WINSTON CHURCHILL MEMORIAL TRUST

Commissioning Homelessness and the Associated Issues in Silos:

Collective not Collaborative

Graham Ord

Introduction

Prior to entering the Third Sector I managed in the Leisure industry and served in the Royal Air Force which I believe forms a foundation of how I look at issues. However, for over a decade now I have been working in the charitable sector supporting people with complex lives, struggling with substance misuse, criminality, mental health issues etc. In recent years I have worked in housing but very specifically the support of those suffering from reoccurring homelessness. What I have found is that many have been similar, dealing with the constant battle of daily life in and out of services, but just like the services that support them never seeing any fundamental change. I currently manage various supported accommodation and homeless services and it has become more apparent that these services, including substance misuse, mental and physical health are interlinked but are funded and monitored in very different ways. That this instability makes them less innovative and less likely to work in partnership with others.

Homelessness has been identified as one of growing issues within the UK over the last decade. Historically homelessness has always been an issue but in 1997 the New Labour government began to tackle rough sleeping, establishing the Rough Sleepers Unit (RSU) in 1999 with a target of reducing rough sleeping in England by two thirds by 2002. The RSU achieved its target a year early. By the end of the labour government even during the financial crash of 2008 the numbers remained low however there has been a very visible increase since 2010. Although the causes of homelessness are a complex interplay of various structural and individual factors the effect of homelessness can be devastating to both the individual and their communities. I have worked for some time in the third sector and the continued growth of those rough sleeping and precariously housed left me thinking if there were any real solutions? I am fortunate to sit on various steering committees where well-meaning local authorities and agencies try to change the outcomes for both individuals and the communities they live in. However, they never fundamentally affect change in respect of a whole system transformation. In 2018 Crisis claimed in their 2018 report Everybody in it Together that almost 160,000 households experienced homelessness across the UK. This included more than 9,000 individuals sleeping rough on a single night, and over 40,000 precariously living in hostels, refuges and emergency shelters. In the Northeast of England this presents itself as thousands trapped in temporary accommodation for months or years.

I set out to research what I believed to be a fundamental issue, that it was not a lack of services, but more about the way they were funded, commissioned and how they worked in a wider geographical sense. In recent years there has been a lot of initiatives piloted and funded by Ministry of Housing, Communities and Local Government (MHCLG) to combat rough sleeping. Since I first started on this report we have seen the effect of Covid on the planning and funding of some services; with more money being made available but no real direction on how to us it. The main problem with this form of commissioning is it can be short termism in nature and leads to no real sustainable change. This is not to say these are not welcome and they do afford us the chance to see what works but they lack continuity. So

even if any new initiative does work it does not necessarily see continuation or even become welcomed as best practice within a system. Also they tend to be geographically isolated within local authority boundaries, meaning there is no uniformity to the service offered to individuals and can lead to a postcode lottery depending on the individual's local area of connection. As I currently work within the boundaries of two local authorities which are part of a wider urban county containing in total five separate councils who all approach homelessness in a different way. The recent government funding to tackle rough sleeping has highlighted this, which has seen little cross borough cooperation, let alone collective systemic change.

Why Central Florida?

I chose Central Florida in the United States for the research although there is still a huge issue of homelessness within these six authorities, Osceola, Seminole and Orange Counties, including the Cities of Orlando, Kissimmee, and Sanford; however, since 2013 the reduction has been dramatic due a series of coordinated initiatives. In 2013 their study showed that a single homeless individual cost nearly $31000 a year to local government services, however depending of their needs and services involved this could be reduced an average of $18000 (See Diagram 1). The Central Florida Commission on Homelessness was reacting to a report that Metropolitan Orlando was ranked the worst midsized city in America for chronic homelessness. Nevertheless, in a period of just 36 months, Orlando was able to turn its situation around. The start of this was detailed in their Impact Homelessness report in 2014 and the after 3 years in 2017 another report showing the effect of these changes was completed.

Driven by a strong spirit of collaboration among key leaders, homelessness was reduced by more than 50 percent. This amazing feat was realized by systematically implementing of 12 critical dynamics for solving the problem of homelessness. This included the setting up of the Central Florida Continuum of Care (CoC) and the Homeless Services Network which is the lead agency for the HUD Continuum of Care area designated as FL-507. Which I will discuss however, it was their continuation of this successful start that appeared more important.

After the first 36 months of success after 2013 they began a process of consolidation which was based on a Collective Impact Model. This relies on five conditions that, together, produce true alignment and can lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations. In the subsequent years the Continuum of Care (CoC) revisited the targets and continues to discuss the continuation of existing services and the commencement of new initiatives and developing these into a structured and sustainable way.

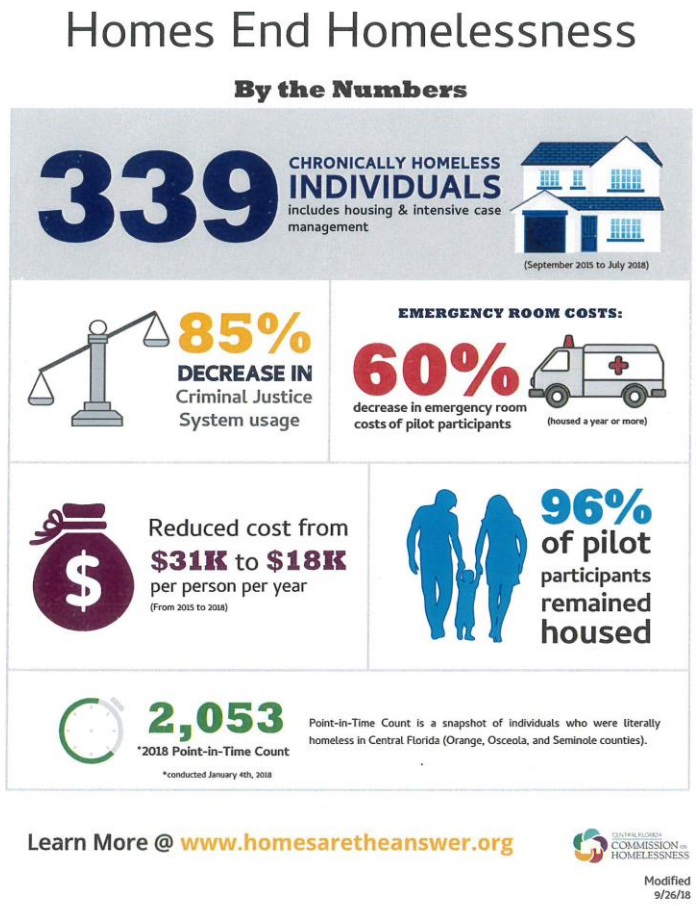

Diagram 1: Central Florida FL-507 Homelessness Figures 2015-2018

Focus During My Travels

I travelled to Central Florida for 6 weeks and met with services, government officials, universities and agencies who have all been part of the transformation. As with all practice the reports could only tell so much and to see the actual work in situ across the six areas gave a greater understanding in what was involved.

To this end the Central Florida Homeless Services Network was established to be the lead agency for FL-507, the area included Osceola, Seminole and Orange Counties, including the Cities of Orlando, Kissimmee, and Sanford. It administers more than 32 grants through sub-recipient agencies who provide services to the homeless in their continuum region and funds programs that provide transitional and permanent housing, supportive services and ongoing case management for the homeless. It is also recognized as the lead agency by the Florida Department of Children and Families, administering Challenge Grants and Homeless Housing Assistance grants which fund transitional and permanent housing beds, both rapid

rehousing and permanent supportive housing for the homeless families and children. Furthermore, it is the lead agency for the Veteran's Administration Supportive Services for Families (SSVF) grant program. The creation of this organisation is fundamental to the coherent nature of the response to issues of homelessness and housing in Central Florida. One of the main reasons behind this was to increase the effectiveness of the bids for federal funds and addressing the transient nature of homelessness in the region. There has been some development towards this in the UK recently as MHCLG funded Rough Sleeper Initiatives saw the joint bids by authorities being looked upon more favourably.

The HSN started in 2013 and was committed to reducing homelessness the principles of bringing the six authorities together was at its heart. They spent many years discussing how they could bring together the 6 authorities as many had very differing ideas around what their perceived and actual issues where. Obviously this was both a political and economic argument which created some division at first. The first discussions were built around 12 key dynamics, which were basically inter community involvement and partnership working, including conversations around financial assessment, service structure and building awareness. This diverged into a simpler process recently and has also seen the CoC and the HSN combined into one organisation to bring everything closer together.

My Journey

Having begun my journey in May 2019 I arrived in Central Florida with a planned meeting for the day after Memorial Day at the CoC in Orlando. I was fortunate that they gave me this time and I got to meet most the major influencers within the Central Florida area, this gave me a great starting place for my research.

I arranged many visits and meetings from this and it meant that I had a real sense of where I was going and what I needed to see. For the next 6 weeks I travelled around the whole of the 6 local governmental areas, most days clocking over 150 miles in my little rental car, but also visits to Tampa and Miami. Most of the meetings led to further areas of interest that would not have been possible if I had tried to research this sat at home. As I say I was fortunate to be guided by the Continuum of Care Chair, Dr David Swanson on who I should visit to research not only the current situation but also the historical perspective and the future development.

My base was on the border of Orange County and Kissimmee which was quite central for the majority of my stay and easy access to the I4 highway which links all of Central Florida. Interesting enough during my journeys across the 6 areas I observed a notable difference, socially, economically and geographically. This was imperative to my learning as I wanted to understand how 6 so very different areas, experiencing differing forms of homeless issues came together and worked together to deliver appropriate services across such a huge area.

Other the weeks I saw at first hand how homeless effected the areas in various ways, whether it was rough sleeping, lack of affordable housing or poverty, but also individual homelessness or whole homeless families. My first real visit was to Orlando which I feel was the only fully urban metropolitan area in Central Florida. By American standards this is small city with a population of around 287,000 but

very much linked to its neighbour Orange County with a population 10 times that. However, as with most of the places I visited it had seen a huge growth since 1970 when Disney first opened, so it had sometimes been difficult for them to adjust. The city is compact and the most of the homelessness appears in the downtown area and around Lake Nona; which is where the homeless day centres are and where they are planning a large new development for temporary shelter. Downtown is also the only really historical area of the city and so objections and a need to 'clean up' the area are usually contradictory to assist the homeless.

The suburbs around Orlando have manicured lawns, white colonial style housing and wide roads lined by trees but this is to the East of the I4. The I4 splits the city not only physically but also economically and on the West are the less affluent areas and this is where I found the Rescue Missions and homeless provision. It was explained to me that that the divide dates back to pre-segregation days and the west side was always predominantly the African American area of town. However, as with all cities the growth means the city is pushing against these historical boundaries and gentrification is forcing rent up and people out.

The photo to the left is the City Hall for Orlando and I was invited here to meet with the Mayor's office. This was a great chance to discuss why they worked together with the other 5 areas. To be fair it was simple for them they felt due to Orlando being the only urban centre most of the rough sleeping occurred here, and also these were not necessarily from the city but from Orange County so they welcomed the financial assistance and the commitment to work together. They showed me plans for their new 80 bed homeless shelter with wrap around support, which they hoped would assist the Housing First and Hope teams which work with the most entrenched homeless. Although this was separate to the work the HSN and CoC were doing and identified somewhat as a crisis response.

I met with various front line workers and individuals that specifically managed their own responses to homelessness. In Osceola County I met Spencer who ran a support project for men who could stay with them for up to 2 years. He explained that they all went to work and they assisted them to do this he explained that it was fundamental to their ongoing goals that work and being able to drive was essential. I spoke to some of the men and they all said that when they moved on each person left with a job, a car and a safe place of their own.

My travels seemed to give me the feeling that homelessness in Florida was as much about decent wages and education as it was about falling through cracks in society. Eric Grey of UP in Orlando explained it was as much about supporting people in poverty and effectively preventing homelessness than actually getting them off the streets. This was demonstrated in Kissimmee when I visited Reverend Mary Lee Downey of the Community Hope Centre. The Reverend explained that affordable housing was in short supply and that when I drove around Central Florida I should look closely at the older hotels. In the 1960's and 1970's when

the tourist boom and Disney appeared these hotels were quickly built, but now they had become homes for families who could not afford rent and bills; indeed, the local school buses would travel along the main road between Disney and Kissimmee and stop at each motel picking up school children each day. The Hope Centre was a place for advice and support, it was full of 'crock pots' which allowed families to cook healthy meals for sometimes 4 children in a motel room.

To the north was Sanford a pretty city with a beautiful waterfront from the days of ranching and citrus growing. These had been the mainstays of Florida economy until the arrival of the tourism dollar. I was being guided round the area by Dr Amy Donley the author of 'Poor and Homeless in the Sunshine State' also a sociology lecture at the local university. I could not see any of the usual signs of homelessness even when she took to the poorer areas. Amy explained that most of the homelessness was once again in the part of town which had been associated with the black community during segregation. That the only provision was a hostel in this area which led to some people not seeking out support. Amy also explained that the dense woods that surrounded the area were home to many homeless encampments, many had been there for years and many of their residents regularly worked. This was a very new experience for me.

During my journey I could never get far from Walt Disney, not just its parks but also its influence on the surrounding communities. Disney started buying land in the 1960's an dthe first park opened in 1971 since then it has grew and grew. I was informed that the economy was not fuly reliant on tourism but it was an extremely important factor. Nevertheless as it directly employed up to 70,000 people and indirectly many more the nearby area was quite dependent on the parks. Also I had kept seeing golden mice (see right) at nearly everyehere I visited. This was the philanthropic side of the company and it showed that they had tried to support the community they so affected. I was very lucky to be invited to the central offices of Disney World, I am sure the Churchill name was a great asset in getting the invite. I spoke with Matt Kennedy, head of Walt Disney World Corporate Citizenship who explained that he sat on all the CoC and HSN in Central Florida and that Disney wanted a role in supporting communities. Matt clarified that sometimes Disney was blamed for the issues in Central Florida and the organization really cared about this perception and tried to effect change as much as they could. Matt further explained that Disney used to give large charitable donations but had changed its policy around this process. Matt explained that going forward they would only support organizations that worked in cooperation with each other and used similar processes. They believe that as an organization they could affect greater systemic change with better cohesive services and encourage agencies to work collectively with access to larger shared funding.

Near the end of my trip I travelled to Tampa a city to the north of Central Florida to see how they started a system of joined up funding streams. This process although in its early stages had given those I met a greater sense of stability and sustainability. They did not feel they were in competition for funds and were able to share their practice methodologies and future initiatives. The local authorities from Central Florida had visited Tampa and it was on their suggestion I went. When I arrived the explained it was their own research trip to Cincinnati that had led to them approaching funding and commissioning this way. Central Florida have started this now and I hope to hear that it has real benefits to their continuing work.

What I Learned

The key to the trip was to see how and if any of these methodologies could transfer to the UK. I found three central attributes that may be transferable or at least developed upon.

1. The joint commissioning of related services. As in the UK each Local Authority has commissioning teams but it is very specific in Central Florida where these sit. Mental health, substance misuse and homeless services all have the same commissioner who directs the spending and sets the targets. The services are considered to overlap and therefore support or underpin the effectiveness of each other, this includes preventative work in all 3 disciplines.

2. The involvement of local business and philanthropic organisations to coordinate and direct those funds more effectively. Giving a greater output for the resources and affectively reducing management and administrative costs. A model they borrowed from Cincinnati.

3. Collective Impact Model: This is a framework that underpins all the work, it not only defines what services are required, but monitors and evaluates them, giving them the targets to achieve. It also formulates the bidding process and therefore the application for Federal money for all 6 authorities, increasing the amount available and giving increased outputs.

In my opinion the most significant finding to come out of this closer working practices was the coordinated entry and single assessment tool. As can be seen in the diagram below a single system for collecting data for all agencies offering services to the homeless in Central Florida. This means simply when an individual and/or family turn up for support they only get assessed once and then wherever they turn up for support one system, monitors both their support and location.

The system effectively means that the data is as accurate and as consistent as possible, making the data easier to be changed, re-organized, mirrored, or

analysed, especially for funding requests. It is easier for the operators and a picture of the support needs/services are clearer to see, including how transient the individuals are. It can help the individual too as there is no longer a need to continuously retell their story and the support can be targeted more effectively. It also means that the service providers over such a large geographical area can see what support has already been accessed, this certainly aids with the outreach element of the Central Florida process. Furthermore, it becomes more cost effective and alleviates the mirroring or duplicating of provision.

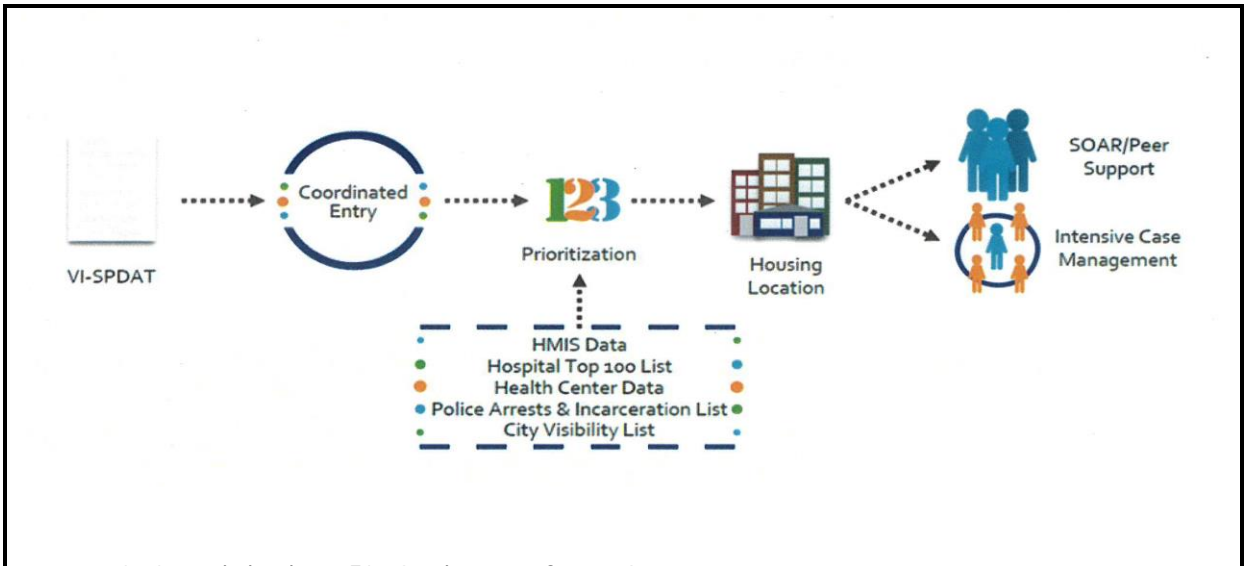

Diagram 2: Central Florida FL-507 Single Point of Entry System

For clarity the VI-SPDAT is the referral form for any individuals accessing support for the first time, this is only completed once by the first agency the person presents to. The referral is then entered onto the single data system before discussion at referral meeting to ascertain the best housing and support services for their specific needs. The system is then accessible by any of the agencies across FL-507 who can then add information, presentations and support accessed.

The other component to joint commissioning is not just the geographical nature and writing bids but also that of unification of services. Although within FL-507 the authorities joint bid for federal money and then try to run a joined up approach the six separate authorities still hold their own budgets for actual services around homelessness and associated presenting issues. Although the rough sleeper outreach team, Hope, and the Housing First provision are funded by and works across all six areas most services do not. However, I met with Donna Wyche at Orange County whose role was to commission services throughout Orange County.

Donna held the portfolio for mental health and homelessness, which also included substance misuse services, she told me that this gave her the ability to get those three services to work very closely together, giving them similar targets and mission statements. Effectively this means those services needed each other cooperation to achieve their goals and in turn be recommissioned. Donna explained that this had built on co-location and existing joint commissioning

arrangements and the focus was to establish a single commissioning function, the development of integrated commissioning strategies and pooling of budgets. This in turn led to the development of an integrated provider function stretching across health and social care and providing the right care at the right time in the right place. Also an emphasis on those who would benefit most from person-centred care, such as intensive users of services and those who cross organisational boundaries. This led to joined up population-based public health, housing and substance misuse services; including preventative and early intervention strategies; built on asset-based approaches, still focusing on increasing capacity and assets of both people and community. This was an extremely interesting piece of joined up work but I have since found a similar model being trailed in the UK, particularly in Plymouth that have shown strides towards this as an approach.

The second aspect was the increased role of outside agencies to fund new and progressive services, but also to prolong previously successful projects. The involvement of local business and philanthropic organisations to coordinate and direct those funds more effectively. Giving a greater output for the resources and affectively reducing management and administrative costs. The CoC and HSN had visited several other cities to see how this worked best, in particular Tampa and Cincinnati. The way Central Florida was using the joint grant funding bids and the charitable funding of their services was very much in its early stages but was following a model currently being used by Cincinnati. The Cincinnati model starts from the premise that the greatest change happens when people come together in partnership, collaboration and generosity. Their role is to align the right people and then coordinate their efforts and contributions to make the biggest impact. This comprises of donors who are bound by a common desire to advance organizations transforming the region. Then Non-profit organisations who want to change outcomes throughout the community which includes change-makers working to solve the region's greatest needs.

The process begins with donors establishing funds at Greater Cincinnati Foundation (GCF), with gifts during their lifetime or through bequests, to carry out their charitable goals. The Board, along with experts from the community, manages funds by investing wisely to ensure the assets are protected and grow over time and sourcing service provision. Currently the GCF is the 35th largest community foundation in the United States with net assets of $636 million. This was explained to me as a way to get more from the funds so that the collective amount could be better spent and the administration costs would be lower.

The third and possibly the most important part of the work in Central Florida was the way in which they decided on how to continue with the work they were doing. Although I had been told by many that it had taken years of discussions to get

where they were, and indeed it was felt that there was even more to come, they were now in a position to develop services more effectively.

I was consistently told that leadership was key and that this led to decisions being more coherent and coordinated. But leadership needed to agree on what they were actually trying to achieve and how best to prove what could be achieved. To this end the CoC had adopted the idea of a Collective Impact Model which gave a framework for any service to be assessed and monitored in. This was certainly my biggest learning from the trip and has multiple uses which can help define and monitor any given project.

However, my first thoughts on a Collective Impact Model was that it was just another form of collaboration and therefore was it that different. It was explained to me that collaboration happens when we meet together and collective impact is what we do when we are alone. So collaboration happens when we choose to be in the same room, working together on a project because we share an interest in accomplishing a shared outcome. Collective impact goes beyond this and focuses on change inside each partner organization. It begins when a community agrees to what the problem truly is and what the shared outcome/s should be. Then the agencies, individually, return to their teams, work within their structure across staff, management, and volunteers to figure out what they individually and organizationally can do to achieve the shared outcome and then essentially make changes to accomplish this. Consequently, when those organizations involved choose to change and align their own practices and priorities within this approach, sustainable changes are set in motion across the whole community.

There are five key conditions for shared success in a Collective Impact Model, but first of all there are also 3 pre-conditions that are required:

1. Influential and committed leadership (team)
2. Resources to sustain the initiative
3. A commitment to the need (and urgency) for transformational change

These terms are self-explanatory and need little in the way of further discussion however the five key conditions need some clarification. It is obvious that a common agenda must be the starting point and that everyone around the table has a shared vision or concept of the change that is required. So we need to define the challenge that needs addressing. I joint acknowledgement that a collective impact approach is required, which will establish clear and shared goal or goals for change and identify principles to guide joint work together.

Then there needs to be agreement on how the progress will be measured. This requires collecting data and measuring the outcomes consistently across all the services. This can ensure that the efforts continue to be aligned and the organisations can hold each other accountable if required. At the beginning the key data which will ensure the critical outcomes are captured has to be identified. Meaning that systems have to established to both gather and analyse that data. However, further to this we need to create the opportunities to make sense of any changes in the parameters of any success or failure.

Diagram 3: Scale for Competition to Collective Working Practices

Compete	Co-exist	Communicate	Cooperate	Coordinate	Collaborate	Collective
Competition for clients, resources, partners, public attention.	No systematic connection between agencies.	Inter-agency information sharing (e.g. networking).	As needed, often informal, interaction, on discrete activities or projects.	Organizations systematically adjust and align work with each other for greater outcomes.	Longer term interaction based on shared mission, goals; shared decision-makers and resources.	Fully integrated programs, planning, funding.

This leads us to the actual services, which must be mutually reinforcing, although differentiated they must remain coordinated through the agreed plan of action. So complementary services and strategies are joined up and there is agreement on the key outcome or targets. Key here will be the need to encourage partners to specialise in what they are good at and allow freedom within the planned services for innovation and growth. This will require a great deal of continuous communication in various forms and this then becomes the fourth key condition. The communication needs to be open and reflect the different organisations, but can be both formal and informal, these channels however must be created and monitored. There must also be an agreement that difficult issues which surface need to be addressed in a cooperative manner and lead to a mutually agreed solution.

The whole CIM however needs a supportive backbone that runs through it, that needs to be separate and with members with a specific set of skills that align themselves to the issue being addressed. This must guide the strategy, advance the policy, help to mobilise the funding and monitor the shared measurements. Also it can be a voice to bring the issues to the attention of the community and wider public, hopefully building a consensus of opinion and see any change sustained. This backbone should not however set the agenda or drive the solutions. It should also be part of the larger community and have a diverse set of members with a rotating leadership an/or chair.

In conclusion I have struggled with the fragmentation of the third sector provision and how it relates to statutory or council commissioned services. There has been a visible increase in the division of services and programs that do not reflect the way individuals and their communities work, furthermore how they experience social problems. This is discernible when we see third sector organisations chasing the same pots of money but having very differing ideas on how their service should fit into a system, in fact one could say they effectively do not fit into the system and muddy the water. So each contributor provides a specific service, but none are meeting the individual or wider community's needs. In the growing not for profit sector there is an increased obsession within organizations to be so focused

on showing outputs for specific interventions that they miss the integrated nature of issues like housing and wellbeing.

Collective impact model (CIM) is the antithesis of the traditional third sector social change process. Traditionally we have seen that the third sector agency has identified an isolated need and then develops an initiative to address that gap. They then look for funding from a range of charitable organisations, runs a pilot and demonstrates results, and builds a service to affect more people in hopes of creating larger societal change or interest from commissioners. The CIM turns this on its head and begins with changing the community overall and works backward. Beginning by setting a goal (for example, in Central Florida access to affordable housing) and then builds a system of partners who can create common strategies and coordinate integrated activities among them to achieve that goal. In Florida this included a wide range of agencies, including businesses, philanthropists, faith communities, neighbourhood groups, and community leaders, which is a key piece of learning for us. This means homelessness becomes a wider community issue and is not reliant on providers and local authorities. Therefore, as an alternative to each group's success being measured by meeting certain outputs with their own clients, the collective success is measured on how they reduce the problem or change the overall community as a result.

Although in practice there has been some detractors of the effectiveness of CIM there appears to be a solid ground for positive practice. As with all process driven theories there are concerns about how it gets implemented.

Whilst in Orlando, I found that the process by which leaders who form the backbone to the structure from different sectors, groups and levels of influence come together for CIM is incredibly important and cannot not be rushed. The determination to see change required many conversations, patience, deliberation, debate, and conflict resolution. The time had been spent building trust among the various participants so any such conflict was constructive and therefore reducing any mistrust that made the conflict negative. In my years working within the Homeless sector I have become used to organisations and particularly their management publicizing their successes, not being honest about what has not worked and how support from other agencies could improve outcomes for the community as a whole. When I met with the CoC in Orlando I was struck by how truly inclusive the partnership was and how sharing the leadership made a considerable difference to their position. This included local government from the six areas accepting they were not always the key stakeholder or decision maker. As a whole they were mitigating the natural power disparities between funders and commissioners, social service providers, charities and even small faith-based efforts so that solutions were found and best practice was and could be shared.

Conclusion

In Central Florida I was aware that the initial focus on short-term, immediate success had made groups do the most measurable activities, not necessarily the right ones. For example, there was a very political question about getting the visible issue of rough sleeping dealt with and leaving the more pressing nature of prevention for the precariously housed. Learning from this we could make sure

that within a CIM efforts do not remain focused on isolated needs and outcomes, but deal with more sustainable outputs for the community. This means that organizations serving the community must think in a more integrated way about problems and long-term solutions. The people we help use many services, primary care, secondary care, therapy, housing agencies, mutual support group, peer mentors, and social networks and while each of these plays a necessary role in the recovery, none by themselves would be sufficient. Each will measure their outcome or success differently but it is the synthesis of the services and support networks within a supportive community that results in positive change for a person.

So I was encouraged by those people I met on my trip that strong leadership and coordinated approaches were at the centre of their success, but also to solve or prevent homelessness in our communities, the solution must include building communities with stronger programs and services, that answer their specific issues. It is possible that we forget communities are made up of people and we need to give them a voice in the debate. By this I mean that we actually address the need and not just the perceived need, do not build a drop in centre for the 'street homeless' if you do not have dozens of rough sleepers, use the limited resources for sustainable change. One issue that occurred to me is that CIM solutions can be all about establishments and organizations imposing on a group of people and not alongside communities. This is a critical distinction so CIM efforts need to discover how members of the community are engaged as active leaders and producers of service that will create and sustain long-term change, not only focus groups.

From what I saw in Central Florida I consider that a collective impact approach can create sustainable solutions for homelessness. However, it requires leaders to build trust, coordinate approaches, and engage community members in new ways. All organisations will need to be more collaborative, inclusive, asset-based, committed to learn, and accountable to implement any approach effectively. This is not how we currently work and it is challenge.

There are definite issues with transposing some of the processes from the USA to the UK. The systems are so different that we need to use caution when looking at any wholesale crossover. Our social benefits system and NHS health service mean that some of the services that have been developed have no place within our structure. However as more Public Health money is governed by Local Authorities there will be a newer way of procuring services, so it is imperative that these authorities address their issues and do not just chase the funds.

I think we need commitment from our leadership and throughout my travels leadership came up again and again as how change can really be influenced. So we need influential and committed Leadership to:

1. See a commitment for a need for transformational change
2. Being the voice for change.
3. Encourage cohesion between stakeholders
4. Local decision makers fully involved.

Recommendations:

So for sustained change to resourced in a different way. It needs joined up commissioning for services with similarities around causation and interconnection. A view to wider geographical areas for response and practice, joint bidding for more sustainable outcomes and funding. Rethink the competitive bidding processes, especially during any retender or continuation of projects. Perhaps the encouragement to share larger charitable donations as in the Cincinnati Model. Further to this direct recommendations:

1. That local area of connection should not be used as a criterion for assessing the right to access a service and going forward all government funded pilots/schemes/projects should be open to all.
2. All government funded projects/pilots should have an agreed continuation plan for after the national funding ceases. Also that any local authority who commissions a successful service with central government funds receives favourite status when bidding for future funds. The reverse should also apply.
3. All government funded projects should be mobilised over a larger geographical area to affect change for more individuals. Local authorities should have to prove they will work more collaboratively with neighbouring LA's to receive any funding.
4. Further to this LA's should start to commission services within their own commissioning remits with other LA's to reduce bureaucracy and management costs. This should increase worker to client ratios.
5. That LA's should be allowed to use preferred providers to deliver cross borough solutions.
6. That LA's should look at collaborative impact strategy when commissioning services that can be identified as related, for example mental health, substance misuse and homelessness services. This could involve multiple agencies but should involve similar or linked KPIs and KPTs. That homelessness and housing should be seen in the light of health.
7. Local authorities working collaboratively to deliver homeless services across borough boundaries should try to employ a single recording system. This should assist the monitoring and support of individuals, but also reduce the need for 'over' assessment, therefore increase engagement. This would also identify any duplication of work resulting in cost savings.

And On a Personal Note:

A key lesson for me was that you must identify the actual issue affecting your area and address this not a perceived problem. Central Florida and its 6 partners had each identified different situations within their communities but had chosen to work together to realise change for all their communities not just some. For me this clarified that in my region rough sleeping is not and has never been the major issue. That in chasing the money we have opened services that do not fully fit what we need. As in Kissimmee my local area has people living in precarious accommodation either through the complexity of their issues or poverty. It is the constant falling out of these temporary situations that demonstrates itself with an appearance on the street of a rough sleeper. Unlike Orlando and Orange County we do not have a lack of affordable housing we just do not allocate it or support those in it appropriately. In fact, our solutions to homelessness are creating further complex individuals, especially those women who find themselves in a male orientated system.

As well as hopefully encouraging others to focus on collective working I have started to implement some of these ideas in my own services in the Northeast of England. We are now using multi-disciplinary teams so that they can focus attention on complex issues, in this respect encouraging closer working between housing management and emotional support, developing team specialities such a domestic violence and substance misuse. The teams attempt to agree on clear, outcomes and focused goals which can help us prioritise resources effectively.

In our small way we are using the evidence to build consensus and help to draw in resources from a range of organisations. We are still building on existing programmes and structures which will enhance existing good practice and partnerships on the ground. By sharing our learning and experiences widely we hope to help to ensure that effective models are built on. Furthermore, by trying to engage a range of stakeholders whilst we look at change which will hopefully lead a design process that can assist to build buy-in and commitment for partnership working.

We are hoping to be part of the change and working for Changing Lives allows me be innovative in the way I approach the work we do. I believe by physically bringing organisations together it can help to overcome entrenched cultural differences and data-sharing challenges. That by us being open and trusting we can reduce the fear of competition and the transparency will engender collective services funded sustainably.

https://www.cfchomelessness.org/wp-content/uploads/2018/07/2014-2015-CFCH-Gaps-Priorities-Report.pdf