Social Policy Division

INTEGRATED SERVICES AND HOUSING CONSULTATION

www.oecd.org/social/integratedservices.htm

Meeting held on
8-9th November, 2012

Conference Centre, Room 6, OECD

Consultation summary

OECD Social Policy Division

November 2012
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INTEGRATED DELIVERY OF SOCIAL SERVICES: A SUMMARY OF THE WORKSHOP

1. The meeting: basic information and purpose

1. The OECD’s first Expert Consultation on Integrated Services and Housing was held in the OECD conference centre on the 8th and 9th of November, 2012. Over 60 experts, made up of academics, practitioners and policymakers, were in attendance. A full list of the participants, presentations delivered at the meeting, as well as commissioned papers, can be found at www.oecd.org/social/integratedservices.htm.

2. The meeting was designed to provide a forum for exploring the potential similarities and differences in providing integrated services for populations with multiple and complex needs across OECD countries. To provide the meeting with a practical focus, the topic of integrating services and housing was addressed over six sessions, the middle four of which addressed this issue from the perspective of four vulnerable populations (homeless, vulnerable families, people with complex health needs, and the elderly). The first session defined the topic of service integration and outlined the main issues, and the last session was an open discussion of potential next steps for work in this area.

3. On the morning of the first day, participants were welcomed by Monika Queisser, as Head of the Social Policy Division at the OECD, who briefly outlined the purpose of the meeting. Ms. Queisser informed participants:

- that the OECD Social Policy Ministerial in 2011 had identified integrated services as a priority area for development in terms of knowledge building and information sharing, with the long-term aim of improving policies and outcomes for vulnerable populations and service users more generally; and,

- that the purpose of the consultation was to provide a forum for experts, working in the area of integrating social services and housing for vulnerable populations across the OECD, to share cross-national experiences.

1.1 The What, Why’s and How’s of integrating housing and social service delivery

4. Two speakers, Richard Frank (Harvard Medical School, United States) and Andrew van Doorn (Deputy CEO, Housing Associations’ Charitable Trust, United Kingdom) were invited to speak in this introductory session, moderated by Freek Spinnewijn (Director, FEANTSA).

5. Mr. Spinnewijn began by briefly introducing the work undertaken by FEANTSA, and by outlining the key questions to be addressed in this introductory session (discussion questions for each session are in the Annex).

6. Dr. Richard Frank, author of one of the commissioned papers for the meeting, then went on to give a general overview of housing and services, focusing on different models, populations and incentives. A key contribution of this first intervention was the distinction between the horizontal and vertical forms of integration – and in particular highlighting the incentives for particular forms of services use/delivery in systems where a lack of vertical integration (‘fragmentation of financing’ or ‘fiscal federalism’) in service

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1 The paper prepared by Richard Frank and colleagues, entitled *Housing with Services: Models, Populations and Incentives*, can be downloaded from the consultation website (www.oecd.org/social/integratedservices.htm - password: ISH2012).
governance may mean inefficiencies in social service delivery, such as incentives to over- or under-subscribe services based on costs.

7. Dr. Frank’s review highlighted the various methods of effectively combining housing with services to accommodate different organisational arrangements, and forms of care coordination, that can be used to efficiently serve different vulnerable populations with different levels of need (such as congregate housing for populations with high service needs). For the most vulnerable, a discussion of the trade-offs between the degree of decentralization of service delivery and community integration was also raised.

8. The review also touched on issues common to integrating services for different vulnerable groups. Such as basic principles that guide the bringing together of housing with services that apply consistently across the range of populations that might be served by such efforts, for example that for housing with service programmes to be cost-effective for all vulnerable groups (or to result in cost savings), targeting is important (in particular the value of targeting services and coordination activities to where the savings and outcome gains are greatest). Or that the fragmentation of financing services remains a significant barrier to integrating services effectively, and whilst public financing and management structures are fragmented in almost all OECD countries, comparative analysis can help to highlight the promising approaches to addressing this challenge. In the context of financing, this intervention also raised important points about how spending decisions at the macro level (block grants from central to local governments) and the micro levels (personal budgets), that may have unintended consequences for service users.

9. Andrew van Doorn followed, and outlined the major issues regarding integrating services and housing delivery. Mr. van Doorn underlined the importance of peer support for vulnerable groups in receipt of services, and the importance of looking at this issue from a person-centred and rights-based approach, focusing on service users’ abilities and assets and the outcomes they want to achieve. He stressed the importance of the ‘home’ and cautioned against the creation of new institutions in the community that are created for the convenience of service delivery rather than achieving the outcomes for the person. However, many obstacles hinder the implementation of effective integrated service delivery models, such and the weak evidence-base and restricted budget cycles (where long-term investment and support may be needed). Mr. van Doorn also emphasized the importance of focusing on early intervention and prevention, the role of policy and commissioning practises in enabling integration (e.g. social impact bonds, joint commissioning), and the need in integration practices to prioritise clarity in management / project leadership (who will be the decision-makers?) and align working cultures.

10. Discussion from the floor touched on issues such as: individualised personal budgets, the problems created by silos; of systems competing for resources, how to work with (and address the unintended consequences of) fiscal federalism, understanding the money flow between service providers at different levels of government, and the need for long-term investment. It was widely agreed that there is a need for a better evidence-base to understand the particular needs of individuals in receipt of multiple services (surveys), and support the implementation of integrated service delivery models across the OECD (comparative reviews of systems, spending, evaluations of what works).

1.2 Homelessness and Housing Services

11. The second session of the consultation was organised as a panel discussion, and focused on different policy approaches to reducing homelessness with an emphasis on how housing strategies are integrated with other services. A discussion paper was prepared for this session by Nicholas Pleace
(University of York/Researcher from the European Observatory on Homelessness), which provided an overview of integrated housing and services for homeless people with high support needs.

The panel was chaired by Nan Roman (National Alliance to End Homelessness, United States) and brought together national experts in the field, including: Pascale Estecahandy (National Technical Coordinator of the “un chez soi d’abord” programme, France); Juha Kaakinen (Strategy to End Long-Term Homelessness, Finland); Nicholas Pleace; and Jessica Venegas (Community Solutions, United States). Each panellist was asked to provide an overview of the homeless population and homelessness policies in their country, before highlighting any evidence of what has worked, and the challenges they have come across in their own practical or policy experience.

Nicolas Pleace began by providing an overview of homelessness in the UK, focusing on the chronically homeless. Homelessness is a persistent problem in the UK and integrating services and housing calls for highly complex strategies to address the situation. Ms. Venegas continued the discussion by describing the situation of homelessness in the U.S., underlining that there is still a gap in terms of service integration at a local level. Ms. Venegas also highlighted the importance of targeting: the key tool used by Community Solutions to gather information about vulnerable populations at a local level is the Vulnerability Index. Pascale Estecahandy then went on to provide an overview of the French “Housing First” pilot programme, after which Juha Kaakinen described how the issue of homelessness in Finland has been dealt with, ‘relatively successfully’, within the framework of the National Programme to End Long Term Homelessness by 2015.

In the discussion that followed, the panellists addressed questions about the comparisons of community-based care to congregated care, and the evidence base of ‘housing first’ approaches to homelessness and services for multiple and complex needs. There was also discussion about different homelessness populations (chronic/persistent or transitional homelessness) and their varied service needs, and the reintegration into society (into employment and off welfare). Panellists also highlighted their experiences of integration, and the fragmentation of health and housing services, and health and social services – as well as budgeting issue (running costs can be shared for overview homeless agencies – i.e. 50% health / 50% housing – but costs of delivery might not be balanced). There was also consideration of fundamental questions about what the overarching goal of interventions might be, and what outcomes / indicators are needed to monitor this.

Questions came from the floor such as, “what is the right approach to providing housing and services to the homeless?”, and “how to approach those who are reluctant to seek help or those who drop out of the ‘housing first’ programmes?” (in Norway up to 15% of homeless people leave housing first accommodation). There was a call from one participant to consider the role of housing supply in the ‘housing first’ approach, and the potential this has for introducing inefficiencies into the approach (being priced-out of appropriate housing response, and placing vulnerable groups with multiple and complex needs in high-risk or disadvantaged environments). Another participant suggested mapping the various agencies involved in financing and delivery service to homeless groups in each country (such a comparison of systems has yet to be undertaken).

Comments about the changing face of homelessness (increasing numbers of homeless migrants in Italy), and ways to prioritise services when resources are limited (such as a vulnerability index), led to the contrasting of ‘targeting versus population-based’ approaches in service delivery.

This paper will also be made available as a room document, and is online at www.oecd.org/social/integratedservices.htm (password: ISH2012).
17. The panel concluded by identifying some important steps for future research. More information was called for on the role of governance in service delivery, as well as the need for good longitudinal research and data (including cross-national data, definitions and evaluations) to enable effective decision-making, repeating a message from the previous session. There was consensus that promoting long-term policy, and putting focus on prevention are both crucial to most efficiently addressing homelessness, and achieve better outcomes for this vulnerable population – but this came with an acknowledgement that more needs to be done to uncover what ‘causes’ homelessness.

1.3 Families, integrated services and housing

18. Session 3 covered integrated service delivery and housing for vulnerable families. Two speakers, Barry Sandison (Deputy Secretary – Participation, Families & Older Australians, Dept. of Human Services, Australia) and Graham Owen (Social Services Director National Welfare Board, Sweden) were invited to provide an overview and examples of strategies to address the needs of vulnerable families in Australia and Sweden.

19. David Wertheimer, the moderator of the session, began by introducing the situation of vulnerable families in the U.S: homeless families are the fastest growing segment of the homeless population nationally (in a single day up to 240,000 people in families could be homeless, compared to 400 families in Finland). Mr Wertheimer said that, in his experience, a partnership approach that reaches across both “targeted” and “mainstream” systems is key to integrating housing and services to effectively tackle this growing problem.

20. Graham Owen continued by presenting the issue of vulnerable families from a Swedish perspective, where immigrant children and families are the most confronted with vulnerability. Mr Owen stated that of 9 million Swedes, around 11 thousand were homeless, with 46% of these being immigrants, and 7 thousand being young adults. It was estimated that in Sweden, 500 children a year experience the eviction of their families, and that a notable group at a high risk of evictions included parents with learning difficulties.

21. Mr Owen’s experience of the integrated approach to supporting homeless families in Botkyrka near Stockholm showed housing supports delivered in a schema of supports including: child protection, preventative services, income supplements, psychiatric support, and alcohol and drug abuse services. To combat the risk of eviction of households with children, integrated projects are underway in Botkyrka involving collaborations, and joint management, of health, social and school services, with a focus on early intervention. Mr Owen stated that in his experience, schools have an important role to play in identifying and intervening in vulnerable families directly via the children. A concrete example of how this might work has been the collaboration of social services and schools, via Mobilisation (Kraftsamling), which has led to social workers being appointed to schools in that region.

22. In the second intervention of the session, Mr. Sandison went on to describe the issue of vulnerable families in the Australian context, stressing the importance of defining the targeted population and vulnerability. Data collection on benefit and service recipients in Australia is advanced, and this intervention argued that comprehensive databases of ‘recipiency’ could be better used to define what is known about vulnerable families in order to formulate policies to tackle vulnerability among families with children. Moreover, a strong case was made for using the data as an identification tool, to predict which families might be in need of support services they are not otherwise receiving. When it comes to integrated

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3 Mr Sandison also gave a workshop on integrated services in the Australian context, in the afternoon of the following day. This presentation is available on the consultation website.
service and housing delivery for families, targeting resources more accurately and investing in prevention and early intervention were considered as two key issues to be taken into account.

23. During Mr. Sandison’s intervention, and the example of integrating four Australian social service agencies under one roof in the Department for Human Services, important messages were raised about horizontal integration of service providers. In particular the complications around aligning the employment conditions of staff from different agencies when integration takes place, as well as the potential for inefficiencies to appear if relationships between agencies are strained regarding funding issues or management decisions. It was also emphasized that integration of agencies at the federal level does not necessarily translate into successful service integration at the local level.

24. In the following discussion, contributions from the floor identified unique needs of families, and the relationship between partners, and between parents and children, and the potential for a large array of services for the different generations in the same family. It was noted that integrated family services can be applied higher up the income distribution than for vulnerable groups alone, and that methods to identify which families would benefit from preventative intervention could be developed. It was also mentioned that there was an important role for police and protection service in the array of integrated services needed to support the most vulnerable families.

1.4 Assisting populations with complex health and social needs

25. Session 4 focused on the needs of groups that face specific challenges, including people with substance abuse or mental health problems and people living with disabilities. The session was moderated by Dr. Richard Frank and included interventions from Marianne Cohen (Director of Recovery, Denmark) and Tim Kendall (Psychiatrist and head of England’s National Collaborating Centre for Mental Health, United Kingdom).

26. Marianne Cohen began by presenting ‘Recovery-orientation’, which is a person-centered approach in mental health and social services in the city of Aarhus in Denmark. The complexity of service delivery at the local level was highlighted by the mention of 6 different types of housing possibilities available to homeless people with acute health needs (sheltered housing, rehabilitation, individual special housing, individual supported housing, groups housing, and private organisations [bed and breakfast for instance]). Despite these options, evidence from the literature has shown that only around one-half to two-thirds of people treated for mental health disorders recover, which has led to innovations and value-led approaches to intervention at this level (for instance the four values in recovery of people with complex health needs: personal orientation, personal involvement, self determination, and potential for development). Mrs Cohen highlighted the integrated and ordered approach used in Aarhus, as an individual moves from identification, diagnosis to recovery and employment, with housing and counselling preceding employment support. Several recommendations for delivering integrated services with people with acute health needs were made, including: involving the service users, the importance of peer support, and focus on strengths / resources, in regards to housing – ensure a cheap housing supply, involving civil society, and a focus on the implementation process.

27. After Mrs. Cohen’s presentation, Tim Kendall went on to provide an overview of homelessness and mental health services in Sheffield in the UK. The intervention highlighted how the proportion of chronic homeless people suffering from severe mental disorders is significant (estimated as between 5 in 10 in Sheffield, to 8 in 10 in London), that substance (alcohol in particular) abuse among the homeless is very common, and around 10% of chronic homeless have learning disabilities, aspergers or autism. Integrated community teams, operating on assertive outreach principles and case management, have shown to be effective in providing treatment for these populations, the majority of whom are young males (median age of 35).
28. A unique contribution of Dr. Kendall’s work was highlighting the referral process for individuals with mental health problems to the psychiatry service. In regards to referrals process, people with mental health needs are often identified via housing agency referrals, from housing association and housing officers, drop in centres, providers of bed and breakfasts and interim accommodations (temporary shelter). Relatives, doctors (general health providers), and probation and drug misuse services also refer users to the mental health centre. After referral, the importance of the availability of multiple services and supports was mentioned; the first amongst those being physical and mental health treatment, before establishing a safe and stable home, and regular income and positive behaviours where possible (exercise, education, family interaction). Communication, personal contact, joint decision making and positivity were also highlighted as important to effective delivery in this talk. Again the speaker stressed the importance of a supply of good quality housing, and in the case of this particular vulnerable group, crisis services and beds for inpatient treatment.

29. An early intervention from the floor emphasised that people with severe mental illness may fall out of services – even those services that are created to combat exclusion. This is due to a number of factors, including lack of capacity within services to deal with complex needs or perverse incentives within the funding structures (pressure on demonstrating ‘outcomes’). It was considered that training, awareness raising and capacity building are the first steps towards joint working across sectors and creating sense of shared responsibility is central to providing effective community care to these populations. Later interventions again stressed the importance of understanding the risk factors behind becoming homeless, and the role these have for identification and prevention.

1.5 Providing for the elderly

30. In the morning of the second day, Session 5 focused on providing for the elderly, highlighting policies and strategies for providing multiple support to the elderly population.

31. The moderator of the session, Robyn Stone (Senior Vice President for Research, Leading Age, United States) opened the discussion with reference to the challenge of aging populations across OECD countries. Drawing from the Vermont (U.S.) example of healthcare reform and how low-income senior housing has become a partner in healthcare (and the use of doc-site), Ms. Stone raised several potential issues in the area such as: the consideration that efforts to integrate support for the elderly should tie-in with pension policies or health reforms; the role of technology and transportation as well as housing for the elderly (and particularly in rural areas) as a point of common interest for policy development across countries; and even though policy lessons could and should be drawn across countries, ‘one size fits all’ policies are not possible. She also highlighted the challenges of using “housing first” voucher programs to assist homeless or other at risk elders who need not only shelter but also an integrated package of services over time. Place-based, congregate environments may be more optimal, providing economies of scale, the platform for service delivery and opportunities for more social interaction and integration.

32. Bryan Lipmann (CEO, Wintringham, Australia) gave the first presentation, and underlined the need for targeted public funding to provide services for elderly homeless people. Defining vulnerable populations as people who do not successfully engaged with mainstream welfare support; Mr. Lipmann identified a key role for smaller private organisations in supporting the needs of these groups. Presenting on the experience of the largest private aged-homeless care provider in Australia, Mr. Lipmann talked about the importance of language and definition in service provision and research on vulnerable groups, for instance describing service users as ‘aged-homeless’ (as being elderly first, and homeless second, which has helped secure funding for elderly care public health budgets in Australia, as opposed to social care streams). This intervention also stressed, as others before, the importance of the personalisation of care for very vulnerable groups, and stressed the need for vision in service delivery; and it is this sense that the sharing of best practises, at the international level, was deemed desirable.
33. The second presentation of the session, delivered by Prof. Dominique Verté (Advisor on Science and Innovation, Office of the Vice-Minister-President of the Flemish Gov. and Flemish Minister for Innovation, Public Investment and Media, Belgium), provided an overview of strategies implemented in the Flemish region, underlining the importance of communities, user involvement and innovation in providing care for the elderly. In contrast to the preceding ‘aged-homeless’ discussion, Prof. Verté’s focus was on ‘aging in place’ (the elderly still living in their homes), and the importance of timely adaptations to home and local environment (space, public toilets, public transport, post office, shops [not out-of-town supermarkets]), and the multiple services needed to support them. Survey data presented here clearly showed that the majority of elderly did want to, and did not, adapt their homes for their old age and did not want to move-in with their children, or into supported housing/care. The upshot of this type of decision-making in late life is likely to be higher support needs and in turn higher service costs.

34. Importantly, Prof. Verté was the first to explicitly raise the role of the family / informal carers as a form of ‘service providers’, and the idea that integration must also occur with this group (and perhaps for this group). Technology for adaptation of homes and environment was also considered here, as was the importance of the evaluation and dissemination of good practises in this area.

35. In the subsequent discussion, issues raised from the floor included the difficulty of managing integration and competition between service providers for the elderly, the importance of accessibility to services and diversity of partners in service provision. The under-use of technology in providing treatment for the elderly was also raised by participants as a topic to explore further.

1.6 Open consultation – where next?

36. The last session of the meeting took the form of a panel discussion, with the aim of identifying the next steps and priorities for future work on integrated service delivery, housing, homelessness and vulnerable populations.

37. The panel was moderated by Dominic Richardson (OECD), and the panelists included: Robert Aldridge (Chief Executive of the Scottish Council for Single Homeless, United Kingdom); Lieve Fransen (Director of the Europe 2020- Social Policies Directorate within DG EMPL, Europe); John Halloran (Chief Executive of European Social Network, Europe); Donald Moulds (Principal Deputy Assistant Secretary for Planning and Evaluation, United States); and Monika Queisser (Head of Social Policy Division, OECD).

38. During this open discussion, continued work in the area of integrated service delivery and also in the specific area of homelessness/vulnerability was widely and strongly encouraged by all participants, who stressed the unique role OECD could take in defining the cross-national research agenda and building a knowledge base on which better social policies can be developed. Many of the experts explicitly expressed a wish to be involved in, support, or collaborate with, any future work undertaken in this area.

39. The panelists all stressed how, from their differing perspectives, understanding the processes of horizontal and vertical integration of services and delivery mechanisms was becoming more important to their work in policy and practice (in the context of reform, innovation, or fiscal consolidation). And, in particular, how the collation of more and better information on experiences of these processes across countries, and a greater use of diagnostics and predictors, is necessary to effective and efficient policy development in the field.

40. The experts’ recommendations for continued work can be broadly grouped into three categories:

1. **Empirical research**: Improving data availability for micro level analysis of the drivers of vulnerability and outcomes of integrated service use (surveys, cross-sectional and longitudinal); the development of common definitions of vulnerability and the collation of aggregate indicators
on the size and composition of vulnerable populations, service provision and service use (a database, or monitoring tool); review of available evaluative evidence of present integrative policies and designs (such as policies to facilitate the involvement of civil society in social support and personalised budgets), including financing systems, and associated cost savings, to assess ‘what works’; review and comparisons of social service governance structures (for instance in delivery of homeless services), and a mapping of these by funding and management levels (central, regional, local), by service type.

2. **Information sharing/further collaboration:** A shared agreement on a roadmap or strategy for the development of comparative work, data and an expert network in integrated service delivery and housing for vulnerable groups (including long-term goals, an recognition of the lifecycle approach in service need, and a common language and set of definitions across countries); a series of meeting and forums by topic/vulnerable group (i.e. service needs of mental health users) and on potential innovations in these areas (i.e. on technological demands in social service delivery for the elderly); a scoping comparison of national contexts and the demand for integrated services in the context of changing economic, social and demographic environments.

3. **Conceptual developments:** Crossing both empirical research and information sharing, and after appropriate critical reflection, the inclusion of concepts such as horizontal and vertical integration, principles of social risk, timing sensitivity/critical points for intervention/prevention, the needs vs. deficits or assets approach in the identification of support needs and delivery, personalised support and user involvement in treatment plans, ‘un-lockable’ public resources (the use of schools, and other public capital for additional support needs), and more specificity about when and where voucher options vs. place-based options are more or less appropriate for the various populations should all be incorporated into the discussion where relevant.
ANNEX: THE MEETING AGENDA

THURSDAY NOVEMBER 8TH, 2012

Session 1: The What, Why’s and How’s of integrating housing and service delivery

Moderator: Freek Spinnewijn (Director, FEANTSA)

Speaker(s): Andrew van Doorn (Deputy CEO, HACT, Housing Associations’ Charitable Trust) and Dr. Richard Frank (Harvard Medical School)

41. This overview session will begin by defining and presenting a conceptual framework of integrated service delivery, what it takes to achieve integrated service delivery (partnerships, integrated funding, common goals, etc.), and how it fits into broader public policy priorities.

42. The session will also introduce evidence of the benefits and limitations of the integrated service delivery model across a range of vulnerable populations based on work undertaken by the OECD Social Policy Division and commissioned experts (Dr. Richard Frank from Harvard Medical School and Nicolas Pleace from the University of York). It will review existing cost-benefit analyses, and discuss the outcome measures used to define successful service delivery in these evaluations from different perspectives (service delivers, service users).

43. Key questions to be addressed in the discussion include:

- Do OECD countries target the highest-need, highest-use and highest-cost users of publically funded services and, if so, how and to what effect?

- Some people may require short-term supports, others might need an extended period of assistance. How do programs identify the people who need short vs. long-term assistance?

- How do service providers identify people as their vulnerabilities are increasing (prevention)?

- What are OECD countries doing to combine housing with services (and for which populations) and how can good practices be transferred between countries, recognizing differences in underlying infrastructure and health/social services/housing supports?

- How are housing and service programs combined, structured and financed in other OECD countries? Are there examples of national-level governmental partnerships, for example between housing and health agencies? Are there partnerships between government and private sector organizations?

- Are there examples in OECD countries of data collection and tracking systems related to persons receiving housing with services?

44. Governance models in service delivery, and accountability, will also be highlighted in this session, as will the role of the non-government sector in delivering government services.

Session 2: Homelessness and housing services

Chair: Nan Roman (National Alliance to End Homelessness, United States)
Panellist(s): Jessica Venegas (Community solutions), Juha Kaakinen (Programme Leader for the Finnish Strategy to End Long Term Homelessness), Nicholas Plead (University of York/ Researcher from the European Observatory on Homelessness), and Pascale Estecahandy (National technical coordinator of the “Un chez soi d’abord” programme)

45. This session will discuss different policy approaches to reducing homelessness in OECD countries with an emphasis on how housing strategies are integrated with other services.

46. The session will begin with a presentation of different country profiles of homeless population (who are they, what are their needs, and what type of services are needed to address these needs?), before going on to introduce and assess strategies for the successful reintegration of homeless people into society and the economy more broadly.

47. Key questions to be addressed in the discussion include:

- What are the common characteristics of people who experience or might experience housing instability (identification) and who would benefit from housing and service integration?

- What is known about what works in terms of reintegration of homeless people into society and the economy and where has policy failed? Where are the research gaps? What are the policy implications?

- What kinds of partnerships are necessary at the policy level to achieve housing and services integration for homeless people, and how are they expressed (joint funding schemes, memoranda of understanding, common goals, etc.)

- How can the successful interventions to house formerly homeless persons be used to inform interventions for families experiencing homelessness, people with disabilities, and older adults?

- What kinds of indicators are needed to measure homeless populations, and the reintegration outcomes of homeless interventions?

- Are there cost savings from investing in housing for vulnerable populations more broadly, and what is the appropriate mix of services that is necessary to realize those savings?

Session 3: Families, integrated services and housing

Moderator: David Wertheimer (Gates Foundation)

Speaker(s): Barry Sandison (Deputy Secretary – Participation, Families & Older Australians, Dept. of Human Services) and Graham Owen (Manager of Social Services for Children and Families – Botkyrka, Sweden)

48. This session will cover integrated service delivery and housing for vulnerable families. As with the homelessness session, this session will concentrate on the identification of vulnerable families and children in OECD countries, before going on to highlight evaluations and successful strategies for intervention and reintegration of institutionalized parents and children, and homeless families, into society.

49. Two presentations will, in order, introduce vulnerable family definitions (and in doing so highlight the specific needs of such families, and combinations of needs, as well as targeting mechanisms and take-up), and then review the strategies (and importantly the evaluations of such strategies where
available) of prevention and early intervention for vulnerable families, as well as the reintegration of vulnerable families into society.

50. Key questions to be addressed in the discussion include:

- What types of services do vulnerable families typically need and around which providers should they be integrated? For families with children, what is the role of the school and of childcare services?

- Do the types of services delivered to vulnerable families differ in regards to family structure or the social challenges they face? In which way are needs of each family member addressed? What are the working examples of this? And what is the evidence on the evolution of needs in vulnerable families?

- What mechanisms are used to identify vulnerable families, and communities of vulnerable families, in OECD countries? How can the “five cars in the drive” problem, i.e. too many different case workers dealing with the same vulnerable families, be avoided?

- How can housing be used as a platform to improve outcomes for vulnerable families? To what extent is housing currently being used for this purpose in OECD countries?

Session 4: Assisting populations with complex health and social needs

Moderator: Dr. Richard Frank (Harvard Medical School)

Speaker(s): Marianne Cohen (Director of Recovery Denmark) and Tim Kendall (Psychiatrist and head of England’s National Collaborating Centre for Mental Health)

51. This session will focus on the needs of groups that face specific challenges, limited to: people battling with substance abuse, suffering from mental health problems, and living with disabilities.

52. As with previous sessions, this session will concentrate on the identification of populations with complex health needs in OECD countries, before going to highlight evaluations and successful strategies for intervention and reintegration of these groups into society. Housing services, and vulnerability to homelessness for those with drug addiction and mental health problems, are likely to play a more central role in the discussion here. This session will discuss the range of services needed, how best to ensure a seamless delivery by multiple service providers, how to engage users in decision making, and the differences based on different complex health and social needs.

53. Key questions to be addressed in the discussion include:

- How do countries coordinate health services provision to vulnerable populations?
  - Are services for vulnerable populations part of general primary care services? Do primary care providers receive extra funding to deal with complex populations? Is there a method to get primary care providers to visit housing and deliver treatments?
  - Do housing facilities have links to other community-based mental health services (such as assertive outreach teams)?
- How do vulnerable populations access specialized services such as psychiatric assessment? Do they need to go to a specialized facility? Is there some type of agreement with the specialized facility, where they come to the patient?

- Is there a way of identifying people early who are failing treatment and providing intensive support including short-stay hospitalization?

  - For people with mental health problems/substance abuse, do countries find they need to treat people before providing them with housing/shelter or are they able to house them first and then provide assessment and treatment?

  - Are there specialized housing units for substance abuse? For people with mental health problems? How do countries ensure that those identified with substance abuse abstain from taking drugs in housing?

  - Do countries have innovative methods for ensuring compliance with treatment for complex mental disorders and substance abuse? Do housing authorities have capacity to monitor compliance with the treatment regime? Do they use case managers? Do they use any patient-based incentives for compliance?

**FRIDAY NOVEMBER 9TH, 2012**

**Session 5: Providing for the elderly**

*Moderator: Robyn Stone (Senior Vice President for Research – Leading Age)*

*Speaker(s): Bryan Lipmann (CEO, Wintringham, Melbourne, Australia) and Professor Dominique Verté (Advisor on Science and Innovation, Office of the Vice-Minister- President of the Flemish Gov. and Flemish Minister for Innovation, Public Investment and Media).*

54. In many countries, ageing populations will mean a significant evolution in the manner of, and demand on, service delivery. Important to this discussion will be the integration of health and welfare services, delivered in the home setting or in care homes (or other care or acute health care institutions).

55. The session will highlight policies and strategies for providing multiple supports to the elderly in the home setting, and the variety of care home settings delivered in OECD countries, and how these involve multiple service providers.

56. Key questions to be addressed in the discussion include:

  - What types of services do elderly people living alone typically use, and around which provider should they be integrated? For the frail elderly, what is the role of home-based care services?

  - What are the key barriers to fully integrating service and housing support needs of the elderly population?

  - How can home-based support services policies be used to improve the living standards of the frail elderly? To what extent is housing currently being used for this purpose in OECD countries?
• How does the integrated support for the elderly at home differ from that delivered in care settings? What evidence is there on successful home support / community-based policies, and what is the role of service providers?

• How has demand on services for the elderly evolved in recent decades, what has this meant for the cost of service delivery, and are there any plans to reform current policy structures to make efficiencies?

Session 6: Open consultation – where next?

Moderator: Dominic Richardson (OECD)

Speaker(s): Robert Aldridge (Chief Executive of the Scottish Council for Single Homeless), Lieve Fransen (Director of the Europe 2020- Social Policies Directorate within DG EMPL), John Halloran (Chief Executive of European Social Network), Donald Moulds (Principal Deputy Assistant Secretary for Planning and Evaluation), and Monika Queisser (Head of Social Policy Division, OECD).

57. This final session is the main ‘consultation’ part of the meeting, and will be a semi-structured discussion based on gaps in the knowledge, and priorities for future work on integrated services delivery, housing, homelessness and vulnerable populations.

58. Various questions can be raised, including:

• Is there a need for a policy network on housing and services integration; considerable transnational sharing is going on here, should it be systematized?

• Can service providers do a better job of targeting key transitions for different populations – hospital and nursing home leavers, children exiting from foster care, people being released from incarceration, etc. – to help ensure that the people facing these challenges are integrated into communities and don’t return to institutions?

• What are the best practices for identifying the opportunities for early intervention that achieve efficiencies for the whole system?

• How can the regulations and financing of housing be better aligned to healthcare and social programs so that the most promising models are adopted and implemented?

• Would it be appropriate for future work to focus on how the service-user experience is taken into account in the design of services?

• How might the evidence base for informing the design and delivery of services be built upon? Where are the gaps? And, what are the priorities? What role is there for innovation and social policy experimentation?

• In times of severe budget constraints – and given that for most of the population non-integrated services are sufficient – will efforts to integrate human services and housing increase efficiency of service delivery overall? How high a public policy priority should integrated services be? And how long might it take to see cost savings (net of the initial outlay required) from integrating services?