Mediation with a counsellor: pilot evaluation report

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Mediation with a Counsellor

Pilot Evaluation Report

Relate Central Office and Mediation with a Counsellor pilot centres for Communities and Local Government

September 2008
Authorship

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Relate Bromley
Relate Croydon and Wimbledon
Relate Dorset and So. Wiltshire
Relate East Kent
Relate Exeter
Relate Greater Manchester South
Relate London Northwest

Relate Northeast London
Relate Northumberland & Tyneside
Relate Shropshire & Herefordshire
Relate Somerset
Relate Watford and Three Rivers
Relate West Surrey
Relate Worcestershire
Glossary of terms

**Homelessness** – the definition of homelessness in a legal sense is broad. It includes not only not having a ‘roof over your head’ but also having accommodation that is not reasonable to occupy (e.g. over crowded, unfit to live in, where domestic violence is present) or having no legal right to occupy the property (e.g. being evicted because of unpaid rent).

**Mediation** – is a private, usually voluntary, discussion and consensual decision-making process in which one or more impartial persons – the mediator(s) – assist people, organisations, and communities in conflict to work toward a variety of goals. Parties in the mediation process are encouraged to improve communication, understanding and empathy; improve relationships; use mediation to minimize, avoid or enhance involvement in the legal/judicial system; work toward mutual understanding to resolve a problem or dispute; reach their own decisions; resolve underlying conflicts; prevent problems from recurring. ([http://www.mnncc.org/pg11.cfm](http://www.mnncc.org/pg11.cfm))

**MWAC (Mediation with a Counsellor)** – the name of the Relate service which was designed to be delivered by 14 pilot centres throughout the UK in 2006-2008. Of the 14 Relate Centre’s, 10 obtained contracts during the pilot evaluation period. The service utilised an approach called “therapeutic mediation” which combines the fields of mediation and systemic therapy in order to address relationship breakdown.
## Contents

<table>
<thead>
<tr>
<th>1. Executive summary</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Preamble</td>
<td>10</td>
</tr>
<tr>
<td>2.1. External context – legislation</td>
<td>10</td>
</tr>
<tr>
<td>2.2. Internal context</td>
<td>11</td>
</tr>
<tr>
<td>2.2.1. Harrow experience and learning</td>
<td>11</td>
</tr>
<tr>
<td>2.2.2. Consultations</td>
<td>13</td>
</tr>
<tr>
<td>2.2.3. Training</td>
<td>14</td>
</tr>
<tr>
<td>2.3. Purpose of MWAC</td>
<td>15</td>
</tr>
<tr>
<td>2.4. Purpose of pilot</td>
<td>15</td>
</tr>
<tr>
<td>3. Theoretical background to the development of MWAC</td>
<td>16</td>
</tr>
<tr>
<td>3.1. Therapeutic and research context</td>
<td>16</td>
</tr>
<tr>
<td>3.1.1. Relationship breakdown and homelessness</td>
<td>16</td>
</tr>
<tr>
<td>3.1.2. Harrow – experience of mediation</td>
<td>17</td>
</tr>
<tr>
<td>3.1.3. Other agencies’ experiences of offering mediation to reduce/prevent homelessness</td>
<td>18</td>
</tr>
<tr>
<td>3.1.4. Developments from divorce and separation research and family mediation</td>
<td>19</td>
</tr>
<tr>
<td>3.2. Summary</td>
<td>21</td>
</tr>
<tr>
<td>4. Methodology</td>
<td>22</td>
</tr>
<tr>
<td>4.1. Summary</td>
<td>22</td>
</tr>
<tr>
<td>4.2. Methods of data generation</td>
<td>22</td>
</tr>
<tr>
<td>4.3. Participants and procedure</td>
<td>24</td>
</tr>
<tr>
<td>4.3.1 Practitioners and/or supervisors</td>
<td>24</td>
</tr>
<tr>
<td>4.3.2. Applicants</td>
<td>25</td>
</tr>
<tr>
<td>4.4. Ethical considerations</td>
<td>27</td>
</tr>
<tr>
<td>5. Results</td>
<td>28</td>
</tr>
<tr>
<td>5.1 Quantitative - Practitioner and/or supervisor questionnaire findings</td>
<td>28</td>
</tr>
<tr>
<td>5.1.1. Training</td>
<td>28</td>
</tr>
<tr>
<td>5.1.2. Applying therapeutic mediation</td>
<td>28</td>
</tr>
<tr>
<td>5.2. Quantitative - MWAC database findings</td>
<td>29</td>
</tr>
<tr>
<td>5.2.1. Introduction</td>
<td>29</td>
</tr>
<tr>
<td>5.2.2. Referral forms</td>
<td>30</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>5.2.2.1. Source of referral, number of sessions and attendance mode</td>
<td>30</td>
</tr>
<tr>
<td>5.2.3. Intake session outcome forms</td>
<td>30</td>
</tr>
<tr>
<td>5.2.3.1. Immediate outcomes</td>
<td>30</td>
</tr>
<tr>
<td>5.2.3.2. Longer term individual and family outcomes</td>
<td>31</td>
</tr>
<tr>
<td>5.2.3.3. Incidence of domestic violence/child protection</td>
<td>32</td>
</tr>
<tr>
<td>5.2.3.4. Longer term social impact</td>
<td>32</td>
</tr>
<tr>
<td>5.2.4. End of service outcome forms</td>
<td>32</td>
</tr>
<tr>
<td>5.2.4.1. Immediate outcomes</td>
<td>32</td>
</tr>
<tr>
<td>5.2.4.2. Longer term individual and family outcomes</td>
<td>33</td>
</tr>
<tr>
<td>5.2.4.3. Incidence of domestic violence/child protection</td>
<td>33</td>
</tr>
<tr>
<td>5.2.4.4. Longer term social impact</td>
<td>33</td>
</tr>
<tr>
<td>5.3 Summary of quantitative findings</td>
<td>34</td>
</tr>
<tr>
<td>5.4. Qualitative findings - Content analysis of practitioner and supervisor questionnaires</td>
<td>34</td>
</tr>
<tr>
<td>5.5. Thematic analysis of applicant interviews</td>
<td>36</td>
</tr>
<tr>
<td>5.5.1. environment and what it allows</td>
<td>37</td>
</tr>
<tr>
<td>5.5.2. understanding others</td>
<td>38</td>
</tr>
<tr>
<td>5.5.3. expectations of MWAC</td>
<td>39</td>
</tr>
<tr>
<td>5.5.4. perception of housing agency</td>
<td>39</td>
</tr>
<tr>
<td>5.5.5. suggestions for improvement (practical)</td>
<td>40</td>
</tr>
<tr>
<td>5.6. Thematic analysis of practitioner and supervisor interview</td>
<td>40</td>
</tr>
<tr>
<td>5.6.1. benefits of training</td>
<td>40</td>
</tr>
<tr>
<td>5.6.2. what MWAC can offer</td>
<td>42</td>
</tr>
<tr>
<td>5.6.3. improvements in the training</td>
<td>43</td>
</tr>
<tr>
<td>5.6.4. difficulties faced in implementing MWAC</td>
<td>43</td>
</tr>
<tr>
<td>5.6.5. applicants’ attendance</td>
<td>46</td>
</tr>
<tr>
<td>5.6.6. issues raised by applicants</td>
<td>48</td>
</tr>
<tr>
<td>6. Summary of findings</td>
<td>49</td>
</tr>
<tr>
<td>6.1. Training</td>
<td>49</td>
</tr>
<tr>
<td>6.2. Process and outcome of service delivery</td>
<td>49</td>
</tr>
<tr>
<td>6.3. Applicant experience</td>
<td>50</td>
</tr>
<tr>
<td>6.3.1. Client and family experience of addressing family relationship issues (e.g breakdown)</td>
<td>50</td>
</tr>
<tr>
<td>6.3.2. Client self esteem and confidence</td>
<td>51</td>
</tr>
<tr>
<td>6.3.3. Communication ability, client isolation etc</td>
<td>51</td>
</tr>
<tr>
<td>6.3.4. What do applicants see as the main benefits of the service they have received?</td>
<td>51</td>
</tr>
<tr>
<td>6.3.5. How do applicants view the nature, effects and effectiveness of the service proposed to them?</td>
<td>52</td>
</tr>
<tr>
<td>6.3.6. Extent to which service helped clients to acquire a sense of self empowerment and ultimately reduce homelessness</td>
<td>53</td>
</tr>
<tr>
<td>6.4. Practitioner and/or supervisor experience</td>
<td>54</td>
</tr>
<tr>
<td>6.4.1. Ascertain whether in their (practitioner/supervisor) view MWAC can claim to lend itself as a useful intervention framework in responding to the emotional and practical needs of a specific client group</td>
<td>54</td>
</tr>
<tr>
<td>6.4.2. To what extent has the training been useful and effective in preparing them for delivering the blended service?</td>
<td>55</td>
</tr>
<tr>
<td>6.4.3. How did the practitioners experience the training as helping them to help the clients on practical, emotional and family issues?</td>
<td>55</td>
</tr>
<tr>
<td>6.4.4. What is the practitioners’ experience of transforming theory into practice?</td>
<td>55</td>
</tr>
<tr>
<td>6.5. Additional Information Gathered</td>
<td>55</td>
</tr>
<tr>
<td>7. Discussion</td>
<td>57</td>
</tr>
<tr>
<td>7.1. Findings in relation to the rationale</td>
<td>57</td>
</tr>
<tr>
<td>7.2. Limitations</td>
<td>57</td>
</tr>
<tr>
<td>7.3. Recommendations</td>
<td>58</td>
</tr>
<tr>
<td>7.3.1. Refinements to the outcome forms</td>
<td>58</td>
</tr>
<tr>
<td>7.3.2. Refinements to the MWAC database</td>
<td>59</td>
</tr>
<tr>
<td>7.3.3. Train and familiarize centre staff – evaluation</td>
<td>59</td>
</tr>
<tr>
<td>7.3.4. Evaluation of MWAC training to be undertaken</td>
<td>59</td>
</tr>
<tr>
<td>7.3.5. Need to obtain more data</td>
<td>60</td>
</tr>
<tr>
<td>7.3.6. Offer applicants the opportunity to provide rich data</td>
<td>60</td>
</tr>
<tr>
<td>7.3.7. Keep housing office staff regularly informed and supply with leaflets on MWAC</td>
<td>60</td>
</tr>
<tr>
<td>7.3.8. Compare MWAC with other services offered</td>
<td>61</td>
</tr>
<tr>
<td>7.3.9 Longitudinal Study</td>
<td>61</td>
</tr>
<tr>
<td>7.3.10 Consider need for earlier intervention</td>
<td>62</td>
</tr>
<tr>
<td>7.3.12. Additional research</td>
<td>62</td>
</tr>
</tbody>
</table>
1. Executive summary

Relate is a voluntary organisation that provides advice, relationship counselling, sex therapy, workshops, mediation, consultations and support. Relate became involved in homeless prevention following an approach by the then Director of Housing Services in the local authority of Harrow (Middlesex). As the local Relate centre in Harrow was involved in relationship work, the Housing Department saw the potential for Relate in working with families who were facing homelessness due to relationship breakdown. “Homelessness mediation” was born, applying a form of mediation into homelessness prevention.
This initiative has encouraged Relate to take a significant role in working with local authorities (LAs) towards reducing homelessness through developing and offering a service called Mediation with a Counsellor (MWAC). The purpose of the MWAC service is to provide an independent, impartial and confidential service for applicants experiencing conflict or breakdown in family relationships which may lead to homelessness. By applying both systemic therapy and family mediation approaches, MWAC aims to address the underlying conflicts and strengthen relationships by addressing practical and emotional issues, enabling clients to negotiate their own workable solutions and avoid homelessness.

The pilot project reported here included developing and offering training to 27 practitioners¹ based in 14 Relate centres around the country. Students attended a year-long course which offered a module of study on each of the following: systemic therapy, family mediation, and practice. As part of the students’ training, they were encouraged to begin practice in cooperation with their local authority, and reflect on their practice in the submission of a portfolio of work.

The MWAC pilot evaluation focused upon providing insight and understanding of the training (e.g. is it fit for purpose), process and outcome of practice, and an overview of applicants’, practitioners’ and supervisors’ experiences. Sample sizes were small for a number of reasons (e.g. difficulties obtaining contracts, low number of referrals from Local Authorities), and therefore findings need to be read with some caution. This report is an evaluation of a pilot project, consequently the focus is upon providing an overview of the findings and discussing recommendations for future research.

Findings from practitioner and/or supervisor questionnaires (n=15) and interviews (n=10) and applicant outcome forms (referral (n=171), intake (n=199), end of service (n=12) and interviews (n=10) suggested the training provided greater confidence and development of skills. The majority of applicants only came for one session and did not want to necessarily improve their relationship; they saw MWAC as part of the process to obtain accommodation. Practitioners felt MWAC made it easier for the applicants whilst they waited to be re-housed, enabled mediation which resulted in a variety of agreements.

¹ Since training the first cohort a second cohort (n=17) have undertaken training but are not included in this evaluation report.
and helped applicants to feel listened to and less alone. Applicants themselves reported that MWAC enabled them to speak without conflict, understand the householder and vice versa, feel listened to and talk to someone without feeling judged. Applicants reported feeling unsupported and unheard by the housing officers and unsure as to why they were being asked to attend MWAC by the housing office. In terms of difficulties, practitioners listed both parties not being present, low number of referrals, need for earlier intervention and difficulties with the outcome forms.

Percentages obtained from the MWAC database, which was designed by the Head of Federation Support, suggested that 56% (n=94) of applicants completing the intake session outcome form reached no agreement at the end of the therapeutic mediation session, 24% (n=40) said they would stay at home temporarily, 18% (n=30) at friends and 2% (n=4) said they would stay at home indefinitely. Four percent (n=7) of applicants reported when completing the intake outcomes form that attending the session led them to have a positive increase in their desire to stay at home, 30% (n=50) felt no change in how they felt about staying at home and 14% (n=22) felt that the session reduced their desire to stay at home. Responses to the end of service forms suggested 35% (n=4) decided to stay at home temporarily, 50% (n=6) reached no agreement and 2 applicants (17%) decided to stay at home indefinitely and no-one decided to stay with friends.

A number of recommendations were identified and included:

- refinements to the outcome forms and MWAC database,
- training and familiarising Relate centres with the evaluation process,
- evaluating MWAC training, including larger samples
- obtaining richer data from applicants by asking more open questions and also offering them the option to respond negatively, as well as positively to statements in the outcome forms
- MWAC should be compared to other services to determine a greater understanding of its effectiveness
- suggestions for further research
- the evaluation report also identified the need for an earlier intervention.
2. Preamble

2.1 External context - Legislation

The Housing (Homeless Persons) Act 1977 established the structure of the Homelessness Legislation as it is known today. For the first time responsibility was placed on LAs to house those who did not have a home through the provision of “council housing”. Previously the duty in relation to the homeless person was through the Welfare Social Services Departments. In part due to the loss of social housing throughout the subsequent decades through policies of privatisation, the legal and policy frameworks had to adapt to a changing landscape.

The main provisions of the Homelessness Act 2002 included i) a strategic approach, ii) additional powers to assist the homeless, iii) strengthening the duty LAs owe to the homeless and iv) extending LAs duty to house more vulnerable people.

The 2002 Act has been followed by a number of Government initiatives bringing fundamental changes to the way the housing needs of homeless households are met. These include i) limiting the use of hotels to house families with children and pregnant women, except in emergencies, ii) substantial government funding being made available for preventative measures, iii) introduction of new performance frameworks for LAs and iv) publication of the Government’s new homelessness strategy ‘Sustainable Communities: settled homes; changing lives2’ (2005), which includes the commitment to reduce the use of temporary accommodation by 50% for homeless households by 2010. The intention is to provide more settled homes.

Current homelessness legislation places a general duty on local housing authorities to ensure that strategies for homelessness prevention are developed and utilised and that advice and information about homelessness and preventing homelessness are available to everyone. The legislation also requires that authorities assist individuals and families who are homeless or threatened with homelessness and apply for help, recognising that

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some applicants will be more vulnerable than others, such as those under 18 years or with a mental or physical illness.

Relate was invited into the field of homelessness prevention based on the organisation’s 70-year long history in supporting relationships in the UK. Andy Gale, former Director of Housing Services in Harrow, approached Relate Harrow (now called Relate Northwest London) to develop their mediation service to respond to the issues surrounding homelessness due to relationship breakdown. The service began in 2002.

In developing and offering the Mediation with a Counsellor (MWAC) pilot project, Relate has applied its expertise in supporting people in relationships, and in this context, considers “home” as the place where most of those relationships are nurtured. So in this work, homelessness can be one of the tragic outcomes when family or relationships break down. Building up and supporting relationships within the home is the goal of the MWAC pilot project.

2.2 Internal context

Relate is a voluntary organisation, modelled on a federation structure that provides advice, relationship counselling, sex therapy, workshops, mediation, consultations and support. Services are delivered all over the UK at over 600 locations through 79 Centres to couples, families, and individuals face to face, via telephone and email.

2.2.1. Harrow experience and learning

Relationship breakdown has been identified by many as a major cause of homelessness, particularly among young people (e.g. Pleace et al., 2008). Mediation services have been offered to individuals presenting as homeless or at risk. Relate in Harrow began a service interviewing applicants who were applying for homelessness assistance and seeking a determination of their status as ‘homeless’ (Mills Powell, 2005). As it was assumed that two parties were involved (evictor and evictee), mediation was thought to be the best model to apply as it was anticipated that this would help resolve domestic disputes which had led to the threat or occurrence of evicting a family
member. Therefore it was the Family Mediation Service, attached to the Relate Centre in Harrow, which was contracted by the local Housing Department.

By spring 2003, due to the early success of the Harrow service, approximately 25 other Relate centres were either in negotiation for homelessness work or had signed a contract with their LAs to offer what began to be referred as “homelessness mediation”. Central Office recruited a Homelessness Project Manager who began to develop the work in inner London Boroughs in early 2004.

What emerged over time was an uneasy fit between what most LAs were requesting from Relate centres and what Relate centres felt they could deliver; specifically a difference between mediation and counselling as frameworks for working. Although some Relate centres offered family mediation services at the time, not all which were approached did have this service to offer, and therefore recruited family counsellors to provide the work force. But rather than resolving the discrepancy between what LAs asked for and what centres could deliver, most centres carried on with the service, regardless of the lack of mediation training of their practitioners, but often expressed concern to Relate’s Central Office over the shape of the work they had taken on (Mills Powell, 2005). Other issues included a lack of referrals coming through for the work, with several centres reporting fewer than 10 referrals in their first year of the contract (Mills Powell, 2005).

Over time, it also became apparent that traditional mediation approaches were not always best suited for the individuals presenting to Relate, as the evictee was often coming for sessions alone and the evictor (often the parent) was not prepared or able to attend. In addition, some housing departments sought out information through the practitioner which would give them insight into whether an applicant was intentionally homeless; this created professional issues for the practitioner who was working to an ethical standard of confidentiality. Many cases were also presenting with long term patterns of family or relationship breakdown. Accounts of estrangement, isolation and despair were often felt to be beyond the traditional scope of mediation.
2.2.2. Consultations

By the end of 2004, the Homelessness Project Manager was expressing a need for clarity in the standards for the service and training requirements for practitioners. A first draft of a Service Specification was drawn up and in January 2005 was approved by the Relate National Practice Group, as a precursor for submission to the Relate Council.

Two internal consultations were organised in January and February 2005. Central Office staff, Council members and those involved in local centres (e.g. manager, practitioner) managing contracted services with their LAs discussed some of the challenges (e.g. referrals, ethical issues, relationship with commissioning agency) and raised a number of questions.

The consultations raised the possibility of a therapeutic element being offered in conjunction with mediation. The intention was that this would develop a better suited approach to the complex familial and relational cases that homelessness work reflected. It was in response to this context that Relate developed ‘therapeutic mediation’ as an approach to this work. The title made a link with developments in Australia and the USA, which merged (in separation and divorce contexts) therapy and mediation to enable practice to address both the emotional/relational backdrop of cases as well as the practical/financial needs. Relate received project funding of £50,000 for 2005/6 from the Office of the Deputy Prime Minister (ODPM) to develop a homelessness prevention service. Relate was then awarded a further £250,000 by the ODPM (now Communities and Local Government, CLG) to pilot the service in 2006/8.

With the help of external consultancy provided by Family Mediation Scotland, an advisory group comprising of representatives of seven centres with experience of delivering similar services, and members of Relate Central Office’s training and business development teams, began to develop a pilot service specification (see appendix 14), good practice guidelines (see appendices 12 and 13) and a training course (see appendix 15 for course summary).

Through these early developments and consultations, Relate identified a need for a service for individuals and families which can attract reliable public funding and deals
effectively with both the emotional and practical issues which cause family breakdown and homelessness, especially among young people.

### 2.2.3. Training

Relate has developed a bespoke Therapeutic Mediation training programme, delivered by the Relate Institute, to equip practitioners with mediation and systemic therapy skills and the ability to use them appropriately in the context of homelessness mediation. The training was developed in 2005/6 and the first cohort (n=27) began their training in September 2006, the second cohort (n=18) in September 2007.

Training involves three modules³ (one: mediation, two: systemic, three: practice) and takes place over a year⁴. Module one and two take place over 4 blocks of 2 days of training (6 hour days) and module three takes place over 4 days of training. Module one, on mediation⁵, presents trainees with a course based on the principles and practice of family mediation, which has been traditionally utilized in contexts of divorce and separation, but used case studies and examples from homelessness work. Family mediation is described as a process in which an impartial third person (the mediator) assists those involved in family breakdown to work toward a variety of mutually shared goals.

Module two, which focuses on systemic theory and practice⁶, is based on the understanding that all of life is relational. Its origins lay in the development of systems theory which took on the concept that “the whole is more than the sum of its parts” and that by considering the whole, new dimensions of life and experience are accessible. The approach works with a system of relationships (such as family system) and sees the therapist/practitioner as within the client’s system, as well as within the clinical/professional system.

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³ See appendix 15 for course summary, which covers aims, learning outcomes, format and assessment.

⁴ The upcoming Autumn 2008 course has been rewritten as a level three course as a result of Higher Education Funding Council for England (HEFCE) funding cuts in 2007-08, thus reducing the length and requirements of the course.

⁵ See appendix 16 for further information on the mediation approach.

⁶ See appendix 17 for further information on the systemic approach.
The practice module combines the two approaches; mediation, which is primarily focused on attaining agreements and outcomes, and systemic therapy, which seeks to work with applicants to explore the relationship issues that have led to the threat or actual homelessness. The combination of skills enables a practitioner to work with an applicant on their own, should the householder not attend, framing that work as “pre-mediation” and largely therapeutic in its focus. This understanding would define mediation as taking place only when both parties are present.

2.3. Purpose of the MWAC service

To summarise, the purpose of MWAC is to provide an independent, impartial and confidential service for clients experiencing conflict or breakdown in family relationships which may lead to homelessness. It aims to address the underlying conflicts and strengthen relationships, enabling clients to negotiate their own workable solutions and avoid homelessness.

2.4. Purpose of the pilot

The evaluation of the pilot is being led by the Principal Consultant (Service Development), the Relate Institute Research Assistant and is supported by consultants from the University of East London, who are advising on matters pertaining to research and providing ethical clearance. The aims and objectives of the evaluation are to look at training (e.g. is it fit for purpose?), process and outcome of service delivery, and to provide an overview of applicants, practitioners’ and supervisors’ experiences and views, needs and understandings of engaging with MWAC, a new model for homelessness prevention. In addition, the evaluation will highlight key issues and recommendations. The aim of the evaluation is not to assess the training programme per se but to obtain a sense of how training related issues impact on the actual service delivery.

The purpose of the evaluation is not to assess the effectiveness of combining the main aspects of the training programme (systemic and mediation). It is anticipated that the evaluation may, however, enable some understanding of how practitioners perceive the benefits and pitfalls of combining the two elements.
3. Theoretical background to the development of MWAC

Relate’s therapeutic mediation service is positioned as an innovative service, drawing together the organisation’s long experience of delivering discrete therapeutic and mediation services to families in conflict. The service also reflects Government policy moves towards greater and earlier prevention of family and relationship breakdown. The service also reflects Government policy towards addressing homelessness through preventive measures, specifically through supporting family life. This policy commitment was made explicit with the re-naming of the Department of Children, Schools and Families. In addition, the service has been developed based on evidence based practice and academic research, which will be discussed further within this summary.

3.1 Therapeutic and research context

A review of the research literature surrounding the link between relationship breakdown and homelessness, as well as research on therapeutic divorce mediation and family mediation is presented here. Additionally, some narrative around agencies’ experience of offering mediation in this context will be considered.

There is limited research specifically on the incorporation of mediation and systemic approaches in working with individuals who are homeless or at risk of being homeless. Therefore the focus of the literature review is on providing an overview of the research that has influenced and informed the development and pilot of MWAC.

3.1.1 Relationship breakdown and homelessness

Homelessness has a profound impact on health, welfare and employment prospects of those who experience it. Family and relationship breakdown has been identified as one of the most important contributing factors to homelessness, particularly amongst young people (Lemos & Crane (2002); Precis, 2001). Pawson, Davidson and Netto (2007), for instance, recently reported that more than a third (36%) of homeless presentations in Scotland during 2005/06 involved people being asked to leave the home by friends, parents or other relatives. Reports suggest that many homeless young people who have left the family home due to conflict would like to re-build relationships with family
members and friends (e.g. Precis, 2001). Further it has been reported that a social network can act as a safety net from the greater deprivations associated with homelessness such as drug and alcohol misuse or mental illness (Precis, 2001).

Given the complexity of needs many homeless people may present with, it is often considered that providing housing is not enough in itself (Lemos & Crane, 2002). Lemos (2001) suggested that family mediation can be an effective means of repairing family and social networks and facilitating a return home for the homeless individual. Even where a young person is unable to remain in or return to the family home, an improvement in the persons’ relationship with their family is viewed positively as a means of reducing the vulnerability of the young person to homelessness in the future and the potential greater deprivations. Mediation should not be viewed as primarily aimed at reducing the demand for social housing, but rather as a means of strengthening social networks which can increase resilience against homelessness and enhance wellbeing, quality of life and social capital (Lemos, 2001).

3.1.2. Harrow – experience of mediation

As discussed in the preamble, the London Borough of Harrow developed a homelessness mediation service in 2002, in partnership with Relate, for individuals who were presenting as homeless to the local authority. Relate London North West (previously Harrow) has since been providing homelessness mediation to the boroughs of Harrow, Ealing, Brent, Hillingdon and Hammersmith & Fulham, in an effort to assist in the prevention of homelessness. Relate London North West is one of the centres involved in the pilot of the MWAC, but prior to undertaking this were not implementing MWAC (mediation combined with a systemic approach); they were implementing a more traditional mediation approach.

An analysis of all cases referred in Harrow to mediation in 2002/3 found that out of 151 referrals only 36 cases were accepted as homeless following mediation by the end of the financial year. Only 2 of the 151 cases were still under investigation towards the end of 2003. Relate Harrow proposed that this was a ‘prevention/no permanent duty’ success rate of 76%, in other words, homelessness was averted and the local authority had no further duty towards providing accommodation. Interestingly, however, the findings did
suggest that of the 76%, 17% lost contact with the homelessness service following mediation or failed to attend, or were cancelled after no further contact. Additionally, 30% took up alternative housing, such as private sector rent deposit property following mediation. So although the initial percentage suggests a high success rate it is important to consider that mediation should not be seen as simply a solution to reducing housing claims. Homelessness mediation cannot be seen as a panacea, as there are many other routes off a homeless register than simply returning home following successful mediation.

3.1.3. Other agencies experiences of offering mediation to reduce/prevent homelessness

‘Safe Moves’ was an 18 month pilot project conducted from October 2002 to March 2004 and developed by the Foyer Federation and Connexions in three LAs in England. The Centre for Housing Policy at the University of York was commissioned to evaluate the Safe Moves initiative (Quilgars, Jones, Pleace & Sanderson, 2004). The initiative aimed to test out a new model for preventing homelessness for young people aged between 13-19. The package offered included (i) life skills training, (ii) family/inter generational mediation and support, (iii) peer mentoring and (iv) appropriate support to move into supported or independent accommodation where needed. 152 young people were seen and Safe Moves helped to maintain two fifths of these in the parental home. A small number returned to the parental home or were helped to move to a more secure setting. Young people reported that Safe Moves had had a positive impact on their confidence, self esteem, emotional well being and motivation.

‘Alone in London’ also offers mediation services to help reduce and prevent youth homelessness. Alone in London has run mediation services since 1996 and worked with young people and homelessness for 30 years. Cases are self referred or referred by professionals working with young people. Alone in London is funded through central rather than local government and young people have access to independent advice about their legal rights. The agency reported that from January to June 2004 there was an increase in the number of young people, compared to 2003/4, remaining or returning home (from 24% to 30%), opting for mediation (46% to 55%) and receiving ongoing one-to-one support (after mediation) (from 54% to 60%). It seems from both the Safe Moves
initiative and Alone in London that roughly 20-30% of young people remain or return home after receiving support and help. It is important to note that both services offer additional services to mediation, such as peer mentoring and information on legal rights, which makes it difficult to make comparisons directly with MWAC but the findings suggests these types of interventions are helpful.

3.1.4. Developments from divorce and separation research and family mediation

Some of the history surrounding the development of MWAC stems from earlier research on the use of mediation in divorce and separation cases. Originally mediation was seen as a useful process in relation to resolving relationship disputes during divorce and child maintenance proceedings. However, Irving and Benjamin (1989, p.115) noted that “many mediators – though not all – tend to focus on facts, issues and positions while placing little or no emphasis on relational processes”. Smyth and Moloney (2003) further argued that emotions are a legitimate form of knowledge, which influences decision making and behaviour. If a process doesn't take account of emotional content it will be limited in its capacity to address the range of issues that arise in post separation disputes. Benjamin and Irving (1995) have gone on to propose a model of therapeutic divorce mediation termed ‘therapeutic family mediation’. This model sets out to tackle the broad spectrum of “client couple interactional variation” (p.148). Benjamin and Irving (1995) have emphasised the importance of addressing the ‘extra systemic’ factors that are likely to intrude into the process.

Keoughan, Joanning and Sudak-Allison (2001) have found that parents favour mediation that is both legal and relational. Keoughan et al. (2001) have argued that there is a need to wed therapy and mediation in order to address relational issues. Smyth and Moloney (2003) do, however, identify that there are potential ethical impediments in relation to a single mediator combining mediation with therapy. The practitioner wears ‘two hats’ and the switching may lead to alliances and role conflicts which may threaten the practitioner’s impartiality (Dworkin et al., 1991).

Walker (2005) has argued for a more systemic approach to mediation based on her experience of working with couples and families experiencing divorce. Walker (2005) believes that “mediators are primarily judged by their ability to help couples reach
agreements rather than by the other potential benefits” (p. 38). She has suggested that families also “need to restore some sense of harmony if they are going to be able to deal with the challenges of post separation family life” (p. 38).

In a study conducted by Walker, McCarthy, Simpson and Corlyon (1990), couples pursuing conciliatory divorce did not find mediation alone helped to make divorce less distressing, nor did it improve communication, enable the sharing of decision making about parenting or reduce conflict or likelihood of going to court. Even those couples who reached agreements felt that they had not benefited in other ways from attending mediation. Walker and others have suggested that conciliation services should transcend the boundary between relationship counselling and conciliation and might be located within a network of local services, independent of the courts and statutory welfare services. Walker et al (1990) suggested that conciliation/mediation alone could not counteract all of the negative consequences of divorce. “Those who were most satisfied with the experience of conciliation were those who had the opportunity ‘to be heard’ and ‘to tell their stories’. “Working through bitterness, hurt and anger emerged as critical factors in enabling parties to cooperate as parents” (Walker, 2004 p. 5). Restructuring family relationships and negotiating future arrangements are inextricably related according to Walker (2004), and there is therefore a need for therapeutic as well as dispute resolution approaches. Walker (2004) also emphasised that “mediation must set realistic goals and [that we] must be modest in our expectations” (p. 6) and that “people are dissatisfied if they feel they are not being heard, if they are pressured into settlements, if conflict is not dealt with and if nothing is done to improve communication with the other partner” (p. 17).

In another study, Irving and Benjamin (2002) have described the “Therapeutic Family Mediation Approach” as being set within the broad spectrum of mediation approaches, but its therapeutic element is particularly relevant to working with families. The emphasis on a therapeutic element identified by Irving and Benjamin (2002) was one which designers of MWAC adopted, as homelessness cases which were being referred into the service offered by Relate were relational in nature, and often accompanied by chronic and long-standing patterns of family breakdown. Irving and Benjamin (2002) describe that in their model, the therapeutic interventions were considered as “pre-...”

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7 The term ‘family mediation’ is now more generally adopted, as opposed to ‘conciliation’.  
Page 20 (Mediation with a Counsellor Pilot Evaluation, 2008)
mediation”, in other words, creating a context where mediation and negotiation could take place. The MWAC model adopted this framework, as it enabled the pilot study to consider initial sessions where only the evictee was attending as “pre-mediation”. This offered practitioners a greater sense of purpose and focus in the initial (and often only) session. One difficulty with a traditional mediation framework in the work undertaken by Relate was the understanding that mediation could only take place where more than one party was present, or committed to attending from the beginning. The Irving/Benjamin model created a broader and more helpful approach to initial sessions where only an evictee, often in a state of personal crisis, was attending.

Case study evidence indicates that mediation services have been helpful in enabling young people to re-establish ties with their family at a later date. The general view in the field is that family and relational support is essential in ensuring a young person manages to sustain his/her own independent tenancy, therefore helping to prevent repeat homelessness (Lemos & Crane, 2002). The ‘Staying Safe’ report in 2000 reviewed existing preventative services and established some key principles in this review; services should work with families of the young person wherever possible but the young person must feel that they have some control over that process.

3.2 Summary

Relate’s therapeutic mediation service has emerged from the organisation’s experience, government policy developments and research evidence. The research evidence emphasises that for many, mediation alone fails to fully address the emotional and relational issues underlying the family crisis, which is necessary in order to enable better communication between family members.

MWAC aims to offer an impartial, independent service which addresses conflict, strengthens relationships and assists in preventing homelessness. In order to work with parties successfully, practical and relational issues need to be considered, therefore supporting the use of both systemic and mediation approaches.
4. Methodology

4.1. Summary

This new model of working with applicants brings together the benefits of systemic and mediation approaches in dealing with both the relational and practical issues which can lead to relationship breakdown and homelessness. This has implications for all those who are at risk of homelessness of whatever age or background as well as for counselling/mediation practice.

This pilot evaluation provides a comprehensive analysis of issues pertinent to training (e.g. how training impacted on service delivery), process and outcome of MWAC and practitioner and applicant experience (e.g. Is MWAC a useful framework to respond to emotional and practical needs of a specific client group, therefore highlighting the main benefits received from the service). Data was collected and analyzed using a mixed method approach. The aim was to generate both quantitative (numeric) and qualitative (textual) data. This approach enables the exploration of the different facets of implementing MWAC. It allows the capture of objective, quantifiable and measurable aspects, as well as a subjective understanding of the effects and effectiveness of MWAC as a model of intervention for homelessness prevention.

4.2. Methods of data generation and materials

Applicants

The Head of Federation Support produced three forms to obtain feedback from applicants, utilizing materials developed by the Steering group\(^8\) in 2005. The MWAC forms were based on an adaptation of the measuring outcomes forms (a Relate data collection tool designed and evaluated by University of Bath). The forms included i) a referral form (see appendix 1), ii) intake session outcomes form (see appendix 2) and iii) end of service outcomes form (see appendix 3). Centres were sent these forms and practitioners were asked to complete these with the applicants. The data from these

\(^8\) The Steering Group consisted of centre managers from 7 Relate centres and Relate Central Office staff (Project Manager, Practice and Service Consultant & Training Consultant).
forms were inputted onto a national database (MWAC database), which was also developed by the Head of Federation Support. Data over a 10 month period (May 2007 to February 2008) were used in the evaluation. Applicants’ anonymous responses to the referral, intake session and end of service forms were subjected to a descriptive statistical analysis.

Semi-structured interviews were developed by the Principal Consultant (Service Development) and the Research Assistant, with advice from the consultants at UEL and conducted via the telephone. The use of telephone interviews, which were recorded using a digital recorder, permitted the Research Assistant to reach a number of different participants in different locations in the UK and in a relatively short period of time. Those involved in the research felt that telephone interviews gave the participants the opportunity to express their experiences and views, needs, and understandings of engaging with this new model for homelessness prevention in a relaxed and non-threatening environment. Interviews when complete were then transcribed and a thematic analysis conducted by the Research Assistant.

**Practitioners’ and/or supervisors’**

The practitioners’ and/or supervisors’ questionnaires (see appendix 4), the semi-structured interview schedules for both practitioner/supervisors (see appendix 6) and applicants (see appendix 7) were developed by the Principal Consultant (Service Development) and the Research Assistant, with advice from the consultants at UEL. Semi-structured interview questions were developed having taken into consideration the aims of the evaluation and the need to consider three particular aspects: training (for practitioners); process; and outcome of service delivery (for practitioners and applicants). The interviews were completed via the telephone, in the same process as the applicants, transcribed and then thematic analysis (Braun & Clarke, 2006; Willig, 2008) was used to describe the various positions espoused by respondents.

Practitioner and/or supervisor questionnaires were analysed using a descriptive statistical analysis of numerical data and content analysis of written statements to open ended questions (Langridge, 2004).
4.3. Participants and procedure

4.3.1. Practitioners and/or supervisors

Twenty seven practitioners and/or supervisors in the first cohort of MWAC training completed either the i) mediation and practice modules, ii) systemic and practice modules or iii) practice module only. Some attendees held the role of both practitioner and supervisors, whereas others were solely a practitioner or a supervisor. Those who were solely supervisors attended the practice module only. Out of the 27, 15 returned questionnaires. As the respondents answered the questionnaires anonymously, the Research Assistant was unable to distinguish clearly between those who were practitioners, those who were supervisors and those who held both roles. The low sample size may be explained by centres not obtaining contracts with their LAs, some not continuing to work for Relate or in MWAC (e.g. due to ill health) and some simply choosing not to complete the questionnaire.

Fifteen practitioners and supervisors completed and returned questionnaires. The majority of respondents were aged 51-60+ (73%, n=8) and female (73%, n=11). The reported minimum number of hours of therapeutic mediation implemented by practitioners was 0 (3 individuals had not implemented MWAC), the maximum 30. The mean number of hours was 11. As questionnaires were returned at different times during the data collection process, this figure reflects only the number of hours reported at a point in time during the data collection process. It does not represent an average of the actual number of hours of therapeutic mediation. Unfortunately we cannot track how many hours practitioners involved in the MWAC pilot evaluation have now completed as questionnaires are anonymous. The low number of hours may be explained by centres reporting low numbers of referrals from their LAs and also because MWAC was being progressively implemented.

All attendees were asked to complete a questionnaire (see appendix 4) developed and administered to explore practitioners’ and supervisors’ views on: (i) MWAC training, (ii) their experience of implementing MWAC or supervising and (iii) their views on applicants’ experience of attending MWAC. The questionnaire was sent by the Research Assistant via email and post. The questionnaire was circulated on three separate
occasions as initially response rates were low. Fifteen questionnaires were returned; of these, four practitioners had not implemented MWAC. The majority of respondents were female and aged 51-60+. It is unclear from the responses to the questionnaire the number of individuals who were either practitioner only, supervisor only or held both roles as data was anonymous but questions were included in the questionnaire that were appropriate for each of these roles.

Practitioners were also offered the opportunity to be interviewed by the Research Assistant. Ten practitioners and/or supervisors were interviewed. Of the ten interviewed, six were practitioners, two were supervisors and two held both the role of supervisor and practitioner. They were asked to complete a consent form and include their contact details in order for the Research Assistant to arrange an interview time/date. Interviews took place from September 2007 to February 2008. Interview time ranged from 15 minutes to 45 minutes.

4.3.2. Applicants

The minimum age of applicants was 16 and maximum age 67 (n=83), with the average age being 24. The majority of applicants were female (53%); however, a significant proportion of gender data was 'unknown' (30%). The 'unknown' category is generated by the database when no data is inputted by the centre concerned and therefore will be referred to as 'missing' data to ensure clarity for the reader.

Ethnic origin of applicants was as follows: white (29%), mixed (2%), Asian/Asian British (9%), Black/Black British (15%), other (7%), missing (39%). The majority of applicants were Christian (31%) or Muslim (14%). Two applicants were listed as having learning difficulties, 1 language needs and 1 applicant had stated ‘other’.

The majority of applicants lived at home with parents (26%, n=52) or other family (20%, n=40). Twenty three percent (n=46) felt that they had to leave the home, 36% (n=72) that they were being forced to leave the home and 15% (n=31) wanted to leave. Twelve percent (n=24) had a chance of being made homeless, 9% (n=19) were homeless and 5% (n=11) were classified as ‘other’. Twenty nine percent (n=58) were recorded as
being on benefits; however, the remainder of the data under sources of income was missing (n=141).

Applicants were most often referred by their Local Authority to attend MWAC. These were largely from target groups including young and socially disadvantaged people with difficult life circumstances. Additionally families who were referred from other service agencies, as well as individuals or families that self-referred could also attend sessions.

For the purposes of this pilot and to respond to the complexity of the phenomenon being studied, this evaluation has taken into consideration three groups of applicants: 1) those who drop-out after only one session with Relate; 2) those who attend more than one session followed by drop-out; 3) those who complete the referral-intake-end of service process.

During the first MWAC session the applicant was asked to complete, with the counsellor, a series of questionnaires (outcomes forms). Applicants completed the intake session outcomes form at the end of their first session with the counsellor, regardless of whether they intended on coming for further sessions. Applicants completed the end of service outcomes form, in addition to the intake session outcomes form, if they attended more than one session.

In addition to completing the outcomes forms with applicants, practitioners were asked to give applicants an invitation to participate in this research (see appendix 8), information sheet (see appendix 9) about the MWAC evaluation and a consent form (see appendix 10). The consent form asked them whether they would be happy for the outcome forms data to be used in the research and also whether they would be willing to take part in an interview with the Research Assistant. If applicants were willing to take part they were asked to include their name, contact number and time when it was appropriate to call on the consent form so that the Research Assistant could contact them and arrange an interview time/date. Ten applicants were interviewed by the Research Assistant (four male and six female). All interviews were conducted via the telephone and participants were paid an £8 stipend for taking part. This was sent to the applicant as a postal order to their address. Interviews took place from October 2007 to February 2008. Interview time ranged from 10 to 30 minutes.
4.4. Ethical considerations

Ethical approval was obtained from the University of East London in May 2007 (see appendix 11). All participants were provided with an invitation to participate, an information sheet and consent form which provided detailed information about the evaluation and their involvement in line with the Ethical Guidelines of the BPS (March 2006). Special care was taken to ensure that everyone involved in the evaluation (researchers and practitioners) were made aware of the importance of obtaining fully informed consent, assuring anonymity and confidentiality, informing participants of their right to withdraw at any time without giving reason, and debriefing of participants. It is acknowledged that when evaluating service provision, there is, at times, a tension between voluntary participation and organisational constraints (pressures) on taking part.
5. Results section

5.1 Quantitative - Practitioner and/or supervisor questionnaires findings

5.1.1. Training

The majority of practitioners and supervisors, when asked to respond to the question ‘I feel the course prepared me for therapeutic mediation practice’, tended to ‘agree’ (67%, n=10). No one responded with ‘strongly disagree’. (n=1 missing data)

5.1.2. Applying therapeutic mediation

Practitioners and supervisors were confident in their ability to offer therapeutic mediation ('I feel confident about my ability to offer therapeutic mediation') (67%, n=10), with only 7% (1 person) stating that they did not feel confident in their ability. (n=3 missing data)

The majority of practitioners and supervisors responded that they felt supported in their role as a therapeutic mediator or supervisor (46%, n=7), with only 7% (n=1) saying that they felt unsupported ('I do not feel supported in my role as a therapeutic mediator/supervisor'). (n = 3 missing data)

Responses to the question ‘Having applied therapeutic mediation, I feel that the process is unhelpful for individuals/families that are at risk, or experiencing, homelessness’ suggest that 1 respondent disagreed that therapeutic mediation is unhelpful and 1 respondent was unsure. It cannot be presumed that by responding ‘disagree’ to this question that the respondent felt therapeutic mediation was helpful; they may not think it is unhelpful but that it is something else aside from helpful. Missing data (n=13) may have been high as those who were supervisors only may not have answered this question; also some practitioners may not have had the opportunity to implement MWAC yet or not feel confident that their limited experience allows them to answer.

All practitioners that responded (87%, n=13) stated that they felt equipped to put into practice therapeutic mediation by responding negatively to the following statement ('I do...')

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9 Some practitioners were also supervisors, others solely a practitioner or a supervisor.
not feel equipped to put into practice therapeutic mediation’). Thirteen percent (n=2) of data was missing; this may be because supervisors did not answer this question.

The majority of respondents reported being happy to incorporate therapeutic mediation into their way of working (87%, n=13), with only 1 respondent acknowledging that they felt unsure. (‘I am happy to incorporate a new way of working into my practice’). (n=1 missing data)

Over half of the practitioners and supervisors reported feeling confident that therapeutic mediation facilitates the meeting of the needs of the clients (53%, n=8); however, 13% (n=2) did not feel confident and 33% (n=5) were unsure. (‘I am confident that therapeutic mediation facilitates the meeting of the practical and emotional needs of the client’). Practitioners who were not confident, or unsure of therapeutic mediation meeting client needs, may have responded this way due to a lack of experience in implementing the approach.

5.2. Quantitative - MWAC participants database findings

Due to the small sample sizes for the end of service data, the data from the intake and end of service outcomes forms will be reported separately. The sample size is too small to make comparisons and it would be inappropriate to comment on directionality (e.g. whether an applicant was more confident at end of service than when they completed the intake outcomes form).

5.2.1. Introduction

Centres involved in the MWAC evaluation were asked to input data from the referral, intake and end of services outcomes forms into the MWAC database. Basic biographical data were collected from the MWAC database and the findings will be described in the following paragraphs. It is important to note that the data came from a sub-set of forms and that not all forms were equally inputted by the centres involved (e.g. data were not always present for the same applicants at referral and at intake). In addition, some questions were unanswered by applicants, which has impacted on the number of responses for each question and makes it difficult to provide an overall number as to
how many applicants attended MWAC sessions and completed the outcome forms. The data were made available by Relate.

5.2.2. Referral forms

5.2.2.1. Source of referral, number of sessions and attendance mode
Data inputted into the MWAC database between May 2007 and February 2008 suggested that 101 (59%) referrals were made by LAs, and the remaining referrals were either from other agencies or self referred (for example, Connexions). One hundred and ninety nine initial sessions were recorded, of these 46 were ‘wasted’ (sessions cancelled or not attended or rebooked) and 17 resulted in subsequent sessions. Of these 17, 12 forms were collected that detailed these sessions. It is unclear from the data whether rebooked sessions are included in the initial session number or the number who rebooked. As is evident from the numbers, the majority of applicants attended only one session of therapeutic mediation.

Applicants attending alone accounted for 39% (n=77) of the cases and with a householder for 37% (n=74) of the cases. In contrast, of the 17 subsequent sessions, 24% (n=4) involved applicants only and 71% (n=12) involved a householder attending. Data was missing for one applicant. When it is indicated on the database that the householder attended it is unclear whether this was always with the applicant.

5.2.3. Intake session outcome forms

5.2.3.1. Immediate outcomes
Responses to the intake outcomes form regarding housing outcome suggests that 56% (n=94) of applicants reached no agreement at the end of the therapeutic mediation session, 24% (n=40) agreed to stay at home temporarily, 18% (n=30) said they would stay at friends and 2% (n=4) said they’d stay at home indefinitely. Of the 56% of applicants who reached no agreement, 21.6% attended with a householder.

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10 See appendix 1 for further detail as to the questions asked in the referral form.
11 See appendix 2 for further detail as to the questions asked in the intake session outcomes form.
According to the data, coming to the session(s) enabled applicants to have a chance to think (22%, n=44), time to plan (19%, n=38), enabled them to feel less lonely (15%, n=29), put them in touch with other agencies (14%, n=27), allowed them to find ways to manage (12%, n=23) and made them feel safer (6%, n=11). It is important to note that no negative responses (i.e. couldn’t disagree with the statements) were made available for participants to choose when asked about the impact of attending the session. The design of the forms, adapted from existing Relate forms (Measuring Outcomes) by the Head of Federation Support, prevented the Research Assistant from assessing fully the impact of the session on participants but the interview questions did enable some further exploration. For example, why they didn’t go for more sessions, how (and if) their relationship had changed and what further support they felt they still needed. Interviews also offered the opportunity for the client to provide richer and more open responses, for example, being asked what was good/bad about the session.

The data suggested that the therapeutic mediation session enabled applicants and their families to talk (41%, n=45), agree a way forward for the future (22%, n=24), agree a short term agreement (14%, n=15), sort out their differences (9%, n=10), manage changes in the family (9%, n=10) and feel closer (6%, n=7). Of the 41% of applicants who said the session enabled them and their family to talk, 41% attended the session alone, 50% with the householder and 18% with family or friends.

5.2.3.2. Longer term individual and family outcomes

It is unclear why responses to this section of the intake session outcomes form are low; it may be that applicants didn’t know what the effects would be as it is speculative and therefore opted not to respond. The low numbers do none the less mean that findings must be read with some caution.

In the long term, 25% (n=3) of applicants felt that no change took place in terms of the session impacting on the applicants’ relationship with their partner, where a couple relationship was involved. Eight percent (n=1) felt the session had a positive impact on their relationship with their children, and 17% (n=2) reported no change. Eight percent (n=1) felt the session had a positive impact on their relationship with their parents, 17% (n=2) reported no change and 8% (n=1) reported a negative impact. Twenty five percent (n=3) reported no change in terms of the impact of the session(s) on the applicants’
relationship with other family members. Eight percent (n=1) reported a positive impact on relationships with friends and 17% (n=2) no change. It is unclear whether this data includes intake and end of service data.

5.2.3.3. Incidence of domestic violence/child protection
One applicant reported domestic violence or abuse; no applicants reported child protection issues. Disclosures of domestic violence during sessions required practitioners to refer the case back to statutory authorities.

5.2.3.4. Longer term social impact
Applicants reported that attending the session led them to have a positive increase in their desire to stay at home (4%, n=7), 30% (n=50) felt no change in how they felt about staying at home and 14% (n=22) felt that the session reduced their desire to stay at home. Five percent of applicants (n=9) felt the session reduced their chance of becoming homeless, 27% (n=46) reported no change and 12% (n=20) reported that the session had an increase on their chance of becoming homeless.

Although a significant proportion of applicants did not respond to questions concerning wider social impacts, it would appear that the majority who completed an intake outcomes form found no change in terms of their sleeping pattern, confidence, socialising, antisocial/illegal behaviour and confidence and ability to seek training/employment having attended the session.

5.2.4. End of service outcome forms

5.2.4.1. Immediate outcomes
A small number of applicants completed an end of service outcome form; suggesting few applicants went for more than one session. Responses to the end of service forms suggested 35% (n=4) decided to stay at home temporarily, 50% (n=6) reached no

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12 See appendix 3 for further detail as to the questions asked in the end of service outcomes form.
13 The MWAC database suggests 17 people were recorded as having gone for more than one session but not all of these individuals completed an end of service outcome form.
14 See discussion for further consideration as to why applicants may only attend one session.
agreement and 2 applicants (17%) decided to stay at home indefinitely. No-one decided to stay with friends.

5.2.4.2. Longer term individual and family outcomes
The end of service data, for those few who attended more than one session, suggested that coming to the sessions gave applicants time to plan (36%, n=4), a chance to think (18%, n=2), made them feel less alone (18%, n=2) and safer (9%, n=1). The therapeutic mediation sessions also enabled applicants and their family to talk (29%, n=6), sort out their differences (19%, n=4), manage changes in the family (24%, n=5), agree a way forward for the future (14%, n=3), agree a short term agreement (10%, n=2) and feel closer (5%, n=1). Again no negative response options were offered to applicants when asked this question about their experiences.

Of those who went for more than one MWAC session and completed an end of service outcome form (n=12), 6 reached no agreement, which equates to 50%. For those attending one session, 56% (n=94) reached no agreement. It is difficult to make comparisons across the data, as the sample size for the end of service outcome forms is so small, and therefore misinterpretation can arise.

5.2.4.3. Incidence of domestic violence/child protection
No applicant reported domestic violence or child protection issues on the end of service outcomes forms.

5.2.4.4. Longer term social impact
Percentages will not be reported in this instance so as to prevent misinterpretation. Of those applicants who completed an end of service form (n=12), 2 applicants had a positive increase in desire to stay at home, 2 no change, 1 a negative impact and 7 missing data. Two applicants had a positive increase in ability to stay at home, 2 no change, 1 negative and 7 were missing data. One had a positive reduction in chance of being homeless, 3 no change and 8 were missing data.

In terms of the wider social impact, findings will not be reported as there is a low number of respondents and it is therefore inappropriate to interpret.
5.3. Summary of quantitative findings

To summarise, the majority of practitioners and supervisors found the experience of training to be positive and felt that it enabled them to implement MWAC, although this finding is drawn from a small sample. The majority of practitioners and supervisors also felt supported and were happy to incorporate MWAC. According to practitioner and supervisor responses their perception was that, MWAC had been helpful and addressed the needs of many applicants. The analysis of the MWAC database suggests that the majority of applicants only attended one session and over half did not reach an agreement about their housing outcome in that single session. Applicants who attended one session, and also the small number who attended more than one session, felt that the session(s) offered an opportunity to think, time to plan and enabled them to talk with their family.

More data are needed to assess long term individual and family outcomes, as well as the immediate outcomes (mainly for end of service).

As discussed earlier in the report, when considering the findings it is important to be aware of the low sample size that the practitioner/supervisor findings are based upon and the small number of end of service outcomes forms completed by applicants. It is important also to be aware that a number of practical difficulties were faced by centres in implementing MWAC (e.g. low number of referrals) and challenges were faced in terms of inputting data into the MWAC database.

5.4. Qualitative findings - Content analysis of practitioner and supervisor questionnaires

The key messages from the content analysis of the practitioner and supervisor questionnaires are summarised in the following points:

The majority of attendees (n=15) who completed the questionnaire felt that they gained knowledge, understanding and skills from attending the MWAC training course.
“It gave me a good understanding of systemic approaches to families which complement my mediation practice”
“Broadening of perspective and questioning skills”

In particular they found the role plays helpful,

“..the role plays, especially when we stopped them at certain points to analyse what was going on”

In addition, attendees found problem-solving skills, reflecting groups, contracting, sharing experiences, homelessness legislation, and housing law and practice helpful. Some attendees felt that they would have liked to have seen more focus on integrating the two perspectives, and clearer guidelines,

“Clearer guidelines. Far too much emphasis on ‘let’s create something”

More time for processing feedback, additional input on working with young people and more techniques to encourage reluctant clients were also suggested. Practitioners and supervisors further voiced that they have found integrating what they learnt on the course into practice difficult due to a lack of referrals. Some felt they hadn’t practiced enough, or felt counselling training alone was sufficient

“In cases I have worked with I feel that my previous trainings in counselling would have been sufficient for me to do this work”

Others felt they could offer more in the room as a result of the training.

““I can offer more to the clients in the room, I’m not sure if this will change the outcome regarding their homelessness but for sure it gives them an opportunity to discuss their issues”

When asked whether the outcome forms have impacted on interaction with the applicant, practitioners have said that they have found the forms to be time consuming

Page 35 (Mediation with a Counsellor Pilot Evaluation, 2008)
and that they may jeopardise a therapeutic alliance being formed, or didn’t feel the forms were appropriate to give to clients.

“It felt as though the agenda was ours rather than theirs and that the therapeutic alliance could have been jeopardised”

Some felt there was little focus on the course in integrating the two approaches, and that the work felt more like counselling work than mediation.

“I have found that the work has been mostly with helping people to cope with relationship issues whilst living in temporary accommodation. This mostly entailed counselling skills as there were no positions to be negotiated through mediation”

Additionally, practitioners reported that clients did not see the relevance of attending because their issues were not relationship oriented. From their experience, practitioners believed that applicants attended more than one session because they wanted to improve their relationship and stay at home.

“Those who engage for more than one session are usually interested in making a connection with each other”

However, it was also observed that others who only came for one session did not want to necessarily improve their relationship; they saw MWAC as part of the process to obtain accommodation.

5.5. Thematic analysis of applicant interviews

Ten applicants were interviewed, four were male. When asked about their housing situation at the time of the interview\textsuperscript{15}, only one returned home and one remained at home. The remainder were either in a bed and breakfast, temporary accommodation, rented room in shared accommodation or staying at a friend’s. Five out of the 10 applicants interviewed had a baby or a small child.

\textsuperscript{15} Applicants completed a consent form, which included providing a telephone number for the Research Assistant to contact them on to arrange an interview. Time between first session and the interview varied across the applicants although specific lengths of time are unable to be determined.
The thematic analysis of the applicant interviews (n=10) identified a number of key themes. These included:

i) environment and what it allows
ii) understanding others
iii) expectations of MWAC
iv) perception of housing agency
v) suggestions for improvement (practical)

5.5.1. Environment and what it allows

Applicants reported that the environment of MWAC offered them an opportunity to talk to someone who they perceived as being unbiased and non-judgemental.

“Umm [pause] just the fact that no one had really, I hadn’t really sat down and spoken to anyone about my entire situation before. And um I wasn’t judged for it. It did sort of calm me down about everything cos I, cos I obviously hadn’t really spoken about it before and everything was sort of piled on top of me and…and I’d never really spoken to anyone, just to get it off my chest did help a little bit”. (Sam16, Q13-16, pg2)

A number of applicants also felt that by attending MWAC they were given an opportunity to open up without interruptions. The environment was controlled and as a result they were able to open up and speak.

“Um, no I think that’s all covered. The mediator I think she was very professional, you know in a way because she didn’t, she sat back whilst like we were talking, she didn’t get in, she wasn’t intervening all the time, she just let us get it all out. And like when silence broke out in the room she would like, she would start it up again but like in a way that was controlled and not sparking anyone off. So I think, I think that helped immensely”. (Andrew, Q39-41 pg 4)

16 Names used aren’t the real names of the interviewees – changed to ensure anonymity.
Applicants felt listened to by the counsellor and felt that they were given an opportunity to speak and weren’t rushed. It is interesting to consider whether applicants were implicitly referring to past experiences whereby they weren’t listened to or had felt judged when they spoke.

“Umm she was she was very good listener I have to admit you know she didn’t seem to when I was talking she didn’t seem to like rush me or anything she sat there and she showed that she was 100% listening to what I was saying. Giving me feedback to the things I was saying to her and things that I didn’t understand”
(Jen, Q16, 17, pg 1, 2)

Applicants also saw the environment of the MWAC session as allowing both parties to speak without conflict. Applicants felt confident that arguments would not break out as a third party was present.

“What was good was that I could um, I could get everything I had like on my mind, I could get it out without knowing that no, nothing would break out, no arguments um, nothing would break out like that cos it was fairly controlled”
(Andrew, Q21, pg 2)

5.5.2. Understanding others

Applicants reported that MWAC enabled them to broaden their perspective. The experience enabled the applicant, according to applicant accounts, to further understand the householder and how they felt and also the householders to further understand the applicant and how they felt. The MWAC session offered an opportunity to allow both parties to speak freely which allowed better understanding.

“Umm I mean just that chance to speak to my mum with my wife there like you know. And to see my mum open up and express her emotions I knew definitely how she was feeling cause on the surface she just like always shows like how she was angry and stuff and she wouldn’t open up but at the mediation she actually opened up a little bit and that was I mean ya we had that conversation
with my mum which we probably wouldn’t have had if it wasn’t for that”. (Ken, Q23 – 24, pg 2)

5.5.3. Expectations of MWAC

Applicants reported feeling unsure as to why they had to attend MWAC and also that they did not know what it involved prior to attending. A number of applicants felt that they were given insufficient information from the housing office.

“Um, well they didn’t really tell me what it was for they just told me it was an appointment… to attend with my father… and um so I turned up and found out what it was when I got there”. (Sam, Q6-8, pg 1)

5.5.4. Perception of housing agency

A number of applicants voiced feeling unsupported and not heard by the housing office, and also suggested that it would have been helpful to have MWAC described more clearly.

“Umm I didn’t feel the council were actually that helpful they said once I’ve been for the mediation I’d hear from them and I went like a few weeks ago. I haven’t heard a thing. So the thing you know I just don’t know what is the next step. You don’t just send me to mediation and that’s it and just left me”. (Jen, Q59-61, pg 4)

“When I found out I was pregnant with my son I could have decided never to get a job again, I could have gone and claimed every benefit I could find but [id] I didn’t because that’s not how I was raised. And I haven’t just waltzed in and said I want a house, I’ve got no where to live. I said I, I was told I had 2 weeks to get out and they basically turned round and said good luck”. (Sam, Q59-61, pg 6)

“I was a bit well disappointed I suppose cos it was like, if mediation is counsellor or whatever it was could of helped me and my dad I would have gone to that originally… but at the time it was already past that point... and so the fact that if I’d maybe been given a chance to explain my situation to the person that I was
“talking to at the housing and they’d actually listened to what I was saying, maybe they would have understand the fact that that our situation was past that point”. (Sam, Q22 – 24, pg 3)

5.5.5. Suggestions for improvement

Applicants made some suggestions for improving the MWAC service during the interviews. One applicant voiced that they would have liked the sessions to have been longer and for someone to be allowed to sit in the waiting room with her child because she found herself distracted in the session having to look after her child.

5.6. Thematic analysis of practitioner and supervisor interviews

Ten interviews were conducted; of the ten, six were practitioners, two were supervisors and two held both the role of supervisor and practitioner. The thematic analysis identified a number of key themes:

i) benefits of training
ii) what MWAC can offer
iii) improvements to the training
iv) difficulties faced in implementing MWAC
v) applicants attendance
vi) issues raised by applicants’

5.6.1. Benefits of training

Practitioners and supervisors identified a number of benefits of having attended training. These included gaining basic knowledge, wider repertoire of questions and more tools.

“I feel we can offer more in the room now because um because of the systemic and the approach we can really um identify how we can do some piece of work and even if its just you know for an hour’s session you feel that you’ve done something. You’ve given them something and um you have more tools, maybe more confidence you know to do and because you know it’s not only mediation,
your not just trying to mediate between the applicant and the householder” (Jane, Q37-8, pg. 4)

Interviewees identified specific elements of the training which they had found helpful, such as looking at homelessness from the legal perspective. Practitioners and supervisors also reported that systemic training offered them ‘more in the room’ and greater confidence and highlighted things that they had not been aware of before.

“I think my original training was just on mediation and actually it was very much focused on kind of the negotiation between two people. Where as um introducing the therapeutic element [unclear] it highlighted things, I think its highlighted things I was not aware of before” (Dom, Q33, pg. 2)

But some practitioners felt they hadn’t actually had a chance to practice this approach in their work.

“I mean I think that the um overall systemic approach is good, is good and is helpful and positive. Um but as I say I don’t think you get very much opportunity to put it into practice really” (Tom, Q30-1, pg. 3)

Those practitioners and supervisors who attended the mediation module found that it offered them more solution-focused work and greater awareness of negotiations and issues of power.

“I mean I thought the err the therapeutic mediat, the mediation elements of it was err was very sound, very clear, very err you know, very well thought out, useful articles, so yea I mean I did err I did take quite a lot from that actually…in terms of negotiations and issues of power” (Barbara, Q8-9, pg. 1)

By combining the two approaches (systemic and mediation) practitioners and supervisors felt that more could be offered to applicants.

“You’re trying to identify maybe I can do something more here, um, even though its not maybe the outcome the housing authority would want because they will...
still need to go there…but from our point of view you know we’ve done something, so I think integrating is basically offering more” (Jane, Q49- 50, pg. 6)

5.6.2. What MWAC can offer

The benefits of MWAC were identified as making things easier whilst the applicants wait to be re-housed and being able to mediate a variety of agreements.

“Um what you can do if householder is coming, for example I had this case you know where the applicant was already in a hostel. But they didn’t have any contact with the mum and the mum came and then um we set up some like visiting in the house so that applicant she can go really and meet the parents in the house at least for some time that they will have some sort of relationship and so we are mediating all sorts of agreements. It’s not just like going home” (Jane, Q101, pg. 11)

Practitioners and supervisors also said that it allowed time for the applicant to feel listened to and feel less alone.

“I think there’s something good in the end, maybe not towards you know the outcome is not they’re going to be housed, but it is doing something” (Jane, Q38, pg. 4)

“Um I think they really, they are very happy or appreciate the time that you give them and that you listen to them…somebody there for maybe the first time is sitting there and really listening…..I think they appreciate it and they say that what most of them feeling now they feel less alone or that they had opportunity to talk to somebody. And you can’t do much you know in one session but at least they felt maybe you know more self confident or better with themselves” (Jane, Q108-110, pg. 12)
5.6.3. Improvements in the training

In terms of suggestions for improving the training, practitioners and supervisors felt that it would be advantageous to mix mediation and systemic trainees more frequently so that they could learn more from each other. Also some felt they needed more information and that the practice module could be improved or it didn’t offer what they had hoped it would.

“I think the practice module was um, was a missed opportunity really because um we weren’t, it wasn’t engaging with the practical, the practical reality” (Tom, Q59, pg. 5)

Training was also felt to be rushed by some.

“Right at the very end when we had our feedback I was affected very badly by the way that it was done on that day. It was so rushed and it was the last day so there was no time to process it and this is what we counsellors do, we’re always processing stuff, and sometimes you go away and you process things for a few days and then you need to come back and re-visit it and say just a minute can I reflect on this with you because I have real thoughts, there is no where to go with it, its finished” (Sarah, Q116, pg. 16)

5.6.4. Difficulties faced in implementing MWAC

A number of difficulties were identified by practitioners and supervisors in implementing MWAC. These included both parties not being present.

“Some of them state categorically that the house owner, whether it be their parent or whatever will not come to ongoing mediation and I think, and I don’t know where this fits but I need to say it now um if the house holder doesn’t come to the initial session the client can actually say what they like and there’s no one to challenge it, um, so they could say that their parents will never come for mediation, there’s no point asking them because they’ll never come and I would never know if they would or not and then they don’t come back again. So I think
that for me is quite hard too. It would have been good to start this process with both parties” (Sarah, Q37/38, pg. 6)

Practitioners and supervisors also pointed out the following issues in relation to practice: the householder not being asked to attend, the applicant thinking Relate can offer accommodation, practice rooms at LA venues not being sound proof and low numbers of referrals.

“Um it’s been extremely slow to get off the ground, I really don’t know why. The housing offices all seemed extremely erm keen and were asking how many hours we would be offering. And kind of saying ooh that won’t be enough and yet we’ve had very very few referrals” (Cath, Q106-108, pg. 6)

“...the very limited amount of err practice experience we’ve now had err my self and xxx...um no I don’t hold out a huge amount of hope within the pilot of being able to fully implement the err the stuff we’ve learnt” (Ben, Q38-9, pg. 3)

“They didn’t work, then it worked really well and now it’s not working well at all. I don’t know why because um I’ve not been able to talk to anybody about it. And the [housing] manager that existed when it worked well for that period came on the training and I have offered them some further training because I believe they’ve had a complete upheaval of staff. But the new manager hasn’t responded and the feedback that I got from the previous manager and her [unclear] it was really very good [unclear] really pleased with what we’ve done so it wasn’t that they were unhappy I just think that perhaps maybe their priorities changed” (Tina, Q73-9, pg. 4, 5)

One practitioner reported that appropriate referrals in one borough had actually improved when MWAC began compared to other boroughs where the centre provided a more traditional mediation service.

“I think with xxxx, this is one with therapeutic mediation, they realise the kind of cases that are more suitable. So the experience is basically now it’s it’s getting
better in terms of you know referring clients that we can do some work with” (Jane, Q72-3, pg. 8)

Practitioners and supervisors said that they had tried a number of strategies to try and increase the number of referrals they were receiving, such as offering training and meetings with the housing departments. It would appear that this did not necessarily always lead to referrals increasing.

“Some weeks um there are no referrals at all, um, if I have been to the housing office I have made myself flexible to get these hours, the committed hours for the course, um but it doesn’t seem to make any difference what the venue, what the time, what the day is, um, council don’t seem to have sent that many people through and some of the people they have referred it already been too late, they’re already in bed and breakfast. Um and that’s been hard too cos it actually just felt like your shutting the stable door after the horse has bolted, they’re already in bed and breakfast” (Sarah, Q44/45, pg. 7)

The need for an earlier intervention was also discussed. Practitioners felt a number of applicants just wanted accommodation and by the time they go to the housing office, they don't want to repair their relationship as it is considered too late.

“Um but I think the young person at that stage has got to the point where they actually don’t want to repair it, they just want their own place. So it is quite hard” (Sarah, Q41, pg. 6)

“Umm one thing is, is that when one, once the xxx housing department people said is that by the time families come to them, you know sometimes they see it as almost too late. You know. So far down the road that you know, there is not a lot you can do you know either that the relationships are so strained or the housing situation is so bad that they have to do something [unclear] so see the outcome of that well in how can we see these people at the earlier stage you know before it gets to crises. Um and the answer to that is to make contact with other agencies cos [cause] the housing department felt they see these people until its very late stage” (Dom, Q127-130, pg. 9)
The outcome forms were also criticised by a number of interviewees (e.g. not relevant, duplication, intrusive, don’t know why used).

“I think there was one particular form and I don’t know if it’s a valid form now that I haven’t actually used it. I think it was if clients were only coming one session it was supposed to be filled in. And I made a judgement on it thinking I’m not going to ask these people, these are ridiculous questions for one session, how can it have made any difference to their life and changed their personality and outlook. You know, that’s ridiculous. So I didn’t use that one. Maybe I should have done but I just thought that is ridiculous, how can anybody know that things have changed after one session after just telling this person the facts” (Sarah, Q71/72/74, pg. 11)

“So if we’re talking about one session it’s it’s a bit difficult because what most questions ask if there was any change with all of the issues, it is very very difficult because after one session you don’t expect that there will be such uh you know huge difference especially when they’re not coming with the householder” (Jane, Q146, pg. 17)

“. . . its just another chore because I am not quite sure why they are there” (Tina, Q161, pg. 9)

5.6.5. Applicants’ attendance

The majority of applicants only came for one session17. Practitioners and supervisors thought that applicants only came for one session because they hadn’t found the session helpful or didn’t want counselling.

“They don’t think about counselling initially, they don’t want counselling. You have first of all you have to want to you know have this and it’s not something that everybody has. I mean if you would ask them [unclear] would you go to

17 A number cannot be included in this instance as interview questions did not ask for practitioner and supervisor interviewees to estimate.
counselling or for talking about your issues and you know they would say no. It just happened because we were, this is the offer of the service that we offer but um they’re not particularly interested in our service” (Jane, Q117, pg. 13)

Also they reported that those applicants only coming for one session had achieved what they needed to or just saw MWAC as part of the process of obtaining accommodation.

“I believe these young people a lot of them who only come once absolutely have their own agenda, they want their own place, most of them have babies, they wanted their own family, they wanted to get away from the conflict, this was a part of the process, the council told them they’ve got to attend this session. They’ve attended the session so now the process can continue and they don’t have to come anymore” (Sarah, Q59, pg. 9).

“I mean the first one that I mentioned she you know, neither of them wanted to come even for that one session so I didn’t expect them to come back. Umm the second one which was just the mother on her own umm because it was really advocacy we achieved. All was needed was you know there wasn’t any point in another session because umm it was about you know miscommunication with the housing department….umm and the third one was the one I’ve just mentioned umm really again we achieved what we needed to achieve” (Dom, Q121-2, pg. 8)

Practitioners and supervisors felt that those few applicants who came for more than one session didn’t want to leave home and wanted to understand what was happening.

“The difference is the ones that come, they are willing to come for more, they don’t really want to leave the house and they, this is where they are open to talk and makes things better at home” (Jane, Q119, pg. 14)
5.6.6. Issues raised by applicants

Practitioners and supervisors identified a number of problems which were faced by the applicants they had seen. These included communication and practical issues, psychological problems, emotional issues and conflict.

“The ones with the babies all pregnant and the family just don’t want them um maybe because of culture thing, if it was you know outside the marriage or or if it was because no space so they’re really stressed, what are they going to do? It takes time, where are they going to be? Are they going to stay home? Really really difficult emotionally. Um and if we’re talking about teenagers they like can find themselves moving from friend to friend, just don’t want to be with parents, constant argument and um so these are their main concerns you know, they’re really lonely, nobody there to care really” (Jane, Q111, pg. 12)

“.what I would say is with one client it was absolutely about communication problems at home. Um with the next time communication problems with drug taking and violence. Um [pause] another the other, the next client, was absolutely that she knew she had a window of opportunity” (Tina, Q129-131, pg. 7)
6. Summary of findings

The MWAC pilot evaluation focused upon providing greater insight and understanding of training (e.g. is it fit for purpose), process and outcome of service, and also offering an overview of applicants’, practitioners’ and supervisors’ experiences.

6.1. Training

Practitioners and supervisors found the training enabled them to gain knowledge, understanding and skills. Systemic training offered more in terms of tools for practitioners to use and greater confidence for some. Mediation training offered some practitioners a more solution-focused way of working and greater awareness of negotiations and issues of power. Trainees on the course found the role plays, problem solving skills, reflecting groups, contracting, sharing experiences, homelessness legislation, and housing law and practice helpful. Some would have liked more focus on integrating the two perspectives, clearer guidelines, more time for processing feedback, more on working with young people and more techniques to encourage reluctant clients. Some felt that there was little focus on the practice element of integration.

Practitioners and supervisors voiced that to improve training it would be helpful to mix mediation and systemic trainees more frequently so that they could learn from each other. Also some felt they needed more factual information, although it is unclear from accounts what specific information they had in mind. Others felt that the practice module was weak as Relate had no experience in implementing MWAC, and that it didn’t offer what they had expected it to offer. Training was also felt to be rushed by some.

6.2. Process and outcome of service delivery

Practitioners voiced that they felt that MWAC made things easier whilst the applicant waited to be re-housed. MWAC, according to practitioners, also enabled mediation on a variety of agreements, gave the applicant time to feel listened to and to feel less alone.

From the practitioners’ perspective, applicants only attended one session because they didn’t necessarily want to improve their relationship; they just saw MWAC as part of the
process to obtain accommodation. From applicants’ interview accounts, one said he had school commitments and one had insufficient time to attend further sessions. For some it appeared that they found one session was sufficient to enable them to speak about their situation and/or move forward in improving the relationship with the householder; others said that because the householder refused to attend they couldn’t progress further with the sessions; one ‘couldn’t be bothered’ and one felt it was an inappropriate referral (e.g. overcrowding) and therefore didn’t see a benefit of returning.

Practitioners felt that those who attended more than one session wanted to improve their relationships and stay at home. It would appear from interview accounts that applicants attending more than one session were keen to improve their relationship with the householder.

Practitioners faced a number of difficulties in delivering the service; both parties not being present, householders not being asked to attend, the applicant thinking Relate can offer accommodation, rooms at LA venues not being sound proof and low numbers of referrals. They further voiced criticism of the outcome forms and suggested that an earlier intervention for applicants was needed.

6.3. Applicants’ experience

6.3.1. Client and family experience of addressing family relationship issues (e.g. breakdown)

Applicants who had been interviewed reported feeling that during the MWAC session they felt able to speak to the householder without conflict taking place. They also felt that it was a good opportunity for them to understand the householder further and vice versa.

The intake session outcome form data suggested that the MWAC session enabled applicants and their families to talk, agree a way forward for the future, agree a short term agreement, sort out their differences, manage changes in the family and feel closer. Of the 41% of applicants who said the session enabled them and their family to talk,

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18 End of service outcome form data will not be referred to in this section, except for the number staying at home, as the sample size is too small from which to make valid or general claims.
41% attended alone, 50% with the householder and 18% with family or friends. This finding should therefore be read with caution given that no neutral (e.g. it made no difference) or negative responses were offered to the applicant. In addition, given 41% of applicants attended alone it raises the consideration that if they attended alone and went to one session only, how would they have been able to report the impact it had on their family? The response is based on applicants' perceptions.

6.3.2. Client self esteem and confidence

Although a significant proportion of applicants did not respond to questions concerning the wider social impact of attending MWAC, it would appear that those who did reported no change in terms of their sleeping pattern, confidence, socialising, antisocial/illegal behaviour, confidence and ability to seek training/employment having attended just one session. In addition, some practitioners and supervisors raised a concern that it seemed unfeasible for applicants to have noticed any change in these elements at the end of one session.

6.3.3. Communication ability, client isolation etc

Applicants reported during the interviews that they felt able to open up during the MWAC sessions. In contrast, there were a number of applicants who said that they felt unsupported and unheard by the housing department.

6.3.4. What do applicants see as the main benefits of the service they have received?

Applicants identified a number of benefits of the MWAC service during the interviews. These included the session offering them an opportunity to talk to someone who they perceived as unbiased and non-judgemental. They also reported feeling listened to and able to speak without conflict. A number of applicants reported feeling that they understood the householder more and that they felt the householder understood them more. They also said that they were able to open up without interruptions.
6.3.5. How do applicants view the nature, effects and effectiveness of the service proposed to them?

A number of applicants reported during the interviews that they were unsure why they were attending the MWAC session, what it involved and felt that they had been provided with insufficient information by the housing department. Of 199 recorded initial sessions, 46 were wasted. The majority of applicants only came to one session and a large proportion attended alone. If the applicant did attend further sessions, the majority attended alone.

Responses to the intake outcomes form\(^\text{19}\) regarding housing outcome suggested that 56% (n=94) of applicants reached no agreement at the end of the therapeutic mediation session, 24% said they would stay at home temporarily, 18% (n=30) at friends and 2% (n=4) said they’d stay at home indefinitely. Given that a number of applicants came alone is it not surprising that a number reported not reaching an agreement. Applicants reported when completing the intake outcomes form that attending the session led them to have a positive increase in desire to stay at home (4%, n=7), 30% (n=50) felt no change in how they felt about staying at home and 14% (n=22) felt that the session reduced their desire to stay at home. Responses to the end of service forms\(^\text{20}\) suggested 35% (n=4) decided to stay at home temporarily, 50% (n=6) reached no agreement and 2 applicants (17%) decided to stay at home indefinitely and no-one decided to stay with friends. It is difficult to make comparisons across the findings from the two forms as the sample for the end of service outcome form (n=12) is small in comparison to the intake sample outcome form responses.

Analysis of the end of service forms reflect higher percentages of applicants deciding to remain or return to their familial accommodation, although this is again based on small sample sizes. Overall the findings suggest there is a number of applicants deciding to stay at home either temporarily or indefinitely after one session or more than one session. Although this isn’t necessarily a high percentage of applicants it is nonetheless

\(^{19}\) Completed at the end of the first MWAC session.

\(^{20}\) Completed when the applicant has attended one or more MWAC session and the applicant decides to discontinue.
encouraging given the difficult situations that have been talked about by applicants and the late stage at which the service is offered.

In comparison to the Safe Moves project (Quilgars, Jones, Pleace & Sanderson, 2004), which reported that out of 152 13 to 19 year olds, around 60 (two fifths) stayed in the parental home, MWAC appears to have a lower return or stay at home rate. The service provided though did include additional services and support to that provided by MWAC and also involved working with slightly younger individuals as well. It is difficult to make comparisons to Harrow’s results as the ‘prevention/no duty success’ rate which is referred to is different to the outcome22 evaluated in MWAC. In some local contracts, Relate was encouraged to access data on final outcomes of individuals’ homeless applications following their receiving service in MWAC, but this data is not available on a national scale. Therefore this evaluation cannot report on outcomes related to homeless applications in the national pilot, as this would be confidential data held by the local housing departments.

Therefore it is difficult to know what the outcome is once the applicant has left the session as for many, the outcome forms are completed after only one MWAC session. The responses are based on then and there in the session, not the long term outcome in relation to their housing application. In addition, it is inadvisable to judge MWAC as ineffective due to the applicant not returning home as the service may have helped to improve the applicant’s relationship with the householder, or enabled both parties to consider their longer-term commitment to one another. In addition, more time may be required for reflection on the needs of all family members, thus enabling a smoother and more conducive transition out of the family home.

6.3.6. Extent to which service helped clients to acquire a sense of self empowerment and ultimately reduce homelessness

21 The package offered included (i) life skills training, (ii) family/inter generational mediation and support, (iii) peer mentoring and (iv) appropriate support to move into supported or independent accommodation where needed.

22 Applicants are asked about whether they intend on staying at home/returning home/staying at friends etc at the end of the MWAC session. This data has been used in the evaluation.
Findings from the pilot evaluation do not clearly indicate the degree to which applicants felt a sense of empowerment. Questions were asked which considered the applicants sense of self confidence and whether they felt confident to undertake particular tasks. Responses to these questions indicated no change after one session. The response rate to the end of service forms was too small to provide a statistically valid finding.

The findings from the interviews did show that of the 10 applicants interviewed, one returned home and one remained at home. The remainder were either in a bed and breakfast, temporary accommodation, rented room in shared accommodation or staying at a friend’s. Five out of the 10 applicants interviewed had a baby or small child. These findings do suggest that of the 10 interviewed, a number would still have been considered homeless under the broad definition despite having attended MWAC. This does not, however, take account of whether the applicant’s relationship had improved with the householder. For instance, one applicant reported having a better relationship with his mum as a result of MWAC but he felt he and his wife needed to live on their own (young married couple with a baby due shortly).

6.4. Practitioners’ and/or supervisors’ experiences

6.4.1. Ascertain whether in their (practitioner/supervisor) view MWAC can claim to lend itself as a useful intervention framework in responding to the emotional and practical needs of a specific client group

Practitioners reported that applicants presented with communication and practical issues, psychological problems and conflict. MWAC, according to practitioners, helped applicants to feel listened to and less alone. It also made things easier whilst they were waiting to be re-housed and the service allowed for mediation on a variety of issues.

Over half of respondents to the practitioner questionnaire reported feeling confident that therapeutic mediation facilitated the meeting of the practical and emotional needs of the clients. Two practitioners/supervisors responded to the question ‘Having applied therapeutic mediation, I feel that the process is unhelpful for individuals/families that are at risk, or experiencing homelessness’; one practitioner disagreed with this statement, the other one was unsure; 13 practitioners/supervisors did not answer this question.
6.4.2. To what extent has the training been useful and effective in preparing them for delivering the blended service?

Practitioners have voiced that they felt that as a result of the training they would offer more in the room and had a wider repertoire of questions to ask. Two thirds of questionnaire respondents also indicated that they felt the course prepared them for therapeutic mediation practice.

6.4.3. How did the practitioners experience the training as helping them to help the clients on practical, emotional and family issues?

Some practitioners said during the interviews that they felt that they had not had an opportunity to practice what they had learnt; for instance they felt the work they had completed with the applicant had been either primarily systemic or mediation oriented according to the issues raised by the applicant. This response may confirm that practitioners were better equipped to manage greater complexity in practice as a result of the training.

6.4.4. What is the practitioners’ experience of transforming theory into practice?

Practitioners faced difficulties in terms of integrating what they had learnt into practice as a result of lack of referrals. Nearly all of the respondents who completed the questionnaire reporting feeling equipped to put therapeutic mediation into practice; it is, however, unclear whether they felt equipped as a result of training alone given the questionnaire was completed up to six months after training.

6.5. Additional information gathered

How many of the clients do not want to be evicted but their parents/family member wishes them to leave?

Findings from the MWAC database suggest that 23% (n=46) felt that they had to leave the home and 36% (n=72) felt that they were being forced to leave the home. Perhaps...
the statement “had to leave” reflects a sentiment about an action they had to take in the past, and “feeling forced to leave” evokes a sense of what might be occurring in the near future. Whatever meaning respondents attached to these statements, 59% believed that leaving home was inevitable, or had already taken place.

How many who came to the MWAC service listed domestic violence or abuse (DVA) as a reason for their homelessness?

One applicant reported DVA whilst completing the intake session outcome form but it is unclear as to how many applicants simply neglected to answer this question, or how much was data not recorded into the database. In addition, it is unclear as to whether the applicant experiencing DVA was homeless, or threatened with homelessness, due to their lack of safety at home.
7. Discussion

7.1. Findings in relation to the rationale

The aim of the MWAC evaluation was to evaluate and offer recommendations on a new model of working with clients that tries to bring together the benefits of systemic and mediation approaches in dealing with both the relational and practical issues which can lead to relationship breakdown and homelessness. Overall findings suggest that the majority of applicants attend one MWAC session and that this offers applicants the opportunity to open up to a non-biased, non-judgemental third party, feel listened to and understood. In addition, applicants have said they feel MWAC enabled them to understand the householder better and vice versa. Practitioners found MWAC allows applicants to feel less alone and listened to and makes it easier for them whilst they wait to be re-housed. Findings from the evaluation suggest concerns surrounding low number of referrals, both parties not being present, difficulties surrounding the outcome forms and a need for an earlier intervention. It is difficult to make comparisons to other studies as those discussed within this report (e.g. Safe Moves Project, Quilgars et al., 2004) have tended to also offer other services in addition to mediation.

7.2. Limitations

A number of limitations have been identified which have impacted on the evaluation findings and also on the implementation of MWAC. Limited feedback was provided from practitioners and supervisors; of the 27 trained only 15 returned questionnaires. Questionnaires were re-sent on 3 occasions both in paper form originally and then by email to try and ensure as many practitioners and supervisors were able to respond as possible. Questionnaires may have been slow to be returned because practitioners and/or supervisors may have been apprehensive about completing the questionnaire if they hadn’t had any, or limited, experience of implementing MWAC, or they may not have fully understood the evaluation process. The accounts offered by practitioners and supervisors reinforced that there had been challenges in obtaining contracts from Local Authorities and/or there had been a low number of referrals. This has impacted on the extent to which practitioners and supervisors can practice the skills learnt from the
MWAC training as some have reported that they have not been able to fully implement what they have learnt.

Further limitations were evident regarding the MWAC database; centres were at times unsure as to how to use the forms (referral, intake and end of service) or opted not to, and were unsure in the early stages of the pilot how to input the data. Due to the low number of forms being inputted on the database, an offer was made for centres to send in their forms to Relate Central Office for input; only one centre sent any in. Centres involved in the evaluation further voiced experiencing low referral rates from LAs; it is unclear why this was the case as a number of centres said that they had been repeatedly to their local authority and spoken with staff about this issue. The low number of referrals or late contracts may have impacted further on the evaluation process in terms of centres using the outcome forms and research.

The small sample and consequently small data set means that comparisons cannot be made between the findings from the initial intake forms and end of service forms and therefore between individuals attending one session versus those attending more than one session. More data is needed to enable valid and statistically significant comparisons.

7.3. Recommendations

7.3.1. Refinements to the outcome forms

If the outcome forms are to be continued to be used by Relate for monitoring outcomes then it is recommended that they include more questions which would allow applicants to freely express their feelings, both positive and negative. For example, an open ended question offering the applicant the opportunity to discuss the psychological and practical benefit of attending MWAC would provide richer data. It would also be helpful to re-design the outcome forms so that negative responses could be offered. Applicants were unable to ‘tick’ a box if they had not found MWAC helpful and this limits what the findings can say about the effectiveness of MWAC and applicant's experience. Applicants were also not asked why they did not want to continue with further sessions. This would be helpful to include on the outcome forms to inform changes to service delivery.
The referral forms could be improved to enable differentiation between referrals by other agencies and self-referrals and also differentiation between applicants attending with householder or without.

7.3.2. Refinements to the MWAC database

Problems have been experienced with the MWAC database by the centres involved in the pilot evaluation; it would be helpful for the future if trialing of a database was included in a project budget before the service is launched so that the majority of problems or difficulties are dealt with at an earlier stage.

7.3.3. Train and familiarise centre staff – evaluation

In the future, it would be beneficial for Relate practitioners and supervisors to be made more aware of the importance of evaluation for the benefit of the work they are involved in. This may include training and familiarising practitioners with basic issues and procedures related to evaluating the implementation of interventions, standardizing a network of support (e.g. administrative) and relationships for evaluation purposes, internal data collection and later dissemination. Conducting research within an organization can be challenging if service delivery is taking place simultaneously. Individuals can be concerned and apprehensive that research will detract from the client focus. Future research needs to mindful of this and manage it accordingly.

7.3.4. Evaluation of MWAC training to be undertaken

MWAC training is evaluated by Relate at present by obtaining student feedback at the end of the training. Although practitioners and supervisors did offer some comments on the training, the questionnaire and semi-structured interview questions were more focused upon finding out how training informed practice. MWAC training per se was not evaluated within the current evaluation; it would be advantageous for future research to focus on evaluating the training in greater depth. In particular it would be worth considering the benefits and pitfalls of combining systemic with mediation approaches, particularly given this is new to practice and also considering the specifics of the training.
about which course participants offered feedback, such as pace of the course, type of feedback, and peer training between disciplines.

7.3.5. Need to obtain more data

It is difficult to generalize and make statistically sound claims from the quantitative data given the small sample sizes for applicants, practitioners and supervisors. It is therefore advisable that more data is obtained; this will enable better predictive power and greater opportunity to make comparisons. For instance, at present it is inappropriate statistically to make any comparisons between those who attended one MWAC session and those who attended more as the sample size is small. For practitioners and supervisors 3 out of the 15 respondents hadn’t implemented MWAC, therefore a few of the responses made to each question were based on no real time experience. In addition, given the small sample sizes, inferential statistics were not able to be conducted therefore preventing the Research Assistant from looking at the statistical significance of the findings and thus their generalisability.

7.3.6. Offer applicants the opportunity to provide rich data

From the data collected it is not possible to ascertain why the majority of applicants did not reach an agreement about their housing outcome after a single session. Further research and the opportunity for applicants to provide richer data would assist in answering this outstanding question. In addition, very little is known about the impact the MWAC session had on client self esteem, confidence, sense of isolation or self empowerment and it is also questionable as to how likely such an impact will occur after only one session. Consideration needs to be given as to whether it is realistic to ask these sorts of questions after only one session or whether the questions could be re-worded or asked as open questions.

7.3.7. Keep housing office staff regularly informed and supply with leaflets on MWAC

Based on applicants’, practitioners’ and supervisors’ reports, housing office staff need to explain the MWAC session more clearly to applicants, telling them why they are
attending and what it involves. It would also be advantageous for housing office staff to have leaflets which clearly explain the process so that if an applicant struggles to take on board what they were told they can read the leaflet at a later date. A number of applicants did report that they found the housing office to be unsupportive and didn’t feel their concerns were heard. Perhaps by offering the leaflets this may have a positive impact on applicants feeling supported.

7.3.8. Compare MWAC with other services offered

Comparison of outcomes and applicant narrative of similar services can assist in developing a comparative analysis of homeless mediation projects. However, while there are some similarities between them, there are also significant differences and therefore it is difficult to draw direct comparisons.

Findings suggest that the majority of applicants do not stay at home indefinitely having attended MWAC but it is questionable as to how realistic it would be for a large number of applicants to decide to do so. Applicants who were interviewed showed that a number were already in temporary accommodation. These applicants may have particular experiences which mean it was unlikely they would have returned or stayed at home, but this may not necessarily mean their relationships with the householder wasn’t improved as a result of attending MWAC. The majority also only attended one session, often without the householder. While MWAC does offer benefits to applicants of a therapeutic or relational nature, it would be helpful to collect more data to enable a comparison between MWAC and another homelessness prevention services to determine how useful these services are in preventing homelessness.

7.3.9. Longitudinal study

It is difficult to make further claims about the overall effectiveness of the service as outcome data is not available. It would be beneficial for a longitudinal study to be conducted which follows clients over a period of 6 months or more to determine how MWAC impacted not only on emotional issues but also practically. As noted previously, access to this data would need to be released from both applicant and local housing authorities.
7.3.10 Consider need for earlier intervention

It would be worthwhile considering the stage at which Relate becomes involved in homelessness prevention; is an earlier intervention needed? Would an earlier intervention mean that the householder would be more willing to attend? Would one session be sufficient to help with the applicant’s issues? Would the applicant be more willing to attend further MWAC sessions? If MWAC continues to be offered to those who are seen at the housing office should the outcome be looked at differently? If the applicant’s relationship with the householder improves, regardless of whether they still require housing from the housing office, should this be seen more positively? Alone in London emphasise that returning home or remaining in the family home is not always the outcome of mediation. Often a local authority which funds MWAC has a single desired outcome, which is having the applicant remain at home and come off the housing register. Practitioners therefore have had to engage with the ethical principles of independence and impartiality in relation to local authority’s expectations, and seek to broaden those expectations to include soft outcomes such as improvement in family relationships, or the opportunity to tell their story to an experienced professional.

It may also be worthwhile considering an exploration into why the majority of centres involved in the pilot reported low numbers of referrals. This would again inform whether an earlier intervention is needed.

7.3.11. Additional research

A number of questions have been identified which would be beneficial to consider either incorporating into the forms given to applicants or being asked should further research be conducted. It is anticipated that by answering these questions a greater understanding of the effectiveness of MWAC will be obtained and also further understanding of the client group.

- What is the complexity of background issues for the client? (e.g. drug and alcohol abuse, mental health issues?)

23 http://www.adrnw.org.uk/go/SubPage_57.html
- What is the split between priority and non-priority homeless people seen by the service?
- Does the homeless person understand what their options are?
- How many of the excluding parties are involved in the process of MWAC?
- How many people have not become homeless?
- If a person presenting is not now homeless, where are they?
- How many who become homeless have nevertheless maintained links with the family?
- To what extent has the MWAC service empowered clients to take control of their lives?
- What are the outcomes for other members of the family?
- How well do other stakeholders consider their partnership with Relate is working?
- What is the average cost to the Local Authority per client who comes to the service?

7.4. Implications of findings within the context of Relate

As is evidenced by the number of recommendations made, refinements of MWAC and further research is needed. Given the number of suggestions made, consideration needs to be taken as to how to go forward, in terms of resources, training and further research.
References


Appendices

1. MWAC outcome forms – referral
2. MWAC outcome forms – intake session
3. MWAC outcome forms - end of service
4. Practitioner/supervisor questionnaire
5. Practitioner/supervisor consent form
6. Semi-structured interview questions – practitioner/supervisor
7. Semi-structured interview questions - applicant
8. Applicant invitation to participate
9. Practitioner invitation to participate
10. Applicant consent form
11. Ethical Approval, UEL
14. Pilot service specification
15. Training course outline
16. Information on mediation
17. Information on systemic psychotherapy
## Referral Form

(Sections A and B to be completed by Local Authority Housing Officer)

### SECTION A

<table>
<thead>
<tr>
<th>Referring Agency:</th>
<th>Referring Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Authority:</td>
<td>Housing Officer:</td>
</tr>
<tr>
<td>Housing application ref no:</td>
<td>Date of referral:</td>
</tr>
<tr>
<td>Applicant Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Tel. No. (home):</td>
</tr>
<tr>
<td></td>
<td>Tel. No. (work):</td>
</tr>
<tr>
<td></td>
<td>Mobile:</td>
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<td></td>
<td>Email:</td>
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</tbody>
</table>

Applicant circumstances as reported to Local Authority:

<table>
<thead>
<tr>
<th>Name of householder:</th>
<th>Relationship to applicant:</th>
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<tr>
<td>Tel no:</td>
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</table>

Other family members or friends who may attend the service

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to applicant:</th>
<th>Tel no:</th>
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Names/contact details of other organisations supporting the applicant:

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**Relate Mediation with a Counsellor**
### SECTION A CONTINUED

<table>
<thead>
<tr>
<th>Access Type</th>
<th>Requirement</th>
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</thead>
<tbody>
<tr>
<td>Wheelchair access</td>
<td>[ ] Language needs [ ] please specify below</td>
</tr>
<tr>
<td>Visual impairment</td>
<td>[ ] Other needs [ ] please specify below</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>[ ] Other needs [ ] please specify below</td>
</tr>
<tr>
<td>Learning difficulty</td>
<td>[ ] Other needs [ ] please specify below</td>
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</tbody>
</table>

**Relate Mediation with a Counsellor**

Relate the relationship people
### SECTION B  MEDIATION WITH A COUNSELLOR APPOINTMENT DETAILS

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
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<tbody>
<tr>
<td>Venue:</td>
<td></td>
</tr>
<tr>
<td>Mediator:</td>
<td>Relate case number:</td>
</tr>
</tbody>
</table>

### SECTION C  DECLARATION (TO BE SIGNED BY THE APPLICANT)

I confirm that I understand that:

- Attendance at an initial session of the Mediation with a Counsellor service is a routine part of my housing application.
- This meeting will include a review of my family or domestic relationships and the apparent conflicts which led up to the threat or actual homelessness, and an exploration of options and alternatives for my situation.
- At the end of the meeting a report will be completed with my knowledge and agreement to be submitted back to the Housing Department.

I consent to the Local Authority and Relate sharing and processing my personal and sensitive data, in accordance with the Data Protection Act 1998, for the purposes of dealing with my housing application and delivering services to me, and for managing and quality assuring those services.

Signed ___________________________ Date ___________________________

Name (please print): ___________________________

---

1 Relate includes Relate practitioners and other authorised personnel at Relate Centres and Relate Central Office
### Mediation with a Counsellor

**Intake session outcomes form**

<table>
<thead>
<tr>
<th>Referring Agency</th>
<th>Referring Contact</th>
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<tbody>
<tr>
<td>To:</td>
<td>(Local Authority)</td>
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</table>

**Referring Council officer:**

**Applicant:**

**Housing application ref no:**

**Relate case reference no:**

**Date of intake session:**

**Mediator:**

**Other organisation(s) supporting the applicant:**

**Attendance**

- The applicant did not attend
- The applicant attended alone
- The applicant attended with the householder

**Name:**

**Relationship to applicant:**

The applicant attended with other family members or friends as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to applicant</th>
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</tbody>
</table>
Mediation with a Counsellor

Intake session outcomes form to be completed by all applicants

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Age (in years)</th>
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<thead>
<tr>
<th>Ethnic origin</th>
<th>White</th>
<th>Asian/Asian British</th>
<th>Other</th>
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<td></td>
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<tr>
<th>Religion</th>
<th>Christian</th>
<th>Hindu</th>
<th>Muslim</th>
<th>Buddhist</th>
<th>Jewish</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Housing circumstances (please tick the one which best describes your situation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Living with parents/carers/guardians</td>
</tr>
<tr>
<td>❑ Living with other family/friends</td>
</tr>
<tr>
<td>❑ Living in own house/flat</td>
</tr>
<tr>
<td>❑ Living in privately rented house/flat</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk of homelessness (please tick all of the following which apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ I feel I have to leave</td>
</tr>
<tr>
<td>❑ I’m being forced to leave</td>
</tr>
<tr>
<td>❑ I want to leave</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How do you rate your relationship(s) with (Please tick one box in each row)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>Your partner</td>
</tr>
<tr>
<td>Your children</td>
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<tr>
<td>Others in your family</td>
</tr>
<tr>
<td>Your parents</td>
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<tr>
<td>Your friends</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Sources of income</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please tick all that apply)</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>Annual income</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

How many times have you been to the doctor this month?

How many days off work have you had off this month?
# Mediation with a Counsellor

To be completed by applicants who will not be attending subsequent sessions

<table>
<thead>
<tr>
<th>Housing outcome – completed by the practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please tick the one which best describes the outcome)</td>
</tr>
<tr>
<td>The applicant will stay at/return home indefinitely</td>
</tr>
<tr>
<td>The applicant will stay at/return home on a temporary basis</td>
</tr>
<tr>
<td>The applicant will stay with/return to relatives or friends on a temporary basis</td>
</tr>
<tr>
<td>No agreement has been reached with regard to housing</td>
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</table>

<table>
<thead>
<tr>
<th>The following sections to be completed by the applicant</th>
</tr>
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<tbody>
<tr>
<td>Please tick all that apply…</td>
</tr>
<tr>
<td>Coming to the session(s) has</td>
</tr>
<tr>
<td>• given me a chance to think about personal and family issues</td>
</tr>
<tr>
<td>• helped me find ways to manage my situation</td>
</tr>
<tr>
<td>• given me time to plan my move</td>
</tr>
<tr>
<td>• told me about/put me in touch with other organisations which can help</td>
</tr>
<tr>
<td>• made me feel…</td>
</tr>
<tr>
<td>- less alone</td>
</tr>
<tr>
<td>- better about myself</td>
</tr>
<tr>
<td>- safer</td>
</tr>
<tr>
<td>Coming to the session(s) has helped me and my family/friends to</td>
</tr>
<tr>
<td>• talk</td>
</tr>
<tr>
<td>• sort out our differences</td>
</tr>
<tr>
<td>• feel closer</td>
</tr>
<tr>
<td>• manage changes in the family</td>
</tr>
<tr>
<td>• agree a short-term arrangement</td>
</tr>
<tr>
<td>• agree a way forward for the future</td>
</tr>
</tbody>
</table>
Statement about relationships at home and implications for housing situation (to be agreed with the applicant):

Will the applicant attend further sessions of the service? Yes / No
If yes, please list below others to be invited to attend

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to applicant:</th>
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</table>

If no, please give reasons:

Other services/support required (please tick all that apply)

- The applicant wishes to proceed with their housing application
- The applicant wishes to discuss housing options with the Authority
- The applicant requires other services/support from the Authority as follows:

The applicant has been referred to another agency as follows:

Signed: (Relate practitioner) Date:
### Effect on housing/homelessness
Which of these aspects of your life changed as a result of your contact with the service? (Please tick one box in each row)

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Strong positive</th>
<th>Positive change</th>
<th>No</th>
<th>Negative</th>
<th>Strong negative</th>
</tr>
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<tr>
<td>Increased ability to stay at home</td>
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<td>Increased desire to stay at home</td>
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<tr>
<td>Reduced chance of homelessness</td>
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</tbody>
</table>

### Wider social impacts
Which of these aspects of your life changed as a result of your contact with the service? (Please tick one box in each row)

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Strong positive</th>
<th>Positive change</th>
<th>No</th>
<th>Negative</th>
<th>Strong negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement in self-confidence</td>
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<tr>
<td>Reduction in drinking / smoking / drug usage</td>
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<tr>
<td>Reduced sense of isolation</td>
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<tr>
<td>More socialising/community activity</td>
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<tr>
<td>Increased confidence/ability to seek training or employment</td>
<td></td>
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<tr>
<td>Increased ability to provide financially for children</td>
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</tr>
</tbody>
</table>

### How would you rate the quality of the service you received?

- Very good
- Good
- Average
- Poor
- Very poor

### Would you recommend this service to other people?

- Yes definitely
- Yes probably
- No probably not
- No definitely not
At any time when DV or a CP issue is reported, the date of reporting should be recorded below, the practitioner should be informed (if they don’t already know) and the Centre must follow Relate Federation DV / CP policy and procedure, including notification of CP issues to Relate Central Office on the Child Protection Record Form (CPRF).

<table>
<thead>
<tr>
<th></th>
<th>At first contact (enter date)</th>
<th>At intake session</th>
<th>CPRF sent to RCO (enter date)</th>
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</thead>
<tbody>
<tr>
<td>DV reported</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>CP issue reported</td>
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</tbody>
</table>
## Mediation with a Counsellor

### End of service outcomes form A

*(to be completed by the practitioner)*

<table>
<thead>
<tr>
<th>Referring Agency</th>
<th>Referring Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>To:</td>
<td>(Local Authority)</td>
</tr>
<tr>
<td>Referring Council officer:</td>
<td></td>
</tr>
<tr>
<td>Applicant:</td>
<td>Housing application ref no:</td>
</tr>
<tr>
<td>Relate case reference no:</td>
<td>Date of final session:</td>
</tr>
<tr>
<td>Total number of sessions attended:</td>
<td>Mediator:</td>
</tr>
</tbody>
</table>

### Attendance

Number of sessions attended by the applicant alone
Number of sessions attended by the applicant with the householder
Number of sessions attended with other family members or friends
Number of sessions wasted (ie sessions not kept or cancelled and not rebooked)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to applicant:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

### Housing outcome (please tick the one which best describes the outcome)

- The applicant will stay at/return home indefinitely
- The applicant will stay at/return home on a temporary basis
- The applicant will stay with/return to relatives or friends on a temporary basis
- No agreement has been reached with regard to housing

### Other services/support required (please tick all that apply)

- The applicant wishes to proceed with their housing application
- The applicant wishes to discuss housing options with the Authority
- The applicant requires other services/support from the Authority as follows:

The applicant has been referred to another agency as follows:

Signed: (Relate practitioner) Date:
Mediation with a Counsellor

End of service outcomes form B
(to be completed by the applicant at the end of the final session)

Please tick all that apply...

Coming to the session(s) has:

• given me a chance to think about personal and family issues
• given me time to plan my move
• helped me find ways to manage my situation
• told me about/put me in touch with other organisations which can help
• made me feel…
  – less alone
  – better about myself
  – safer

Coming to the session(s) has helped me and my family/friends to

• talk
• sort out our differences
• feel closer
• manage changes in the family
• agree a short-term arrangement
• agree a way forward for the future
Mediation with a Counsellor

Which of these aspects of your life changed as a result of your contact with the service?

Effect on relationships (Please tick one box in each row)

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Strong positive change</th>
<th>Positive change</th>
<th>No</th>
<th>Negative effect</th>
<th>Strong negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved relationship with partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Improved relationship with children</td>
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<tr>
<td>Improved relationship with parents</td>
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<tr>
<td>Improved relationship with others in family</td>
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<td></td>
</tr>
<tr>
<td>Improved relationship with friends</td>
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</tr>
</tbody>
</table>

Effect on housing/homelessness (Please tick one box in each row)

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<thead>
<tr>
<th>Aspect</th>
<th></th>
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<th></th>
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Wider social impacts (Please tick one box in each row)

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</tbody>
</table>

How many times have you been to the doctor this month?

How many days off work have you had off this month?

How would you rate the quality of the service you received?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
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<td></td>
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</tbody>
</table>

Would you recommend this service to other people?

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
At any time when DV or a CP issue is reported, the date of reporting should be recorded below, the practitioner should be informed (if they don’t already know) and the Centre must follow Relate Federation DV / CP policy and procedure, including notification of CP issues to Relate Central Office on the Child Protection Record Form (CPRF).

<table>
<thead>
<tr>
<th>At End Service Session</th>
<th>CPRF sent to RCO (enter date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DV reported</td>
<td>N/A</td>
</tr>
<tr>
<td>CP issue reported</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 4: Practitioner/ Supervisor Questionnaire

Mediation with a counsellor – Practitioner Questionnaire

Date ____________________

Note: Please circle the answers below that fit best with your experience. Where there is a line or box please answer in detail.

About you

Age  
25-30  
31-40  
41-50  
51-60  
60+

Gender  
Male ____  
Female ____

Place of work _______________________

Roughly how many hours of therapeutic mediation have you facilitated? ____________

Roughly how many hours of supervision of therapeutic mediation have you offered (if applicable) ____________

About the course

Which module/s did you attend?  
Mediation ____  
Systemic Practice ____  
Clinical Practice ____

What do you feel you gained from attending the course?

Has there been a particular aspect of the course which has been most helpful in your practice? Please describe.

What else could have been included on the course?
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel the course prepared me for therapeutic mediation practice (if applicable)</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>I feel the course prepared me for supervising therapeutic mediators (if applicable)</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
</tbody>
</table>

**About therapeutic mediation practice**

- **How did you find integrating what you learnt from the course into practice?**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel confident about my ability to offer therapeutic mediation</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>I do not feel supported in my role as a therapeutic mediator/supervisor</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Having applied therapeutic mediation, I feel that the process is unhelpful for individuals/families that are at risk, or experiencing, homelessness</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>Having applied supervision to therapeutic mediators, I feel that the process is unhelpful for individuals/families that are at risk or, or experiencing, homelessness</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>I do not feel equipped to put into practice therapeutic mediation</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>I am happy to incorporate a new way of working into my practice</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
<tr>
<td>I am confident that therapeutic mediation facilitates the meeting of the practical and emotional needs of the client</td>
<td>1 2 3 4</td>
<td>5</td>
</tr>
</tbody>
</table>
Has the use of the outcome forms impacted upon your interaction with the client?
Yes / No

If yes, how?

Did your experience of therapeutic mediation from the course fit with your experience in practice?

Have you identified any differences between individuals who attend only one session of therapeutic mediation compared to those who continue to attend for further sessions?

Thank you for completing the questionnaire.

Please return the completed questionnaire and consent form in the S.A.E. provided.

Please ensure your contact details are included on the consent form. This will enable Laura Spiers, the Research Assistant, to contact you to invite you to attend an interview, either by telephone or face-to-face.
APPENDIX 5: Practitioner/ Supervisor Consent Form

Consent form for participation

(please tick)

I have been given written information about the project, which I have read and fully understand.

I understand that all information collected will be treated confidentially, and that my identity will at no point be revealed to a third party – unless I or anyone else is at risk of harm.

I am willing to complete the questionnaire.

I consent to the information in the questionnaire being used for evaluation purposes.

I am willing to take part in the interview.

I consent to the interview being tape recorded for evaluation purposes.

I understand that the tape recording will only be accessible to the Researchers.

I understand that at any time I can ask for something I say to not be included in the transcript.

I understand that I can withdraw my consent at any point without disadvantage to myself and without the need for explanation. I am not obliged to the researcher in any way or at any point.

Please ensure that you put your personal details below, as this information will be given confidentially to the Research Assistant, Laura Spiers to enable her to know whether you have consented to take part in the evaluation.
Please make sure that you have included your phone number so that Laura can contact you to arrange an interview time/date if you have agreed to take part.

Relate centre location: _________________________________

Surname, first name: _________________________________

Phone no.:_______________________________________

Is there a particular time it would be best for Laura to contact you? Morning ___ Mid-day ___ Afternoon ___ Evening ___

Signature, Date:_______________________________________
APPENDIX 6: Semi-structured interview questions – practitioner/ supervisor

MWAC Evaluation - Supervisor and/or Practitioner interview schedules

Supervisor only

1. How many hours a week do you work for Relate?
2. How do you feel that the content of your training has contributed to your work as a supervisor?
3. Has the training helped you to further understand homelessness?
4. Can you identify changes in your practice as a result of the training? If so, how?
5. Is there any area that you feel you would have liked to have covered in your training that was not covered?
   a. Think in terms of training and practice.
6. How many individuals do you supervise who are trained in mediation with a counsellor?
7. What issues have your supervisees raised during supervision concerning mediation with a counsellor? Consider benefits of the service and also challenges faced.
8. What have your supervisees described as the main areas of concern for the applicants attending sessions?
9. From your viewpoint as a supervisor, what do you think could be improved about the service and why?
10. How have you found the evaluation process? – Consider material provided and questionnaires.

Supervisor and practitioner or practitioner alone

1. How many hours a week do you work for Relate?
2. How many applicants have you seen for therapeutic mediation?

24 Some questions not asked if not relevant, e.g. if practitioner is only a practitioner, not a supervisor as well.
3. How many sessions did these applicants attend (e.g. one session, completed all)
4. How many individuals do you supervise who are trained in mediation with a counsellor?
5. How do you feel that the content of your training has contributed to your work as a counsellor/mediator-supervisor?
   o How helpful was the systemic/mediation training that you received? Prompt. What were the elements that you found helpful?
2. Is there anything specific about the training that had a significant impact both on your work with individual clients or family conflict – positive and negative.
3. How easy/difficult has it been to integrate the new model into practice? If easy, why? If difficult, why?
4. Has the training helped you to further understand homelessness?
5. Can you identify changes in your practice as a result of the training? If so, how?
6. Is there any area that you feel you would have liked to have covered in your training that was not covered?
   o Think in terms of training and practice.
7. What has been your experience of engaging with applicants that have been referred by the Housing Office? How is that different from referrals coming from other agencies? (client motivation?)
6. What has been your experience of the referral system? Are there any ways in which this could be improved?
7. Have you experienced any difficulties in delivering the service? / What has worked well?
8. What’s your understanding of why applicants are homeless or at risk of being homeless?
9. What have you found to be the main areas of concern with the applicants? (i.e. practical, emotional and family issues)
10. Describe your experience of mediation with applicants who have attended one session/completed 2-4/completed all sessions (consider the process).

Prompt. Why do you think applicants only come for one session?

11. Reflecting upon those clients who you have seen who only attended one session, can you see any themes or aspects which distinguished them from those who continued to attend sessions?

12. Do you feel the session length is too short, ok or too long?

13. What do you think could be improved about the service and why?

14. How have you found the evaluation process? Consider in terms of a) using the outcome forms (referral/outcome/end of service) b) explaining the project to applicants c) evaluation material provided and d) questionnaires.

15. Thinking about the applicants you have seen, how do you feel they responded to your using the forms?

16. How do practitioners within your centre feel about mediation with a counsellor?

17. What issues have your supervisees raised during supervision concerning mediation with a counsellor? Consider benefits of the service and also challenges faced.

18. What issues have you taken to supervision concerning MWAC?

19. What have your supervisees described as the main areas of concern for the applicants attending sessions?

20. From your viewpoint as a supervisor and practitioner, what do you think could be improved about the service and why?
APPENDIX 7: Semi-structured interview questions – applicant

**Applicant interview questions**

**Drop out after one session**

1. Can you tell me a bit about why you came for mediation?
2. Were you told to come or did you choose to come?
   a. How was it when they told you to come?
3. Did anyone come to the session with you?
   a. Answer yes, Did you ask them to come?
   b. Answer no, Would you have liked anyone to come?
4. What was good/bad about the session?
5. What do you feel you got from going to the session?
6. Did you feel able to talk in the session?
7. Was the session too long, ok or too short?
8. What were some of your reasons for not going back for more sessions with the mediator?
9. If you were organising a mediation session for someone your age what would you have done differently?
10. Thinking about your relationship with your family, how has it changed since coming for MWAC?
11. What is your housing situation now?
12. What kind of support do you think you may need to help you work towards improving your relationship/housing situation further?

**Attend 1-2 further sessions then drop out**

1. Can you tell me a bit about why you first came for mediation?
2. Were you told to come or did you choose to come?
   a. How was it when they told you to come?
3. How many sessions have you had?
4. What was it about the first session which brought you back for a second session? So you stopped after the … session, what made you stop?

5. Did anyone come to the sessions with you?
   a. Answer yes, Did you ask them to come?
   b. Answer no, Would you have liked anyone to come?

6. What has been good/bad about the sessions?

7. What do you feel you got from going to the sessions?

8. Did you feel able to talk in the session?

9. Were the sessions too long, ok or too short?

10. What were some of your reasons for not going back for more sessions with the mediator?

11. If you were organising a mediation session for someone your age what would you have done differently?

12. Thinking about your relationship with your family, how has it changed since coming for MWAC?

13. What is your housing situation now?

14. What kind of support do you think you may need to help you work towards improving your relationship/housing situation further?

15. If a friend asked you about mediation what would you tell him/her?

**Finish all sessions**

1. Can you tell me a bit about why you came for mediation?

2. Were you told to come or did you choose to come?
   a. How was it when they told you to come?

3. How many sessions have you had?

4. Did anyone come to the sessions with you?
   a. Answer yes, Did you ask them to come?
   b. Answer no, Would you have liked anyone to come?

5. What has been good/bad about the sessions?

6. Did you feel able to talk in the session?

7. Were the sessions too long, ok or too short?
8. What do you feel you got from going to the sessions?
9. If you were organising a mediation session for someone your age what would you have done differently?
10. Thinking about your relationship with your family, how has it changed since coming for MWAC?
11. What is your housing situation now?
12. What kind of support do you think you may need to help you work towards improving your relationship/housing situation further?
13. If a friend asked you about mediation what would you tell him/her?
APPENDIX 8: Applicant invitation to participate

Mediation with a Counsellor

Information and Invitation to participate

Mediation with a counsellor

If there's a chance you might become homeless because you are not getting along with others at home then our sessions allow you to talk about your situation and think about your options. The counsellor will work with you to try to find the best way forward.

In the first session you will be asked about why you feel you might have to leave your home. You will also complete some forms and be offered the chance to come back for more sessions. The first session will last around an hour.

Project

As Mediation with a Counsellor is a new service we are very interested in finding out about your experience of the service. Your feedback is valuable in helping us improve the service for you and others who may find themselves in a similar position.

We would like to invite you to take part in a project that looks at your experience of Mediation with a counsellor. If you agree to take part you are given up to £10 and your travel expenses are paid for.

What will the project involve?
The project involves you completing some questionnaires with your counsellor. You will also have an opportunity to talk to someone at a later date about your experience of mediation. This can be face-to-face or on the phone and takes around 30 minutes.

What about confidentiality?
Your participation in this project is your choice. What you say will be treated confidentially and your identity will not be revealed – unless you or anyone else is at risk of harm. Your name or other personal information will not be used in the final report.

What happens if I don’t want to answer some of the questions or continue with the study?
You have the right to refuse to answer any questions and you may pull out of the project at any time.

Your counsellor will talk about the project in the session so if you have any further questions please speak to them.
APPENDIX 9: Practitioner invitation to participate

Mediation with a Counsellor

Information and Invitation to participate

As Mediation with a counsellor is a new service we are very interested in finding out about your experience of the training and service delivery. We would like to invite you to take part in a project as your feedback is valuable in helping us improve the service.

What will the project involve?
The project involves you completing a questionnaire. You will also have an opportunity to talk to a Research Assistant (Laura Spiers) at a later date about your experience of the training and service delivery. This can be face-to-face or on the phone and takes around 30 minutes. Travel expenses, up to £8, will be paid for.

Some of the questions which may be asked in the interview include, ‘Have you experienced any difficulties in delivering the service?’, ‘What do you think could be improved about the service and why?’.

What forms must I fill in?
If you agree to participate in the project please complete the consent form and questionnaire and send these to Laura in the return envelope provided.

What happens next?
Once you have completed the questionnaire and consent form Laura will be in touch to arrange a convenient date and time to talk (if you have agreed to be involved in the interview).

What about confidentiality?
Your participation in this project is your choice. What you say will be treated confidentially and your identity will not be revealed – unless you or anyone else is at risk of harm. Your name or other personal information will not be used in the final report.

What happens if I don’t want to answer some of the questions or continue with the study?
You have the right to refuse to answer any questions and you may pull out of the project at any time.

If you have any further questions please contact Laura Spiers (laura.spiers@relate.org.uk)
Consent form for participation in a research project

(Please tick)

I have been given written information about the research project, which I have read and fully understand.

I understand that all information collected will be treated confidentially, and that my identity will at no point be revealed to anyone else – unless I or anyone else is at risk or harm.

I consent to the interview being recorded for research purposes.

I understand that the interview will be written up with no names in it.

I understand that at any time I can ask for something I say to not be included in the write up.

I understand that I can pull out of this project and it will not stop me getting help from the mediation counsellor.

Surname, first name(s):
Address and phone no.: __________________________________________

___________________________________________

Signature, Date:

___________________________________________

To be completed by the Mediation counsellor:

Name: _______________________________________

Email address: ________________________________
APPENDIX 11: Application for Ethical Approval, UEL

UNIVERSITY OF EAST LONDON
APPLICATION FOR THE APPROVAL OF AN EMPIRICAL PROGRAMME INVOLVING HUMAN PARTICIPANTS

Please read the Notes for Guidance before completing this form. If necessary, please continue your answers on a separate sheet of paper: indicate clearly which question the continuation sheet relates to and ensure that it is securely fastened to the report form.

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<th>1.</th>
<th>Title of the programme: n/a</th>
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<tr>
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<td>Title of research project (if different from above): An evaluation of ‘Mediation with a counsellor’ as a new model for homelessness prevention in conjunction with the Relate Institute</td>
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<th>2.</th>
<th>Name of person responsible for the programme (Principal Investigator): Dr Kendra Gilbert, Dr Cristian Tileaga</th>
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<tr>
<td></td>
<td>Status: Senior Lecturer, Lecturer</td>
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<td>Name of supervisor (if different from above)</td>
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<td>(a) experimenters (approximately): 3</td>
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<td></td>
<td>(b) participants (approximately): clients N = 100-150; therapists N = 20-40</td>
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6. **Name of researcher(s) (including title):**
   (a) Relate Institute Research assistant (to be appointed on March 16th 2007)
   (b) Dr Kendra Gilbert (UEL)
   (c) Dr Cristian Tileaga (UEL)

   **Nature of researcher (delete as appropriate): see above**

   **If “others” please give full details:**

7. **Nature of participants (general characteristics, e.g University students, primary school children, etc):**
   (a) Relate practitioners
   (b) Relate Clients: - referrals from the Local Authority Housing Officers; families who are referred from any other service agency into the Mediation with a Counsellor service. Service users will be divided into three groups: 1) Drop-outs (one session with Relate), 2) mid term (more than one session followed by drop-out) and 3) service users who complete the process

8. **Probable duration of the programme:**

   | from (starting date): | April 2007 | to (finishing date): | March 2008 |

9. **Aims of the programme including any hypothesis to be tested:**

   The main aim of the present endeavour is to evaluate and offer recommendations on a new model of working with clients that tries to bring together the benefits of systemic and mediation approaches in dealing with both the emotional and practical issues which can lead to relationship breakdown and homelessness. By using a range of quantitative and qualitative measures, the present evaluation shall examine the effects and effectiveness of the mediation with a counsellor for service users and practitioners.

   In as far as **service users** are concerned, this includes variables such as the client and family experience of addressing family relationship issues (e.g. breakdown) or any other issues related to a particular housing situation, blended or step family issues, relationship patterns, communications, client isolation etc.

   What do service users (at different stages in their interaction with Relate), see as the main benefits of the service they have received? How do they view the nature, effects and effectiveness of the service proposed to them? This evaluation is also interested in ascertaining the extent to which the service has helped clients to recognise the resilience and resourcefulness of their familial relationships, and ultimately to reduce homelessness through a re-engagement with estranged family members. To what extent does the new model (service) serve as an opportunity for clients to talk about the range of relational and housing issues which has led to the crisis? To what extent does the new model provide a perceptive and helpful response to clients raising both emotional and practical issues?

   In as far as the **practitioners** are concerned, the main aim of the evaluation is to ascertain whether, in their view, the mediation with a counsellor can claim to lend itself as a useful intervention framework to responding to the emotional and practical needs of a specific client group.
To this one can add: To what extent the training provided has been useful and effective in preparing them for delivering the ‘blended’ service? How did the practitioners experience the training as helping them help the clients on practical, emotional and family issues? What is the practitioners’ experience of ‘transforming’ theory into practice? The main aim is not to assess the training programme itself (this will have been assessed through course feedback), but to get a sense of how training-related issues impact on the actual service delivery.

10. Description of the procedures to be used (give sufficient detail for the Committee to be clear about what is involved in the programme). Please append to the application form copies of any instructional leaflets, letters, questionnaires, forms or other documents which will be issued to the participants:

Methodology

Procedures for recruiting participants

a) Practitioners - As part of the development of the new approach Relate counsellors and mediators will be trained in its implementation. As part of this training process counsellors and mediators will be invited to participate in the evaluation. It is envisaged that this will occur immediately after training

b) Clients – participating practitioners will be asked to invite clients to participate in this evaluation research

Procedures for data collection

Prior to any data collection participants will have received an information sheet and signed a consent form (see appendix 1, service users; appendix 2, practitioners; appendix 3, consent form). This research will follow the BPS ethical guidelines (2006) and will ensure: participant anonymity; full disclosure of the purpose of the study; right of withdraw at any time without prejudice; debriefing (see appendix 4). Data shall be collected and analysed using qualitative and quantitative methods representing the views of service users and practitioners.

Questionnaires - Relate outcome measures (referral, intake, end of service forms - grouped together in a stand-alone electronic package; see appendix 6, 7, 8) (clients) and post-training evaluation forms (see appendix 5) (practitioners).

Semi-structured interviews with both clients and practitioners: one-to-one format and will last between 45-60 min (see appendix 9 for a draft version of the schedules). The final adaptation of the semi-structured interview schedules for the service users will consist of different versions depending on the above mentioned distinction 1) Drop-outs (one session with Relate), 2) mid term (more than one session followed by drop-out) and 3) service users who complete the process. Interviews will be audio taped with participants’ permission and transcribed verbatim

Procedures for Data Analysis

(a) Questionnaire data. Numerical data will be analysed using descriptive and inferential statistics, and textual data will be submitted to content and thematic analysis (Braun & Clarke, 2006; Langridge, 2004)

(b) Interview transcripts. These will be analysed using thematic and discourse analysis (Silverman, 2001; Willig, 2001,)
11. Are there potential hazards to the participant(s) in these procedures?
   NO

   If yes: (a) what is the nature of the hazard(s)?

   (b) what precautions will be taken?

12. Is medical care or after care necessary?
   NO

   If yes, what provision has been made for this?

13. May these procedures cause discomfort or distress?
   YES

   If yes, give details including likely duration:

   It is unlikely that these procedures will cause distress (i) as the clients will be fully briefed in advance as to the nature and purpose for the interview; and (ii) as the clients will not be asked about their experiences of homelessness per se, but rather about their experiences of Relate procedures and the therapeutic encounters utilising the new approach. Care will be taken during the interview itself to monitor participants’ emotional state and if any client appears distressed the interview will be terminated. Should any client remain distressed they will be provided with advice on where to seek help and support from Relate.

14. (a) Will there be administration of drugs (including alcohol)?
   NO
If yes, give details:

(b) Where the procedures involve potential hazards and/or discomfort or distress, please state what previous experience you have had in conducting this type of research:

15. (a) How will the participants' consent be obtained?
They will be provided with an information sheet to read in advance (appendix 1 and 2); they will be fully briefed as to the purpose of the data collection and will be asked to give consent (appendix 3).

(b) What will the participants be told as to the nature of the research?
The participants will be fully briefed about the nature of the research via an information sheet (appendix 1 and 2).

16. (a) Will the participants be paid?
NO

(b) If yes, please give the amount: £

(c) If yes, please give full details of the reason for the payment and how the amount given in 16 (a) above has been calculated (i.e. what expenses and time lost is it intended to cover):

17. Are the services of the University Health Service likely to be required during or after the programme?
If yes, give details:

18. (a) Where will the research take place?
Housing Department facilities

(b) What equipment (if any) will be used?
Audiotape recorder; transcribing machine; printed materials

(c) If equipment is being used is there any risk of accident or injury? If so, what precautions are being taken to ensure that should any untoward event happen adequate aid can be given:
N/A
19. Are personal data to be obtained from any of the participants?  
   YES  
   
   If yes, (a) give details:  
   
   Demographic data  
   
   (b) state what steps will be taken to protect the confidentiality of the data?  
   
   The data will be anonymized such that any information that might identify individual participants will be removed.  
   
   (c) state what will happen to the data once the research has been completed and the results written-up. If the data is to be destroyed how will this be done? How will you ensure that the data will be disposed of in such a way that there is no risk of its confidentiality being compromised?  
   
   Data will be safely and securely stored at the Relate Institute in keeping with the requirements of the Data Protection Act.

20. Will any part of the research take place in premises outside the University or will any members of the research team be external to the University?  
   YES  
   
   If yes, please give full details of the extent to which the participating institution will indemnify the experimenters against the consequences of any untoward event:  
   
   Yes. Relate’s Employer's and Public Liability insurance will provide an indemnity for their legal liability in the event of their negligent injury to their employee or a Third Party or for negligent damage to Third Party Property. For full details of the insurance terms and conditions, reference should be made to the policy documents, a copy of which is available upon request.

21. Are there any other matters or details which you consider relevant to the consideration of this proposal? If so, please elaborate below:  
   N/A

22. If your programme involves contact with children or vulnerable adults, either direct or indirect (including observational), please confirm that you have the relevant clearance from the Criminal Records Bureau prior to the commencement of the study.  
   The Research Assistant will have CRB clearance with Relate
23. DECLARATION

I undertake to abide by accepted ethical principles and appropriate code(s) of practice in carrying out this programme.

Personal data will be treated in the strictest confidence and not passed on to others without the written consent of the subject.

The nature of the investigation and any possible risks will be fully explained to intending participants, and they will be informed that:

(a) they are in no way obliged to volunteer if there is any personal reason (which they are under no obligation to divulge) why they should not participate in the programme; and

(b) they may withdraw from the programme at any time, without disadvantage to themselves and without being obliged to give any reason.

NAME OF APPLICANT: ____________________________ Signed: ____________________________

(Person responsible)

Dr Cristian Tileaga ____________________________ Date: ____________________________

NAME OF HEAD OF SCHOOL: ____________________________ Signed: ____________________________

__________Professor David Rose__________ Date: ____________________________
MEDIATION WITH A COUNSELLOR

a new model for homelessness prevention

Setting up, delivering and managing the new service

guidelines for Local Authorities

relate
the relationship people
Acknowledgements

These guidelines have been produced with support from the Office of the Deputy Prime Minister (ODPM) and, more recently, the Department for Communities and Local Government (DCLG) who commissioned Relate to develop a standard model for a service to address relationship breakdown which may lead to homelessness.

The ODPM/DCLG has also provided funding to support the development of guidelines for service delivery agencies, the development and delivery of a new training course to equip practitioners to deliver the new service, and the delivery and evaluation of the new pilot service in a number of English Local Authority areas during 2006/8.

The guidelines for Local Authorities and service delivery agencies have been produced through careful consideration and close consultation with a number of Relate service managers and practitioners with experience of developing and delivering mediation and counselling homelessness prevention services under contract to Local Authorities, including in particular the Good Practice Guidelines produced by the London Borough of Harrow¹. Their experience, ideas and input have provided a most valuable contribution.

The guidelines have also benefitted from consultation with and incorporate feedback from other organisations working in related fields. In particular we are grateful for written responses from:

- Barnardo’s
- National Family Mediation
- Shelter
- The Institute of Family Therapy
- The UK College of Family Mediators.


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## CONTENTS

1 INTRODUCTION TO THE GUIDELINES 5
1.1 Purpose of the guidelines
1.2 Content of the guidelines
1.3 Terminology
1.4 Ongoing review of the guidelines

2 WHY HAS THIS SERVICE BEEN DEVELOPED? 6
2.1 Public policy
2.2 Relate’s experience in delivering homelessness prevention services
2.3 Benefits to Local Authorities

3 OVERVIEW OF THE SERVICE 9
3.1 What is the purpose of the service?
3.2 What does the service involve?
3.3 Who is the service for?
3.4 How does the service fit with what Local Authorities do now?
3.5 What outcomes will the service deliver?

4 HOW THE SERVICE WORKS IN PRACTICE 12
4.1 Referrals
4.2 Homelessness assessment
4.3 Working with clients and their families
4.4 Venues for client meetings
4.5 Reporting outcomes and sharing information
4.6 Signposting to other services

5 PRACTICE ISSUES AND ETHICAL FRAMEWORK 16
5.1 Confidentiality and disclosure
5.2 Safety issues – child protection and domestic violence/abuse
5.3 Health and safety
5.4 Equality and diversity
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>QUALITY ASSURANCE AND STANDARDS</td>
<td>17</td>
</tr>
<tr>
<td>6.1</td>
<td>Practitioner qualifications and training</td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td>Supervision, support and professional accountability</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>STAFF TRAINING AND LIAISON</td>
<td>18</td>
</tr>
<tr>
<td>7.1</td>
<td>Training for Housing Department staff</td>
<td></td>
</tr>
<tr>
<td>7.2</td>
<td>Training for Relate staff</td>
<td></td>
</tr>
<tr>
<td>7.3</td>
<td>On-going liaison</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>PUBLICITY AND PROMOTION OF THE SERVICE</td>
<td>19</td>
</tr>
<tr>
<td>8.1</td>
<td>Publicity materials and use of other media</td>
<td></td>
</tr>
<tr>
<td>8.2</td>
<td>Networking with other organisations</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>PERFORMANCE MANAGEMENT</td>
<td>20</td>
</tr>
<tr>
<td>9.1</td>
<td>Monitoring inputs, outputs and outcomes</td>
<td></td>
</tr>
<tr>
<td>9.2</td>
<td>Feedback from clients and other stakeholders</td>
<td></td>
</tr>
<tr>
<td>9.3</td>
<td>Client complaints</td>
<td></td>
</tr>
<tr>
<td>9.4</td>
<td>Evaluating and reviewing the service</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>CONTRACTING A SERVICE – NEXT STEPS</td>
<td>22</td>
</tr>
<tr>
<td>10.1</td>
<td>Rationale for the service</td>
<td></td>
</tr>
<tr>
<td>10.2</td>
<td>The benefits of contracting with Relate</td>
<td></td>
</tr>
<tr>
<td>10.3</td>
<td>Setting the framework</td>
<td></td>
</tr>
<tr>
<td>10.4</td>
<td>The contract</td>
<td></td>
</tr>
<tr>
<td>10.5</td>
<td>Cost of the service</td>
<td></td>
</tr>
<tr>
<td>10.6</td>
<td>Next steps</td>
<td></td>
</tr>
<tr>
<td>APPENDICES</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>1</td>
<td>Referral system flowchart</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Client pathway</td>
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1 INTRODUCTION TO THE GUIDELINES

1.1 Purpose of the guidelines

The purpose of these guidelines is to inform and support Local Authorities involved in purchasing Relate Mediation with a Counsellor mediation and support services for homeless and potentially homeless people and to set the basis for a consistently high quality service for users and other stakeholders across the country.

You can use the guidelines as a basis for the initial local training of Local Authority staff involved in the service and as a useful ongoing point of reference for staff in integrating the service with existing Local Authority procedures for dealing with housing applications and homelessness and establishing protocols for client referrals, information sharing etc.

1.2 Content of the guidelines

The guidelines include the following sections:

- why has the service been developed – including potential benefits of establishing a service
- overview of the service – its aims, theoretical basis and anticipated outcomes
- how the service works in practice – including information about referrals, how we’ll work with clients, reports and information sharing
- practice issues and ethical framework – principles which guide our work
- quality assurance and standards – quality assurance measures and internal and external standards applying to the service
- performance management – how we make sure the service is effective and good value for money
- staff training and liaison – initial and ongoing requirements
- service publicity and promotion – to attract clients and engage them fully with the service
- setting up/purchasing a service – next steps.

1.3 Terminology

We use the term Mediation with a Counsellor throughout the document to refer to the service delivered by Relate and other organisations in the context of homelessness prevention using the service model and practitioner training developed by Relate.

The terms ‘client’ or ‘clients’ refer to any individual, couple or family referred to the service whilst the term ‘practitioner’ includes any professional delivering the service to clients.

1.4 Ongoing review of the guidelines

Relate wants to work with a number of Local Authorities in 2006/08 to pilot our new Mediation with a Counsellor service and will review and revise this first edition of the guidelines in the light of experience in the pilot.

The Local Authorities involved in these pilots will contribute to an external review and evaluation of the service and will have the opportunity to shape the service for the future, for the benefit of their local communities. We would therefore welcome the involvement of a wide range of Authorities representative of the different geographic, demographic, social and cultural profiles of communities across the country.
2 WHY HAS THIS SERVICE BEEN DEVELOPED?

2.1 Public policy

The legal responsibilities of Local Authorities in relation to homelessness are defined in the Housing (Homeless Persons) Act 1977, the Housing Act 1996 and the Homelessness Act 2002.

The following reports published by the then Office of the Deputy Prime Minister (and available at the website of the new Department for Communities and Local Government (DCLG): www.dclg.gov.uk) set out current Government policy, priorities and initiatives on preventing homelessness:

- "More than a Roof: a report into tackling homelessness" 2002
- "Achieving Positive Outcomes on Homelessness" April 2003
- "Sustainable Communities: settled homes; changing lives" March 2005.

To support initiatives to tackle homelessness, the Government has provided extra funding for Local Authorities. It expects to make up to £74 million available by 2007/08 to help Local Authorities and voluntary organisations take action to prevent homelessness. The current position may be summarised as follows:

The Homelessness Act of 2002 requires all Local Authorities to produce a strategy and targets for reducing homelessness and to review the strategy at least every five years. Within this strategy Local Authorities are expected to offer support for people to prevent them from becoming homeless, as well as for those who are already homeless. Local Authorities now recognize that services which address personal, relationship and social issues which lead to homelessness are crucially important and should be given the same priority as provision of housing:

"helping someone to rebuild relationships with family or friends, stay in education or take up training or employment and deal with a drug, alcohol or mental health problem is as much about tackling homelessness as ensuring a roof over their head".

Preventative measures should form a major strand of Local Authority policy in addressing homelessness.

Government figures show that the breakdown of family relationships accounts for 58% of homelessness (38% evicted by family or friend and 20% relationship breakdown). This is supported by other estimates that about two thirds of housing applications result from the breakdown of relationships within families and partnerships. Anecdotal evidence indicates that a high proportion of these housing applicants are young people and that many of these young people want to re-establish connections with their families.

Services which support, strengthen and help prevent the breakdown of family relationships are key to preventing homelessness.

Many Local Authorities have begun to use mediation and counselling services as methods of support, breaking down "the old distinctions between 'statutory' and 'non-statutory' homelessness", recognising that homelessness involves emotional as well as practical issues and

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2 More than a Roof: A Report into Tackling Homelessness. ODPM (now DCLG). 2003
3 Figures taken from Sustainable Communities: settled homes; changing lives. ODPM (now DCLG), March 2005
4 Lemos and Crane 2001 Mediation and Homelessness a review of the literature and the views of service providers in Scotland.
5 Sustainable Communities: settled homes; changing lives. ODPM (now DCLG) March 2005
that early intervention with young people, individuals, couples and families can prevent homelessness now and in the future.

"Relationship breakdown and domestic violence can all too often lead to homelessness. Family tensions can make living conditions intolerable for teenagers and other young people and their parents. Many Local Authorities have been implementing approaches aimed at avoiding the crisis of homelessness resolving problems in the long-term or providing respite and time for a planned, and often more sustainable move. Services being developed include home visits, mediation and counselling services to help couples and families reconcile their differences." 

A recent survey of the progress of English Local Authorities in delivering homelessness strategies shows that almost all Authorities have at least one homelessness prevention scheme in operation, and that over 50,000 people were helped to avoid homelessness through prevention schemes in 2004/2005. Of the 338 Authorities who responded to the survey, over 260 indicated that one of these prevention schemes was mediation with family and friends and a further 57 stated that they intended to have such a scheme operating by 2007.

Mediation services are used increasingly by Local Authorities and are beginning to show their effectiveness in preventing homelessness.

2.2 Relate’s experience in delivering homelessness prevention services

Relate is a registered charity committed to the promotion of health, respect, and justice in couple and family relationships. The opportunity to work with Local Authorities in this new service is consistent with our charitable objects and mission.

With a network of over 600 service locations across England, Wales and N Ireland, we are the UK’s leading provider of relationship support services. We have over 60 years experience of helping people to create practical and achievable solutions to their relationship problems.

In our work with the general public we look at how people behave towards each other and how that might affect how they feel about one another as individuals, within small family groups, and within the family as a whole. We explore how the beliefs and actions of individuals within the family are viewed and interpreted by other family members, and how this might contribute towards the difficulties they are experiencing. We give everyone the opportunity to be heard. We do not take sides or tell anyone what to do. We explore the different interpersonal relationships and determine how best to work with them to resolve problems.

Over recent years we have recognised the contribution we can make, using this knowledge and experience, to the prevention of homelessness.

In 2002, the London Borough of Harrow set up the first known contract for a mediation service with a local Relate Centre (Relate Central Middlesex, now called Relate London North West). The service aimed to prevent homelessness resulting from the breakdown of relationships between housing applicants and their family members, relatives or friends (host household as they are sometimes termed).

Since that time a number of other Local Authorities, including Authorities in Lincolnshire, Yorkshire, Essex, Sussex and some outer and inner London boroughs, have commissioned Relate to develop similar services drawing on Relate’s skills and experience in both mediation and family and relationship counselling.

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6 Sustainable Communities: settled homes; changing lives. ODPM March 2005
7 Report to Office of the Deputy Prime Minister Homelessness and Housing Support Directorate. 2005
The contribution of Relate to homelessness initiatives is noted by ODPM (now DCLG):

“We want to promote these services where there is no risk of abuse or violence. Our future action will include continuing work with Relate to evaluate approaches which reconcile families and we will continue to fund them as part of an effective homelessness prevention service.”

As a provider of mediation and counselling services, Relate has a proven track record in helping individuals, couples and families to improve communication, strengthen their relationships and reconcile differences.

Relate practitioners are trained to recognise indicators of abuse and violence, and to respond with a model that prioritises the safety of victims and any associated children.

Our experience tells us that services which focus either on helping families to explore the communication patterns and emotional contexts which contribute to family breakdown, or only on the surrounding practical issues do not always deliver clear and effective outcomes.

Independent research with divorced couples9 who had attended family mediation services has also shown that some mediation services’ “focus on settlement-seeking had seemingly lost sight of the potential therapeutic benefits of conciliatory and systemic approaches” such that the service had not addressed wider familial issues, rebuilt relationships or reduced conflict.

We therefore identified a need for a service for individuals and families which deals effectively with both the emotional and the practical issues which cause family relationship breakdown and homelessness, especially among young people.

Relate is uniquely placed to offer an innovative service which draws on our experience and skill in delivering both Family Mediation and Family Counselling services.

In the newly developed Mediation with a Counsellor service, those at risk of homelessness because of relationship difficulties will be seen by a practitioner who holds a combination of mediation and therapeutic skills, and who can therefore work with users of the service both to resolve practical problems and find ways to manage the emotional impact of their situation.

With support from ODPM/DCLG, Relate has now developed a new service combining therapeutic and mediation skills to deal effectively with both emotional and practical issues which cause family relationship breakdown and homelessness, especially among young people.

2.3 Benefits to Local Authorities

The new service offers an opportunity for Local Authorities to work with Relate and other service delivery agencies for mutual and public benefit:

• by offering individual support and strengthening relationships, Relate can help Local Authorities to meet their targets for preventing homelessness

• by commissioning this new service Local Authorities will demonstrate their commitment to innovation and meet the conditions for ongoing financial support from central government

• by extending this service to people at an early stage of family relationship breakdown, Local Authorities will reach out to people, in particular young and socially disadvantaged people, who might otherwise become the housing applicants of the future, help them deal with both the emotional and the practical issues involved in family relationship breakdown, support them to sustain or rebuild those relationships, and avoid the personal tragedy and public cost of homelessness.

9 Sustainable Communities; Settled Homes: Changing Lives. Office of the Deputy Prime Minister 2005
9 Picking up the Pieces: Marriage and Divorce Two Years after Information Provision. Department of Constitutional Affairs. 2004
3 OVERVIEW OF THE SERVICE

3.1 What is the purpose of the service?
Mediation with a Counsellor offers an independent, impartial and confidential service for clients experiencing conflict or breakdown in family relationships which may lead to homelessness. It aims to address the underlying conflicts and strengthen relationships, enabling clients to negotiate their own workable solutions and avoid homelessness.

3.2 What does the service involve?
The service is designed to be a preventative and supportive, short-term intervention delivered by means of face to face meetings of varying length between the client(s) and an appropriately trained practitioner.

The service will include a therapeutic element to support individuals to develop strategies to manage their own situation. It will also offer mediation, where appropriate, between clients and their partners, family members or friends to enable them to negotiate their own workable solutions.

3.3 Who is the service for?
Mediation with a Counsellor has been designed for individuals and families experiencing conflict or breakdown in family/home relationships which may lead to homelessness. These will include housing applicants who are or may become homeless, and those who have been temporarily or permanently re-housed and who might benefit from further support.

As there is clear evidence that early intervention produces the most effective results, we also aim to offer the service to young people, couples and other family groups experiencing conflict in family relationships but who are not yet at the crisis point of actual or threatened homelessness.

3.4 How does the service fit with what Local Authorities do now?
The service is designed to sit alongside other Local Authority homelessness prevention initiatives and to be an integral part of Local Authority procedures for processing housing applications.

Relate recognises that Local Authority housing applicants fall into the three broad categories – Mediation with a Counsellor can help with each of these as follows:

• applicants with a real and urgent need for re-housing for safety reasons to escape abuse or violence at home – victims are often afraid or ashamed to talk about what is going on at home so that violence and abuse can go undetected. The Relate service will help Authorities to identify these applicants at an early stage so that they can be moved promptly to a place of safety

• at the other end of the scale are applicants who may have no statutory need for or entitlement to re-housing but who want ‘a place of their own’, and collude with other family members in order to present as if genuinely facing eviction. Mediation with a Counsellor will provide a reality check for such applicants – an exploration with them of the options for and realities of independent living, and signposting to appropriate alternative
sources of help. In this way applicants will either be discouraged from leaving home prematurely or will be supported to make a sustainable move to truly independent living

• in between these two extremes are the majority of applicants who are experiencing real tensions in their relationships at home which Mediation with a Counsellor can help to address and resolve.

3.5 What outcomes will the service deliver?

Use of the service should help Local Authority Housing Departments to meet Best Value performance indicator BV213, introduced in April 2005, which requires them to record the number of households helped to avoid homelessness through preventative measures.

However, the service also aims to deliver a wide range of other ‘interim outcomes’ or stepping stones in the prevention of homelessness, for example outcomes relating to personal, family and social circumstances. These interim outcomes need to be recognised as having a value in their own right and will also help Local Authorities to achieve their targets for reducing homelessness in the medium and longer term.

Depending on the circumstances, wants and needs of the client and also, of course, on the extent to which clients engage with the service, we expect the service to deliver any of the following outcomes:

For clients and their families...

• clients have an opportunity to explore and address the personal and family issues which have led to actual or threatened homelessness and to develop positive strategies to manage their short-term and longer term situation

• direct contact, positive communication and constructive negotiation are re-established between partners, family members or friends

• a short-term arrangement is achieved to alleviate pressure on all parties,

• conflict is reduced or eliminated and disputes are resolved

• a mutually acceptable way forward is negotiated

• family relationships and social networks are sustained and/or strengthened

• relationship transitions are managed with reduced conflict

• sustainable family living arrangements are successfully negotiated, eg agreement is reached that a person facing homelessness can, as appropriate:
  – return/stay at home permanently
  – return/stay at home on a temporary basis to allow time for a planned move to independent living
  – stay with relatives or friends on a temporary basis to allow time for a planned move to independent living
  – move out but continue contact with and receive support from family members

• clients are signposted/referred to other relevant agencies
• clients' sense of isolation is reduced
• clients' confidence and self-esteem are enhanced
• clients avoid homelessness
• clients make the move out of a violent home with proper planning and support
• clients avoid life on the streets and are therefore safer
• clients' personal and life skills are enhanced, leading to better educational and work opportunities and improved economic stability.

For Local Authorities...
• performance against Best Value performance indicator BV213 is improved
• housing strategy requirements/priorities are fulfilled
• access to a well-targeted, cost effective, quality assured service for clients,
• housing staff have more options to offer clients and help in making their homelessness assessment
• costs are saved on accommodation, staff and buildings
• Housing Department clients are supported, families and social networks are strengthened and resolutions are sustained
• client satisfaction is increased
• safety and child protection are improved/increased
• homelessness and applications for housing are reduced in the short, medium and longer terms.

We expect the service to deliver positive outcomes for individual clients, partners, families and friends and to have wider social impacts relevant to the work of Local Authorities and other statutory and voluntary agencies.
4 HOW THE SERVICE WORKS IN PRACTICE

4.1 Referrals

4.1.1 Referral system

Housing staff need to be clear about which clients should be referred to the service, and how and when to refer – it is therefore important to have a clear referral system and to make sure that all staff are aware of it.

4.1.2 Referral sources/timing

Where a service is commissioned by a Local Authority Housing Department, we expect that most clients of the service will be referred by the housing staff who deal with homelessness on behalf of the Authority.

In a recent ODPM (now DCLG) survey of English Local Authorities, Housing Departments said that nearly half of housing applicants could have their homelessness prevented when they first seek assistance. Over half the Authorities expressed the view that the most common reason for housing applicants' reluctance to engage in any of the Authorities' prevention schemes was that they preferred to pursue their rights to social housing under current legislation.

This evidence means that referrals are best made as early as possible, as soon as a housing application is made. It also means that referral to the service should be a routine part of the Housing Department's process for dealing with homelessness applications (see 4.1.5).

Relate's experience shows that we can deal most effectively with family conflict and relationship breakdown at an early stage before problems have become intractable – it is usually easier to prevent or delay a person's departure from their home than to deal with the result of a departure. This is confirmed by other organisations working in the field. We therefore aim to receive referrals as early as possible, preferably well before homelessness is threatened or a housing application is made.

For this reason we strongly recommend that the service should allow and encourage self referrals and referrals from other local agencies, e.g. Social Services departments, health sector agencies, schools and colleges, Connexions, Youth Centres, voluntary sector agencies including YMCA, CAB, Crisis, Centrepoint, and other homelessness agencies.

Such organisations are likely to be able to identify potential clients well before homelessness becomes a reality and before a housing application is made to the Local Authority and will be important in preventing homelessness in the medium and longer terms. We will work with you to develop referral systems with such organisations. However, your referrals will normally receive priority over referrals from other sources.

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10 Report to Office of the Deputy Prime Minister Homelessness and Housing Support Directorate. 2005
11 Response from NFM to consultation exercise June 2006
12 Mediation and Homelessness a review of the literature and the views of service providers in Scotland. Lemos and Crane 2001
13 Deferred Dreams: the families and friends of homeless and vulnerable people. Lemos and Durkacz 2002
4.1.3 Criteria for referral

There are a number of positive and negative indicators which can act as a useful guide to your staff in making appropriate referrals to the service. These have been identified in a number of reports eg Lemos and Crane\textsuperscript{12}, Lemos and Durkacz\textsuperscript{13}, and the Harrow LBC Good Practice Guide. Positive indicators for appropriate referrals include cases where;

- relationship breakdown and conflict are factors in the client's actual or threatened homelessness
- typical tensions between young people and their families are apparent
- clients lack knowledge of housing options
- you judge that negotiations with host households (friends and relatives) may lead to temporary or long term housing solutions.

The most common type of case which should NOT be referred to the service is where statutorily defined overcrowding is the main reason for the housing application. The service will not be effective in these cases. Other cases for which the service may NOT be appropriate include cases where...

- family relationships are not the main factor in the client's actual or threatened homelessness
- client safety is a concern, where there is domestic violence or where there are child protection issues (see sections 4.1.5 and 5.2)
- people are being evicted by private sector landlords for nuisance or rent arrears
- substance abuse is a dominant issue
- applicants' life styles are so unpredictable or chaotic as to make attendance at or engagement with the Mediation with a Counsellor service very difficult or impossible.

However, criteria for appropriate referral are not always clear cut and housing staff may find it useful to set up a system which enables them to discuss referrals with a designated Relate staff member.

It is also important for all housing staff engaged in this work to be able to explain the benefits of the service to clients. We will liaise with you to set up training for your staff to help them to do this.

4.1.4 Safety issues

It is essential that Local Authorities deal directly and promptly with any safety issues which become apparent, in accordance with your normal procedures.

We view the safety of clients as paramount and have clear policies and procedures on domestic violence/abuse and child protection. Your staff will need briefing on our policies and procedures in order to assess whether referral to the Mediation with a Counsellor service is appropriate and safe, alongside your other measures to safeguard vulnerable clients.
4.1.5 Status of Local Authority referrals

Where referrals are from Housing Departments (or another agency acting on the Housing Department's behalf), the status of these referrals needs to be clear to everyone involved.

Based on experience and discussions with other organisations, Relate recommends that the referral from Housing is presented as a routine and necessary part of the Housing Department’s process for dealing with housing applications.

Referring clients in this way is more likely to improve the attendance rate and to encourage engagement with the service. This approach is supported in the Good Practice Guide produced by the London Borough of Harrow:

*Where there is an expectation that a referral will be made, compared to a system where referrals are only made on request, can make the difference between half a dozen referrals per year and a hundred plus referrals a year.*

This means that where relationships are a factor in the homelessness, and where safety issues do not preclude it, housing applicants should routinely be expected to attend for one initial appointment with a Relate practitioner as a due part of their housing application.

However, it is essential that the housing application is not delayed or deferred in any way pending the client’s attendance at the Relate service as this may act as a disincentive to clients to engage fully with the service.

Following the initial appointment, client engagement with the service has to be on a voluntary basis. The engagement of other parties, e.g. partner, other family members or friends, is also voluntary.

4.1.6 How to make a referral

We recommend that you refer clients to the service by telephone, in the presence of the client, so that we can arrange an initial appointment without delay.

You should then complete a standard referral form with the client, and send it to us by fax or post, depending on the time available before the client’s initial appointment. Emailing of the confidential data contained in this form is not sufficiently secure at present to comply with our policy on confidentiality.

In order to meet Data Protection requirements, the referral form includes a section for the client to consent to information being passed from you to us and vice versa. A flowchart showing the referral process is given in the appendices.

4.2 Homelessness assessment

Assessment of a housing applicant’s homeless status is the Housing Department’s responsibility in dealing with applications. It is not within Relate’s competence or mission to assess whether people are legally ‘homeless’.

However, referrals to the Mediation with a Counsellor service can help you make your assessment based on more information and understanding of the client’s circumstances.

Relate practitioners are skilled and experienced in helping people to talk about and address relationship difficulties. When you refer a client to Mediation with a Counsellor, our initial

appointment with the client is likely to include discussion about their family relationships and the possible impact of these relationships on their housing situation.

Wherever relevant and with the client’s knowledge and consent, we will report back factual information on this to you at the end of the initial appointment. For the service to be effective, and to encourage the client to speak openly, our practitioners will make the client aware at the start of the session that such a report is to be made and will also seek the client’s consent to each report.

In this way the reporting process is clear and open and meets the requirements of our Confidentiality and Disclosure policy.

4.3 Working with clients and their families

The new service will include therapeutic support for individuals or family groups and/or mediation between an individual and other family members or members of a host household, for those for whom mediation is appropriate.

The mediation element of the service always involves two or more people meeting together with a mediator. Our experience in providing other services indicates that we may need up to 6 sessions with the client(s) to do the necessary work and achieve the desired outcomes.

Our practitioners are skilled and experienced in encouraging other family members to engage with services, and will work to engage them in mediation or some form of therapeutic support as appropriate. The impartiality of the service is a significant factor in encouraging people to use it.

4.4 Venues for client meetings

Our early experience in homelessness work indicates that client meetings are best held away from the housing office, to stress the independence and neutrality of the service.

In some circumstances, we may want to talk to you about finding a venue specifically for this service. All service locations need to offer a safe, welcoming and confidential environment and we will work with you to ensure that the service is as accessible as possible to clients. (See section 5.4)

4.5 Reporting outcomes and sharing information

We will report to you on the outcomes of the service after the initial appointment and again at the end of our work with the client(s).

Where clients only attend a single session, we may need your help in getting feedback from clients 1 month after the service (e.g. as a routine part of your housing application process).

We may also ask you for feedback on the outcomes of the service in terms of housing applications. We will talk to you about this when setting up the service. We will also want to discuss and agree protocols with you for sharing information or concerns about domestic violence, safety or child protection.

4.6 Signposting to other services

At any point in the service we may signpost clients to other services offered by Relate or other local services. Our staff will be familiar with other local services so that they can refer clients appropriately and effectively.
5 PRACTICE ISSUES AND ETHICAL FRAMEWORK

5.1 Confidentiality and disclosure

All our staff work to Relate’s policy on Confidentiality and Disclosure – this means that with certain exceptions (e.g. child protection) no information about a client may be passed to any other person without the client’s consent.

All our reports to you will be factual, based on information provided by the client, and we will always seek the client’s agreement to any written statement about them.

5.2 Safety issues – child protection and domestic violence/abuse

Safety issues are paramount in all our work. All our practitioners work to Relate’s policies and good practice guidance on Child Protection and Domestic Violence/Abuse.

This means that, further to the initial screening carried out by your staff, our practitioners will spend time with every client individually at the start of the work to identify indicators of abuse and violence and to prioritise the safety of victims and children.

Experience shows that domestic violence and child protection issues are often not revealed or evident at first contact with the client; identification of these issues requires special in-depth training of the sort undertaken by Relate practitioners.

Practitioners will therefore continue to monitor for domestic violence/abuse and child protection issues throughout their work with clients and will follow Relate’s procedures in relation to any case where such issues become apparent.

We carry out CRB (Criminal Records Bureau) checks on all staff who have direct contact with vulnerable adults, children and young people or who have responsibility for client services.

5.3 Health and safety

All our staff follow Relate’s health and safety policy and procedures – these include a requirement that staff must never work on their own with a client without a receptionist.

Where premises other than the Relate office are used, staff will also follow the host organisation’s safety procedures.

5.4 Equality and diversity

Relate has a clear Equality and Diversity policy and would expect that this will reflect policies and procedures in Local Authorities. We routinely monitor equality and diversity and will be able to provide reports to you on the profile of clients attending the service.

We want the service to be accessible to all clients and their families and this may mean that we need a range of suitable premises in the local area. We may ask you to pay for translation and interpretation services for some clients for whom English is not their first language, to ensure equal access to the service. We will also think about appropriate childcare arrangements to facilitate access for parents.

We will work with you and with other local agencies to address diversity issues, raise awareness of the service, and make the service as accessible as possible to all sections of the local community including BME clients, clients with disabilities and other minority groups.
6 QUALITY ASSURANCE AND STANDARDS

Relate uses Quality Assurance systems in order to achieve continuous improvement in all our services. The organisational standards set out in PQASSO, the quality assurance system used by Relate, apply to this service as to any Relate service. The service meets the professional practice standards which we set for all Relate services and has also been referenced to the standards of AFT and the UK College of Family Mediators.

We adhere to a robust supervision and professional consultation framework which meets the requirements of both the Association for Family Therapy (AFT) and The UK College of Family Mediators. We also provide a Practice Helpline for our practitioners; this offers accessible support and guidance on all issues and in particular on cases involving domestic violence or child protection.

We want to meet our customers' expectations wherever possible. We routinely ask clients and purchasers for feedback on our services and we will be commissioning external research and evaluation of this new pilot service.

6.1 Practitioner qualifications and training

Recognising the importance of standardising the practitioner training for the service, Relate is designing a training package which will ensure knowledge and skill in both systemic practice and mediation, and specific training in integrating the two in practice within this innovative service model.

Following the pilot period, Relate will seek university validation of the training as a University Advanced Diploma. We shall also be seeking accreditation from AFT and the UK College of Family Mediators for the relevant parts of the training, once piloted.

6.2 Supervision, support and professional accountability

Practitioners will be supervised by Relate registered supervisors or professional practice consultants who meet the necessary professional requirements of Relate and the UK College of Family Mediators.
7 STAFF TRAINING AND LIAISON

It is recommended that initial and ongoing joint training/briefing events are arranged to involve both Housing Department and Relate staff. Both staff groups need to learn about each other’s procedures and it is considered that joint events offer the best opportunities to develop good working relations and trust.

7.1 Training for Housing Department staff

As part of the contract for service we will aim to agree a programme with you for initial training for Housing Department staff and we will talk to you about tailoring this to meet your particular needs.

The training will help staff to understand the nature of the Mediation with a Counsellor service, to make most efficient use of the service, and to understand how the service fits with your homelessness prevention strategy and procedures.

It will be important to re-run the training for any new staff appointed during the life of the contract.

7.2 Training for Relate staff

Relate staff will likewise need some initial training from Housing Department staff on specialist aspects of your housing and homelessness policy, procedures and practices and housing options for clients. Experience of other organisations shows that support and assistance with practical issues is a key factor for many clients. As with training for housing staff, we will need to train new Relate staff members as they are appointed.

7.3 On-going liaison

It is good practice to build in systems for on-going liaison between key staff members in housing offices and the pilot service. Such links can pick up problems and issues at an early stage and contribute towards effective working relationships.

It is also good practice for staff regularly to review the content of the initial training and to receive regular updates from each other on new policy initiatives, research and developments relevant to the service. Provision for on-going staff liaison should be included in the contract for service (see section 10).
8 PUBLICITY AND PROMOTION OF THE SERVICE

Good publicity and promotion of the service will be important to ensure its success.

We want to attract all those whose family relationship problems may lead to homelessness in the medium and longer terms and in order to achieve the desired outcomes, we need clients and their families to engage fully with the service.

Different approaches will be needed to promote and publicise the service amongst Local Authority representatives (councillors), Housing Department and other Local Authority staff, other professionals and referral agencies, and potential users.

8.1 Publicity materials and use of other media

Leaflets, posters and information cards are useful mediums to promote and explain the service. We are developing a range of publicity materials for this service and will talk to you about the use of these.

We will also talk to you about using your own media (e.g. your website, press and PR department, council publications, local radio etc) to publicise and promote the service.

8.2 Networking with other organisations

You will have links and working relationships with a range of local organisations, and your own networks for Local Authority officials and chief officers and for specialist housing staff. Relate also has links with a range of statutory and voluntary organisations. All these will be useful to share information and ideas.
9 PERFORMANCE MANAGEMENT

We will aim to agree a set of performance indicators for the service with you, based on inputs, outputs and outcomes and feedback from clients and other stakeholders, and then use these as the basis of regular reports to you.

These will enable you to assess the effectiveness and cost-effectiveness of the service, including its success in helping you to meet your performance indicators such as best value performance indicator BV213. It is good practice to build in time for regular meetings for us to evaluate and review the service together based on the monitoring information and make any necessary improvements as we go along. The reports will also enable us to evaluate and review the service over time.

9.1 Monitoring inputs, outputs and outcomes

Inputs to be monitored could include costs, use of premises, staff resources, staff training, supervision, meetings between Relate and Local Authority staff.

Outputs to be monitored could include the number of clients referred to the service, client groupings e.g. individuals/family groups, demographic data, volume of work done, case length.

Outcomes to be monitored should include outcomes relating to personal, family and social circumstances as well as outcomes related directly to the number of housing applications – such outcomes have an important value in their own right and will help you achieve your targets for reducing homelessness in the medium and longer term.

We may need your help in collecting outcomes data from clients, particularly from those who attend the Mediation with a Counsellor service only once.

9.2 Feedback from clients and other stakeholders

We want to gather feedback from stakeholders of the service, for example:

- clients of the service
- non-users (i.e. people who choose not to take up the service following the initial meeting)
- Housing Department staff
- Relate staff
- other referral agencies.

We will want to talk to you about how best to collect such feedback.

9.3 Client complaints

Clients will have access to Relate's Client Complaints policy and procedures and will have these explained in simple terms at the start of the service but we aim to deal with all complaints speedily and as near as possible to the point of origin.

Complaints involving mediation work which exhaust our own procedures have a right of appeal to the UK College of Family Mediators complaints procedure. We will talk to you about procedures for sharing information on client complaints which involve work by both our organisations.
9.4 Evaluating and reviewing the service

You are likely to have your own systems to evaluate and review services for which you contract locally. All Relate services are subject to other internal and external evaluation and review systems including peer review based on PQASSO, so it would be good practice to “passport” evidence from these other systems where possible, to save time and money.

Cost effectiveness will be an important consideration in your evaluation and review of the service. It is very likely that the costs of the pilot service will be more than offset by savings in the provision and use of temporary accommodation, where it is required to house homeless people.

However, you will also be mindful of the Spend to Save schemes adopted by many Authorities and reported in the recent ODPM (now DCLG) survey of Local Authorities\textsuperscript{16}. Prevention measures, including those provided by mediation and counselling services, are rated by some Authorities as the highest efficiency savings approach.

Contracts for service should include specific information about costs and measures to assess cost effectiveness.

Monitoring reports will provide a basis for evaluating and reviewing the service to ensure best value for you locally. You will also have the opportunity to contribute to the external research and evaluation of the pilot project which we are commissioning and to help shape the service for the future.
10 CONTRACTING A SERVICE – NEXT STEPS

We hope that by the time you read this you are already convinced about the benefits of purchasing a Mediation with a Counsellor service. This section aims to give you some extra facts and figures to support your decision, then guidance on how to go about setting up a service.

10.1 Rationale for the service

There are estimates\(^\text{17}\) that about two thirds of housing applications result from the breakdown of relationships within families and partnerships. Anecdotal evidence indicates that a high proportion of these housing applicants are young people and that many of these young people want to re-establish connections with their families.

Homelessness applicants who claim that they have been excluded by family or friends appear to be the largest group of those making housing applications.\(^\text{18}\) Earlier experience from work in Harrow indicates that mediation has been a key component in tackling homelessness amongst this group.

Figures from Harrow show that in 2002/03, out of the 151 households referred by housing staff to mediation, only 36 (23%) were later accepted as homeless. The new Mediation with a Counsellor service adds value over and above what can be expected from ‘traditional’ mediation in that it uses the skills of mediation to resolve current disputes, but also helps the clients to understand why their problems arose and how they can behave differently to prevent a recurrence in the future.

Evidence from the ODPM (now DCLG) survey of Local Authorities\(^\text{19}\) shows that the use of mediation is ranked as the second most accepted preventative measure by housing applicants after schemes for rent deposit/rent bond.

The use of mediation is widely promoted and supported by various Government departments in a range of settings including DCLG and the Department for Constitutional Affairs. It is seen as a positive means of saving money and diverting cases from courts.

10.2 The benefits of contracting with Relate

A pilot mediation service provided by Relate has significant advantages over an in-house mediation provision. These advantages include:

- independent, confidential and impartial service
- proven experience and skills in addressing relationship difficulties
- additional particular skills of mediation including:
  - being resolution focussed
  - facilitating negotiation/movement away from entrenched positions
  - finding practical solutions
  - consulting with children
- quality assured service.

\(^{17}\) Deferred Dreams: the families and friends of homeless and vulnerable people. Lemos and Durkacz 2002


\(^{19}\) Report to Office of the Deputy Prime Minister Homelessness and Housing Support Directorate. 2005
Whilst Mediation with a Counsellor is new, the following information, based on responses from clients before and after the service, show the impact of Relate services to the general public on relationship breakdown and homelessness:

- 77% of those who had told us that their ability to stay living in the family home was in danger said that they were now able to stay at home.
- 60% said that their desire to stay living at home had been positively affected.
- 80% of those people who felt that they may soon be homeless when first came to us now feel that they are unlikely to soon be homeless.\(^{20}\)

Outcomes for the particular client group who have reached the point of making a housing application to the Authority may show different results from those measured in services to the general public.

However, early intervention, as recommended above, is the key to achieving the most positive results and the most effective prevention of homelessness.

### 10.3 Setting the framework

We recommend that we arrange ‘Framework Meetings’ with you to determine exactly how the service will operate.

For a small Local Authority, a single Framework Meeting may be all that is required. For larger, multi-site Local Authorities, we may need to hold structured interviews with senior staff in order to determine how work will be delivered, then facilitate meetings with groups of housing workers to disseminate this information and answer questions from them.

It is envisaged that Framework meetings will include discussion about:

- location of the work
- how the service will be promoted
- how clients will be referred to the service
- timescales for responding to referrals
- what is an appropriate referral
- information you will give us about the client
- our reports back to you
- consent to disclose information (Data Protection)
- length of work with each client
- discontinuing work with a client
- referrals to Relate Life Skills courses (if applicable)
- evaluation.

The meeting(s) should provide a clear basis for drawing up a contract for services, which sets out the expectations of the Local Authority and Relate and the particular way in which the service will operate in your area.

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\(^{20}\) “Measuring the outcomes of our work – pilot data”, Relate Central Office 2005
10.4 The contract

The relationship between the Local Authority and Relate should be formalised through a Contract for services or Service Level Agreement.

We have developed a model contract for delivery of our services to agencies such as Local Authorities. The model contract requires service specific detail to be included in a separate Statement of Work. This will require negotiation between the Local Authority and Relate and should include:

- expectations on both sides including service purpose and aims
- description of the service to be delivered (what, where, when, by whom)
- referral status and agreed systems
- cancellation of appointments
- Data Protection requirements and protocols for sharing information
- reports back on clients’ outcomes
- monitoring and evaluation arrangements
- contracts should refer to these guidelines as expected/accepted practice – or explicitly state agreed exceptions and any sections which are non-negotiable
- training of Relate and Housing Department staff
- financial arrangements, price, how and when invoices are submitted and paid.

10.5 Cost of the service

This is a matter for negotiation between the Local Authority and the local Relate Centre and will depend on the level and nature of the service you require. You should expect to pay for the time we spend in setting up the service, including Framework meetings aimed at analysing and agreeing your needs, and for initial training events for your staff.

We will then normally charge a monthly minimum fee in return for a specified level of service. Hours used over and above the specified service are normally charged at an hourly rate.

It is important to note that the monthly/hourly fees which we quote are ‘all-inclusive’ of the ancillary costs associated with providing a quality service e.g. practitioner training, ongoing staff meetings, supervision, management, review and evaluation.

10.6 Next steps

If you are interested in setting up a Mediation with a Counsellor service, please contact your local Relate service manager.
APPENDICES

1. Referral system flowchart
2. Client pathway
APPENDIX 1

Mediation with a Counsellor

Referral system flowchart

Referral to the service for an initial meeting is part of the housing application process. Further involvement with the service is voluntary.

1. Applicant approaches Housing Department with homelessness issue
2. Family relationship difficulties/conflicts identified by housing staff & or client
3. Housing staff member explains to client about referral to Relate Mediation with a Counsellor, having checked that there are no apparent safety concerns
4. Housing staff member contacts Relate to refer the client and arrange a time for the client’s initial session
5. Housing staff member completes referral form for the service with the client and gains client’s consent to information exchange between Housing Department and Relate
6. Client(s) has/have initial session to include routine questions about safety issues, discussion of family situation and impact on housing situation
7. Practitioner and client(s) agree next steps and any further use of the service*. Client agreement gained by practitioner on the information to be reported back to housing staff on outcome statement
8. Service will complete further outcome statement for housing dept at end of the intervention with the client (up to 5 further sessions, unless extra time is agreed with Housing Department)

*Further use of the service can include therapeutic interventions to provide focused support to individual clients to develop strategies to manage their own situation and the emotions arising from that. It will also offer mediation, where appropriate, between clients and their partners, family members or friends to enable them to negotiate their own workable solutions.
**Mediation with a Counsellor**

Client pathway

(Each element of the service is spread over one or several sessions depending on client choice/needs/who’s attending)

- **Referral**
  - Relate staff check that client has received preliminary info about the service and offer client choice of individual or joint intake (but joint includes some time individually)

- Housing Department give Relate staff referral info by phone then forwards referral form to Relate

  - Individual intake including discussion of housing situation and routine safety questions
  - Individual intake of 2nd party/others
  - Joint intake with individual time

- **Individual therapeutic work**

- **Mediation work and/or relationship or family counselling with client and other family member(s)/friend(s)**

- **Referrals out to other Relate services**
- **Referrals out to other local services**

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*Relate* Mediation with a Counsellor
MEDIATION
WITH A
COUNSELLOR

a new model for
homelessness prevention

Setting up, delivering
and managing the new service

guidelines for service delivery agencies

relate
the relationship people
Acknowledgements

These guidelines have been produced with support from the Office of the Deputy Prime Minister (ODPM) and, more recently, the Department for Communities and Local Government (DCLG) who commissioned Relate to develop a standard model for a service to address relationship breakdown which may lead to homelessness.

The ODPM/DCLG has also provided funding to support the development of guidelines for Local Authority purchasers, the development and delivery of a new training course to equip practitioners to deliver the new service, and the delivery and evaluation of the new pilot service in a number of English Local Authority areas during 2006/8.

The guidelines for service delivery agencies and Local Authority purchasers have been produced through careful consideration and close consultation with a number of Relate service managers and practitioners.

These formed a Steering group and a wider reference group that offered advice on development of a service model and on the Guidelines. Their experience, ideas and input have provided a most valuable contribution.

The guidelines have also benefited from consultation with and incorporate feedback from other organisations working in related fields. In particular we are grateful for written responses from:

- Barnardo’s
- National Family Mediation
- Shelter
- The Institute of Family Therapy
- The UK College of Family Mediators.
## CONTENTS

1 INTRODUCTION TO THE GUIDELINES 5
  1.1 Purpose of the guidelines
  1.2 Content of the guidelines
  1.3 Terminology
  1.4 Ongoing review of the guidelines

2 WHY HAS THIS SERVICE BEEN DEVELOPED? 6
  2.1 Public policy context
  2.2 Other research on homelessness
  2.3 Learning from Relate’s previous experience
  2.4 Benefits to Centres

3 OVERVIEW OF THE SERVICE 9
  3.1 Purpose of the service
  3.2 Theoretical basis of the service
  3.3 Description of the service
  3.4 Expected outcomes of the service

4 HOW THE SERVICE WORKS IN PRACTICE 12
  4.1 Referrals
  4.2 The intake process
  4.3 Initial meetings
  4.4 Subsequent meetings
  4.5 Venues for client meetings
  4.6 Format and length of meetings
  4.7 Signposting to other services
  4.8 Client records and reporting back to housing offices
  4.9 Client feedback and measuring outcomes
1 INTRODUCTION TO THE GUIDELINES

1.1 Purpose of the guidelines

The purpose of these guidelines is to inform and support Relate Centres and other agencies delivering Mediation with a Counsellor and support services in the particular context of homelessness prevention, and to set the basis for a consistently high quality service for users and other stakeholders across the country.

You can use the guidelines as a basis for the initial local training of Relate Centre and Local Authority staff involved in the service and as a useful ongoing point of reference for staff in establishing, delivering and managing the service.

1.2 Content of the guidelines

The guidelines include the following sections:

- why has the service been developed – including potential benefits of establishing a service
- overview of the service – its aims, theoretical basis and anticipated outcomes
- how the service works in practice – including information about referrals, how we’ll work with clients, reports and information sharing
- practice issues and ethical framework – how the practices and policies of Relate and the UK College of Family Mediators are applied within this service
- management issues – essential underpinning, monitoring and evaluation to ensure a quality service
- negotiating a service – next steps
- appendices – useful model/sample documents.

1.3 Terminology

We use the term 'Centres' throughout the guidelines document to mean any organisation delivering/using the service model and practitioner training developed by Relate in the context of homelessness prevention. The terms 'client' or 'clients' refer to any individual, couple or family referred to the service. The term 'practitioner' includes any professional delivering the service to clients.

1.4 Ongoing review of the guidelines

Relate will review and revise this first edition of the guidelines in the light of experience in the pilot. We will publish updated versions of the guidelines on Relate Extra (www.relateextra.org.uk).
2 WHY HAS THIS SERVICE BEEN DEVELOPED?

2.1 Public policy context

Over recent years the Office of the Deputy Prime Minister (ODPM), the government department responsible for housing and homelessness, has produced a series of reports on preventing homelessness.

These reports identify relationship breakdown as a major cause of homelessness, particularly among young people, for whom, under the Homelessness Act 2002, Local Authorities have a statutory responsibility.

This context offers a significant opportunity for Relate and other agencies to develop services under contract with Local Authority Housing Departments to meet the needs of a largely inaccessible segment of the UK population.

You can access these reports through the website of the new Department for Communities and Local Government (DCLG) which took over responsibility for housing and homelessness in May 2006: www.dclg.gov.uk. The key points from each are summarised below:

- **“More than a Roof: a Report into Tackling Homelessness” 2002**
  The Homelessness Act of 2002 required all Local Authorities to produce a strategy and targets for reducing homelessness and to review the strategy at least every five years. This report proposed that Local Authorities should offer support for people to prevent them from becoming homeless as well as for those who are already homeless. Strategies should include new ways of tackling the underlying causes of homelessness such as relationship breakdown.

- **“Achieving Positive Outcomes on Homelessness” April 2003**
  This paper clarified that future ODPM/DCLG funding for Local Authorities would depend upon progress in piloting new initiatives. NB. Providing housing (as well as extra health care and support needed by people living on the streets or in inadequate temporary accommodation) is an expensive business for Local Authorities, so preventing households from fragmenting is financially desirable in itself.

- **“Sustainable Communities: Settled Homes; Changing Lives” March 2005**
  Key points/quotes:
  
  > the paper gives homelessness prevention as the first strand of the government’s strategy
  
  > “In 2003/04 the main causes of homelessness were 38% evicted by family or friend and 20% relationship breakdown” (i.e. over half fall into Relate’s target client group)
  
  > the paper states that a number of Local Authorities have begun to use mediation as a method of support and that new initiatives such as mediation are breaking down “the old distinctions between ‘statutory’ and ‘non-statutory’ homelessness” – Local Authorities are realising that early intervention with young people, individuals, couples and families can prevent homelessness now and in the future
  
  > The government's strategy includes, "encouraging and rewarding the modernisation of services provided by Local Authorities which offer a wider range of preventative help, support and housing options – so that they reach more people, earlier on”.

“...We will promote effective mediation and counselling services which will reconcile families and prevent homelessness”...
Relate is singled out for mention as a provider of mediation services (p14–15):

“Relationship breakdown and domestic violence can all too often lead to homelessness. Family tensions can make living conditions intolerable for teenagers and other young people and their parents. Many Local Authorities have been implementing approaches aimed at avoiding the crisis of homelessness resolving problems in the long-term or providing respite and time for a planned, and often more sustainable move. Services being developed include home visits, mediation and counselling services to help couples and families reconcile their differences. We want to promote these services where there is no risk of abuse or violence. Our future action will include continuing work with Relate to evaluate approaches which reconcile families and we will continue to fund them as part of an effective homelessness prevention service.”

Relate is uniquely placed to respond to the opportunities presented by this public policy context and has a proven track record in helping couples and families improve communication, strengthen their relationships and reconcile differences. Relate practitioners are trained to recognise indicators of abuse and violence, and to respond with a model that prioritises the safety of any victims and any associated children.

2.2 Other research on homelessness

There are estimates\(^1\) that about two thirds of housing applications result from the breakdown of relationships within families and partnerships.

Anecdotal evidence indicates that a high proportion of these housing applicants are young people and that many of these young people want to re-establish connections with their families.

Research by Crisis in 2003 showed that relationship breakdown, whether between partners or between parents and children, was the key factor behind the 400,000 homeless people in the UK.

2.3 Learning from Relate’s previous experience in delivering homelessness prevention services

In 2002, the London Borough of Harrow set up the first known contract for a mediation service with Relate Central Middlesex (now called Relate London North West). The service aimed to prevent homelessness resulting from the breakdown of relationships between housing applicants and their family members, relatives or friends (host household as they are sometimes termed).

Other Relate Centres began to develop similar services supported by promotional work undertaken by Relate Central Office and in 2004 Relate Central Office recruited a Homelessness Project Manager who began to develop the work in inner London boroughs in January 2004 using Relate’s family counselling model.

Two consultation days for Relate service managers held in early 2005 identified the need for greater clarity and uniformity, and for standards to be agreed for this work\(^2\). It became clear that the services had met with varying degrees of success.

Local Authority assessment and referral had not always been successful and the services had not always been properly evaluated/reported. Family counsellors, using a systemic therapeutic approach, are trained to help families explore the communication patterns and emotional contexts

\(^1\) Lemos and Crane 2001

which contribute to family breakdown, but do not work with the surrounding practical issues such as housing, money or children.

Conversely, follow up research with divorced couples who had attended family mediation services was showing that mediation’s “focus on settlement-seeking had seemingly lost sight of the potential therapeutic benefits of conciliatory and systemic approaches” such that the service had not addressed wider familial issues, rebuilt relationships or reduced conflict.

Relate therefore identified a need for a service for individuals and families which can attract reliable public funding and which deals effectively with both the emotional and the practical issues which cause family relationship breakdown and homelessness, especially among young people.

2.4 Benefits to Centres

The new service offers an opportunity for Relate to work with other service delivery agencies and Local Authorities for mutual and public benefit:

- by offering individual support and strengthening relationships, Relate can help Local Authorities to meet their targets for preventing homelessness
- by funding services Local Authorities can help Relate and other agencies to achieve our charitable objects in ways which are financially sustainable
- by delivering this new service Relate will reach out to people who might otherwise not use our services, in particular young and socially disadvantaged people, help them deal with both the emotional and the practical issues involved in family relationship breakdown, support them to sustain or rebuild those relationships, and avoid the personal tragedy of homelessness.
3 OVERVIEW OF THE SERVICE

3.1 Purpose of the service

The agreed purpose of Relate’s Mediation with a Counsellor service, in whatever context it is applied, is “to assist individuals, partners, families and friends to deal with the emotional and practical consequences of relationship conflict or breakdown and, wherever possible and appropriate, to reach and sustain a mediated solution.”

In the homelessness context Centres wishing to offer a summary definition of the service to potential service users, commissioning or referral agencies may find the following helpful:

Mediation with a Counsellor offers an independent, impartial and confidential service for clients experiencing conflict or breakdown in family relationships which may lead to homelessness. It aims to address the underlying conflicts and strengthen relationships, enabling clients to negotiate their own workable solutions and avoid homelessness.

3.2 Theoretical basis of the service

The new service draws on and integrates two main theoretical frameworks for working with relationship breakdown: systemic practice and mediation.

The historical separation of these frameworks has contributed to a false understanding of how relationships break down, as well as how they can be repaired. What often begins as a practical issue, perhaps in relation to money, household responsibilities, or equitable sharing of space may evolve into relational issues, perhaps experienced as rejection, isolation, tension or aggression.

Similarly, historical patterns of the past, perhaps between siblings or step-family members, previous partners or parent/child problems, also have a strong impact on the way in which practical issues in the household are resolved or not. Many family disputes which erupt when children reach adolescence could be addressed through an acknowledgement of the changing developmental behaviours of teenagers, and an appreciation for the difficulties facing parents in dealing with those changes in the life of their families.

In integrating mediation with a therapeutic, systemic approach, the new service reflects some of the ideas within the “therapeutic mediation” model outlined by Irving and Benjamin1 and Susan Heitler2 in the USA.

Irving and Benjamin describe therapeutic mediation as a service which "uses therapeutic techniques to advance the objectives of mediation" (which are normally defined as assisting parties to negotiate a mutually agreed outcome/settlement). Susan Heitler states that therapeutic mediation “implies a two-fold goal: emotional healing and agreement on a plan of action”.

This latter is perhaps closer to Relate’s new service model which recognises that mediation will not always be appropriate or possible (given that mediation requires two or more parties to attend). Practitioners will invite clients to tell the often difficult stories embedded in their relationship crises, and encourage whatever “emotion talk” needs to take place, as well as (wherever possible and appropriate) to mediate alternative outcomes between the client and their partner, other family member(s) or friends.

1 “Therapeutic Mediation. Helping Families Resolve Conflict” Howard H Irving & Michael Benjamin, published Sage 2002
2 Heitler, Susan, PhD., “Therapeutic Mediation; An alternative to costly litigation”, 1998, submitted for publication to The Colorado Lawyer. Available from author at 4500 East 9th Ave, Suite 660-S, Denver, CO 80220 (303) 388-4211
By integrating the use of systemic and mediation frameworks Mediation with a Counsellor offers a multi-faceted and caring approach to the wide range and complexity of issues and circumstances that come with family breakdown. In this way we hope to meet client needs more effectively and more quickly.

### 3.3 Description of the service

The service is designed to be a preventative and supportive short-term intervention delivered by means of face to face meetings of varying length between the client(s) and an appropriately trained practitioner.

Following a careful intake process, practitioners will move between different modes of working within sessions using systemic therapy techniques and mediation skills to enable individuals, couples, families or friends to explore the issues and challenges which face them.

Therapeutic interventions will include support before, during or after mediation to prepare for, support and help to sustain the mediation process. We will offer short-term individual or relationship counselling at whatever stage the client(s) require this approach; we will also offer mediation involving the client and (an)other family member(s), friend(s) or partner when particular issues or challenges are presented which require a negotiated outcome.

We may also signpost clients at any stage to other Relate services including Life Skills group work, or to other services outside Relate.

The service will provide support for individuals to develop strategies to manage their own situation, and work with partners, family members or friends to enable them to negotiate their own workable solutions.

### 3.4 Expected outcomes of the service

Depending on the circumstances, wants and needs of the client and also, of course, on the extent to which clients engage with the service, we expect the service to deliver any of the following outcomes:

For individual clients...

- clients have an opportunity to explore and address the personal and family issues which have led to actual or threatened homelessness and to develop positive strategies to manage their short-term and longer term situation
- clients are signposted/referred to other relevant agencies
- clients’ sense of isolation is reduced
- clients’ confidence and self-esteem are enhanced
- clients avoid homelessness
- clients make the move out of a violent home with proper planning and support
- clients avoid life on the streets and are therefore safer
- clients’ personal and life skills are enhanced, leading to better educational and work opportunities and improved economic stability.
For partners, families or friends...

- direct contact, positive communication and constructive negotiation are re-established between partners, family members or friends
- a short-term arrangement is achieved to alleviate pressure on all parties
- conflict is reduced or eliminated and disputes are resolved
- a mutually acceptable way forward is negotiated
- family relationships and social networks are sustained and/or strengthened
- relationship transitions are managed with reduced conflict
- sustainable family living arrangements are successfully negotiated, e.g. agreement is reached that a person facing homelessness can, as appropriate:
  - return/stay at home permanently
  - return/stay at home on a temporary basis to allow time for a planned move to independent living
  - stay with relatives or friends on a temporary basis to allow time for a planned move to independent living
  - move out but continue contact with and receive support from family members.

For Housing Departments and the Department for Communities and Local Government (DCLG)...

- housing strategy requirements/priorities are fulfilled
- a well-targeted, cost effective, quality assured service is provided
- housing staff have more options to offer clients and help in making their homelessness assessment
- costs are saved on accommodation, staff and buildings
- Housing Department clients are supported, families and social networks are strengthened, and resolutions are sustained
- client satisfaction is increased
- safety and child protection are improved/increased.
- homelessness and applications for housing are reduced in the short, medium and longer terms.

For other referral agencies including schools and social services...

- clients are effectively signposted in and out of the service
- take-up of services is maximised
- the number of looked after children is reduced
- young people are able to benefit more from education
- the organisation's clients are supported, families and social networks are strengthened, and resolutions are sustained
- client satisfaction increases
- safety and child protection are improved/increased.

We expect the service to deliver positive outcomes for individual clients, partners, families and friends and to have wider social impacts relevant to the work of statutory and other agencies.
4 HOW THE SERVICE WORKS IN PRACTICE

4.1 Referrals

4.1.1 Sources of referral

Where a service is commissioned by a Local Authority Housing Department, most clients will normally be referred to the service by the department, and you should give priority to these referrals over referrals from other sources. (NB You should also prioritize clients where violence/abuse have been indicated – see section 5.3).

However, in the light of the fact that early intervention – before clients present as homeless – is the most effective form of homelessness prevention, you should aim to widen the net of referring organisations as far as possible.

It is good practice for service contracts with Local Authority Housing Departments to allow clients also to be referred by other agencies such as Social Services departments, health sector agencies, schools and colleges, Connexions, Youth Centres, voluntary sector agencies including YMCA, CAB, Crisis, Centrepont, and other homelessness agencies.

Clients should also be able to self refer to the service.

You will need to be clear to referral agencies and self-referring clients whether you accept referrals under the age of 16. This will depend principally on the training and qualifications of the practitioners delivering the service in your Centre (see section 6.2).

4.1.2 Referral systems/timing

Clearly defined referral systems, agreed with all potential referrers, will ensure that referrals into the service are made efficiently and effectively. Experience of other organisations\(^6\) has shown that earlier intervention is key to success in preventing homelessness.

You should aim to receive referrals as early as possible, preferably well before homelessness is threatened or a housing application is made.

We can deal most effectively with family conflict and relationship breakdown at an early stage before problems have become intractable – it is usually easier to prevent or delay a person’s departure from their home than to deal with the result of a departure.

The benefits of early referrals should be stressed to all potential referring organisations and regular contact with potential referrers will help to encourage early and appropriate referrals, while effective marketing will encourage clients to self refer before they face the threat of homelessness.

4.1.3 Criteria for referral

The main criterion for Housing Department referrals to the service is that relationship conflict or breakdown is identified as a factor in the client’s actual or threatened homelessness.

The service is not appropriate for clients whose homelessness is caused by other factors such as overcrowding or for people evicted by private sector landlords for nuisance or rent arrears and where relationships are not the issue.

\(^6\) Response from NFM to consultation exercise June 2006
In addition, the Local Authority should deal promptly, in accordance with its normal procedures, with any apparent safety issues. Local Authority staff will need briefing on Relate’s policy and procedure in relation to domestic violence/abuse in order to assess whether referral to the service is appropriate and safe, alongside their other measures to safeguard vulnerable clients.

4.1.4 Status of referrals

Where referrals are via Housing Departments (or agency acting on the department’s behalf) the status of these referrals needs to be clear to everyone involved.

Based on experience and discussions with other organisations, we recommend that the referral from Housing is presented as a routine and necessary part of the Housing Department’s process for dealing with housing applications.

This means that where relationships are a factor in the homelessness, and where safety issues do not preclude it, the client making the housing application is expected to attend for one initial meeting with a Relate practitioner as part of the process.

We also know of one Local Authority which now asks parents for 28 days notice before evicting a young family member (in that time a mediation service is offered) – this may be something to discuss with the Local Authority.

However, it is important that the housing application is not delayed or deferred in any way pending the client’s attendance at the Relate service.

In the intake meeting with the client the practitioner will listen to the client’s story and work with the client to identify whether and how the service might be of benefit.

Following the initial meeting between the client and the Relate practitioner, engagement with the service is voluntary. The engagement of other parties (e.g. partner, other family members or friends) is also voluntary.

In the case of other referrals (i.e. self-referrals or via other organisations) client attendance at the initial and subsequent meetings should be on a voluntary basis.

4.1.5 Making and handling referrals

Housing Department referrals should be made by telephone in the presence of the client. Other referrals may be made through other media or in person.

As a minimum, Centres should provide an administrative service from 9am to 5pm Mon – Fri to answer enquiries and requests for appointments made by telephone or in person.

It is good practice to have a dedicated phone line for this purpose, perhaps a mobile phone so that referrals can also be made by text, making the service more accessible for young people. Likewise a publicised e-mail facility for self-referrers also increases the accessibility of the service and is good practice.

Experience shows that referrals are best handled by dedicated and trained staff members. These could be existing members of administrative staff or other specially appointed and trained staff members.

Staff training should include housing and homelessness issues, knowledge of the Local Authority Housing Department personnel and understanding of their procedures, familiarity with their systems and the terms of the contract between the authority and the Centre.
Staff dealing with referrals will also need ongoing support and supervision. They need to be efficient, have good communication skills and an appropriate telephone manner. They also need to be confident and encouraging to clients who may be reluctant to engage with the service and in particular to other family members who may be unsure about engaging in any form of mediation.

4.2 The intake process

When the referral is received, check that the client has been given preliminary information about the Relate service.

In the case of clients referred by Housing Departments this should include the fact that:
• the client is expected to attend an initial meeting with the Mediation with a Counsellor service as part of the processing of their housing application
• this meeting will include a review of the person’s family or domestic relationships and the apparent conflicts which led up to the threat or actual homelessness, and an exploration of options and alternatives for the client’s situation.
• a report will be completed with the client’s knowledge and agreement to be submitted back to the housing official.

In the case of referrals from other organisations, check that the person making the referral has the client’s permission to pass on personal details and that the client wishes to attend the service.

In the case of self-referrals, check that the person making the approach is aware of what the service can offer and wants to use it. Potential clients may need time to think or talk to other family members about it – you may want to send an information leaflet and invite them to phone back before deciding to use the service.

Once a decision is made to use the service, you should make an appointment for the client and any other willing party to attend an initial meeting with a practitioner at a mutually convenient time as quickly as possible and within a maximum of 7 working days. Aim for maximum flexibility and offer a good range of appointment times/days.

In the case of referrals from Housing Departments, the housing official will then complete a standard referral form and forward this to the Centre by fax or post depending on the time available before the client’s initial appointment. Emailing of the confidential data contained in this form is not sufficiently secure at present to comply with Relate’s policy on confidentiality.

All clients need to sign a data protection form or statement giving the Local Authority and Relate permission to process their data. Clients also need to give consent to the passing of referral information from the housing office to Relate and vice versa. This can best be done by the client signing the referral form that should include a Data Protection/Consent Statement (see model provided in the Appendices).

In the case of referrals from other organisations or self-referrals, you will normally take referral details over the phone. You will then ask clients to sign the standard Relate data protection statement at the beginning of their initial appointment.
4.3 The initial meeting

The initial meeting is a face-to-face meeting with a specially trained Relate practitioner. It is a necessary first step for anyone who may use the Mediation with a Counsellor service and includes all clients who are referred to the service and any partner or other family members or friends who attend the service.

The initial meeting may be with an individual client or with two or more together. If more than one client attends the first interview, the practitioner must spend some time alone with each individual to ask routine questions about domestic violence and abuse.

Allow up to 1 hour for a meeting with an individual client; you may need up to 1 1/2 hours with two or more. The initial meeting covers the following:

- introductions and outline of the meeting, explaining Relate’s policy on confidentiality and disclosure, the report back to the Housing Department (where applicable), data protection and ‘Measuring Outcomes’, the Relate system for tracking client needs and outcomes
- information gathering by the practitioner, allowing time for the person to talk about their situation and what they want from the service and to check factual details needed to complete Form B of the Measuring Outcomes system
- information giving by the practitioner explaining what the service can offer: individual support to engage in mediation, individual short-term counselling, family or relationship counselling, and mediation involving the client and (an)other family member(s), friend(s) or partner. Also stating clearly what it cannot offer e.g. re-housing
- routine questions to each individual client about domestic violence and abuse. Practitioners will also use this opportunity to identify child protection, mental health or substance abuse issues. Practitioners will at all times abide by Relate’s policies on these issues
- review with the client of their circumstances, state of family relationships, impact on housing situation and, where applicable, agreed statement to be given back to the housing officer
- assessment of clients’ willingness and ability to use any aspects of the service; practitioner and client do this together. Practitioners will refer back to the Local Authority clients for whom the service is not appropriate, in particular those whose situations require a housing, rather than a mediation/therapeutic solution
- discussion and agreement on the next steps to be taken and by whom
- signposting to other services as appropriate. These could include life skills courses or other services offered by the local Centre or other local services
- (where applicable) re-checking report going back to housing officer.
4.4 Subsequent meetings

It is good practice for service contracts to allow for clients to attend up to six sessions.

These sessions could involve any of the following, according to what client and practitioner think will be most helpful: individual support to engage in mediation, individual short-term counselling, family or relationship counselling, mediation involving the client and (an)other family member(s), friend(s) or partner; support during or post mediation to sustain the mediation process.

The client will know best what they require and should be invited to offer feedback about the service they are receiving as it goes along.

A flow chart summarising the client's pathway from referral through intake into the service is given in the Appendices.

4.5 Venues for client meetings

Experience shows that it is best to hold meetings away from the offices of the Housing Department. Relate office premises are best, wherever possible, as the environment is controlled. However it may be preferable to use other premises (perhaps in other referral organisations such as schools or YMCA) if there are sound supporting factors e.g. accessibility.

If no other venues are available, local Housing Departments may be centrally located and easily accessible and may be considered. All service locations must offer a safe, welcoming and confidential environment.

It is also important to use a neutral venue for mediation to maintain mediator impartiality. Sufficient waiting areas need to be available to allow the parties to wait separately where appropriate and for overlap in the keeping of appointments.

Visits to clients' homes involve safety considerations and it may also be difficult to avoid interruptions. For the pilot, home visits will therefore only be offered in exceptional circumstances (e.g. disability, lack of transport).

However, experience from outside Relate suggests that a facility for home visits may be important for the younger (16–18) age group and this will be a matter for review at the end of the pilot.

4.6 Format and length of meetings

Meetings with clients should be by appointment, rather than a drop-in arrangement. The length of meetings should be determined by the client and the practitioner.

Some people find formal appointments stressful and tiring so practitioners need to be aware of clients' energy levels and attention span. We recommended that you allow up to an hour for initial and subsequent appointments with an individual client, and up to 1½ hours for appointments involving 2 or more people.
4.7 Signposting to other services

At any stage clients may be signposted to other services offered by the Centre or other local services which both client and practitioner agree may prove helpful.

Where possible, Centres should consider expanding the range of Life Skills courses they offer to support the Mediation with a Counsellor service. You could usefully offer “Taking Charge of Your Life”, the “Moving On” course for people who are separated or divorced, or “Riding the Storm” for the parents of challenging teenagers who are in danger of becoming homeless.

The Relate Central Office Life Skills team is very happy to support Centres to deliver these courses or to design tailor-made courses and can also co-ordinate demand for courses, making up a group from several Local Authority referrals.

Alternatively Local Authorities may wish to partner with other agencies, such as Sure Start, Women’s Aid, or local services for people who are homeless, in order to create groups for this kind of work.

Services will need to have an effective system of gathering, collating, disseminating and updating information on other local agencies that may be helpful to clients. Examples include CAB, Parentline, Connexions and YMCA. It is useful to build up effective links with key people in these and other organisations to ensure that information is up to date and that referrals out are appropriate.

4.8 Client records and reporting back to housing offices

All client records remain the property of Relate and are subject to Relate’s Confidentiality & Disclosure and Client Records policies.

Where the referral has come from a Housing Department, practitioners will send a report back to the department at the end of the initial meeting and again at the end of the case. However, in order to meet the requirements of Relate’s Confidentiality & Disclosure policy, practitioners must make clients aware at the start of the service that such reports will be made and must also gain written client consent to the written statement in the report, so that the reporting process is clear and open.

All reports must be based on Relate’s mission and competence (i.e. focussed on the presenting relationship issues). Reports after the initial meeting can include the possible impact of relationship issues on the client’s housing situation but practitioners should avoid making assessments as to whether the client is legally ‘homeless’ as this requires legal knowledge and training beyond Relate’s competence.

It is important that Centres discuss and agree protocols with Local Authorities for sharing information in cases where domestic violence is disclosed at interview or where issues of safety or child protection arise – see section 5.3.
4.9 Client feedback and measuring outcomes

We strongly recommend that Centres use Relate’s ‘Measuring Outcomes’ system for this service to monitor the profile of clients, measure the outcomes of the service and client satisfaction with it.

Gathering this kind of data is important for all client services but particularly so where services are offered under contract to public authorities, as is likely to be the case with this service.

Clients should always be asked to identify what they want from any service Relate provides and they will record this on Form B of the Measuring Outcomes system immediately before the initial appointment.

Many cases within this service will comprise only a single session, at the end of which immediate use of Form C of the Measuring Outcome system is not appropriate. At the end of each case practitioners should therefore ask the client to complete a simple end of service outcomes form (see model in Appendix) to gather some information on client outcomes immediately while the opportunity exists.

The Centre should then make arrangements with the Housing Department for the client to complete Form C of the Measuring Outcomes system, where possible, 1 month after the service (again as part of their routine housing application process) to provide more in-depth information about progress against the client’s desired outcomes and client satisfaction with the service.
5 PRACTICE ISSUES AND ETHICAL FRAMEWORK

5.1 Roles for key staff
Centres will want to ensure that key personnel involved have clearly defined roles. Monitoring systems should be in place to ensure that roles and responsibilities are carried out effectively.

Key staff members include:

- staff who handle referrals – these should be carefully selected and specially trained staff members, possibly existing administrative staff members who are specially trained for the work. (See section 4.1 Referral systems)

- Service Managers – these may need specific briefing to take on responsibility for the area of work. Some of this may be knowledge about the area of work and the goals of the service

- Practitioners – these will need to be trained and competent to undertake the work. Special training is provided by Relate. Practitioners also need to be aware of the limits to their competence and areas of expertise. (See section 4.8 on reporting back to Housing Departments)

It is particularly important that practitioners and staff who handle referrals not only have the necessary skills and training to carry out their respective roles, but also that they show a real enthusiasm and affinity for working with a client group which is different from Relate’s traditional client group. Most clients will be young, many will be living chaotic lives and/or at a point of crisis. Staff will need to be tolerant, understanding and very flexible...

5.2 Confidentiality (See also section 4.1 and 4.8)
Centres will need to ensure that all staff are fully aware of the application of Relate’s Confidentiality & Disclosure policy to this work.

Part of the work involves a review with the client of their circumstances, state of family relationships and the likely impact of these relationships on the client’s housing situation. Information on this will, with the client’s knowledge and consent, be reported back to the housing official.

However, in order to meet the requirements of Relate’s Confidentiality & Disclosure policy, practitioners must make the client aware at the start of the session that such a report is to be made and must gain client written consent to each report back to housing officials. This ensures that the reporting process is clear and open. Sample forms to record outcome statements for Housing Departments are in the appendix.

5.3 Domestic abuse/violence and child protection issues
If issues of child abuse or domestic violence arise in any part of this work, all Relate staff must follow Relate’s Policies and Good Practice Guidance on Child Protection and Domestic Violence/Abuse.

The main point for practitioners to note is that they must ask each client individually at the initial interview routine questions about domestic violence and abuse. Even if clients opt for joint initial sessions, these sessions must include separate time with each client to enable this to be done.
When work is done under contract with a Local Authority or other agency, Centres must be clear that the client remains a Relate client whatever the source of their referral.

It will be important for Centres to discuss and agree protocols with Local Authorities for sharing information in cases where domestic violence is disclosed at interview or where issues of safety or child protection arise. Contracts between Housing Departments and Relate should contain a clause to refer to these protocols.

5.4 Working with children and young people under 16

The Mediation with a Counsellor service could involve work with young people under 16 who are or might become homeless (young people as clients), or with young people who are family members of homeless clients (young people as members of family groupings).

Relate has a proven track record in working with children and young people. Practitioners working with under 16s should bear in mind the following guiding principles which should inform the work.

The principles contained in the UN Convention on the Rights of the Child (UNCRC) Article 12 state that children have the right to participate in decision-making processes that may be relevant in their lives and to influence decisions taken in their regard, within the family, the school or the community.

The practical meaning of children's right to participation must be considered in each and every matter concerning them and in decisions being made about them. Children's rights to respect for their evolving capacities in parental decision-making are also reflected in Article 5 of the UNCRC.

The welfare principle enshrined in the Children Act 1989 sets the welfare of a child as the paramount consideration in any decisions being made about them.

The Gillick principle applies to this work (does not apply in Scotland). This is the child's right to make decisions when "he or she is of sufficient understanding and intelligence" to be able to make up his or her own mind. This means that there is no lower age limit for clients – the service will be offered to young people deemed capable of understanding and engaging with it.

Some practitioners may already deliver services to young people e.g. within Relate's Young People's services; others may require additional training to work with this younger age group as clients (see section 6.2) and this will need to be included and costed into contracts with Housing Departments.

All staff involved in delivering, managing, administering or supervising the service will require a CRB check.

5.5 Diversity and accessibility

Relate has an agreed Equality and Diversity policy. Centres will need to work in partnership with a range of local support services to address diversity issues and make the service as accessible as possible to all sections of the local community including BME clients, clients with disabilities and other minority groups. In due course we would also encourage Centres actively to recruit trainees from minority groups to deliver the service.
Some research indicates a low level take up of counselling and family mediation services among members of minority ethnic groups. Centres will monitor the ethnicity of clients as a standard part of Measuring Outcomes (form B).

The use of the service by BME (Black and Minority Ethnic) groups will depend partly on the demography of the local area and partly on how well the Local Authority has implemented its own equal opportunities policies and procedures to provide equal access to their services for all minority groups.

Relate Centres may need to take positive action to encourage other organisations to refer minority ethnic clients to the service. Direct contact with organisations that work with ethnic minority groups can help Relate to raise awareness about and improve access to the service.

Relate monitors disability as a standard part of Measuring Outcomes (form B). Centres which have carried out access audits will be aware of any disability issues affecting their own service and will have an action plan in place to address these. Centres will need to be aware of disability issues for clients and/or family members when considering suitable venues for meetings with clients. This may mean having a range of suitable premises available in the local area. (See also section 4.5)

Centres need to bear in mind the particular challenges presented by working with a highly mobile population. These may include difficulty keeping in touch with clients who may move frequently, whose lifestyles may be disorganised, and who may have little or no money for fares to attend meetings.

In this situation it is good practice for Centres to ‘go the extra mile’ to contact clients, make reminder calls about appointments, telephone clients and/or third parties to encourage attendance, and to check progress/offer follow up appointments.

Centres may also need to consider include literacy and language issues. Centres will need to be sensitive to this, offering help where required. Some clients may not have English as a first language so may need interpretation services and translators to be able to access the service. Translators from outside the family are preferable to using family members but the cost of this service has to be met in the fees paid by the Local Authority.

It is also helpful to read aloud statements to which clients will need to consent (such as data protection clauses) in order to ensure that these are understood by those with few or no literacy skills.

Finally, the provision of appropriate childcare arrangements will facilitate access to the service for parents. If that is not possible in Centres, then a flexible approach to younger siblings attending with parents is advisable and offering safe and soft toys for those at an active stage would be recommended.

### 5.6 Client complaints

Clients will have access to Relate’s Client Complaints Policy and Procedures and will have these explained in simple terms at the start of any intervention. Complaints involving mediation work which exhaust Relate’s own complaints procedures have a right of appeal to the UK College of Family Mediators’ complaints procedure.

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4 Family Mediation Services for Minority Ethnic families in Scotland. Scottish Executive Central Research Unit. www.scotland.gov.uk/cru/resfindings

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6 MANAGEMENT ISSUES

6.1 Quality frameworks

The organisational standards set out in PQASSO, the quality assurance system used by Relate, apply to this service as to any Relate service. The Relate service standards that apply are set out in the ‘Relate Federation Standards for Client Services [Practice] 2006/7’.

We have also referenced the service against the standards of the Association for Family Therapy (AFT) and the UK College of Family Mediators. Commissioners or organisations funding the service may require compliance with other quality standards. However, this is less likely in the homelessness context than in divorce and separation work where LSC funded work has to meet the LSC Quality Mark standards.

6.2 Practitioner qualifications and training

Recognising the importance of standardising the practitioner training for the service, Relate has designed a training package which will ensure knowledge and skill in both systemic practice and mediation, and specific training in integrating the two in practice within this innovative service model.

The practitioner training will comprise three modules; one in mediation theory, one in systemic theory and one in the practice of this integrated approach. The course will take an academic year to complete, but practitioners will begin to see clients during this period.

During the pilot, we shall recruit to the training practitioners from pilot Centres who have prior experience and training in either mediation or systemic practice. Practitioners with either

✓ a successfully completed training, approved by the UK College of Family Mediators, will NOT be required to do the mediation module but will complete the other two modules

or

✓ a training in Systemic Practice Year 1 (this is currently the required training for Relate Family Counsellors) OR completion of the Relate Postgraduate Diploma and practice experience will NOT be required to do the systemic module but will complete the other two modules.

All students must complete at least 2 modules of the training.

Following the pilot period, Relate will seek university validation of the training as a University Advanced Diploma. We shall also be seeking accreditation from AFT and the UK College of Family Mediators for the relevant parts of the training, once piloted.

Where Centres are offering the service to children and young people under the age of 16 as the main client (as opposed to including children and young people in family groupings) practitioners must have undertaken appropriate training in working with young people – as with other Relate services for young people. Such training would include an understanding of the developmental needs of young people and ways of safeguarding and promoting their welfare.
6.3 Supervision, support and professional accountability

All practitioners involved in this work will require supervision and support from supervisors/consultants with clearly defined roles and responsibilities.

Supervision and support will be provided within the appropriate frameworks for professional accountability: Relate supervision standards and the UK College of Family Mediators.

Supervision for this new service will be delivered by Relate registered supervisors or professional practice consultants who will have been trained in systemic practice and/or mediation and who will receive additional training in the Relate therapeutic mediation model of service delivery. Supervisors will also attend the training organised locally for Relate and Local Authority staff (see below) so that they understand the context for the service.

For the pilot, we envisage a small number of existing supervisors undertaking this work in the pilot Centres. This supervision will be included in the supervision practitioners already receive, NOT as an additional supervision requirement. Supervisors will have access to systemic and mediation consultancy.

6.4 Staff training and liaison

The contract should include initial joint training for Relate and Housing staff members. This training will need to be repeated when new appointments are made.

Relate supervisors should attend the initial training (if not in any case involved as members of the service delivery team) so that they understand the context for the service.

Experience shows that there is often a high rate of turnover among Local Authority staff and therefore a need to repeat Local Authority staff training. These sessions should aim to raise Housing staff awareness of the service and should include:

- the key features and principles of the service
- how to describe and promote the use of the service
- referral systems and criteria – who should and should not be referred
- the role of the service in homelessness assessments
- reporting outcomes
- dealing with child protection and domestic violence
- signposting to other organisations.

Briefing sessions should also raise Relate staff awareness of Housing Department procedures and, importantly, housing options for clients in the area. Experience of other organisations shows that support and assistance with practical issues is a key factor for many clients. They should also give practitioners training and guidance to help them identify clients for whom the service is inappropriate (i.e. situations which require a housing, rather than a mediation, solution). Where Centres are offering the service to children and young people under the age of 16, local training could also usefully include a specific focus on safe accommodation for young people.

Draft outlines for two-way staff training are given in the Appendices.
It is good practice to build in systems for on-going liaison between key staff members in housing offices and Relate Centres, including the facility for staff to ask ‘what if’/hypothetical questions about clients. Such links can pick up problems and issues at an early stage and contribute towards effective working relationships.

Provision for on-going staff liaison should be included in the contract for service.

### 6.5 Service promotion and publicity

Key points in service promotion and publicity are:

- a planned promotional and publicity strategy for the local area developed in partnership with the Housing Department, to include monitoring its effectiveness
- user friendly and professional materials with user input especially from young people
- different materials/media for different target groups
- use of sponsors to help meet costs.

Relate Central Office is developing leaflets and posters for Local Authorities, clients and referral agencies. Centres may wish to consult with their Local Authority(ies) about further materials required.

### 6.6 Monitoring and evaluation

Centres will need to provide clear evidence of the effectiveness and cost effectiveness of the service to Local Authority commissioners.

Effective monitoring and evaluation, especially during the pilot phase, will help the Local Authority to make a case for future funding as well as adding to Relate’s bank of evidence about the benefits of our services. We recommend that you monitor and evaluate:

- inputs (costs, use of premises, staff resources, staff training, supervision, meetings with Local Authority staff etc)
- outputs (number of clients, client groupings e.g. individuals/family groups, demographic data, volume of work done, case length)
- outcomes (using data from end of sessions outcomes forms and Relate Measuring Outcomes system) – we need to make a strong case to Local Authorities (based on ODPM (now DCLG) research as outlined at the start of these guidelines) that the link between relationship breakdown and homelessness is such that outcomes which demonstrate strengthened or rebuilt family relationships are valid outcomes in their own right
- other outcomes data specific to the homelessness context identified by clients and/or as agreed with Local Authority (and specified in the contract) e.g. outcomes relating to Local Authority strategic targets including the number of homelessness applications
- client feedback from client satisfaction section of Relate’s Measuring Outcomes system, other client feedback and client complaints
- feedback from non-users, i.e. people who chose not to take up the service following the initial meeting
- feedback from Housing Department staff
- Feedback from other referral agencies
- Feedback from Relate practitioners and other staff.

Relate Central Office has also been awarded funding to commission an external evaluation of the pilot. This will involve Centres in providing data and feedback on the progress of the pilot.
7 NEGOTIATING A SERVICE – NEXT STEPS

7.1 Developing capacity to deliver services

Many Centres will have the capacity to deliver the service themselves. However, where you cannot meet the volume of service required by your Local Authority, we envisage that you will work in partnership with neighbouring Centres and other local agencies to make best use of local resources.

Many Centres are experienced in making such local arrangements work, but if you are uncertain or need help, please contact Relate Central Office Business Development Team. If you are unable to meet a need for Life Skills group work locally, please contact Relate Central Office Life Skills Team who will be pleased to help who have access to a “bank” of trainers who may be able to meet your requirements.

7.2 Identifying the key stakeholders

Service managers should identify the key funding organisations and stakeholders with whom they need to build and sustain positive relationships for this work.

We have used the term “Local Authority” throughout these guidelines. However, many Local Authorities have transferred their housing stock to Registered Social Landlords (RSLs).

Alongside these transfers, the Local Authority may have outsourced their statutory functions in relation to homelessness to the RSL or to another agency (YMCA is currently making a proposal to Authorities to take on these functions in relation to young people) and therefore the key stakeholder in relation to housing may be any of the following:

- a Local Authority that owns and manages its own housing stock including the homelessness function
- a local Authority that has transferred its housing stock to a RSL but retained the homelessness function
- a RSL that has taken on the Local Authority's housing stock and manages the homelessness function
- another agency e.g. YMCA that has taken on the homelessness function.

In addition, some Local Authorities have transferred their housing stock to more than one RSL. RSLs may or may not be called Housing Associations.

7.3 The “Sales” process

Relate’s experience so far has been that Local Authorities request information, and a meeting is then arranged to discuss how the services would work in more detail.

Experience has shown that assessing the requirements of the Authority and working out the details of how the service will operate best to meet their needs can take a lot of time, which may not be repaid by the value of the work subsequently commissioned.
We therefore strongly recommend that the initial “sales” meeting be kept brief and informal and that its purpose should be to confirm that the Local Authority wishes to work with Relate. You should then aim to set up ‘Framework Meetings’ – to be paid for by the Authority – to sort out the detail of how the service will work. (See section 7.4).

Most Local Authorities have information on their websites [www.localauthorityname.gov.uk] which explains their housing services and strategy. It is well worth exploring this in advance of the meeting to get some insight into their priorities and goals, the scale of services that they provide and the number of locations in which they offer housing services.

Local Authorities are keen to hear evidence that the service works. Whilst the Mediation with a Counsellor service is new, the following information, based on responses from clients before and after the service, show the impact of Relate services to the general public on relationship breakdown and homelessness:

> 77% of those who had told us that their ability to stay living in the family home was in danger said that they were now able to stay at home
> 60% said that their desire to stay living at home had been positively affected
> 80% of those people who felt that they may soon be homeless when first came to us now feel that they are unlikely to soon be homeless.

We need to acknowledge that outcomes for the particular client group who have reached the point of making a housing application to the Authority may show different results from those measured in services to the general public.

However, Centres should be able to make the case that early intervention, as recommended above, is the key to achieving the most positive results and the most effective prevention of homelessness.

Why Mediation with a Counsellor? It is important to make clear to commissioning agencies what this service can offer over and above other mediation services: the Relate service uses the skills of mediation to resolve current disputes, but also helps the clients to understand why their problems arose and how they can behave differently to prevent a recurrence.

Therefore the work adds value over and above what can be expected from ‘traditional’ mediation.

7.4 Setting the framework

We recommend that you arrange Framework Meetings with the Local Authority to determine exactly how the service will operate.

For a small Local Authority, a single Framework Meeting may be all that is necessary. For larger, multi-site Local Authorities, it may be necessary to hold structured interviews with senior staff in order to determine how work will be delivered, then facilitate meetings with groups of housing workers to disseminate this information and answer questions from them.

Framework Meetings can encompass all of the set-up work that Centres are commissioned to undertake, but Centres will need to be clear with their Local Authority that they intend to charge for this work.

10 “Measuring the outcomes of our work – pilot data”, Relate Central Office 2005
It is envisaged that Framework meetings will include discussion about:

*Location of the work* – we recommend that the work is done in a neutral environment rather than on the Local Authority’s premises. However, many Local Authorities have neighbourhood-based housing services and may wish to offer Relate space alongside other housing functions. If the Local Authority is making space available, the Framework Meeting gives an opportunity to agree which rooms will be used (ensuring that they are of an adequate size and appropriately furnished) and what reception and security arrangements are in place.

*How the service will be promoted* – how Relate will work with other local agencies and how the Local Authority can use its own networks and media to promote the service.

*How clients will be referred to Relate* – whether by the housing officer giving the client Relate’s number or (as recommended) by the housing officer calling on behalf of the client. In some instances, Local Authorities have decided to purchase regular “surgeries” into which they can make appointments on behalf of the clients, but with the knowledge that a Relate worker will be available at a certain place and time.

*Timescales for responding to referrals* – the Local Authority will need to know that Relate will be able to see the client within a prescribed period of time. The Framework Meeting gives an opportunity to agree the timescales and to agree how Relate will advise the Local Authority if the client does not attend.

*What is an appropriate referral* – reinforcing that Relate can help with issues arising from relationship breakdown between couples or within families “family evictions”. This also gives an opportunity to identify types of clients who should not be referred to the service, for example, people evicted by private sector landlords for nuisance, rent arrears or issues of overcrowding (although overcrowding often results in relationship breakdown, so practitioners will need to assess the case before assuming no help can be offered in these situations).

*Information from the Local Authority* – when the Local Authority makes a referral it is helpful for the practitioner to receive some history about the client. The Framework Meeting offers an opportunity to agree what information will be passed from the Local Authority to the practitioner and in what format.

It is in the Local Authority’s interests to provide clear information as this reduces the time that the practitioner has to spend in taking history from the client. A model referral form is included in the Appendices. NB Local Authorities may expect Centres to come within their local information sharing protocol.

In negotiating this with Authorities, Centres must ensure that Relate’s policies on Confidentiality, Domestic Violence/Abuse and Child Protection are not compromised; advice is available through the Central Office Practice Helpline.

*Reporting to the Local Authority – Relate’s ethical standards and boundaries of confidentiality* – the Guidelines are clear that the client “belongs to” Relate for the purposes of our work with them. The work will therefore lie within Relate’s standard ethical framework and will respect the standards of confidentiality that apply to all of Relate’s work, with the acknowledgement that the Local Authority will expect reports from the work.

Experience shows that some Local Authorities may expect to receive lengthy reports which disclose confidential information about the client’s personal circumstances. This may compromise the clients’ willingness to participate in a session, so you will need to make clear the nature of the reports to be provided – a model report form is provided in the Appendices.
Consent to disclose information [Data Protection]. You will need to confirm the Local Authority’s responsibility to get consent from the client to disclose information to Relate, and for Relate to return information to the Local Authority.

Length of work with a client – The Framework Meeting offers an opportunity to agree with the Local Authority how many sessions you can offer to any one client without referring back to the Authority for further approval (we recommend six). Any such approval is likely to depend on making a case that further work is likely to resolve the issues that have led to homelessness, or at least hold the family together and avoid a housing crisis.

Discontinuing work with a client – There may be circumstances in which the practitioner has to discontinue work with the client; for example if the client is abusive or violent to the worker or to any member of their family, or arrives under the influence of drink or drugs. The Framework Meeting offers an opportunity to agree how the Local Authority will be advised of this.

Arrangements for Life Skills work. The Framework Meeting provides a useful opportunity to determine whether the Authority is willing to fund Life Skills work with groups of clients and how these would be administered: who could attend, how groups will be formed, the role of partner organisations, where group sessions could be held and how outcomes will be reported to the Local Authority.

Evaluation. The Framework Meeting gives an opportunity to determine how much evaluation will be carried out. The Appendices include a sample monitoring form which can be used as a basis for evaluating the service.

7.5 Price

We think it is helpful to recommend a standard price structure for this service. This is because Local Authorities compare experience, either between themselves or via their auditors, and it may be embarrassing to a Local Authority and/or to a neighbouring Relate Centre to have to explain significant differences in price.

Whilst Centres are, of course, free to negotiate local variations to the price charged for the service we would encourage Centres not to deviate too far outside the pricing guide.

We recommend, however, that Centres working in London apply a London ‘weighting’ and that other weightings are added to reflect any additional Local Authority requirements over and above the standard service. Conversely several Centres have separate funding arrangements which can cover this area of work and may mean that their price will be lower.

These Centres will have the opportunity to give a “good news” story to their Local Authority, which may be a further incentive for them to acquire the service although we recommend that they are informed what the ‘full price’ would have otherwise been. In this event, it may be helpful to neighbouring Centres to be appraised of the arrangements so that they will have a suitable response if challenged about price differences by their Local Authority.

Centres should charge separately for initial Framework Meetings to ensure that the costs of these are covered even where the meetings do not result in a contract. We recommend that training events for Local Authority staff are also charged separately.

However, given that these events are envisaged as partly reciprocal (with briefing needed in both directions) we recommend a discounted fee of approximately £450 – £500 per day.

Finally we recommend that Centres charge a one off ‘set up fee’ when the contract is first established to cover the costs of additional staff briefing meetings, development of publicity
Relate Mediation with a Counsellor

When calculating the hourly rate for the service itself, the following elements should be included:

- initial briefing/contextual training for Relate staff (practitioners and administrative staff)
- specialised training and CPD required by Relate staff e.g. BME
- budget for replacing and updating promotional and publicity materials
- practitioner and administrative staff contact time (used and unused)
- supervision costs
- ongoing liaison meetings with Local Authority staff
- a percentage contribution to Centre overheads based on the proportion of Centre resources devoted to the service
- time to deal with VAT if applicable (see below)
- time to deal with monitoring, evaluation, reporting and review meetings
- time to deal with renegotiating the contract
- time to deal with QA
- cost of ongoing liaison with other referral agencies.

The recommended price to cover all of the above is £85 per contact hour + VAT if applicable. VAT is normally applicable to mediation services but not to counselling. Relate Central Office is currently taking advice on whether VAT will apply to Mediation with a Counsellor.

Even if VAT is deemed to apply to this service, it will be up to each Centre to take a view about whether VAT will apply to Mediation with a Counsellor.

We recommend that a minimum level of service is agreed in return for a minimum fee (e.g. 12 hours per month @ £1,020) and that additional hours taken up are charged on an hourly rate above that. The minimum level will help to ensure that overhead costs are met.

The facility for Local Authorities to ‘roll-over’ hours unused one month to be used the next is not recommended as this works against this principle.

Experience has also shown the importance of explaining to Authorities that the fee quoted is ‘all-inclusive’. Some Centres have been ‘undercut’ by other agencies offering prices which are apparently much lower, then charging additional fees for meetings, supervision etc.

As stated above, additional weightings can be applied according to the nature of the service required by the Authority. It is important that the Authority understands that enhancements to the service (such as increased flexibility/responsiveness or interpreting services) may be possible but must be paid for.

Conversely, economies are possible if the Authority is willing to provide resource (e.g. administrative staff time to book appointments). It may be possible to work with the Housing Department to apply for other specific funding to support other Relate services such as Life Skills group work, which would complement the Mediation with a Counsellor service.
7.6 Contract for service

You should formalise your relationship with the Local Authority or other contractor through a contract or Service Level Agreement.

Relate has developed a model contract for delivery of Relate services to agencies such as Local Authorities and is available on Relate Extra. Two versions of the model contract are available; the short form (two pages) version should be adequate for this work.

The model contract requires service specific detail to be included in a separate Statement of Work. This will require negotiation with Local Authority officials, especially where there is no existing joint work between the service contractor and the service provider, and should include:

- expectations on both sides including service purpose and aims
- description of the service to be delivered (what, where, when, by whom)
- referral status and agreed systems
- cancellation of appointments
- Data Protection requirements and protocols for sharing information
- reports back on clients’ outcomes
- monitoring and evaluation arrangements
- contracts should refer to these guidelines as expected/accepted practice – or explicitly state agreed exceptions and any sections which are non-negotiable
- training of Relate and Housing Department staff
- financial arrangements, price, how and when invoices are submitted and paid.

The short form model contract and a sample supporting Statement of Work are provided in the Appendices.
APPENDICES

1  Pilot Service Specification
2  Referral system flowchart
3  Client pathway
4  Model contract and supporting statement of work
5  Sample referral form (including client consent form)
6  Sample initial session outcome statement
7  Sample end of service outcomes report
8  Sample service monitoring form
9  Suggested content of local training for Local Authority and Relate staff
1 Name of the Service
Relate Mediation with a Counsellor

2 Purpose of the Service
The purpose of the service is to assist individuals, partners, family members and friends to deal with the emotional and practical consequences of relationship conflict or breakdown and, wherever possible and appropriate, to reach and sustain a mediated solution.

3 Description of the Service
The service aims to be a preventative and supportive, short-term intervention delivered by means of face to face meetings of varying length between the client(s) and an appropriately trained practitioner.

The service will provide focused support for individuals to develop strategies to manage their own situation, and work with partners, family members or friends to enable them to negotiate their own workable solutions.

There is no lower age limit for clients – in accordance with the Gillick principle, the service will be offered to young people deemed capable of understanding and engaging with it.

On enquiry the client will be given preliminary information about the service, and intake meetings will be arranged with the client and any other parties as required, always ensuring that screening for safety issues is carried out with each person individually.

The service will comprise:

- an intake meeting to listen to the client’s story and work with the client to identify whether and how the service might be of benefit.
- further sessions integrating systemic therapy techniques and mediation skills to enable an individual, couple, family or friends to explore the issues and challenges which face them. Session content could include, in any order:
  - support to prepare for or sustain the mediation process
  - individual short-term counselling
  - family or relationship counselling
  - mediation involving the client and (an)other family member(s), friend(s) or partner.

Clients may also be signposted at any stage to other Relate services including Life Skills group work, or to other services outside Relate.
4 Anticipated Outcomes

Depending on the circumstances, wants and needs of the client, and the extent to which they engage with the service, anticipated outcomes will include any of the following:

Outcomes for the individual
• client develops strategies to manage their situation
• client is signposted to other relevant agencies
• client’s sense of isolation is reduced
• client’s confidence and self-esteem are enhanced
• client’s safety is increased
• client achieves improvement in or resolution of practical issues eg issues related to their education, employment, finance or housing.

Outcomes for partners, families or friends
• direct contact, positive communication and constructive negotiation between partners, family members or friends are re-established
• conflict is reduced or eliminated and disputes are resolved
• a mutually acceptable way forward is negotiated
• relationships are sustained and/or strengthened
• relationship transitions are managed with reduced conflict
• practical arrangements are successfully negotiated, eg arrangements relating to housing, finance or children.

It is anticipated that the service will have a positive social impact, delivering outcomes required by commissioning and referring/referred to agencies including, where applicable, reductions in homelessness and applications for housing, numbers of looked after children, or numbers of people needing to go to court over contact/support arrangements.

5 Access to Service

Clients may be referred to the service by an agency commissioning the service or other agencies. Clients may also self refer to the service. As a minimum, an administrative service will be provided from 9am to 5pm Mon – Fri to answer enquiries and requests for appointments made by telephone or in person. However services should consider additional ways of maximising the accessibility of the service through the use of emails, text messages etc for particular client groups eg young people.

6 Location of Service

A recognised Relate Centre or a contracted location agreed by Relate Centre management or Relate Central Office. All service locations must offer a safe, neutral, welcoming and confidential environment. Sufficient waiting areas need to be available to allow the parties to wait separately where appropriate and for overlap in the keeping of appointments. Home visits will be offered in exceptional circumstances (eg disability, lack of transport).

7 Practitioner Qualifications and Training

The practitioner training will comprise three modules; one in mediation theory, one in systemic theory and one in the practice of this integrated approach. The course will take an academic year to complete, but practitioners will begin to see clients during this period.

During the pilot, we shall recruit to the training practitioners from pilot Centres who have prior experience and training in either mediation or systemic practice. Practitioners with either

Relate Mediation with a Counsellor
✓ a successfully completed training, approved by the UK College of Family Mediators, will NOT be required to do the mediation module but will complete the other two modules

or

✓ a training in Systemic Practice Year 1 (this is currently the required training for Relate Family Counsellors) OR completion of the Relate Postgraduate Diploma and practice experience will NOT be required to do the systemic module but will complete the other two modules.

All students must complete at least 2 modules of the training.

Following the pilot period, Relate will seek university validation of the training as a University Advanced Diploma. We shall also be seeking accreditation from AFT and the UK College of Family Mediators for the relevant parts of the training, once piloted.

Where Centres are offering the service to children and young people under the age of 16 as the main client (as opposed to including children and young people in family groupings) practitioners must have undertaken appropriate training in working with young people – as with other Relate services for young people.

Where practitioners hold qualifications other than those gained in Relate, advice must be sought from the Supervision Service Manager (Practice) or the Head of Training to confirm equivalent status.

Professional indemnity insurance is provided via the Relate scheme. Practitioners are engaged by the Centre Trustees who hold responsibility for the service as for any other Relate service.

8 Supervisor Qualifications and Training

Supervision will be delivered by Relate registered supervisors or professional practice consultants who will have been trained in systemic practice and/or mediation and who will receive additional training in the Relate therapeutic mediation model of service delivery.

The provision of supervision will meet the requirements of Relate and the UK College of Family Mediators. The supervisor is accountable to the Centre Trustees for the quality of the work undertaken.

When supervisors hold qualifications other than those gained in Relate, advice must be sought from the Supervision Service Manager [Practice] or the Head of Training to confirm equivalent status.

9 Quality Control

The Quality Control standards are detailed in section D of the Relate Federation Standards for Client Services [Practice] 2006/7, which can be found on Relate Extra and cover:

- Supervision standards for practitioners and supervisors
- Requirements for Continuous Professional Development Training
- Access to advice on practice dilemmas
- Minimum levels of client practice.

10 Quality Assurance

This service will meet the following Quality Assurance requirements:

- requirements as set out in Relate Federation Practice Standards for Client Services [April 2006 – April 2007]. These can be found on the Federation Intranet and cover:
  - supervision standards for practitioners and supervisors
  - requirements for Continuous Professional Development Training
  - access to advice on practice dilemmas
  - minimum levels of client practice

Relate Mediation with a Counsellor
• UK College of Family Mediators standards and Code of Practice
• other quality standards as required by a commissioner or funder of the service (eg Legal Services Commission (LSC) funded work is required to meet the requirements of the LSC Quality Mark).

These include professional requirements regarding selection, training, supervision and accreditation of mediators, and organisational requirements.

11 Service Standards

The Relate service standards that apply to this service are set out in section C of the document Relate Federation Practice Standards for Client Services [April 2006 – April 2007]

The service will also meet the standards of the UK College of Family Mediators.

Variations to standard service delivery:

• Service location
  When this service is delivered in a different setting [e.g. in a client's home] Centre personnel and practitioners should refer to the Service Specification for Counselling in Clients Homes and other practice guidance available on Relate Extra and should consult with the Constituency SPC prior to delivery of the service.

• Referrals from a commissioning or other agency
  A commissioning or other agency may make referral to the Relate service a routine (compulsory) part of their procedure/service to the client. However, client engagement in any part of the service after the initial session (at which the appropriateness of the service for the client will be assessed) will be on an entirely voluntary basis.

• Child protection and disclosure
  Practitioners will follow Relate's Child Protection Policy.

• Domestic violence/abuse
  Practitioners will follow Relate's Domestic Violence/Abuse Policy.

• Client records and reports to a commissioning or other referral agency
  Client records must remain the property of Relate and are subject to Relate's Confidentiality & Disclosure and Client Records policies. Each client's written consent must be gained for all reports back to a commissioning or other agency which identify the client. All reports must be based on Relate's mission and competence.

• Monitoring and evaluation
  Evaluation of the service will be based on:
  – monitoring of income and expenditure
  – monitoring of outputs including number of clients, client groupings, volume of work done and case length
  – information collected using Relate's Measuring Outcomes system
  – other data as agreed with a commissioning agency

• Additional briefing/training
  Practitioners delivering the service within a particular context are likely to require additional specific or contextual briefing or training. There may also be a need for briefing or training of and ongoing meetings with staff of a commissioning agency. The qualifications and/or experience required for a contract should be stated in the contractual agreement with the purchasing organisation.

• Management considerations
  A designated person will be responsible for managing the service; this may be a specifically appointed service manager or a Centre Manager with additional management time.
Mediation with a Counsellor

Referral system flowchart

Referral to the service for an initial meeting is part of the housing application process. Further involvement with the service is voluntary.

Applicant approaches Housing Department with homelessness issue

Family relationship difficulties/conflicts identified by housing staff & or client

Housing staff member explains to client about referral to Relate Mediation with a Counsellor, having checked that there are no apparent safety concerns

Housing staff member contacts Relate to refer the client and arrange a time for the client’s initial session

Housing staff member completes referral form for the service with the client and gains client’s consent to information exchange between Housing Department and Relate

Client(s) has/have initial session to include routine questions about safety issues, discussion of family situation and impact on housing situation

Practitioner and client(s) agree next steps and any further use of the service*. Client agreement gained by practitioner on the information to be reported back to housing staff on outcome statement

Service will complete further outcome statement for housing dept at end of the intervention with the client (up to 5 further sessions, unless extra time is agreed with Housing Department)

*Further use of the service can include therapeutic interventions to provide focused support to individual clients to develop strategies to manage their own situation and the emotions arising from that. It will also offer mediation, where appropriate, between clients and their partners, family members or friends to enable them to negotiate their own workable solutions.
Mediation with a Counsellor

Client pathway

(Each element of the service is spread over one or several sessions depending on client choice/needs/who’s attending)

Referral

Relate staff check that client has received preliminary info about the service and offer client choice of individual or joint intake (but joint includes some time individually)

Housing Department give Relate staff referral info by phone then forwards referral form to Relate

Individual intake including discussion of housing situation and routine safety questions

Individual intake of 2nd party/others

Joint intake with individual time

Individual therapeutic work

Mediation work and/or relationship or family counselling with client and other family member(s)/friend(s)

Referrals out to other Relate services

Referrals out to other local services
Relate Mediation with a Counsellor

Statement of work

This document sets out details of the service to be provided by

Relate ................................................................. (Centre name) (“Relate”)

to ................................................................. (Local Authority name) (“the Authority”)

The service will be delivered in accordance with and subject to the accompanying Terms and Conditions.

1 Date of commencement of service: ..............................................

2 Duration of contract: .................................................................

3 Relate will deliver the service in accordance with the attached “Relate Mediation with a Counsellor Pilot Service Specification”.

4 Relate and the Authority will work together to deliver the service in accordance with the attached guidelines for Local Authorities. In particular: ................................................................. (any specific detail and/or exceptions to the guidelines as agreed in framework meetings should be noted here).

4.1 The Authority will make referrals to the service by (describe how referrals will be made including how referral information will be conveyed to Relate, the referral form to be used, and any administrative procedures which Relate will undertake to confirm eligibility and support delivery of service).

4.2 In order to meet Data Protection requirements, The Authority undertakes to obtain consent from the client to personal and sensitive information being passed from the Authority to Relate and vice versa as on the attached referral form.

4.3 Where appropriate, and with the consent of the client, Relate may inform the Authority about safety issues arising in its work with clients referred by the Authority. However, this will be subject to compliance with Relate’s policies on Domestic Violence/Abuse, Child Protection and Confidentiality and Disclosure.

4.4 Relate will offer an initial appointment to each client within (number of days) of the referral.

4.5 The service will be delivered at (location).

4.6 Relate will offer up to a maximum of six sessions to each client(s). Further work on a particular case will continue only by agreement with the Authority.
4.7 Inappropriate referrals may be refused and/or work with a client may be discontinued at Relate’s discretion where provision of the service would be viewed as being contrary to the interests of the client and/or of Relate.

4.8 At the end of each initial session, and again at the end of service for each client, Relate will, with the knowledge and permission of the client(s), provide an outcome statement to the Authority as on the attached outcome forms.

4.9 At the end of each (month/quarter), Relate will provide a report to the authority as on the attached “Service Monitoring Report” form.

4.10 A meeting will be held at the end of each (month/quarter) for Relate and Local Authority staff to review the service and to discuss issues arising from particular cases. These meetings will include the Relate service manager and practitioner(s) delivering the service and............................................................ from the Local Authority. Review meetings will be held at ............................................................... (location)

5 Volume of service to be provided: ....... client service delivery hours per week x ........ weeks per year + additional hours as commissioned by the Authority.

6 Staff training
The Authority will commission Relate to deliver (1 day) of initial briefing and training to its staff and further days as required to support effective delivery of the service.

7 Fees payable:
A one-off set up fee of (£1,500 – £1,700) to include initial staff briefing and training and (£13,260*) per annum for the duration of the contract based on (3) hours per week and (52) weeks per year (*NB Increase in proportion to the no. of hrs/weeks agreed)
and
(£85) per additional hour of client service delivery commissioned by the Authority and booked by a client (whether kept or not),
and
(£450–£500) per day of additional staff training commissioned by the Authority.
The above prices are subject to VAT at the standard rate. (to be confirmed)
Annual and hourly rates are inclusive of all practitioner training, supervision, management and review costs associated with the service. Relate will invoice the Authority at the end of each calendar month.
Fees will be reviewed after each 12 month period.

Signed as agreed:

..........................................................
Name: .................................................. Role: ..................................................
on behalf of the Authority

..........................................................
Name: .................................................. Role: ..................................................
on behalf of Relate

Date: ..........................................................

Relate Mediation with a Counsellor
TERMS AND CONDITIONS FOR PROVISION OF SERVICES

1 Status of Terms and Conditions
1.1 The provision of all services and/or materials by Relate to you (the “Services”) shall be governed by these Terms and Conditions.
1.2 These Terms and Conditions shall have precedence over all other terms and conditions, including any terms or conditions which you may purport to apply or which are endorsed upon any correspondence or documents issued by you irrespective of their date of communication to Relate.

2 The Services
2.1 At or prior to the commencement of the Services, Relate may submit to you a statement of work and/or other similar document describing the Services to be provided by Relate and the fees payable in respect of such (each a “Statement of Work”). All Statements of Work shall be subject to these Terms and Conditions.
2.2 The Services shall commence on the date(s) specified in each Statement of Work or as otherwise agreed between Relate and yourselves and shall continue until the date(s) specified in each Statement of Work, the date of cancellation of the relevant Statement of Work or as otherwise agreed between Relate and yourselves.

3 Change of Services
3.1 Either of us may, at any time, request a change to the Services or the provision of additional services (the "Additional Services"). No such change will be effective without the prior written consent of both parties.

4 Fees Payable
4.1 In consideration of the supply of the Services by Relate to you upon and subject to these Terms and Conditions, you shall pay the fees as specified in the Statement of Work or as otherwise agreed between ourselves in writing.
4.2 Relate shall be entitled to invoice you at such times as are agreed between us, or failing any such agreement, at the end of each calendar month in which the Services are provided. Payment shall be made by you within 30 days of receipt of an invoice from Relate.
4.3 Relate shall be entitled, in addition to the fees, to the reimbursement of reasonable out-of-pocket expenses incurred in the proper performance of its duties pursuant to these Terms and Conditions.
4.4 Any sums due from you which are not paid within 30 days of receipt of invoice, shall (without prejudice to any other rights of Relate) bear interest from day to day at 4 per cent. above the base rate from time to time of Barclays Bank PLC, until the date on which the obligation to pay the sum is discharged in full.
4.5 Relate reserves the right to vary the fees in the event of agreed changes to the Services or Additional Services being provided.
4.6 In addition to the fees payable, you shall pay all VAT on the fees at the rate and in the manner prescribed by law from time to time.

5 Relate’s obligations
5.1 Relate shall:
5.1.1 obtain any necessary third party and/or statutory licences and consents required for the Services to be performed;
5.1.2 subject to you complying with your obligations hereunder, perform the Services in accordance with these Terms and Conditions; and
5.1.3 procure that all its personnel given access to any of your premises comply with any security, health and safety or other policies and regulations that apply to such premises and have been supplied in writing by you to Relate.
5.2 Relate shall be entitled to exclude from any course, session, seminar or other element of the Services any of your employees, agents or advisers whom it deems (acting reasonably and in good faith) to be prejudicial to and/or preventing fulfilment of the objectives of the course, session, seminar or other element of the Services.

Relate Mediation with a Counsellor
6 Customer obligations

6.1 You shall:

6.1.1 at your own expense, co-operate with Relate and provide Relate with such information and assistance as Relate may reasonably require in order to enable or facilitate Relate duly and punctually to comply with its obligations (including but not limited to, assisting with and/or ensuring the exclusion of any of your employees, agents or advisers from any course, session, seminar or other element of the Services;

6.1.2 at your own expense, provide such access to any premises owned, occupied or controlled by you or on your behalf or any of your affiliated companies or businesses ("the Relevant Premises"); and such personnel, Equipment, Relevant Premises and systems, in each case, as Relate may reasonably require for the purpose of fulfilling its obligations hereunder;

6.1.3 ensure that, to the best of your knowledge and belief, all personnel involved in relation to the Services are suitably skilled and technically competent for the task(s) assigned to them; and

6.1.4 perform your obligations under these Terms and Conditions with all reasonable skill and care and in sufficient time to enable Relate to perform the Services.

7 Intellectual property rights

7.1 All intellectual property rights in any material or works of authorship created, written, developed or prepared by either party (the "Materials") or which arise as a result of or in connection with the performance of either party's obligations under these Terms and Conditions and/or a Statement of Work shall belong to that party.

7.2 Subject to Condition 7.3, Relate hereby grants to you, for the duration of these Terms and Conditions and/or Statement of Work, a non-exclusive royalty free right and licence throughout the United Kingdom to use its intellectual property rights for the purposes only of producing and/or distributing any of its Materials (whether as a separate work or combined with or contained within any of your Materials) pursuant to these Terms and Conditions. You shall not be entitled to assign, sub-licence or deal in any other way in or with such right and licence.

7.3 You shall not use, distribute or refer to Relate's intellectual property rights or Relate's Materials in any way without the prior written consent of Relate.

7.4 You hereby grant to Relate, for the duration of these Terms and Conditions and/or Statement of Work, a non-exclusive royalty free right and licence throughout the United Kingdom to use your intellectual property rights for the purposes only of producing and/or distributing any of your Materials (whether as a separate work or combined with or contained within any of Relate's Materials) pursuant to these Terms and Conditions. Relate shall not be entitled to assign, sub-licence or deal in any other way in or with such right and licence.

7.5 Nothing contained in or pursuant to these Terms and Conditions, including, but not limited to, attendance at a course, session, seminar or other element of the Services provided by Relate or use or reference to Relate's Materials, shall entitle any of your employees, agents or advisers to refer to themselves as or imply that they are "Relate trained", "a Relate counsellor", "Relate registered" or any similar expression or phrase.

8 Confidentiality

8.1 Each party shall:

8.1.1 keep confidential all confidential information belonging to the other;

8.1.2 treat confidential information belonging to the other with the same degree of care that it uses for its own confidential information;

8.1.3 not, without the prior written consent of the other, disclose confidential information belonging to the other in whole or in part to any other person save to those of its employees, agents, contractors and advisers involved in the provision or receipt of the Services and who need to know the confidential information in question; and

8.1.4 use the confidential information belonging to the other solely in connection with the provision or receipt of the Services and not for its own benefit or the benefit of any third party.

8.2 The provisions of this Condition shall not apply to any information which:

8.2.1 is or becomes public knowledge other than by breach of this Condition;

8.2.2 is in the possession of the party receiving it without restriction in relation to disclosure before the date of receipt from the party disclosing it;

Relate Mediation with a Counsellor
8.2.3 is received from a third party who lawfully acquired it and who is under no obligation restricting its disclosure;

8.2.4 is independently developed without access to any confidential information belonging to the other party.

8.3 The provisions of these Terms and Conditions relating to confidentiality shall continue to apply after the termination howsoever caused of these Terms and Conditions or cancellation of a Statement of Work without limit in point of time but shall cease to apply to information or knowledge which may come into the public domain other than by unauthorised disclosure by Relate or yourselves, as the case may be.

8.4 Each party hereby undertakes to the other to make all relevant employees, agents, contractors and advisers aware of these provisions relating to confidentiality and the confidentiality of the confidential information belonging to the other; to take all such steps as shall from time to time be necessary to ensure compliance by its employees, agents, contractors and advisers with these provisions and to indemnify the other party against any breach of these provisions.

9 Non-solicitation

9.1 Whilst the Services are being performed and for a period of 12 months after the date on which these Terms and Conditions cease to apply you shall not, without the prior written consent of Relate, directly or indirectly approach with a view to offering employment to or entering into a contract for services with or employ any employee or counsellor of Relate or person with whom Relate has a contract for services who has been involved in the provision of the Services or otherwise solicit such person away from his or her current employment or contract for services with Relate.

10 Protection of personal data

10.1 Each party will duly observe all its obligations under all applicable laws relating to data protection, privacy and communications which arise in connection with the Services, including but not limited to under the Data Protection Act 1998.

10.2 In particular, you will, prior to any disclosure to Relate of any personal data or sensitive personal data (as such terms are defined in the Data Protection Act 1998), obtain the express written consent of the relevant person to:

10.2.1 the disclosure of such personal data and/or sensitive personal data by you to Relate;

10.2.2 the processing of such personal data and/or sensitive personal data by Relate for the purposes of providing the Services;

10.2.3 the preparation by Relate of any report or record compiled in connection with the provision of the Services; and

10.2.4 the disclosure by Relate to you of any report or record compiled by Relate in connection with the provision of the Services.

10.3 You shall, in relation to each person from whom data is obtained, ensure, so far as practicable, that such person has or is provided with a subject information statement in compliance with paragraph 2(3) of Part II of Schedule 1 of the Data Protection Act 1998.

11 Termination

11.1 Either party may cancel a Statement of Work with immediate effect by giving notice in writing to the other party (the “Defaulting Party”) following (i) the occurrence of a material breach of these Terms and Conditions and/or a Statement of Work by the Defaulting Party which is not remedied within 5 business days’ notice of such breach in writing; (ii) the insolvency or inability of the Defaulting Party to pay its debts within the meaning of Section 123 of the Insolvency Act 1986, or similar event; or (iii) failure by the Defaulting Party to pay any sum due under these Terms and Conditions and/or a Statement of Work within 5 business days of such sum being due.

11.2 Either party may cancel a Statement of Work on giving 6 months’ notice in writing to the other party.

12 Consequences of termination

12.1 Upon cancellation of a Statement of Work for any reason, any outstanding fees shall remain due and payable by you to Relate and each party shall either return to the other or, at the other’s direction, destroy all confidential information belonging to the other party.

13 Force majeure

13.1 Neither party shall be liable for any breach of its obligations hereunder resulting from an event beyond its reasonable control (an “Event of Force Majeure”). The party whose obligations are suspended by virtue of an Event of
Force Majeure shall give notice forthwith to the other upon becoming aware of a likely or actual Event of Force Majeure, such notice to contain details of the circumstances giving rise to the Event of Force Majeure and shall use all reasonable endeavours to mitigate the effect of such circumstances and to carry out such obligations or duties hereunder in such other way as may be reasonably practicable.

13.2 If an Event of Force Majeure which hinders performance of a Statement of Work continues for more than four weeks, then the party receiving notice of the Event of Force Majeure shall be entitled to cancel the Statement of Work by giving written notice to the other. All rights and liabilities which have accrued prior to such cancellation shall subsist.

14 Assignment
Neither party shall assign, novate, sub-contract or otherwise transfer its rights or delegate its duties hereunder or any part thereof.

15 Dispute resolution
In the event of any dispute or difference arising between the parties in connection with these Terms and Conditions and/or a Statement of Work, senior representatives of the parties shall, within 10 days of the date on which written notice of the dispute is served by one on the other (the “Start Date”), meet in a good faith effort to resolve the dispute without recourse to legal proceedings.

If the dispute or difference cannot be resolved by the parties’ senior representatives within 30 days of the Start Date, either party (acting unilaterally) or both parties (acting together) may within 40 days of the Start Date refer it to mediation or other alternative dispute resolution procedure as agreed between the parties, each acting in good faith.

If the parties are unable to agree a procedure or any aspect of a procedure within 40 days of the Start Date either party (acting unilaterally) or both parties (acting together) may seek assistance from the Centre for Effective Dispute Resolution in London. Unless otherwise agreed the parties will share equally the costs of mediation and the use of mediation will be without prejudice to the rights of the parties in all respects if the mediation does not achieve an agreed resolution of the dispute within 60 days (or such longer period as the parties may agree) of the Start Date.

16 Governing law and jurisdiction
These Terms and Conditions and each Statement of Work shall be governed and construed in accordance with the laws of England. The parties hereby irrevocably submit to the non-exclusive jurisdiction of the Courts of England and Wales.
# Mediation with a Counsellor

## Referral form

(Sections A and B to be completed by Local Authority Housing Officer)

<table>
<thead>
<tr>
<th>SECTION A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local Authority:</strong></td>
</tr>
<tr>
<td><strong>Housing application ref no:</strong></td>
</tr>
<tr>
<td><strong>Client Name:</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
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<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Client circumstances as reported to Local Authority:

<table>
<thead>
<tr>
<th>Name of householder:</th>
<th>Relationship to client:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel no:</td>
<td></td>
</tr>
</tbody>
</table>

Other family members or friends who may attend the service:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to client:</th>
<th>Tel no:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Names/contact details of other organisations supporting the client:

[relate](https://www.relate.org.uk) Mediation with a Counsellor
### SECTION B  MEDIATION WITH A COUNSELLOR APPOINTMENT DETAILS

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue:</td>
<td></td>
</tr>
<tr>
<td>Mediator:</td>
<td>Relate case number:</td>
</tr>
</tbody>
</table>

### SECTION C  DECLARATION (TO BE SIGNED BY THE CLIENT)

I confirm that I understand that:

- Attendance at an initial session of the Mediation with a Counsellor service is a routine part of my housing application
- This meeting will include a review of my family or domestic relationships and the apparent conflicts which led up to the threat or actual homelessness, and an exploration of options and alternatives for my situation.
- At the end of the meeting a report will be completed with my knowledge and agreement to be submitted back to the Housing Department.

I consent to the Local Authority and Relate sharing and processing my personal and sensitive data, in accordance with the Data Protection Act 1998, for the purposes of dealing with my housing application and delivering services to me, and for managing and quality assuring those services.

Signed: ___________________________ Date: ____________

Name (please print): ___________________________

---

1 Relate includes Relate practitioners and other authorised personnel at Relate Centres and Relate Central Office
# Mediation with a Counsellor

## Intake session outcomes form

<table>
<thead>
<tr>
<th>To:</th>
<th>(Local Authority)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referring Council officer:</td>
<td></td>
</tr>
<tr>
<td>Client:</td>
<td>Housing application ref no:</td>
</tr>
<tr>
<td>Relate case reference no:</td>
<td>Date of intake session:</td>
</tr>
<tr>
<td>Mediator:</td>
<td></td>
</tr>
<tr>
<td>Other organisation(s) supporting the client:</td>
<td></td>
</tr>
</tbody>
</table>

### Attendance

- [ ] The client did not attend
- [ ] The client attended alone
- [ ] The client attended with the householder

**Name:**

**Relationship to client:**

**The client attended with other family members or friends as follows:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to client:</th>
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</tbody>
</table>

### Housing outcome *(please tick the one which best describes the outcome)*

- [ ] The client will stay at/return home indefinitely
- [ ] The client will stay at/return home on a temporary basis
- [ ] The client will stay with/return to relatives or friends on a temporary basis
- [ ] No agreement has been reached with regard to housing
Statement about relationships at home and implications for housing situation
(to be agreed with the client):

Will the client attend further sessions of the service?  Yes /No
If yes, please list below others to be invited to attend

Name:  Relationship to client:

If no, please give reasons:

(If client is not attending further sessions, please ask client to complete the End of Service
Outcomes form B)

Other services/support required (please tick all that apply)

☐ The client wishes to proceed with their housing application
☐ The client wishes to discuss housing options with the Authority
☐ The client requires other services/support from the Authority as follows:

The client has been referred to another agency as follows:

Signed:  (Relate practitioner)  Date:
## Mediation with a Counsellor

**End of service outcomes form A**

*(to be completed by the practitioner)*

<table>
<thead>
<tr>
<th>To:</th>
<th>(Local Authority)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referring Council officer:</td>
<td></td>
</tr>
<tr>
<td>Client:</td>
<td>Housing application ref no:</td>
</tr>
<tr>
<td>Relate case reference no:</td>
<td>Date of final session:</td>
</tr>
<tr>
<td>Total number of sessions attended:</td>
<td>Mediator:</td>
</tr>
</tbody>
</table>

### Attendance
- The client attended alone throughout
- The client attended at least one session with the householder
- The client attended at least one session with other family members or friends:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to client:</th>
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</tbody>
</table>

### Housing outcome *(please tick the one which best describes the outcome)*
- The client will stay at/return home indefinitely
- The client will stay at/return home on a temporary basis
- The client will stay with/return to relatives or friends on a temporary basis
- No agreement has been reached with regard to housing

### Other services/support required *(please tick all that apply)*
- The client wishes to proceed with their housing application
- The client wishes to discuss housing options with the Authority
- The client requires other services/support from the Authority as follows:

- The client has been referred to another agency as follows:
### Mediation with a Counsellor

**End of service outcomes form B**

(to be completed by the client at the end of the final session)

**Please tick all that apply…**

**Coming to the session(s) has:**

- given me a chance to think about personal and family issues
- given me time to plan my move
- helped me find ways to manage my situation
- told me about/put me in touch with other organisations which can help
- made me feel…
  - less alone
  - better about myself
  - safer

**Coming to the session(s) has helped me and my family/friends to**

- talk
- sort out our differences
- feel closer
- manage changes in the family
- agree a short-term arrangement
- agree a way forward for the future
Mediation with a Counsellor

Service monitoring report

Local Authority:

Period:

This form is intended as a checklist of information which you may want to gather for your own use and/or as the basis of reports to the Local Authority. You may not want or need to collect all the information listed – and you may not have the means to gather all of it, although we have indicated possible sources of information where relevant. Equally you may find that some of the information may already be gathered by the Authority. Edit as you think fit according to your needs and the requirements of individual Authorities.

The form is divided into the following sections:

- **Inputs** (useful for your own internal monitoring)
- **Outputs** (easy to measure and likely to be required by any commissioner)
- **Outcomes and impacts** (important for you and increasingly requested by commissioners)
- **Feedback from clients and other stakeholders** (also useful for evaluating the service)
## Mediation with a Counsellor

**Service monitoring report: Inputs**

### 1 USE OF PREMISES

<table>
<thead>
<tr>
<th>Address</th>
<th>Function (eg face to face meetings; admin service; training; supervision)</th>
<th>Hours usage</th>
<th>Cost</th>
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</tbody>
</table>

### 2 STAFF DEPLOYMENT

<table>
<thead>
<tr>
<th>Name of staff member</th>
<th>Role (eg practitioner; admin; manager)</th>
<th>Hours deployed</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### 3 STAFF TRAINING HELD

<table>
<thead>
<tr>
<th>Training event</th>
<th>Date</th>
<th>Number attending</th>
<th>Hours</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### 4 SUPERVISION SESSIONS HELD

<table>
<thead>
<tr>
<th>Name of practitioner</th>
<th>Date</th>
<th>Hours</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### 5 MEETINGS WITH LOCAL AUTHORITY

<table>
<thead>
<tr>
<th>People attending</th>
<th>Date</th>
<th>Hours</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL COST:**

**TOTAL INCOME:**
# Mediation with a Counsellor

Service monitoring report: Outputs

<table>
<thead>
<tr>
<th><strong>1 VOLUME/PATTERN OF WORK</strong></th>
<th>No.</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No. of clients referred by Local Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. No. of clients referred by other agencies/self-referred</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. No. of initial sessions (ie cases)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. No. of subsequent sessions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Average length of case (3+4 divided by 3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. No. of initial sessions attended by client alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. No. of subsequent sessions attended by client alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. No. of initial sessions attended by householder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. No. of subsequent sessions attended by householder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Wastage (ie sessions not kept or cancelled and not rebooked)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### CLIENT PROFILE OF CASES STARTED THIS PERIOD
(based on ‘Measuring Outcomes’ Forms A & B)

<table>
<thead>
<tr>
<th>No.</th>
<th>%*</th>
<th>No.</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td><strong>Housing situation</strong></td>
<td><strong>Gender</strong></td>
<td><strong>Housing situation</strong></td>
</tr>
<tr>
<td>Male</td>
<td>Living with parents/carers/guardians</td>
<td>Male</td>
<td>Living with parents/carers/guardians</td>
</tr>
<tr>
<td>Female</td>
<td>Living with other family/friends</td>
<td>Female</td>
<td>Living with other family/friends</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td><strong>Living in own house/flat</strong></td>
<td><strong>Age range</strong></td>
<td><strong>Living in privately rented house/flat</strong></td>
</tr>
<tr>
<td><strong>Average age</strong></td>
<td><strong>Living LA/H.Assoc. house/flat</strong></td>
<td><strong>Ethnic origin</strong></td>
<td><strong>Living in temp. accom. eg hostel</strong></td>
</tr>
<tr>
<td>White</td>
<td><strong>Homeless</strong></td>
<td>Mixed</td>
<td>Other</td>
</tr>
<tr>
<td>Asian/Asian British</td>
<td><strong>Risk of homelessness</strong></td>
<td>Black/Black British</td>
<td><strong>I feel I have to leave</strong></td>
</tr>
<tr>
<td>Other</td>
<td><strong>I’m being forced to leave</strong></td>
<td>Religion</td>
<td><strong>I want to leave</strong></td>
</tr>
<tr>
<td>Christian</td>
<td><strong>Chance of homelessness</strong></td>
<td>Hindu</td>
<td><strong>Homeless</strong></td>
</tr>
<tr>
<td>Muslim</td>
<td>Other</td>
<td>Buddhist</td>
<td><strong>No risk</strong></td>
</tr>
<tr>
<td>Sikh</td>
<td><strong>Sources of income</strong></td>
<td>Atheist</td>
<td>Tax credits</td>
</tr>
<tr>
<td>None</td>
<td>Pension</td>
<td>None</td>
<td>Earnings</td>
</tr>
<tr>
<td><strong>Special needs</strong></td>
<td><strong>Annual income</strong></td>
<td><strong>Wheelchair access</strong></td>
<td>£0–£5000</td>
</tr>
<tr>
<td>Visual impairment</td>
<td>£5001–£10,000</td>
<td>Hearing impairment</td>
<td>£10,001–£15,000</td>
</tr>
<tr>
<td>Learning difficulty</td>
<td>£15,001–£20,000</td>
<td>Language needs</td>
<td>£20,001–£30,000</td>
</tr>
<tr>
<td>Other</td>
<td>£30,001+</td>
<td>Other</td>
<td>£30,001+</td>
</tr>
</tbody>
</table>

* of total completed ** more detailed information on ethnicity can be accessed from MO Form B if required
# Mediation with a Counsellor

Service monitoring report: Outcomes & Impacts

## 1 IMMEDIATE OUTCOMES OF CASES ENDED THIS PERIOD

(based on ‘End of service outcome’ form)

<table>
<thead>
<tr>
<th>No.</th>
<th>% of total completed</th>
</tr>
</thead>
</table>

**Housing outcome**
- The client will stay at/return home indefinitely
- The client will stay at/return home on a temporary basis
- The client will stay/return to relatives/friends on a temporary basis
- No agreement reached with regard to housing

**Coming to the session(s) has:**
- given me a chance to think about personal and family issues
- given me time to plan my move
- helped me find ways to manage my situation
- told me about/put me in touch with other organisations
- made me feel less alone
- made me feel better about myself
- made me feel safer

**Coming to the session(s) has helped me and my family/friends to:**
- talk
- sort out our differences
- feel closer
- manage changes in the family
- agree a short-term arrangement
- agree a way forward for the future
2 LONGER TERM INDIVIDUAL AND FAMILY OUTCOMES REPORTED BY CLIENTS THIS PERIOD (based on 'Measuring Outcomes' form C)

<table>
<thead>
<tr>
<th>Outcomes for the individual</th>
<th>No.</th>
<th>% of total completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased individual wellbeing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased risk to individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved functioning of individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased stress level of individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased safety from harm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effect on relationships</th>
<th>No.</th>
<th>% of total completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved relationship with partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved relationship with children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved relationship with parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved relationship with others in the family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved relationship with friends</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3 INCIDENCE OF DOMESTIC VIOLENCE/CHILD PROTECTION ISSUES IN CASES ENDED THIS PERIOD (based on 'Measuring Outcomes' form A)

| No. of cases where DV reported | No. of cases where Child protection issue reported |

4 LONGER TERM SOCIAL IMPACTS REPORTED BY CLIENTS THIS PERIOD (based on ‘Measuring Outcomes’ form C)

<table>
<thead>
<tr>
<th>Effect on housing/homelessness</th>
<th>No.</th>
<th>% of total completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased ability to stay at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased desire to stay at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced chance of homelessness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wider social impacts</th>
<th>No.</th>
<th>% of total completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement in self-confidence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction in drinking/smoking/drug usage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement in sleeping/eating patterns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced sense of isolation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More socialising/community activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced anti-social/illegal behaviour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased confidence/ability to seek training or employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased ability to provide financially for children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced visits to doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced days off work</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. LOCAL AUTHORITY OUTCOME DATA

| No. of housing applications this period: | Same period last year: |

Relate Mediation with a Counsellor

relate
the relationship people
# Mediation with a Counsellor

## Service monitoring report:
Feedback from clients and other stakeholders

### 1 CLIENT SATISFACTION (based on ‘Measuring Outcomes’ form C)

<table>
<thead>
<tr>
<th>No. of clients reporting service as ‘Very Good’ or ‘Good’</th>
<th>No. of cases</th>
<th>% of total completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| No. of clients who would definitely or probably recommend Relate to other people |
|-------------------------------------------------------------------------------|--------------|---------------------|
|                                                                              |              |                     |

### 2 CLIENT COMPLAINTS IN THE PERIOD

<table>
<thead>
<tr>
<th>Nature of complaint received</th>
<th>Dealt with informally</th>
<th>Dealt with through formal channels</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3 FEEDBACK FROM NON-USERS i.e. people who did not continue the service following the initial meeting) (based on Intake outcomes form)

<table>
<thead>
<tr>
<th>Reasons for non continuation of service</th>
<th>No.</th>
<th>% of those who did not continue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### 4 FEEDBACK FROM OTHER STAKEHOLDERS (based on any evaluation forms in use by the groups below)

- Feedback from Housing Department staff
- Feedback from Relate practitioners
- Feedback from other referral agencies
It is good practice to agree a programme of training for housing staff and Relate practitioners who work on this project. It is best if such a programme can be negotiated with the local authority in the service level agreement. Experience from Relate services who have provided such training in the past shows that there are some useful points to consider when planning such a programme.

1 Participants
A good way to build up effective relationships with housing staff is to run joint training for housing staff members and Relate practitioners so they can learn from each other. An alternative way is for the Housing Department and the Relate services each to provide some training for the other set of staff members.

2 Format and Structure
Experience from previous training indicates that the participants welcome a mixture of learning opportunities, including a demonstration of mediation and time to ask questions and explore issues which arise in the work. If it is joint training then exchange of the respective specialist knowledge and skills is good. It seems to work well if the training is done as an away day so that housing staff are able to detach themselves from the demands of their work. It is good if advanced information is circulated to the participants in advance on the aims and expectations of the training, perhaps along with handouts to be used on the day. See paragraph 7.

3 Content
Possible content relevant to the needs of housing staff can include

- awareness, knowledge and understanding of Relate and the special features of the new service for homelessness prevention (combining therapeutic skills with mediation skills)
- understanding of what the service is, what it can offer and cannot offer, the referral system and how to refer, what to expect, reporting outcomes
- an introduction to therapeutic mediation, what it is and what it is not, its distinction from arbitration, counselling, ‘traditional’ meditation!
- demonstration role play to illustrate key parts eg the intake meetings and an example of working in a joint session
- understanding the key features of the service: likely client base, confidentiality and disclosure, safety issues (Child protection and domestic violence), assessing suitability for the service (in particular who NOT to refer)
- understanding why Relate cannot undertake homelessness assessment – unethical but also impractical – clients will not engage properly with the service if they are trying to convince us of their homelessness status – so we won’t achieve the desired outcomes...

Mediation with a Counsellor
Useful points for training content for housing staff and Relate practitioners
• understanding why it’s essential that housing applications are not deferred / delayed pending clients’
attendance at the service (clients may otherwise attend the compulsory initial session but will not
engage properly with the service/attend more sessions)
• practice in explaining the service to a prospective client and making a referral
• become familiar with the service forms they will use (referral forms and reporting outcomes forms)
• identify challenges and opportunities in the shared work.

Possible content relevant to the needs of Relate staff can include

• to learn about the local authority, the Housing Department, special features of the local authority
area and meet members of the housing staff
• to understand the roles and responsibilities of the housing staff members including homelessness
assessment – understanding what we can and cannot do in relation to this (see guidelines)
• to learn about key aspects of housing legislation
• to learn about the Housing Department’s practice in dealing with homelessness
• to find out about the range of local housing options and consider special circumstances which may
arise eg criminal activity, substance abuse as it impacts on this work
• to understand the range of homelessness prevention measures available in the local area and how the
Relate service fits with these.

4 Length
While it can be difficult to have housing staff freed for a days training, organising it as an away day can
be the most fruitful use of limited time to cover the necessary content. Example programmes for training
by Relate staff for housing officers show that the content can be covered in about 5 hours including a
half hour lunch break. If there is to be a joint training for housing staff and Relate practitioners, then
this is likely to need a full day.

5 Trainers
Training like this is best designed and delivered by experienced trainers. It is possible for a group of
services to share the use of a trainer and an experienced mediator to do the role play and cover the
professional content.

6 Frequency
Services will want to provide training for new staff as they are appointed. There should also be
opportunities for follow up training sessions to be arranged in response to identified needs.

7 Handouts
These could be assembled into a booklet for each person and provided in advance for participants to read
before the training and save time on the day:
• information on the training, expectations, outline content and the programme for the day
• information on Relate, the project, staff details (from both organisations)
• definition of mediation and its distinctions from other interventions
• service leaflets
• referral system
• sample forms used in the service
• role play scenario
• space for own notes.

Relate Mediation with a Counsellor
Therapeutic Mediation
Pilot Service Specification

1. **Name of the Service**

   This will depend upon the context in which the service is delivered. For the purposes of piloting the service within the homelessness context, the service will be known as ‘Mediation with a Counsellor’

2. **Purpose of the Service**

   The purpose of the service is to assist individuals, partners, family members and friends to deal with the emotional and practical consequences of relationship conflict or breakdown and, wherever possible and appropriate, to reach and sustain a mediated solution.

3. **Description of the Service**

   The service aims to be a preventative and supportive, short-term intervention delivered by means of face to face meetings of varying length between the client(s) and an appropriately trained practitioner.

   The service will provide focused support for individuals to develop strategies to manage their own situation, and work with partners, family members or friends to enable them to negotiate their own workable solutions.

   There is no lower age limit for clients – in accordance with the Gillick principle, the service will be offered to young people deemed capable of understanding and engaging with it.

   On enquiry the client will be given preliminary information about the service, and intake meetings will be arranged with the client and any other parties as required, always ensuring that screening for safety issues is carried out with each person individually.

   The service will comprise:
   - An intake meeting to listen to the client’s story and work with the client to identify whether and how the service might be of benefit.
Further sessions integrating systemic therapy techniques and mediation skills to enable an individual, couple, family or friends to explore the issues and challenges which face them. Session content could include, in any order:
- support to prepare for or sustain the mediation process
- individual short-term counselling
- family or relationship counselling
- mediation involving the client and (an)other family member(s), friend(s) or partner.

Clients may also be signposted at any stage to other Relate services including life skills group work, or to other services outside Relate.

4. Anticipated Outcomes

Depending on the circumstances, wants and needs of the client, and the extent to which they engage with the service, anticipated outcomes will include any of the following:

Outcomes for the individual
- Client develops strategies to manage their situation
- Client is signposted to other relevant agencies
- Client’s sense of isolation is reduced
- Client’s confidence and self-esteem are enhanced
- Client’s safety is increased
- Client achieves improvement in or resolution of practical issues eg issues related to their education, employment, finance or housing.

Outcomes for partners, families or friends
- Direct contact, positive communication and constructive negotiation between partners, family members or friends are re-established
- Conflict is reduced or eliminated and disputes are resolved
- A mutually acceptable way forward is negotiated
- Relationships are sustained and/or strengthened
- Relationship transitions are managed with reduced conflict
- Practical arrangements are successfully negotiated, eg arrangements relating to housing, finance or children

It is anticipated that the service will have a positive social impact, delivering outcomes required by commissioning and referring / referred to agencies including, where applicable, reductions in homelessness and applications for housing, numbers of looked after children, or numbers of people needing to go to court over contact / support arrangements.
5. **Access to Service**

Clients may be referred to the service by an agencycommissioning the service or other agencies. Clients may also self refer to the service. As a minimum, an administrative service will be provided from 9am to 5pm Mon – Fri to answer enquiries and requests for appointments made by telephone or in person. However services should consider additional ways of maximising the accessibility of the service through the use of emails, text messages etc for particular client groups eg young people.

6. **Location of Service**

A recognised Relate Centre or a contracted location agreed by Relate Centre management or Relate Central Office. All service locations must offer a safe, neutral, welcoming and confidential environment. Sufficient waiting areas need to be available to allow the parties to wait separately where appropriate and for overlap in the keeping of appointments. Home visits will be offered in exceptional circumstances (eg disability, lack of transport).

7. **Practitioner Qualifications and Training**

The practitioner training will comprise three modules; one in mediation theory, one in systemic theory and one in the practice of this integrated approach. The course will take an academic year to complete, but practitioners will begin to see clients during this period.

**During the pilot**, we shall recruit to the training practitioners from pilot Centres who have prior experience and training in either mediation or systemic practice. Practitioners with either

- A successfully completed training, approved by the UK College of Family Mediators, will NOT be required to do the mediation module but will complete the other two modules

  Or

- A training in Systemic Practice Year 1 (this is currently the required training for Relate Family Counsellors) OR completion of the Relate Postgraduate Diploma and practice experience will NOT be required to do the systemic module but will complete the other two modules.

**All students must complete at least 2 modules of the training.**

Following the pilot period, Relate will seek university validation of the training as a University Advanced Diploma. We shall also be seeking accreditation from AFT and the UK College of Family Mediators for the relevant parts of the training, once piloted.
Where Centres are offering the service to children and young people under the age of 16 as the main client (as opposed to including children and young people in family groupings) practitioners must have undertaken appropriate training in working with young people – as with other Relate services for young people.

Where practitioners hold qualifications other than those gained in Relate, advice must be sought from the Supervision Service Manager (Practice) or the Head of Training to confirm equivalent status.

Professional indemnity insurance is provided via the Relate scheme. Practitioners are engaged by the Centre Trustees who hold responsibility for the service as for any other Relate service

8. **Supervisor Qualifications and Training**

Supervision will be delivered by Relate registered supervisors or professional practice consultants who will have been trained in systemic practice and/or mediation and who will receive additional training in the Relate therapeutic mediation model of service delivery.

The provision of supervision will meet the requirements of Relate and the UK College of Family Mediators. The supervisor is accountable to the Centre Trustees for the quality of the work undertaken.

When supervisors hold qualifications other than those gained in Relate, advice must be sought from the Supervision Service Manager [Practice] or the Head of Training to confirm equivalent status.

9. **Quality Control**

The Quality Control standards are detailed in section D of the Relate Federation Standards for Client Services [Practice] 2006/7, which can be found on Relate Extra and cover:

- Supervision standards for practitioners and supervisors
- Requirements for Continuous Professional Development Training
- Access to advice on practice dilemmas
- Minimum levels of client practice

10. **Quality Assurance**

This service will meet the following Quality Assurance requirements:

- **Requirements as set out in Relate Federation Practice Standards for Client Services [April 2006 – April 2007]. These can be found on the Federation Intranet and cover:**
  - Supervision standards for practitioners and supervisors
- Requirements for Continuous Professional Development Training
- Access to advice on practice dilemmas
- Minimum levels of client practice
  • UK College of Family Mediators standards and Code of Practice
  • Other quality standards as required by a commissioner or funder of the service (eg Legal Services Commission (LSC) funded work is required to meet the requirements of the LSC Quality Mark)
  These include professional requirements regarding selection, training, supervision and accreditation of mediators, and organisational requirements.

11. Service Standards

A] The Relate service standards that apply to this service are set out in section C of the document Relate Federation Practice Standards for Client Services [April 2006 – April 2007]

B] The service will also meet the standards of the UK College of Family Mediators.

C] Variations to standard service delivery:
  
  • **Service Location**
    When this service is delivered in a different setting [e.g. in a client’s home] Centre personnel and practitioners should refer to the Service Specification for Counselling in Clients Homes and other practice guidance available on Relate Extra and should consult with the Constituency SPC prior to delivery of the service.

  • **Referrals from a commissioning or other agency**
    A commissioning or other agency may make referral to the Relate service a routine (compulsory) part of their procedure / service to the client. However, client engagement in any part of the service after the initial session (at which the appropriateness of the service for the client will be assessed) will be on an entirely voluntary basis.

  • **Child Protection and Disclosure**
    Practitioners will follow Relate’s Child Protection Policy.

  • **Domestic Violence / Abuse**
    Practitioners will follow Relate’s Domestic Violence / Abuse Policy.

  • **Client records and reports to a commissioning or other referral agency**
    Client records must remain the property of Relate and are subject to Relate’s Confidentiality & Disclosure and Client Records policies. Each client’s written consent must be gained for all reports back to a commissioning or other agency which identify the client. All reports must be based on Relate’s mission and competence.
• Monitoring and evaluation

Evaluation of the service will be based on:
- monitoring of income and expenditure
- monitoring of outputs including number of clients, client groupings, volume of work done and case length
- information collected using Relate’s Measuring Outcomes system
- other data as agreed with a commissioning agency

• Additional briefing / training
Practitioners delivering the service within a particular context are likely to require additional specific or contextual briefing or training. There may also be a need for briefing or training of and ongoing meetings with staff of a commissioning agency. The qualifications and/or experience required for a contract should be stated in the contractual agreement with the purchasing organisation.

• Management Considerations
A designated person will be responsible for managing the service; this may be a specifically appointed service manager or a Centre Manager with additional management time.
Course Summary for

Therapeutic Mediation:

Addressing Homelessness
Resulting from
Relationship Breakdown

Background

The title of the training course for practitioners working in homelessness prevention is Therapeutic Mediation. The approach draws on the strengths of both family mediation and family counselling/systemic practice and is applied into the context of family and relationship breakdown where homelessness is threatened.

Course structure

The introductory level training is a 60-credit course, comprised of three-module, each with 20 credits, equivalent to the standard of Level 6 (the final year of a university degree). The structure reflects the standards required for university validation.

<table>
<thead>
<tr>
<th>Module 1 (20 credits)</th>
<th>Module 2 (20 credits)</th>
<th>Module 3 (20 credits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mediation theory</td>
<td>Systemic theory</td>
<td>Practice</td>
</tr>
<tr>
<td>4 blocks of 2 day training (6 hour days)</td>
<td>4 blocks of 2 day training (6 hour days)</td>
<td>4 days training (6 hour days)</td>
</tr>
<tr>
<td>face to face teaching time 48 hours additional student time 152 hours</td>
<td>face to face teaching time 48 hours additional student time 152 hours</td>
<td>face to face teaching time 24 hours additional student time including work placement 176 hours</td>
</tr>
<tr>
<td>200 hours total</td>
<td>200 hours total</td>
<td>200 hours total</td>
</tr>
</tbody>
</table>

The additional student time in modules 1 & 2 will include 152 hours, each module requiring assessed items of written work, directed reading, private reading, learning journal, and tutorials. Student time in module 3 would be taken up with clinical
practice, supervision, preparation and recording of sessions, or other practical learning.

**Summary of the Mediation Module**

*Aims:*
This module aims to equip course participants with the necessary knowledge and understanding of mediation principles, theories and practice requirements and the necessary personal skills to enable them to progress to the Therapeutic Mediation Clinical Practice Module.

*Learning Outcomes:*
By the end of this module participants will have learnt about a range of relevant topics though a direct training experience and personal study, they will have developed and demonstrated skills in mediation practice and they will have been assessed for competence to progress to mediation practice.

*Format:*
This module is delivered using a variety of learning methods including:

- Direct teaching/training in a group setting, incorporating experiential, individual and group exercises
- Personal study and homework including written work
- Observations
- Peer support and learning
- Practice (through role play)

*Assessment:*
There are three assessment items, two written assignments totalling 4000 words and an evaluation report prepared by the tutor on the last training day of the module.

<table>
<thead>
<tr>
<th>Day</th>
<th>Session Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction to Family Mediation</td>
</tr>
<tr>
<td>2</td>
<td>Mediation Principles, Values and Skills</td>
</tr>
<tr>
<td>3</td>
<td>Mediation Models and Theories</td>
</tr>
<tr>
<td>4</td>
<td>Negotiation and Conflict Management</td>
</tr>
<tr>
<td>5</td>
<td>Power and Domestic Abuse</td>
</tr>
<tr>
<td>6</td>
<td>Hearing the Voice of Children and Young People</td>
</tr>
<tr>
<td>7</td>
<td>Challenges and Ethical Dilemmas</td>
</tr>
<tr>
<td>8</td>
<td>Assessment</td>
</tr>
</tbody>
</table>
Summary of Systemic Module

Aims:
This module aims to give students a knowledge, understanding and ability to utilise systemic approaches, methods and techniques in the context of working with homelessness prevention programmes.

Learning Outcomes:
By the end of this module students will have learnt approaches to communication, diversity, reflexivity, emotions, and practice interventions that can be applied into their placements and into their clinical work.

Format:
This module is delivered using a variety of learning methods including:

- Direct teaching/training in a group setting, incorporating experiential, individual and group exercises
- Personal study and homework including written work
- Observations
- Peer support and learning
- Practice (through role play and video recording)

Assessment:
There will be two 2,000 word written assignment at mid-way and at end of the module. Additionally, tutor observation of participation in course will supplement the written assessments.

<table>
<thead>
<tr>
<th>Day</th>
<th>Proposed Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction to Systemic Theory and Practice</td>
</tr>
<tr>
<td>2</td>
<td>Communication</td>
</tr>
<tr>
<td>3</td>
<td>Interventions</td>
</tr>
<tr>
<td>4</td>
<td>Reflexivity and Working with Emotions</td>
</tr>
<tr>
<td>5</td>
<td>Working with Difference</td>
</tr>
<tr>
<td>6</td>
<td>Dominant Discourses</td>
</tr>
<tr>
<td>7</td>
<td>Narrative and Solution Focussed Approaches</td>
</tr>
<tr>
<td>8</td>
<td>Appreciative Inquiry</td>
</tr>
</tbody>
</table>

Summary of Practice Module

Aims:
This module aims to create opportunities for students to make connections between theory and practice; to become familiar with the institutional contexts in which they are working; to integrate the mediation and systemic frameworks into a coherent practice in homelessness prevention.
Learning Outcomes:
By the end of this module students will be able to make a case for the merging of mediation and systemic approaches in working with potentially homeless individuals or families; they will know the ethical and legislative frameworks that underpin the work; they will have had the opportunity to bring specific cases to supervision/ professional practice consultancy in order to develop their practice.

Format of the module will include:
• Four days training, focussed on the integration of mediation and systemic practice in the context of homelessness prevention practice;
• A practice placement where students will be doing face-to-face client work, totalling 30 hours over the duration of the course;
• Supervision or Professional Practice Consultancy on the cases counted towards the 30 hour requirement;
• Completion of a Portfolio/ Learning Journal of 4,000 words, including case reports, written competency report from module 1, reports from supervision or professional practice consultancy meetings, reflections on learning, and written summaries of learning points from the four days’ training on the practice module.

Assessment:
Completion of Portfolio/ Learning Journal and clinical hours

Training Days:

<table>
<thead>
<tr>
<th>Day</th>
<th>Proposed Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The Context of Homelessness for Therapeutic Mediation in the UK: Legislation and Implications for Local Authorities</td>
</tr>
<tr>
<td>2</td>
<td>Applying a Therapeutic Intent on Mediation Practice</td>
</tr>
<tr>
<td>3</td>
<td>Ethical Frameworks and Practice Issues</td>
</tr>
<tr>
<td>4</td>
<td>Coordination, Coherence and Integration of Practice</td>
</tr>
</tbody>
</table>
APPENDIX 16: Information on Mediation

Mediation

Family mediation has been traditionally utilized in contexts of divorce and separation, but has been in recent years been applied into the context of relationship breakdown where homelessness is at risk. Practitioners trained in family mediation, and who work for Relate centres who are associated with National Family Mediation (NFM), have participated in the pilot project and trained in systemic therapy in order to build up their therapeutic skills.

Family mediation is described as a process in which an impartial third person (the mediator) assists those involved in family breakdown to make arrangements following a separation or divorce. In working with family (or relationship) breakdown potentially resulting in homelessness, the principles of mediation still apply, although additional training is required to respond to the following factors:

1) the high incidence of the adolescent or young adult being the referred client, not the adult couple;
2) the frequency of the “evictor” not wishing or unable to attend, therefore requiring a session with only one person attending (“evictee”);
3) the need for knowledge around homelessness legislation and for local knowledge concerning housing options.

The principles of mediation are:

1) *Mediation is a voluntary process.* In the context of homelessness mediation, many local authorities have suggested that a first session (assessment) be carried out as part of the applicant’s request for homelessness assistance, but that subsequent sessions are considered voluntary.
2) *Mediators are impartial.* This would be evident in the methods used in the session, that a mediator in this context would not “take sides” but will always keep the safety and welfare of all persons, especially children, as a foremost consideration.
3) *Decision-making authority rests with the participants.* How a family will go on in their relationships together, decide who lives with whom, and how they will seek to find solutions to their issues is the responsibility of those attending.
4) *Confidentiality* (with the exception of a disclosure of risk to anyone, particularly children). This principle requires careful attention to what reporting occurs following sessions to the referring agency (most often Housing Departments).

Some of the skills a mediator would need to apply into this context of work would be:

1) Listening. This is often especially what a potentially homeless (or already homeless) individual needs, as he/she is often a victim of being unheard and disregarded in the private and public spheres.

2) Observing non-verbal communications. Those who have been marginalised in their life experience do not always have the verbal abilities to express themselves, but may do so in ‘body language’.

3) Summarising: Offering back to the applicant what has been heard can also help crystallise and focus on the issues which need to be addressed.

4) Managing conflict and the expression of emotions. This is particularly true when the “evictor” also attends the session and conflict is evident. A mediator can intercede between two opposing sides to channel their energies, which have been focussed on sustaining the conflict, into more productive ends.
APPENDIX 17: Information on systemic psychotherapy

Systemic therapy

Systemic thinking has had a revolutionary effect in many fields, and is based on the understanding that all of life is relational. Its origins lay in the development of systems theory which took on the concept that “the whole is more than the sum of its parts” (von Bertalanffy, 1968) and saw how taking the whole into consideration meant that new dimensions of life and experience were accessible.

The systemic approach also challenges assumptions about the position of the observer (first and second order cybernetics, Dallos and Draper, 2000, p.65-66) and sees the recursive nature of communication and feedback as creative processes. Systemic therapy, therefore, not only works with a system of relationships (such as a family system), but also sees the therapist as within the client’s system as well as within a clinical system. This understanding presents challenges to traditional positions of power in the therapeutic relationship, and encourages practitioners to take positions of transparency and curiosity.

“There is no meaning without context” is an appropriate mantra for the systemic practitioner. All of human existence is in multiple and complex systems simultaneously, and our experience is located in different contexts. Some of those contexts include culture, family, social relationships, professional contexts, to name but a few. Each of these contexts hold strong identity stories for us, stories which we are living, and some that we’ve been told or tell to others. Exploring the complexity of our human experience is enabled as we uncover those stories. How did I come to view myself as shy/strong/forgetful/otherwise?

How does a systemic framework assist in Relate’s work with homeless clients? This description of a male client based on Relate’s work in Brixton in 2005. He had been made homeless from his parental home, leaving a large family system. The family’s life is tied up in an economic system, which positions them as at the bottom of the economic scale, as they are a refugee family with no economic base in the UK, and have little prospect of improving their level of income. The housing system in which he is a part includes his family home, which is a 2BR flat with 7 people spanning 3 generations, and my client, a young man of 18, was considered the most likely to be offered accommodation elsewhere. However, that housing system he is part of also includes a waiting list of about 3,000 names ahead of him. His cultural story (born in a small African country) reflects a commitment to embrace family life and cross-generational homes, which makes his eviction all the more painful as he is the one from a large family who was asked to leave. He is also part of a system of his peer group, outside his family, which offers him both support and at times competition and challenge. Questioning around all these, and perhaps other, systems in which our young
male client lives his life begins to explore the complexity of his situation, and may result in new insights and ideas which will assist him in his dilemmas.

One way of picturing a systemic view of a client would be through the atomic model as developed by Vernon Cronen and W Barnett Pearce (1994, p. 34):

![Diagram of an atomic model with letters a to h representing different aspects of the client's life.]

a: family  
b: girlfriend  
c: friends at college  
d: family in Africa  
e: home in Brixton  
f: friends in neighborhood  
g: work at college  
h: work with professionals

J’s life is a complex set of relationships that are both distinct and overlapping. His family life and his home are different but connected. His girlfriend and his local friends are also connected but distinct. His experience at college is both social and academic. His family in Africa are also still part of his experience, although he is not in contact with them regularly. His application for housing is probably just one of his involvements with social care or medical professionals. Being able to distinguish these various systems can be very helpful to individuals facing challenges in their relationships as well as their housing crisis.