Housing Transformation

how experiments made us better at triage (mistakes were made)

with the Rushmoor Borough Council Housing Options Team

- 1,000 homelessness cases enter the homeless process annually
- Rushmoor is one of the smallest LAs in England
- Relatively high Houses of Multiple Occupancy (HMOs)
- Demographic challenge, surrounded by more affluent boroughs
- 15+ supported accommodation services in the borough

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The Housing Options Team

- Street homeless engagement

- Housing waiting list, bidding and allocation

- Specialists – supporting clients with complex needs

- Homelessness **Duties**
    - Prevention: prevent someone at risk of homelessness becoming homeless
    - Relief: house someone who has recently become homeless

Our Approach

An *empowered* team, choosing where to focus, using data to make decisions and communicate throughout

No set destination

01

Problem finding

Firefighting

Mentally exhausted

Can't do the job properly

Chaotic changes

Four phases, led by evidence and consensus

01

Problem finding

Firefighting

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Chaotic changes

02

Focus on prevention

More Prevention means less Relief

Better triage means more opportunity for prevention

Four phases, led by evidence and consensus

01

Problem finding

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02

Focus on prevention

More Prevention means less Relief

Better triage means more opportunity for prevention

03

Triage 'as is' phase

Can we evidence the problem?

What is really happening now?

03

Triage 'as is' phase

Can we **evidence** the problem?

What is really happening now?

What is going on in triage?

What data do we have?

What data don't we have but need?

What are our users thinking?

Team set up data capture experiments to fill in the blanks

- Talked to service users about the triage journey - customer services 'surveyed' contacts

- Traced individual customer journeys via case review

- Capturing new triage stats - how many of this that went there

03

Triage 'as is' phase

Can we **evidence** the problem?

What is really happening now?

Data capture:

what was possible?

what could tell us enough to make our next decision?

We could analyse existing data looking for specific evidence, such as case outcomes

	2018/19		2019/20		2020/21		2021/22		2022/23	
Triage	0	0%	0	0%	0	0%	0	0%	11	1%
Closed	328	41%	179	25%	157	23%	161	18%	139	11%
Advice only/Early closure	74	9%	26	4%	93	14%	284	32%	699	53%
Ineligible	10	1%	12	2%	5	1%	5	1%	16	1%
Under prevention	0	0%	0	0%	0	0%	1	0%	36	3%
Prevented	159	20%	242	34%	155	23%	211	24%	211	16%
Under relief	0	0%	0	0%	0	0%	0	0%	10	1%
Relieved	120	15%	139	20%	126	19%	109	12%	98	7%
Main duty accepted	0	0%	0	0%	2	0%	9	1%	37	3%
Main duty discharged	89	11%	65	9%	64	10%	72	8%	37	3%
No duty	14	2%	37	5%	51	8%	30	3%	21	2%
Reasonable assistance duty discharged	11	1%	7	1%	16	2%	0	0%	2	0%
Under intervention	0	0%	0	0%	0	0%	0	0%	0	0%
Total	805		707		669		882		1317	

Successful prevention case numbers were **stable**

Total **cases allocated** were **rising** and **70%** higher than the four-year average
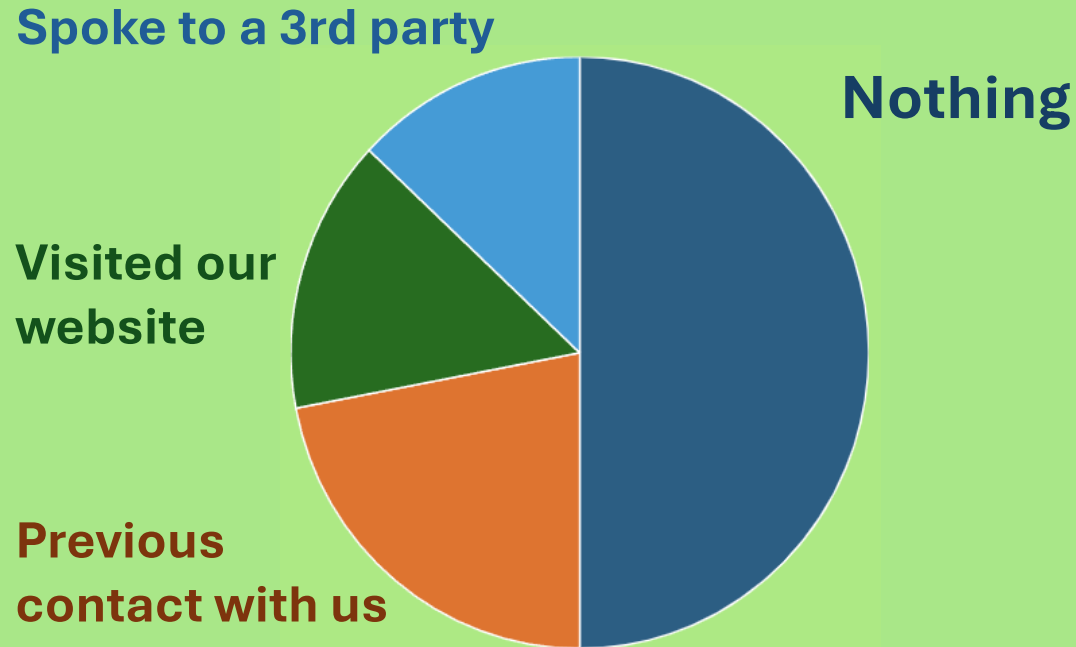
03

Triage 'as is' phase

Can we **evidence** the problem?

What is really happening now?

What/who had customers engaged with before contacting us today?

Spoke to a 3rd party

Nothing

Visited our website

Previous contact with us

Around **Half** of those who call have had no other prior contact / engagement

03

Triage 'as is' phase

Can we **evidence** the problem?

What is really happening now?

Many other insights...

2 in 5 calls resolved by Customer Services

3 in 5 face-to-face contacts required Housing Options team

4 in 5 emails passed on to Housing Options team

All giving us ...

A better sense of focus and possible solutions

03

Triage 'as is' phase

Can we **evidence** the problem?

What is really happening now?

04

Triage 'to be' phase

What can we change?

Prototyping and testing solutions

Experiments

Triage 'to be' phase

What can we change?

Prototyping and testing solutions

Experiments

Experiments:

What is **possible**? What could we try?

What will tell us **just enough** to make our next decision?

The **team** set up experiments to test four potential solutions.

Mitigate **risk,** the team developed separate, temporary measures to follow-up with any clients who disengaged.

04 Triage 'to be' phase

What can we change?
Prototyping and testing solutions

Experiments: what is possible and will tell us enough to make our next decision. The **team** set up experiments to test four potential solutions over six weeks.

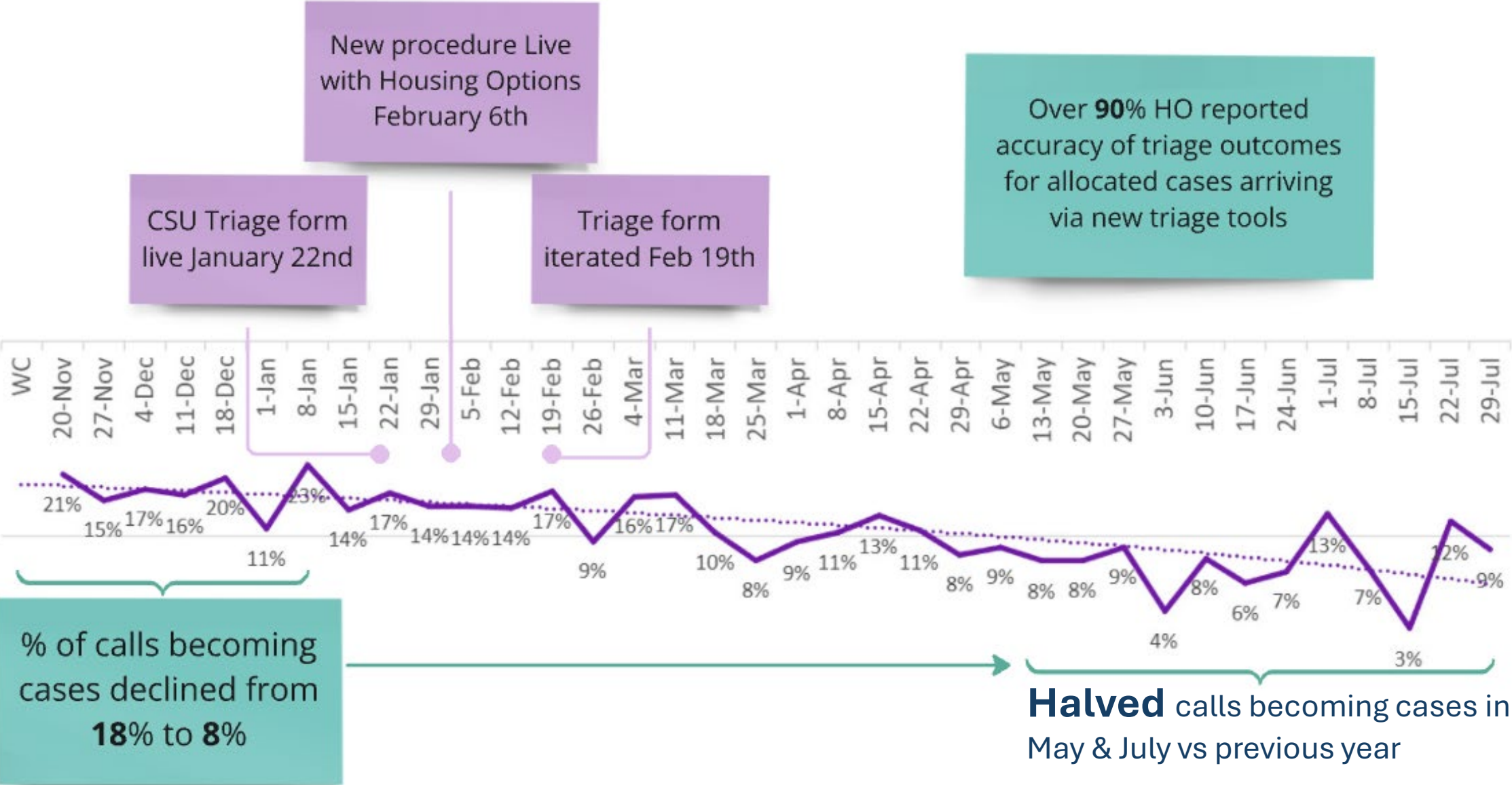|		
Checklists given to TWH & Allocation demand. Housing Officer provide triage for Housing options inbox and F2F / reception	**1**	Checklists would set expectations and ensure were gathering complete information after initial contact. HOTs & F2F triage deals with demand prior to it entering the 'system'
Making a Housing Officer available in Customer Service in a subject matter expert / triage assistance role	**2**	Understand how much could be triaged in CS with the customer still 'on the line', understand knowledge gaps requiring HO involvement and identify potential opportunities
Triage through one form to assess customers needs and aid decision making on required action (signposting, advice, resolution, referring case etc)	**3**	CS could triage cases more extensively and efficiently with a form structured around key triage criteria.
Removing RBC "Report a rough sleeper" from the website and signposting to Streetlink	**4**	Centralising how customers report rough sleepers to align reports with data submitted to central government.

04 Triage 'to be' phase

What can we change?
Prototyping and testing solutions

Mixed outcomes, lots of learning

Checklists given to TWH & Allocation demand. Housing Officer provide triage for Housing options inbox and F2F / reception	**1**	Mixed – worked well for Threatened with Homelessness, not so well for Housing Allocations
Making a Housing Officer available in Customer Service in a subject matter expert / triage assistance role	**2**	Mixed – better understanding of the conversation at this first point of contact and think/expectations of Housing Options
Triage through one form to assess customers needs and aid decision making on required action (signposting, advice, resolution, referring case etc)	**3**	Mixed – some elements worked well, some less so, still quite situational
Removing RBC "Report a rough sleeper" from the website and signposting to Streetlink	**4**	Not good – decrease in reports

Solutions **iterated** and **implemented**

New procedure Live with Housing Options February 6th

CSU Triage form live January 22nd

Triage form iterated Feb 19th

Over **90%** HO reported accuracy of triage outcomes for allocated cases arriving via new triage tools

% of calls becoming cases declined from **18%** to **8%**

Halved calls becoming cases in May & July vs previous year

~~Empowered~~

- Space (time) to do the work
  - Customer Service provided some extra triage resource
  - Wider Housing team shouldered some work so colleagues could give time to the project
- Assistance, not people doing it for them
- Allowed to try things and to fail

And we didn't make a digital service or a new triage officer

Service team reflections and feedback

"A working group with space and time away from their day-to-day work is vital to ensure the work is led and owned by the service team. This is only possible thanks to considerable efforts by the wider service team around the working group that manage that day-to-day to enable their colleagues. "

"The work is now flowing in a way which aids review and learning, resulting in more iterative changes"

"We make more decisions led by evidence; the justification is clearer "

"Customers are now get to the right part of the service, quicker and more efficiently "

"The outcome of this project has freed up Housing Officers to spend more time with customers helping them with their housing circumstances "

"It was a privilege to collaborate with a team that dedicates so much care and effort to their work, providing invaluable support to customers when they need it most "

Claire goes :)

Thank you, any questions?

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