

# Consulting with Hard to Reach Users of Housing Related Support Services for Strategic Planning for Supporting People

## Guidance for Commissioners

### Introduction

This Guidance has been produced as a result of an action research project funded by the ODPM and conducted by ROCC, an independent training, consultancy and advice organisation for the voluntary housing sector in Hampshire and the Isle of Wight.

The aim of the project was to trial effective consultation methods with hard to reach users of housing related support services for strategic planning under Supporting People (SP) and a full report is available at [www.rocc.org.uk](http://www.rocc.org.uk).

Information was gathered to produce guidance for commissioners, by talking with hard to reach clients, defined below, and a sample of commissioners all operating in Hampshire.

This Guidance proposes consultation methods, factors that act as barriers and details enablers, to aid consultation with hard to reach clients.

Guidance for clients wishing to be involved in strategic decision making has been developed by clients and is also available.

### Definition

Hard to reach clients were defined as individuals who were:

- homeless people
- people with alcohol and/or substance issues and addictions
- women escaping domestic violence
- young people, often with histories of being in care
- people from Black Minority Ethnic groups including gypsies and travellers
- people who have offended or may be at risk form offending
- those with complex needs i.e. two or more of the above, and may be compounded by mental health problems.

Often they do not have contact with statutory services, and in addition have no fixed address. This may be either because they are not seen as fulfilling statutory requirements, or because they have excluded themselves, or because they have had their primary contact with voluntary sector agencies i.e. our hard to reach service users fulfil at least one of these criteria:

- Transitory.
- Not directly in criteria for LA care.
- Excluded by services, or have excluded themselves e.g. runaways.

In addition these individuals are more often labelled groups such as 'addicts'. They are usually unpopular by UK media standards, and considered hard to work with by Social Care and Health standards as they often have chaotic lives, and are not necessarily compliant or predictable.

It was found that interest in and ability to contribute to strategic planning tended to develop when clients had moved out of a crisis period, although day to day and more creative consultation methods could inform longer term planning provided information was sought using methods that were of direct benefit to clients.

A model is proposed that can incorporate views from those in crisis and those more settled in their lives that feed into structures for strategic planning for SP.

## **Levels of Client Consultation in Supporting People**

The ODPM has defined four levels at which service users can and should be making contributions and has produced a 'Guide to User Involvement for Organisations providing Housing Related Support Services.' providing clear guidance and examples of good practice for all levels, defined as:

- Dialogue/information
- Day to day
- Planning and Policy
- Service Management

The Supporting People Quality Assurance Framework (QAF) reflects the merging demands of the Housing Corporation, Audit Commission, Best Value etc that all require demonstrable influence of service users in housing related support services, in the above, but not at the strategic level of planning for SP.

- A 5<sup>th</sup> level, strategic planning for SP could include:
  - Local Authority-wide and inter-agency management and policy development
  - National policy development

Here service users should be able to contribute their views to the highest level of planning Supporting People services by engaging with commissioners and having their views taken into account in the planning and prioritising of SP services.

Currently under SP the District Inclusive Forum would be the place for strategic planning at a local level, although these decisions are subject to alteration at the Higher level – the County Core Group.

District Core Groups make the local strategic plans but currently don't have any access by clients. In authorities where clients are involved they are only involved in either the Inclusive Forum or working Groups which tend to deal with Learning Disabilities, Physical Disabilities, Mental Health and Domestic Violence.

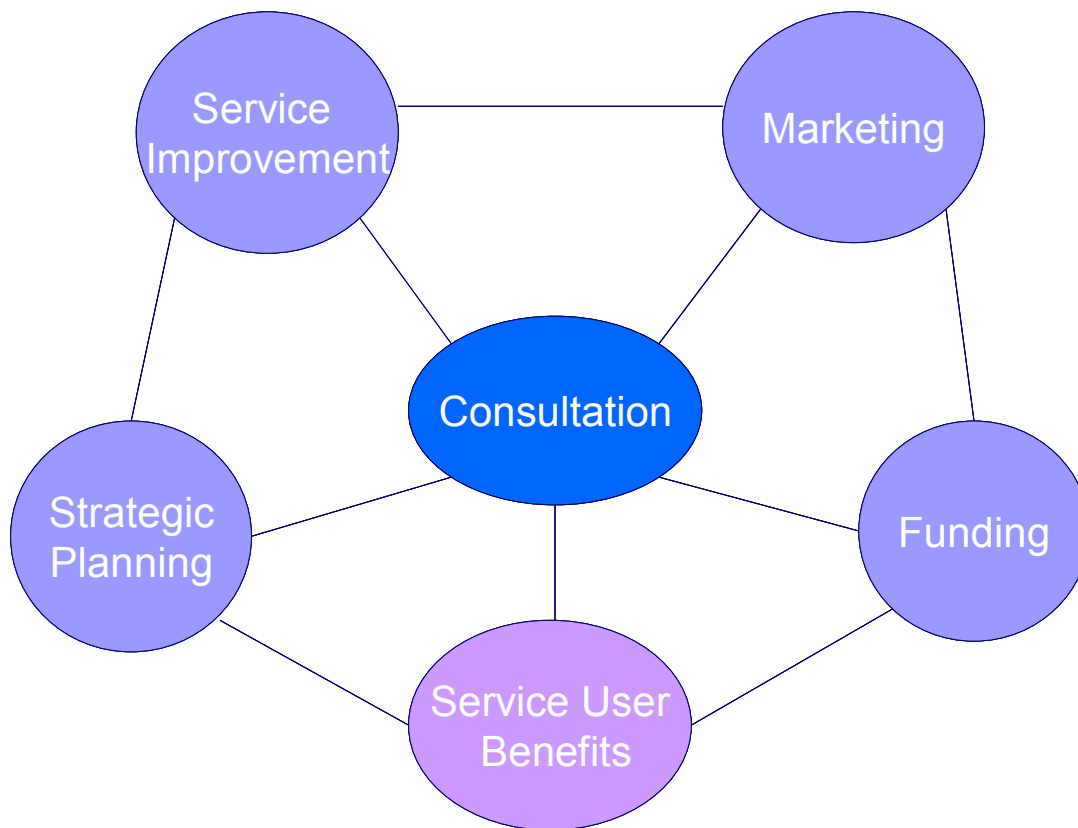
Commonly Primary Care Trusts and Health Authorities have their own systems of consultation and local authorities may have other consultation frameworks with greater or lesser coordination, overlap, and information exchange.

A User Involvement Steering Group/Forum could be set up to oversee the annual SP strategic process, and meet before each county core group to respond to the key strategic issues of each quarter. By using the model proposed, independence and authenticity of views can be gained from hard to reach service users. This can also be linked into established networks such as Connexions and Social Cohesion Units, for young people and BME groups, to prevent consultation fatigue and replication.

## **Barriers and Enablers**

A major barrier to involvement is the potential for tokenism when seeking service users views. This representation puts service user consultation as being central to the benefits

of users directly in terms of building their sense of worth and participation in the community as well as the benefits for service providers and commissioners.



### **Staff attitude**

It is worth looking at whether conscious or subconscious attitudes are born out of the fear of challenge or change. If professionals have been of a mind to 'do to' rather than 'work with' clients their very role, value and purpose is being confronted. It may take decidedly longer to assist a client to do something for themselves than doing it for them, whether that is making a phone call or a strategic decision. The value however is in the increase to their personal independence and development within the immediate or wider community.

The attitude that doesn't recognise a clients capacity to develop and grow can only limit that growth and development, and engender a prejudiced view of what vulnerable people can and cannot achieve. If this is the case in the daily workplace then it is bound to restrict the expectations of exactly what clients can be consulted about. Such resistance needs to be worked with and broken down, so genuinely useful structures can be developed that allow and respect a clients right to participate and be consulted at the strategic level. This requires a cultural change within an organisation which can take several years to successfully achieve.

Policy makers have increasingly pushed for greater client participation, and it is a requirement of SP. However, it is better to have full and genuine support rather than lip service if the concept is to be meaningfully embedded in planning and delivery of housing related support services.

### **Enablers**

People who are homeless have more pressing priorities than consulting on strategic planning for SP. This is not to say that they cannot be involved in more creative ways at this time, and then by using more traditional methods when they are more settled.

Personal confidence does have a part to play in motivation as often clients have expressed the view that they are embarrassed to ask for clarity of jargon, or concepts. People who are sleeping rough or have addiction issues may also feel very isolated and stigmatised.

Respect for their contributions, access, catering, training and payment are all factors that help hard to reach clients to get involved in strategic planning exercises.

Through meeting with hard to reach people using day centres, commissioners can benefit by:

- Reducing clients' anxieties about what their provider might think if they were critical of a housing service
- Increase their confidence in that you have bothered to go and see them
- Offering them the opportunity to talk directly to you about their views
- Get to see the secondary methods of consultation that can help inform you

## **Primary and Secondary Methods of Consultation**

Clients may not wish to or feel able to be fitted into traditional styles of consultation on strategic decision making, particularly if in crisis, when more creative possibilities might be utilised. There will always be concerns about literacy, understanding jargon, passive exclusion or tokenism in involving clients in high level meetings and although these can be successfully addressed with commitment to time and resources, they may be better suited to those clients at a more stable place in their lives.

Two types of consultation methods were defined:

### **Primary methods**

Where the primary purpose of the method is to consult, usually through traditional meetings or questionnaires.

### **Secondary methods**

These are activities that may be engaged in by clients for their personal development but can be shared in order to use them as a consultation method for example IT, art, drama projects. These can have a secondary purpose as channels of valid qualitative information for hard to reach, engage or communicate with clients to enable them to contribute to strategic decision making.

Although there is strong motivation by some individuals to contribute their views to a planning process to help future clients, most clients want to see results quickly and there are risks that this will not necessarily happen using traditional planning and long term mechanisms. Benefits can, however, be obtained from the actual process of consultation for example from the confidence gained through taking on the representative role. In addition learning and development gained by participating in the process of more flexible consultation methods such as creative writing.

Primary methods of consultation focus on the outcome, secondary methods of consultation focus on the process – through the latter methodology there are mutual benefits for commissioners and clients.

## **Preferred Methods of Consultation**

Table 1 below summarises the preferred methods of consultation for those in crisis circumstances and those receiving lower level support as they move on to greater independence, where preferences were expressed.

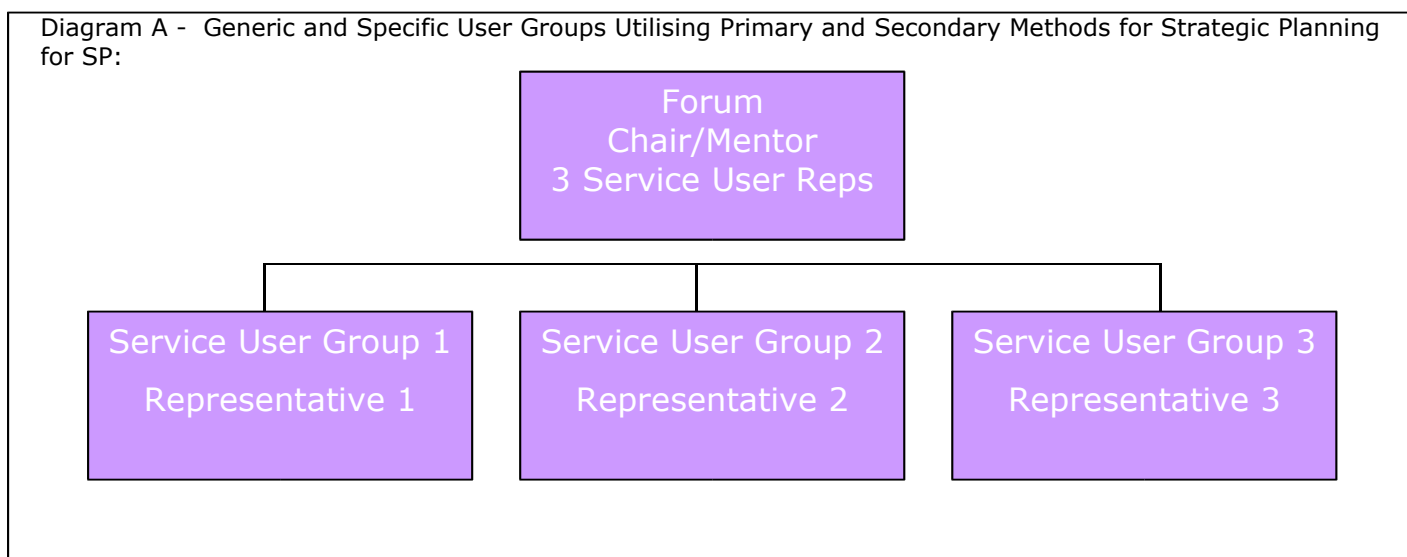
Table 1 – preferred methods of consultation

	Homeless		Drugs & Alcohol		Women fleeing DV		Young People		Gypsies and Travelers		Black Minority Ethnic	
	Crisis	Stable	Crisis	Stable	Crisis	Stable	Crisis	Stable	Crisis	Stable	Crisis	Stable
Link to current networks					X			X	X	X		X
Community outreach												X
Staff advocacy	X		X		X		X		X	X		
Advocate for others		X		X		X		X				X
Day centre visits by Commissioners	X	X										
Hostel visits by Commissioners	X		X		X		X					
Forums		X		X				X				X
Drama			X				X					
Creative Writing	X		X		X							
Newsletters	X											
Video	X		X				X					
IT	X	X	X	X	X	X	X	X				X

Using this information a model has been developed that incorporates primary and secondary methods enabling individual and group preferences to be recognised in how they contribute to strategic planning for SP.

It also allows for the hard to reach groups and other groups to contribute to a generic forum to ensure all groups are represented.

This model is however only effective if those participating are supported and trained as required.



The Service User Groups could be for any or all of the following

- homeless people
- women escaping violence
- those with drugs and alcohol issues
- young people, often with histories of being in care
- people from Black Minority Ethnic groups including gypsies and travellers
- people who have offended or may be at risk from offending
- those with complex needs i.e. two or more of the above, and may be compounded by mental health problems.

In diagram A the three Service User Group Representatives participate using a primary method - the Forum. These representatives should be offered payment, training, mentoring and act as conduits of information to the Forum. An independent facilitator may be used to lend clarity and chair the meeting if wished particularly if it is for service users only. In addition participants could encourage Commissioners to both attend the Forum and visit services. They can also gather and relay views gained from the Service User Groups, via secondary methods, back to the Forum to aid the strategic planning process. (the Forum could alternatively be 'virtual' and contact made between participants by phone, email, message board etc. with participants only getting together for training sessions, although this potentially dilutes the learning involved in the face to face nature of groups).

The Service User Groups may take the form of meetings if the members so wish, but have the choice to operate as a virtual group. There are several ways in which this group could operate

- The representative could visit members individually
- The membership could be every changing – for example the representative canvases views of those in a day centre on any given day.
- The representative could elicit views from the group utilising secondary methodologies
- The representative could gain opinions via ICT using online questionnaires etc.

This information is then taken to the Forum by the representative.

## Costs

Although there are costs associated with involving service users at the strategic planning level, it is still a worthwhile investment. There are differences in funding streams and these will have an impact on the resources available to consult with clients of particular groups.

Traditional (Primary) methods of consultation can be quite costly as payment needs to be made for transport, attendance, parking, refreshments for a number of people. Utilising secondary methodologies these costs could be significantly reduced as in this model few people need to be retained, trained and paid as they access the greater numbers wishing to contribute through the representatives using secondary methods.

It is recommended that commissioners liaise with each other and providers to ensure knowledge of existing structures and mechanisms for consultation especially with BME groups in order to prevent replication and consultation fatigue for example Social Cohesion Units, Gypsy Liaison Officer, Connexions.

## Development Issues

The DTLR guide 'Reflecting the Needs and Concerns of Black and Minority Ethnic Communities in Supporting People' provides a useful guide, and the continued training of service providers and commissioners in the area of Racial Harassment would help to raise

awareness of the issues facing individuals from BME groups needing inclusion into the wider community, as well as improved access to housing related support services.

By encouraging providers to develop and empower clients to their full potential they can become more active citizens and be skilled to contribute to strategic planning exercises.

Reawakening commissioners to become more open with clients lessens the 'them' and 'us' divide and speeds up the process of getting to know each other as people, rather than in the stark roles of 'professional' and 'client'.

## **Top Ten Tips for Commissioners to know about....**

### **(1) Clients**

- Do want to be involved in ways that suit them
- Do want respect and to be treated as equals
- Don't want tokenism or to be patronized
- Do want training, mentor/facilitation for strategic planning and decision making concepts/systems/committee papers etc. Also assertiveness, group working, representation and advocacy.
- Do want feedback when they have been asked for views
- Do want Commissioners to come to them and see individual differences between groups and between people
- May only want to speak for themselves
- Some people may want anonymity
- Women in refuges would prefer their own group to a generic client consultation group
- Want to be rewarded/paid for their input and often need travel expenses in advance

### **(2) Commissioners**

- Prefer independently collated views, statistically valid surveys etc. if this is not an option they can set standards for providers to meet if they are consulting on their behalf
- Need to offer choice of methods of consultation in order to engage clients i.e. flexible times/methods of involvement and consultation including development of current District Inclusive Forums and working groups
- Accept the validity of creative writing, drama, video etc as complementary qualitative information but be prepared to collate into public body-speak
- Need (and say they want to) go out and see clients in their services
- Need to offer practical partnerships for like agencies to set up independent user groups
- Pay for consultation structures to be set up and run
- Be clear about expectations, role and weight of views
- Accept some clients are happy for staff to speak for them
- Need to offer payment/reward for contributions
- Set up mechanism for sharing good practice and establish common quality standards of user involvement in strategic planning

### **(3) Service Providers**

- Know they could/should do more and would like assistance
- Develop a culture of commitment to client involvement - examine how real the barriers actually are
- Need to (as some do) demonstrate an open leadership style, and commitment from the top of the hierarchy, as if there is consultation at levels 1, 2 they can reach 3, 4
- Assist clients development to participate now or in their futures in strategic planning exercises

- Commitment to working with clients to gain knowledge about how they want to be consulted not putting structures on them
- Developing structures alongside clients that they want and can use
- Provide clear expectations what's offered v expected by clients
- Plan the time, cost, quality of client involvement with them
- Engage in dialogue with commissioners liaise with day centres/open venues etc for open days and invite commissioners in
- Share good practice

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