high and no time to contact all customers regularly and carry out prevention work as much as they would like</li> <li>No system in place to inform officers how frequently they should contact customers during casework or when closing files</li> </ul> |
| Technology                   | <ul> <li>Some areas of Ceredigion have really poor phone signal / reception</li> <li>Customers don't always have the necessary technology to communicate well with the team / system –Emails used a great deal to communicate – but is this a preferred method of contact?</li> <li>Systems do not link</li> <li>Customers can also access PHPs online – but this does not get checked</li> <li>Do not use Whats App</li> <li>Marketing and awareness raising in rural areas to increase accessibility</li> </ul>   |

| Theme                           | Insight   |
|---------------------------------|---|
| Complex needs/ repeat customers | <ul> <li>HF for over 25s could be explored</li> <li>TA not available across whole county – difficult to be able to offer choice</li> <li>Lack of choice can to reason for not accepting TA – as away from local area / support</li> <li>Suitability of TA doesn't always match needs – shared TA can be challenging</li> <li>Difficult to provide the support need to some people in TA when complex or have mental health issues</li> <li>Lack of supported housing for people with MH issues- has been talked about for many years</li> <li>Have complex and chaotic people in unsuitable TA with limited / no support at times</li> <li>Young people with mental health issues often struggle in shared accommodation and leave – only to re-present a short while later and complexity often increases</li> </ul>   |
| Current processes /partners     | <ul> <li>Different officers deal with different stages</li> <li>Less prevention and relief opportunities so cases move to S75 and only one officer</li> <li>One TA officer who has other duties - Maintenance/payments/admin/routine inspections</li> <li>Would benefit for supported accommodation and TA for people experiencing MH issues</li> <li>Providers and customers would benefit from having a floating MH specialist that they could all access.</li> <li>Council homelessness team well liked by partnership organisations</li> <li>Now under Social Services directorate – opportunities for more joint working / access to services</li> <li>Would be beneficial to have regular operational team meetings</li> <li>New Gateway system will help in terms of access to accommodation / support – who, when and what support is being provided</li> </ul> |

| Theme                     | Insight   |
|---------------------------|---|
| Shelter Cymru<br>insights | <ul> <li>Most of the TA appears to be in Aberystwyth / main towns – limits availability and choice and ability to remain close to support networks</li> <li>Council not proactive in making direct enquiries with relevant health professionals where it could be argued may have kept the process moving, keep engagement and move towards amore positive outcome</li> <li>Lack of availability and evidencing of case closure, decisions made and end of duty letters.</li> </ul>   |
| Accommodation options     | <ul> <li>Customers spending too long in temp accommodation –</li> <li>Positive that Ceredigion not using B&amp;B / hotel – providers have stepped up and supported, but still shortage.</li> <li>Temp accommodation options don't always meet need – size, location / type – people turn down or leave</li> <li>Once in TA – officer has little contact as most TA have support attached, but not all.</li> <li>Access to PRS – difficult and expensive - Culture of county / support providers / family - general expectation to get RSL</li> <li>More work could be done to open up PRS – thinking about Bond scheme / SLA / private rented sector leasing officer / empty homes strategy / grants for landlords etc</li> <li>Looking at suitability of housing register offers made in line with needs.</li> </ul> |

## Quick wins and design opportunities

#### QUICK WINS were identified by the project teams (defined as Things we can do in 8 weeks with some effort, design and consultation)



Make letters and PHPs more customer friendly



All case notes are recorded on the system



Improve awareness of financial support available



Update procedure on ending duty categories to provide more consistency



Updating of preferred contact methods



Understanding what resources are available, locally commissioned and non-commissioned



Reintroduce regular team meetings to enable information sharing and support staff wellbeing



Explore different way of contacting customers - Teams / WhatsApp

#### More detailed DESIGN OPPORTUNITIES were identified before being further developed into concepts and prototypes

#### Link to project aims/other initiatives

How might we improve access and availability of PRS?

•Improving access to PRS and strengthening existing links will help to provide more move on accommodation, allowing more customer choice and helping to move people through the system more guickly, helping to reduce numbers who leave the system early through fall out.  $\land$ 

How might we use our TA as a platform for positive, sustainable outcomes?

• Improving our provision of TA and supported housing provision will give customers more choice and assist in positive outcomes and promote a culture of sustainability.



How might we provide continuity and clarity of support for customers?

•Providing a service that increases positive, informative contact in a range of different ways will build trust, positive relationships and helps to reduce the number of people leaving the system with a "fall out" outcome.



How might we increase proactive engagement between client and caseworker?

•Promoting a strong, positive and trusting relationship between caseworker and customer will help to build a strong conduit for information sharing and help to stop customers leaving the system with a fall out outcome.



How might we introduce case management standards / Casework standards and customer contact staff training

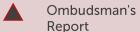
•Improves customer relationship with caseworker, improves customer experience, makes patterns of fall-out more identifiable and enables service to be built more successfully around customer need.

#### Key:

**HSG** needs assessment



High Level Action Plan



Housing Support Programme strategy

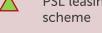
Tvfu Tai experience of people's experiences of working in local government

PSL leasing scheme

Code of Guidance







#### More detailed DESIGN OPPORTUNITIES were identified before being further developed into concepts and prototypes

#### Link to project aims/other initiatives

How might we proactively prevent homelessness?

•Less customers in the system means more time for caseworkers to effectively work on cases, reducing fall out and putting less stress on the system in general.



Providers service charge and former tenants' arrears policies

•Reviewing and standardising service charge, former tenants' arrears and enforcement policies will reduce inconsistencies and minimise fall out for these reasons. creating an equal local system, improving trust and promoting a culture of sustainability.



•Incorrect data makes the effectiveness of any evaluation of the reasons for fall out and measures taken to combat this less effective



How might we achieve better outcomes for over 25s

•Improving the provision of TA supported housing provision for over 25s and or increasing the availability of HF units will give customers more choice and assist in positive outcomes and promote a culture of sustainability.



Improve access to metal health, substance support and social care services

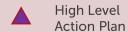
 Maximising use of all local resources would help to improve relationships and fill gaps in the existing provision which can lead to customers falling out of the system because their needs are currently unmet or poorly met.

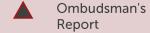
#### Key:

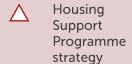
A HSG needs assessment



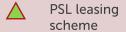
RRTPs











Code of Guidance

## Concepts and Prototypes

### **Example "Concept Capture" Sheet**

What is the name of your concept?

How might we . . . provide continuity and clarity of support for customers?

Place post-it drawing here

#### Describe your concept

Reinvigorate partnership working and meetings – definitely with health and care.

#### How does your concept work?

Consider existing partnership working arrangements and identify where there are gaps in existing provision either in terms of collaboration opportunities, joint working or information sharing.

Consider reinstating CELL meetings

Consider the effectiveness of existing meetings already taking place

Pay particular attention to our relationship with health and care and seek opportunities to work alongside each other and collaborate when dealing with the same customers

#### Who is the target user or users?

Partners of the homelessness service but particular health and social care colleagues and first and second line health services eg. GPs and hospitals.

## Are there any anticipated barriers/challenges to your concept?

Partner buy-in
Officer buy-in
Time to undertake more
engagement with partners
Aligned vision and values

## What value does it bring? How does it address the design challenge?

Strengthening existing relationships and working towards a service that can offer a multi-agency approach to the management of homelessness throughout Caerphilly.

## What are the key factors for success?

A desire from other services both within the LA and outside to engage with the multi-agency approach and to take responsibility for their part in ending homelessness.

Providing opportunities to partners that are suitable and effective.

#### **Example "Prototyping Plan"**

What is the concept we are testing? Design Opportunity 2 - How might we provide continuity and clarity of support for customer?

Reinvigorate partnership working and meetings – definitely with health and care

#### What assumptions do we need to test?

- 1. There is an appetite for more partnership working from our partners.
- 2. That we already have some strong relationships that just need revisiting
- 3. Working more closely with partners would bring extra benefits across all our work.
- 4. Health and care are particularly useful partners in relation to falling out work.

## What key questions do we have about how the concept should work? Are there specific components we want to look at?

- 1. Can we piggy-back on existing partnership meetings or opportunities?
- 2. How often should any meetings with partners be?
- 3. Should we have an all partners meeting or specific meetings with different partners from different sectors/areas?
- 4. What other types of interaction do we need to think about that will bring relationship benefits?

### How will we prototype key questions & assumptions? How will we capture feedback?

- 1. Telephone/email partners to scope out appetite for meetings and working more closely
- 2. Survey of partners to rank our relationship and the need for meetings/working more closely. Also offer options with regard to frequency of meetings, participants and reach.
- 3. Target our partners in health and care services to find out where opportunities to work more closely are being missed.
- 4. Check out what events/meetings are already on the timetable we could piggyback onto.
- 5. Research good partnership working principles.

<If role play> What scenarios will we use? What are the roles required and who will play them?

### What do we need (activities, resources, people etc.) to implement the concept and turn it into a reality?

- 1.Staff time to prepare survey, ring or email partners, research existing meetings and partnership working principles.
- 2.Potential venues If not online for meetings to happen.
- 3. Staff time to evaluate results and feed back to management.

## Action Plans

#### **Action Plans**

Three separate action plans were drawn up.

The main purpose was to:-

- log and follow the progress of all the ideas generated through their testing phases to completion.
- provide a place to store the backlog of ideas, concepts and prototypes, as yet untested for the future.
- provide an area to store pre-existing ideas and service changes

#### Three elements of the action plans:

- Quick wins: A log of the quick win ideas, owners and reasons for development
- Concepts and prototypes: a space for keeping the developed concept ideas and any prototypes, created from the design opportunity ideas, showing what is needed to test each concept prior to full implementation/ "go live" in service
- A roadmap: A space for actively planning and managing the implementation of the above, dependent on service capacity

#### Action Plan: Quick Wins

| Owner    | Actions   | Progress   |  |
|----------|---|--|--|
|          |   |  |  |
| GG/DH/RG | Meeting to discuss took place 05/01/22 -<br>Crisis supplied sample PHPs for discussion  | Meeting set for 31/01/22 to review current wording.  |  |
| RG       | It has been identified that this links with<br>quick wins: Introduce case management<br>standards; S. Update procedure on end of<br>duty categories; and 8. Updating of<br>preferred contact methods. | Agreed timescale for commencement by 01/02/22 and potential completion date. This is a large piece of work.          |  |
| Team     | Although the need for this is known and it has been discussed no dates have been set.   | Awaiting commencement.<br>Currently on hold.   |  |
| Team     | It has been identified that this links with<br>quick wins: 2. Casework standards; 5.<br>Update procedure on end of duty<br>categories; and 8. Updating of preferred<br>contact methods.               | Agreed timescale for commencement by 01/02/22 and potential completion date. This is a large piece of work.          |  |
|          | Team  | quick wins: 2. Casework standards; 5.  Team Update procedure on end of duty categories; and 8. Updating of preferred |  |

#### Action Plan : Design Opportunities > Concepts > Prototypes > Implemented

|   | How does this change support "fall out"  |   |                   |                        | Priority L/M/H |             |                 |
|---|--|---|-------------------|------------------------|----------------|-------------|-----------------|
| Design Opportunity  | reduction objectives?  | Ideas to support design opportunity   | Link to concept   | Link to prototype plan | Frionty L/W/TI | Assigned to | In progress Y/N |
| How might we use TA as a platform for positive, sustainable outcomes? | It was identified that some of the fall-out happened from temporary accommodation and that this TA might not be suitable for the needs of the customer, resulting in them leaving the system. Improving our provision of TA and supported housing provision will give customers more choice and assist in positive outcomes and promote a culture of sustainability. | 1.1 Review the tech used / methods<br>used to communicate with customers                      | Excel             |                        | Н              |             |                 |
|   |  | 1.2 Increase the provision of TA we<br>need - right type, trauma informed<br>etc. Lease/ RSL? | £xcel             |                        | М              |             |                 |
|   |  | 1.3 Management process/standards.<br>How will we monitor?                                     | A Excel           |                        | Н              |             |                 |
|   |  | 1.4 Complex needs supported housing/housing first provision?                                  | <u>↑</u><br>Excel |                        | L              |             |                 |
|   |  | 1.5 Regular feedback from TA providers.   | A Excel           |                        | М              |             |                 |
|   |  |   |                   |                        |                |             |                 |

#### Sample roadmap

| Welsh service improvement project | Backlog (not started)                                  | Concept<br>development | Prototyping  | On hold | Completed (service<br>change implemented or<br>live prototyping) | Date completed |
|-----------------------------------|--|------------------------|--|---------|--|----------------|
| sustainable outcomes?             | 1.3 Management process/standards. How will we monitor? |                        | 1.4 Complex needs supported housing/housing first provision? LINKED TO EXISTING HF EXPANSION |         |  |                |

## Evaluation and monitoring



Evaluation will take place from the end of the project for a period of 12-18 months



Regular check-ins will be organised with all three local authorities on a 3 monthly basis to check progress against action plans



Surveys will also be sent out on a three-monthly basis, to track staff's observations on the changes being made



A mid-way staff event will be organised to discuss progress and provide some qualitative feedback

A results trackers has been devised to record impacts throughout the 12-18 month period.

#### Sample of Objective 1.1 below

| Objective 1: To reduce prevention 'fallout' from the homelessness system in three Welsh LAs |   |        |                                    |         |             |         |                   |         |                |         |                             |                               |                  |
|---|---|--------|------------------------------------|---------|-------------|---------|-------------------|---------|----------------|---------|-----------------------------|-------------------------------|------------------|
|   | Actual count  O-3 months since 3-6 months since 6-9 m |        | Actual count                       |         |             |         |                   |         |                |         |                             |                               |                  |
|   |   |        | 6-9 months since 9-12 months since |         |             |         | M/ho will collect |         |                |         |                             |                               |                  |
| Indicator definition  | Indicator   | Target | start d                            | ate     | start d     | ate     | start date s      |         | ite start date |         | Data collection frequency   | Data source                   | Who will collect |
|   |   |        | Testing                            | Across  | Testing     | Across  | Testing           | Across  | Testing        | Across  |                             |                               | data             |
|   |   |        | phase in LA                        | all LAs | phase in LA | all LAs | phase in LA       | all LAs | phase in LA    | all LAs |                             |                               |                  |
| Outcome 1.1   |   |        |                                    |         |             |         |                   |         |                |         |                             |                               |                  |
|   |   |        |                                    |         |             |         |                   |         |                |         | Data inputted into          |                               |                  |
|   |   |        |                                    |         |             |         |                   |         |                |         | participating LA system     | 1                             | Front-line staff |
| Number of households recorded as 'fallen  | Proportion of unique households under                 |        |                                    |         |             |         |                   |         |                |         | daily/weekly, and extracted | Participating LA homelessness | will input - LA  |
| out' under Prevention duty reduced during   | Prevention duty categorised as 'fall-out' during      |        |                                    |         |             |         |                   |         |                |         | by ?? At end of reporting   | monitoring/case management    | contact will     |
| reporting period  | three-month period (total)                            |        |                                    |         |             |         |                   |         |                |         | period                      | system                        | extract          |
| Outputs contributing to Outcome 1.1   | Outputs contributing to Outcome 1.1                   |        |                                    |         |             |         |                   |         |                |         |                             |                               |                  |
|   | Narrative report describing prevention action plan    |        | ,                                  |         |             |         |                   |         |                |         |                             |                               |                  |
| LAs implement actions for prevention duty   | implementation is submitted to Crisis in two          |        |                                    |         |             |         |                   |         |                |         | Report received by Marcia   | 1                             |                  |
| following action plan   | weeks following reporting period                      |        |                                    |         |             |         |                   |         |                |         | at end of reporting period  |                               |                  |
| Outcome 1.3   |   |        |                                    |         |             |         |                   |         |                |         |                             | -                             |                  |

## National Policy implications

# Comparative findings to the Ombudsman's report

Letters and PHPs too generic, not personalised enough, too technical and difficult to understand.

Guidance around classification of case closure outcomes not clear

No system in place to inform officers how frequently they should contact customers during casework or when closing files – casework standards

Could have wider range and improve use of tech to communicate with customers – more streamlined customer contact journey

Lack of simple, straightforward information available for customers and partners – websites out of date – could increase and improve self-help opportunities

# Policy implications of work

Inconsistencies in data recording – importance of data collection to provide true reflections, inform future planning and commissioning.

Lack of suitable and affordable move on – size, location etc.

Data digital and tech – GDPR, data sharing use of technology to contact customers and improve communication

Frustrations regarding lack of availability / ability to provide TA that is suitable for customer needs

## Thank you

