Improving pathways into housing for people using Mental Health Services and Drug and Alcohol Support services

A one day event held on 20 June 2019 at Pathfinder House, Huntingdon

Objectives of the day

The aim of the event was to bring together representatives from different agencies to have open, honest discussions about the current situation, what's working and what challenges there are, identify gaps and look to the future and what it should and could look like.

The work of the trailblazer project has identifies that positive relationships and good productive mulita agency working are paramount to improving the pathways between agencies and in turn improving peoples' lives.

Leading on from the event we hope to form a Task and Finish group that will look at the findings and work to adopt and promote good effective relationships between housing agencies and organisations supporting those with mental health challenges and those facing drug and alcohol addiction. This will improve using a person-centred approach to ensure all services are working cohesively.

Organising team

- Homelessness Trailblazer team
- Co-production group via Cambridgeshire County's Making Every Adult Matter team.
- Huntingdonshire District Council Housing Services
- Change-Grow-Live
- Drug and alcohol team at Cambridgeshire County
- Housing Board
- Housing related support at Cambridgeshire County
- Fenland District Council
- Mental Health Commissioning at Cambridgeshire County

Invitees

The invite was widely distributed across the public sector and homelessness networks, approximately 150 invites were sent out by email.

Agenda

- Arrivals , settling in, refreshments
- Post it exercise at start of event.
- The morning opened with speakers:
    - Sarah Ferguson – welcome, opened the event
    - Helen Brown and Claire Grainger set the scene and what we want to achieve in the day
    - Service users shared their lived experience of the services in the spotlight
- Workshop 1. 3 different case studies were used to look at

1. What needs does the study highlight?
2. What needs, or gaps in service, are highlighted?
3. What barriers does our case study encounter?
4. Can you identify the agencies who got involved?
5. Where do you think thresholds are an issue (i.e. you have to reach a certain level of need to get a service)

- After lunch: 'getting into line' exercise and discussion. Within the table groups, whole group communicates and puts themselves into a line where they are in a person's journey. From Prevention of Homelessness to Homelessness to Settled accommodation.
- Workshop 2 returned to the case studies and considered:
  1. Did anything in the case study work well?
  2. In an ideal world, do you think the needs identified could be met? Does this involve new provision, new services, new approaches, new partners (just examples). What new provision could help plug the gaps in service?
  3. How do you think the barriers identified could be overcome?
  4. Should other agencies have got involved? Why might they not have been involved (i.e. are they facing barriers or thresholds?) What can we all do to improve partnership working?
  5. If thresholds are an issue what might we do to fix that? Would it help simply to be aware of these thresholds?
  6. Are the gaps in knowledge which could be fixed?
- Discussion of the practical outcomes of the day.
- Finally, a post-it exercise to close. This gathered attendees feedback on:
  1. Head: something will think about
  2. Heart: Something will take to heart (really means something)
  3. Toolkit: will take away and use
  4. Bin: anything no longer believe
- Close

Attendees

Around 70 people attended on the day.

Organisations represented included:

- Adult Early Help at Cambs County Council
- BPHA
- Cambridge Churches Homeless Project
- Cambridge City Council
- Cambridgeshire and Peterborough Foundation Health Trust (CPFT)
- Cambridgeshire County Council
- Change-Grow-Live
- CHS housing group
- Co-production group (bringing lived experience)
- Cornerstone Practice
- Cross Keys Homes
- Cremains
- Fenland District Council
- Homeless individual
- Huntingdonshire District Council
- It Takes a City
- Jimmy's Nightshelter
- Longhurst Housing Group

- Luminus Ferry Project
- Luminus Housing
- Mind/CPSL
- National Autistic Society
- Office of Police and Crime Commissioner
- P3 support agency
- Peterborough City Council
- Police
- Riverside Housing Group
- Sanctuary Housing
- SCDC
- St Giles Trust
- Standing Together Against Domestic Abuse
- Sun Network

Exercise 1: positives and barriers for each other's organisations

Delegates were asked to put ideas on post-it notes at the start of the session, to given an idea of what preconceptions there were and how services perceive each other. The question was: What do housing, drug & alcohol and mental health services do well, and what challenges do they face? The tables below set out both questions for each area:

What they do well	What challenges they face
Housing	
• Managing customer expectations	• Mental Health Housing - Need a CPN- CPN can support but lack of social workers
• Identifying customer needs other than housing	• High criteria for secondary services
• Knowledge of often regular contact with those in need	• No housing in Peterborough hostels
• Lots of innovation / new ideas	• Release homeless from prison
• Homeless prevention approach to core work including flexible solutions	• Lack of landlord accepting Housing Benefit
• Tenancy sustainment	• Interpretation /resources to deliver new housing leg
• Preventing homelessness referring to other agencies required	• Lack of varied stock
• The change in the housing legislation	• Fighting the tide
• Emergency line – out of hours always answered quickly	• Services already at capacity and unable to work with customers immediately/offer suitable appointments
• Offer on-line support	• Core services are often subject to bidding for government funding
• Exploring a range of housing options	• Discrimination in public and private housing. No enduring supported housing. A post generation
• Improvements in early intervention	• Acknowledging housing doesn't fix everything
• Ability to support and signpost those wishing to access treatment services	• Trying to access accommodation options where clients have support needs. Not enough provision/thresholds too high
• Contact with those not ready for treatment services	• Provision varies massively across the area
• Helping homeless clients who are vulnerable	• Reduced rent levels
• Bridge the gap in public services. Want to provide places people want to live	• Tenancy sustainment wanting to help, accessing right support at the right time

What they do well	What challenges they face
• Understanding of legislation and management of expectation	• Consistency of approach across local authorities
• Accessing national funding pots	• Amount of homeless people
• Partnership work is positive	• Best use of limited accommodation
• In Cambridge City there are varied housing options	• Lack of supported housing- need for MH
• Housing Officers work well with other agencies to prevent homelessness	• CCC providing services such as SHS, helps accommodate low need service users into Private Rent
• Better understanding of joint needs	• Cutting funding
• Homeless Reduction Act creates successful outcomes	• Lack of properties
• Collaborative working of services	• Poor communication between services and district councils
	• Different approached across the county
	• Difficult for county wide orgs
	• Difficulties obtaining identity for HomeLink
	• Inconsistent approach to homelessness from hospital settings
	• Receiving updates from other agencies
	• Services reducing/closing due to lack of funding despite the need being higher each year
	• Universal credit/limitations for vulnerable people or groups/funding
	• Is MH viewed in priority with physical health and disability e.g. sustainability of housing location and mix
	• Extra care housing for MH needs
	• CCC grating exemptions that bypass Jimmy's and in turn impact on the length of stay of current guests
	• Scale of complex needs
Drug and Alcohol Services	
• CGL countywide processes developing across county	• Growing criminal justice referrals – no increase in workers
• Outreach services	• Have to rely on external bids for services as do housing meaning some uncertainty
• CGL pathways and centred support	• All services not enough resources
• All services want to provide quality services to clients	• Limited funding and client engagement
• Services are effective with clients who engage	• Lack of funding and support
• Non-judgement service	• Funding
• Community detox programmes	• Waiting times for CGL are too long, also a lack of 121 appointments and this risks people with social anxiety disengaging with services
• Very person centred and great change of help	• Difficult for people in remote areas with no transport to access

What they do well	What challenges they face
• Some really dedicated, compassionate individual staff	• Cuts in funding
• Substance misuse treatment is reaching further into the community	• Difficulties for clients (often chaotic) accessing what can be a very rigid system
• Focus on early intervention to complex	• Accessing other services - Influencing
• Willing to work with other services	• Clients none attendance
• Not looking in isolation	• Scale of complex needs
• Well trained staff	• Knowledge of expertise needs to be shared wider
• Good work – Peer Support	• In-patient detox programmes not easy to access
	• The model of care does not fit well with dual diagnosis
	• Funding, staffing levels, too many clients
	• Pathways designed around middle class motivated people
	• No rapid intervention
Mental Health	
• Doing the best they can with assets they have	• High demand-not always able to respond when needed most
• Assist with vulnerable clients	• Delays in mental health assessments being carried out
• LADS	• Engaging those unwell not wishing to access treatment
• When they joint work it goes really well	• Broader support at primary level and prevention needed
• Great partnership working at the point of crisis	• Cuts and constant restructures to community and acute services
• Amazing knowledge and expertise, services benefit hugely	• All services are not joined up and work independently
• Excellent experienced staff	• Services users being picked up
• Ability for clients to self-refer	• Capacity issues
• Great awareness and issues and access to training is improving	• Reduction/removal of teams that were supporting homeless with mental health issues DDST
• Development of frontline, ISPT direct access preventative services	• Unlocking expertise, sharing with others is really needed
• Goals focussed action planning	• Difficulties in being referred whilst using drugs or alcohol- Doctors often require reduction before referral to mental health
• Good Track record of modernising Mental Health	• Hard to access pathways, unmet promises
• Emphasis on harm reduction	• Vulnerable cohab falling in between primary/secondary care
• Attempts to coordinate e.g. DDST in Cambridge	• Reduced funding
	• GDPR
	• Gaps in service

What they do well	What challenges they face
	• Mental Health services are very difficult to access even in a crisis
	• Waiting times for appointments
	• Lack of understanding of mental health needs by necessary agencies
	• Service users having difficulty accessing a rigid system
	• Scale of complex needs
	• Pressure on client contact time
	• Difficulty in access/pathway for people with dual diagnosis
	• Gaps in funding
	• Struggles with what comes first, addiction or mental health
	• Funding, Getting rid of teams like DDST, staffing levels

Presentations

Introductory slides: https://cambridgeshireinsight.org.uk/wp-content/uploads/2019/07/intro-slides-20-June-2019.pptx

Counting every Adult slides: https://cambridgeshireinsight.org.uk/wp-content/uploads/2019/07/counting-every-adult-slides-20-june-19.ppt

Workshops

Questions were asked to guide workshop groups. The notes below bring together the common lessons, questions / suggestions and issues raised by all groups. The comments are grouped into themes, including

- Focussing on the individual
- How teams work
- How team work together
- Staff skills, learning and development
- Senior leadership and funding
- Thresholds
- What we need more of
- Other issues & questions
- Suggestions for shared learning
- The agencies involved (diagram)

Focussing on the individual

- Key is to engage with person early to prevent escalation
- Client needing to engage with multiple services whilst managing her own complex lifestyle
- Services are available – but difficulty accessing
- Peer support service

- De-mystifying – makes it easier to share info if not all jargon and lingo
- Accessing the appropriate health resources
- Lack of address – no clear line of communication to talk to him
- Access to counselling
- What is the person's pathway/journey?
- Physical barriers – no postal address, no places to catch up with people, no GP, no money

Approach to the person

- Be honest
- People who do not access services – bring services to them
- Consistency -> listening, empowering
- Open, non-judgemental- personal connection
- No one key person supporting individuals. If she'd had a single point of contact she'd have had the opportunity to build a relationship with one person and further problems might not have happened.
- Trusted assessor who is able to refer to others – professionals trusting each other
- Ability for worker to challenge homeless intentionality quickly
- Individual coordinators
- Need an overall lead and an advocate
- Visits before letters
- Marketing services along lines of what can we do for you
- Accessible surgeries e.g. in library, church etc.
- Proper handover between resettlement and tenancy
- "Human" interaction
- Peer support service for people with these experiences
- Befriending / peer support for rough sleepers
- Need to discuss what outcomes she wants
- Reading and writing – barrier to accessing services
- Capacity – mental health and substance misuse
- Approach – ask the client what they want
- All facts are about her, not her views.
- Cultural needs / aspects need to be considered
- What does client want? Listen to her!
- Is Heather part of this, or just being discussed?
- WHAT DOES SARAH WANT?

Plan for the person

- Individual's own plan – single assessment owned by the individual
- If all show NI number and DOB means can control their own plan

For individuals…

- Physical and mental health – ability to access things
- No family and peer support locally
- Cultural: traveller background

- Accessing benefits (education / illiteracy) - no benefits means no free prescriptions
- Literacy issues – lack of ability to complete forms / letters being sent for appointments
- Finds it hard to engage with professionals
- Access to flexible service for Drug and Alcohol issues
- Communication with Sarah
- Housing advice / support
- No mental health or support services mentioned throughout
- Will there be engagement, will bereavement counselling be available and will he choose to access this.
- Risk of financial exploitation by poor choice, how will this be safeguarded if level of support is not deemed high enough for 24/7.
- Understanding of services
- Trust
- His consent and what he wants

Complexity / longevity

- Increasing stigma throughout case study
- Partner relationship (in relation to protecting from exploitation)
- Missed appointments – lead to not engaging
- Behaviour / aggressive
- Stigmatised
- Potential service fatigue from years of professional involvement.
- Feeling isolated
- Failing to attend medical appointments
- Not high enough need to trigger co-ordinated approach from existing services
- Erratic behaviour since injury. Making wrong choices which she might not be aware of the consequences due to extent of injury.
- Risk of infection and further damage to physical health with no medical assessment.
- Access to appointments due to isolated location
- Assumption that support will be taken up
- Might abandon property due to location
- Being exploited by others if left in vulnerable accommodation or area
- No clarity around current capacity
- Speech impairment, risk of people misunderstanding her.
- Capacity vs choice
- Disengagement – unrealistic expectations – having to attend appointments to access services, times of appointments

Safeguarding & capacity

- Has safeguarding been looked at in terms of capacity?
- Safeguarding concerns
- Is there a capacity issue following brain injury?
- Safeguarding when sex working
- Capacity – an issue for everyone!

- Has safeguarding been looked at?
- Safeguarding – has this been looks at in terms of capacity?

Support

- Tenancy support – what is in place?
- She needs 24/7 support - Flexible out of hours support and need specialist – no lead worker in place
- Expect support as a previously "cared for" child

Consent & info sharing

- Consent - because lack of consent referral cannot be made to other organisations
- Attitudes of services – DtA (?) / housing / MH about information sharing with each other
- Understanding the reasons for not sharing information within services and figuring out how to work "exceptional circumstances"

Disengagement – what happens next?

- Disengagement from services
- Substance misuse – outreach

How teams work

- No one seems to be taking time or forming a relationship with Sarah
- Breaking Sarah down into compartmentalised needs
- Professionals agreeing on her pathway, seems Sarah is not being given options – sounds like opportunity to involve Sarah was not taken
- Short term prison sentences resulted in missed opportunities to engage
- Transition from 17- 18year old through care system.
- Needs help on weekend.
- GP barriers
- Planning discharge from A&E
- Landlord engaging – this could be private or social
- Should a Deprivation of Liberty Safeguard (DoLS)[1] be put in place?
- Has an assessment of mental health capacity been done?
- Need to understand what she wants if we did not know what her mental capacity is
- Why wasn't it flagged that she cannot read and write?
- Are people trying to access services aware of how to report abuse?
- How did she end up intentionally homeless?
- What treatment for sexual abuse?

Flexibility

- Need flexibility to assess at time client wants to engage
- What team can offer flexibility and time? Could trial flex of thresholds?

[1] DoLS : part of the Mental Capacity Act

Accessing services

- Aligning service access points to CABx
- How services are presented and delivered
- Suggestion: identifying people at the very front end rather than at the end
- Accessing different teams and services
- Access to mental health – engagement – has to go to them – expectation that he can manage appointments
- Housing – accessing housing needs (debts, inheritance, reason for previous tenancy loss, eviction)
- Social care: youth transitioning to adult service

Early intervention / action

- Early intervention opportunities needed to be taken e.g. in hospital
- Landlord missed opportunity to explore issues when rent arrears started, referrals to trailblazer project etc.
- Discharge planning - missed opportunities with multiple hospital discharges – what questions were being asked? What referrals were being made? Are they aware of her situation?
- Professional meetings arranged to discuss how to prosecute rather than help
- Missed opportunities to be picked up early
- Repeat visit to A&E should create a frequent attenders plan

Housing

- Lack of appropriate housing
- Could supported housing make situation worse? No housing first?
- Police and other involvement when ASB occurred – role of landlord?
- Eviction and court process provides opportunities to look deeper
- Similarly eviction from “good Samaritan” property – don’t know tenure but again a chance to look at causes
- Supported housing settings
- Rent arrears (form a barrier / threshold)

How teams work together

Why coordination needs to be improved

- The needs being addressed are being addressed in isolation
- No co-ordination between agencies involved until recently
- Lack of coordination
- Transition from child to adult services
- Could there have been a handover from child to adult services?
- NEED A COORDINTATED APPROACH
- Disjoint between health and social care
- Services working together – improved the outcome in the end but should have happened previously.

- Multi-agency approach – from care, from hospital (head injury) and sexual exploitation (victim of DV)
- "Not my responsibility" becomes someone else's problem, or case falls through the cracks.
- Can't we get the agencies together to work out a system when someone is near threshold(s)?
- How to address / get involvement of other agencies
- Need to think about the combined threshold effect.

Suggested task group

- If person "misses" a threshold and falls through the gaps, what action can the agencies agree on? Task group?
- Merge funding or pool funding
- Try new ideas

Lead professional

- Ensuring there is a lead professional and a protocol on who that will be for each individual
- Who leads? Professional time – and who funds different pathways? Organisations benefit on back of others' work. Need a flexible pot.
- Who will lead as a professional and make sure right level of support is in place from identified services
- No mention of ongoing support / contact – there's no remaining point of contact to help as and when she is ready
- One point of contact / navigator – this person to share details with partner agencies (trust this person) to create share assessment and act as advocate
- Multi-agency work group for the person – a Hub
- More of an outreach approach for specialist agencies
- Multi-agency hub for complex cases
- Coordinating role – retaining agency engagement at the right times e.g. you're housed so now you are fine (!!)
- Multi-agency meeting as a response to crisis rather than prevention – should have happened earlier!
- More of a multi-agency approach

Communications

- Lack of communication between agencies is a barrier
- Share experiences via technology e.g. Skype but with user input / thoughts on this
- Sign up to an IT sharing system – keep updated – so data protection is dealt with
- Conference call – multi agency
- Counties no talking to one another. Communication
- Sharing an IT system to support risk / action planning transfer between day and night staff
- Service directory- point of responsibility for keeping up to date – photos?

Pathways and obstacles

- Finding right pathway to support and right type of accommodation
- Organisational barriers
- Referral routes into e.g. social care

- Options need to be available when people are ready. LADS. Development of information sharing agreements
- Outreach-based services

Staff skills, learning and development

Trauma training

- Organisations are not trauma trained
- Role playing and trauma training
- Trauma informed training
- Clinical services do not understand a 'traumered' life

Care Act

- Care Act? We are all meant to understand it but don't.
- Disjoint between health and social care – lack of understanding of Care Act

Other specific areas

- Staff training around MH / brain injury / trauma
- Info sharing agreements and "need to know" can be a risky area for individuals to make a judgement on
- Further (Mental) Capacity Act understanding and challenging (knowing we can)
- Acknowledgement of positive behaviour / changes / choices (in the individual)

Partnership building

- Training – joint working / multi-agency meetings
- Sharing the specialist knowledge
- Education – across agency training
- Myth-busting between teams
- Personal contact between different teams
- Fear of crossing boundaries as "not qualified"
- Staff turnover affects service / relationship / continuity
- Services not understanding systems
- Health does not understand housing
- "Us and them" attitude of staff - "staff fatigue"
- Raising awareness – joint training
- Build relationships

Senior leadership & funding

- Upper staff don't listen to the front line
- Get more strategic buy-in to homelessness from health
- Are targets necessary?
- Buy-in or leadership from top down
- Funding - what boards will fund appropriate services
- Identify the price tag of NOT taking action
- Return on investment – senior re-investment buy-in

- Long term planning
- Funding for preventive services
- Pool budgets to create a new person-centred team
- Current funding models (1/2 year contracts) are not conducive to developing sustainable services – losing evidence about what works well
- Need longer term funding for cross agency teams / mechanisms
- Individual funding not department / services funding
- Complex case fund – multi agency

Thresholds

- Thresholds are controlling demand on services
- Too high need
- Not meeting the right thresholds
- Brain injury – referral to Headway? – thresholds
- Prevention – homeless and missed medication needs / meds
- No considering / identifying his needs when his mum became unwell
- Needs – does her level of needs put her outside the threshold for some services i.e. needs too high. Challenge is the scale of complex needs
- Housing / homelessness thresholds
- Legal Aid (eviction)
- Benefits – having ability to complete a form
- Pharmacy – lifestyle barrier to accessing medication
- Literacy – assumed level of ability most services expect.
- Leaving care: Transition from child to adult care
- Thresholds crossed in her 2 eviction / court processes
- Tenancy rules formed a threshold for acceptable behaviour
- Ferocity of incident on roundabout crosses thresholds.
- Number of visits to A&E (without sufficient resolution)
- Thresholds linked to mental health assessment
- Access to bank account
- Data protection and GDPR a major barrier UNLESS assessed as high risk. Needs an incident before this is announced, so evidently Sarah has not crossed that threshold somehow.
- Previous behaviours – thresholds for and access to supported accommodation
- Not in crisis so unable to be referred to mental health supported accommodation
- Low level crime – no support

Threshold fixing

- Thresholds e.g. secondary care
- What are the thresholds on relevant topics?
- How do we identify these?
- Accommodation is not the end – still need support

What we need more of

- More teams set up to deal with complexity

- Floating support
- Advocacy (professional)
- More outreach
- Floating services
- Need adequate complex needs accommodation in Peterborough and other areas
- Service capacity

Other issues & questions

- Benefits - unable to access due to literacy barriers
- Constraints on statutory services
- Homelessness (itself) is a barrier
- Negative influence from current friend, potential sexual exploitation.
- Isolation

Suggestions for sharing learning

- Homeless discharge planning in Peterborough from hospital – HUB project model
- Changes that have happened in the last 6 months would have improved a quicker outcome (LADS)
- Garden Project – day centre acts like a Hub / social inclusion outreach – DWP – tea and coffee
- Children's service / ASC – learn from team around child
- Street hub – similar to MASH
- App on your phone – HB, ID, history, hours worked

The agencies involved

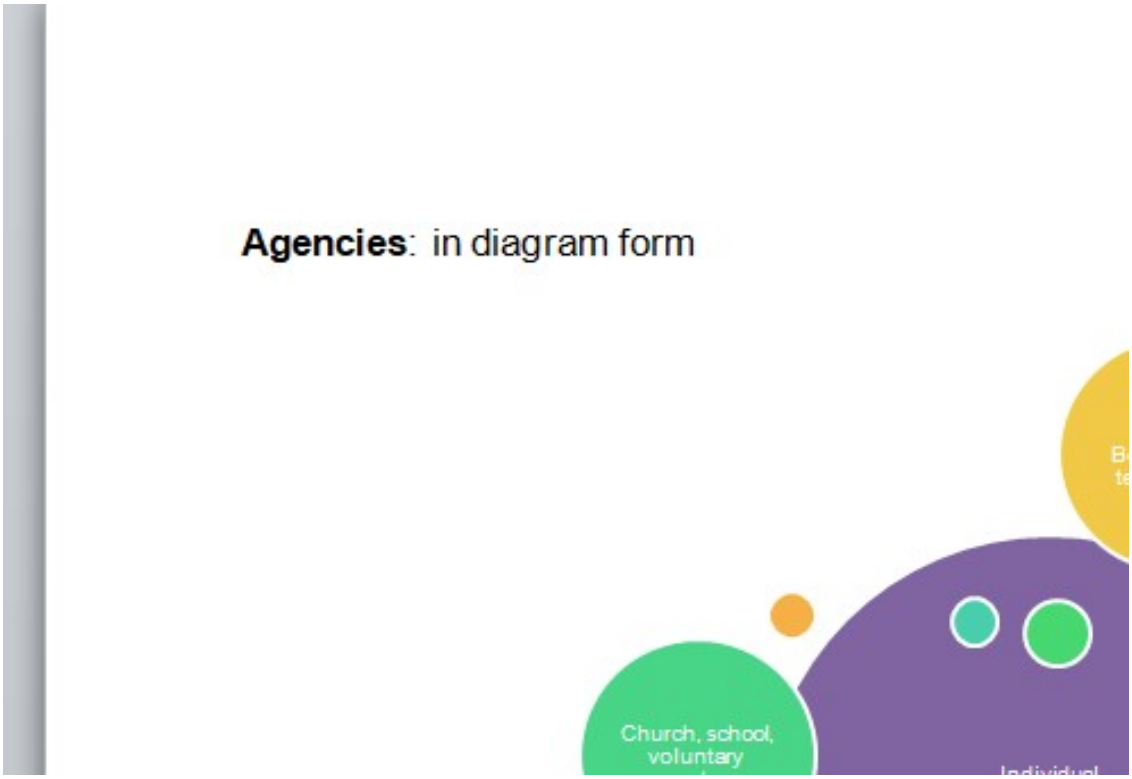
Workshop groups identified the agencies active in the 3 case studies, which forms a useful list demonstrating the array of teams, partners who might be involved.

- Individual
- Appointee
- Friends, neighbours
- Churches
- School
- Voluntary sector e.g. Headway
- Adult safeguarding
- Adult services
- Care: Children's services
- Drug & Alcohol services
- Family worker
- Sex work support service
- Social care (safeguarding)
- Social services: Adult Social Care
- Substance misuse team
- Anti-Social Behaviour team
- Housing

- Housing benefit
- Street outreach
- Banking staff
- Benefits (DWP)
- Brain injury team
- CPFT Liaison and Diversion Service (LADS)[2]
- Drug treatment services
- GP
- Hospital / A&E: Discharge planning
- Mental health
- Rehab services
- Sexual Assault Referral Centres (SARC) and Independent sexual violence advisors (ISVA) potentially
- Specialist OT
- Speech and language therapy
- Community safety teams
- Courts
- Criminal justice system
- Police
- Landlord
- Social landlord

[2] CPFT's Liaison and Diversion Service work with people who enter the criminal justice system, providing assessments for vulnerabilities such as mental ill-health or learning disabilities.

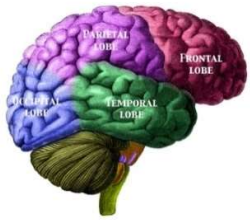
In diagram form:



End of session

At the end of the session, delegates were invited to contribute thoughts on:

1. Head - something will think about
2. Heart - Something will take to heart (really means something)
3. Toolkit - will take away and use
4. Bin - anything no longer believe

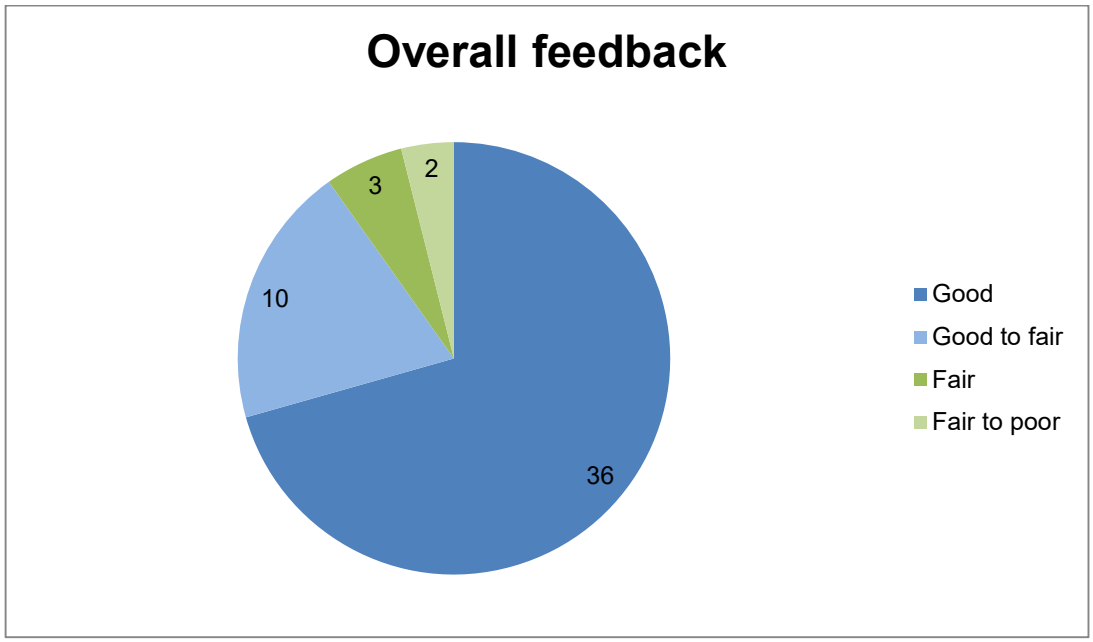
Head 	• Feed today into homelessness transformation • Exploring models of joint funding / working / outcomes • How do we keep up to date with local services? • Ways I can ensure full support to each customer meeting their needs • Thresholds to our service • Important knowledge of local services • The value that religion can provide to those on a journey of recovery
Heart 	• "Being seen as a problem rather than a person with problems" • I need more time to think about the person rather than the task • Expert stories and feelings • Passion from so many people! Amazing! • So many great professionals working to make a difference • Anne's speech • Clients are the centre • Everyone is working towards the same goal • Listening to the stories and working with the co-production group • Keep managing change process in homelessness to thrive differently (? handwriting)
Toolkit 	• Coordinator role • Trauma informed care training • More co-ordinated approach • Optimism • Completing an assessment "there and then" not necessarily in confines of an office • Plan to have resettlement handovers / move-on packs • Broader awareness of other services I've not worked in partnership with
Bin 	• Nothing!

Feedback sheets

51 feedback sheets were completed.

Of these, 36 judged the event good and 10 between good and fair; 3 fair and 2 between fair and poor, none judged it as "poor".

In summary, 90% judged it good to fair and 10% judged it fair to poor.



Comments made

- Good opportunity to meet & discuss
- Humbling / inspiring to hear from service users. Funding / lack of resources remains an issue for many service areas as do the thresholds / constraints that service users face in accessing services
- Wonderful to see people with lived experience involved. However the examples primarily focussed on people with complex lives rather than people excluded by complex mental health issues complicated by their substance misuse issues.
- A very good way of learning and collaborating
- It was really well organised and useful, for me that I'm an ex homeless, to understand how the different agencies work and I'm really happy to see the will to improve
- There is a need to address isolation from meaningful contact. Some people seek out social inclusion with inappropriate friends / partner to avoid loneliness.
- Common issues raised: communication between services / funding / lots of services aiming to achieve same results
- The co-production group were great
- I enjoyed the day and felt it was a useful use of my time
- Extremely useful, great for networking, makes me keen to start improving pathways. Thank you.
- Keep going! We will get there (hopefully).

- A well-structured and led group that I wound really useful. A massive thanks to the experts by experience, their input was vital.
- Really helpful day, great discussions- so much passion in the room - will be good to see what outputs come from this
- Really useful, frustrating to hear how people have been let down by the system but positive about making changes
- Amazing to meet so many people pushing in the same direction for better outcomes - now let's start working together with accountability
- It was great to discuss with other services our common issues and concerns
- It was really good having all different agencies in a room, the people on the ground all agree things need to change and we need to work better across agency. It would be really great if this actually happens.
- Great content, good mix of services. Very well presented / great facilitators. Excellent case studies and group exercises
- Co-ordination is key. We need to think about how this is allocated.
- Needs more joined up working and planning groups
- Was very good informative. It was very good to have discussion with people from other services
- Good networking opportunities, positive mind-set. Excellent case studies and speakers and very well organised, well done team!
- Excellent attendance, very good presentations, open discussions, good mix of services
- Good to get everybody from different services sharing ideas
- An interesting day to discuss the challenges, possible transformation options and pitfalls in current provision. As an addition for the day, it would have been useful to have heard more about what is "out there" and is working well
- It may have been good to find out what services were in the room rather than just on each table, otherwise a really good day with lots of ideas and practical solutions to be discussed further
- Today has been a really good way of hearing from all agencies and understanding all of the issues that we all face and how similar they are. Good to be able to network and share good practice.
- Interesting, good networking. Who is responsible for changing systems and thresholds in order to make a change? 2/3 case studies had sexual violence / trauma - if that had been addressed would the end result be better? Can domestic violence be included at all (in the group)?
- Interaction with others excellent but outcomes will judge the effectiveness of the day
- Great networking and great for newby to learn
- Huge amount of commitment in the room let's build on that and not lose the momentum
- Would have liked everyone to do an introduction to know which other services were here / mix up the tables so we worked with others. It would be good to meet up again
- Thought provoking. The case studies was an eye opener on how many organisations missed the opportunity to support
- Great to be able to share ideas and meet staff members from other organisations

- Great to get together with so many people. Brilliant hearing from and meeting Tom's experts. Always interesting seeing all the cross-overs between services and chances to work together
- Very interesting day. Would be great to know which agencies are / have attended
- Great networking opportunity. Really interesting to hear from those who have actually been affected by homelessness and lack of services. Supports effective multi-agency work actually meeting other services!
- Good opportunity to meet people from many different services
- I enjoyed having open discussions about the topics and really appreciate the co-production volunteers input
- Helpful to hear thoughts and experiences of other agencies at different levels
- Good representation from a wide range of agencies covering this field / service area. Really important input form service users that made it all very 'real'.
- Early intervention - focus on starting issue - trauma. Central point of contact / lead worker – co-ordinator role /?? Assertive approach by every service

Number of volunteers for working group: 36

Thank you

We would like to thank all contributors for time and energy put into the workshop, whether planning, attending, helping on the day, sharing experiences or getting involved some other way.

What happens next?

- Task group set up to take the workshop outputs forward.
- Action plan set up so we keep track of different tasks, with delegate involvement.
- Communication with delegates to update on progress on the action plan.
- Further event in 6 to 12 months to check on progress.
- Develop training.