

Crossing the housing and care divide

Ailsa Cameron, Lyn Harrison, Paul Burton and Alex Marsh



First published in Great Britain in January 2001 by

The Policy Press
34 Tyndall's Park Road
Bristol BS8 1PY
UK

Tel no +44 (0)117 954 6800
Fax no +44 (0)117 973 7308
E-mail tpp@bristol.ac.uk
www.policypress.org.uk

© The Policy Press and the Joseph Rowntree Foundation 2000

Published for the Joseph Rowntree Foundation by The Policy Press

ISBN 1 86134 316 7

Ailsa Cameron is a research fellow and **Lyn Harrison** is a senior lecturer both in the Centre for Health and Social Care; **Paul Burton** is a lecturer and **Alex Marsh** is a senior research fellow both in the Centre for Urban Studies, all in the School for Policy Studies, University of Bristol.

All rights reserved: no part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without the prior written permission of the Publishers.

The **Joseph Rowntree Foundation** has supported this project as part of its programme of research and innovative development projects, which it hopes will be of value to policy makers, practitioners and service users. The facts presented and views expressed in this report are, however, those of the authors and not necessarily those of the Foundation.

The statements and opinions contained within this publication are solely those of the authors and contributors and not of The University of Bristol or The Policy Press. The University of Bristol and The Policy Press disclaim responsibility for any injury to persons or property resulting from any material published in this publication.

The Policy Press works to counter discrimination on grounds of gender, race, disability, age and sexuality.

Cover design by Qube Design Associates, Bristol
Printed in Great Britain by Hobbs the Printers Ltd, Southampton

Contents

Executive summary	iv
<hr/>	
1 Introduction to Crossing the Housing and Care Divide Programme	1
Origins and objectives	1
The projects in the Programme	1
<hr/>	
2 The policy environment	3
Introduction	3
The policy context 1995	3
The selection of the projects	5
The policy context 2000	5
Innovation in the changing policy context	9
<hr/>	
3 Evaluation themes – process	11
Interagency working	11
User involvement	18
Management and organisational issues	20
<hr/>	
4 Evaluation themes – outcomes	23
Quality and value for money	23
Policy impact and sustainability	26
<hr/>	
5 Conclusions	29
Introduction	29
Interagency working and crossing the housing and care divide	30
Modernising	32
User involvement	33
Management and organisational issues	34
Quality and value for money	35
Sustainability	35
<hr/>	
Postscript: Reflections on the Programme	36
<hr/>	
References	37

Executive summary

The Crossing the Housing and Care Divide Programme was jointly sponsored by The Housing Corporation and Anchor. Funding of £1.25 million was made available over a three-year period. The projects funded under the Programme were explicitly to tackle the interface between housing and personal care systems and to focus on services for older people. The general aim of the Programme was to stimulate change which would:

- enable housing to become a more integral part of community care
- lead to greater interagency working
- enhance the involvement of users in the planning, monitoring and delivery of services
- deliver a high quality of service more cost effectively.

Projects funded within the Programme fell within three categories:

- information and advocacy
- new technology
- management and support services.

From its initiation in 1995 the Programme operated in a period of significant policy turbulence, including a change of government. As a result the policy context was very different at the time conclusions were being drawn in 2000. The major shift was that the national priorities had 'caught up' with the Programme and were strongly endorsing the aims of the Programme. Thus the case for a significant change in policy had already been made and accepted before the results from this evaluation were available. These results are now, therefore, more pertinent in addressing the issues involved in implementing this policy shift than in arguing in favour of it.

The lessons and conclusions that have emerged from the experiences of the projects are wide ranging. These are structured around the themes of the evaluation and include the following.

Interagency working

The problems encountered by the projects were not new. However, a number of key themes were identified that appear to be critical to the success or otherwise of inter-agency working. These include: previous history of joint working; mutual respect and trust; complementary aims and objectives; clarity of aims and objectives; professional differences and stereotypes; implementation; project workers; continuity of staffing; strategic support and multi-level joint working.

User involvement

Although for several years there has been a user focus in community care policy the projects demonstrated the difficulties in achieving sustained and 'real' dialogue with users. These difficulties include: the need to identify the range of users or communities which may be involved in aspects of service planning, delivery and evaluation; the tensions between users' interests and 'professional' interests; the lack of skills among front line staff and managers to enable them to deal with user involvement; and the need for user involvement to be adequately resourced.

Management and organisational issues

All the projects revealed important organisational lessons relating to the management of staff faced with the challenges of implementing complex projects within a multi-agency framework. These lessons included: the need to adequately support staff working on time-limited projects; the lack of understanding and skills relating to monitoring and evaluation; and the crucial role individuals play in facilitating joint working.

Quality and value for money

The experiences of the projects suggest that there is a great deal of work to be done in order to define, monitor and evaluate the quality and effectiveness of care and support services being delivered. In particular the projects demonstrated the lack of hard data currently available to illustrate the effectiveness of services and the need for staff to be adequately supported in their monitoring role.

Policy impact and sustainability

The majority of projects did not continue as recognisable entities once their Programme funding ended. This in part reflects the limitations of short-term funded projects of this type, and also reflects the difficulties of mainstreaming innovation.

Introduction to Crossing the Housing and Care Divide Programme

Origins and objectives

The Crossing the Housing and Care Divide Programme was jointly sponsored by The Housing Corporation and Anchor. Funding of £1.25 million was made available for a number of projects over a three-year period. The projects were explicitly to tackle the interface between housing and personal care systems and to focus on *services* for older people, not capital funding for buildings. It was hoped that this would enable the potential of the housing role at the centre of community care to be recognised.

Proposals for services to be funded within the Programme were to fall within three categories:

- *Information and advocacy*: ensuring that older people have access to good information can be the key to opening doors so that they remain in control of their lives. Possible projects could include access to information, advice services, well-being centres and outreach services.
- *New technology*: new technology can help improve the lives of older people and enhance their quality of life. Innovations could include the development of alarm systems to monitor community care services, smart technology and accessing external services such as shopping, laundry and transport.
- *Management and support services*: the funders considered these services to have the greatest potential to cross the housing and care divide, ensuring that older people remain in control of their lives. For this reason the funders split this category into two: projects could either develop practical support services such as staying put schemes, or they could explore the housing management and care management interface by looking at the housing management role or the warden role.

The Programme was advertised nationally in November 1995. A panel consisting of representatives from The Housing Corporation, Anchor, the Joseph Rowntree Foundation and key figures in the field of housing and community care, selected nine applications for funding. The majority of the projects were underway by September 1996.

The evaluation brief was put out to tender in November 1996 by the Joseph Rowntree Foundation, and the School for Policy Studies, University of Bristol was awarded the contract and commenced work in May 1997.

The projects in the Programme

The Programme funded projects under each of the three broad headings. The nine funded projects shared the following characteristics.

Information and advocacy

- A national voluntary organisation, with partners from the local statutory and non-statutory sectors, introduced a common application form, registration system and clearing house for applicants to sheltered housing.
- The social care section of a small housing association was funded to provide culturally sensitive domiciliary care services to black and minority ethnic communities as well as to develop an information and advocacy service to support black elders in exercising their rights to local services.
- The 'care arm' of a large housing association established an advocacy service to provide support and advice to older homeless men and women in London.

- A housing association employed a coordinator to provide advice, information, support and advocacy to older people in a rural area of England. The project attempted to increase the capacity of the front line staff of the housing association and other local organisations to disseminate information about a range of local services to older people.

New technology

- A London borough's community alarm service developed its operations to allow automatic monitoring of the delivery of domiciliary care services to older people in the locality through the installation of telecom equipment in their homes.
- A district council, in partnership with a range of agencies, established a project seeking to monitor the delivery of care packages to older people in rural areas through the installation of information technology in their own home.

Management and support services

- A national voluntary organisation employed a manager to coordinate the provision of day and respite care for older people in rural areas. The service was provided to small groups of older people who visited the homes of trained volunteers.
- A national voluntary organisation established a research project to explore the scope for extending the range of services offered by Home Improvement Agencies (HIAs) to older people. Three categories of diversification were identified and a pilot project was funded in each category which was later evaluated.
- A voluntary care agency was funded to develop a new service which would provide respite care and domiciliary services to enable older people with dementia and their carers to remain in their own home. The service was to be provided from an existing day centre. After 18 months the project terminated because of a lack of real partnership with the statutory sector.

The policy environment

Introduction

One of the main aims of the Programme was to impact on policy development both at the national and local level. It was anticipated that lessons would be learned, both from the successes and the problems, which could inform good practice locally as well as national policy. The Programme was a response to many of the concerns in the housing and community care field about the way in which national policy was impacting at the local level and the difficulties experienced on the ground in implementing the community care reforms. In terms of policy, then, the general thrust of the Programme was to stimulate change which would:

- enable housing to become a more integral part of community care
- lead to greater interagency working
- enhance the involvement of users in the planning, monitoring and delivery of services
- deliver a high quality of service more cost effectively.

However, from its initiation in 1995 the Programme operated in a period of significant policy turbulence and a change of government. As a result the policy context was very different at the time conclusions were being drawn in 2000. The major shift was that the national policy priorities had 'caught up' with the Programme and were strongly endorsing the aims indicated above. Thus, the case for a significant change in policy had already been made and accepted before the results from this evaluation were available. These results are now, therefore, more pertinent in addressing the issues involved in implementing this policy shift than in arguing in favour of it.

In the following section we provide a broad overview of the policy position for housing and community care in 1995 when the Programme was initiated and then describe the subsequent policy shifts, especially those introduced since the change of government in 1997.

The policy context 1995

The role of housing in underpinning social care was acknowledged in the White Paper *Caring for people: Community care in the next decade and beyond* (DHSS, 1989) which fed into the 1990 NHS and Community Care Act. However, despite this acknowledgement, progress in achieving any real integration of housing and social care had been patchy and slow. A Circular on housing and community care followed in 1992 (DoE, 1992), although detailed guidance relating to the strategic framework and the guide for practitioners involved in joint working were not published until 1997 (DoH/DoE, 1997; Means et al, 1997).

By 1995 attempts to reconcile the priorities driving housing agencies and those driving social care agencies, together with the need to implement the health and community care reforms, generated a number of new problems. Some of these had a long history, such as the role of sheltered housing and the problems of joint working. Others emerged as a result of the specific policy context of the mid-1990s, not least those associated with the introduction of quasi-markets within the public sector. At the same time social services departments were having to develop needs assessment procedures and care management approaches as pressure on resources led to the introduction of eligibility criteria which targeted resources at the highest dependency cases.

Drawing on academic research and review publications (Arnold and Page, 1992; Arnold et al, 1993; Goss and Kent, 1995; Lund and Foord, 1997; Watson, 1997) it is possible to identify a number of dominant themes for this period:

- *The need to integrate housing and support into mainstream provision within any locality.* Despite a number of significant changes during the early 1990s, the services which were available still were not incorporated into a general housing strategy, nor were they based on a comprehensive assessment of the needs of local communities.
- *The necessity of placing the user at the centre of community care and for care plans to be developed from the user perspective.* Evidence suggested that although users were best able to understand the relationship between their housing and care needs, the care and support provided was often unresponsive to their needs.
- *The need to develop mechanisms which provided users and carers from all sections of society with the opportunity to express their views about the services they receive,* both individually and collectively. The research evidence suggested a picture of relatively few examples of good practice against a more general background of very limited involvement of users. These issues were particularly acute for certain groups, such as minority ethnic groups, homeless people and people with mental health problems.
- *The future role of sheltered housing in the context of community care* continued to be debated during the 1990s. Schemes were evolving in different directions: some social landlords developed schemes in response to the housing needs of younger people and homeless people, while others developed more extensive care services for their predominantly older tenants and residents within the wider community
- *Social services eligibility criteria were having a deleterious effect on the capacity of housing providers to play a preventive role.* The need for social services to target their limited resources on a smaller number of highly dependent individuals appeared to prompt moves into more institutional settings, because individuals could no longer manage in their own homes. The confusion between the roles of housing management and social services care management sometimes resulted in those with low levels of need falling into the gap between domiciliary/day care services and institutional care.
- *There were often strategic weaknesses in terms of local planning and financial frameworks.* These were identified both before and after the Community Care White Paper (DoH, 1998a) but the development of contractual arrangements within the public sector, and in particular GP fundholding, meant that this was not a good time to tackle these problems.
- *Research carried out on joint working in health and social care indicated a range of problems associated with professional differences and stereotypes.* These were fundamental and raised concerns about professional training, as well as the organisational barriers which prevented effective working across agencies.
- *There was tension between at least three elements:* first, the policy rhetoric of ensuring that everyone should be able to live in their own home with appropriate levels of support; second, community care not providing any new entitlement to housing, and, finally, social services departments cutting back on the resources going into low or medium care needs.
- In the social housing field, *policy in the early 1990s emphasised extracting maximum output from a given level of public expenditure,* with private funders underpinning an increased proportion of the costs of new development. There were increasing concerns about standards of new build accommodation and affordability of rents. There were also debates about whether housing associations were repeating the mistakes made three decades earlier by local authorities in building large single tenure estates which stigmatised their residents from the outset (eg Page, 1993, 1994). By 1995 the wisdom of this policy was seriously in question and the agenda shifted to less emphasis on reducing grant rates and a greater concern for affordability. This period also saw more people believing that housing associations were more than property managers and the term 'Housing Plus' achieved widespread usage in capturing these sorts of diverse activities. While much of this additional activity was directed towards regeneration (see Evans, 1998), many associations saw Housing Plus as encompassing, or being primarily about, health and social care activities.

The selection of the projects

The projects were funded under this Programme because of their potential to respond to these concerns within the field of housing and community care. The Programme sought to use innovative approaches to tackle these long-standing problems. While the concept of innovation can be difficult to define, in relation to the Programme it meant either the introduction of an existing approach into a locality/agency for the first time, or the application of an existing approach but to a new area of service delivery. None of the projects were piloting entirely novel or completely untested approaches.

The approaches being introduced were:

- the use of information technology as a tool for monitoring services which, by their nature, were 'invisible';
- the application of new approaches by service providers to manage the delivery of a wider range of services which reflected the needs of users;
- a greater reliance on interagency working;
- a greater involvement of users in the planning, monitoring and delivery of services.

The policy context 2000

The evaluation of the Programme was completed by mid-2000. Although the overall policy objectives relating to housing and community care had essentially remained the same, the election of the Labour government in 1997 heralded the introduction of a number of policies which were supportive of the four approaches mentioned above.

The value of the Programme had therefore shifted during its life from its potential to shape and inform future policy for housing and community care to the identification of the lessons which could contribute to the more effective implementation of a raft of current policies. The extensive range of new policies which emerged from 1997 cut across virtually all policy areas, and a number of shared themes can be identified. These are briefly summarised below.

Collaboration, not competition

A very powerful message which has emerged from the current Labour government is the need for what has come to be known as *joined-up thinking and joined-up working*. While the recognition of the need for partnerships is not new, and has been part of the policy rhetoric in the field of community care since the 1970s, this theme has become even more high profile. The models advocated by government are in some cases supported by changes in legislation, which it is hoped will overcome the barriers to joint working identified over the years.

The government has also been sensitive to the need for national policies to reflect a greater degree of coordination across government departments themselves. This has resulted in greater congruence in the priorities being set for local agencies working in different, but interrelated policy fields. It is therefore possible to identify an emphasis on joint working in key policy documents relating to health, housing, social care, and urban renewal. This shift is not just one of emphasis but reflects a significant change in the values which should be underpinning relations between sectors and agencies. The competitive ethos, which had been encouraged through the introduction of markets or quasi-markets into the public sector, is to give way to cooperation and the development of policy communities and networks within localities.

In the field of community care the discussion document *Partnership in action* (DoH, 1998b) captured the philosophy behind the drive to joint working and the changes which would support its implementation. In particular a number of 'flexibilities' were introduced which permitted the pooling of budgets, lead commissioning, and better integration in the provision of health and social care through a focus on a single provider. The paper also identified the importance of looking at all elements of the provision of a service, synonymous with the principles of the 'Whole Systems' approach (Harries et al, 1999; Pratt et al, 1999), so that joint working is considered at three levels: strategic planning, service commissioning and service provision.

The modernising local government agenda, with its focus on 'Best Value' and community planning, provides a framework for a more corporate approach, especially by local authorities. This

should lead to agencies not acting in isolation and services being delivered on a cross-cutting basis to target resources more effectively in line with community demands.

In order to stimulate partnership working, the government made available a partnership grant of £650 million over the three years to 2002/03. This is for health and social services partnerships which will, for example, contribute to reducing hospital admissions and ensuring better discharge arrangements. Successful bids could also contribute to the implementation of local Joint Investment Plans as part of the Programme *Better services for vulnerable people* (DoH, 1997a). Other documents which emphasise partnerships include *Home alone* (Audit Commission, 1998), *Supporting people* (DSS, 1998b), *Modernising social services* (DoH, 1998a), and *Quality and choice: A decent home for all* (DETR, 2000).

Not only is there a greater emphasis on joint working, but strands of current policy are likely to reshape the organisational landscape in a way that will require greater joint working in future. In particular, the Housing Green Paper (DETR, 2000a) proposes an ambitious transfer programme for local authority housing stock. This will see thousands of local authority properties transferred to independent organisations and hence place a new organisational boundary between housing and social care providers.

User involvement

The involvement of users, and 'the public' as citizens with rights and responsibilities, in the planning and provision of services is another powerful cross-cutting theme which has informed all aspects of public policy of the Labour government. This is a broad-ranging issue which covers a spectrum of aims including enhancing democratic systems of local accountability, improving public access to information, making services more responsive to the needs of individual users, and improving communication between individual professionals and users.

The processes required to achieve such a diversity of aims are varied and cover the identification of need at the individual and collective levels, transparent systems for monitoring and scrutiny, consultation exercises, and the involvement of users in the training of professional staff. One of the thrusts within the modernising agenda is a

desire to ensure more coordinated and flexible services within a customer service culture. Some of the key documents which capture these themes include *The NHS Plan* (DoH, 2000), *Building a better Britain for older people* (DSS, 1998a), *Quality and choice* (DETR, 2000a), *Modernising social services* (DoH, 1998a), *You and your services: Long Term Care Charter* (DoH, 1999). The advent of initiatives such as Tenant Participation Compacts in the local authority sector have raised the profile of user involvement in housing considerably. In the Registered Social Landlord (RSL) sector The Housing Corporation has similarly sought to advance the participation agenda through publications including *Making consumers count* (HC, 1998) and *Communities in control* (HC, 2000).

A theme allied to this is the need to address social exclusion. The failure of significant communities to engage with mainstream society in terms of involvement in public life and in relation to access to services is a major concern for the Labour government. This is linked to the acknowledgement of inequalities between communities across a range of indicators, including health status, access to education and housing, poverty and participation in local and general elections. The Social Exclusion Unit was set up within the Cabinet Office to bring about a coordinated approach to tackling problems of poverty and deprivation. This has addressed a number of issues including looking at enhanced roles for housing workers on estates which may include the provision of health advice or debt counselling (see, for example, SEU, 1998a, 1999; DETR, 1999).

The specific needs of informal carers, quite independent from those of individual users, have increasingly been acknowledged, and a Carers' Strategy is required from all social services locally. Nationally a Carers' Grant fund of £140 million has been established to fund a range of flexible services including respite care.

Promoting independence, prevention and rehabilitation

A major priority for all statutory agencies is that in all aspects of their work they should be enabling individuals to reach their greatest potential for independence. In relation to community care this has tended to focus on the relationship between health and social care and how to provide the

most appropriate care across the continuum from complete dependence on hospital care to complete independence at home. The stream of work associated with Better Services for Vulnerable People (BSVP) started with a focus on older people. The prevention and rehabilitation agenda has initially therefore been geared to reducing the use of residential and nursing homes and preventing the use of hospital beds by people who do not need medical care.

The BSVP programme of work is geared to supporting effective Joint Investment Plans. The new joint planning processes have, in the first instance, been concerned with services to meet the continuing and community care needs of local people; work to improve the process and content of multidisciplinary assessment of older people; and the development of health and social services to optimise independence through timely recuperation and rehabilitation. A Prevention Grant of £100 million was also established to enable strategies to be developed locally so that low levels of support could be provided for those considered to be at risk.

Housing is seen as playing a role in promoting independence, although this has tended to be defined rather narrowly in relation to preventing hospital admissions and speeding up discharges from hospital. 'Challenge funds' have been made available to support this agenda.

One of the central concerns of the Social Exclusion Unit has been to address the causes of homelessness and, in particular, the resettlement of rough sleepers and street homeless people (SEU, 1998b). Another strand to policy which has, indirectly, been addressing issues of independence are the obligations placed on local authorities to offer housing advice and information services under the 1996 Housing Act. For example, providing the information that will allow households to resolve their own housing problems and arrange to meet their own housing needs. The emphasis on consumers, independence and choice rather than bureaucratic allocation is extended in the Housing Green Paper (DETR, 2000a) where it proposes to overhaul the basis for local authority allocations policy to move away from 'allocation' and towards 'letting'.

Monitoring

The importance of establishing systems for monitoring the efficiency and quality of services is a key driver for the public sector either as direct providers of services or, increasingly, as enabling/commissioning bodies. These mechanisms must incorporate ways of including the views of the local population as well as direct service users and their carers. The mechanisms must also be open to scrutiny and contribute to the ways in which those planning services and allocating resources may be held to account for their decisions.

In the case of local government the major policy tool for delivering this objective is Best Value. The proposals relating to this were set out in the White Paper, *Modern local government: In touch with the people* (DETR, 1998) and enacted in the 1999 Local Government Act. Best Value places a duty on local government to deliver services to clear standards and heralds new performance management arrangements to ensure that this is achieved. Housing management has been singled out as an area for particular attention under the Best Value regime, including the establishment of the new Audit Commission Housing Inspectorate. Furthermore, The Housing Corporation is piloting a separate Best Value regime for RSLs.

A similar agenda is being acted on within the NHS with the emphasis on evidence-based practice and the introduction of clinical governance. These policies have the same overall goals as Best Value in that they are seeking to ensure greater transparency and accountability in relation to the planning and delivery of services and at the same time ensuring that clinical practice is informed by rigorous evidence of its effectiveness.

There are also other developments designed to ensure that services are delivered nationally to an agreed quality. These involve the specification of standards, through initiatives such as the National Standard Frameworks, the monitoring of performance locally using a set of indicators, such as the National Social Services Performance Indicators, and reviewed by either/or national and local bodies. The Social Services Inspectorate, the Audit Commission and the Commission for Health Improvement are to use the Best Value system to inspect jointly health and social care organisations to assess how well they are implementing joint working arrangements. All residential and nursing homes (both adults and children) and domiciliary

care will be monitored against national standards by eight Regional Commissions for Social Care.

The role of users and citizens on regulatory and monitoring bodies will also be strengthened. The NHS Plan, for example, lists an impressive number of key national and local bodies which will, in the future, include 'lay' representation (DoH, 2000, paras 10.28-10.34).

While much of this activity is directed towards increasing the amount of scrutiny – both internal and external – of the activities of public bodies and RSLs, there are at the same time concerns that regulation should not be overly burdensome. This is best illustrated by the activities of the Better Regulation Task Force and the Regulatory Impact Unit based in the Cabinet Office, which seek to advise government on ways to improve the effectiveness of government regulation. The Task Force first published its principles of good regulation in 1998, arguing for regulation that is transparent, accountable, targeted, consistent and proportionate. In the housing world this is echoed in the recent review of The Housing Corporation's regulatory role which proposed that performance standards need streamlining and efforts need concentrating on the most complex organisations (see DETR, 2000b).

Modernising and use of IT

The 'modernising' agenda is fundamental to all of the policy initiatives for the public sector. The need for all services to be consistent, dependable and efficient is powerfully expressed in the White Papers for health, *The new NHS: Modern, dependable*, (DoH, 1997b), for social services, *Modernising social services* (DoH, 1998a) and the Housing Green Paper *Quality and choice: A decent home for all* (DETR, 2000a). Within this theme is a commitment to improve the efficiency and quality of services by a greater use of technologies.

This may be achieved through the availability of IT, both in people's homes and through public access in libraries, surgeries and supermarkets; through interactive processes which allow users to access service providers; and through the transmission of information between professionals, such as tele-medicine and booked admissions to hospital by GPs. In the housing field, of the few concrete proposals for change relating to Housing Benefit contained in the

Housing Green Paper, those relating directly to the increased or more integrated use of IT are given particular prominence (DETR, 2000a, Chapter 11).

In order to ensure that agencies can become 'wired up' and have appropriately trained staff, Modernising Funds have been earmarked for these types of development, which also include bringing buildings and other equipment 'up to date'.

The integration of health and housing into wider strategies

The formal acknowledgement of inequalities within society by the current Labour government has enabled the social model of health to gain some prominence alongside the dominant medical model. The high priority given to joint working, and finding 'joined-up' answers to difficult social issues, have all contributed to locating health status more clearly in a social and economic context.

A number of projects have been initiated which clearly support the view that poverty, social isolation and living conditions may all contribute to poorer health within the population. These initiatives require health bodies to work alongside housing, transport, leisure and social services. Examples of specific integrated projects are the Health Action Zones and Healthy Living Centres. Government Offices are increasingly looking for linkages between health and housing in Housing Investment Programmes (HiPs), and through regeneration programmes housing will become integrated within wider strategies. One of the proposals in the Housing Green Paper (DETR, 2000a) is that local authorities link housing policies with planning policies and those for the wider social, economic and environmental well-being of the community. A related shift concerns Housing Plus – where the 'Plus' activities were clearly an add-on to the housing function which has now been transposed – in the RSL sector, to a concern with sustainable communities and 'community' housing (HC, 2000). This suggests a subtle repositioning of the RSL sector that further distances them from the 'pure' landlord role.

The role of planning and commissioning in the health sector is shifting from the local health authority to Primary Care Groups/Trusts. This is a very significant shift in the focus of the work of

the GPs and will require more local needs assessment, greater accountability to users and stronger partnerships with other professionals and agencies outside the health sector. This has the potential to enable the local housing circumstances and their implications for health and social care to be better understood (Harrison and Heywood, 2000). Resources could then be directed towards innovative and flexible services, from a variety of providers, which allow people to remain in their own homes with appropriate support.

Financial frameworks

Underpinning the various local organisations are financial frameworks which are, in whole or in part, in a state of transition. The two most relevant to the Crossing the Housing and Care Divide Programme are changes to Housing Benefit and rent policy. At one level, the indications are that the broad structure of the Housing Benefit system is not going to undergo radical change in the foreseeable future (DETR, 2000a). However, it is in the area of financing of support that major change is already under way. Whereas, in the past, Housing Benefit has been used to pay not just the rent on a dwelling but also for an element of support to allow a resident to sustain a tenancy, that is no longer possible. The government is in the process of implementing a new framework under which Housing Benefit will continue to meet the costs of the landlord function and the new Supporting People fund (DSS, 1998) will finance the costs of support. In principle it would be possible for a household to receive financial support from the Supporting People fund regardless of whether they lived in social housing or not: an option that was all but precluded under Housing Benefit. However, whether this is likely in practice is unclear. What is clear is that RSLs will have to be much more transparent about the costs of providing the landlord function and the costs of providing support. This may have the effect of exposing any implicit cross-subsidies and of rendering uneconomic some types of support activity, which are likely to be centrally concerned with crossing the housing and care divide.

The other potential change which may have an indirect effect on attempts to cross the housing and care divide are the proposals in the Housing Green Paper relating to rent restructuring in the RSL sector (DETR, 2000a, Chapter 10). The

government is suggesting that rents should reflect more closely property values. This could have significant implications for some RSLs. For example, an RSL with new build stock in a low capital value area may well be charging rents currently that exceed those in the private rented sector. A move to capital value-related rents would see downward pressure on rents, therefore a reduction in rental income and a need to contain or cut costs. This could limit activities that are not essential to the simple landlord function. Conversely, RSLs with older properties in high capital value areas may see rents rise and thereby offer greater headroom for diversified care-related activities. Equally important is the government's proposal that RSL and local authority rents should converge at local level. The proposal is to restrict RSL average rent rises to RPI+0% to allow local authority rents to catch up. Again this will put downward pressure on revenues and hence costs.

Innovation in the changing policy context

The Crossing the Housing and Care Divide Programme was conceived at a time (1995) when policy was facing, and wrestling with, some difficult issues. A search for innovative local solutions to problems – old and new – offered a fruitful way forward. The five years since then have seen rapid policy innovation and a proliferation of initiatives that are very much in tune with the thinking behind crossing the housing and care divide. The need to convince a sceptical audience of the need for innovation has consequently lessened. Yet the need for information on the way in which innovative cross-boundary activity can or should be implemented at local level is as great, if not greater, than ever. Many of the issues addressed by the projects funded by the Programme continue to be key preoccupations of policy. The remainder of this report seeks to draw out the lessons that have emerged from the experiences of those projects.

Evaluation themes – process

Each project to be funded as part of the Crossing the Housing and Care Divide Programme had to be located in one of three categories: information and advocacy, new technology, and management and support services. However, the evaluation themes/lessons which emerged crossed these three categories. We therefore structure Chapters 3 and 4 around the evaluation themes rather than the three categories which informed project selection. In this chapter we consider those themes that relate to the process of project development.

- both of the projects developing IT monitoring systems chose to work with the same telecom provider, although neither project identified in their original bid that they would be doing so. In practice this relationship proved to be fundamentally important to the success of both projects;
- despite the Programme's aim for projects to work across the organisational divide between housing and care systems only three of the projects explicitly said in their bids that they would be working with healthcare providers.

Interagency working

The projects were funded explicitly to develop innovative services that crossed the divide which often exists between housing and personal care systems. Projects were encouraged to identify in their original bid who their partners would be and, if possible, to get primary partners to sign the bid to illustrate their commitment to the proposal. A range of partner agencies were identified in the bids, and these are listed in Table 1.

Not only did these partnerships involve different sectors working together, but they also involved partnerships at different levels within these organisations, for example, strategic as well as operational partnerships. The nature of these partnerships was also diverse:

- some were based on a 'contractual' relationship where a project provided a service as if under contract to a local authority;
- other partnerships were built on more informal networks, where different agencies came together with no clear expectation of what the relationship would involve;

In some instances projects indicated that a major component of their work would be to promote working across the divide *within* the host organisation:

- one of the information and advocacy projects explicitly envisaged that the work would raise awareness among hostel staff of the personal care needs of their older tenants;
- similarly the information and advice service for older people living in a rural area hoped that the project would not only develop a database for staff recording what resources were available to support older people, but that it would also raise awareness of the needs of older people among staff working in both their housing and care sections;
- both of the new technology projects hoped to improve joint working between staff in social services and their counterparts in housing.

Interagency working was clearly a key component of all the projects. It was the area in which the diverse experiences of the projects pointed to a number of important lessons. A wide range of factors appears to have contributed to the successes and failures of interagency working. We now consider the most significant.

Table 1: Partner agencies

	Host organisation	Primary partners
Information and advocacy		
Common application form for applicants to sheltered housing	<ul style="list-style-type: none"> • Voluntary organisation 	<ul style="list-style-type: none"> • Social services department • Housing associations • University
Development of care services for black elders and advocacy service	<ul style="list-style-type: none"> • Housing association 	<ul style="list-style-type: none"> • Social services department • A statutory access and language service
Support and advice to older homeless men and women	<ul style="list-style-type: none"> • Housing/care association 	<ul style="list-style-type: none"> • Other providers of care: statutory and non statutory
Advice, information, support and advocacy to older people in a rural setting	<ul style="list-style-type: none"> • Housing association 	<ul style="list-style-type: none"> • Voluntary organisations • Multi-agency training project
New technology		
IT monitoring of the delivery of care services to older people	<ul style="list-style-type: none"> • London Borough community alarm service 	<ul style="list-style-type: none"> • Social services: commissioning and care management • Housing special needs service • Housing associations • Area health service (acute and community) • Statutory and non-statutory home care providers • Meals service • Cleaning service
IT monitoring of the delivery of care services to older people	<ul style="list-style-type: none"> • District council housing department 	<ul style="list-style-type: none"> • District council • Social services departments (purchaser and providers) • Health services • Various housing associations
Management and support services		
Day and respite care for older people in rural areas	<ul style="list-style-type: none"> • Voluntary organisation 	<ul style="list-style-type: none"> • Social services department • Housing professionals • Health authority • An advocacy service
Diversification of services by Home Improvement Agencies	<ul style="list-style-type: none"> • Home improvement agency 	<ul style="list-style-type: none"> • Local Care and Repair/Staying Put projects • College of Occupational Therapists • Housing Associations Charitable Trust
Domiciliary care service provided by sheltered housing schemes – this project ended prematurely	<ul style="list-style-type: none"> • Housing association 	<ul style="list-style-type: none"> • Social services departments

Previous history of joint working

Partnerships built on existing relationships seemed to experience fewer problems associated with working across organisational boundaries. For example, they were more likely to have an understanding of the aims and objectives of each other's organisation and therefore have a realistic idea of what the partnership would involve. Indeed, many of the projects developed as a direct result of a previous piece of joint work. For example, the proposal to develop a common application form for applicants to sheltered housing arose from an earlier piece of work undertaken by a multi-agency group in which the host organisation and many of the partners were involved.

The majority of the non-statutory agencies involved in the Programme as host organisations were already providing services under contract to local social services departments and had therefore established some kind of joint working relationship. One of the voluntary organisations in the Programme was already providing day care services for a local social services department when they discussed the possibility of developing a rurality-based respite service. The announcement of funding via the Crossing the Housing and Care Divide Programme provided an opportunity to develop this service. The submission of the proposal was relatively straightforward because both organisations were familiar with each other's core business and working practices and were able to agree a set of aims and objectives that were realistic and reflected a level of trust and respect between both agencies.

Joint working between organisations that had never previously worked together was more difficult to initiate. This was particularly evident in the lack of success projects had in making connections with the health service. Only three projects explicitly identified in their original bid that they would be working with health service workers, although the majority thought that their project would require some involvement with health. In practice few projects demonstrated any success in developing partnerships with health. In part this may reflect a lack of previous joint working experience between health and housing agencies and it may have been naive to think that projects would be able to develop such links when they had not existed in the past.

Mutual respect and trust

Mutual respect was a factor affecting whether or not organisations were willing to work across organisational boundaries. Joint working across the housing and care divide was more likely if organisations respected the work of partner agencies. For example, the housing association that developed a specialist outreach service for homeless older people found that partners were willing to work with them because their work was well known in the field and trusted by potential partners. However, the same workers were regarded with suspicion by some staff from within their own organisation, particularly hostel staff who thought the project workers were 'cherry picking' interesting cases. This suspicion was overcome when the project workers proved themselves to be expert at handling complex welfare benefits cases and as a result they were seen as a valuable resource within the organisation.

Partnership working appeared to be more likely when the project was built on an established service, which was viewed by partners as being successful. For example one of the IT projects was developed on the back of an existing community alarm service. Although the project experienced numerous difficulties with the technology, most partners were willing to work with it because they viewed the existing community alarm service as successful and a benefit to their own organisation and their users.

Where a project aimed to develop a service that was potentially threatening to other agencies then partnerships were more likely to happen if the host organisation was seen as independent. This was particularly important in the case of the four information and advocacy projects, where neutrality was regarded very highly by the partners. In another case the decision to develop the common application form for sheltered housing within a voluntary organisation rather than one of the RSLs was significant in building up the trust of housing associations which was key to their involvement.

Not all projects were as quick to develop this level of trust. The project which developed an advocacy service for black elders was viewed with suspicion by its partners when it began to develop services to meet the needs for which it was advocating. Social workers also believed that

the care packages provided for users were more generously resourced because the organisation was receiving funding on a different basis to either statutory or private providers. However, these suspicions were overcome when it became clear that the organisation, which was already well respected in the community, had independently met all social services department requirements to become an approved provider of home care services. The project also took steps to separate out the functions of advocacy and service delivery to make this distinction clearer.

Complementary aims and objectives

Joint working between agencies from across the housing and care divide was more likely to occur if the aims and objectives of the project allowed all partners to pursue their own organisational goals and not just those of the project. An element of 'value added' appeared to be an important motivating factor behind agency involvement with some of the projects. The specialist outreach services developed to support older homeless people found that partners were eager to work together because the aims of the project complemented their own area of expertise and improved the outcome for those older people they were in contact with. Partner agencies also recognised that they shared a common set of values and principles with the host agency which made it easier to work in partnership.

However, there was a difficult balance to be struck between sharing enough common ground to allow a partnership to develop and a situation in which all agencies are in outright competition. Successful partnerships developed when all agencies shared some aims and objectives or core business, but when there was not a complete overlap in interests.

In some cases, however, potential partners were reluctant to work collaboratively because it was unclear how it would benefit their own organisation. Some of the statutory and non-statutory partners involved with the IT monitoring projects were uncertain how their involvement would help them deliver on their own core business. Having had little involvement in the initial planning of the project potential health partners could see no obvious benefit from their involvement and so remained outside the partnership. However, some of the private sector care agencies that could identify no clear benefit

to their organisation had to participate as a condition of their contractual relationship with the social services department. As a result their participation was less than enthusiastic, not least because the volume of work they received for older people living in homes with the monitoring system was small and only accounted for a modest percentage of their total workload.

Clarity of aims and objectives

A lack of clarity about the aims and objectives of projects also inhibited joint working. This was clearly demonstrated by the two projects funded under the new technology stream. The projects aimed to develop IT monitoring systems for home care services but not all partner agencies shared the same understanding of the more specific aims and objectives of the project. The relationship between the host organisations and the telecom provider was not based on a shared understanding of what the relationship entailed. There appeared to be a lack of agreement about whether they were testing an existing IT monitoring system or piloting a new system and this undoubtedly led to different expectations about the level of support the provider should supply. Even within the host organisations there were different perceptions of the aims and objectives of both projects. Some perceived them to be about quality control, others about invoicing, while some managers saw it as an opportunity to develop a more sophisticated means of workload management. Again, the lack of understanding led to people having very different expectations and consequently different perceptions about the extent to which the project had achieved success.

These problems were not exclusive to the technology projects. For example, the project funded to develop a specialist outreach service for older homeless people did not make clear what the remit of outreach workers would be at individual day centres. Consequently, both the project manager and the day centre manager had different expectations about what the nature of the involvement would entail. In both of these examples the lack of clarity could have been overcome had these issues been dealt with early on, for example, through a contract detailing what was expected of the relationship.

Professional differences and stereotypes

Joint working was sometimes undermined by professional misunderstandings and stereotypes. These included a lack of appreciation of the role of other workers and a lack of trust in their professionalism. One of the projects funded to develop a new service for the clients of social services found that social workers were unwilling to share client information with them. This was because social workers feared that workers in the voluntary sector did not have the same understanding of client confidentiality. Indeed, many of the statutory sector workers we spoke to had an implicit belief that voluntary sector workers were not ‘professionals’ and therefore did not share their professional concerns.

The difficulties experienced by the majority of the projects in their attempts to work with health colleagues may have been exacerbated by the different cultures, philosophies and working practices that one finds in the NHS and local authorities. Health and local authority staff have distinct professional working practices including different assessment procedures as well as different interpretations of eligibility criteria and risk management. Health and social care professionals have very clearly defined client groups and fiercely resist attempts to add on or take away from this core client base. Despite these differences being well known, few of the projects attempted to sit down with health colleagues to explore them and find ways to ameliorate them.

These difficulties were further compounded by a lack of appreciation about the role of housing in relation to health. This lack of awareness might reflect the different models of health, disability and ageing that staff in local authorities and the NHS work with. However, their lack of involvement in the Programme may also have been a consequence of the different ways in which professionals organise their work. For example, community nurses typically organise their work through caseloads and do not therefore always regard developmental work of this kind as a legitimate part of their work. However, social workers are more likely to have experience of developmental as well as caseload working and so find it easier to work with developmental projects. Time and again the lack of participation of health workers was interpreted by social services staff as disinterest rather than a lack of opportunity to take part or a lack of awareness about what the project aimed to achieve.

Implementation

The speed and manner of the implementation of services proved a decisive factor in shaping local perceptions of whether or not the project demonstrated the effectiveness of joint working. Projects that were able to deliver quickly on their outputs were able to achieve a degree of credibility that others failed to gain. This credibility appeared to help build a momentum behind the joint venture. For example, the common application form and registration system for applicants to sheltered housing was introduced within seven months of the inception of the project and, although the system continued to change over the remaining months, partner agencies were confident that their joint endeavours would be useful and beneficial to older people. One of the reasons for the early implementation of the system was that some preparatory work had been carried out prior to the project receiving funding. This was not the case for most of the projects in the Programme.

The two IT projects demonstrated many of the difficulties associated with implementing interagency projects. The host organisations and many of their partners had very different perceptions of the aims and objectives of the project and this lack of shared understanding effectively slowed down the project in its initial phase, as project workers spent time trying to resolve these issues.

Secondly, neither project was able to install the number of monitoring units they had originally planned. Various reasons were given for the shortfall: a lack of appropriate users, user anxiety about the purpose of the technology and technological difficulties. Once the monitoring units were installed further problems arose in operation.

Finally, because the nature of the project and the relationship with the telecom provider was never made entirely explicit this caused frustration to all parties, especially as technical problems continued to emerge over the duration of the project. These problems were compounded by the failure of both systems to generate, what the organisations felt was, useful output data for management purposes. Thus most partners felt that the costs of taking part in the project were not offset by any tangible benefits. For the project based in a statutory housing department

these problems were such that eventually most of their original objectives were abandoned. The IT projects reveal the complexity of introducing new technology on an interagency basis. Introducing new technology to any organisation is always problematic but the situation is exacerbated when a variety of agencies are expected to use the new systems.

Project workers

The skills of project workers were critical to the success of partnerships. Partner agencies often commented that interagency working was more likely to occur when project workers had a non-threatening and facilitative manner. This was particularly important to the four projects funded to develop information and advocacy services where issues to do with impartiality were most acute. Partner agencies commented that the skills and sensitivity of these workers had been a crucial factor in bringing different agencies together.

The previous experience and commitment of project workers was also important in determining whether or not projects were successful at working across the housing and care divide. For example, the project worker appointed to develop an advice and information service for older people in a rural setting had previously worked in community development in the same locality. As a result not only did she have the requisite knowledge and experience of working with voluntary organisations but crucially she also had local networks.

Continuity of staffing

The lack of continuity of staff undermined the ability of some projects to work across the housing and care divide. It was noticeable that a number of projects lost momentum or credibility with partner agencies when key workers left. This was true of the outreach service for homeless older people which did not appoint a replacement female outreach worker when the original worker left. As a result the project had to abandon the work they were doing with a specialist outreach service for older homeless women. This lack of continuity may well reflect the problems faced in general by staff employed to work on externally funded short-term projects.

The issue of staff continuity was equally important within partner agencies. Many of the host

organisations commented how difficult it was to maintain contact with the statutory sector when staff kept changing. In cases where the partnership depended on the involvement and knowledge of single individuals, and there was no other person who could 'stand in' for them, their absence hindered joint working. Reorganisation within host institutions often triggered this situation with senior staff having to move on to new priorities and roles and not having time to sustain previous commitments. This is one of the indications that partnership work is not afforded the same priority as other aspects of work.

Strategic support

The ability of projects to work with agencies from a different sector was sometimes hampered by a lack of ownership and strategic support for the project within the host organisation. Some of the original funding bids were written by senior staff who either had no contact with the project once it received funding or who left the organisation shortly after. Under such circumstances project workers often struggled to get the project off the ground.

The support and on-going involvement of key stakeholders over the lifetime of the project was another important factor influencing the ability of some projects to work across the housing and care divide. For example, the involvement of a senior Housing Corporation officer in the advisory group of one project appeared to be a key factor in encouraging organisations to work cooperatively. Similarly the involvement of people with a broad understanding of how the different organisations operated and of the key planning processes or decision-making forums that it was necessary to link with was important.

We have already noted the significance of 'strategic players' to the success of many partnerships but there is often a need to involve people with specific skills or knowledge. Both of the local authorities that were funded to develop IT monitoring systems appeared not to have involved their own IT department to any meaningful degree. The lack of involvement of people with specific IT skills and in-depth knowledge of IT systems development may explain some of the difficulties both projects experienced in their relationship with the IT provider. Furthermore the lack of involvement of the in-house IT departments may have

jeopardised the mainstreaming of both systems, particularly since neither project appeared to have integrated their work into the local authorities' corporate IT strategy at the outset. The project based on the community alarm system recognised this dilemma towards the end of its funding and efforts were made to link the project into corporate IT discussions. As a result IT monitoring remains central to the local authority's vision for the future and the lessons learnt by the project have been integrated with the IT strategy.

Multi-level joint working

While each of the projects had a specific focus for their collaborative endeavours they all demonstrated the need to develop multi-level partnerships and highlighted some of the skills required to sustain them. For example, the project developing a common application form and housing register required agencies to commit to the work at a strategic level as well as at a middle management and practitioner level. Once agencies had agreed to take part the project invested heavily in bringing staff together to develop the skills and knowledge of front line workers which were necessary to operationalise the work. The project developed its own training unit for social services and housing staff and this became a powerful tool in breaking down misunderstanding and myths between these groups of workers.

Not all projects recognised the value of this type of approach. Very few seemed to appreciate the importance of partnerships being based on joint working activity *at a variety of levels* throughout the organisational hierarchy. Some projects concentrated on developing partnerships at the practitioner level while neglecting the need for strategic joint working. For example, project officers working on the development of information and advocacy services for homeless older people were at pains to develop partnerships with hostel staff while the project manager developed contacts with day centre managers. However, senior staff did not adopt this approach. Nor did members of the steering group, who did not appear to recognise that the future of the project required them to network with other agencies in order to mainstream the project.

This multi-level approach to partnership working is further complicated by the need to sustain these relationships over time. We have already

maintained that those projects based on prior relationships were better placed to overcome some of the problems inherent in joint working. However, very few of the projects were able to sustain multi-level joint working over the period of the Programme. Not only is such an approach resource intensive but it often is further undermined by the rate of staff turnover in the statutory sector.

Accountability within the Programme

Another factor limiting the success of joint working was the lack of attention within the Programme to the issue of accountability. In short, projects were sometimes unclear where their primary line of accountability lay: the evaluation team, project funders, users, their individual advisory group, host organisation or partner agencies. Although projects were under an obligation to write an annual project evaluation report, this was the extent of their accountability to the evaluation team. The mechanisms available to the funding body to secure the accountability of each of the projects was unclear to the evaluation team – in particular how decisions were made to extend funding and how under-achievement might be dealt with. The extent of projects' accountability to users appears to have been varied but limited. For some projects this issue was very clearly linked to those users who actually accessed the service. However, for other projects the concept of accountability to users was defined more broadly. For example, the project developing advocacy services for black elders saw their accountability in terms not only to those older people who used the advocacy services but also to the local black community as a whole.

The tensions associated with 'multiple' accountabilities were experienced most acutely by professional workers, whether of voluntary or statutory organisations, who were also members of local black communities. It was often left to the individual to reconcile the contradictions between acting as an advocate for their communities and following bureaucratic/professional procedures regulating access to services.

Having reviewed the experiences of the projects in relation to joint working we now consider how the projects dealt with the issue of user involvement.

User involvement

In the light of the very different backgrounds, starting dates and histories of the projects it is not surprising that their approaches to and progress with user involvement varied enormously.

Nonetheless it is possible to identify a number of recurring themes.

Setting up and running the projects

While few projects involved users directly in their design, many were informed by local and/or national research on users' views and experiences. This resulted in a number of projects already being fully aware of the problems faced by users in expressing their views. Consequently service provision had to be designed to be highly sensitive and responsive to individual preferences. This applied, for example, to the information and advocacy services developed to meet the needs of black elders and homeless older men and women.

In both of these cases the nature of the service provided by the project was user driven, having taken on board the limitations and problems associated with traditional forms of service delivery, user involvement and evaluation of user views. For these projects, borne out of an appreciation of how difficult engagement with the users may be, seeking to develop methods for user involvement was a real challenge. In the case of projects dealing with individuals isolated from more conventional forms of interaction and communication, and dependent on highly individualised forms of support, particularly imaginative and resource intensive approaches were required to engage with the views of the user. For example, the project developing services for homeless older people developed sensitive one-to-one approaches to elicit the views of users, as well as successfully running focus groups with hostel tenants.

This challenge was compounded for some projects by the explicit aim of not subjecting the user to the sort of overly bureaucratic procedures which are sometimes associated with accessing statutory services. Overly bureaucratic evaluations of services may in fact undermine the flexible, informal ethos of the service. This was apparently the case, for example, with the project funded to develop a respite service for isolated older people living in a rural community.

However, regardless of these difficulties, it is not satisfactory to rely solely on the feedback from those intimately involved in providing care to reflect the views of users or to assess the degree to which users can choose between alternatives. Evidence needs to be presented which indicates the extent to which users have been allowed to make choices and indeed to shape the nature of the choices on offer. Only one of the projects was able to provide evidence of this kind.

Users and carers

Projects differed in how users and carers were defined, and within some projects there was a lack of clarity about whether it is towards users or carers that the service was mainly targeted. In the case of the project funded to develop a common application form for applicants to sheltered housing, users were clearly defined as both the tenants and potential tenants of sheltered accommodation and the housing agencies who were involved in the common application process.

It is essential to distinguish between formal (paid) carers and informal carers (family, friends, neighbours) and also between the needs of users and carers, which need to be identified and responded to independently whenever possible. In both of the projects funded to develop IT monitoring systems, the term 'carer' was used to refer to paid home care workers, and occasionally also the family carers. For the respite care project the carers were the unpaid family members and the paid carers were referred to as hosts for the project. However, there was sometimes confusion as to whether the user or the carer was the primary target for the service.

There are great difficulties associated with assessment and evaluation of user views for those who are unable to articulate their own views clearly or consistently. The use of carers as proxies is sometimes inevitable, but the limitations of this should at least be acknowledged. In these circumstances the use of advocates, either as individuals or as representatives of groups of (and not for) users could be a means of getting more independent views of the needs of the direct user. Some of the projects had the aim of involving advocates, but the limited availability of well developed networks of trained advocates severely limited the potential for this.

Users' interests and 'professional' interests

Within some projects contradictory views and actions simultaneously coexisted in relation to the capacity of paid carers to speak for users. While managers recognised the need to monitor the activities of paid carers out in the community, they also used the same workers to recruit users onto a project. The latter assumed the interests of the users and paid carers were the same, while the need for monitoring indicated awareness that this was not always the case. The principle of independent advice and information being available to users needed to be consistently applied.

The progress of both IT projects suffered because the home care staff were used to introduce potential clients to the service. Many staff had reservations about the implications of the project for their own working and had a powerful influence on the ability of the projects to recruit sufficient users, and on the views of those users recruited. Similarly, the respite care service depended on social workers referring older people to the service and in practice project officers thought that social workers were either referring inappropriate users or failing to refer appropriate users to the service.

'Outside' evaluations

External evaluations of services, including the views of users, were undertaken by a number of the projects. These evaluations were carried out by unpaid voluntary staff, in-house expertise of the host agency, and paid experts, such as academic research units. Where these occurred there seemed to be a tendency for these exercises not to feed into the day-to-day management and development of the project. Front line staff and managers often knew that an evaluation report had been produced, but did not sit down and look at the implications of its content for their work. There was a tendency to see the evaluation as an end in itself rather than as a means of developing more user-driven services. The exception to this appears to have been the evaluation of the common application form for sheltered housing which was clearly seen as a valuable tool with which to improve user involvement.

Conditions for success: organisational

The extent to which the projects were able to involve users and obtain their views was very dependent on the nature of both the host agencies and key partners. In organisations where there was a strong culture and tradition of user involvement, where resources had been deployed over a period of time to develop an infrastructure to support user involvement, and a range of methods of listening to user views were in place, then projects themselves were able to capitalise on this.

Indicators of such a culture and commitment include:

- well developed complaints procedures
- the implementation of an Equal Opportunities policy
- a system of well-resourced user groups and advocates
- regular two-way communication with a network of user groups
- training and support for front line staff on involving users.

These resources or facilities were available to some host organisations participating in the Programme. For example, the projects set up by larger voluntary organisations or in local authorities tended to have procedures in place. Some of the smaller housing associations taking part in the Programme also had very explicit statements about the importance they placed on user involvement. This was clearly the case for the housing association developing services for black elders: it had well developed communication channels with users and members of the wider black communities.

Conditions for success: individual

The main aim of some projects was to identify the views of users and support those views in trying to influence mainstream service development. In these cases the skills of the individuals involved in the project were critical. The sort of work undertaken to elicit users' views is often slow, not especially visible and while having clear goals the route to achieving these goals cannot always be specified in advance. The skills needed can often be difficult to specify in writing but are more easily recognised in practice. Maturity, 'local' knowledge, capacity to respect 'lay' as well as

professional perspectives, persistence, good humour, and commitment of such individuals all play a part.

The success of some projects in achieving user involvement can be linked to the personal skills and characteristics of the staff appointed. This was clearly the case for the project funded to develop information services for older people in rural areas which employed a worker with considerable experience and skills in community development that proved vital to the progress of the project.

Users on management teams

In general the degree to which it was possible to engage users on management teams or steering groups was limited. When users were involved in such meetings their attendance was reported to wane over the course of the project and their involvement was often described as tokenistic. This is not surprising given the style of working of such bodies and the characteristics of the client groups. It does suggest, however, that although membership of formal bodies is often quoted as one of the preferred ways for involving users (as in this Programme), it is over-rated. It should certainly not be relied on as the only means for user involvement, or it can be used simply as a token gesture.

When users do not become involved with management bodies there seemed little inclination to explore ways of changing the way that body worked, to make it more attractive to users, or to offer specific inducements to attract a user input.

The real priorities

In many cases the continuation of the project and the jobs of the staff depended on its success in selling itself to potential funders or purchasers, usually in the statutory sector. This meant that the priorities of these agencies tended to be the ones that the project was compelled to address. This in turn skewed projects towards working with professionally/organisationally defined services and eligibility criteria. This did not always correspond to a user-driven approach which was responsive to the needs of a range of users. The restrictions imposed by social services department eligibility criteria adversely affected the capacity of some of the projects to address the needs of 'low dependency' users, for whom the

service would have a significant preventative element. The respite care and domiciliary care schemes were illustrations of this.

When considering whether to mainstream a service the emphasis placed on the cost of the service and its ability to address existing organisational priorities meant that even services which contributed to a better quality service for users would not, on that criterion alone, secure future funding.

Management and organisational issues

Three projects fell within the management and support services category. However, in practice all the projects revealed important organisational lessons relating to the management of staff faced with the challenges of implementing complex projects within a multiagency framework. Many of these issues were more starkly apparent because the management of the project staff was carried out by managers within the host organisations for whom the projects were only a small and temporary part of their overall workload.

Some of the diverse themes which emerged relating to management and organisational issues are reviewed below.

Managing project work

A tension that appeared within one of the diversification projects was the management of unequal workloads and degrees of support. It emerged from staff working within the same office but funded from different 'pots of money'. In practice managing diversification often depended on the 'cross-subsidisation' of one project by another, but in some circumstances the conditions or timing of different sources of funding does not allow for this.

While the management issues relating to these projects were rather unusual, the problem of management and administrative costs exceeding those anticipated recurred in other projects. The voluntary agency hosting the project to develop a common register found itself providing considerable extra resources in the form of management time, room space, advice and support with IT and office equipment. This had not been costed in the original bid.

However, in other projects there was also the problem of only limited management support being provided for staff which had a significant impact on both the operational and strategic functioning of the project. Where staff did not have a strong steer on what the project was trying to achieve, guidance on how to set up and manage monitoring systems, and support with developing links at the strategic level, projects did not have the capacity to be sustainable. This was particularly associated with the failure to generate data which could convince commissioners to allocate resources for a continuation of the project and as the basis for productive dialogue with senior managers or planners within statutory agencies.

Recruitment and support

A theme which emerged from a number of projects concerned with care services related to the availability of staff and how to compete for them in the local labour market. In some localities, where there had been an increase in jobs within the retailing and service sectors, the terms and conditions of services offered to staff working directly or through contract with the statutory sector were no longer competitive.

One of the very clear messages that emerged from one of the diversification projects was that the time and care needed to manage a trainee under the New Deal scheme was extraordinarily high. This was in part due to the relatively low level of support which came from the national scheme and the completely different management and organisational responses needed to ensure that the employee developed personally and was able to make a contribution to the agency. Different support and management arrangements had to be established throughout the two years, starting with a new procedure for recruitment, developing close relationships with the local Further Education college, and support mechanisms from other technical/manual staff hitherto unused to this style of working.

While this extreme care did result in the trainee going on to obtain continued employment after the life of the project, it did have very significant costs. These included the large amount of time the managers spent on this one employee, and managing the tensions which developed within the existing workforce as a result of the 'special' conditions which applied exclusively to the trainee.

Skills

A major determinant of the extent to which projects had successes or difficulties was the degree to which the skills of the project staff matched the roles they were expected to undertake.

Networking

The 'soft' skills, most commonly associated with community development work and operating within networks rather than hierarchies, tended not to be formally acknowledged in job descriptions or given due acknowledgement in the status or rewards associated with the role. In projects such as the development of care within the host's own home and the outreach work with older people in isolated rural areas, most of the benefits of the project were associated with the personal skills and knowledge of the individual project workers. This included knowledge of local networks and voluntary sector and having a reputation for reliability and trustworthiness.

Many of the project workers had well developed networking skills that enabled them to work across agencies and relate to a range of individuals from very different backgrounds. This was in part a product of experience and maturity which is hard to replicate in training courses.

Working together

The project developing the unified housing register clearly demonstrated the value of bringing together staff who knew little about each other's work, but had formed strong views of the 'other', sometimes based on myths and stereotypes. The training which was devised specifically for the staff in housing and social services allowed some of the prevailing views to be aired and for better shared understandings to emerge among staff within and between agencies who 'shared' the same group of users.

The failure to be familiar with and understand the ways in which potential partners worked was apparent in a number of the projects. At the Programme level this was most stark in the lack of success in creating and sustaining relationships with the health services. The manager of one of the diversification projects was successful in engaging an NHS health trust because of his knowledge of the day-to-day working of the

hospital. However, even this development was short-lived and broke down when key individuals moved on from the hospital, resulting in the project failing to secure longer-term funding.

These examples demonstrate the need for operational staff who relate to the same users to understand and respect the contribution from other professionals. They also highlight the need for managers to develop network links with partner agencies who might contribute finance and other resources to joint ventures.

Monitoring

Since all of the projects were required to generate monitoring data to be used by the external evaluation team, the project workers were offered support to enable them to undertake this role. This did not, however, result in an 'evening out' of the projects' capacity to do this. In particular front-line workers who interacted with users, communities or the public found it difficult to devote time to the recording and analysis of data. The way in which they worked and the difficulty of measuring the impact of this work meant that the workers with the least experience of monitoring activities were struggling with some of the most challenging aspects of evaluation.

In many cases managing the transition from a small-scale project to a much higher volume operation was too difficult to achieve with the resources and skills available. This applied to the host respite scheme which had such small numbers of users that basic paper files could contain all the relevant information, but a more sophisticated system needed to be considered if the project was to be extended into the mainstream business of the social services department. However, even within the small-scale project data were not extracted which could have given a more informed view of how it had worked.

In the case of the housing association developing the advocacy and information service for minority ethnic communities, the success of the host agency created administrative difficulties which needed to be resolved by the use of an appropriate IT system. The project manager needed to develop a software package which would allow the complex processes of matching carers to users, monitoring workloads and rapidly covering absences of staff to be managed within

the host organisation. However, these were not skills he had brought to the project and there was limited experience on which he could draw, either internally or from partner agencies.

Job descriptions and training needs

Across the projects there were a number of examples where the job descriptions of project managers did not reflect the range of tasks that had to be carried out or the relevant skills required. In some cases this slowed down the projects as the managers learnt some of the required skills and in other cases it meant that only part of the project was fully developed.

In general it appeared that the skills and confidence to define the aims of a project, identify indicators of how well these were being met and capture this information could not be picked up easily. Where staff do not possess the relevant skills when they take up an appointment, specific and well-planned training and support need to be built into staff development programmes and these require time and funding. These requirements are now so fundamental that the demonstration or acquisition of these skills should be monitored as a high priority and should be embedded in the culture of the organisation.

Evaluation themes – outcomes

In this section we consider those evaluation themes that relate to the outcomes of the projects.

Quality and value for money

The issue of quality should, in theory, be easier to discuss in relation to the Programme since all of the projects were under an obligation to demonstrate how they monitored the ‘quality’ of the service they were funded to develop. However, as we have noted elsewhere in this report, the projects’ attempts to monitor their performance were not entirely successful and the ‘quality’ of the services being provided proved difficult to define and measure.

Monitoring the quality of information and advocacy projects

All of the information and advocacy projects aimed to improve older people’s knowledge of and access to appropriate services, including advocacy services. As such the focus of their work was on equity and access, both of which can be described as dimensions of ‘quality’. While each of these projects can demonstrate some degree of success in achieving their aims and objectives, not all set up processes by which they could monitor the quality of the services they provided.

The project that developed support and advice services for older homeless men and women undoubtedly achieved this aim. Project staff undertook casework with individual hostel tenants in order to maximise their incomes as well as acting as their advocates with hostel staff. In both areas of work they were successful, winning a number of complex welfare benefit review cases

and raising particular issues with hostel staff, which in turn led to improvements in services for older tenants. Project officers routinely recorded their activities and were able to provide information about the number of contacts made and assessments carried over the three years. However, little attempt was made to find out whether these interventions were effective. For example, were the advocacy services acceptable to users or accessible to all of their target population?

Similarly the project that established an advocacy service for black elders was successful in raising awareness about the needs of this group among social services staff. This resulted in the council making some changes to the way in which they work with black elders. But again little attempt was made to find out if the information services met all of the advocacy and support needs of the target group. However, as we will have noted earlier, eliciting feedback on services, particularly from highly vulnerable or isolated users/potential users, is a complex and resource intensive task.

Quality and new technology

A similar picture emerged from the two new technology projects. Again both projects had an explicit ‘quality’ focus, receiving funding to develop IT systems that would monitor the delivery of care services in the homes of older people. Both host organisations were aware that users of domiciliary care service were concerned about the punctuality of service delivery and the continuity of staff providing services. The IT systems had the potential to monitor these issues. For a variety of reasons neither project installed the number of monitoring systems they envisaged. Although the information generated was limited it

did record the punctuality and continuity of the staff attending and allowed the host agencies to identify problems with this dimension of the quality of provision. In the long term these monitoring systems may prove an essential quality assurance tool but only when adequate systems are in place to allow monitoring of a wider range of issues. Until then they can only provide a partial picture of the quality of services being delivered by a small group of carers to a very tightly defined user group.

Quality and management and support services

The two projects funded under the management and support services stream lent themselves most easily to attempts to monitor the quality of the new services developed. However, the projects had mixed results. The project funded to explore diversification of services by Home Improvement Agencies (HIAs) used their in-house systems to monitor the activity of the three schemes. Each project was given a brief detailing exactly what was expected of them in terms of monitoring. Each was required to record activity data (number of referrals, source of referrals, outcome), caseworker commentaries, managers' diaries, mentor reports, 'phone and meeting logs and client satisfaction questionnaires. Since these schemes were only funded for one year the information may be of limited value, particularly since the projects spent much of this time resolving implementation problems. So, definitive answers to the question about how effective it was for agencies to diversify from their core business could not be given. However, some valuable insights into the costs and benefits of engaging in a greater diversity of roles for HIAs were gained. Despite project staff finding these monitoring processes rather burdensome it does illustrate that it is possible to monitor development projects of this type.

The second project funded under this stream developed a respite care service for isolated older people in rural areas. The original bid described how the service would be designed to meet the needs of each individual user. The user would be able to determine the types of activities they undertook and select what meals they ate. The views of users and their informal carers would be sought and a log book kept by the hosts about each episode of care. However, although these processes were established, very little information was provided with which to assess quality. The

care given by the hosts was described as 'exceeding the expectations placed upon them'. Yet we have no indication of the impact of the service on the lives of isolated older people or their carers: did the service meet the user's expectations? Were any complaints received about the service? When representatives of the social services department were asked how they monitored the 'quality' of the new service they implied that because the voluntary organisation was already under contract to them, by definition they were happy with the quality of services provided. As users continued to use the service it was assumed that they were pleased with it. This must be seen in the context that the social services departments involved with the projects did not themselves have clearly developed systems for monitoring quality. There was an underlying assumption that they 'knew' their in-house providers of services well enough to trust them to deliver quality services.

There appeared to be an assumption across the Programme that because projects were trying to improve access to information and advice or were developing innovative services that this in itself was a guarantee of 'quality'. Little attempt was made to monitor the quality of new services to see if they were either acceptable to older people or whether they were meeting their needs effectively.

An exception was the project that developed the common application form for sheltered housing, which did attempt to monitor the impact of the service. Information was kept on the number of applications made to sheltered housing, the age and gender of the applicant, the reasons for their move, how long the applications took to be processed and the outcome. The project also commissioned an independent evaluation of users' and professionals' satisfaction with the form. The survey of users looked in detail at the process of application and clearly offered the project some indications about how they could improve the 'quality' of the service in the future. The results of the evaluation suggest that both users and professionals had a positive view of the project and had found the new scheme to be helpful.

Value for money

The notion of value for money has developed over the last few years from the somewhat crude sense of least cost to a more rounded approach

which takes account of the views of stakeholders. These views feed into both the initial definition of benefits and to perceptions of the extent to which they have been achieved. Moreover, the precise ratio of inputs to outputs reflected in the so-called ‘Three Es’ (efficiency, economy and effectiveness) has been supplemented by the distributional criterion of the fourth E – equity.

The more sophisticated conception of value for money brings with it the requirement that inputs and outputs are clearly specified and measured, as well as relatively precise statements of the expected distributional pattern of anticipated benefits.

Lack of hard data

Although most projects provided some information about inputs, this was usually limited to staff costs. Few were able to calculate outputs and to link these with inputs, let alone specify how the production of outputs might contribute to the achievement of broader and longer-term outcomes. This problem is not unique to the Programme; it mirrors the experiences of mainstream services. As a result we have relied mainly on the perceptions of project staff and other stakeholders of the value of the project, rather than any more substantial and comparable data.

Perceptions of value for money

Many of the partner agencies instinctively thought that the projects funded under the Programme had provided ‘value for money’. This was because their organisation had not had to invest significant resources, either financial or otherwise, in the new service, and as a result these new services were greatly appreciated. In a sense, as long as projects were able to help partner agencies deliver on their own aims and objectives then partner agencies thought they had provided added value. The project developing a support and advice service for homeless older people found that agencies were happy to work in partnership with the outreach service because it meant that they were better able to achieve their own organisational aims and objectives. There were also some added benefits for partner agencies working with this team. For example, they had access to a city centre resource base, which was seen as a positive spin off by partners. When partner agencies were asked whether the

project had delivered ‘value for money’ they all responded positively. However, at least one partner said that they might not have thought so had their organisation been required to fund part of the service. None of the partners indicated that their organisation was willing to pick up the funding to continue the service after the end of the project.

In very few circumstances did partner agencies think that a project had *not* provided ‘value for money’. Even if projects were not achieving what they had originally anticipated, partner agencies still valued the opportunity to pilot innovative work. The project funded to develop respite care for isolated elders in a rural area was thought to be providing ‘value for money’ because it had given the statutory sector an opportunity to develop a different type of service. However, in pure economic terms the project could not be considered as providing ‘value for money’. For a variety of reasons, including low referral rates and insufficient numbers of volunteers willing to become hosts, the project was unable to achieve the level of provision it had anticipated. As a result of these constraints the actual unit cost for each episode of care provided over the three years remained prohibitively high.

Unanticipated benefits

Demonstrating ‘value for money’ in the case of the two projects funded to develop an IT monitoring system proved even more problematic. Although neither project achieved their initial aims and objectives, they did offer the host organisation an opportunity to pilot an IT monitoring system. Notwithstanding the problems they encountered, this was seen as a positive, if frustrating, experience. Indeed, both host organisations remain committed to the idea of IT monitoring systems as a means of improving quality and they now have a better understanding of the issues involved in commissioning such a system. There was also an element of ‘value added’ from taking part in the programme. For example, the IT monitoring project based on the community alarm service was able to demonstrate a measure of success in bringing the housing department and social services department together to develop other pieces of joint work including a smart house. Despite the frustrations that the IT projects experienced, the issues they have raised are of value in terms of the lessons learnt by the Programme as a whole.

Even for those projects that developed more output and outcome-focused objectives it is difficult to determine the 'value for money' of their work. For example, even though the project developing the common application form and housing register for sheltered housing was able to identify more robust outputs for their work, it is difficult to come to any conclusive comment about its cost effectiveness or 'value for money'. All of the housing associations involved in the project continued to use their own pre-existing application forms alongside the one developed by the project. This clearly meant significantly higher costs to be absorbed by each of the partners. Any cost savings that might have occurred as a result of being able to make more effective use of the housing stock or any improvements in the quality of life of tenants resulting from their making a more informed choice about their housing have not been quantified. Hence it is difficult to assess the net impact of the service. Despite the limitations of the evidence all partner agencies believed the work delivered by the project represented 'value for money' and indeed funding has been found to continue the work. The project also demonstrated 'value added' within the wider housing and community care community where the audit of existing sheltered housing is seen as a vital planning aide for the future. This project also made information about sheltered schemes easier to access for older people. How to quantify and put a value on these benefits is a topic in its own right, however, and was certainly beyond the scope of this Programme. We now turn our attention to the impact projects had in their local context.

Policy impact and sustainability

Sustainability of the projects themselves

The main aim of the Crossing the Housing and Care Divide Programme was to pilot innovative models of working, and for these pilots to influence policy and practice at the local level, and through the dissemination of the findings overall, to impact on national policy debates. We therefore sought stakeholders' views on the sustainability of the project after the end of the funding and the impact on policy locally.

The majority of the projects did not continue as recognisable entities once their Programme funding ended. This in part was a result of the

limitations of short term funded projects in general. Unless there is an explicit contract to mainstream the work of a project then its chances of securing future funding is usually very low. Few of the projects were able to demonstrate high levels of commitment from partners prior to being awarded a grant. This meant that many projects did not have strong local ownership from the major purchasers of services. This was a real weakness given that the continuation of several of the projects would be entirely dependent on contracts with social services departments.

The Programme demonstrated many of the dilemmas facing initiatives of this type where there is an underlying tension between the requirements of rigorous experimental design and the need for flexibility in the drive to succeed. In order to generate the best possible evidence to feed into a robust evaluation framework, projects should not change substantially their basic aims and more detailed objectives. However, in coping with the turbulent policy environment and ever-changing local pressures, projects were obliged to change in order both to survive and to stand any chance of securing support for their continuation.

A further difficulty experienced by the projects was linked to the time required to get up and running and the timing of the evaluation cycle. The initial phases for the majority of the projects took longer than anticipated. The evaluation team was contracted to produce the final evaluation reports after the projects had been completed, although interim feedback sessions were provided so that projects could reflect on progress during their lives. Coupled with relatively underdeveloped monitoring systems this meant that at the time when the project managers should have been in discussions about future funding, there was very little evidence on how successful the projects had been. These problems were made worse by a lack of understanding among project staff of local planning processes or what sort of evidence needed to be presented to which bodies as a basis for negotiating future funding.

The issue of securing funding was further complicated by the difficulties, described earlier, of producing evidence on costs and benefits to feed into value for money assessments. It is this sort of 'hard' data that commissioning officers often require since contracts are based, predominantly, on cost and volume. Spot contracts may provide greater flexibility and

sometimes require more detailed specifications relating to quality, but they are much less common.

Impact on policy and practice

The Programme did not set out with the intention of establishing each of the projects in the long term within their respective localities and was primarily concerned with influencing policy and practice both nationally and locally. However, the consequences of this ‘short termism’ meant that the projects lost some of the value of the resources which had been made available to them. Nevertheless the failure of even valued services to be picked up locally also provided some useful lessons.

As is the case with much research on policy developments it is difficult to connect causes with effects. This remains a huge problem in an environment which has experienced extensive changes over a sustained period of time. In the case of welfare services the ‘institutional’ landscape has changed dramatically over the last decade, driven by fundamental shifts in the ideology informing national policy. As noted in Chapter 2, many changes since 1995 have resulted in an environment which is more supportive of the aims of the projects. However, the projects reveal barriers which seem likely to remain as a block to developing some of the models of services, even in the current climate.

Generating momentum

It was evident that a number of the projects contributed in part to the flow of change locally. A vivid example of this was the development of a single register for sheltered housing. Previous work had already been carried out and there was a gradually emerging consensus on the need for such a tool. Major problems remained over how technically this could best be achieved and in gaining acceptance politically from the major stakeholders.

The project effectively carried forward this momentum because the technical aspects of the project were well managed and successful in demonstrating the feasibility of such a system. The steering group included individuals who also worked within other interrelated networks in the city, and the chairman was astute and very active in managing the ‘politics’ of the project.

Pilots and risk

In other cases the projects sought to pilot quite challenging approaches, which allowed risks to be taken outside mainstream provision. This meant, for example, that a local authority could tackle the delicate issue of the equitable provision of services to minority ethnic groups and not expose themselves to the risks associated with the initial phases of developing culturally sensitive care services. The success of the voluntary organisation in identifying the level of unmet need, recruiting appropriate black care staff and delivering acceptable services to users within their own homes did not occur without some real difficulties. However, as the voluntary agency adapted to being a provider of services under contract to the social services department and the culture of the department gradually shifted with the introduction of black care workers, the capacity of the local policy making system to address ‘racial politics’, which had implications for service provision, also increased.

Surprisingly the piloting of the IT monitoring system for the delivery of care services for older people, which was almost entirely unsuccessful in the formal sense, was a pathfinder experience for the local authority involved. At the corporate level the authority had a commitment to the use of IT and believed that, given the direction in which policy was moving in relation to the provision of care, the use of IT to measure quality was inevitable. The project allowed a process of experimentation and learning to take place which would have been very difficult to justify as part of the core business of the organisation. While it was possible for those operating at the strategic level to perceive the project in these terms, it was more difficult for the front line staff who had to work the system as part of their day-to-day work to remain so philosophical. At this operational level future commitment to a monitoring system may be hard to secure and a great deal of effort will have to be put into ‘selling’ a scheme. However, both managers and front line staff will be much more aware of the likely problems and be in a better position to negotiate with new technology consultants.

Mainstreaming innovation

Some of the projects were concerned with providing services which were either of a preventive nature or directed at a small group of users with particular needs not met by the mainstream providers. The project providing outreach domiciliary care to people with dementia and the project providing day care within the home of the 'host' provider were two examples of such approaches. Regardless of the merits of the projects both were unsuccessful in attracting continued funding for such clients because of their failure to meet the eligibility criteria of the local social services. There is a clear and continuing tension in trying to graft innovation on to existing systems facing competing claims on restricted resources.

One of these projects also encountered problems, at least initially, because it was underpinned by a different care management model to that used by the social services departments. The problems related to who was best placed to undertake assessments with users who, for different reasons, may find communication with professionals difficult, and how to respond flexibly to the almost daily changing needs of the informal carers of very vulnerable users. These issues raise concerns about the feasibility of small-scale, user-led and flexible services being sustainable within the current contracting and monitoring arrangements for community care.

Conclusions

Introduction

A rich source of material from which to draw lessons for future policy and practice were generated from the projects which comprised the Crossing the Housing and Care Divide Programme. We are, nevertheless, left with the problem of how to generalise from these particular projects. This issue has at least two layers of complexity. At one level there is the usual methodological concern of the generalisability of the lessons learnt: to what extent are the experiences of the projects related to features which are specific to the particular context, such as the influence of individuals or local politics? In the case of the theme of joint working we have a second difficulty. How should 'joint working' be defined? What exactly are we talking about?

The words 'partnership', 'collaboration' and 'joint working' are used interchangeably to describe a disparate range of activities. Joint working can operate at different levels within and between agencies, can be formal or informal, and can involve chief executives or front-line staff. There is no reason to believe that there is a set of universal principles that will apply across all these dimensions of joint working or in all local contexts. Similarly, innovation is difficult to define outside specific contexts: does the innovation relate to output or process; how long can a new approach be regarded as innovative, particularly if another approach is now being applied to the same problem?

The lessons that we draw out from the projects therefore need to be considered with a degree of caution. It is not possible to 'parachute' in readymade solutions to local problems, even if the problems are shared. While it is sound advice that we should not be constantly re-inventing the wheel, often the process of getting to 'the wheel' is essential and will result in developing the capacity to deal with problems on an on-going basis. There tends to be few 'quick fixes' to the issues which were being tackled by the projects, such as developing effective ways of involving users, improving access for excluded communities or ensuring professionals are able to work together. The time scales and resources required are generally considerable. Finally, it is important to consider the scale of the challenges being faced in relation to the level of resources being directed to them. In the case of some of the projects, the aspirations were probably unrealistic.

This chapter is structured on the same basis as the rest of the report and so conclusions are related to the evaluation themes for the Programme. Inevitably there are lessons that are pertinent to particular audiences: national policy makers, national commissioners, regional policy makers, regional commissioners, local policy makers, local commissioners, managers and practitioners. However, many of these lessons will apply across these audiences. The conclusions also relate to a broad raft of current policies discussed in Chapter 2 and should be read with these in mind.

Interagency working and crossing the housing and care divide

As we commented in Chapter 2, joint working is one of the underpinning principles of most policies emerging from the Labour government. There has been a steady stream of 'good practice guides' giving advice on how to improve joint working. However, the problems encountered by the projects were certainly not new. Therefore the current policy context needs to be considered carefully to see whether it has the potential to address the deep-seated and long-standing problems associated with joint working.

Levels of working

- In order to sustain successful working across agencies a complex web of effective relationships needs to be in place. These relationships are both intra- and interagency and must be robust enough to last over time and accommodate changes in the individuals undertaking particular roles.
- Interagency strategic commitment is invariably needed from those able to allocate resources and influence structures. This can ensure that the framework – in particular the resources – are in place to support the partnership.
- Middle managers frequently play a vital role in interagency working because of their significance as channels of communication between the operational and strategic levels of their organisation. Messages need to be able to move up and down the organisation: intra organisational relationships and communication are a prerequisite to interorganisational partnerships.
- Operational staff need to be informed, trained and supported in order to work with other professionals, agencies and with users/carers and communities.
- The whole web of connections needs to be working effectively. However, this may not be practicable. If the arrangements required for the partnership are too complex or commitment is lacking at some critical level then it may be more realistic to look for alternative approaches.

Trust and the history of joint working

- Trust is needed at the inter-personal level, but can also extend to the agency level. Trust may be based on direct experience of personal characteristics or be informed by knowledge of the culture or values which underpin a profession or organisation.
- A good predictor of the likelihood of success of a partnership is the extent to which it is building on a history of good relationships. As trust develops over time and successes follow, so the size of the stakes involved can increase. It is probably unwise to launch a new partnership on a high profile commitment with major resource implications.
- It is unlikely that different localities will be able to deliver to nationally imposed time scales for joint working. The expectations built into some developments are unrealistic given the local circumstances. Incremental approaches may in some circumstances be a surer way to success, with people on the ground monitoring their progress on a ladder of indicators, and planning a strategy for progress with time scales and aims which are supportable locally.
- The problem of shared values seemed to be most explicitly expressed in relationships between the statutory purchasers and private sectors providers. Some concerns were expressed by professionals working within the statutory sector about the 'professionalism' of staff working in the voluntary sector.

Competition or complementarity

- There is a delicate balance between complementarity and competition among agencies or professionals. The former is likely to enhance partnerships and the latter inhibit them. While it is important that agencies and professionals who work together share a value base they should not perceive each other as direct competitors for the same resources, whether this is funding or 'clients'.

Working across professional policy boundaries

- There was in general a greater learning process demonstrated between housing staff and care staff than there was between health and other staff.
- Mechanisms need to be found which at least allow health workers to acknowledge the importance of housing to their patients, and the extent to which inappropriate housing has implications for their own services. Similarly housing staff need to be able to express the ways in which the failure to support people, particularly those who would benefit from some 'preventive' intervention, impinges on their work.
- The problems which existed between different professional groups were the result of a mix of factors. While the user may well require support from a range of sources, the staff concerned may find it threatening to relinquish control over what has come to be defined as their 'client group' or acknowledge that there are other professionals who have similar skills. Professionals have distinctive skills, training, competencies and knowledge bases but are required in many new policies to act in overlapping domains and share clients. Under pressure of everyday circumstances there are many reasons why they might resist and subvert joint working.
- The policy shifts towards multi-disciplinary teams, user-led needs assessment and a social model of health and disability have opened up some of the long-standing debates around generalist and specialist training, but a recognition of the place of the skills needed to operate within partnerships has not been strongly evident. The projects demonstrated how important it will be to get real shifts in all aspects of training for staff operating within the majority of agencies if the policy aims relating to community care are to be achieved.
- In order to join up the skills and expertise which different professional groups can bring to users it is essential that they have a thorough understanding of the roles, concepts and nature of work undertaken by other professionals and agencies. This can be achieved in a variety of ways, such as special training programmes, staff being seconded to other agencies, and being located together in shared offices. But these approaches do not necessarily lead to sustained changes throughout an entire organisation.
- Many of the barriers persistently encountered with joint working could be overcome if acquiring the competencies and knowledge to operate effectively within teams, partnerships or networks was given the same importance as acquiring the particular skills associated with specific professions. Locating joint working as a key element of all aspects of training would mean that such work would not be seen as an add-on to existing roles, to be done on the periphery of an organisation by people in marginal positions. It would not depend on the chance skills or commitment of whoever fills a post and successful ventures would not flounder if key individuals moved on.
- The processes and responsibilities undertaken by professionals – assessing need, setting priorities, defining eligibility criteria – are all components of their identity. Problems in pooling or sharing these tasks are commonly political rather than technical.
- Having clarity about the aims of a partnership and ensuring partners share these aims is an important contributor to success. While the aim need not be tied to an overarching shared vision the chances of sustaining a relationship where partners are defining success very differently is not high. This does not mean that all partners have to receive identical benefits from the partnership, but it is important that if the stated objectives are achieved all partners experience some benefit in their own terms.

Costs and benefits

- The costs associated with working jointly rather than individually include the loss of autonomy either at a personal or organisational level, the opportunity costs of the resources tied up in joint meetings, and the trade off between clear immediate costs and vague notions of future benefits.
- Partnerships are more likely to be sustained if all partners feel that they are getting something out of it, and in particular if it enables them to achieve something which was a high priority for them and which they were unlikely to achieve on their own.

Modernising

The government places great emphasis on the use of new technology to improve service delivery within the public sector. However, the projects funded to explore how new technology can be used to improve the quality of life of older people demonstrated how difficult it is to introduce new IT systems.

- It was extraordinarily difficult to introduce new IT systems. These difficulties are particularly acute when the goodwill and commitment of partner agencies is also required. In these instances managing the process – particularly the introductory phases – needs to be given greater attention. This applied to professionals, where the need for the system to be sensitive to working practices is particularly complex, and to users and carers having the technology introduced into their own homes.
- When introducing new technology the relationship with the IT supplier is critical. In addition to having a robustly tried and tested system the supplier must have the resources to tailor the system to an agency's specific requirements and be willing to respond quickly to problems and concerns raised as the system is installed. It is therefore important to 'shop around' for an IT supplier who can demonstrate a track record of project management and a good understanding of the nature and needs of the particular client group.
- There must be clarity about the nature of the product being purchased and how well it has been tested in similar circumstances. The translation of IT into an agency requires an understanding of how the organisation functions, and how it deploys its resources.
- It is essential that the agency purchasing IT is able to describe clearly what its requirements are and explain the nature of any problems which emerge. It is therefore important to have someone who is 'bi-lingual' facilitating the relationship between the agency and the IT supplier. This person needs to be confident in relation to IT (not necessarily a technical expert) and have a thorough understanding of the work of the agency.
- The existence of a users' group, consisting of agencies who are using the same systems, is an excellent mechanism for sharing knowledge and experience and putting pressure on the IT supplier. Such a group is not difficult to form and it is almost certainly in the interests of the purchasers to initiate such a group if none exists.
- The resistance to the introduction of the technology may not always be explained only by people's resistance to change. Users have other concerns about the installation of new equipment in their own homes (such as the use of electricity), and the introduction of monitoring devices for front line staff may undermine a prime source of their job satisfaction (such as their use of discretion).

User involvement

Although there has for several years been a user focus in community care policy the projects demonstrated the difficulties in achieving sustained and 'real' dialogues with users. Across the Programme a number of messages emerge which are highly relevant to the current policy context.

- It is important to identify the range of users or communities which may be involved in aspects of service planning, delivery and evaluation. This extends from citizens who may have no specific expertise relating to the service, active users of services, excluded users who are experiencing barriers to accessing the services, groups of potential users/communities of interest who are able to speak on behalf of a particular constituency, to advocates who are able to reflect the views of those unable to participate directly themselves.
- Clients, customers, consumers and citizens will vary in their inclination to get involved. It cannot be assumed that there is an unlimited pool of users and citizens eagerly awaiting an opportunity to participate. The commitment to involve users and citizens much more extensively, as for example proposed in the NHS Plan, means that there will be even greater competition at the local level to ensure appropriate participation and representation. However, there is already evidence that individuals and groups, particularly those representing excluded communities, are struggling to satisfy the current demand. Much greater consideration needs to be given at a strategic level as to how to coordinate the demand for user involvement to prevent tokenism and disillusionment.
- In order to allow users to engage effectively, a variety of approaches need to be considered. The method should be driven by the reason for involving users and their preferences for the level and nature of that engagement. Managers and professionals must be clear about what is being asked of users and the terms of their engagement: is it just to canvass ideas or is control over a budget being offered?

- The absence in many localities of advocacy services means that it is difficult for professionals and managers to access the views of some excluded or disadvantaged users and communities. A collective approach to these problems would be effective, with all major funding agencies contributing to the resourcing of such services.
- Organisations and localities which have a culture of user involvement and a well resourced infrastructure of user groups and networks are better able to sustain user confidence and involvement. One-off attempts with no follow-up merely contribute to mistrust and render future attempts more likely to fail. An explicit and resourced long-term strategy should inform all aspects of an organisation's work.
- There is still a shortage of skills among front line staff and managers to enable them to deal with user involvement. There is a lack of understanding of the importance of independence when ascertaining the views of users and how users may not speak frankly about services on which they are dependent. Evidence of how users are able to express preferences and are offered choice is weak and while equal opportunity policies and complaints procedures may exist it is often not clear how the users are informed of their rights and how they would invoke them.
- Users often valued preventive and others forms of low level support. However, it was not possible for these to be provided routinely because they did not fall within the priorities of the major purchasers of services. It is important to explain to users, prior to consultation, the limits to which professionals/agencies are obliged to operate.
- While IT has a huge potential to increase access to information and services for users the projects indicate that there will be a cohort of older people whose lack of familiarity with technology means that they will not benefit from these sorts of developments. It is important that these people are not further excluded from the services they need as resources are moved away from the 'traditional' forms of labour intensive communication.

Management and organisational issues

The projects demonstrated a number of management and organisational lessons relating to project work of this type. These are outlined below.

- Some of the staff involved in the Programme did not have the understanding and skills relating to monitoring and evaluation and needed considerable training and guidance.
- Resistance to the need to collect and analyse data for evaluative purposes is greatest among front line staff who predominantly define their roles as having direct contact with the users of services. They view monitoring activities as a distraction from their real job. It is therefore going to take time, and will require a significant shift in professional cultures, for these processes to become embedded in professional practices.
- The activities associated with data collection, monitoring and review are time consuming and there needs to be an explicit acknowledgement of how these additional functions, are to be 'absorbed' into existing workloads.
- Individuals play a key role in facilitating joint working. Particular individuals have networking, facilitative or 'fixing' abilities, and are able to work across traditional professional or organisational boundaries. While these individuals are invaluable in post, once they move on there is often no guarantee that their replacements will have a similar set of skills and commitment to joint working.
- This reliance on the individual, rather than the role, suggests that often it is good luck that someone has the necessary skills and interest to sustain joint working relationships. This indicates that there needs to be a more explicit recognition of the skills required by people undertaking joint working if it is to be sustained. These skills need to be clearly specified in job descriptions.
- While there may be an element that good networkers are 'born and not made', there is no doubt that organisations and professions could become better at ensuring many more people are competent and confident to work in partnerships. This would require an identification of the skills and knowledge needed, for these to be built into training and reflected and rewarded in career structures.
- The extent to which organisations have been restructured has also led to a high degree of staff turnover. While a degree of movement within posts will always be inevitable it can be ameliorated by organisations undertaking mapping exercises which will keep staff up to date on key characteristics of partner agencies, such as roles, responsibilities, eligibility criteria for users, and provide contact names and numbers.

Quality and value for money

The experience of the projects suggests that there is a great deal of work to be done in order to define, monitor and evaluate the quality and effectiveness of care and support services being delivered.

- The experiences of the IT monitoring projects demonstrates the potential to assess two dimensions of quality of care – punctuality and continuity in who delivers care – but there remains the problem of judging the rest of the quality of the interaction between paid carers and users. This is particularly important when users are vulnerable and the service is being delivered within the private domain.
- In general there is a need for work to be carried out at a national level to develop robust but simple tools for monitoring and evaluating care and housing support services and to provide data so that the effectiveness of different approaches to the same problem may be compared.
- However there are dangers associated with the application of standard monitoring techniques to services which have developed in order to be flexible, non-institutional and involving a minimum of bureaucratic procedures. The evidence suggests that services only needed in low volume and on a variable basis are extremely difficult to support when there is pressure to contain expenditure and use resources in the most cost effective way.
- An undoubted strength of many of the services being provided through the projects was that they were based on a definition of quality which was informed by the views of users. This knowledge had not typically been obtained through a one off exercise but had been built up over time, using a variety of sources of information.

Sustainability

We have already touched on many of the issues relating to the sustainability of the models of care developed by the projects. These points are briefly summarised below.

- The eligibility criteria being applied by purchasers of services act as a powerful filter resulting in certain users being unable to access services they need. This has impacted particularly on preventive housing/social care services. This is in opposition to the national emphasis on prevention, rehabilitation and maximising independence.
- The contracting process for domiciliary/day care, linked to the nature of the assessment processes in care management, have tended to inhibit the development of 'niche' services for users who find it difficult to access existing mainstream provision but are not yet defined as being 'high risk'. There will be a need for techniques which allow cost to be balanced against quality and equity.
- The extent to which care services will be provided in some localities will be dependent on the nature of the job market. The health and social care sectors need to be linked into the network of agencies developing regional strategies for employment and may benefit from the expertise available to them in planning their services.
- The 'in-house' IT expertise needs to be enhanced if the introduction of new systems, to meet the needs of the modernising agenda, is not to be exceptionally fraught and costly.
- The consistent lessons which have been learnt from efforts to achieve joint working are that there are many conditions which need to be in place before success is likely. Since many of these conditions are difficult to control and difficult to sustain it may be wiser not to have an over-reliance on joint working as the sole method of solving problems.

Postscript: Reflections on the Programme

The lessons identified in the conclusions related to the projects themselves. There are also some issues which are related to how the Programme overall was set up. These are messages that will be of relevance mainly to funders of major national initiatives.

- The selection of the projects for a national Programme should be based on strong evidence of the support and commitment available from local partners.
- It is helpful to have some sort of agreement with major purchaser(s) that, if the projects are able to achieve their stated aims, they would commit themselves to mainstreaming them. This would have reduced the anxiety of project staff about their future employment prospects.
- The implementation of the community care reforms varies at local level and consequently the ability to get a project running in one locality is not a guarantee that it would succeed in another.
- The support and project management that some projects received from their host organisation was relatively weak and this was a significant factor in determining success.
- In some cases the projects operated at very low volumes. In these instances the costs of designing and applying a robust evaluation approach were, or would have been, significant in relation to the costs of delivering the service. A balance needs to be struck between the extent of and the resources devoted to monitoring and evaluation.
- Many of the projects underestimated the time it would take to achieve certain goals. This made a systematic approach to their work difficult, and as the time scales slipped the aims were no longer feasible and radical changes had to be made.
- Because of the nature of the activities planned by some of the projects and the problems they encountered, they never reached the point at which they were able to deliver the kind of service they intended. In these circumstances evaluation strategies for the services never became relevant. Virtually all their effort went into service development and evaluation was restricted to attempting to capture the processes involved in each project.
- The support role of the evaluation team did not work as well as hoped. While those already skilled and experienced in evaluation appreciated advice on a range of activities and topics, the assistance supplied to those without the skills primarily took the form of support and that was not sufficient to enable them to be confident in this role.
- The nature of 'innovation' was never defined either by the commissioners of the Programme or the evaluation team. Many of the projects were developing approaches or services that were already being used in other parts of the country. However, the context in which they were being introduced ensured that they were 'innovative' locally – tackling long-standing issues. It is important for funders/government departments to acknowledge the need for projects to focus on the introduction of tried and tested approaches in different locations or for different users/services as well as developing 'leading edge' services.
- Programmes hoping to influence national policy are likely to benefit from involvement of government departments, starting with the initial brief through to the dissemination of results.
- It is helpful to have clear lines of accountability between funders of projects, funders of evaluations, evaluators and project staff.

References

- Arnold, P., Bochel, H., Brodhurst, S. and Page, D. (1993) *Community care: The housing dimension*, York: Joseph Rowntree Foundation.
- Arnold, P. and Page, D. (1992) *Housing and community care: Bricks and mortar or foundation for action?*, Hull: University of Humberside.
- Audit Commission for Local Authorities and the National Health Service (1998) *Home alone: The role of housing in community care*, London: Audit Commission.
- DETR (Department of the Environment, Transport and the Regions (1998) *Modern local government: In touch with the people*, London: The Stationery Office.
- DETR (1999) *Housing management – effective housing management in the most deprived areas*, Report of Policy Action Team 5, London: DETR.
- DETR (2000a) *Quality and choice: A decent home for all*, London: DETR.
- DETR (2000b) *Year 2000 Review of Housing Corporation Prior Options Report* (<http://www.detr.gov.uk/information/poreport/>).
- DHSS (Department for Health and Social Security) (1989) *Caring for people: Community care in the next decade and beyond*, London: HMSO.
- DoE (Department of the Environment) (1992) *Housing and community care*, Circular 10/92, London: DoE.
- DoH (Department of Health) (1997a) *Better services for vulnerable people*, EL(97)62, London: DoH.
- DoH (1997b) *The new NHS: Modern, dependable*, London: The Stationery Office.
- DoH (1998a) *Modernising social services: Promoting independence, improving protection, raising standards*, Cm 4169, London: The Stationery Office.
- DoH (1998b) *Partnership in action* (New Opportunities for Joint Working between Health and Social Services), a discussion document, London: DoH.
- DoH (1999) *You and your services: Long Term Care Charter*, London: DoH.
- DoH (2000) *The NHS Plan, A plan for investment, A plan for reform*, London: The Stationery Office.
- DoH/DoE (1997) *Housing and community care: Establishing a strategic framework*, London: DoH.
- DSS (Department of Social Security) (1998a) *Building a better Britain for older people*, London: DSS.
- DSS (1998b) *Supporting people*, London: DSS.
- Evans, R. (1998) 'Tackling deprivation on social housing estates in England: an assessment of the Housing Plus Approach', *Housing Studies*, vol 13, no 5, pp 713-26.
- Goss, S. and Kent, C. (1995) *Health and housing: Working together? A review of the extent of inter-agency working*, Bristol: The Policy Press.

- Great Britain Laws, Statutes (1990) The National Health Service and Community Care Act, London: The Stationery Office.
- Harries, J., Gordon, P., Plamping, D. and Fischer, M. (1999) *Elephant problems and fixes that fail: The story of a search for new approaches to inter-agency working*, London: King's Fund Publishing.
- Harrison, L. and Heywood, F. (2000) *Health begins at home: Planning at the health-housing interface for older people*, Bristol/York: The Policy Press/Joseph Rowntree Foundation.
- HC (The Housing Corporation) (1998) *Making consumers count: Tenant participation – the next five years*, London: The Housing Corporation, November.
- HC (2000) *Communities in control*, London: The Housing Corporation, September.
- Lund, B. and Foord, M. (1997) *Towards integrated living? Housing strategies and community care*, Bristol: The Policy Press.
- Means, R., Brenton, M., Harrison, L. and Heywood, F. (1997) *Making partnerships work in community care: A guide for practitioners in housing, health and social services*, Bristol: The Policy Press.
- Page, D. (1993) *Building for communities: A study of new housing association estates*, York: Joseph Rowntree Foundation.
- Page, D. (1994) *Developing communities*, Teddington: Sutton Hastoe Housing Association.
- SEU (1999) *Neighbourhood management*, Report of Policy Action Team 4, London: Cabinet Office.
- Pratt, J., Gordon, P. and Plamping, D. (1999) *Working Whole Systems: Putting theory into practice in organisations*, London: King's Fund Publishing.
- SEU (1998a) *Bringing Britain together: A national strategy for neighbourhood renewal*, Cm 4045, London: The Stationery Office.
- SEU (1998b) *Rough sleeping*, Cm 4008, London: The Stationery Office.
- Watson, L. (1997) *High hopes: Making housing and community care work*, York: Joseph Rowntree Foundation.