
Governance and Joined-Up Services: The Case of Housing Support Services in England

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› **Abstract** *This paper presents findings from the evaluation of three English pilot programmes designed to support people living with complex health and social needs who were homeless or at risk of homelessness. The services were set up as part of the Supporting People Health Pilot Programme, which seeks to improve policy links between housing support services and health and social care services by encouraging the development of joined-up services. The process of working across organisational boundaries is, however, rarely as straightforward as policy implies and the evaluation highlighted a number of challenges in relation to the governance of homeless services that, if unresolved, had the potential to undermine the credibility and continuation of services. These challenges included ensuring the accountability of joined-up services, creating appropriate mechanisms for involving people who use services in governance arrangements and developing systems to monitor the impact of joined-up services.*

› **Key Words** *Housing support; homelessness; health; joint working; governance.*

Introduction

The election of the new Labour government in England in 1997 signalled the beginning of an era notable for the emphasis given to joined-up government and multi-agency working (Painter and Clarence, 2001), particularly as a means to deliver welfare services (Clarke and Glendinning, 2002). The joining-up of services across organisational boundaries is thought to offer an effective way to address

problems which require input from a range of organisations (Wilkins, 2002), recognising as it does that the boundaries between agencies can act as barriers to the provision of services (Rankin and Regan, 2004).

Huxham et al. suggest that recent years 'have seen a world-wide step change in the emphasis on inter-organisational arrangements as a mainstay of governance regimes'(2000, p.338). This approach stresses the interdependence of governmental and non-governmental agencies to implement and deliver policy objectives (Rhodes, 1997 and 2007; Cloke et al., 2000; Bode, 2006) and is considered to be a helpful strategy by which to combat complex social issues, such as homelessness, which have evaded traditional hierarchical approaches to governance (Newman et al., 2004). Painter and Clarence (2001) suggest that partnerships between agencies offer the potential to create particular 'synergies' or 'transformations', implying that partnerships themselves have a form of creative energy. As such, partnerships between agencies are thought to have the capacity to achieve greater results for individual service users than if the agencies acted separately (Huxham et al., 2000).

Although the logic of joining-up services as a means to provide welfare services to individuals with complex needs has an appeal, the challenges associated with this approach should not be underestimated. Indeed there is a vast literature on the difficulties associated with working across boundaries, which has predominantly focused on matters such as the need to have clear aims and objectives, communication issues and differences between professionals working in different agencies and sectors (Sharples et al., 2002; Cameron and Lart, 2003). Arguably less attention appears to have been paid to the governance of joined-up services; however, authors increasingly suggest that these challenges should not be underestimated (Huxham et al., 2000; Glasby and Peck, 2004).

This paper explores the potential challenges of delivering joined-up services through a case study of the UK's Supporting People programme, which was designed to bring together statutory and non-statutory agencies in order to commission and develop services that will work together to meet the housing and support needs of vulnerable people. The paper first outlines the nature of the Supporting People programme and the commissioning of a specific initiative, the Health Pilot Programme, to address the links between health and housing issues, before moving on to describe the challenges to the successful delivery of joined-up homeless services.

The Supporting People Programme and the Role of Housing Support

The Supporting People programme was introduced in England in 2003 as a means of facilitating independent living in the community for groups that require low-intensity support and also for those that are socially excluded, at risk or hard to reach through existing service provision, of which homeless people are one group. Its broad aim is to provide housing-related support to enable people to stay in their own homes or to move towards having their own homes, and to increase independence and the capacity for self-care (ODPM, 2005). As such, the programme has the potential to play a vital role not just in relation to the prevention of homelessness but also in offering a supportive/ameliorative service to those who are homeless (Edgar and Doherty, 2001).

The Supporting People programme brought together into one fund a number of complex benefit and grant schemes that were previously administered by different parts of government and statutory agencies. These funds were ring-fenced in order that they would be allocated solely to housing-related support, although from 2010 the ring fence will be removed and funds will be placed in an area-based grant and overseen by local strategic partnerships. The programme is managed by local authorities and is designed to be delivered through a working partnership of local government, housing associations, health services, probation services and voluntary sector organisations. Together these organisations commission a range of services, centred on the delivery of housing support, as a means to enable vulnerable people to develop and sustain their capacity to live independently. One of the fundamental principles of the Supporting People programme is a recognition of the importance of interagency cooperation as a strategy to address the complex nature and interconnectedness of the needs people using services may have (Cameron et al., 2007).

The concept of 'housing support' originates from debates about how best to support vulnerable people to live in the community. It builds on an understanding of the relationship between housing and welfare and recognises that some groups may require extra support in order to live independently. Originally housing support services in England were established as a means of providing practical support to specific groups, such as older people and people with learning difficulties, to live in the community. These services have evolved to encompass the provision of extra support to enable people to develop the skills necessary to maintain their independence. Importantly, attention has recently turned to groups who historically have been poorly served by housing services, including teenage parents and people 'deemed vulnerable due to an institutionalised background' such as adults leaving prison and care leavers (Fitzpatrick and Jones, 2005), as well as groups for

whom there is little tradition of statutory sector provision such as sex workers (Cameron et al., 2006).

The Supporting People programme has linked housing support services with wider debates about social inclusion and focused attention on groups that are 'at risk' or hard to reach through existing service provision, thus mirroring trends seen across Europe (Edgar and Doherty, 2001). Additionally, by creating services that cross organisational boundaries such as housing and health, local Supporting People partnerships have developed innovative services to meet the sometimes complex and multifaceted needs of groups of people who are homeless or living in insecure tenancies (McNaughton and Sanders, 2007; Wolf and Edgar, 2007; Atherton and McNaughton Nicholls, 2008). For example, services have been created to support people to access generalist as well as specialist health services (e.g. drug and alcohol services and HIV services) as a means to address specific problems that may have contributed to an inability to maintain a tenancy. Such an approach to homelessness in England fits with the current emphasis on partnerships seen across Europe (Wolf and Edgar, 2007), allowing local government to work with other organisations within the statutory and non-statutory sectors that have expertise in homelessness (Cloke et al., 2000) and/or factors that may contribute to an individual's homelessness (Cameron et al., 2007).

The Supporting People Health Pilot Programme

The Supporting People programme aims to promote collaboration across sectors, however, these relationships, particularly with health care services, have proved fragile in practice (ODPM, 2002). The Supporting People Health Pilot Programme was launched in 2003 to illustrate how Supporting People services could be developed to allow agencies to work together to support the housing, health and social care needs of particularly vulnerable groups. Of the six pilots supported by the programme, three developed housing support services specifically targeted at people who were homeless or at risk of becoming homeless and who also had health needs that were largely unmet and were undoubtedly affected by their housing status (see Table 1). These health needs either prevented them from registering with general or specialist health services or made ongoing engagement with services and/or compliance with health regimes problematic.

Table 1: The Supporting People health pilots

Project title	Nature of pilot	Partnership agencies
On Track	Provision of floating support to young people with dual diagnosis (mental health and substance misuse needs) to enable them to find and/or sustain a tenancy and engage with relevant health and social care services	NHS Healthcare trust Community mental health services Substance misuse service Local Supporting People team 'On Track' (a collaboration between two housing associations, a mental health voluntary group and a mental health service user involvement project)
SWAN NEST	Provision of supported housing and support for women wanting to exit the sex trade, including help to engage with relevant health and social care services	Primary care trust* Borough council Police A general practice A voluntary sector drug and alcohol service
Housing Support Outreach and Referral	Provision of floating support to people who were homeless or at risk of becoming homeless to find and/or sustain a tenancy and engage with relevant health and social care services	Supporting People administering authorities from two London boroughs Primary care trust* Terrence Higgins Trust/Lighthouse

* A primary care trust is a local organisation that forms part of the National Health Service (NHS) in England and provides primary and community health care services to its local population.

An independent evaluation was commissioned by the then Office of the Deputy Prime Minister (ODPM) and undertaken by the School for Policy Studies, University of Bristol. This evaluation illustrated a number of challenges for the governance of homeless services, particularly those services provided across organisational boundaries.

Evaluation methodology

The methodological design for the evaluation sought to explore both the process and the outcome of joint working. Two main sources of data collection were used: quarterly project evaluation reports and interviews. The evaluation reports recorded progress against aims and objectives related to housing targets (including the number of people for whom they had arranged a tenancy and whether these tenancies were sustained) as well as health targets (including the number of clients registered with local primary health services and local drug and alcohol services).

The pilots were visited on three occasions: at their inception, at the mid-point and towards the end of the initiative. Interviews were conducted with representatives from between six and eight partner agencies as well as with those working in the new services. All interviewees were centrally involved in the development of the pilot and/or in the work of the pilot. Interviewees were asked whether the pilot was

achieving its aims and objectives and to describe the factors that supported or hindered efforts to work across organisational boundaries, including issues related to the governance of the new services. Additional interviews were held with people who used the services at each of the pilot sites (six people at On Track, four at SWAN NEST and nine at Housing Support Outreach and Referral). Interviews were transcribed and analysed thematically (Ritchie and Lewis, 2004). To increase the authenticity of the analysis, the emerging themes were discussed with representatives of the pilots at regular workshops. Ethical review was provided by members of the School for Policy Studies Research Ethics Committee.

Challenges to the Governance of Joined-Up Services

Three broad themes associated with what Huxham et al. (2000) refer to as the complex features of collaborative governance emerged from the interviews with professionals. These were the accountability of joined-up services, the involvement of people who used the services in governance processes and the monitoring of joined-up services. It is the contention of this paper that if these challenges had remained unresolved they had the potential to undermine the future of these services.

The accountability of joined-up services

Despite the current emphasis placed on partnerships in the UK involving both statutory and non-statutory agencies, official guidance pays little attention to how these complex arrangements should be managed. However, these arrangements are fundamental to new forms of collaborative governance and as such deserve to be explored (Wilkins, 2002). Significantly, the development of joined-up services and use of partnerships has led to concerns over the emergence of what Edwards has termed 'multiple accountabilities and ambiguities' (2001, p.82). These concerns were evident in the evaluation and demonstrated the need for joined-up services to be based on clear arrangements in respect of the governance of such ventures and in particular the management responsibility for new services.

The governance arrangements at the Housing Support Outreach and Referral pilot, although potentially very complex, were clearly articulated and effective from the outset. Although this pilot involved two Supporting People administering authorities as well as the primary care trust, ultimate accountability was located with the lead commissioning authority for the pilot and regular reports were made to the commissioning group, which met monthly and was described as being 'very active'. The pilot's progress was also reported to significant committees within the strategic partnership. This meant that partner agencies were kept aware of key issues and could support the pilot appropriately but it was clear that the joint initiative was

accountable to one organisation acting on behalf of all of the agency partners. In this way the pilot was able to mandate individual elements of work to specific organisations with clear lines of internal and cross-agency accountability. Similarly, locating management responsibility with one agency ensured that staff, as well as the commissioners of the service, were clear about who was responsible for day-to-day delivery, bringing difficulties to the attention of the relevant committee and addressing performance issues.

Work within the pilots also underlined the need for partnerships to be based on joint working at both strategic and operational levels, a theme consistently identified in the literature (Cameron and Lart, 2003). New services that depend on joint working are unlikely to be effective if those working at an operational level do not understand why they need to work together. Similarly, without the support of those working at a strategic level, joint working at an operational level is unlikely to be successful. All three of the pilots set up steering groups to provide the linkages between the strategic and operational levels. Each steering group included representatives from all partner agencies as well as the support workers. It was clear that members of these groups understood the aims of the pilots and appreciated that these could only be achieved by working together. The meetings acted as the forum at which operational problems could be discussed and solutions identified and were reported to be 'essential to the partnership agencies' by representatives of the SWAN NEST pilot. These steering groups also became the forum in which strategic issues could be addressed, such as planning how services could be 'mainstreamed' in the future.

The balance of power between agencies working together is important and can have an impact on the effectiveness of governance arrangements, particularly when both statutory and non-statutory sector agencies are involved (Huxham et al., 2000). Despite the apparent success of the steering groups in co-ordinating and managing activities, imbalances in power were apparent at two of the pilots. For example at the Housing Support Outreach and Referral pilot, steering group meetings were chaired by Supporting People officers, with project workers presenting a highly structured progress report that gave activity information, referral data and user feedback. The formality of this process led representatives of the voluntary sector to reflect that the relationship between partners had never been portrayed as one of equals, however, they accepted that as commissioners of the service the Supporting People officers took ultimate responsibility for the initiative. Even though this hierarchical relationship was noted, representatives of the voluntary sector commented that the contribution of all partners was valued and that the service developed in light of these contributions.

Clear and effective governance procedures are indicative of a well-managed service providing good outcomes for those using the service (Glasby and Peck, 2004).

However, in practice such procedures are hard to establish. Despite the lack of formal guidance provided by the UK government the experience of the pilots suggests that transparent arrangements, agreed by all partners, can help ensure that joint services are held accountable at a strategic level and that staff at an operational level understand to whom they are accountable and therefore enable the work to be managed effectively.

Involving people who use services in governance arrangements

The process of joint working is typically thought of in relation to how different agencies and/or professionals work together. However, there is growing recognition of the importance of service user involvement and as such the partnership agenda offers the potential for representatives of service user groups to participate in governance arrangements, ensuring that issues of significance to users are addressed (Cloke et al., 2000; Zeldin, 2004). Barnes argues that the developing role of user organisations within new patterns of local governance helps improve the legitimacy and credibility of services and contributes to the process by which services are held accountable and therefore 'implies an important shift in the balance of power between users and providers' (1999, p.84).

The pilots reflect this trend but also illustrate the difficulties of involving people who use, or may use, services in their development, management and evaluation; particularly when, as in these pilots, service users are homeless or at risk of becoming homeless and have complex physical and mental health needs. Although each of the pilots regarded the involvement of people who use services as an essential means of ensuring that their work was grounded in issues of immediate concern to service users, the means by which they encouraged participation varied.

Given the complexity of the problems facing those people using the services developed by the SWAN NEST and the Housing Support Outreach and Referral pilots, neither thought it appropriate to involve service users in the initial development and ongoing management of their work. For example during discussions about the setting up of the SWAN NEST pilot, the agencies were concerned that the involvement of potential service users might raise unrealistic expectations that would then prove difficult to manage if, as was the case, the development of the supported housing scheme was delayed. Instead, once the service was established they held regular meetings with tenants to discuss their experience of living in the house and any suggestions they might have for improving the service.

In contrast, the On Track pilot decided from the outset that user representatives would play a prominent role in the development of the service. The original bid included plans for an evaluation to be undertaken by a local service users' group. A representative of this group took part in initial discussions about the service and

became a member of the steering group. As the service user evaluation progressed the evaluators made regular presentations to the steering group and their findings informed the subsequent development of the service. As a service user representative commented, their participation in the pilot was 'very much on equal terms'. They went on to say 'everyone can have a say and can participate'. Not only did this approach improve the credibility of the service but it may, indirectly, have contributed to the high levels of user engagement with the service. As one health partner commented, 'Service users' views are very high on the agenda, feedback informs service developments... it's always been participatory.'

Cloke et al. (2000) suggest that despite the wish to give homeless people a voice within partnerships very often this voice is not heard because of the louder and more powerful voices of professional elites. The experience from the pilots suggests that this eventuality need not always be the case. They demonstrate that the involvement of service user groups in the management of homeless services helps ensure that governance processes are more inclusive and both professionals and users considered that it helped improve the effectiveness of services. Significantly, the On Track pilot was able to capitalise on a long tradition of service user involvement within the field of mental health services, which meant that professionals involved in this pilot were accustomed to, and supportive of, service users participating in the governance of services.

Governance and the monitoring of joined-up services

Current policy emphasises the importance of a clear demonstration of outcomes as a means to ensure that services are developed that have a positive impact on the lives of those who use them. Consequently, the monitoring of outcomes has an important part to play in holding services accountable (Wolf and Edgar, 2007) as well as providing evidence to potential commissioners of services. However, this is not a straightforward process and is made more complex by the joined-up agenda, which requires a 'clearer articulation of the causal relationships regarding the sharing of outcomes and a fuller consideration of the multiple relationships in the partnership arrangements involved' (Wilkins, 2002, p.114). Each pilot was required to specify what outcomes they sought to deliver and how these would be measured. Their experiences illustrate the challenges inherent in framing work in terms of measurable and realistic outcomes, particularly when the outcomes relate to targets associated with a number of different agencies and when those using the services have complex and chaotic lifestyles.

To evaluate the impact, information needed to be gathered about the likely contribution of the pilots to those who would use the services. To this end the pilots collected information about the number of people accessing the services, the number of service users for whom a tenancy was arranged, whether these tenancies

were sustained at three-monthly intervals and additional information about specific health targets. However, a number of difficulties with this approach emerged. Attempts by the On Track pilot to follow up on young people after they had moved on to independent housing, sometimes in different cities, proved difficult because it required other agencies to collect additional data that had little relevance to their own organisation. Concerns also emerged at each of the pilots about the interpretation of data protection legislation and whether agencies could share information. For example, attempts at the SWAN NEST pilot to record whether service users were accessing and engaging with sexual health services failed because the primary care trust was unwilling to share this information even though they were a member of the partnership.

Finally, even when the pilots were able to provide information about the impact of services, some partners, particularly those with little experience of working with these specific groups, questioned the efficacy of what they regarded to be the small numbers of people receiving services. In these instances it was important for the steering groups to revisit their aims and objectives and to remind partners of the need to be realistic about what could be achieved in such a short time with groups of service users who lead complex and chaotic lives. As one partner at the SWAN NEST pilot reflected, 'We never deluded ourselves that this was an easy group to work with. People don't understand how difficult a job it is just to get women to a position of wanting to exit [the sex industry], it is a very long haul, getting other organisations to understand the complexity and the time that it will take.' This realistic approach meant that the pilot was able to withstand setbacks, for example when individual tenants left the supported housing scheme before they could be rehoused in long-term housing or when statutory sector partners questioned the worth of the intervention. However, this lack of understanding underlines the difficulties of evaluating services designed to support people who have complex lives, whose individual development and transition out of 'disordered lives' does not conform to the 'linear trajectory' imagined by policy makers (McNaughton and Sanders, 2007, p.898).

Conclusion

The development of joined-up services has led to the emergence of new patterns of collaborative governance within welfare services. Evidence from the Supporting People Health Pilot Programme in England suggests that this approach offers an effective means of providing support services to people with complex housing and health needs (Cameron et al., 2007), which is consistent with developments elsewhere in Europe (Edgar and Doherty, 2001; Wolf and Edgar, 2007). However, whilst these forms of governance may do much to improve the effectiveness of publicly funded services they also create a number of challenges, many of which are to do with what Huxham et al. (2000) have termed the 'structural complexity of partnerships'. The challenges presented are such that they have the potential to undermine the credibility and sustainability of innovative services designed to meet the housing and health needs of some of the most marginalised members of society. It is therefore important that the challenges of collaborative governance are recognised and strategies developed to overcome them, particularly when services such as these are potentially more vulnerable to funding cuts than mainstream services. The experience of the Supporting People pilots offer some examples of how these challenges can be successfully met and suggests potential models of how joined-up services can be developed that meet the complex needs of people who are homeless or at risk of becoming homeless.

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