CHANGES IN COMMISSIONING FOR HOUSING-RELATED SUPPORT

GUIDANCE FOR PROVIDERS
CHANGES IN COMMISSIONING FOR HOUSING-RELATED SUPPORT

GUIDANCE FOR PROVIDERS

CONTENTS

Introduction 3
Provider responses to cuts 4
Changes in service user needs 6
Monitoring and reviewing services 8
Cuts to local authority budgets 11
Changing structures of commissioning teams 14
Working with commissioning teams 15

PRODUCED BY
The Innovation and Good Practice Team

ACKNOWLEDGEMENTS
With thanks to the Policy Team, Pan-London Benchmarking Group, Guidance Sounding Board, LGA and Sitra

PUBLISHED
March 2013
INTRODUCTION

BACKGROUND
Since the removal of Supporting People (SP) ring-fencing in 2009, there have been significant changes to the commissioning and delivery of Housing Related Support (HRS) services across the country. Local authority budget reductions have led to further changes in the ways that services are commissioned and monitored, leading to a mixed picture across the country.

These changes have resulted in a particularly challenging time for HRS providers, with many forced to restructure their services and reduce hourly rates in an attempt to retain contracts. In many cases this has involved changes to staff terms and conditions, pay cuts, restructures and redundancies that have all affected workload, morale and resilience to change.

While tough conditions have presented significant difficulties, our research has identified many examples of providers using creative approaches to adapt to new circumstances and local authority demands. This suggests that providers can take advantage of positive opportunities arising from recent changes, working with commissioning teams to develop targeted services that respond directly to local context, need and priorities.

This guidance draws on evidence from detailed case studies in seven local authority areas across England. These include both rural and urban areas as well as unitary and two-tier authorities. Research involved a combination of interviews and focus groups with a range of local authority staff, providers of HRS and their clients.¹

AIM OF THE GUIDE
In this guidance we present some of the main issues currently facing homelessness service providers as a result of changes to commissioning for HRS. Using our research, we show the different ways in which these issues are being addressed by providers.

One of the principal findings of our research is that providers who have close relationships with their commissioning teams and work in partnership to devise solutions tend to be more resilient in the face of change. Knowledge and understanding of local authority concerns are integral to the success of these partnerships, and the guidance highlights some of the problems facing commissioning teams and how they have responded. We hope that this information will aid effective communication and joint working between sectors, and result in improved outcomes for both homelessness providers and their service users who depend on HRS. Homeless Link has also produced a version of this guidance for commissioning teams, which highlights the importance of working in partnership and being open in communication with providers.²

Many of the issues that providers are facing relate to their local context. The guidance highlights approaches that appear to be working effectively in the areas we looked at, however it is important to note that there is no one ‘right answer’. Each local authority will be responding to very specific local circumstances, meaning that the challenges faced by providers will vary greatly.

¹ [http://homeless.org.uk/research](http://homeless.org.uk/research)
² [http://homeless.org.uk/effective-action/commissioning_HRS](http://homeless.org.uk/effective-action/commissioning_HRS)
1. PROVIDER RESPONSES TO CUTS

1.1 CURRENT SITUATION
Reduced budgets have meant that local authorities are asking providers to cut costs and find efficiency savings. While different authorities have demanded varying levels of cuts and savings, with some more open to negotiation than others, restructure and/or remodelling has been required to some extent in most areas. This has been a difficult exercise for providers who have to balance organisational concerns with the needs of their service users and staff teams.

Providers report a huge pressure to reduce staff costs in order to win contracts. Many have reduced their hourly rates, with front line staff experiencing changes to terms and conditions, pay cuts, restructures and redundancies all of which affect workload, morale and resilience to change.

Reduced salaries are making it difficult to recruit quality staff and this is having a detrimental effect on the services provided in some areas. Some providers are trying new models such as ‘payment by results’ and others are considering mergers between organisations to make savings.

There is a strong sense of uncertainty across the sector. Providers note that local authority teams could help lessen these feelings by being honest, open and up-front about cuts, giving providers as much information and notice as possible.

1.2 WHAT ARE THE RISKS?
- Restructures may prioritise savings over quality of service.
- Where local authorities have chosen competitive retendering there is a risk that providers enter a ‘race’ to provide the lowest cost service, as quality of provision is no longer seen as a priority for commissioners.
- Service users’ needs may be overlooked – changes to staffing and structure of services can be hugely disruptive to clients’ recovery and rehabilitation. Service users must be consulted, kept informed and adequately supported through change.
- While meeting short term financial needs, changes may not take account of long term impact or consequences.
- Staff cuts, increased workloads and higher staff to client ratios may impact upon the safety of the service – provision to manage risk and respond to incidents effectively may decrease, with both moral and legal implications.
- Staff morale, motivation and commitment may suffer, impacting negatively on the service.
- Levels of workplace stress, anxiety and depression may increase leading to greater rates of sickness and associated costs of covering posts.
- Cuts to pay may result in recruitment of staff who may not have the necessary skills or experience to perform their role safely and/or effectively.
- Changes to terms and conditions could lead to greater staff dissatisfaction, reduced motivation and quality of work.
- Staff teams may become fractured as colleagues face the pressure of competing for jobs.
- Staff may feel dispensable, undervalued and unappreciated, especially if they are asked to reapply for a job they have been doing for some time. This may lead to a decline in quality of service.
1.3 WHAT ARE THE OPPORTUNITIES?

- To recognise problems and inefficiencies within services and to implement improvements and savings.
- To work in partnership with commissioners, staff and service users to explore creative approaches to making savings, cutting costs and diversifying funding streams.
- To protect the interests of your service users through devising changes that have minimum negative impact on the quality of support you can provide.
- To communicate with staff about service development, drawing on their expertise and boosting morale through meaningful engagement in service changes.
- To take a long term view, designing new models of provision that can be flexible and easily adapted to meet changing service user needs.
- To increase independence and resilience to change by diversifying funding streams and thinking about opportunities for social enterprise.
- To consider new opportunities for commissioning and joint working – your organisation may offer specialism and expertise in one of the key areas of local public health or social care. Research your local authority’s public health and social care targets and think about providing evidence for how you can help achieve them.
- Think about ways you can influence local politics and lobby for the interests of your service users – see Homeless Link’s local influencing toolkit for guidance.¹

One organisation has reduced its number of supported beds, offering housing management only to certain clients. This has reduced costs and forced clients to be more independent, which has not necessarily been a bad thing.

One organisation has started running a social lettings agency in an attempt to reduce reliance on LA funding.

1.4 WHAT CAN PROVIDERS DO?

- See challenging circumstances a chance to prove your worth.
- Recognise the expertise and experience within your staff teams and service users. Involve them in decision making and value their input.
- Allow service users greater responsibility in the decision making and running of services.
- Continue to attend homelessness forum meetings, taking the opportunity to share information, advice, experience and best practice with other providers.
- Consider alternative means of funding from a range of different sources. These could include:
  - Contracts from other sectors such as health, education, social care, substance use
  - Trusts and foundations
  - Private investment such as Social Impact Bonds
  - Social enterprise and business initiatives – these can also provide valuable ETE opportunities for clients.
  - Intensify fundraising campaigns aimed at members of the public
- Consider mergers, partnerships and consortiums with other organisations.

¹ http://homeless.org.uk/local-influencing
2. CHANGES IN SERVICE USER NEEDS

2.1 CURRENT SITUATION
Most of the areas we looked at had experienced the emergence of more complex service user needs in recent months. This has added to existing difficulties faced by local authorities when making commissioning decisions. Changes to support needs include:

- Greater alcohol dependence including physical health problems and end-of-life issues.
- Increase in mental health problems, gambling, physical health and criminal justice issues contributing to increased homelessness.
- More learning disability and mental health clients as a result of changes in eligibility criteria for social care/FACS.

They also report a greater number of people who have ‘fallen on hard times’ as a result of the economic downturn and may not otherwise have become homeless. These include:

- More people from ‘middle class’ and professional backgrounds
- More young people
- More women

Other factors relating to the wider economic and political context were all identified as having a major impact on move-on and housing need. These include:

- Affordability of the private rented sector (PRS) and changes to Local Housing Allowance (LHA)
- Changes to Housing Benefit
- Welfare reform and JobCentre Plus sanctions

In most of the areas we looked at, these factors were considered to be exacerbating homelessness and vulnerability. Debt was seen as an increasingly prevalent problem, and some providers noted an increase in crime and gambling problems as a result of changes to welfare provision and tougher benefits sanctioning.

Service users in some areas commented that service quality had decreased, noting that staff had less time to spend on supporting them, and that there was less provision of activities and ETE opportunities. They frequently commented on the value of activities and expressed a wish for greater and more effective activities provision.

2.2 WHAT ARE THE RISKS?

- Providers may be unable to deliver specialist services for increased numbers of people with highly complex needs.
- Providers may struggle to support service users who have not traditionally been associated with homelessness.
- Demand for services may exceed provision.
- Pressure on budgets may reduce the scope for staff to be trained in working with new support needs or in using different approaches to their support.
- Local authorities may not prioritise HRS and the needs of homelessness service providers and service users may be overlooked.
- Market forces may force short term closures on some HRS services.
2.3 WHAT ARE THE OPPORTUNITIES?

- To justify future investment in HRS through highlighting its role in preventing vulnerable people from ‘falling through the net’ in provision.
- To work with service user groups to conduct peer research and peer monitoring projects.
- To develop highly specialised and adaptable services that respond to local priorities.
- To introduce personalisation by offering creative and flexible packages of support, responding directly to individual needs.
- To develop new structures of support for service users, e.g. offering meaningful activities and ETE opportunities as part of your core delivery.  
- To map emerging trends so that authorities gain a better understanding of service user needs and can commission appropriate services.
- To explore co-production models that give service users a lead role in the design, review and development of services.

2.4 WHAT SHOULD PROVIDERS DO?

- Respond to the changing needs of your service users and adapt your services accordingly, offering a flexible and personalised approach to support.
- Allow service users greater responsibility in the decision making and running of your service.
- Continue to attend homelessness forum meetings, taking the opportunity to share information, advice, experience and best practice.
- Be understanding of the increased challenges and pressures that your service users may be facing.
- Continue to work in partnership with other local specialist services and build a strong support network for your service users.
- Ensure that staff have up to date knowledge on changes to health and welfare provision and can communicate this clearly to their service users, advocating on their behalf where necessary.
- Consider introducing Individual Budgets as a means to support clients with varying needs.
- Consider introducing meaningful activity and provision of ETE opportunities as a core component of your service delivery.
- Use staff/service user champions and peer mentors to develop and share expertise, and consider pooling this knowledge resources with other organisations locally.
- Ask staff at other agencies if they can offer free training or briefings for staff or service users, e.g. health services in TB, alcohol, drugs; CMHT; probation; JobCentre Plus etc.
- Review policies and procedures (e.g. evictions) to ensure the service is responsive to current and emerging support needs.

---

4 www.homeless.org.uk/activities www.homeless.org.uk/arts www.homeless.org.uk/effective-action/ete
3. MONITORING AND REVIEWING SERVICES

3.1 CURRENT SITUATION
There was a great diversity in types and levels of monitoring being conducted by different authorities. Several reported a more ‘light touch’ approach as a consequence of reduced staffing, increased workloads and time constraints. Some authorities felt they no longer had the capacity to interpret and evaluate data, and did not want to burden providers with monitoring commitments when they were also facing increased challenges and pressures on time.

Most authorities were still using a monitoring assessment based on the Quality Assessment Framework (QAF), although frequency and depth of reviews varied greatly. Some authorities still use the University of St Andrew’s Centre for Housing Research (CHR) client monitoring and outcomes system, whereas others only use some aspects of it, or have abandoned its use altogether. Sitra’s Common Data Framework\(^5\), introduced in March 2012, provides a list of data items that should be collected for HRS and other low level preventative services. The framework advises that the St Andrews CHR system continue to be used to collect client outcomes data. Sitra has also begun to pilot its National Data Framework\(^6\) which aims to bring local data together to provide a national picture of HRS outcomes. Although authorities are encouraged to use the new Sitra frameworks, this is not compulsory, and providers have not regarded the need for a common data set as essential.

At the same time, new outcomes frameworks have been introduced for NHS, Public Health and Social Care, some of which are particularly relevant to HRS. There may be potential for development of a more structured interplay between these frameworks in the future.

It was evident from the authorities we looked at that those who were maintaining a high level of monitoring tended to have a stronger understanding of the services in their area and stronger relationships with their providers. On speaking to providers, we found that a more rigorous approach to monitoring was often preferred. Providers appreciated ‘knowing where they stood’ with commissioners and knowing whether they were performing at the required level.

Providers commented on the admin time required to input data, especially when inputting separately onto internal and Local Authority systems. They would appreciate more consultation from authorities at the beginning of the commissioning process to gain a better idea of what would be expected in terms of monitoring. Some providers reported ‘surprise’ requests for data from commissioners, highlighting the need to be well-prepared and consistent in collecting the relevant data.

One authority started doing spot-checks rather than regular reviews, reporting several benefits to this approach in providing a more accurate picture of providers’ performance. This was popular with providers as they were motivated to maintain continuous high standards and did not experience the increased pressures of preparing for an annual review.

\(^5\) [http://www.sitra.org/1665/](http://www.sitra.org/1665/)

\(^6\) [http://www.sitra.org/1667/](http://www.sitra.org/1667/)
3.2 WHAT ARE THE RISKS?
- Reduced monitoring may lead to a lack of knowledge of services among commissioning teams.
- Poor performance may continue unchallenged.
- Changing trends in service user support needs may not be identified promptly, and opportunities for service development missed as a result.
- Providers struggle to maintain internal quality processes and investment without the external driver of local authority audits and data collection requirements.
- HRS teams may have reduced capacity/expertise to use monitoring data effectively.
- Providers lose skills and processes around data collection in their staff teams.
- Providers may become frustrated and resentful if local authorities do not communicate the value of their monitoring data or show that it is being used effectively.
- Local authorities may not have the evidence they need to inform their decision making.
- HRS teams may be unable to prove the worth of HRS to other departments.
- Local authorities fail to utilise service user groups in conducting monitoring and reviews.

3.3 WHAT ARE THE OPPORTUNITIES?
- For authorities to carry out combined inspections with departments who have jointly funded services e.g. Children’s or Health services.
- To use Sitra’s Common Data Framework and to contribute to a national picture of HRS outcomes through the National Data Framework.
- For authorities to use monitoring data to inform the work of other departments such as Housing Strategy.
- To use monitoring data to prove the value of HRS, provide evidence that money has been well spent and help negotiate future funding.
- For authorities to gain feedback from service users through regular visits to projects and frequent communication with service user groups.
- For authorities to maintain a detailed knowledge of services and ensure high levels of performance.
- For providers to improve their service provision and help plan for the future.
- To demonstrate the value of HRS to other regulators/investors such as the Care Quality Commission, Homes and Communities Agency and/or financial institutions.
- To explore the potential for interplay between new outcomes frameworks of the NHS, Public Health and Social Care.
- For providers to have a clear understanding of commissioners’ expectations and how they are performing.
For authorities to discuss and agree monitoring requirements with providers from the beginning of the commissioning process.

For providers to make authorities aware of the practicalities involved in collecting data, and devise ways by which to make this simpler.

For providers to implement systems for the collection of essential data and have this readily available for both internal and external use. Homeless Link’s Critical Mass project\(^7\) provides extensive guidance and resources around the collection of data.

One authority reported using their monitoring data to conduct a value-for-money assessment which led to a reduction in budget cuts for Housing Related Support.

### 3.4 WHAT CAN PROVIDERS DO?

- Encourage authorities to continue to monitor and review your services regularly – to provide transparency and justifications around spending, to prove value of HRS services, to help improve service provision and plan for the future.
- Follow the Common Data Framework and continue to use the St Andrew’s monitoring system to collect data on service users outcomes.
- Invite commissioners to visit your services and establish regular contact with staff and service users.
- Assess the effectiveness of your data collection – use Homeless Link’s Critical Mass resources to help you.
- Try to keep track of the data you collect – how is it being used by authorities to inform future decision making?
- Continue to gain feedback from your service users. How can you capture feedback on their experience with your service?
- Utilise service user expertise through peer evaluations, focus group etc.
- Consider applying for a charter mark or kite mark to prove the quality of your service.
- Ensure you record and evidence your outcomes. Use methods such as the Outcomes Star to record progress made by individual service users.

\(^7\) [http://homeless.org.uk/toolkits-and-handbooks/critical-mass](http://homeless.org.uk/toolkits-and-handbooks/critical-mass)
4. CUTS TO LOCAL AUTHORITY BUDGETS

4.1 CURRENT SITUATION
Local authorities face significant challenges in managing budget reductions and we have seen several different approaches being implemented around the country. Some authorities have viewed the challenges as a chance to review and align local need and provision. This has enabled them to conduct thorough research into local need and plan their HRS services accordingly. For some this has been seen as an opportunity to re-design services, involving better targeting and retendering.

Different approaches to retendering include some authorities moving from commissioning for inputs such as hours, to commissioning for outcomes such as successful move-on for service users. Others have considered commissioning on principles of ‘payment by results’. Where retendering has been avoided providers have still been able to remodel their services to reduce waste and work more efficiently. Although some authorities have issued fewer contracts as a result of budget reductions, this has sometimes led to a better quality of services being maintained, which has in turn had a positive impact on service users.

Changes have been implemented most successfully when authorities have shown support to providers’ needs and concerns and have involved them fully throughout the cost-cutting process. Authorities should ideally communicate with providers regularly, being honest, open and up-front. They should communicate the reasons for cuts clearly with those who will be affected and suggest alternative services or different options wherever possible.

4.2 WHAT ARE THE RISKS?
- Authorities may make cuts to funding without having a proper understanding of need and long term impact, especially in the light of wider welfare benefit reform.
- Authorities may make decisions without effectively consulting or involving service users.
- Authorities may close under-performing services without working with providers to implement improvements, considering retendering or undertaking impact assessments.
- Service users may experience increased waiting lists, reduced quality of support, tougher criteria to access services or rationing of services.
- Providers may become inclined to absolve themselves of responsibility for service users requiring more support and ‘pass them on’ to other services.
- Commissioners may prioritise cost saving over quality of service.

One authority introduced blanket closure of all floating support, having chosen only to fund high support and crisis management services.

Providers reported this approach having negative effects on clients’ independence as some are forced to accept levels of support they don’t need. They are concerned about potential loss of tenancies and a return to homelessness for those who do not receive the support they need to live independently.

One rural authority focused almost all their services on the largest town, which meant that there was a gap in provision within outlying areas.

Providers expressed concern that homeless people in outlying areas did not want to move to the town, and if there wasn’t local provision in smaller towns and villages their needs would be left unmet.
4.3 WHAT ARE THE OPPORTUNITIES?

- For authorities to gain a thorough understanding of local need to inform the decisions that they make. This could involve use of a combination of:
  - strategic reviews and assessments
  - analysis of outcomes monitoring data
  - service quality reviews
  - consultation and partnerships with service users e.g. through focus groups and peer monitoring programmes
  - Market Position Statements (as used in the Department of Health’s Developing Care Markets for Quality and Choice programme)
  - assessments produced by other departments and sectors such as Joint Strategic Needs Assessments (JSNAs)

- To implement a joint response to budget cuts – partnerships between sectors and agencies, developing creative solutions sharing skills and expertise.

- To evidence the benefits of HRS services in relation to more highly dependent interventions in health and social care.

- To recognise problems and inefficiencies within services and to implement improvements and savings.

- For authorities to consider competitive retendering, ensuring that only the highest performing and best value services are maintained (providers have generally been supportive of this approach, as long as they feel authorities have been open and transparent throughout the process).

- For authorities to work with providers to explore different approaches to retendering and/or decommissioning.

- For providers to explore ways to diversify their funding streams.

- To explore new means of commissioning such as Payment by Results.

- To develop a clear pathway through services.

- To develop cross-tier collaboration in two-tier authorities – implementing and communicating changes together.

---

One authority conducted a detailed market analysis and re-commissioned services based on evidence of long term impact as well as immediate need.

One authority developed a service pathway leading from low to high support and corresponding closely to local need. They highlighted the preventative benefits of low support projects.

One authority supported providers to diversify their funding streams, locating other sources of money to complement their local authority funding.

Some authorities now issue fixed price contracts rather than block subsidies, giving providers a greater sense of certainty and stability.

---


9 http://homeless.org.uk/connect/blogs/team/who-understands-value-your-work

10 Sitra case study of a Payment by Results model introduced by one local authority:
http://www.sitra.org/fileadmin/sitra_user/2012/Policy/Payment_by_results/PbR_article_-_Andy_Meakin__May_12_.pdf
One HRS team managed to transfer some of its services to ASC, and negotiate with DAT to fund HRS to deliver drug services.

4.4 WHAT CAN PROVIDERS DO?

- Support and encourage authorities to complete detailed assessments of local need, provision and long-term impact of changes.
- Consider how you can best involve your service users to ensure that their voices are heard in negotiations with commissioners.
- Approach change creatively and encourage commissioners to do the same – work together to make savings while minimising disruption to your service.
- If your commissioners are considering retendering try to ascertain what their priorities are. Remind them of the need to protect the quality of services and the likely impact if quality suffers.
- Encourage your local authority to consider different approaches to retendering and decommissioning e.g. commissioning for outcomes rather than inputs or introducing payment by results.
- Offer your expertise and assistance to help commissioners decide on what the best options might be.
- Work in partnership with other providers – a joint response to commissioners may bear more weight.
- Negotiate with commissioners. Present well-considered arguments that are substantiated with evidence and that show a willingness to reflect and improve on your performance. Be willing to compromise where necessary.
- Prove your worth – show evidence that you are a service offering value for money with a track record of achieving results.
- Always prioritise the needs of your service users and consider what the best outcome for them would be – be aware that this may not always be aligned with the best outcome for your organisation.

One provider negotiated taking a larger percentage reduction in return for a two-year rather than a one-year contract.

One provider negotiated with their authority to secure capital rather than revenue funding.
5. CHANGING STRUCTURES OF COMMISSIONING TEAMS

5.1 CURRENT SITUATION
Since removal of the Supporting People ringfence, some HRS teams continue to possess a strong identity within their local authorities, while others have been absorbed into different teams and many have changed directorate. In some authorities HRS has been absorbed into Adult Social Care or other departments, with many staff fearing that HRS will disappear as a distinct and valuable service as a result. Some HRS teams with the strongest identities have always been in ASC, however, and there are several examples of how joint working with other departments can have positive results. These changes nevertheless present significant implications, both positive and negative, on the commissioning of HRS. Some commissioning teams have been restructured and reduced in size as a result of budget reductions, and many report a reduced capacity for monitoring providers’ performance effectively. These changes, along with the threat of further cuts, have left many frontline officers confused, anxious and uncertain about how they will deliver their services in future.

5.2 WHAT ARE THE RISKS?
- Levels of skill and expertise within commissioning teams may decrease as they are merged, restructured or reduced in size.
- Commissioning teams may experience a decline in stability and cohesion.
- Escalating workloads and greater demands on providers may cause increased pressures and stress levels within teams.
- Two-tier authorities could risk friction and a lack of understanding between tiers.
- Providers may be left confused and frustrated if the roles of different departments and tiers are not made clear.
- Team performance and service delivery may suffer.
- Lack of communication with providers as former SP commissioners take up roles elsewhere or are made redundant.
- Loss of expertise and knowledge of HRS providers as SP teams are disbanded.

5.3 WHAT ARE THE OPPORTUNITIES?
- To form relationships within new structures that will help to offer better provision for service users.
- To identify scope for sharing budgets and joint commissioning with other departments such as Public Health, Housing Benefit, Social Care, Children’s Services and Housing Strategy.
- To inspire greater cohesion and collaboration with local authority officers, offering the skills and expertise of providers to support smaller commissioning teams.
- To demonstrate the value of HRS services to commissioners and councillors, including benefits to other departments.\textsuperscript{11}

One HRS team protected its services against cuts through proving the ‘good business sense’ of HRS. They worked closely with other departments, negotiating funding through Drugs and Alcohol Teams and Adult Social Care. They have become a well-established core service within the local authority and its work is widely understood and respected.

\textsuperscript{11} http://homeless.org.uk/connect/blogs/team/who-understands-value-your-work
6. WORKING WITH COMMISSIONING TEAMS

6.1 CURRENT SITUATION
Relationships with commissioners varied greatly between the providers we looked at and were a key factor in determining the effectiveness and impact of changes. Some authorities have been honest and open with providers throughout the cost-cutting process, taking on board their views and ideas and supporting them to cut costs and make savings with the minimum impact on staff and service users. Maintaining these strong relationships has been key to protecting services, and even where difficult decisions have had to be made, providers have appreciated being involved and being able to understand the reasons behind them.

6.2 WHAT ARE THE RISKS?
- Authorities may not consult with providers and their service users effectively.
- Providers may lose trust in their local authority and develop feelings of resentment and frustration.
- Needs of service users may be left unmet if providers do not understand what is required of them.
- Lenders may lose confidence in providers if they consider HRS unviable.
- Poor performance from providers may affect the capital investment needed to remodel HRS.

6.3 WHAT ARE THE OPPORTUNITIES?
- For local authorities to conduct meaningful consultations with providers and service users, drawing on their expertise and experience.

5.4 WHAT CAN PROVIDERS DO?
- If there has been a change in personnel try to establish a relationship with your new HRS commissioners – invite them to visit your service and show them what you do.
- Try to gain an understanding of the changes that your local authority is undergoing – look out for public meetings, attend consultations and pay attention to local news bulletins.
- Help increase support for HRS and raise the profile of your service by inviting local councillors to visit and meet your service users.
- Collect evidence of the benefits of your service and use this to influence commissioners and councillors.

One authority, whose new HRS lead was also responsible for commissioning ASC, reported easier availability of care packages and personalised budgets for homeless clients, as well as a better range of more specialised services.

One authority invited councillors to visit their local HRS projects which resulted in them becoming more proactive in supporting HRS in their area.
• For providers to work with local authorities to develop creative approaches to making savings such as using more volunteers and offering increased responsibilities to service users.
• For providers to work with authorities to explore flexible, more personalised ways of working, helping to increase savings, as well as offer better provision for service users.
• For providers to prove the value of their service to commissioners who may have little knowledge of what they do and how they work.¹²
• For close relations between local authorities and providers to continue, ensuring that the HRS sector continues to work together positively.

One authority established an effective business relationship with their providers – encouraging them to ‘sell themselves’ by demonstrating their worth and value for money.

6.4 WHAT CAN PROVIDERS DO?

➢ Prove your expertise to commissioning teams - they may have little experience of working with your client group.
➢ Work with your staff and service users to present evidence of the likely impact that changes will have. Prove the value of your work with evidence of your organisation’s outcomes and achievements. Show how your service offers value for money.
➢ Demonstrate a positive, solution-focused approach. Show that you are willing to work with commissioners to negotiate changes together rather than just react to their decisions.
➢ Show understanding of the difficult decisions that local authorities have to make.
➢ Be proactive about requesting information and updates. Maintain regular contact and invite commissioners to visit your service to meet staff and service users and witness the work you are doing.

¹² http://homeless.org.uk/connect/blogs/team/who-understands-value-your-work