

Homelessness System Transformation

Camden Health and Wellbeing Board – July 2023

Jonathon Horn (Head of Homelessness System Transformation)

Sue Hogarth (Consultant in Public Health)

Camden's Homelessness System Transformation

What it is:

3-year programme convening people with lived experience and organisations involved in supporting people experiencing all forms of homelessness in Camden.

Our aim:

To deliver an integrated, holistic response to homelessness, so people can access the care and support they need to lead the lives they want, away from homelessness.

Our approach:

Coproduction – over 170 hours and counting, including with a core team of 10 people with lived experience of homelessness.

Collaboration with partners – over 120 people involved so far across Council, NHS, VCS and Justice sector.

Iterative 'test and learn' approach – setting up delivery groups to coproduce our change ideas and testing them in services

Our 5 system priorities:

1. Implementing trauma informed support and psychologically informed environments

2. Implementing integrated multiagency working around the resident

3. Creating conditions for more joined up commissioning and strategic planning

4. Improving access to mental health support, including co-existing drug and alcohol needs

5. Taking a preventative approach (primary and secondary prevention)

Why we need to change the system for people experiencing homelessness

People have told us that:

- The system does not feel 'human' enough (for example, the professional language we use can have unintended negative consequences)
- It is very hard to know what you can and cannot access (for example, funding is often short term and fragmented, services have restrictive criteria and thresholds, approaches are too rigid for people experiencing homelessness)
- Being over-assessed and having to repeat your story multiple times can be re-traumatising, exhausting and confusing
- Services often tend to focus on one issue at a time – and all this seems to come before your need for a home
- Stigma and discrimination is a major barrier (for example, feeling judged in waiting rooms, security guards at jobcentres, comments from professionals that feel negative or judgemental)

Our priorities for 2023/24 – work with residents

1. Coproduced 'delivery groups' with staff and people with lived experience to:
 - Develop and test a **'client passport'**
 - Develop **system map(s)** that helps people navigate the support they need
 - Improve understanding and accessibility of **mental health** support (particularly where people have co-existing drug and alcohol needs)



Our priorities for 2023/24 – staff led projects



2. Embed more **formalised multiagency working** in select test sites, including rolling out **'Team Around Me'** as a unifying case discussion tool



Camden and Islington
Trauma-informed network

3. Develop a Camden-wide framework for **trauma informed approaches and psychologically informed environments** – practical tools and resources, staff wellbeing, peer support



4. Insight work with specific population groups – women's homelessness group, autism plan, children and families



5. Commissioning an **integrated health and care offer**, and exploring longer term shift towards **'housing first'** approaches

Hearing from people with lived experience

Central to the programme's coproduction approach is a core group of people with lived experience (coproducers), who are involved from the board to the action-focused 'delivery groups'. There are additional monthly drop-ins to reach a wider audience in a more informal way.

We asked coproducers if they would be willing to record their views on the homelessness system, what they think needs to change and their involvement in the coproduction approach so far.

The following images and words are their personal reflections, which they would like to share with the Camden Health and Wellbeing Board.

Why I got involved...



- The colour of sunshine, yellow is a symbol of joy and hope
- We need this to work towards a system that's purpose is to help people heal

“It’s very hard to get out of [that] vicious circle. Once you don’t have an address, when you are on your own, drinking, hardly surviving, not knowing who to ask for help.”

“Since that experience, I always want to help, and find a way to help other people in the same situation.

Also whilst trying to help others, I am building myself.”



My experience of being involved



- I find lakes relaxing and it gives me a calming effect
- This is how I've felt being part of the Transformation Programme

“To see how I could help others with my own lived experiences.”

“... this has helped me gain a lot of knowledge about the system, that it's a minefield of services. You have to go through one to get to another.”



What I have learned about the system and my experience



- The system can feel overwhelming, powerful, like a force
- But there can also be beauty in its change...

“How complex the system is and that change will require a fundamental shift of current mindset.”

“I now have days where I have real sense of peace and calm, which I’ve not had for decades.”

What needs to change



- The sunrise shows how I learned and unlearned
- Slowly, little by little

“There is no map, and it was chaotic.”

*“There is no template for everybody.
To work in this way, we need to
have longer term funding for
worthwhile projects.”*



Reflecting on our learning so far

- The programme provides a 'place' to develop relationships, where systemic issues can begin to be addressed. This focal point is essential in such a complex system.
- Working across the system from the perspective of someone experiencing homelessness is challenging. More joined up, longer term funding and planning is needed.
- Staff have valued the coproduction approach, although it is a challenge for people to feel they have 'permission' and headspace to take further ownership.
- People with lived experience have ensured our objectives are person-centred and link back to the issues people experiencing homelessness face – which is essential. However, coproduction at this scale requires a level of background support and facilitation that is often not resourced in any one place.
- The pace of the work is key and hard to get right – we can move too quickly to implement oversimplified solutions, or can be too slow to act collectively when we know what needs to change

System issues

- Stigma, discrimination and a lack of understanding in mainstream services
- Criteria and thresholds that are too inflexible, particularly in statutory services
- Tendency to direct people towards increasingly specialist services where they don't meet criteria/will struggle to engage within the limits of the offer
- Lack of supportive structures/conditions to help practitioners share risk across services
- Fewer services able to offer highly bespoke support with flexible criteria and thresholds
- Wider systemic issues around workforce and investment that impede access to different forms of mental health support
- Need for a 'whole system' shift in culture towards more relational practice, rooted in taking a 'trauma informed' approach
- Need for more integrated planning and funding at national, regional and borough levels, the lack of which reinforces siloes in how services are delivered and causes fragmentation in the system

Addressing some of these through:

- **Convening the system** – *over 120 people involved so far, deepening our understanding of system issues and coproducing solutions*
- **Developing governance across organisations** – *including a multiagency programme board and a network of 'system sponsors'*
- **Implementing a dedicated coproduction approach** – *over 170 hours of coproduction with a core team, keeping us grounded in the issues*
- **Shifting to a 'test and learn' phase to pilot solutions** *such as the 'client passport' and training over 100 practitioners on 'Team Around Me' multiagency case discussion approach*

Discussion points for the Board

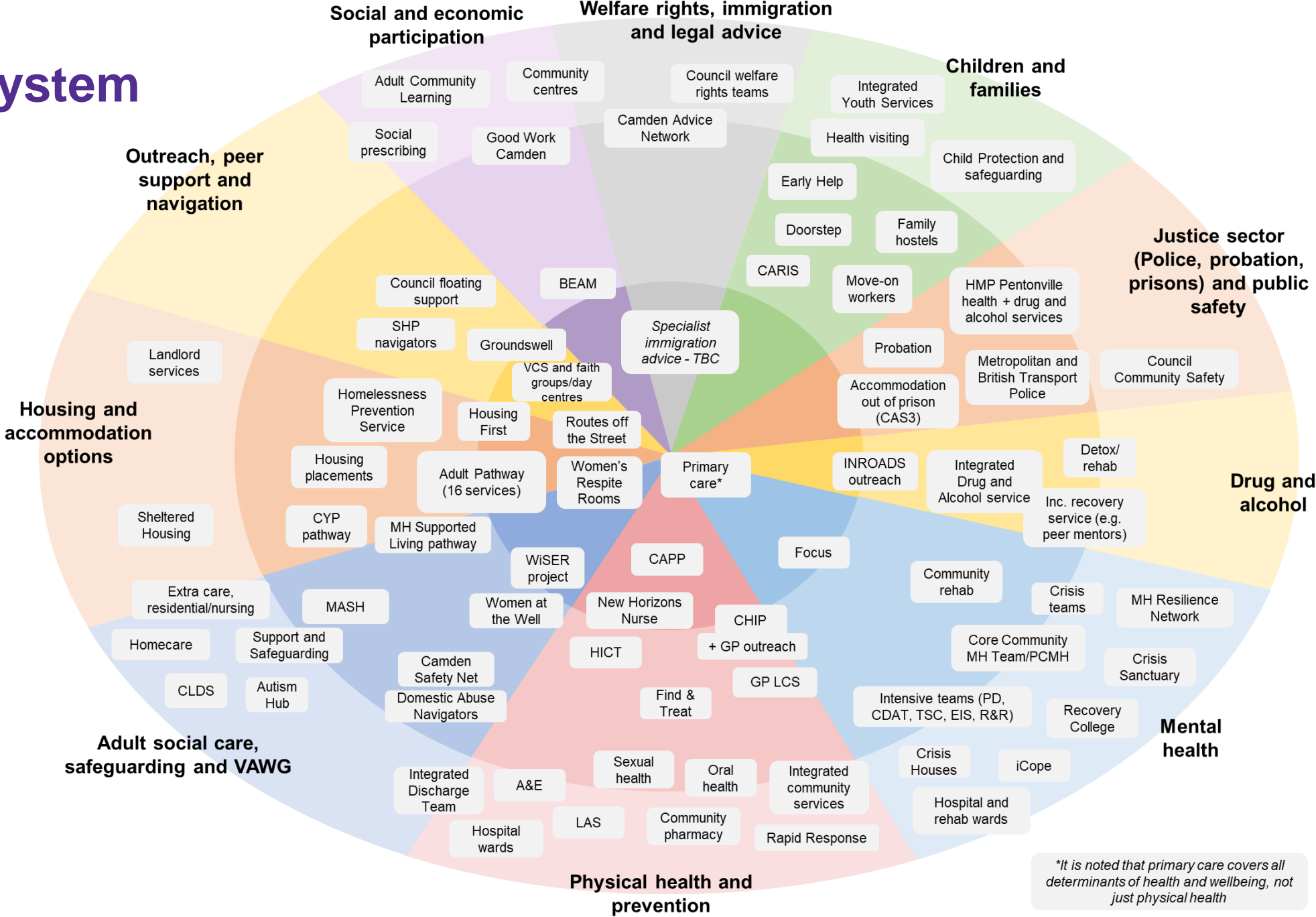
1. How can you help us further our specific priorities?
 - For example, where can you help promote our 'delivery groups' and encourage involvement from staff (where there is capacity)?
 - Can you help us get buy-in from key services to join our multiagency pilot?
 - How might services in your area respond if, prior to working with someone experiencing homelessness, a 'client passport' demonstrating how to best work with them was shared?
2. How can you help us to address the systemic issues we are coming across?
 - For example, where might stigma, discrimination and a lack of understanding manifest itself within your organisation and what opportunities are there to act on this?
 - Where can services flex their criteria to be more inclusive of people experiencing homelessness?

Additional appendices for further information

- A map of the homelessness system
- The 'Our House' integrated approach developed during Covid-19
- The Transformation's 5 system priorities and 12 change ideas
- The impact we aim to have
- High level plan and timescales for our delivery areas

Addressing a fragmented system

Moving from this...

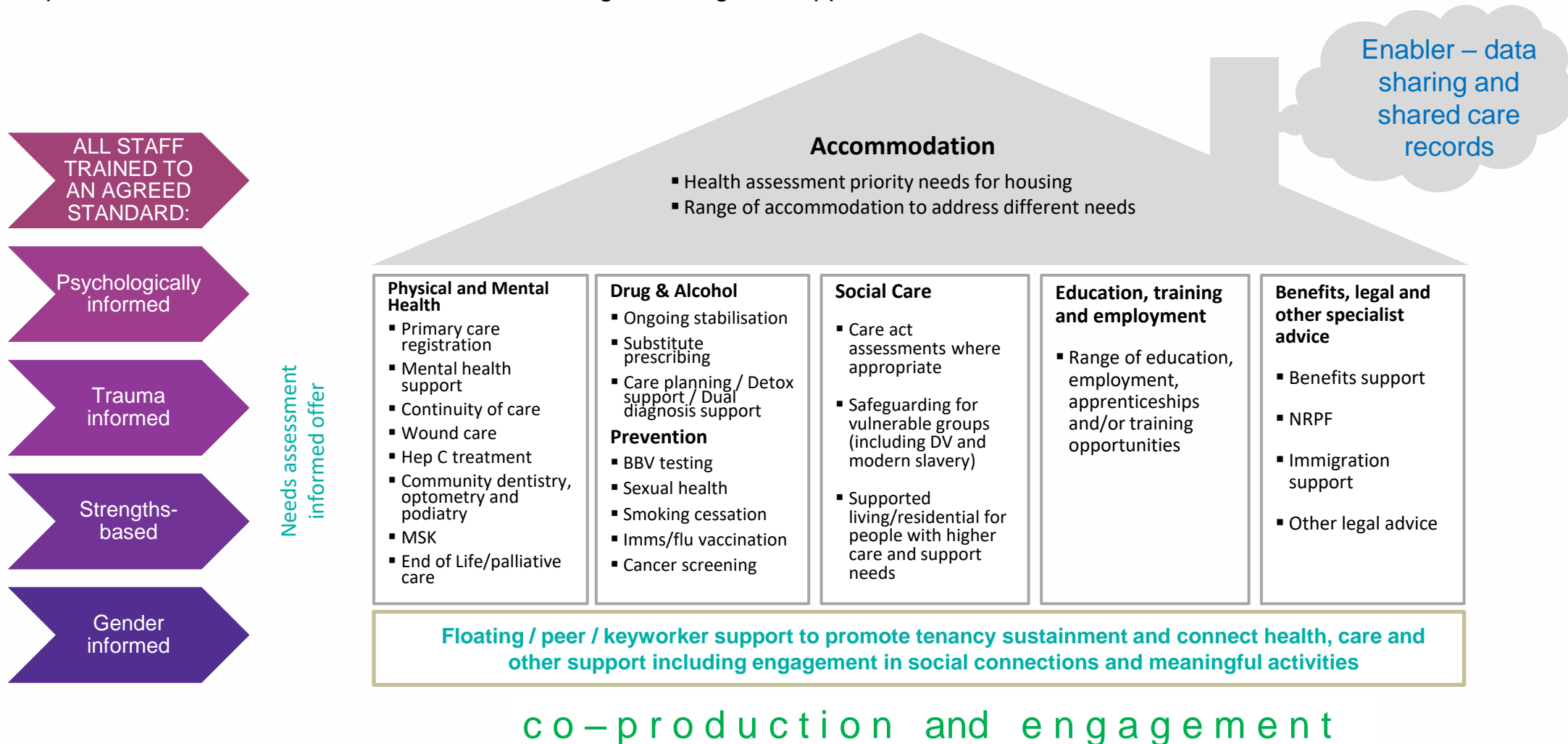


**It is noted that primary care covers all determinants of health and wellbeing, not just physical health*

To this... 'Our House' – an ideal integrated offer adapted from our Covid-19 response

Covers people rough sleeping, people in supported accommodation and temporary accommodation, vulnerable families, hidden homeless – adapted to different settings, population groups and forms of homelessness.

Our priorities aim to 'shift the dial' towards achieving this integrated approach.



5 system priorities

1. Implementing trauma informed support and psychologically informed environments

2. Implementing integrated multidisciplinary working around the resident

3. Creating conditions for more joined up commissioning and strategic planning

4. Improving access to mental health support, including co-existing drug and alcohol needs

5. Taking a preventative approach (primary and secondary prevention)

12 delivery areas

1. Develop a trauma framework that agrees shared principles of trauma informed approaches, with practical ways to implement these and measure how we are doing

2. Create a network of 'trauma champions' and support leadership/management buy-in

3. Improve psychological safety and wellbeing for staff

4. Develop a simple and accessible map of key services within the homelessness 'system'

5. Implement a 'client passport' and Team Around Me case conference tool that can be shared across services

6. Formalise multiagency, multidisciplinary working, e.g., through improved co-location, (inc. mental health)

7. Develop an integrated homeless health and care offer, bringing together different funding streams and services

8. Develop our approach to housing-led support, integrating bespoke care and support and accommodation options

9. Map what mental health support is available and how accessible it is (inc. peer support)

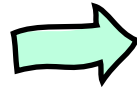
10. More integrated working between mental health and drug and alcohol services

11. Create a joined-up network of services that can intervene earlier

12. Make 'transitions' between services work better for residents to prevent repeat homelessness / 'revolving doors' (e.g., prisons and hospitals)

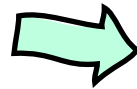
Impact we want to have

1. Increased access to, and experience of, services for people experiencing homelessness



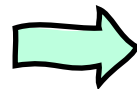
1. Multiple services recognise and use a 'client passport' to reduce duplication and unnecessary assessments, making people feel heard, respected and understood
2. Mental health services are more accessible, e.g., through having a better response for people with co-occurring needs and changing exclusionary criteria in services, meaning more people can get the help they need
3. Residents have a more consistent, structured team around them that can take shared decisions, e.g. through use of 'Team Around Me' principles and case discussion tool

2. A workforce that has the skills and confidence to work relationally with residents and between services (being trauma informed, strength based, person-centred)



4. We have co-designed a framework for what it means to be trauma informed and have psychologically informed environments across different partners delivering services and there is a network in place to drive implementation across the system
5. We have embedded use of 'Team Around Me' and more structured multidisciplinary teams to increase multiagency working around residents

3. A more connected, collaborative system around people experiencing homelessness



6. We allocate resources strategically across partners, e.g. via a joined-up health and care offer to meet holistic needs and effective support within neighbourhood teams
7. We develop more 'housing-led' approaches between housing, health and social care
8. Collectively we understand issues and are better able to respond (e.g., via continued partnership events and insight into equalities issues such as women's homelessness)

High level plan for our delivery areas

Priority area	Who is responsible	Timescales/milestones
Develop and test a client passport	<ul style="list-style-type: none"> Client passport 'delivery group' members 	<ul style="list-style-type: none"> Develop and prepare testing – Apr-Jul 23 Test and learn period – Sep 23-Mar 24
Develop system map(s)	<ul style="list-style-type: none"> System map 'delivery group' members 	<ul style="list-style-type: none"> Develop and share with key stakeholders – Apr-Oct 23
Improve understanding and accessibility of mental health support	<ul style="list-style-type: none"> Mental health 'delivery group' members 	<ul style="list-style-type: none"> Agree test and learn activities – Apr-Aug 23 Test and learn period – Oct 23-Mar 24
Rollout and embedding of 'Team Around Me' (TAM) approach	<ul style="list-style-type: none"> TAM project group (including training from Single Homeless Project) Specific test sites 	<ul style="list-style-type: none"> System-wide training – Jun 23 Embed TAM sustainably as part of wider 'test and learn' – Jul-Mar 23
Creating more formalised multidisciplinary teams (MDTs) in select test sites, alongside 'TAM'	<ul style="list-style-type: none"> Multiagency project group (TBC) Specific test sites 	<ul style="list-style-type: none"> Convene MDT partners, test and share learning for wider adoption – Jul 23-Mar 24
Support test sites to implement and evaluate impact of change ideas	<ul style="list-style-type: none"> Delivery group members Programme lead Programme board (where required) 	<ul style="list-style-type: none"> Ongoing, flexible support as needed By Sep 23 ensure test and learn activity is happening across all priority areas
Develop a Camden-wide framework for trauma informed approaches and psychologically informed environments	<ul style="list-style-type: none"> Camden's Trauma Informed Network and working group 	<ul style="list-style-type: none"> 6 codesign workshops scheduled between Apr-Nov 23 Engagement plan outside of workshops to be developed Jun 23
Longer term shift towards 'housing first' approaches	<ul style="list-style-type: none"> Officers across Adult Social Care and Housing – others TBC 	<ul style="list-style-type: none"> Consideration of bid for funding to pilot approaches – Jun 23
Longer term shift towards commissioning a more integrated health and care offer	<ul style="list-style-type: none"> Working group established across Council and NHS 	<ul style="list-style-type: none"> Planning required prior to 2025