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I declare that this dissertation is my own unaided work.

Literature sources and any research collaborators have been identified and acknowledged.

I declare that the work has not already been accepted in substance for any degree and is not concurrently submitted in candidature for any degree.

Signature .....Holli Reynolds.....

Date .....20th October 2022.....

Exploring the challenges regarding collaborative working, faced by service providers in ending homelessness for single persons with complex needs: A qualitative study

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Abstract:

Aim: The purpose of this study is to explore barriers faced by service providers regarding collaborative working, in meeting the needs of those homeless with complex needs. It will explore the consequences these barriers have on the health of service users and the service received by them. Lastly, it will explore some of the solutions service providers use and, what changes may be required to overcome any barriers identified.

Background: Homelessness has been a longstanding issue within the UK and is predicted to rise. Furthermore, current estimates do not accurately represent the true extent of current homelessness due to the 'hidden homeless' and inaccurate statistics. Many homeless have complex needs. The needs of this group are often more difficult to address and as a consequence, they suffer some of the worst health outcomes in the country. The importance of partnership working and acknowledgment that housing alone is not sufficient to address these needs is well documented.

Research methodology: Convenience sampling was utilised to recruit participants for the study. Semi-structured interviews were completed with six service providers who work in local government and in the voluntary sector across England. Findings were then analysed using Thematic Analysis to establish themes across data.

Key findings:

Key themes identified throughout this research include: Legislation & Government processes, Motivations & perception, Management & Working practices, Access (to databases & mental health services), Resources and Solutions. The main implications of these findings concerned time delays in meeting service users' needs or accessing information and, the difficulty of accessing mental health services. These time delays could potentially prevent service users engaging with services in the future, where a timely response is not forthcoming. The inability to access mental health services can result in cycles of homelessness, a reliance on emergency services, spells in prison or, service users losing their tenancy. Without a formal mental health diagnosis, there are no mitigating

circumstances for behaviour or law breaking. Furthermore, the lack of willingness of employees to operate outside of their working remit could potentially prevent innovative ways of meeting complex needs. Lastly, the current funding for services for the homeless is not sufficient to meet the long term needs of those facing multiple exclusion homelessness, nor enough to retain staff to deliver consistent service.
Suggestions by interviewees included developing databases for non-commissioned services as a 'read online only' access as some databases are not available to all services. Others have reported insurance schemes as somewhat successful in changing the behaviour of private landlords.

Conclusion: Due to potential motivation bias and the small sample size, novel findings cannot be generalised. However, these novel findings can guide further research into partnership working to ascertain the prevalence of these barriers identified and the causes of these barriers. This includes the differences in interpretation and lack of understanding surrounding GDPR, 'Priority need' and the Duty to Refer; and the culture within service providers as a hindrance to meeting the needs of those experiencing multiple exclusion homeless. Additional research could also ascertain the effectiveness of working with service users directly to build models, as reportedly service users may feel the models presented are not suited to them.
Some recommendations have also been made regarding findings that align with existing literature. Well established barriers included access to mental health services, a general lack of funding for services, continuity in case management, the selectivity of private landlords and benefit shortfalls.

Introduction

Aims: The purpose of this study is to explore barriers faced by service providers regarding collaborative working, in meeting the needs of those homeless with complex needs. It will explore the consequences these barriers have on the health of service users and service received by them. Lastly, it will explore some of the solutions service providers use and, what changes may be required to overcome any barriers identified.

Objectives:

-To identify barriers associated with collaborative working when meeting the needs of single homeless individuals with complex needs, and reasons for these.

-To explore the consequences regarding the barriers to collaborative working.

-To explore past successes and how successful collaborative working can be replicated.

Rationale:

Throughout the Covid-19 pandemic, homelessness became a topic commonly featured in the news, partly due to the 'Everyone in' campaign raising the profile of homelessness. As a result of the Covid-19 pandemic, partnership working had reportedly improved. For example, during the pandemic, health and wellbeing services worked in collaboration with housing associations and primary healthcare support which helped people stay in their emergency accommodation and move into permanent housing. This freed up space in emergency accommodation (National Housing Federation, 2021). Additionally, the use of technology reportedly aided partnership working through access to webinars and conferences. Some also argue that the health sector now has a greater understanding of homelessness (National Housing Federation, 2021).

However, the issue of homelessness is still clear to see on the streets. The recent media attention led me to question why there were still homeless individuals sleeping rough, what their needs were and what current barriers exist, following the reported improvements in partnership working after the covid-19 pandemic. As an employee of a local authority, I had the opportunity to discuss the various challenges the housing department were facing in my own place of work. Through discussions with colleagues, it became clear that the majority of barriers faced by the housing department within my local authority centred around partnership working. I wanted to know whether this was the case for other service providers and what solutions, or actions were being employed to break down these barriers. The below paragraphs explain the importance of partnership working, rising levels of homelessness and why this study focuses on those with complex needs.

Complex needs & Homelessness

An individual is considered homeless if; they have nowhere to stay and, are rough sleeping, are staying with friends or family, staying in a hostel/B&B or are squatting. They may be at risk of violence/abuse in their home or living in poor conditions that affect their health (shelter, 2022). Homelessness can result from a combination of events; relationship breakdown, debt, adverse experiences in childhood and through ill health (Leng, 2017). Rough sleeping occurs when individuals sleep outside or in places that have not been designed for habitation (Baylis *et al.,* 2020).

Complex needs are defined by an individual having two or more needs affecting their physical, social, or financial wellbeing. This may include mental health issues, homelessness, substance misuse, domestic abuse, physical ill health, learning or physical disability (Hertfordshire County Council, 2019). Another term used to describe those who are homeless and have complex needs is 'multiple exclusion homelessness'. Throughout this research, multiple exclusion homelessness and complex needs will be used interchangeably. A study by Crisis found that only 34% of people were classed as 'homeless', without additional needs and, therefore the majority had complex needs (Crisis, 2015).

People with complex needs often face barriers accessing relevant services. For example, if someone has both a mental health problem and alcohol addiction, the addiction must be addressed before accessing mental health support (Crisis, 2022).

As the needs of those who are homeless and with complex needs are often not met, they suffer some of the worst health outcomes in the country (Barton & Wilson, 2022). Furthermore, one report found the majority of those seeking assistance in 2020-2021 were single adults and explained this reflects the disproportionate protection given to families by eviction restrictions (Crisis & Heriot-Watt University, 2022). According to a report by The Local Government Association, white men aged 25-44 are the largest group affected by complex needs (Local Government Association, 2017).

Research suggests there are defined pathways into multiple exclusion homelessness. The roots of many who have complex needs in adulthood lay within very troubled childhoods. Many of those with complex needs have experienced a range of trauma, distress, or exclusion as a child. Many of these individuals later experience substance abuse, during the early stages of the pathway. Certain experiences (when if they occur) increase a person's likelihood of becoming street homeless. These can include becoming depressed, victims of a violent crime, street sex work and spending time in prison. These experiences enable a

transition to street lifestyles. During the middle phase, individuals may experience events which confirm a transition to street homelessness. These include intravenous drug use, begging and being admitted to hospital for a mental health condition. Other life events such as getting divorced and becoming bankrupt were also common. The last stage includes experiences such as applying to the council as homeless and staying in temporary accommodation (McDonagh, 2011). Other health issues associated with multiple exclusion homelessness include acquired brain injuries, cognitive impairments, dementia, chronic mental and physical ill health, limited mobility, and severe addiction (Bateman *et al*., 2020).

Housing & Health:

Those with complex needs face an increased risk of abuse, exploitation and neglect as well as an escalation of their health and care needs and a reduction to their life expectancy (Bateman *et a*l., 2020). However, time spent sleeping rough can lead to a deterioration of physical and mental health and exacerbate existing conditions. This creates a positive correlation between homelessness and additional needs, making it difficult to sustain independent living. Effective health care services and a stable home are required for ending homelessness, and for good physical and mental health (Baylis *et al*., 2020). Health services alone are not adequate to tackle the heath of those with complex needs and who are homeless. For example, the lack of a home will impede or complicate current treatment (Baylis *et al*., 2020).

Consequently, if the needs of an individual are not met, yet they are housed, there is a risk they may repeat a cycle of homelessness which may result in a deterioration of health. Ending rough sleeping involves improving people's health, social wellbeing, housing situation and, supporting them to stay off the streets for the long term (Baylis *et al.*, 2020). Additionally, having a home also gives people the greatest chance at being healthy, securing employment and feeling part of society. Moreover, providing someone with a home has been shown to reduce offending rates (Downie, 2022).

Collaborative working:

Collaborative working is essential for meeting the needs of those with complex needs. In recent years, there has been an increased focus on upstream working to prevent homelessness. This has resulted in a wider range of involvement from multiple agencies

using interventions earlier (Local Government Association, 2020).

Although local authorities have the primary responsibility to tackle homelessness, they cannot achieve this in isolation (Local Government Association, 2019b).

As those with complex needs are at a higher risk of 'falling between the gaps' in service provision, an integrated response is required between health, housing and social care (McDonagh, 2011). Moreover, where there is no collaboration between organisations, or where 'parallel working' occurs and the needs of those facing multiple exclusion homelessness change, for example, from a deterioration of mental health or a relapse into drug use, it would be difficult to pull together support to prevent a crisis (McDonagh, 2011).

People who sleep rough and who often have complex needs, face many barriers to accessing health and care, therefore services may have to actively reach out to them (Baylis *et al*., 2020). However, homeless people may encounter services via a range of different routes. Hence, communication between service providers is important as contact through one agency can be used as an opportunity to provide information on the range of services available. Often, hostels, day centres and GP surgeries are the first point of contact (Baylis *et al*., 2020), therefore many organisations may potentially have the opportunity to play a role in preventing homelessness (Local Government Association, 2019b).

Additionally, due to the often chaotic lifestyles, people with complex needs are less likely to be able to travel to multiple locations and coordinate appointments (Hertfordshire County Council, 2019) and therefore may require the support of varying services.

A broad knowledge of the local area in which service providers are operating is also very important for service providers. This knowledge can be shared between services. Service providers can also make flexible approaches to maximise the impact they have on service delivery. For example, at a major rail terminus, engaging with local transport police meant newly arrived individuals who were at risk of being homeless could be identified (Baylis, *et al*., 2020).

<u>Rising levels of Homelessness:</u>

Despite the COVID-19 pandemic reportedly improving partnership working between the homelessness and health sectors (Crisis & Heriot-Watt University, 2022) and the Government Homelessness Prevention Grant (Department for Levelling Up, Housing and Communities & Hughes, 2021), the current cost-of-living-crisis is thought to exacerbate

homelessness and levels of rough sleeping are predicted to rise (Crisis & Heriot-Watt University, 2022).

Two thirds of local authorities reported an overall increase in the number of households seeking homelessness assistance in 2021 compared with 2019 (Crisis & Heriot-Watt University, 2022). Additionally, applicants who were owed the relief duty (as they were experiencing homelessness) had continued to increase up to 2021 (Crisis & Heriot-Watt University, 2022). This is fuelled by a lack of affordable housing and changes to the benefit system (Public Health England, 2018).

Poverty was also rising prior to the COVID-19 pandemic. Levels have increased due to the cost-of-living crisis which saw prices rise to their highest rate in 30 years, leading up to December 2021 (Crisis & Heriot-Watt University, 2022).

Demand for homelessness services has also increased due to changes concerning domestic abuse and homelessness (Crisis & Heriot-Watt University, 2022) which gave priority need to survivors of domestic abuse (Home Office, 2022). Evictions are also on the rise. In the last year evictions have increased by 400% (Turek, 2022). This is thought to be caused by the cost-of-living crisis also (Shelter, 2022a).

Furthermore, the war in Ukraine is also putting pressure on homelessness services (Local Government Association, 2022).

Lastly, statistics on homelessness are unlikely to include the hidden homeless. Therefore, actual levels of homelessness in the UK are likely to be higher (Public Health England, 2018). Moreover, government figures for those sleeping rough are likely to an underestimation as estimations are likely to be single-night snapshots of counts undertaken (Baylis *et al*., 2020).

A History of Homelessness:

Homelessness has been a longstanding issue within the UK. Homelessness increased significantly during the 1980's. Later figures show those who were classed as priority need more than doubled between 1984 and 1992. Throughout the same period, there was also a five-fold increase in those living in temporary accommodation (Warrington, 1996). During the 1980's a shift in policy under Margaret Thatcher's Government through 'Right to Buy', began the decline of local government social housing stock. Moreover, resources and powers for local authorities to build social housing faced new restrictions. Failing to provide

social housing has had lasting implications on securing appropriate accommodation (Shelter, 2022). The Homelessness Act (2002) in England and Wales brough about a reduction of homelessness acceptances to reach a new low in 2009/2010 (Crisis, 2022). However, rough sleeping was once again on the rise in 2010 (Barton & Wilson, 2022).

Literature Review:

The purpose of this literature review is to explore existing literature from a range of sources concerning the barriers and solutions to partnership working by service providers. It will highlight gaps in the current available literature and be used a benchmark to assess the usefulness of the research findings.

Search Strategy:

The PICO (Population, Intervention, Comparison, Outcome) strategy was employed to conduct the search on current literature (Cochrane Library, 2022). Due to initial limited findings, the search was adjusted to include the population and intervention. A Boolean search was conducted using several Environmental Health databases. These included: Wiley Online Library, Taylor & Francis, SpringerLink, Scopus, ScienceDirect, SAGE Journals Online, EThOS, Directory of Open Access Journals, Cambridge Journals Online and the Coronavirus Research Database. Titles were searched for the terms found in the table below. Searches were limited to papers written in English text and undertaken within England and Wales. Search results were also limited to the last 10 years to identify recent findings and to reflect the most recent policy changes. Titles and abstracts were then screened for the most relevant literature.

Search Terms	Population	Intervention
	Homeless*	Partnership working
	Complex need*	Collaborative working
	Unsheltered	Collaborat*
	Multiple needs	Cooperat*
	Rough sleep*	Alliance
	Unhoused	Pull together
	Houseless*	Joint effort
	Without housing	Coaction
	Without homes	Work jointly
	Sleeping rough	Participate
	Vagrant	Work together
	Multiple exclusion	Group
	Multiple disadvantage	Come together
	AND	Work closely
	United Kingdom	Teamwork
	Britain	Work jointly
	England	
	UK	
	Great Britain	
	U.K.	

To ensure a thorough literature search, a search of grey literature was also undertaken. Various reports by organisations were identified. These included reports by: Local and county councils, The Local Government Association, Public Health England, National charities and the Kingsfund.

Search Results:

There is limited recent research that discusses challenges faced by service providers concerning partnership working. Most of the issues discussed below were derived from grey literature.

Government & Legislation

Local councils have reported a need for the government to set the vision for cross departmental working on homelessness, as some agencies and departments have less involvement (Local Government Association, 2022). To support a whole systems approach, the Local Government Association suggest the government should create a Duty to cooperate rather than Duty to Refer to both prevent and respond to homelessness. Success

came from the COVID-19 response due to homelessness being treated as a public health issue with cross-departmental collaboration and sharing of information (Local Government Association, 2022).

Furthermore, some Local authorities believe the government should recognise the wider issues of homelessness, as opposed to focusing on the crisis end in terms of strategy and funding (Local Government Association, 2022).
Although the introduction of the Homelessness Reduction Act reportedly strengthened collaborative working (Local Government Association, 2019b), some also believe that the current priority need legislation can be a barrier for those with complex needs and who are homeless (Local Government Association, 2022). It is recommended that the government should adapt welfare and address benefit shortfalls to reduce the likelihood of homelessness (National Housing Federation, 2021).

However, within local authorities themselves, homelessness practitioners have reported that systems are set up in a way for people to fit the requirements of the local authority as opposed to meeting the individual needs of service users (Cornes *et al*., 2018).

Mental health services

Mental health services have reportedly been found to discharge individuals with high mental health needs without access to appropriate ongoing support and follow-up (Baylis *et al.,* 2020), meaning they are more likely to repeat the cycles of homelessness. This indicates the responsibility for follow up has been lost.
Moreover, there is a lack of early intervention and rapid access to mental health services. Furthermore, it is hard to get people assessed on the street (Baylis *et al*., 2020).
Concerning multiple needs, mental health services will often not work with a client who has a drug or alcohol problem until these issues have been addressed (Crisis, 2015). As a result, people will complex needs fall between services or do not have high enough needs to meet thresholds (Public Health England, 2018). This is because a dual diagnosis from a statutory service requires the individual to have a severe and enduring mental health problem (Crisis, 2015). Additionally, talking therapies also require the individual to have a period of sobriety and non-dependence on drugs before they can receive treatment (Crisis, 2015).

Furthermore, chronic underfunding of mental health services results in long NHS waiting lists for mental health support, leaving people in a cycle of unemployment, abuse and homelessness (Local Government Association, 2022).

Increased selectivity

Local authorities have reported difficulties in securing move on accommodation for those with complex needs. Some housing associations were also found to be reluctant to house these individuals (Crisis & Heriot-Watt University, 2022). This is exacerbated by the increased selectivity of landlords in the private rented sector in housing those who are homeless (Crisis & Heriot-Watt University, 2022).

Lack of communication

A lack of communication between service providers has also been reported as a hindrance to meeting the needs of the homeless. The requirement for homeless individuals to have a local connection in the district to be eligible for housing inhibits cross boundary working for local authorities (Hertfordshire County Council, 2019).

Voluntary organisations may also find it difficult to navigate organisational structures and engaging with local government, particularly with two tier local authorities and a lack of contacts. Different local authorities also operate differently, compounding this issue (Local Government Association, 2020).

People with complex needs might have to visit multiple services and receive help from different support workers, to address their various needs. Crisis suggest that people with complex and multiple needs should have their treatment and support coordinated by a single key worker (Crisis, 2015).

Regarding referrals received by social workers, not enough information was provided and at times and homeless people did not agree with the content. Sometimes with referrals that were received, homeless individuals could not be contacted, highlighting the difficulty of engaging with people who are homeless. Some social workers felt that not enough may be

known about an individual's situation to form decisions about their capacity in a snapshot assessment. Others had reported difficulty in interpreting referrals where neither a specific health or mental health problem was specified (Cornes *et al.,* 2018)

Attitudes and perception

Some councils have reported that colleagues in health and social care sectors believe sleeping rough is a choice. Some councils believe that rough sleeping needs to be recognised as a public health and safeguarding issue (Local Government Association, 2022). Furthermore, homelessness practitioners working within local government have explained how some services may look for ways in which individuals fall outside of their eligibility criteria (Cornes *et al*., 2018).

Resources:

There are reports that some with complex needs are being refused places in accommodation projects because their needs are too complex. Staff resources and insufficient training were reasons given for rejecting complex needs clients (Crisis, 2015). Staff within local government have also acknowledged that cuts made were also having an impact on the voluntary sector's ability to meet the needs of those with complex needs. Furthermore, person centred approaches are difficult to implement without adequate funding (Cornes *et al*., 2018). The National Housing Federation recommend that funding must be tailored to people's requirements and needs to be long term. Short term projects have been found to be inefficient, expensive and do not work for clients. Flexibility needs to be considered with funding as service users often have long-term complex needs (National Housing Federation, 2021).

Arguably, more resources are required for the recruitment and retention of staff as this has been found to have a detrimental effect on homelessness services. Training and development for staff is recommended for the complex work required. This may create an attractive and worthwhile career. Additionally, funding may also allow councils to offer permanent contracts to staff (Local Government Association, 2022).
A high turnover of staff can lead to a fragmented service delivery and exacerbate the issue of engagement between the homeless and service providers (Cornes *et al*., 2018).

Training may also be beneficial to housing practitioners as in the absence of defined pathways, housing practitioners have been unclear about service suitability (Hertfordshire County Council, 2019).

Summary:

Current literature recommends additional resources are required in terms of training staff, retaining staff, providing person-centred support and funding services, particularly mental health. Access to mental health services was problematic for service users where their needs were either too complex or each of their individual needs did not meet thresholds. However, others who receive support from mental health services may leave without appropriate follow-up. Arguably, support at any stage, must be better coordinated to avoid service users attending multiple agencies.

Concerning communication, referrals were reported to lack information or at times difficult to interpret. Some organisations found it difficult to form assessments based on this information. Other organisations may also find it difficult to communicate with local authorities and navigate structures while some actively seek to find how service users do meet or fall within their eligibility criteria.

Meeting the housing needs of the homeless is also proving difficult for local authorities, due to increased selectivity by housing providers. It has been argued that there is a need for the government to set the vision for interdepartmental working for a whole systems approach. Some departments have less involvement in supporting those with complex needs whilst others perceive rough sleeping to be a choice. Homelessness should be viewed as a public health issue. Others believe central government should amend existing legislation and welfare to better support those homeless with complex needs.

Methodology

This chapter discusses the methodology used in this research. It provides discussion and reasoning surrounding the qualitative approach taken. It also provides an overview to the research design including, the interview, data collection, thematic analysis, and ethical considerations.

Methodological paradigm:

Research philosophy refers to a system of beliefs and assumptions about the development of knowledge. A number of assumptions are made by researchers when undertaking studies (Bristow *et al*., 2019). Qualitative research is underpinned by ontological and epistemological assumptions. Together, they will lead onto a particular methodology. Therefore, it is important for researchers to establish which assumptions they hold (Braun & Clarke, 2013). It is these assumptions which provide the foundations for the entire research strategy and methodology.

Ontological positions specify the relationship between the world and our own interpretations, of which there are many variations. It could be argued that the position taken within this research aligns most closely with a critical realist approach. Critical realism sits between relativism and realism. Critical realism assumes knowledge is viewed as socially influenced and therefore reflects a separate reality we can only partially access (Braun & Clarke, 2013). A critical realist position underpins many qualitative approaches, including thematic analysis (Braun & Clarke, 2013). This is opposed to realism which assumes one truth and underpins most quantitative research (Brain & Clarke, 2013).

Qualitative research is also underpinned by epistemological assumptions. Epistemology concerns the nature of knowledge and addresses the question of what it is possible to know. Epistemological assumptions determine what counts as valid, trustworthy, and true knowledge (Braun & Clarke, 2013). In this research, there is a focus and interest in the experiences of those working closely with people who are homeless and have complex needs. Therefore, the research approach used originates from a Contextualist perspective. Contextualism assumes that a truth (partially or completely) can be accessed through language (Jordan *et al*., 2000). In summary the approach taken in this research aligns most closely with a critical realist/contextualist approach.

Qualitative Approach:

After considering the methodological paradigm, a qualitative approach was undertaken with this research as it explores the experiences and opinions of those who work closely with those who have complex needs and are homeless. Qualitative research comes from a different theoretical position than quantitative research (Braun & Clarke, 2013). Qualitative data recognises that there are many truths and does not provide a single answer. This is

opposed to a quantitative approach which focuses on numerical data (Braun & Clarke, 2013).

In qualitative research, the researcher wants to know the perspectives of those being interviewed. This type of research allows for deeper, richer knowledge and is not limited by researcher's knowledge. It also captures the complexity and contradictions that characterise the real world. In this research, an experiential qualitative approach will be undertaken which, prioritises the interpretations of participants (Braun & Clarke, 2013).

Recruitment:

Convenience sampling is a non-probability sampling method where pragmatism is at the forefront of decision making (Bird *et al*., 2020). Convenience sampling was utilised to recruit participants as this was most accessible due to limited time and resources. Originally, service providers within Hertfordshire were selected as the target population with an aim to achieve data saturation. However, due to the initial low response rate, the geographical target population was later extended to England. Emails were sent to potential interviewees across different areas of England outlining the aims and objectives of the research and asking if they would like to participate. Where requested, informal conversations via the phone were had with participants who had additional questions regarding the research. Convenience sampling may introduce different biases, as participants may have different motivations for partaking. For example, if they had particularly adverse experiences regarding partnership working. This may alter results that may overrepresent specific findings. In an attempt to minimise this, participants were asked during interviews for the reasons behind their willingness to participate in the study. Most interviewees stated their desire to help as the main reason for participating. Others wanted to share an honest opinion regarding the difficulties they have experienced concerning partnership working within their work environment.

'Snowballing' is a technique where participants are recruited based on other interviewees recommendations (Bird *et al*., 2020). Snowballing was another technique also used, and participants were asked if they could recommend other suitable participants. Snowballing may increase participation where potential subjects are sceptical of the researchers' intentions (Braun & Clarke, 2013).

Moreover, snowballing is a useful technique whereby certain populations are difficult to

reach (Charles & Kirchherr, 2018). Many local authorities do not advertise specific email addresses or contact numbers for departments or individuals. To minimise the potential effects of any sampling bias, non-responders were also followed up with phone calls and/or emails.

Although there were no set inclusion criteria, interview questions were included within emails so participants could determine whether they were able and best suited to participate in the research. A participant information sheet was also included.

Local authorities, local charities and national charities across England were invited to participate. It is important to select participants with a range of experiences in relation to the research topic to reduce bias (Noble & Smith, 2014).

According to Braun & Clarke (2013), 6-10 interviews are ideal for thematic analysis using interviews. According to Morse (2000) a methodology involving in-depth processes such as interviewing will elicit richer data and therefore may require fewer participants. This is because there will be sufficient rich data to tell a story but not too much that which it becomes overwhelming to analyse within the time available. However, there are no set rules for sample sizes in qualitative research (Patton, 2002).

The use of 'Thank you' payments are debated within qualitative research. However, thank you payments can make research more inclusive and aid recruitment (Braun & Clarke, 2013). 'Thank you' payments were offered as an incentive and a token of appreciation in the form of vouchers or charitable donations where participants preferred.

<u>Qualitative interview:</u>

Prior to the interview, a pilot interview was undertaken with an employee at a local authority. Piloting is useful for an inexperienced researcher as it enables the researcher to establish flaws in the initial research design (Lim *et al*., 2017). Interview questions were then adjusted in accordance with the feedback received. The finalised questions were sent in advance to allow participants to consider their answers and to maximise the reflective potential of the interview (Murray & Smith, 1998).

Data collection was achieved through interviewing participants. Participants were interviewed as opposed to conducting surveys in the hope to extract rich data. The literature review revealed a complex topic with many services collaborating. It was believed

surveys would not capture the complexity of the topic. Rich data is generally preferred in qualitative studies as they allow the researcher to gain a deeper understanding of the topic (Braun & Clarke, 2013).

Semi-structured interviews were used as they allow scope for participants to raise unanticipated issues not covered by the interview questions. Open ended questions were used to encourage in depth and detailed responses (Braun & Clarke, 2013). Where possible, face-to-face interviews were conducted as these are considered the gold standard (Novick, 2008). This structure also allows for the collection of rich and detailed information and, flexibility to ask unplanned questions allowing the researcher to follow-up on unexpected issues (Braun & Clarke, 2013). Due to technical difficulties and geographical location, some interviews were conducted over the phone. As all participants interviewed are strangers to the researcher, some argue participants may more readily disclose information as there is no dual relationship to manage (Braun & Clarke, 2013).

An interview guide was developed using the 'Three Phases of Interviewing' from Bird *et al.,* 2020, adapted from Galletta 2013 and Silverman & Patterson 2015. The three phases consist of an opening, main and concluding phase (See appendix 7). The technique 'funnelling' was also utilised to direct the interview and build rapport (Bird *et al*., 2020).

All interviews were recorded using a Dictaphone. The recorded interviews were then transferred to a password protected file on UWE Onedrive (see appendix for data control). Once transferred to the Onedrive, all digital recordings stored on the Dictaphone were then deleted.

<u>Thematic analysis & Data collection:</u>

Thematic analysis has been described as suitable for those with less experience in research and allows for flexibility (Braun & Clarke, 2013). Therefore, this approach was used. It is a method for identifying themes and patterns of meaning in relation to research questions in a data-driven way. The data produced was analysed using the framework provided by Cameron *et al*. (2013) which was sectioned into 7 stages:

1) Transcription:

In total six interviews were transcribed verbatim. According to Braun & Clarke (2013), a quality transcript will record all verbal utterances, including actual words and non-semantic words. Therefore, all verbal utterances were recorded, and any inaudible words were noted. During this process, transcripts were anonymised.

2) Familiarisation with the interview:

This stage involved immersion into the data using the audio recording and transcripts. Any notes made during the interviews were reviewed.

3) Coding:

This stage entailed applying a paraphrase or label ('code') that described what had been interpreted in the passage as important. 'Complete coding' was the approached used during this stage. During complete coding, anything that is relevant to answering the research question is coded (Braun & Clarke, 2013). Semantic codes were used throughout this process and the data was coded manually.

4) Developing a working analytical framework:

During this stage, codes were grouped together to form categories to form a working analytical framework.

5) Applying the analytical framework.

6) Charting data into the framework matrix:

Data is then charted into a matrix. This involves summarising the data by category from each transcript, including relevant quotations.

7) Interpreting the data:

Main themes are reviewed and defined. Findings are referenced against existing literature. Possible explanations for findings were considered. Extracts were then selected to illustrate the different facets of each theme (Braun & Clarke, 2013).

Data Quality:

Bias exists in all research studies as all researchers have their own idea's, prejudices, and personal philosophies. The process of outlining a research rationale can reduce pitfalls in relation to bias. This research was also subject to ethical approval. This process is important as those granting approval will consider whether the research design and methodological approaches are biased (Noble & Smith, 2014).

Although results may be difficult to replicate when using convenience sampling, there is debate regarding the consideration of validity. Many qualitative researchers do not use the concept of rigor and validity within their research. Instead, they refer to Guba & Lincoln's 1985 criteria for trustworthiness (Cypress, 2017). Guba & Lincoln (2005) identified trustworthiness as a benchmark for qualitative research which is comprised of credibility, transferability, dependability and confirmability.

Reflexivity involves being mindful of the veracity of the research and, the researcher engaging in an active reflection on their role, identity, status and any intentional or unintentional effects on the research. The purpose of reflexivity is to minimise bias (Bird *et al*., 2020). Undertaking a reflexive process provides evidence to support the trustworthiness of a study (Moules *et al*., 2017). A reflexive process was taken at three stages of the research:

1) Determining the research title:

individual discussions were conducted with employees within the researchers place of work to identify current and most prominent issues regarding homelessness. This informal scenario may generate more honesty and openness to the discussion prior to developing questions and undertaking a pilot interview. It was important to be mindful of language used so to not influence the topics discussed and general questions were asked.

Once the research title was concluded, a range of service providers was contacted. This included councils, and charities. Both national and local charities across England were contacted in an attempt to obtain data from different perspectives.

2) Designing the interview guide:

The study was entered expecting to find negative issues and problems due to the

undertaking of a literature review and the researchers own preconceived ideas. To manage research biases, interview questions were open to avoid leading questions. It was also important to be mindful of language used, for example, "how far would you agree *or disagree?*" Furthermore, information was sought regarding solutions and barriers.

3) Analysis:

During analysis some quotes were found to be more articulate and comprehensible than others. To avoid selectivity, a range of quotes from different interviewees was included. Additionally, this ensured the voices of participants were heard.

In an attempt to avoid overrepresentation of findings, it was important to state how many interviewees discussed a certain barrier or solution and, clearly indicate where contradictory data were present.

As an employee of a local authority, it was important that personal perspectives and opinions of local government and homelessness/complex needs were acknowledged.

Member checking is one technique used to ensure trustworthiness (Bird *et al*., 2020). It involves checking analysis with participants. Guba & Lincoln (1985) also refer to member checking as a form of 'credibility check'. Credibility of data refers to whether the data reflects what participants expressed and that the data is accurately interpreted and represented (Bird *et al*., 2020).

A draft of the research was presented to the participants, asking them to comment on the authenticity and trustworthiness of what had been produced. This was to avoid misrepresenting the views of participants. Furthermore, any mishearing's during transcription can radically alter the meaning of the data (Braun & Clarke, 2013). Participants were also informed that they could request any information within the transcript or analysis to be removed. However, where some participants may refuse, others may have different agendas from the researcher and some feedback may contradict other feedback, this would have been noted (Braun & Clarke, 2013).

In total 5 of the 6 participants volunteered to take part in member checking. One interviewee corrected the 'inaudible' comments and another requested non-semantic words were removed. However, of those that responded, no additional comments were

made regarding the codes assigned to their comments within the transcripts or the highlighted text deemed relevant by the researcher.

Ethical considerations:

A risk assessment was undertaken and submitted for approval by the dissertation supervisor (see appendix 4). The application was deemed low risk. Emails were sent to potential participants explaining the proposed research and inviting them to take part. The emails included a consent form to gain explicit consent and a participant information sheet with information surrounding confidentiality, anonymity, and the purpose of the research. The sheet also explained who can access the data (the research and student supervisor). Protecting the emotional wellbeing of participants was also considered. Participants were informed that should the interview evoke emotional distress they would be signposted to relevant supporting services. They were also reminded at the start of their interviews of their right to withdraw at any time. Participants were also informed they had the opportunity to completely withdraw from the research within 14 days after the interview and that their data would be destroyed. It was also explained that their interviews would be recorded but data would later be anonymised. Face-to-face interviews were also conducted in private rooms to ensure confidentiality.

To ensure the safety of the researcher, UWE's lone policy was adhered to where relevant. Precautions were actioned as per the risk assessment protocol (see appendix 4).

Following the interview, participants were asked if they had any questions and, after coding participants were offered a summary of their research (Braun & Clarke, 2013) as part of member checking, providing participants the opportunity to remove any details or correct any analysis.

To comply with GDPR, a data management plan was produced and adhered to (see appendix 6). After the interviews were recorded, they were then transferred to a password protected file on UWE one drive. The original recordings on the Dictaphone were then deleted immediately. Only the student researcher and student supervisor had access to the recordings. Interview transcripts were screened for any information that may potentially identify participants or other individuals. This information was removed from the transcripts and replaced with a generic term (e.g., 'place' instead of London).

Findings

In total, six participants were interviewed. The interviews were conducted in the summer months of 2022. Interview times varied with the shortest lasting 37 and the longest 55 minutes. In total, 294 minutes of interview time was completed. Across the transcripts several themes were identified: Legislation & Government processes, Motivations & perception, Management & Working practices, Access, Resources and Solutions. External barriers were another theme identified; however they were later deemed irrelevant.

Legislation & Government processes

Codes: Interpretation, GDPR, Outdated legislation, Duty to refer, Renters reform bill, Benefit shortfall, Red tape, Housing First, Consent.

The interpretation and lack of knowledge regarding legislation was a commonly reported issue. One interviewee explained that sometimes organisations actually share information they shouldn't. In total, three interviewees spoke of issues relating to GDPR. A lack of understanding over GDPR means people overcompensate and organisations may refuse to share information.

Consequently, accessing information indirectly through other services and obtaining consent in line with GDPR can cause time delays. However, interviewees explained that often consent forms are used to comply with legislation:

"…a lack of understanding can prevent that information sharing and that's why I think consent is such an important part because it kind of gives you a get out of jail free card" (interviewee 4).

Another interviewee explained how the definition of 'Priority need' can be interpreted differently. However, another interviewee attributed the differences in interpretation concerning legislation to personal motivations to suit service providers:

"…some of what's stated as a duty under legislation is actually just under guidance and guidance is exactly that, it's a guide so you can do things differently you just have to be

willing to do them…. There's an element of stubbornness when it comes to maybe interpreting guidelines you know, in a slightly favourable way for people who clearly need help" (interviewee 3).

See motivations & perceptions.

One interviewee discussed how the Duty to Refer is perceived to be more than what is legally required. Therefore, even if organisations did comply with the legislation, services are still not providing detailed information. Some organisations are not aware of the Duty to Refer so referrals arrive with limited or no information. Sometimes when organisations chase referrals for information, they do not have it. This was voiced by three interviewees. Time delays in sharing information have implications on service delivery and meeting needs, for example, in population mapping and identifying the most vulnerable service users. Furthermore, problems faced by service users can then evolve into more problematic issues. One interviewee described how their local authority is asking services who do not have a Duty to Refer to act as though they do. Additionally, this interviewee's local authority is seeking to creating a referral process, between housing associations and the council, so the local authority can intervene earlier where someone is having difficulty paying their rent.

Due to the introduction of the Renters Reform Bill, one interviewee described how private landlords are deterred from renting their properties. This interviewee believes landlords may find other ways to turn away those on benefits. Additionally, there is a benefit shortfall for those in more affluent areas, therefore the private rented sector is not accessible an option in certain areas. Another interviewee discussed how benefits were lower for those under the age of 25 who can then not afford their rent.

Two interviewees believed there should be a change to legislation to better meet the needs of those facing multiple exclusion homelessness. Suggestions by one interviewee included introducing legislation to prevent agencies increasing rent prices and preventing discrimination against certain groups who private landlords do not want to let their properties to (e.g., younger tenants). Another interviewee believed housing legislation to be too rigid for those with complex needs.

See Solutions regarding flexibility.

Lastly, red tape associated with involving mental health services and the Homelessness Reduction Act were also found to slow service response.

Deviant cases:

Only one interviewee explicitly stated that there were no issues regarding the sharing of information due to consent forms being utilised.

Motivations & perceptions

Codes: Staff morale, Service user choice, Public opposition, Raising awareness, Perceptions, Culture, Personal motivation, Landlord financial bargaining power.

The culture of an organisation was mentioned by two interviewees. One interviewee explained:

"……..there's a massive hierarchal culture in local government that is an impediment to system evolution really. You can't evolve a system until you evolve the culture, and you can't change the culture until you change the people who control the culture."

"…It is about culturally the whole building from the bottom upwards, whereas right now we're built from the top down" (interviewee 3).

Another interviewee explained that within a Faith based organisation, they come from a:

"…..serving point of view in terms of wanting to help, serve and support people….." As opposed to "…*working from the head".*

They believed that in other commissioned services more paperwork and less direct involvement with service users affects staff morale and, may cause staff to become desensitised and less emotionally involved. Consequently, this can have an effect on service users "*….accessing the most appropriate services without long time constraints" (interviewee 1).*

According to this interviewee, people are more proactive in the charity sector as the culture is more positive.

A lack of willingness and personal motivation from staff was identified as a barrier by one interviewee:

"It is a constant struggle to get people in statutory positions to recognise that they have more than a legal duty they actually have a moral duty to meet the needs of people…." (Interviewee 3).

They explained that local authorities often have to rely on the charity sector. Regarding opportunities to promote change and discussion, the interviewee explained:

"..there are opportunities, it's just whether you want to take them or not and whether the person is receptive to it or not."

Additionally, in terms of meeting needs/time delays and thinking differently as a solution, this interviewee explained:

"People fall back into the comfortable zone of well I have a legal duty to do X, Y and Z and you're asking me to do something which isn't part of my legal duty, therefore I'm not doing it" (interviewee 3).

Another interviewee stated,

"…they've got their own protected interest in terms of like this is what we're commissioned to do… it is very much about them trying to achieve their own targets" (interviewee 1).
See Legislation & Government processes for interpretation of legislation by staff.

Additionally, one interviewee commented that to replicate success, there needs to be common objectives and the desire from staff to achieve them.

"If you've got everybody sharing desire to do it and some common means and objectives then at the end of the day, you're all pulling the same way" (interviewee 6).

This interviewee explained temporary staff contracts and short-term projects often present issues with staff and providing them with a stable job which could in term affect service delivery. If staff were on permanent contracts, they could get mortgages. Instead, organisations are constantly having vacancies.

Although not strictly related to partnership working, most interviewees reported service user engagement as a barrier. One interviewee explained where partnerships fail to provide information, organisations may then contact service users directly. However, the service user may choose not to engage.

See solutions regarding service user choice and engagement.

In regard to working with private landlords, three interviewees discussed landlords' perception of risk associated with the homeless as a barrier. For example, some are reluctant to work with those who have sought assistance from the council and others will not let their properties to younger tenants. One described how landlords use financial bargaining power against local authorities, making it difficult to negotiate. Another discussed the use of insurance schemes provided by the council ensuring landlords receive their rent and the success this has had in changing landlords' perceptions of working with the council. One interviewee stated:

"…. there needs to be a way to interact more receptively with landlords so that they can understand the needs of the people within their properties" (interviewee 3).

Another interviewee explained how the public's perception of homeless individuals can mean they object planning permission for schemes intending to house the homeless. Additionally, complaints associated with schemes can take up staff time.

<u>Management & Working practices</u>

<u>Codes:</u> Consistency in staff, Knowledge of services, Working remit, Specific arrangements

with partnerships, Lack of information/ communication, Priority/focus.

Consistency in staff was discussed by two interviewees. Regarding consistency and whether there's someone leading a particular case throughout:

"….they've faded into the background….it's making sure that there is a kind of lead, a lead person in someone's particular case all round" (interviewee 1).

Another interviewee also highlighted the contracts for providing rented housing only last for a limited time resulting in cycles of projects, biding cycles and temporary staff contracts. Service delivery is affected as organisations constantly have vacancies for staff. This interviewee believed longer-term funding is required.

Two interviewees highlighted the importance of their knowledge of other services. Knowing what services are out there and what they offer can be a barrier. Regarding grants to find accommodation for those who have been through the criminal justice system, one interview explained:

"I only found out about the ministry of justice system through a meeting with ..a head of housing options with [place] borough council" (interviewee 2).

<u>Access</u>
<u>Codes:</u> Databases, Access to services.

The inability to access certain databases by non-commissioned services were discussed by two participants. Information must be obtained indirectly. Accessing information indirectly by other means may slow service due to red tape and obtaining consent, in line with GDPR. As a solution, one charity explained how they plan to ask local authorities for a read online database to enable them to better support more vulnerable clients.
However, databases are not always updated sufficiently. Another interviewee described how police do not always update databases regarding complex needs and law breaking. Services who have access to databases are then unable to establish why the law breaking

had occurred. In this case, there are no mitigating circumstances for that individual's behaviour. Other organisations may not have to time to establish the reason behind the law breaking or, the task to establish why this rule breaking occurs falls outside of their remit.

A common issue discussed by the majority of interviewee's was access to mental health services. One interviewee explained with the thresholds to access these services and the red tape associated with mental health services, it can take longer than it should to get someone seen:

"…they have a history of self-harming and really severely, to the point where he almost cut his own arm off… to get mental health services involved and we literally spent hours and hours through this day on the phone" (interviewee 1).

Requirements by mental health services were discussed by four interviewees. Mental health services may require service users to be abstinent for a period from alcohol or drugs before offering their services. However, two interviewees explained how this is difficult where some service users have a multitude of issues that feed into one another. For example, with alcoholism and mental health issues, it is not always clear whether the mental health issues are causing the alcoholism or vice versa.
Furthermore, one interviewee explained it is difficult to involve other services where service users are deemed to have capacity (or a 'temporary aberration') as they may be seen as making poor life choices.

The majority of interviewees believed mental health services need to be better resourced:

"I just think they've been too quick to make the decision or it's not that it's not important enough but it's not higher risk enough and they need to put their resources elsewhere" (interviewee 1).

Two interviewees talked specifically about services operating outside of their remit when service users are unable to access mental health services:

"….you end up having to manage all these kind of potential risks without having the expertise you know in terms of mental health" (interviewee 1).

As described by one interviewee, where services then rely on the charity sector, they are unable to diagnose or prescribe concerning mental health.

Interviewees explained the implications on service users where they were not able to access support from mental health services.
The help service users then receive may not be sufficient and their issues may escalate. They may lose their tenancy with no mitigating circumstances as they have not received a formal diagnosis. Service users are then required to show their commitment to engage with services which may take time. This often results in a repeating cycle where service users may become reliant on emergency services, end up in prison or rough sleeping again. One interviewee described how mental health services refuse to offer additional appointments for missed appointments, other services may offer counselling, or the service user may end up in crisis. This cycle then repeats as the service user's initial needs are not met.
Where mental health teams are involved it is not always possible to meet demand meaning treatment or service is intermittent. The issue of timing and not meeting service user's need fast enough was discussed by most interviewees.

<u>Deviant cases:</u>
One participant reported no issues regarding follow up information or viewing previous referrals as the council and charity/housing association share the same reporting systems to access case history information.

<u>Resources</u>
<u>Codes:</u> Funding, Understaffed, Sharing resources.

Four interviewees discussed how mental health services were under resourced in terms of staffing and funding, despite the demand for their services increasing.

"They….need to be resourced better… staffed better to accommodate the need" (interviewee

1).

Interviewees explained as a result of mental health services being under resourced, mental health services do not deem cases to be high risk enough, are not able to attend all scheduled appointments and are not able to send someone when required. However:

"Drug and alcohol services are saying we can't really work with this individual effectively because they are having too many mental health episodes ….people are overworked and protecting their caseloads" (Interviewee 3).

Two interviewees discussed how services generally are shrinking due to a lack of funding. One interviewee explained how some organisations are disappearing completely while others are unable to retain staff, partly due to inadequate pay, which in turn affects service delivery. Concerning funding received from the local authority, one of these interviewees explained:

"…..we're not going to see an increase in the amount of money they're going to give us so for us and next year you're going to make some decisions, we can't operate them at a loss so that inevitably means that if they don't increase the funding we are going to have to reduce what we do" (interviewee 6).

This particular interviewee believed that with adequate funding, the cycle of homelessness could be broken and service users would have a better quality of life, be less reliant on emergency services which in turn would save money overall.

Three participants explained how it is becoming more common for service providers to share resources (including facilities and funding), due to the pandemic and realisation services can achieve more by sharing.

<u>Solutions</u>

<u>Codes:</u> Challenging service providers, Challenging procedures & processes, Positive relations with police, Flexibility, Incentive, Engaging with service users directly.

Half of the interviewees spoke about challenging other service providers in order to get service users seen by services such as mental health and adult care services. One interviewee spoke of challenging charities regarding the databases they can access, their knowledge of such databases and whether they could advocate themselves to access these databases.
Another interviewee discussed challenging procedures and broadening the remit of who can access certain services within their local authority:

"I've kind of pushed the envelope a lot…so the initial perimeters were that the person being referred had to have a roof over their head… some of our most complex people are sleeping rough…. it's trying to…. change… how we work with these individuals" (interviewee 5).

The majority of interviewees discussed how flexibility was important in meeting needs. Discussed as a successful example, A pilot MVT meeting was set up by a local authority to discuss service users where conventional interventions had not been successful. The meeting involved discussions between many service providers who aimed to work with complex needs in a different way (e.g., going directly to the streets to rough sleepers) and identifying service users approaching other agencies. In another example, after mental health services were challenged, they agreed to see a service user who had been sober for 6 hours as opposed to 3 months, at a point when the client was willing to engage.
However, this interviewee pointed out that was one case amongst many that do not receive this level of support.
One interviewee discussed the how the Housing First strategy was flexible and through meetings, the changing needs of individuals are discussed, and organisations can respond to this change. This interviewee explained housing first involves a small case load and intense, individualised support. Meetings involve different partnerships where work is continually reviewed and adapted. There is no time frame with this approach and the interviewee explained it is quick to see where something requires adjusting.

Another interviewee thought legislation was not flexible enough to meet the needs of those with complex needs and described the Housing Act 1996, part seven as:

"…very rigid and I always say that you can't imprint a rigid framework on a chaotic individual" (interviewee 3).

Two interviewees spoke of engaging with service users directly. Although service user choice is outside of partnership working, it was a barrier discussed by the majority. Building trust between service users and service providers was a suggestion to overcome this barrier. This approach may encourage engagement as sometimes service users can feel:

"…the model that they are supposed to engage with isn't right for them" (interviewee 5).

Another interviewee explained models are typically made then adjusted:

"We need to go with a blank page and say help us build a model… It's very rare for us to go up to people and say 'what do you think we should do?" (interviewee 3).

Actively forming positive relationships between the police and homeless individuals with complex needs achieved successful outcomes in another example given by one interviewee whereby police were more effectively able to tackle crime. This interviewee explained it is the homeless population who are often the victims.

Regarding collaborating with the private rented sector, one interviewee believed the reputation of service providers is an important factor regarding landlords' decision to work with agencies and complex needs. Another mentioned exclusive insurance policies paid by local authorities which guarantee private landlords rent and the use of funding for landlords to house ex-offenders.

"The ability to guarantee the rent is what has changed the behaviour in terms of landlords willing to work with us" (interviewee 4).

Forums have also been used to communicate with landlords, however one interviewee explained it is difficult to get them to engage with these forums.

See Access for solutions regarding limited access to databases.
See Legislation & Government processes for solutions regarding the Duty to Refer & Legislation.

Summary:

The culture of an organisation may influence the working practices of staff in terms of proactivity. Within commissioned services, bureaucracy and targets in services can adversely affect staff morale and service delivery, where staff have their own vested interests.

Personal motivations regarding a reluctance to work flexibly and innovatively were also discussed. It was also reported that some staff will only complete their legal duties. This may have implications on meeting the needs of service users where current literature states working flexibility as an important feature of meeting complex needs.

Flexibility was evident through specific arrangements between partnerships and was a theme in successful examples given by participants regarding partnership working. Challenging other organisations decision making and processes was another key theme which was used by service providers to produce more flexible ways of working and more favourable outcomes for service users. However, the housing legislation has been described as 'rigid' and not entirely appropriate for those with complex needs.

The interpretation of legislation such as GDPR was a barrier to sharing information between partnerships. Most interviewees attributed this to misunderstanding. However, it was also noted that the definition of 'priority need' can also be interpreted differently between individuals. Furthermore, one interviewee attributed differences in interpretation partially to stubbornness.

A lack of understanding and awareness was also noted regarding the Duty to Refer. As a solution one local authority asked for organisations to behave as though they had this duty and act accordingly.

As access to certain databases is limited to commissioned services, obtaining information

indirectly is more time consuming or not possible at all if the task is outside of that organisations remit. One charity suggested a read online only database for these services.

Access to mental health services was the most common barrier discussed by interviewees. Difficulty accessing these services were due to high thresholds, requirements, and red tape. Consequently, service users' initial mental health needs may not be addressed, causing their needs to evolve and escalate. This potentially could lead to a repeating cycle of homelessness and worsening health outcomes. Insufficient resources such as funding and staff were thought to be the cause. Insufficient funding was also thought to cause the closure of organisations who were previously involved in providing services, consequently affecting service delivery. Inconsistency is staffing, temporary contracts for employment and short-term projects were also reported to cause issues in service delivery where there is no consistency. Consistency in case management was also reported as an important.

Other external factors involving welfare and legislation were seen to make it difficult to collaborate with private sector landlords. Although, insurance schemes had been successful in changing the behaviour of some landlords. However, another interviewee explained using financial incentives is problematic where landlords use financial bargaining. Arguably, landlords need to better understand the complex needs of their tenants. However, the public's perception of homeless individuals can also hinder schemes to house the homeless and take up staff time through complaints.

Outside of partnership working, service user engagement appeared to be a common barrier experienced by service providers. However, actively forming relationships and working with service users directly to build models was suggested as a solution, as some believed service users felt the models experienced were not suitable for them.

Time was a concern for the majority of interviewees, where service users' needs were not addressed fast enough and processes to obtain information or work differently (and more effectively) caused time delays.

Discussion

This study aimed to identify current barriers and solutions to partnership working between service providers working with those who have complex needs and are homeless.

Existing literature

The majority of interviewees were in agreement that collaborative working improved following the Covid-19 pandemic and that flexibility was an important aspect of meeting the needs of their service users. Both these findings are in line with existing literature. Reported issues concerning case management, the selectivity of private landlords and rapid access to mental health services have also been previously documented. Benefit shortfalls which make accessing the private rented sector difficult have also been documented in previous literature. However, culture and willingness to work flexibly and, a lack of understanding surrounding legislation as a barrier to partnership working has not previously been discussed.

Many service providers discussed challenging other services in order to achieve success. Although in this research challenging others was seen as successful, it is not clear how often challenging other service providers is a successful strategy used to achieve a positive outcome for service users. Furthermore, this may depend on the culture and motivation of individuals employed within services.

Two interviewees discussed how culture within services may influence the effectiveness of partnership working. In another study, it was reported that services had to adjust to statutory monitoring frameworks and performance targets which detached them from the human and intimate encounters with their clients and inhibited their person-centred caring interventions. Consequently, neglecting the human and complex nature of the issues services are trying to address (Renedo, 2013). It is also acknowledged staff often have to work around rules and procedures rather than through them to help clients (Baylis *et al.*, 2020). This suggests the greater difficulty in working flexibly to meet needs compared with the ease of working more traditionally. These factors could be contributing to the problematic culture as described by interviewees.

Implications:

Time delays were both a consequence and concern of interviewees, associated with issues concerning partnership working. Issues reportedly creating time delays include the interpretation of legislation, red tape, reluctancy of staff and, the thresholds and requirements for mental health support and adult care services.

For individuals with complex needs, reaching out for support is often a critical point and a milestone. Where treatment is not offered in a timely manner and without an immediate response, this can leave service users feeling depleted of motivation. This can make contacting services in future less likely. Anything less than an immediate response could be a potential setback. This is particularly an issue for managing substance misuse (Rankin & Regan, 2004). However, if services were delivered at a faster pace, these should be dictated by the service user's pace (McDonagh, 2011).

The Duty to Refer introduced a duty on specified public authorities to refer service users who they think may be homeless or threatened with homelessness to local authority homelessness teams. The purpose of this act was to ensure services are working together effectively and intervene earlier (Department for Levelling Up, Housing & Communities, 2018). However, where some organisations are unaware or do not comply with the Duty to Refer, this can cause time delays securing appropriate assistance and support for a service user and, potentially mean some individuals may remain unknown until a later date.

As one interviewee pointed out, many of those with statutory duties are not willing to work outside of their remit or their legal duty. This could suggest that a common objective is missing at the forefront of services and could explain why and how those with complex needs fall between the cracks of services. Where services are reluctant to operate outside of their legal duty, responsibility for complex cases may be lost which in term may affect service delivery. Furthermore, any reluctance of employees to work outside of traditional ways of working may prevent innovative ideas and had been described by one interviewee as '…an impediment to system evolution'. Without a willingness or desire for change, any improved ways of working may be difficult to implement.

Regarding the requirements placed on service users before they can access mental health support, service users may find it difficult to abstain from alcohol and/or drugs for a period as per the requirement for drug rehabilitation services, preventing their access to mental health support. This has led to evictions and continuing cycles of rough sleeping. Service users have reported in previous studies the most effective services being those without conditionality (McDonagh, 2011). The Housing First model is helping to tackle this, as this offers accommodation and support without the need to be free from substance misuse problems (Local Government Association, 2022a).

In one case study, homeless individuals with alcohol and substance misuse problems were able to attend a day centre where they were only allowed to consume alcohol to manage withdrawal. The majority of service users who utilised this centre then engaged with the local treatment provider (Local Government Association, 2019a), evidencing the success without the requirement for complete abstinence.

Therefore, conditions for service users to remain abstinent from drugs or alcohol may be unrealistic and result in worsening health conditions due to the likelihood of deterioration of health associated with homelessness. Some interviewees discussed how service users were not receiving treatment for mental health or that some would receive it but to a lesser degree while others may not go undiagnosed. Other interviewees explained without a diagnosis where law breaking has occurred, there are no mitigating circumstances. However, as mentioned previously, childhood trauma is common in those with complex needs.

The lack of funding and reduction in budgets may have an adverse effect on service delivery. Current literature states that funding should be long-term and tailored to peoples' needs. Short-term projects that have resulted from short-term funding have been found to be inefficient and ineffective for service users. This is partly because clients' needs are often on going and some clients take longer to engage with support. Funding also needs to be sufficient to keep staff within services (National Housing Federation, 2021).

One established issue of services who assist the homeless, is the lack of engagement from service users. However, this issue may be exacerbated by the inability of services to retain staff, as this can affect building relationships with homeless people, particularly those who have experienced many losses and rejections. The lack of consistency from a high turnover

of staff can pose problems in establishing stable and meaningful interprofessional practice, and in turn helping homeless people to agree to referrals. This has previously been reported in local authorities and social workers (Cornes *et al*., 2018).

Recommendations:

Due to the limited sample size of this research, the findings that have not been documented in existing literature cannot be generalised to all service providers within England. The recommendations relating to these findings can only provide objectives for more extensive, in-depth studies. Based on this study alone further research is required regarding; culture and motivation, effectiveness of models from the service user perspective and service provider understanding of legislation.

Although there was a consensus that flexibility is an important requirement for meeting the needs of service users, it is not always achieved or sometimes achieved with difficulty. For example, it was reported service providers had to challenge other services such as mental health services and adult care services to provide support.

As culture and motivation was identified as a potential barrier to partnership working and, a hindrance to working flexibly, more research is required to identify this mentality and culture of working. Additional research could identify how prevalent this issue is, particularly in local government. A culture of flexibility should be encouraged within organisations. During the Covid-10 pandemic, where this was encouraged, people felt empowered to reach out to tenants with offers of support, instead of working on eligibility criteria (National Housing Federation, 2021). Furthermore, to harness the commitment of staff to go 'above and beyond', the Kingsfund recommend that this could potentially be achieved by fostering a safe and supportive environment which allows staff to use flexibility. They state that staff need to be supported sufficiently (Baylis *et al*., 2020).

One interviewee described how a pilot meeting was set up specifically for those with complex needs. Although the interviewee stated this pilot was still relatively new, they believed it to be promising. The purpose of the pilot meeting was to create debates, discussions and, identify and work with those who fall through the gaps in a different way. For example, going to service users directly to assist them. However, this particular interviewee broadened the remit as to who could access this service as initially potential

service users were required to have a roof over their heads. This would have excluded those sleeping rough.

Although not a direct barrier of partnership working, it was suggested by interviewees that services could work with service users directly as reportedly service users may feel the model's they are meant to engage with are not right for them. Additional research could be undertaken to identify how models can be made from the perspective of those who are homeless and have multiple needs. It is important to involve service users in co-producing services to ensure their needs can be met effectively (Baylis *et al*., 2020). As one interviewee explained, models are typically made then adjusted.

Research could be undertaken to identify any lack of understanding of service providers regarding legislation such as GDPR & the Duty to Refer so these potential issues can be identified and addressed for example, through additional training. Although this was a commonly reported issue within this study, it is not clear how prevalent this issue is. Additionally, it can be argued that the Duty to Refer should be extended to other organisations who currently do not have the duty. For example, housing associations legally do not have to refer those who they believe are at risk of homelessness, although according to this particular report, many are keen to support councils and have made a commitment to refer (Local Government Association, 2019b). As a solution, one interviewee had described how their local authority was asking organisations who did not have this Duty to behave as though they did. However, the government already encourage local authorities to have a wider network of agencies that also commit to making referrals to the local authority. The Local government association recommend that local authorities have agreed referral processes in place and, to monitor and review the referral arrangements regularly. Alternatively, local authorities can formalise processes for referrals (Local Government Association, 2020).

Established barriers reported in previous literature include access to mental health services, increased selectivity by housing providers, case management and benefit shortfalls. As some findings produced from this research were in line with existing literature, recommendations can therefore be made regarding the following:

Throughout this research most participants discussed accessibility to mental health services as a barrier. Thresholds and requirements for accessing mental health services are reportedly too high or, require service users to be abstinent from drugs or alcohol. Therefore, it can be argued that the government should review these requirements and thresholds. As discussed previously, these requirements may be unrealistic and prevent many from accessing the support they require, potentially leading to cycles of homelessness.

Most believed the difficulty accessing this service was due to the service being under resourced. The chronic underfunding of mental health services has also been reported in existing literature. Additional research is not required further as this is an established issue. However, it can be argued that the government should direct further fundings into this service. It has been acknowledged that funding and policies within England focus too heaving on reducing street homelessness and not on preventative measures (Crisis, 2022a) and, that the government should focus on the wider issues of homelessness (Local Government Association, 2022). It is well documented that those facing multiple exclusion homelessness are strongly associated with adverse childhood experiences and trauma (McDonagh, 2011).
Moreover, the thresholds and requirements placed on service users to access support from mental health services were also a barrier concerning partnership working of many interviewees. However, where individuals have low levels need, they may be declined support and their needs may escalate. It can be argued that mental health services could play a more preventive than reactive role.

The lack of funding was also problematic for other organisations. As explained within the findings of this study and in existing literature, homeless services need to be adequately resourced and funded to produce long term projects and to retain staff.

The selectivity of landlords regarding individuals who had previously sought assistance through the local authority was discussed by interviewees. This is a barrier that has previously been discussed in other literature. Therefore, arguably, the government should

address benefit shortfalls in more affluent areas to make the private rented sector more accessible. Furthermore, this finding may suggest there is a lack of incentives for private landlords to let properties to those who have sought help via their local authority. Within this research insurance schemes have been reported to have some success in changing the behaviour of private landlords in terms of working with the local authority.

Bureaucracy and barriers to efficiency were removed across sectors during the Covid-19 pandemic which reportedly contributed to improved partnership working. This was because agencies could make direct referrals for support rather than going through the local authority, speeding up the process (National Housing Federation, 2021). Arguably procedures should be reviewed to reduce time delays and red tape as procedures during the Covid-19 pandemic evidenced the way such improvements could be made.

<u>Limitations:</u>

Changes were made to the original inclusion criteria due to the initial low response rate. Initially, the target population included all service providers within the county of Hertfordshire with an aim to achieve data saturation. As a consequence of the low initial response rate, convenience sampling was utilised. Convenience sampling is dependent on the motivation of the participants which introduces motivation bias. Although there was an attempt to reduce this, there is no certainty this form of bias is removed. Additionally, poor participation rates increase the risk of failing to obtain a balance of information. There is a possibility of overrepresenting or underrepresenting participants. Therefore, the novel findings cannot be generalised. Instead, these can be used to generate objectives for more rigorous research (Stratton, 2021). Additionally, the use of 'Snowballing' can mean certain subjects are missed (Bird *et al.,* 2020) as the researcher has little control over the sampling process. Gatekeepers who received emails may also chose certain people, who they favour, introducing a sampling or selection bias, impacting population validity. Moreover, although different service providers across England were selected, many of the participants who chose to partake were based in the southeast and southwest of England. No participants were from the north of England.

Concerning in person interviews, the lack of anonymity between the researcher and

participant may discourage the participants from taking part or revealing certain information. Moreover, as interviews generally involve fewer participants, this may result in a lack of breadth compared to qualitative survey studies (Braun & Clarke, 2013).

Regarding interviews conducted by phone, the researcher has less control over the interview as the context in which the responses given and how this influences the responses are unknown; for example, other people may be present (Braun & Clarke, 2013).

There are some disadvantages associated with Thematic analysis. For example, there is a lack of substantial data on thematic analysis when compared with other methods and, no clear agreement about how researchers can rigorously apply the method. Furthermore, although thematic analysis allows for a flexible approach, this may lead to inconsistency when developing themes from the data (Moules *et al.,* 2017). Lastly, during the coding phase of thematic analysis, ideally at least two researchers should independently code the first few transcripts. This is to ensure one particular viewpoint does not dominate (Cameron *et al.,* 2013).

Triangulation is the use of multiple methods or data sources to better understand a research topic. Investigator triangulation involves the use of two or more researchers within the study (Blythe *et al*., 2014). This should bring confirmation of findings and different perspectives which adds to the breadth of research. As this piece of research was part of a postgraduate dissertation, it was not possible to use multiple researchers.

Data source triangulation involves collecting data from different types of individuals or groups. This is used to gain multiple perspectives and to validate the data (Blythe *et al*., 2014). Although local authorities and charities were contacted, the larger, national charities were unable to participate due to limited resources. The study could have been improved through interviewing other organisations such as the Department for Levelling Up, Housing & Communities, primary health care services, the police, services involving the criminal justice system and mental health services. Triangulation may improve the credibility of thematic analysis (Moules *et al*., 2017).

Furthermore, although a pilot interview was conducted and provided an opportunity to practice interviewing participants, being a novice researcher with little experience of qualitative field work was another limitation to the research. Despite a conscious effect being made, it may not always be possible to identify certain elements of personal subjectivity or bias.

Lastly, homelessness is a multifaceted issue driven by many factors such as challenges involving the supply of social housing, welfare, and restrictions on local authority finance (Local Government Association, 2019b). Partnership working is simply one aspect of a complex problem.

Conclusion:

The purpose of this research was to identify the current barriers and potential solutions for these barriers, between partnership working of service providers who work closely with those who are homeless and have complex needs. There were multiple barriers identified. Those of which are in line with existing literature include case management, the selectivity of private landlords, rapid access to mental health services, benefit shortfalls and a lack of funding for services. As these are established issues, recommendations have been made. These include the reviewing of thresholds and requirements to access mental health services, adequately resourcing organisations, reviewing procedures to reduce red tape and addressing benefit shortfalls.

Concerning the selectivity of private landlords, the use of insurance schemes to change the behaviour of landlords was discussed as promising. Public perception was also identified within this study as a barrier. This was found to slow or prevent housing schemes for the homeless and take up staff time. Additionally, some interviewees also believed legislation to be a barrier to housing the homeless.

The sampling methods used and the limited sample size within this research introduced bias. Moreover, as the research was undertaken by a novel researcher, and no additional researchers were employed to identify and minimise any personal bias, this resulted in issues regarding generalisability. Therefore, the novel findings of this study can be used to

guide more rigorous future research. Novel findings include the culture and personal motivations within organisations and, the interpretation and understanding of legislation. Flexibility was seen as a requirement for successful outcomes and was achieved by interviewees challenging other service providers. However, the culture within local authorities was established as a barrier in terms of the willingness of staff to work proactively, flexibly, or outside of their working remits. Therefore, further research could identify how prevalent these issues are. Secondly, research may be undertaken into the understanding of legislation by service providers as both issues may result in time delays concerning service provision. A lack of knowledge surrounding GDPR means some organisations may overcompensate and are either reluctant or do not share information. The process to acquire information on service users is then prolonged. Other organisations were found not to comply with the Duty to Refer fully or were unaware of it. However, it is already recommended that local authorities formalise processes for referrals.
Concerning the inability of certain organisations to access information through databases, It has been suggested that a 'read online' database be developed so to better meet vulnerable clients' needs.

Individuals with complex needs need to engage with services in a timely manner. Time delays could result in the needs of service users escalating and lessen the likelihood of these individuals seeking help from services in future. This could result in worsening health outcomes associated with homelessness and may be exacerbated by the inconsistency in service delivery due to limited funding and issues regarding staff retention.

It has also been suggested that services should work in partnership with service users to develop models, as currently models are typically made then adjusted. Future research may be able to determine the effectiveness of this strategy as service user engagement was a barrier mentioned by the majority of participants.

Word count: 14032

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Appendices

Appendix 1: Participant Consent Form

Participant Consent Form

Title of project:	Exploring the challenges regarding collaborative working, faced by service providers in ending homelessness for single persons with complex needs: A qualitative study.
Name of researcher(s):	Holli Reynolds

Ethical approval has been obtained for this study following approved UWE ethics procedures on the MSc in Environmental Health. This consent form will have been given to you with the Participant Information Sheet. Please ensure that you have read and understood the information contained in the Participant Information Sheet and asked any questions before you sign this form. If you have any questions, please contact the student researcher or their supervisor, whose details are set out on the Participant Information Sheet. If you are happy to take part in an interview, please complete this consent form. You will be given a copy for your records.

Please initial boxes to indicate you agree with the statements below:

I have read and understood the information in the Participant Information Sheet which I have been given to read before being asked to sign this form.	
I have been given the opportunity to ask questions about the study.	
I have had my questions answered satisfactorily by the student researcher;	
I agree that anonymised quotes may be used in the final report of this study (e.g. dissertation) or in any subsequent publications.	
I understand that my participation is voluntary and that I am free to withdraw at any time until the data has been anonymised, without giving a reason.	
I agree to take part in the research.	

Name of participant:

Signature:

Date:

Name of person taking consent:

Signature:

Date:

When signing this form electronically, please type your name by 'signature'.

Appendix 2: Participant Information Sheet

Participant Information Sheet

Study title: Exploring the challenges regarding collaborative working, faced by service providers in ending homelessness for single persons with complex needs: A qualitative study.

Dear Sir/Madam,

My name is Holli Reynolds, and I am currently completing my master's dissertation in environmental health whilst working part-time for a local authority. For my dissertation, I am undertaking research regarding the barriers faced by service providers concerning partnership working in meeting the needs of single homeless individuals with complex needs.
You are invited to take part in this research undertaken at the University of the West of England, Bristol. However, before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please read the following information carefully and if you have any queries or would like more information, please contact Holli Reynolds by emailing holli2.reynolds@live.uwe.ac.uk.

Thank you for taking the time to read the participant information sheet.

Who is organising the research?

The student researcher is Holli Reynolds under the supervision of Ellis Turner. The supervisor's profile is available at https://people.uwe.ac.uk/person/ellisturner.

What is the aim of the research?

The aim of this research is to identify any current challenges regarding collaborative working between organisations in ending homelessness for single individuals with complex needs. It also aims to explore some of the solutions service providers use and what additional resources may be required during the current financial climate. The research will focus on service providers such as local authorities and charities within the UK. Data will be collected by interviewing service providers who work closely with the homeless.

Objectives:
-To identify barriers associated with collaborative working when meeting the needs of single homeless individuals with complex needs, and reasons for these.
-To explore the consequences regarding the barriers to collaborative working.
-To explore past successes and how successful collaborative working can be replicated.

The questions will explore working with the private rented sector, any practical issues concerning collaborative working and meeting the needs of single homeless individuals with complex needs. The interview will also give you the opportunity to discuss any barriers you feel are relevant.

Why have I been invited to take part?

As part of the research, I am interested in gaining information about your experiences of collaborative working when meeting the needs of single people who have complex needs. The research will involve interviewing approximately 6-10 service providers who work closely with the homeless within the UK. Ideally, I would like to hear from a mixture of those working within local government and the voluntary sector. The purpose of the research is to gain information about your experience and views of any barriers that you face when working in partnership with other organisations or teams. It will also explore the solutions and consequences of these barriers and provides you with an opportunity to express your concerns and ideas for managing or solving these concerns, as you are at the forefront of providing these services.

Do I have to take part?

You do not have to take part in this research. It is up to you to decide whether you want to be involved. If you do decide to take part, you will be given a copy of this information sheet to keep and will be asked to sign a consent form. If you do decide to take part, you are able to withdraw from the research without giving a reason until the point at which your data is anonymised and can therefore no longer be traced back to you. This point will take place 14 days from the date you signed your consent form. If you want to withdraw from the study within this period, please write to Holli Reynolds by emailing holli2.reynolds@live.uwe.ac.uk. Deciding not to take part or to withdraw from the study does not have any penalty nor will it affect the standard of care you will receive, should you require it.

What will happen to me if I take part and what do I have to do?

If you agree to take part, you will need to sign the consent form provided prior to the interview. You will then be asked to participate in a face-to-face or telephone interview where face-to-face interviews are not feasible. This will be conducted by myself as the student researcher. The interview time will vary depending on the detail provided in your answers. However, as far as is possible, I will endeavour to ensure the interview does not exceed 60 minutes. The interview will involve my asking you a series of questions. However, I may make notes for follow-up questions depending on the information you provide.
You can choose to exit the interview at any time without reason. Face-to-face and telephone interviews will be recorded using a Dictaphone. It will be possible to re-identify you if you choose to withdraw from the study within the 14-day period. At the point of transcription, your voice recording will be deleted. Your data will be anonymised at this point and will be analysed with interview data from other anonymised participants.
After analysis, a draft of the research may be presented to you, giving you the opportunity to

comment on the trustworthiness and authenticity of what has been produced. This is to avoid misrepresenting the views of participants. However, this is your decision and is completely voluntary.

What are the benefits of taking part?

You will be contributing to knowledge which we hope will benefit services in future. I also hope this will be an opportunity to raise awareness of the issues and the successes you face. I will also be providing thank you payments in the form of gift cards as I am aware participants have given up their time.

What are the possible risks of taking part?

We do not foresee or anticipate any significant risk to you in taking part in this study. If, however, you feel uncomfortable at any time you can ask for the interview to stop. If you need any support during or after the interview, then the researcher will be able to put you in touch with suitable support agencies. Additionally, any risk of identification is reduced by anonymising data. The supervisor is experienced in conducting and supervising interviews and will support the student to conduct the research sensitively. The interview has been designed with these considerations in mind.

What will happen to your information?

All the information that you give will be kept confidential and anonymised at the point of transcription. The only circumstance where we may not be able to keep your information confidential is when there is evidence of a criminal offence, professional misconduct, a safeguarding issue or if compelled by law. Hard copy research material (e.g., Dictaphone or notes, for example) will be kept in a locked draw and digital data will be stored on the University's secure OneDrive system to which only the student and supervisor will have access in accordance with the Data Protection Act 2018 and General Data Protection Regulation requirements. Voice recordings will be destroyed securely immediately after anonymised transcription. Your anonymised data will be analysed together with other interview and file data, and we will ensure that there is no possibility of identification or re-identification from this point. Additionally, in the write up, service providers will be assigned pseudonyms.

Where will the results of the research be submitted or published?

A dissertation will be written containing the research findings and submitted to the University. The dissertation will be submitted in September 2022. A copy may be displayed in the University library. If you are interested in reading a copy, please contact Holli Reynolds by emailing holli2.reynolds@live.uwe.ac.uk

The anonymised results may also be used in conference papers and peer-reviewed academic papers. Anonymous and non-identifying direct quotes may be used for publication and presentation purposes.

Who has ethically approved this research?

The project has been reviewed and approved by Ellis Turner under delegated authority from UWE's Research Ethics Committee for Environmental Health MSc.

Any comments, questions, or complaints about the ethical conduct of this study can be addressed to the Research Ethics Committee at: Researchethics@uwe.ac.uk

What if I have a concern or something goes wrong?

If you have any concerns regarding the conduct of this study and/or complaints regarding the research, please contact Ellis Turner by emailing ellis.turner@uwe.ac.uk. In the event where any sensitive issues are raised, I may need to contact my supervisor, Ellis Turner in the first instance.

What if I have more questions or do not understand something?

If you would like any further information about the research, please contact either:

Holli Reynolds (Student researcher) - holli2.reynolds@live.uwe.ac.uk
Ellis Turner (Dissertation supervisor) - ellis.turner@uwe.ac.uk

Thank you for agreeing to take part in this study.

You will be given a copy of this Participant Information Sheet and your signed Consent Form to keep.

Appendix 3: Ethics Application Form

Section 1: Applicant Details	
First Name	Holli
Last Name	Reynolds
Faculty	HAS
Department	Environmental Health
Co-researcher Names (internal and external) Please include names, institutions and roles. If there are no co-researchers, please state N/A.	N/A
Is this application for a staff or a student?	Student
Student Course details	Postgraduate Taught/Masters
Name of Director of Studies / Supervisor	Ellis Turner
Comments from Director of Studies / Supervisor *For student applications, supervisors should ensure that all of the following are satisfied before the study begins:* • *The topic merits further research;* • *The student has the skills to carry out the research;* • *The participant information sheet is appropriate; and procedures for recruitment of research participants and obtained informed consent are appropriate.* ***The supervisor must add comments here. Failure to do so will result in the application being returned***	
Click or tap here to enter text.	
To be completed by Supervisor for all M level and UG level applications	
I confirm that I have assessed this project as high risk and requiring full ethical review	Yes/No

Section 2: Project	
Section 2:1 Project details	
Full Project Title	
Exploring the challenges regarding collaborative working, faced by service providers in ending homelessness for single persons with complex needs: A qualitative study.	
Project Dates These are the dates for the overall project, which may be different to the dates of the field work and/or empirical work involving human participants.	
Project Start Date	25/04/2022
Project End Date	14/12/2022
Dates for work requiring ethical approval You must allow **at least 6 weeks** for an initial decision, plus additional time for any changes to be made.	
Start date for work requiring ethical approval	25/04/2022
End date for work requiring ethical approval	21/12/2022
How is the project funded? (e.g. externally, internally, self-funded, not funded – including scholarly activity) Please provide details including the PIMS reference number where applicable.	

Not funded	
Is external ethics approval needed for this research?	No
If Yes please provide the following: For NHS Research please provide a copy of the letter from the HRA granting full approval for your project together with a copy of your IRAS form and supporting documentation, including reference numbers. Where review has taken place elsewhere (e.g. via another university or institution), please provide a copy of your ethics application, supporting documentation and evidence of approval by the appropriate ethics committee.	
Click or tap here to enter text.	
Section 2:2 Project summary	
Please provide a concise summary of the project, including its aims, objectives and background. (maximum 400 words) Please describe in non-technical language what your research is about. Your summary should provide the committee with sufficient detail to understand the nature of the project, its rationale and ethical context.	
The purpose of this project is to identify any current challenges regarding collaborative working between organisations in ending homelessness for single individuals with complex needs. With the adverse effects of homelessness well documented, the long-standing history of homelessness and the various recent economic challenges (cost of living crisis, Ukrainian refugees, housing crisis), homelessness is likely to increase. Therefore, identifying current barriers to partnership working is of relevance. Data will be collated by interviewing service providers who work closely with the homeless, such as charities and local authorities. The research will explore the consequences of such barriers and potential solutions. It will provide an opportunity for service providers to express their own ideas and concerns as they are at the forefront of providing services to the homeless.	
What are the research questions the project aims to answer? (maximum 200 words)	
-To identify barriers associated with collaborative working when meeting the needs of single homeless individuals with complex needs, and reasons for these. -To Identify gaps in service provision regarding collaborative working. -To explore the consequences regarding the barriers to collaborative working. -To explore past successes and how successful collaborative working can be replicated.	
Please describe the research methodology for the project. (maximum 250 words)	
Prior to the interviews taking place, a pilot interview will be undertaken to trial the interview questions. The main interviews will be semi-structured and 6-10 participants will be selected through convenience sampling. The approach to the research is based on grounded theory. A grounded theory approach is most appropriate as it allows for a flexible approach whereby the researcher remains open to relevant issues directed by the interviewee. Once the data has been collected, Thematic analysis will be used to analyse the data.	

Section 3: Human Participants	
Does the project involve human participants or their tissue or data? *If not, please proceed to Section 5: Data Collection, Storage and Disposal, you do not need to complete sections 3-4.*	Yes
Section 3.1: Participant Selection	
Who are your participants?	
Individuals working with the homeless (and complex needs) population. These will be employees of local authorities and those working within the charity sector.	
Please explain how you will select your participant sample.	

Participants will be selected from different parts of the country. They will be contacted by email and convenience sampling will be used.

Please explain how you will determine the sample size.

Research states that between six to ten participants is ideal (Braun & Clarke, 2013). Depending on time scales and deadlines, the exact number will be reviewed. Although I will aim for at least 6 participants.

Please tell us if any of the participants in your sample are vulnerable, or are potentially vulnerable and explain why they need to be included in your sample.

NB: Please do not feel that including vulnerable, or potentially vulnerable participants will be a bar to gaining ethical approval. Although there may be some circumstances where it is inappropriate to include certain participants, there are many projects which need to include vulnerable or potentially vulnerable participants in order to gain valuable research information. This particularly applies to projects where the aim of the research is to improve quality of life for people in these groups.

Vulnerable or potentially vulnerable participants that you **must** tell us about:

- Children under 18
- Adults who are unable to give informed consent
- Anyone who is seriously ill or has a terminal illness
- Anyone in an emergency or critical situation
- Anyone with a serious mental health issue that might impair their ability to consent, or cause the research to distress them
- Young offenders and prisoners
- Anyone with a relationship with the researcher(s)
- Frail elderly

No vulnerable participants

Section 3.2: Participant Recruitment and Inclusion

How will you contact potential participants? Please select all that apply.

☐ Advertisement
☒ Emails
☐ Face-to-face approach
☐ Post
☐ Social media
☐ Telephone calls
☐ Other

If Other, please specify: Click or tap here to enter text.

What recruitment information will you give potential participants?

Participants will be provided with a Participant Information Sheet:
-This outlines the purpose of the research.
-What will happen to the data of the participants.
-Signposting to various individuals should participants request additional information.
-Informing the participants of their rights regarding the research/their data and how any welfare issues may be managed.
-Process to requesting the final dissertation/research.

How will you gain informed consent from the participants?

A consent form will be given to participants. When interviews take place face-to-face, consent forms will be given and signed by both parties in person. Where face-to-face interviews are not viable, consent forms will be sent, signed and returned via email before the interview commences.

What arrangements are in place for participants to withdraw from the study?

Participants are informed of their rights to withdraw from the study in the participant information sheet. They will be informed that they are able to withdraw at any time, however, after a period of 14 days from the interview date, it is likely that the data collected will be anonymised and therefore it would not be possible to identify which participant provided which specific data. They will also be reminded of this prior to the interview taking place (i.e. before asking the interview questions). The participants are advised to contact the Research Ethics Committee for queries regarding the ethical conduct of the study and to contact Ellis Turner (student supervisor) for other queries. Contact details will also be provided.

Section 4: Human Tissue	
Does the project involve human tissue? For further information, see https://www1.uwe.ac.uk/research/researchgovernance/resourcesforresearchers/humantissue.aspx	No
If you answer 'No' to the above question, please go to Section 5	
I confirm that I have read the UWE Human Tissue Quality Management System	Choose an item.
Institution acting as Sponsor for the Project:	
Click or tap here to enter text.	
Please summarise the human tissue aspects of your proposed research here. This should include a summary of what tissue you will be using, how you will acquire it, why it is required, what you will do with it and how you will store it, ,what information you and the research team will have access to about the participants/donors, whether it will be rendered acellular and at what stage of the research and what will happen to any remaining tissue at the end of the project	
Click or tap here to enter text.	
Relevant Material	
Is the tissue considered to be 'Relevant Material' under the HT Act[1] for the purposes of this research project?	Choose an item.
Is the proposed use considered to be a 'Scheduled Purpose' under the HT Act[1] for the purposes of this research project? [2]	Choose an item.
Have you included with this application a copy of the project specific NHS REC Application Form and Approval Letter	Choose an item.
If the tissue is being provided by a Tissue Bank Application have you included the Form and Approval Letter with this application?	Choose an item.
Have you included the research protocol with this application?	Choose an item.
Is it necessary to have one or agreements relating to the transfer of human tissue for your project? This might for example include agreements relating to the sharing of tissue with collaborators, as well as with the supplier of the material to you.	Choose an item.
If any or all such agreements are in place, have you included them with this application?	Choose an item.
If not all necessary agreements relating the transfer of human tissue are currently in place, please explain what action you have taken.	

ırther details of the Human Tissue Act (2004) and the list of materials considered to be 'relevant materials' under the can be found at: https://www.hta.gov.uk/policies/list-materials-considered-be-%E2%80%98relevant-terial%E2%80%99-under-human-tissue-act-2004.

ease note: if you are using relevant material and it is for a 'scheduled purpose' you will need HRA approval.

For projects involving 'Relevant Material' and / or the NHS please provide: the NHS REC Reference Number:	Click or tap here to enter text.
Non-relevant Material and/or use not for a scheduled purpose but which involves NHS Patients)	
Has a copy of the project specific NHS REC Application Form and Approval Letter been included with this application?	Choose an item.

Section 5: Data Collection, Storage and Disposal

Research undertaken at UWE by staff and students must be GDPR compliant. For further guidance see Research and GDPR compliance

☒Please confirm that you have included the UWE Privacy Notice with the Participant Information Sheet and Consent Form

☒ By ticking this box, I confirm that I have read the Data Protection Research Standard, understand my responsibilities as a researcher and that my project has been designed in accordance with the Standard.

Section 5.1 Data Collection and Analysis

Which of these data collection methods will you be using? Please select all that apply.

☒ Interviews
☐ Questionnaires/surveys
☐ Focus groups
☐ Observation
☐ Secondary sources
☐ Clinical measurement
☐ Digital media
☐ Sample collection
☐ Other
If Other, please specify: Click or tap here to enter text.

What type of data will you be collecting?

☐ Quantitative data
☒ Qualitative data

How will you record your data and transfer it to secure storage?

Data will be recorded using a Dictaphone. Immediately after the interview, the data will be transferred to UWE OneDrive which is password protected and has limited access (by the student and supervisor). The recordings on the Dictaphone will then be deleted immediately. Any notes made during interviews will be kept in a locked draw and once no longer needed will be shredded.

Please describe the data analysis and data anonymisation methods.

Where interviews will take place face-to-face, at the participants place of work, this will occur in a room so that information discussed can be kept confidential. Data will be analysed using thematic analysis. Prior to analysis, the recordings will be transferred and then immediately deleted. The data will be transcribed. After transcription, the data will be anonymised by removing any identifying details such as names and places.

Section 5.2 Data Storage, Access and Security

Where will you store the data? Please select all that apply.

☐ H:\ drive on UWE network
☐ Restricted folder on S:\ drive
☒ Restricted folder on UWE OneDrive
☒ Other (including secure physical storage)

☐ H:\ drive on UWE network ☒ Restricted folder on S:\ drive ☒ Restricted folder on UWE OneDrive ☒ Other (including secure physical storage) If Other, please specify: Other paperwork/notes from interviews will be stored in a locked draw.
Please explain who will have access to the data.
I as the researcher and my supervisor will have access to the data on UWE OneDrive.
Please describe how you will maintain the security of the data and, where applicable, how you will transfer data between co-researchers.
There are no other co-researchers.
Section 5.3 Data Disposal
Please explain when and how you will destroy personal data.
Any email correspondence will be deleted after the research has been completed. Any other information which has been stored on UWE OneDrive will also be deleted. Where it is not possible for myself as the student researcher to delete, it will be removed by the supervisor. Any notes which have been kept in a locked draw will also be destroyed by shredding.

Section 6: Other Ethical Issues	
What risks, if any, do the participants (or donors, if your project involves human tissue) face in taking part in the project and how will you address these risks?	
Discussions may evoke emotional distress due to the topics discussed. Participants will be signposted to relevant supporting services. The participant information sheet will inform participants of what to expect. Additionally, it will be reiterated that participants are able to withdraw from the interview at any time.	
Are there any potential risks to researchers and any other people as a consequence of undertaking this project that are greater than those encountered in normal day-to-day life? For further information, see guidance on safety of social researchers.	
Face-to-face interviews may pose a risk to the researcher. Therefore, face-to-face which will be conducted at a public place such as the participants place of work. I as the researcher will also check-in with the receptionist/other staff present so to mark my presence. I will also travel to the site by car to ensure my exit is as straightforward as possible should I be required to leave abruptly. No other people will be involved in the research.	
How will the results of the project be reported and disseminated? Please select all that apply.	
☐ Peer reviewed journal ☐ Conference presentation ☐ Internal report ☒ Dissertation/thesis ☐ Written feedback to participants ☐ Presentation to participants ☐ Report to funders ☐ Digital media ☐ Other If Other, please specify: Click or tap here to enter text.	
Does the project involve research that may be considered to be security sensitive? For further information, see RESC guidance for security sensitive research.	No
Please provide details of the research that may be considered to be security sensitive.	
Not applicable.	
Does the project involve conducting research overseas?	No

Have you received approval from your Head of Department/Associate Dean (RKE) and is there sufficient insurance in place for your research overseas?	Not applicable
Please provide details of any ethical issues which may arise from conducting research overseas and how you will address these.	
Not applicable.	

Section 7: Supporting Documentation

Please ensure that you provide copies of all relevant documentation, otherwise the review of your application will be delayed. Relevant documentation should include a copy of:

- The research proposal or project design.
- The participant information sheet and consent form, including a UWE privacy notice (see links below).
- The questionnaire/survey.
- External ethics approval and any supporting documentation.

Research Template Participant Information Sheet
Research Template Consent form
Research Template Privacy Notice

Please note, the Privacy Notice must be tailored to each specific research project. If the Privacy Notice is not provided alongside the PIS and consent form you may make this available to participants electronically by using a dedicated folder on OneDrive.

Please clearly label each document - ensure you include the applicant's name, document type and version/date (e.g. Joe Bloggs - Questionnaire v1.5 191018).

Section 8: Declaration

☒ By ticking this box, I confirm that the information contained in this application, including any accompanying information is, to the best of my knowledge, complete and correct. I have attempted to identify all risks related to the research that may arise in conducting this research and acknowledge my obligations and the right of the participants.

Name: Holli Reynolds
Date: 05/09/2022

This form should be submitted electronically to the Research Ethics Admin Team: researchethics@uwe.ac.uk and email copied to the Supervisor/Director of Studies where applicable, together with all supporting documentation (research proposal, participant information sheet, consent form etc).

Appendix 4: Risk Assessment Form

Ref:

Describe the activity being assessed: MSc Environmental Health Dissertation - A qualitative study exploring the challenges regarding collaborative working, faced by service providers and solutions to these challenges in ending homelessness for those with complex needs. **Student:** Holli Reynolds	**Assessed by:** Holli Reynolds	**Endorsed by:**
Who might be harmed: Participants being interviewed (service users working with the homeless) and the researcher. **How many exposed to risk:** 6-8	**Date of Assessment:** 09/06/22	**Review date(s):**

Hazards Identified *(state the potential harm)*	**Existing Control Measures**	**S**	**L**	**Risk Level**	**Additional Control Measures**	**S**	**L**	**Risk Level**	**By whom and by when**	**Date completed**
Participants are potentially identifiable through vocal recordings or may be concerned with confidentiality	-Store information securely on UWE's one drive/password protected data storage. -Reduce risk of identification by assigning participants with pseudonyms. -Assess transcripts for any information that may reveal the identity of the participant. -Any hard copies of materials/Dictaphone will be stored in a locked draw.	1	1	1						
Evoke emotional distress through the discussion of sensitive topics.	-Signpost participants to supporting services. -Reiterate that participants aware they can withdraw from study at any time. -Participants will be given an information sheet with what to expect before gaining their consent.	1	1	1						
Location of interviews – interviews will be undertaken face-to-face where possible.	-Refer to UWE's Guidance on Social Researchers and Lone Working. -Interviews when conducted in person will take place in either a public location or at the interviewees place of employment. -Travel to sites by car	1	1	1						

	-Message friends when arriving/leaving the site -Talk to receptionist/security/staff – ensuring presence is noted.									

RISK MATRIX: (To generate the risk level).

Very likely 5	**5**	**10**	**15**	**20**	**25**
Likely 4	**4**	**8**	**12**	**16**	**20**
Possible 3	**3**	**6**	**9**	**12**	**15**
Unlikely 2	**2**	**4**	**6**	**8**	**10**
Extremely unlikely 1	**1**	**2**	**3**	**4**	**5**
Likelihood (L) ↑ Severity (S) →	**Minor injury – No first aid treatment required 1**	**Minor injury – Requires First Aid Treatment 2**	**Injury - requires GP treatment or Hospital attendance 3**	**Major Injury 4**	**Fatality 5**

ACTION LEVEL: (To identify what action needs to be taken).

POINTS:	RISK LEVEL:	ACTION:
1 – 2	NEGLIGIBLE	No further action is necessary.
3 – 5	TOLERABLE	Where possible, reduce the risk further
6 - 12	MODERATE	Additional control measures are required
15 – 16	HIGH	Immediate action is necessary
20 - 25	INTOLERABLE	Stop the activity/ do not start the activity

Appendix 5: Checklist for High/Low Risk Research

University of the West of Englanf
Department of Health & Social Sciences
CHECKLIST FOR HIGH/LOW RISK RESEARCH

Please read through the following sections and indicate your response in the appropriate column.
Answering "Yes" to any question may necessitate the need for further consideration in that area and it may indicate that the research should be regarded as high risk and should therefore undergo the appropriate ethical review processes. Please seek advice from your supervisor should you require any clarification or visit the Faculty Research Ethics site at http://www1.uwe.ac.uk/hls/research/researchethicsandgovernance.aspx

Does the proposed research fall into any of the following categories?		
	YES	NO
▪ Research involving potentially vulnerable groups – e.g. children and young people, people with a learning disability or cognitive impairment or people in a dependent or unequal relationship.		x
▪ Research involving people who lack decision making capacity. All research that involves people who lack capacity or who, during the research project, come to lack capacity, must be approved by an "appropriate body" operating under the Mental Capacity Act, 2005.		x
▪ Research involving human body parts, human tissues and/or human cells that come under the remit of the Human Tissue Act. http://www.hta.gov.uk/legislationpoliciesandcodesofpractice/legislation/humantissueact.cfm		x
▪ Research using administrative data not in the public domain or secure data. Researchers or research centres using these data sets will need to be approved by the body supplying the data and keep data in secure areas (according to an agreed data management plan).		x
▪ Research involving deception or which is conducted without participants' full and informed consent at the time the study is carried out.		x
▪ Research involving access to records of personal or sensitive confidential information, including genetic or other biological information concerning identifiable individuals.		x
▪ Research which would or might induce psychological stress, anxiety or humiliation, or cause more than minimal pain or distress to either participants or researchers.		x
▪ Research involving intrusive interventions or data collection methods, e.g. the administration of substances, vigorous physical exercise or techniques such as hypnotism. In particular, this is where participants are persuaded to reveal information they would not otherwise disclose in the course of		x

their everyday lives or within public forums.		
▪ Research undertaken outside the UK, where there may be issues of local practice and political sensitivities.		X
▪ Research involving respondents through social media **and** where sensitive issues are discussed (see guidelines on FREC website).		X
▪ Research involving visual/vocal methods, where participants or other individuals may be identifiable in the visual images used or generated.	x	
▪ Research which may involve data sharing of confidential information beyond the initial consent given, e.g. where the research topic or data gathering involve a risk of information being disclosed that would require researchers to breach confidentiality conditions agreed with participants.		X

Appendix 6: Data Management Plan

UWE Project manager name:	Ellis Turner
Student name, where applicable:	Holli Reynolds
Faculty:	Health and Social Sciences
Project Title:	Exploring the challenges regarding collaborative working, faced by service providers in ending homelessness for single persons with complex needs: A qualitative study.

Research Data Management Plan version number:	1
Date:	29/08/2022

If you have the following reference numbers, please enter them below.	
PIMS REF number:	Click or tap here to enter text.
URESC / FREC / AWESC application numbers:	Click or tap here to enter text.
HTSC registration number:	Click or tap here to enter text.
GM registration number:	Click or tap here to enter text.

Q1. What data will you collect, create or use? Give a brief description. See Note 1
I will collect primary data from interviewees. The participants will be working within local government or within the charity sector. The data will be recorded using a Dictaphone. Each interviewee will also be required to complete a consent form. Where interviews occur in a face-to-face setting, the consent form will be provided in paper form and where interviews will be undertaken virtually, consent forms will be provided and returned via email. I expect to generate around 1 hour of recorded data from each participant and I aim to interview between 6-10 participants. There are unlikely to be any vulnerable participants, but participants will be made aware through a participant information sheet that they are able to withdraw the interview at any time and will be signposted to any external agencies where discussion evokes any kind of distress due to the nature of the topics discussed. The purpose of the data collected is to establish the views, opinions and experiences of those working with those with complex needs, the barriers and, (if relevant) how organisations mitigate or eliminate these barriers. No special category data will be collected.
Q2. How will you collect, create or access the data? See Note 2

Data will be collected using semi-structured interviews. The interviews will be recorded using a Dictaphone. Where possible interviews will occur face-to-face otherwise, they will occur over a phone call.
Initially potential interviewees will be contacted via email and phone and the purpose of the research will be outlined informally. Interviewees will be provided with a consent form and participant information sheet. Interviewees will be given the opportunity to ask any questions. The consent form will need to be returned prior to interview and the participant information sheet will need to be read prior to signing the consent form. This sheet will outline the purpose of the interview and how data will be managed. After the interviews have been recorded, they will then be transferred to UWE one drive. The original recordings on the Dictaphone will then be deleted. The interviews will then be transcribed individually and then anonymised. Any potentially identifying information will also be removed (e.g. references to nearby places).
Interviewees will also be asked whether they would like to review their transcripts and whether they would like any information removed (through member checking).

Q3. Please classify your data here as public, restricted or confidential. See Note 3

Confidential

Q4. How will the data be stored and backed up at all stages during its life course? See Note 4

Any hard copies of consent forms will be transferred to UWE OneDrive. Hard copies will then be destroyed by shredding. Consent forms that have been sent electronically will then be uploaded to UWE OneDrive also.
Data from interviews will first be recorded using a Dictaphone. The data will then be transferred onto UWE's OneDrive. Once transferred it will be deleted from the Dictaphone. The interviews will then be transcribed and anonymised. Once anonymised, the recorded interviews will then be deleted. This is providing interviewees do not request that their data is deleted from 14 days of the interview date.
Any notes made during the interviews will be stored in a locked draw until at which point they will no longer be needed, they will then be destroyed by shredding.

Q5. How will the data be documented, described and maintained? See Note 5

For textual data - MS Word (.doc/.docx).
For data that has been recorded - Waveform Audio Format (.wav).
Where consent forms have been scanned to UWE OneDrive – PDF.
Any notes taken from interviews will be stored in a locked draw and later shredded when no longer required.
Consent forms and transcripts will be stored on UWE's Onedrive which can be accessed by Holli Reynolds & Ellis Turner (supervisor).

Q6. How will your data be processed? See Note 6

After the data has been recorded, as soon as possible it will be uploaded to UWE OneDrive and then deleted from the Dictaphone. No recordings will be stored on any laptop. The data will then be transcribed and anonymised. Access to UWE OneDrive will be restricted to Ellis turner (student supervisor) and Holli Reynolds. Only information relevant to the research/interview questions will be included in the final write up of the research. No third parties will be processing the data. No Data Protection Impact Assessment is required as the research has not been deemed high risk.
Q7. Does the Data Protection Act (2018) apply to your research? See Note 7
To comply with GDPR, recordings will be deleted from UWE OneDrive once transcripts have been anonymised to ensure data is not held for longer than it needs to be. Additionally, email correspondence will also be deleted once the research has been completed. To ensure transparency, participants have been supplied with a participant information sheet and have been given the opportunity to ask any questions regarding the purpose of the research and how their data will be handled.
Q8. Export controls and other legislation and regulation. See Note 8
Not applicable.
Q9. What Intellectual Property will be created or used in this research? See Note 9
UWE owns the Intellectual property (Dissertation).
Q10. What are your plans for long-term preservation and data sharing, where appropriate, and data disposal? See Note 10
Raw data will not be shared. Therefore, once the final write up is complete, all raw data will be deleted or destroyed. Once the raw data has been anonymised, recordings will be deleted from UWE OneDrive.
Q11. Who is responsible for enacting the different elements of the research data management plan? See Note 11
Once Holli Reynolds has left UWE, responsibility of archiving/deleting information stored on UWE's OneDrive may pass to the supervisor (Ellis Turner) where student researcher is not able to delete data.
Q12. What resources are needed to deliver the plan, and are these available? See Note 12
Dictaphone. Laptop. Printer/scanner.

Appendix 7: Interview Guide & Questions

Interview guide:

-Thank the participants.
-Briefly explain purpose of interview: To understand your views and experiences regarding the issues of partnership working when meeting the needs of those with complex needs. There is flexibility within the study and therefore the title of the research may alter depending on the answers given.
-Outline ethical issues: Make participants aware they can choose to leave the interview at any point. They have 14 days after the interview to inform me if they would like to withdraw from the study.

General questions/ice breaker:
How long have you worked with the homeless/complex needs?
What made you agree to take part?

Questions:

1) Do you face any practical issues when sharing information between partnerships regarding service users with complex needs, is this information shared effectively?

(Time limits, information lost, follow up information, opportunities for discussion/debate, how often, consequence on meeting needs?)

2) Do any challenges present when collaborating with the private rented sector/housing association and housing those with complex needs? How do you overcome these barriers?

(Incentives, what is the consequence of meeting needs?)

3) Are there any barriers with partnership working in meeting the needs of the homeless with complex needs, where your organisations responsibilities cease, if so, how do you overcome these?

(flexibility, Signposting, requirements?)

4) Can you think of an example where successful collaborative working resulted in meeting the needs of someone with complex needs successfully? What made this possible?

(early intervention, rather than reactive?)

5) The Covid-19 pandemic was reported to improve collaborative working. How far would you agree or disagree with this statement and why?

(Technology/working from home?)

6) Are there any other barriers concerning partnership working you have encountered that we have not discussed?

The interview has come to an end. Thank you again for participating. Do you have any questions that you would like me to answer?