Tackling Multiple Disadvantage:
Year 1 Interim Report

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Executive Summary

This interim report is the first of three reports for the evaluation of the Tackling Multiple Disadvantage (TMD) project. TMD provides personalised coaching support and tailored employability provision to support homeless people with multiple and complex needs into training or employment. TMD is a Building Better Opportunities project funded by the Big Lottery Fund and the European Social Fund. It is being delivered across 17 London boroughs by a partnership of specialist homelessness or mental health organisations: Crisis, Thames Reach, St Mungo's and Mind in the City, Hackney & Waltham Forest[1].

The project will be in liver delivery between April 2017 and December 2019. During this period, TMD aims to engage and support 600 single homeless people. Three quarters of these participants are expected to have one or more additional support needs such as an offending history, substance misuse and physical or mental ill health.

This first interim report presents findings from research conducted between September and December 2017 with each partner's strategic leads and local authority representatives from London boroughs where TMD is in operation[2]. The report outlines the policy intent of the project, an outline of the existing evidence base, an overview of TMD performance monitoring and early implementation findings.

Project background and development

The TMD project was developed in response to gaps within mainstream employment programmes, accommodation projects and specialist support organisations. TMD partner leads and local authority representatives felt that there was a clear gap in support for this group. The main factors contributing to this were reported as: payment structures which incentivise quicker outcomes; limited resource to provide holistic, longer term support and high thresholds in service level criteria for specialist support which doesn't account for multiple needs.

TMD was designed to provide a longer term employment and support package specifically for homeless people with multiple and complex needs. The support aims to address needs in sequence and develop the stability, confidence and skills needed to access employment. The key elements in programme design to facilitate this were:

- **The partnership** comprised of organisations with specialist knowledge of the client group's needs and pan-London coverage. TMD also promotes cross partner learning through Steering Group and practitioner meetings.

- **The coaching support model** which utilises a confidence building approach and supports individuals to access service offers to meet their needs in sequence.

- Using a **non payment-by-results funding structures** and the **inclusion of soft outcome targets** to enable intensive delivery.

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[1] Formerly City and Hackney Mind

[2] Interviews were conducted with six local authority representatives from employment and skills, homelessness, and public health teams from boroughs involved in TMD.

Support model

TMD delivery partners are using a highly personalised coaching methodology and access to a range of support interventions. This approach enables the integration of counselling, training, volunteering, job brokerage and other specialist support provision such as housing support, financial support and health based interventions.

The role of the coach, links to wider support to stabilise participant circumstances and effective employer engagement were viewed as the most essential elements of delivery for this client group.

Outcome measures and programme performance

The TMD project has been designed to measure progression into employment; progression into training, education and volunteering; and progression into job searching. The targets for these are set at 28%, 17% and 18% respectively. The outcome measures also include a target for 26 weeks sustained employment (58% of employment outcomes).

Job outcome rates for TMD are relatively high when compared to similar previously commissioned programmes. The 28% job outcome target is far higher than the 17% average job entry rate for the 2007 – 2014 ESF programmes supporting similar client groups, and certainly higher than the similarly framed STRIVE project which achieved a 15% job entry rate. Local authority stakeholders and partners felt that a 28% job outcome target was ambitious considering the timeframe and nature of target client group's wider needs.

TMD also captures soft outcome measurements through baseline and end point outcome star assessment. These capture improvements in motivation, self care, money management, social networks, drug and alcohol misuse, physical health, emotional and mental health, meaningful use of time, managing tenancy and offending.

Implementation findings

TMD partners registered 72 participants during the first three quarters of delivery, which is 37% of the profiled target for this period. The low participation rate is partly explained by implementation challenges reported including staff turnover, difficulties with compiling the evidence for a successful registration and additional outreach requirements:

- The paperwork and audit requirements linked to BBO funding were reported as a barrier for client's successful registration on to the project and a contributing factor in staff turnover on the project.

- Some partners reported that their existing service user base did not meet the criteria for TMD and as a result they have had to further develop their outreach activities.

Despite these challenges, partner leads indicated that the partner organisations have formed a strong and constructive working relationship. Regular steering groups and partnership practitioner meetings were especially valued for supporting practical delivery challenges and sharing best practice across the partnership.

Future stages of the evaluation will explore how the Tackling Multiple Disadvantage project impacts the lives of clients. This will include findings from qualitative research with staff, clients and local stakeholders and outcomes analysis.

Introduction

The Tackling Multiple Disadvantage (TMD) project is designed to support homeless people experiencing multiple disadvantage to pursue their employment goals. The project is a Building Better Opportunities project funded by the Big Lottery Fund and the European Social Fund. TMD is a partnership project between Crisis, Thames Reach, St Mungo's and Mind in the City, Hackney & Waltham Forest. The project targets single homeless people aged 25 plus. Three quarters (450 people) will have one or more additional support needs relating to physical or mental ill-health, substance misuse or an offending history. The project has specific targets to work with clients who are women; economically inactive; aged 50 or over; have a self-declared disability; or are from minority ethnic communities.

The project will target clients living in North, East and West London. This includes the boroughs of Barking and Dagenham, Greenwich, Havering, Redbridge, Newham, Tower Hamlets, Hackney, Waltham Forest, Haringey, Enfield, Barnet, Brent, Hammersmith and Fulham, Harrow, Hillingdon, Ealing, and Hounslow.

Individual barriers, such as housing instability and homelessness, offending history, health and wellbeing, all have a bearing on an individual's likelihood to enter into work. Disadvantage within the labour market is amplified when multiple barriers are experienced concurrently[3] suggesting that barriers to the labour market are redefined as forms of disadvantage interact.

More generic forms of support, for instance the Work Programme, do not appear to achieve the same level of quality outcomes as personalised support which is coordinated to address multiple needs. Conventional programmes fail to recognise the complex two-way dependencies between vulnerabilities that often exist and therefore offer siloed support in simple linear sequences. In contrast, the TMD project uses a highly personalised coaching methodology to improve the skills, resilience and employment prospects of people experiencing severe and multiple disadvantage. This project is testing whether providing a wraparound offer of support that is personalised to the individual may therefore allow support needs to be addressed more effectively.

The TMD delivery model uses a validated delivery model designed by Crisis and other programme partners. The delivery model is underpinned by a highly personalised coaching methodology to improve the skills, resilience and employment prospects for recipients, with access to a range of support interventions, allowing the integration of counselling, training, volunteering, and job brokerage as well as other services.

The Learning and Work Institute (L&W) were commissioned by Crisis to evaluate the TMD programme. This first interim report presents initial scoping work which includes the literature review on multiple and severe disadvantage, interviews with project partners and local authority stakeholders, and an overview of TMD performance monitoring and (in Annex A) sets out the evaluation framework.[4]

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[3] See for example Berthoud R. 2003. Multiple disadvantage in employment. Joseph Rowntree Foundation.
[4] As part of this stage, all of the partners were interviewed. Five interviews were also conducted with stakeholder drawn from across the local authorities where the programme is running. These included representatives from employment and skills, homelessness, and public health teams

Despite the prevalence of multiple disadvantage, there has been surprisingly little work on providing effective employment seeking support to this group – certainly at any scale. One review of literature around the area describing policy and research papers written at the time as lacking "a clear focus on what is meant by [severe multiple disadvantage], with the result that the overall political analysis remains indistinct and entangled in wider preoccupations" [5]. This evaluation will help to address this evidence gap.

Aims of the evaluation

The evaluation is designed to objectively assess the success of the project and provide Crisis and its partners with recommendations on how to further develop the service offer as part of a cycle of continuous improvement, and to identify what works within the homelessness sector.

The evaluation is both formative (providing learning on an ongoing basis, and detailing the processes involved in delivering the programme), and summative (measuring the extent to which the programme achieved its aims). It will address the following questions:

1) Formative evaluation to understand:

   a) What worked well, for whom, in what circumstances, and why?

   b) What were the lessons learned?

   c) What difference did the project make, to whom and why?

   d) Were there any unexpected outcomes?

2) Summative evaluation:

   1. What impact has the programme had on its beneficiaries in terms of the programme's success criteria; specifically:

      a. Job search activity (For those who were previously economically inactive)

      b. Education or Training

      c. Employment / Self Employment

         i. Sustained Employment 6 months

   2. What softer employment related outcomes have been achieved [6]

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[5] Duncan, M., Corner, J. (2012) Severe and Multiple Disadvantage: a review of key texts. Lankelly Chase: London
[6] For a more detailed breakdown of these, see table 3, below.

Literature review

Overall trends show that increasingly more people are facing homelessness[7]. Indeed, austerity-led welfare reforms and the overheated private rented sector (especially within London) have led to a threefold increase in homeless households since 2010[8]. Homelessness, is considered a driving factor in experiences of poverty and social exclusion with people exposed to it being more likely to experience poor mental health, addiction and substance abuse, and debt[9].

Severe and multiple disadvantage (SMD) is a contested concept. A statistical profile of SMD, published in 2012[10], drew on the definition of SMD as the combined experience of homelessness, substance abuse and contact with the criminal justice system. It found that at least 58,000 people in England experienced all three areas of disadvantage, approximately 31,000 experiencing a combination of homelessness and offending issues, while about 34,000 experiencing homelessness and substance misuse[11].

While this analysis provided important data that increased understanding of SMD, it took a somewhat narrow lens. Although it captures the experiences of some cohorts who experience SMD (predominately men), it may entrench the exclusion of others (such as women and girls, or BAME groups). This prompted an enquiry[12] into SMD that, by drawing on five conceptual frameworks, uses a broader lens to look at how women and girls experience SMD in the UK. Rather than developing an exhaustive or prescriptive list of potential combinations of disadvantage, the report considers different combinations of domains of disadvantage. In addition to the three domains considered in the Hard Edges report, having mental health issues, physical and learning disabilities, experiencing sexual exploitation, gender-based violence, isolation, and being a lone parent, and a migrant with limited English were all thought to be domains of disadvantage (this is not a finite list).

This conceptualisation recognises that beneath the three 'harder' domains of disadvantage, there are likely to be numerous other, interconnected issues, including health and wellbeing, discrimination, social isolation, family and relationship issues (including domestic abuse and violence), victimisation and being a victim of crime which may easily become obscured. These issues may for the individuals and households affected by homelessness be more relevant than the prevailing SMD domains, and have long lasting personal consequences on self-esteem, confidence and trust. It is therefore necessary to fully explore the complex myriad of factors that interact and influence the experience of homelessness, especially given that individuals accessing non-homelessness services were either as or more likely

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[7] ERSA, Crisis, Homelesslink, St Mungo's Salvation Army, Centre Point (2016) Supporting homeless people into work: recommendations for the future of Government-led employment support: ERSA: London

[8] National Audit Office (2017) Homelessness, NAO: London; see also Loopstra R, Reeves A, Barr B, Taylor-Robinson D, McKee M, Stuckler D (2016) The impact of economic downturns and budget cuts on homelessness claim rates across 323 local authorities in England, 2004–12, 38(3) Journal of Public Health, 417–425,

[9] McNeil C, Hunter J (2015) Breaking boundaries: Towards a 'troubled lives' programme for people facing multiple and complex needs. Institute for Public Policy Research: London

[10] Bramley G, Fitzpatrick S, Edwards J, Ford D, Johnsen S, Sosenko F, Watkins D (2015) Hard Edges; mapping severe and multiple disadvantage England. Lankelly Chase Foundation: London

[11] Bramley G, Fitzpatrick S, Edwards J, Ford D, Johnsen S, Sosenko F, Watkins D (2015) Hard Edges; mapping severe and multiple disadvantage England. Lankelly Chase Foundation: London

[12] McNeish D, Scott S, Sosenko F, Johnsen S, Bramley G (2016) Women and girls facing severe and multiple disadvantage. Lankelly Chase: London https://lankellychase.org.uk/wp-content/uploads/2016/10/WomenandGirlsFacingSevereandMultipleDisadvantage_FullReport_Oct2016.pdf

than those accessing homelessness specific services to have experienced a form of homelessness[13]. Understanding these issues may help to identify touchpoints for those at risk of, or already experiencing homelessness so that support can be provided sooner.

The experience of severe and multiple disadvantage

The recent study[14] on homelessness, substance misuse and the criminal justice system reported that individuals experiencing severe multiple disadvantage are predominantly male. Just under 78 percent of those with multiple needs were men, with the majority aged between 25 and 34. Women make up a small majority of those who experienced homelessness only, and 40 percent of those who experience homelessness only are aged under 25, making it the youngest category compared to substance misuse and/or offending.

The male dominated profile is partly explained by the highly gendered domains of SMD, such as involvement in the criminal justice system, where men significantly outnumber women. Preliminary analysis of the same 2010/2011 datasets which form the statistical profile highlight differences in the backgrounds and experiences of men and women with SMD. Women with multiple disadvantage face a distinct set of challenges; there is a perpetuating relationship between drug and alcohol misuse and prostitution. Those who experience the former, are also more likely to come into contact with the criminal justice system[15]. Women across all SMD categories were found to be more likely than men to report taking medication for mental health problems, significant financial problems, significant family problems, have no qualifications, be dually diagnosed, report relationship problems and having been a victim of domestic abuse. However, domains such as mental ill health and experience of violence and abuse were not included in the original profile due to a lack of unified datasets for mental health service use which include data on other domains. The analysis was measured through three key service use datasets for offender services, substance misuse services and homelessness services: Offender Assessment System (OASys), National Drug Treatment Monitoring System (NDTMS) and Supporting People (Client Record and Outcomes for Short-Term Services) (SP). This profile from service data includes only those who were able to access services and is limited by the absence of national datasets for other domains[16].

While almost a third of those experiencing homelessness are living as part of families with children, this proportion decreases when combined with substance misuse and offending. However, substance treatment database figures provide a more in-depth analysis of the SMD population's contact with children; 60% of those experiencing SMD either live with children (either their own or other people's) or have ongoing contact with their children[17].

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[13] Fitzpatric S, Johnson S, White M (2011) Multiple Exclusion Homelessness in the UK Key Patterns and Intersections 10(4) Social Policy & Society, 501-512

[14] Bramley G, Fitzpatrick S, Edwards J, Ford D, Johnsen S, Sosenko F, Watkins D (2015) Hard Edges; mapping severe and multiple disadvantage England. Lankelly Chase Foundation: London

[15] Making Every Adult Matter (Undated) Response to the independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity. MEAM: London

[16] McNeish D, Scott S, Sosenko F, Johnsen S, Bramley G (2016) Women and girls facing severe and multiple disadvantage. Lankelly Chase: London

[17] Bramley G, Fitzpatrick S, Edwards J, Ford D, Johnsen S, Sosenko F, Watkins D (2015) Hard Edges; mapping severe and multiple disadvantage England. Lankelly Chase Foundation: London

Geography

People with complex needs exist within every local authority (LA) in England. On average each LA has approximately 1,470 active cases over a 12-month period[18]. However, there tend to be higher concentrations in northern cities and some central London LAs, namely Islington, Camden, Tower Hamlets and Westminster[19]. Contributing structural factors in areas associated with higher numbers of the SMD population were found to be; high proportions of young people and/or single person households, high rates of unemployment and/or poverty, housing markets with concentrations of smaller dwellings, poorer health among the population, and higher proportions of institutional populations.

The demographics of the homeless population in London is different compared with the rest of the country, and therefore London based data cannot be assumed as representative of deeply excluded populations elsewhere in the UK. Homeless Link[20] reported that single people who are homeless in London are significantly older than in other regions. They found that almost 60% of single homeless people in London are over 40 years old, and are also far more likely to be non-white and non-UK national.

A study of multiple exclusion homelessness (MEH), which included individuals across seven urban areas across the UK who have been homeless and experienced at least one additional domain of deep social exclusion[21] found an exceptionally strong representation of migrants in Westminster. 82% of all MEH service users who were migrants (individuals who had migrated to the UK when they were 16 or over) were located in Westminster and migrants accounted for 41% of Westminster's MEH service users[22].

London accounts for over one fifth of people sleeping rough, with Westminster LA consistently reporting the highest numbers. Particular subgroups of concern include Central and Eastern European migrants, former and current asylum seekers and illegal immigrants, which accounted for 20%, 9% and 12% of MEH service users in Westminster respectively.[23] The numbers of people from Central and Eastern Europe sleeping rough increased 77% from 2011/12 to 2014/15 compared with a 28% increase among UK nationals during the same time period[24]. Individuals who are sleeping rough are not represented in accommodation project data. Homeless Link's (2016) annual review of accommodation projects reported that less than 0.5% of service users were irregular or undocumented migrants, or people with no recourse to public funds which reflects the commissioning of such services to work with those eligible to claim Housing Benefit.

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[18] Bramley G, Fitzpatrick S, Edwards J, Ford D, Johnsen S, Sosenko F, Watkins D (2015) Hard Edges; mapping severe and multiple disadvantage England. Lankelly Chase Foundation: London

[19] McNeil C, Hunter J (2015) Breaking boundaries: Towards a 'troubled lives' programme for people facing multiple and complex needs. Institute for Public Policy Research: London

[20] Homeless Link (2016) Support for single homeless people in England Annual Review 2016. Homeless Link: London .

[21] Domains of deep social exclusion include: institutional care, substance misuse and participation in 'street culture activities' such as begging, street drinking, sex work and 'survival' shoplifting

[22] Fitzpatric S, Johnson S, White M (2011) Multiple Exclusion Homelessness in the UK Key Patterns and Intersections 10(4) Social Policy & Society, 501-512

[23] Fitzpatric S, Johnson S, White M (2011) Multiple Exclusion Homelessness in the UK Key Patterns and Intersections 10(4) Social Policy & Society, 501-512

[24] Homeless Link (2016) Support for single homeless people in England Annual Review 2016. Homeless Link: London

Barriers to employment

Not having stable, permanent housing is a primary barrier to accessing and sustaining employment for homeless people. Reports from both St Mungo's and Crisis show that (respectively) only 8% and 7% of their clients are in work, while 88% of those surveyed by Crisis reported that they aspired to be in work[25].

Multiple disadvantage is often caused by a history of intersecting factors such as childhood trauma and neglect, very poor educational outcomes, and long-term social exclusion, which leads to these individuals often being furthest from the labour market and furthest from familial support[26]. The definition of SMD itself highlights that the 'multiple' nature of severe disadvantage presents a different experience than experiencing individual components of severe disadvantage and therefore must be addressed in a different way[27].

Poor physical and mental health

Homelessness and health are strongly interrelated, as health needs can impact on an individual's ability to sustain their tenancies and homelessness can adversely impact physical and mental health. Homeless Link's most recent partnership report stated that 73% of homeless people reported physical health problems and 80% report some form of mental health condition, which has associated difficulties for an individual's ability to access and sustain employment[28].

Compared to the general working age population, a range of physical health problems are more commonly found among people experiencing SMD. Most noticeable are alcohol and drug related problems, which are 85 times higher than in the general working population; other conditions where those experiencing multiple disadvantage have a higher incidence are epilepsy and sight issues. These conditions may also be perpetuated to poorer access to primary care[29].

Given the disability employment gap for disabled people in London[30], the health consequences of homelessness are highly relevant.

Lack of skills and recent experience

A considerable proportion of homeless people have been out of work for extended periods of time. They often lack experience or have poor qualifications and a low level of basic skills. Research[31] shows that many homeless people, or those experiencing SMD require literacy and numeracy support and some have learning difficulties. A lack of qualifications or low-

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[25] ERSA, Crisis, Homelesslink, St Mungo's Salvation Army, Centre Point (2016) Supporting homeless people into work: recommendations for the future of Government-led employment support: ERSA: London

[26] Terry, L and Cardwell, V (2016) Understanding the whole person; what are the common concepts for recovery and desistance across the fields of mental health, substance misuse, and criminology? Lankelly Chase: London

[27] Duncan, M., Corner, J. (2012) Severe and Multiple Disadvantage: a review of key texts. Lankelly Chase: London

[28] Homeless Link (2014) The unhealthy state of homelessness. Homeless Link: London

[29] Making Every Adult Matter (Undated) Response to the independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity. MEAM: London

[30] The current unemployment rate for those with disabilities in London is 10.1%, compared to 5.0% for those without a disability. Further, the disabled unemployment rate is higher in London than it is compared to the rest of England where it is 8.4% (figures accurate to June 2017). Source: Office for National Statistics, Annual Population Survey. Available from https://data.london.gov.uk/dataset/unemployment-rate-region

[31] Crisis (2012) The programme's not working; experiences of homeless people on the work programme. Crisis: London

level qualifications means that many people do not meet requirements needed for the majority of jobs.

45% of people experiencing SMD have no qualifications, only 10% of those experiencing homelessness only are in employment, which drops to 6.4% of those facing SMD. A large majority of the population facing complex disadvantage, 86%, are in receipt of benefits[32].

Employer perception

Homelessness and its associated issues present a significant and complex barrier to employment. People with drug and alcohol abuse issues are five times more likely to be unemployed than the general population[33]. Research shows that many employers are hesitant to employ current or former drug users, which may be a contributing factor to this statistic. Employer perception is reinforced by the fact that many drug users have had contact with the criminal justice system. Often while people with substance misuse conditions have employment related aspirations, they are likely to experience relapses which present a barrier to sustaining work.

Individuals who had experienced homelessness also have consistently reported practical difficulties to accessing employment. These include:[34]:

- explaining gaps in a CV;

- being part of a full-time alcohol or drug recovery programme which limits availability for employment; and

- providing necessary personal information and documentation if there has not been a place to keep these safe.

Homeless people who have experienced SMD can also belong to groups already likely to experience discrimination such as people with long term health conditions, or a mental health condition and perceive employers to hold negative assumptions about homelessness and the people who become homeless.

Lapses are a common theme within 'recovery' trajectories of those facing multiple disadvantage, as often recovery and making the choice to recover occurs within the adverse context of overcoming stigma, anxiety, fears, barriers to opportunities, and social exclusion. Recovery cannot be conceptualised as a positive linear trajectory, which presents a significant challenge for people wanting to secure and sustain employment[35].

Lack of personal and social networks

Commonly, those experiencing multiple disadvantage lack stable and supportive interpersonal networks. Families are often absent or were a source of abuse or neglect in

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[32]Bramley, G and Fitzpatrick, S with Edwards, J, Ford, D, Johnsen, S, Sosenko, F and Watkins, D (2015) Hard Edges; mapping severe and multiple disadvantage England. Lankelly Chase Foundation: London
[33] Making Every Adult Matter (Undated) Response to the independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity. MEAM: London
[34]Department for Work and Pensions (2014) Work Programme evaluation: the participant experience report. DWP: London
[35] Terry, L and Cardwell, V (2016) Understanding the whole person; what are the common concepts for recovery and desistance across the fields of mental health, substance misuse, and criminology? Lankelly Chase: London

the past which adversely affects people's ability to build positive, trusting relationships. Indeed, data shows that a large majority (85%) of those facing severe multiple disadvantage experienced traumatic experiences as a child[36]. Survey data shows that people facing complex disadvantage often experience loneliness and commonly rely on support from professionals rather than family members, which suggests a lack of positive family relationships[37].

Relationships that may be formed tend to be less healthy ones. For example, drug use is often a social activity. For individuals to break away from that social element can often be extremely difficult[38].

In work barriers

Once in employment, those who have experienced homelessness continue to deal with several barriers and challenges. These include; navigating the benefits system to ensure they are in receipt of the correct entitlements, and preparing for moving from hostels or supported housing into more stable tenancies. If benefits are not secured during the period before the first pay check, people can face financial crises and destitution. A report into participant experiences of the Work Programme found that homeless participants who moved into work could find the cost of hostel accommodation following changes to benefit entitlements a major barrier to retaining work[39]. Purchasing clothes, travel and other subsistence costs needed to stay in employment add to their financial hardship, and so seeking support on loan options, budgeting and financial management is often required.

Research shows that experiences of childhood trauma, abuse or neglect, social exclusion and subsequent low levels of social capital impact on homeless people's experience when entering the workplace. Building professional relationships, working well in a team, interacting with colleagues and deciding how much personal information to disclose can often be problematic challenges in work[40].

Employment support and homelessness

Interventions originating from central government, such as the New Labour led Rough Sleepers Unit initiated in 1999, and the Troubled Families Unit established by the Coalition government in 2011, have easily measurable targets and outcomes. However, without local level flexibility to steer what is needed, these national initiatives have had only limited success in addressing the underlying causes or broader systemic and structural issues (i.e. quality and availability of services and provision) that often operate at a local level[41]. This has meant that populations with experience of multiple exclusion homelessness (MEH) or

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[36] Bramley G, Fitzpatrick S, Edwards J, Ford D, Johnsen S, Sosenko F, Watkins D (2015) Hard Edges; mapping severe and multiple disadvantage England. Lankelly Chase Foundation: London
[37] Multiple disadvantage is often caused by a history of intersecting factors such as childhood trauma and neglect, very poor educational outcomes, and long-term social exclusion, which leads to these individuals often being furthest from the labour market and furthest from familial support.
[38] Terry, L and Cardwell, V (2016) Understanding the whole person; what are the common concepts for recovery and desistance across the fields of mental health, substance misuse, and criminology? Lankelly Chase: London
[39] Department for Work and Pensions (2014) Work Programme evaluation: the participant experience report. DWP: London
[40] Keeping Work; supporting homeless people to start, stay in, and thrive at work. A guide for employers https://www.bitc.org.uk/system/files/broadway_employers_report_final.pdf
[41] McNeil, c and Hunter, J (2015) Breaking boundaries: Towards a 'troubled lives' programme for people facing multiple and complex needs. Institute for Public Policy Research: London

severe and multiple disadvantage (SMD) have tended to have poorer experiences of and outcomes from employment programmes.

More recently, the Work Programme, introduced in 2011 by the Department for Work and Pensions (DWP) to tackle long-term unemployment in the UK, has had relatively poor outcomes for disadvantaged groups (see table 5, below). It has been suggested that several underlying reasons contributed to poorer outcomes, including a lack of partnership working, insufficient identification of barriers and payment by results[42].

Lack of partnerships to support those with multiple disadvantage

Research suggests that a quarter of drug and alcohol services have no partnership working with Jobcentre Plus (JCP), and only 3 percent have a funded partnership[43]. Only half have partnerships with Work Programme providers, despite encouragement for JCP to work closely with treatment providers. Similarly, the most recent evaluation of the Work Programme conducted by DWP suggested that specialist support offered to homeless participants was found to be from organisations outside the Work Programme, and the specialist support that did exist within Work Programme supply chains did not appear to be widely used at the time research was conducted[44]. Though difficult to verify, it has been claimed that most Work Programme clients who have substance misuse conditions have not found the Work Programme to be helpful[45].

It is not uncommon for public services to operate through a 'single issue' model, rather than addressing multiple needs simultaneously. Strictly defined parameters and a lack of resources often mean that some people with multiple needs do not meet the criteria for individual services and miss out on statutory support even though they have a high level of need[46]. Alternatively, this can mean that individuals are in contact with multiple professionals addressing each need separately, which leads to duplication and inefficiency – an estimated £10.1 billion spent on state services is not being used efficiently[47].

Failing to engage excluded and vulnerable people

Research highlighting the experience of homeless individuals on the Work Programme found few examples of positive outcomes[48]. It has been noted that housing status was not an area routinely covered during initial assessments with JCP work coaches and had to be shared unprompted by individuals. If homeless people are not recognised as such, they could be

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[42] See for example Carter E, Whitworth A 2015 Creaming and Parking in Quasi-Marketised Welfare-to-Work Schemes: Designed Out Of or Designed In to the UK Work Programme? Journal of Social Policy 44 (2), 277-296.; Rees J, Whitworth A, Carter E 2013 Support for all in the UK Work Programme? Differential payments, same old problem… Birmingham: Third Sector Research Centre

[43] Making Every Adult Matter (Undated) Response to the independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity. http://meam.org.uk/wp-content/uploads/2013/04/MEAM-submission-to-independent-review-into-employment-outcomes.pdf

[44] Department for Work and Pensions (2014) Work Programme evaluation: the participant experience report. DWP: London

[45] Making Every Adult Matter (Undated) Response to the independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity. MEAM: London

[46] Terry L, Scott G, Khan L (2015). Comprehensive services for complex needs: assessing the evidence for three approaches. Revolving Doors: London

[47] McNeil, c and Hunter, J (2015) Breaking boundaries: Towards a 'troubled lives' programme for people facing multiple and complex needs. Institute for Public Policy Research: London

[48] Crisis (2013) Dashed hopes lives on hold Single homeless people's experiences of the Work Programme. Crisis: London

placed into an unsuitable claimant group where providers may not receive the necessary funding to provide extra support. Further, the referral and assessment process did not adequately identify homeless people's multiple barriers to employment or signpost them to support that could better meet these needs[49].

Other issues identified within research conducted by Crisis included large adviser caseloads,which resulted in short appointments; high staff turnover leading to lack of continuity of support, and a lack of individually tailored support and generic courses and training opportunities. If this group did not receive the necessary levels of support relevant to their needs, needs can quickly become exacerbated and more entrenched. Service users reported a low quality of service; many felt ignored or experienced a lack of respect. Furthermore, having had access to the Work Programme (during the first two years of operations), the majority of research participants did not feel more positive about securing employment[50].

Crisis' research into homeless people's experience of the Work Programme also found homeless Work Programme participants more vulnerable to communication problems such as not receiving communications about appointments which were commonly sent by post, which would often result in benefit sanctions. It was announced in November 2016 that homeless claimants could access hardship payments immediately[51], however where claimants' housing needs are not identified in assessment, they may be subject to a delay in accessing hardship provision. Poor communication as to why sanctions were being imposed created confusion and ambiguity, and pushed those with multiple needs further from the labour market.

Payment-by-results

The funding method for the Work Programme has been reported as particularly problematic for hard to reach participants. It has been suggested the funding formula underpinning the payment-by-results model used for the Work Programme resulted those facing greater disadvantages in the labour market being 'parked' by contractors who are incentivised to focus on people more ready to engage with work, leaving clients with entrenched or complex needs unsupported [52].

It is also difficult to evidence impact of one service for individuals experiencing multiple disadvantage who access several support interventions, and to identify which interventions supported the individual to progress, when needs are complex and interrelated. Attributing a positive outcome to one intervention risks unfair distribution of payments to particular services and does not recognise intermediate, softer outcomes such as increased

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[49] See also Department for Work and Pensions (2014) Work Programme evaluation: the participant experience report. DWP: London

[50] Crisis (2013) Dashed hopes lives on hold Single homeless people's experiences of the Work Programme. Crisis: London

[51] https://www.gov.uk/government/news/homelessness-and-mental-health-conditions-to-be-supported-by-hardship-fund

[52] Crisis (2013) Dashed hopes lives on hold Single homeless people's experiences of the Work Programme. Crisis: London. See also Carter E, Whitworth A (2015) Creaming and Parking in Quasi-Marketised Welfare-to-Work Schemes: Designed Out Of or Designed In to the UK Work Programme? 44(2) Journal od Social Policy, 277 – 296; Rees J, Whitworth A, Carter E (2014) Support for All in the UK Work Programme? Differential Payments, Same Old Problem 48(2) Social Policy and Administration, 221 – 239.

confidence which may be an important step in the pathway to employment[53]. Standardised approaches often employed by large scale payment by results programmes often fail to account for external contextual factors which influence support outcomes, such as the local housing market, or labour market. Homeless sector services overwhelmingly regarded payment by results as risky or unsuitable for funding provision for homeless people[54].

Interventions for people with multiple needs

A joint recommendations paper prepared by ERSA, Crisis, and St Mungo's (among others) recommended key changes to the Work Programme to improve outcomes for homeless people concerning identification and assessment processes, the role of action plans, tailored support offer and reconfiguration of funding models. They also recommended that intensive pre- Work Programme training may be appropriate for some homeless people with multiple barriers to ensure they have the confidence and basic skills to successfully access employment support offers.

Key recommendations centred on improving the identification of homeless people through direct questions about housing status being embedded into assessment and handover procedures. Homeless people, once identified, should then receive vulnerable status to ensure access to additional funding, intensive support and immediate access to hardship payments.

The new Work and Health programme, an employment support programme launched in 2017 with full roll out in early 2018, provides an opportunity to improve outcomes for homeless people, or people at risk of homelessness. It includes the recognition of housing as a priority area for support and the provision of specific housing support such as tenancy sustainment, resettlement, and support to disclose housing circumstances to potential employers. Additionally, support to secure documents to prove identity and to claim in work benefits is available.[55] However, funding available for the Work and Health programme is around a quarter of the cost of delivering the Work Programme, and is geared towards a targeted population, mostly with disabilities and health conditions, who are most able to benefit from support – inevitably this will reduce numbers of people the programme is resourced to help.

Individualised support

Research shows that, while recovery and desistance commonly occur outside of formal treatment services, effective interventions should incorporate the individual's own goals so that they become agents of their own pathway to recovery. In the case of employment, it is not necessarily securing employment that supports recovery; instead, whether the role is meaningful and motivational to the individual becomes key. Establishing a strong positive self-identity and becoming aware of their own agency are two key areas to an individual's successful recovery[56].

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[53] McNeil C, Hunter J (2015) Breaking boundaries: Towards a 'troubled lives' programme for people facing multiple and complex needs. Institute for Public Policy Research: London
[54] Homelessness sector survey – homeless link
[55] ERSA, Crisis, Homelesslink, St Mungo's Salvation Army, Centre Point (2016) Supporting homeless people into work: recommendations for the future of Government-led employment support: ERSA: London
[56] Terry, L and Cardwell, V (2016) Understanding the whole person; what are the common concepts for recovery and desistance across the fields of mental health, substance misuse, and criminology? Lankelly Chase: London

Support that is responsive to individual needs and circumstances may include gender specific support. Women with multiple needs face a distinct set of challenges to employment and therefore require a gender sensitive approach to improve employment opportunities and outcomes. For example, evidence also shows that women offenders are particularly marginalised in a support context, and are often harassed and discriminated in substance misuse recovery programmes that men attend[57]. Women's centres provide holistic, joined up services for women facing a range of issues. For example, the Brighton Oasis project provides women with child care facilities, and training and employment opportunities in a unisex environment which provides solace and safety for women[58].

Single point of contact

Individuals with multiple and complex needs may require several separate services but have difficulties accessing them. A single point of contact streamlines and ensures access to relevant support. Examples of good practice from the London Drug and Alcohol Network (LDAN) suggest that coordinated support and a single point of contact for the service user are effective in achieving a range of positive outcomes for people with multiple needs. An example of this is Individual Placement Support (IPS) – whereby an employment specialist collaborates closely with a clinical team to support people into work. Research suggests that this approach is relatively uncostly (£3,600 per sustained job outcome compared to £4,395 paid under Work Programme tariffs)[59]. Findings from a small scale study show that coordinated interventions from statutory and voluntary bodies can reduce the cost of wider service use for people facing multiple disadvantage by up to 26 %[60].

User led, practical support

Services supporting individuals into employment should offer a range of options, from which the service user has genuine choice, alongside suitable and meaningful opportunities[61]. Research shows that service users themselves value a personalised approach which is sensitive to their needs[62]. Additionally, the literature suggests that models designed to address more than one need (a multi-pronged approach) are particularly effective to support people with multiple and complex needs into employment. Homeless Link's most recent report highlights increased partnership working and joint delivery in order to make the most efficient use of limited resources and deliver more personalised support to clients who may access services across health, criminal justice, substance misuse and housing[63].

Research suggests that recovery pathways are often improved when individuals experiencing multiple disadvantage have strong and stable social support (i.e. close and

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[57] Terry, L and Cardwell, V (2016) Understanding the whole person; what are the common concepts for recovery and desistance across the fields of mental health, substance misuse, and criminology? Lankelly Chase: London
[58] Making Every Adult Matter (Undated) Response to the independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity. MEAM: London
[59] Making Every Adult Matter (Undated) Response to the independent review into the impact on employment outcomes of drug or alcohol addiction, and obesity. MEAM: London
[60] McNeil C, Hunter J (2015) Breaking boundaries: Towards a 'troubled lives' programme for people facing multiple and complex needs. Institute for Public Policy Research: London
[61] Terry L, Scott G, Khan L (2015). Comprehensive services for complex needs: assessing the evidence for three approaches. Revolving Doors: London
[62] McNeil C, Hunter J (2015) Breaking boundaries: Towards a 'troubled lives' programme for people facing multiple and complex needs. Institute for Public Policy Research: London
[63] Homeless Link (2016) Support for single homeless people in England Annual Review 2016. Homeless Link: London

quality relationships with family and friends)[64]. To supplement support from advisers, peer-led support may be valued by participants as first hand insight into the challenges and opportunities of progressing through the programme could be offered.

Existing literature highlights the importance of individuals with multiple needs having access to decent quality and secure housing and good public transport links in order to secure and sustain employment. In addition, safe, sober places should be available in communities for individuals to access[65].

Housing first and housing stabilisation-based support

A recent evaluation of mainstream employment provision for the long term unemployed suggests that stable housing is a key enabling factor to entering work, but housing support was an 'unmet need' in Work Programme provision[66]. This suggests a need to better align employment support and housing support, as stable housing circumstances support employment outcomes, which are key to homelessness reduction.

Schemes which improve accommodation options for clients such as shared accommodation schemes, rent deposit schemes and private sector leasing schemes are now being explored or used by seven out of ten accommodation projects[67].

One such approach is Housing First, which is based on non-conditional independent housing combined with intensive person centred support. This approach is traditionally targeted to homeless people with complex needs such as substance misuse and/or mental health problems.

The Housing First Approach was developed in the US and has been replicated across Australia, Canada and Europe but interventions of this type in the UK have been relatively few. Crisis' international evidence review of approaches to tackling rough sleeping found the evidence base on Housing First to be 'exceptionally strong; far stronger than is true of any other housing-related intervention targeting rough sleepers'.[68] The key outcome of note from Housing First approaches are the housing retention rates which - at around 80% on average - are substantially higher than treatment as usual comparison groups.

In the UK findings from initial pilot evaluations have been positive, with some evidence of non-housing improvements in service user's physical and mental health, reduction in drug and alcohol use and anti-social behaviours.[69]

The Housing First approach is a relatively high cost option as it combines accommodation with small caseloads and intensive and open ended support. However, when provided for

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[64] Terry, L and Cardwell, V (2016) Understanding the whole person; what are the common concepts for recovery and desistance across the fields of mental health, substance misuse, and criminology? Lankelly Chase: London
[65] Terry, L and Cardwell, V (2016) Understanding the whole person; what are the common concepts for recovery and desistance across the fields of mental health, substance misuse, and criminology? Lankelly Chase: London
[66] Department for Work and Pensions (2014) Work Programme evaluation: the participant experience report. DWP: London
[67] Homeless Link (2016) Support for single homeless people in England Annual Review 2016. Homeless Link: London
[68] Mackle, P., Johnsen, S., Wood J. (2017). Ending rough sleeping: what works? An international evidence review. Crisis: London
[69] Bretherton J, Pearce N. (2015) Housing First in England: an evaluation of nine services. University of York: York.

individuals with complex needs there are potential for long term cost savings particularly in health and criminal justice sectors. UK based pilots found that the Housing First services cost between £26 - £40 an hour but modelled that potential reductions in emergency medical services and reduced contact with the criminal justice system could deliver potential overall savings in public expenditure in excess of £15,000 per person annually.[70]

The main barriers to implementing a Housing First approach are a lack of suitable accommodation within existing housing stock and difficulties accessing sustainable funding sources.[71] However, increased acknowledgement of the effectiveness and potential cost savings of this approach is driving increased activity in the UK. A three year pilot has recently commenced in the Greater Manchester Combined Authority and 270 homes have been made available for this. The pilot will also deliver wraparound support to 'entrenched rough sleepers' to support them to sustain their tenancies and access necessary support services. The pilot is being implemented alongside other measures such as local council agreement to grant homeless people free access to essential documents required to secure housing.[72]

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[70] Bretherton J, Pearce N. (2015) Housing First in England: an evaluation of nine services. University of York: York.

[71] Mackle, P., Johnsen, S., Wood J. (2017). Ending rough sleeping: what works? An international evidence review. Crisis: London

[72] *Greater Manchester comes together to tackle rough sleeping in unique partnership.* (2017). Retrieved from the Greater Manchester Combined Authority website: http://bit.ly/2nIPuA2

Programme background and development

This chapter provides an outline of the policy drivers for the Tackling Multiple Disadvantage project and the anticipated achievements of project partners. In doing so, it highlights gaps in current provision, and elaborates on key features of the project.

The TMD project was developed as an employment support package for unemployed people experiencing multiple disadvantage with the aim of alleviating multiple and significant barriers to employment.

It was developed partly in response to persisting gaps within service provision, particularly from:

- Mainstream employment programmes; which tend to provide more instructive, rather than intensive support, and tend to be payment by results (PBR) programmes;

- Accommodation projects; which can lack the resource to deliver effective education, training and employment support; and;

- Specialist organisations; which oversee individual issues but can lack oversight of an individual's wider, holistic needs.

As seen in the literature review, there is increasing concern that mainstream provision is unfit for individuals with multiple disadvantage. It can lack the long term, specialist and holistic support required to address the multiple issues experienced by individuals and support their development of the stability, confidence and skills essential to accessing employment.

Project partners interviewed as part of this stage felt that the mainstream commissioning environment tended to promote the commissioning of programmes which support those closest to the labour market, incentivised by outcomes being tied to results. Therefore, individuals with the highest levels of need could be excluded from service provision as PBR contracts may incentivise prioritising achieving quick results to make them financially viable to deliver. The TMD project's payment structure enables organisations to provide more intensive and long term support.

> *"A lot of what you see in the mainstream commissioning environment is about those closest to the labour market. The way services commission the payment... incentivises quick results and perhaps an element of cherry picking those people who are easier to help. This is one of the very few commissioning opportunities that really allowed us to work with people with multiple barriers who might take longer to achieve an outcome"* (Project 1)

Some provider leads highlighted that Jobcentre Plus provision and Universal Credit were increasingly focussed on providing light touch and digital support. This was felt to produce poorer outcomes for individuals with SMD who could lack the skills required to engage effectively with this type of support.

> *"Especially Universal Credit [with] instructions online...maybe English is not their first language, maybe they don't have the IT skills…There's a lack of support for them to gain confidence to deal with these things*" (Project 3)

Providers felt that most existing employment support embodied a more instructive model which does not work for their client group, rather than a coaching model underpinned by trust and corresponding to their needs, addressing them sequentially.

When looked at on an intervention-level basis, partners were (to a greater or lesser extent) critical of particular support models in being able to deliver employment outcomes for this group. Specifically, issues were raised with:

- **Accommodation projects**: Partners reported that accommodation projects tended to focus largely on basic needs, rather than skills building or supporting their clients into employment. This was due to the substantial diversity of immediate needs required by clients and the limited resource capacity of accommodation projects.

  Accommodation projects can provide support such as sourcing housing, support to engage with key support services (such as drugs and alcohol support or health based provision) and providing advice on finances and benefits. It was suggested that changes to social security such as the benefits cap and the impacts of Universal Credit (leading to rent arrears and subsequent eviction[73]) may result in increasing homelessness could drive an increasingly short term emergency support focus. In this context, the provision of education, training and employment are reportedly viewed as an unfeasible support element. Employment is unlikely to feature in a support package that tackles each need individually. The TMD project takes a different approach by addressing the various needs of homeless individuals with the aim of getting them in to employment.

  "It's how to get onto a prescription rather than 'using heroin', tick, 'going to alcohol group', tick, 'keeping your accommodation', tick, but employment, it just isn't seen as important or it's not seen as essential." (Project 2)

- **Specialist provision:** Provider leads reported that specialist organisations can provide support for disparate elements of disadvantage, however, there is a lack of oversight of an individual with multiple needs and their journey through support.

  "People with complex and multiple needs, the gaps in provision are well known to agencies but aren't maybe progressed forward, there isn't joined up working of sharing the expertise rather than everyone beating on a particular specialism." (Project 1)

  The factors which exacerbate this are commissioning structures that discourage partnership working and service level criteria. One provider pointed out that high thresholds in service eligibility criteria can prevent a client with multiple needs from accessing appropriate support.

  "There's loads and loads of different services available for recovery but not everybody does everything, which is useless. To try and hook organisations up, care planning and team around the person… services have certain criteria and if you don't

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[73] See Smith Institute (2017) Safe as houses: the impact of universal credit on tenants and their rent payment behaviour in the London boroughs of Southwark and Croydon, and Peabody. London: The Smith Institute

tick the box you can't come in. This [the TMD project] plays an important role."
(Project 4)

Interviews with local authority leads showed good practice was already being delivered locally (albeit within the boundaries of the borough) with regards to more joined up and closer working between LA services:

> *"Domestic violence, alcohol abuse and mental illness combined and so that would be agencies needing to work together …That's where we've worked quite closely with the, or very closely, with the drug and alcohol services."* (LA Mental Health)

However, much of this appeared to be relatively small scale and not specifically designed to address concurrent SMD. Though broader than the conception of SMD being applied here, local authority stakeholders noted concern about the rise in people with complex needs coming to their services.

> *"We see very few individuals these days whose sole presenting need is just substance misuse to be honest…I've been doing drug and alcohol misuse for about nine years now and I would say there's been quite a significant shift in the last three to four years with the greater percentage that present now having multiple need, whether that be substance misuse and mental health, substance misuse and housing, substance misuse and [domestic violence], substance misuse and sex working, but very, very few people present now just for support around substance misuse"* (LA Substance Addiction services)

The extent to which this is indicative of a rise in need among the local community or the withdrawal of other provision that previously supported this group is unclear (it may in all likelihood be a combination of both).

Rationale for design

The TMD project is designed to address these shortcomings in wider employment and skills provision for homeless people with multiple needs through:

- A partnership approach comprised of specialist homelessness organisations to provide a pan-London support offer which meets the needs of homeless people experiencing multiple disadvantage.

- A delivery model based on coaching support and a wide range of service offers to meet a range of individual needs and aspirations.

- Appropriate funding structures and outcome targets to enable intensive delivery.

The TMD partners are Crisis, St Mungos, Thames Reach and Mind in the City, Hackney & Waltham Forest. Each partner brings expertise from their long histories of supporting the TMD-eligible client group. The partnership was viewed as an opportunity to share best practice from different areas of specific expertise and to cover a wide area across 17 London boroughs. This was enabled by the commissioning process which promotes cross referrals and by regular partnership meetings.

Importantly, partners felt that the TMD project provided the opportunity to share best practice about supporting clients with multiple disadvantage into employment. Each partner has

slightly different specialisms and collectively these were felt to enhance the TMD project offer:

> *"It's a great opportunity to share good practice. Everyone has come from their own area of expertise, more clients with mental health problems, more accommodation based services…the employment academy so there are different opportunities for learning and development there."* (Project 3)

Mind in the City, Hackney & Waltham Forest were singled out as they provided essential expertise and services in mental health to the partnership, which was an area which may not have had sufficient coverage through hostel provision and existing services. The ability to cross refer between partners was described as a key strength of the TMD project. This in particular filled a discrete gap within at least one local authority which operated mental health support, but access to which could only be secured through a primary care referral.

> *"Almost all of the people we see are not homeless and for them to engage with our services they have a GP to prescribe medication. We do see homeless people. It is very difficult though because they need quite an intense piece of work for us to be able to assess them correctly. So we generally don't see people who are homeless"* (LA Mental Health)

External stakeholders identified other programmes or initiatives that shared some features of the TMD project including the Blue Light Project and the Making Every Adult Matter (MEAM) approach. However, the TMD project was viewed positively given its combination of housing, employment and skills, and mental health support, as well as the scale of the programme. Importantly, stakeholders pointed to the target group as being the distinct element of the programme with the focus on the single, '25+' age group notably welcome. This group was considered to miss out on support elsewhere due to the focus on other vulnerable populations such as families and older people. The TMD project, it was felt, could in part fill the gap in provision for those under the age of 35, who had had become increasingly vulnerable to homelessness due to welfare reform changes (including bedroom tax/spare room subsidy, and the roll out of Universal Credit), as well as a chronic shortage of affordable housing in London and the surrounding area.

> *"I would say people under 35 because of the impact of alcohol and the single room subsidy and all that. They would be really affected. That's a massive gap for those people…nowhere for them to go. And then no accommodation available either. If you are single and you don't have children, you're less likely to have things that connect you, like children at school, so they're more likely to be isolated"* (LA Housing)

The lack of provision related to both housing and employment, with boroughs having few, if any employment support offers targeted and tailored to the needs of single homeless people. Local Authority based provision varied; while some programmes and local employment support offers[74] might touch on homeless people, there was nothing targeted to the TMD project client target group. In some cases, it was felt that provision was woefully insufficient, with many disadvantaged homeless people being ineligible for support.

> *"I was at a meeting the other day and one of the residents stood up and said, 'I'm 36 and I fall outside of everything and I don't get any support for anything,'…there are*

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[74] Examples provided included Troubled Families, locally run in-work progression/Skills pilots, more generic employment support and third sector provision, such as Gingerbread for lone parents.

people in their late twenties to late thirties who we couldn't necessarily focus very much on because they don't even fall into health risk categories and they are that much older." (LA Social Services)

However, some external stakeholders felt that the TMD project should have been extended to those younger than 25, and developed as an early intervention programme, to more effectively tackle multiple disadvantage.

"You do want to get people as early as possible and that's [currently] quite difficult if somebody 18 through to their late thirties inclusive, what are you going to do with them?" (LA Social Services)

Though only briefly explored, the commissioning process was felt to facilitate partnership working rather than intensify competition, reducing the potential for duplication and enabling the design of the project to better meet the needs of the client.

Pan – London support

Through the partnership, the TMD project is able to offer support across 17 London boroughs. The ability to work across this wide geographic area was viewed as a key benefit in comparison to commissioned services which tend to operate on borough boundaries. This also had additional benefits for its client group who, due to their housing status, are more transient, and not necessarily as tightly constrained within a boundary as those with more stable housing situations. This ability to move and flex across London's boroughs contrasts with other essential support services such as health, and employment support services:

"We're across over 50 percent of London's boroughs. The funding streams for flexible support from the local authority and CCG funds etcetera all restrict people to their boroughs, they all require people to be registered with a GP or pay council tax or be registered with Job Centre Plus in a particular borough. This project does not." (Project 1)

The TMD project partners are also aligned with and share information with 'Peer Circles', the correlating provision in South and Central London boroughs being delivered by St Giles Trust, Evolve Housing + Support, Shelter and Warrior Programme[75]. Therefore TMD can support or refer anyone to appropriate provision across the whole of London.

The ability to operate across the London boroughs was also welcomed by local authority stakeholders interviewed as part of this evaluation. It was observed that, as a result of austerity, borough based provision had significantly reduced, and the provision that remained was often oversubscribed and subject to very tight eligibility requirements, some of which could be geographically based.

"with austerity has come a significant reduction in some service provision, particularly with the charity-based local providers, which has meant that overall there's less support for individuals in the borough and particularly some of those charity organisations were very good at providing wider support for people, which just isn't there anymore." (LA Mental health)

Given this operating environment, both the project partners and external stakeholders agreed that partnerships are key to successfully addressing multiple needs, especially where

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[75] https://www.stgilestrust.org.uk/page/peer-circles

they aim to decrease competition between services and to strengthen shared goals. A partnership approach should in theory decrease referrals between services and instead provide a more holistic offer to clients, reducing the experience of referral fatigue and drop out between services.

> *"You need to be able to sort of set up services that actually see the whole person and then bring people in and do the niche-end market but fundamentally the more we stop saying, "We need somebody else to look at that," then the better."* (LA Adult social care)

It was also suggested that local housing market pressures and lack of other provision for those experiencing SMD, mean they have to move away, further exacerbating their disadvantage by breaking existing social bonds.

> *"If we are not able to help there is the issue of people being moved out of borough, which obviously has the social disruption impact on all of their lives, because they'll be away from family and friends or their areas"* (LA Employment and skills)

Outcome measures

The TMD project was designed to measure employment outcomes, training, education and volunteering outcomes, and outcomes related to being ready to job search. It also includes a measure of sustained employment (6 months). There will also be soft outcome measurements through baseline and end point Outcomes Star assessments, which providers felt would capture rich data for this client group. Indeed, providers felt that, when compared to other projects they had delivered previously, the TMD project has a good focus on soft outcomes and empowerment.

> *"With our previous projects and contracts…it was more around getting into employment. With TMD, we noticed they value more in terms of getting people that one step forward towards employment and providing that personalised support to the client, giving them the time."* (Project 3)

Provider leads felt that these targets were well suited to provision for their client group as they reduced the risk of 'parking' and enables longer term working with the client group, which is essential to securing sustainable positive outcomes for individuals.

However, there are challenges in delivering a non PBR model with an increased focus on softer outcomes. The higher requirements of evidence and paperwork, which tend to be less onerous in PBR contracts, are essential to ensuring the programme delivers against its aims. This was a substantial challenge in the TMD project early implementation (see Implementation chapter).

> *"It's an appropriate funding structure in terms of the flexibility it affords...there are downsides in terms of the level of bureaucracy in evidence and compliance that's involved in that way of working. Payment by result affords less flexibility, but…the paperwork that is involved in providing evidence is much less"* (Project 1)

Support offer

The TMD project support offer differs slightly between partners, but focusses on a flexible coaching support model with strong links to a range of relevant provision to help individuals overcome multiple and complex barriers to employment.

The support model includes:

- Outreach
- Individual assessment and action planning
- Support with wider needs (through strong links with relevant support agencies, health and social services and voluntary organisations)
- Skills and training offers
- Employment focussed support (employability provision and links with employers)

The support offer can be broken down into three key stages:

- **Referral and outreach:** TMD project clients can be referred from the delivery provider's accommodation services or through outreach to a range of support provision such as housing schemes and hostels, promoting the TMD project to staff and residents: *"[the advisor] spends one day in a complex needs hostel…they were crying out for employment support there because they did not have it."* (Project 4)

- **Initial assessment:** The initial appointment is used to explain the service offer, assess a client's needs and create an action plan of support for that individual. This action plan dictates the intensity and type of contact that individual requires and the sequencing of support. The support sequencing depends on client need – some clients may be immediately ready to access employment based support, whereas other higher need clients may need to access support with wider issues.

  The adviser will then work with their clients to map their journeys by identifying their needs and organising the appropriate support from a range of options which correlate to the individual's goals: *"It's about working very much in a co-production so that if somebody has a dream that they're working towards it's how do we practically get there, how do we provide that information and guidance and coaching support for you to be able realise that dream"* (Project 1)

- **The role of the 'coach':** Support is based on keeping in touch, linking individuals to the right support and reviewing action plans to consolidate progress towards their stated goals. Provider leads felt that coaches should

  - Signpost and arrange wider support to meet the needs of individuals (overcome barriers around access to service provision) – keep in touch and shape the support journey

  - Embody a confidence building approach through coaching

Wider support needs and shaping client journey

The coaching support should reflect the initial assessment of <u>all</u> needs and barriers to ensure individuals are accessing the right support in these areas. Being able to identify and address the wider needs is a key aspect of TMD project provision. It was generally felt that client focussed support should be delivered before employability related provision to deliver sustainable progress. This would provide the *means* through which people become work ready and able to access learning, volunteering and job opportunities.

The coaching model is aimed to build confidence through one to one support – by acknowledging progress and motivating clients, checking in to acknowledge progress and sustain motivation.

> *"We do action planning so the client knows what their role is and our role is, and then we follow up. We support them to access different identified options for development and then we review the progress. If something did not work, we sit down, have a chat. If something worked well, we also sit down and acknowledge the achievement, give a bit of a boost to their confidence…Then further action planning depends on what the next step is for that particular client, if there's been some progression forward, or we're just going back on track from something that did not go too well"* (Project 3)

The coaching model was felt to work best for clients with multiple needs as it enables the support to be client led, it empowers them to work to achieve goals, and it allows the coach and the client to addresses needs through iterating the support. This addresses one underlying need that specific organisations supporting multiple needs do not 'fit' into one current provision easily so need someone like a coach to guide them through.

> *"you've got all kinds of provision under each of the different barriers and strands out there, the criminal justice system, health, Department of Work and Pensions, DCLG … and [this] is a way of actually recognising that people aren't necessarily just one of those...people don't fit neatly into boxes and even if somebody is fitting in the boxes that may not even be the biggest thing that they're trying to address on that journey towards work - or wherever they're aiming to get to - so it's seeing the person as the person. The person dictates to the coach who they are."* (Project 1)

The coaching approach was specifically designed to build trust with the clients, rather than instructing them about what to do. Casework is based on guiding and providing relevant information, empowering the service user to make their own decision – it focusses on what clients can do. This approach was felt to be essential for clients with multiple barriers who can lack confidence due to multiple needs and length of time outside the labour market.

> *"I think it's definitely around confidence building...the approach that we are taking, actually even they haven't worked for ten years, we can still do a skills based CV."* (Project 3)

Partners also felt that there were wider provisions which the coach could draw on to meet the needs of people with multiple disadvantage; how and when individuals accessed this could be variable. This allowed TMD project coaches and service users greater control over the approach and sequencing of addressing individual needs.

> *"there's almost a hierarchy of need where someone is homeless and leading a chaotic lifestyle… the project allows you the time during the project delivery period to address those needs in the right and the best order"* (Project 1)

Skills and employment provision

Naturally, in a programme looking to bring people closer to the labour market, skills and employment support become essential to the support offer. By addressing the broad range of needs discussed above, it was felt that the TMD project could support clients to access a

wide range of skills provision including vocational options and basic skills. These will be delivered through partners' in-house services and established links with local skills providers. Some partners had some in-house resources available for this, with provision specifically designed for higher need clients, such as St Mungo's Recovery College which hosts a range of skills courses, wellbeing, creativity, skills workshops, IT and basic skills provision. This provision can act as a vital 'stepping stone' for clients who would find mainstream college difficult.

When an individual is ready to access employment based provision, across the TMD project partnership there are a range of activities on offer including:

- Careers information, advice and guidance

- Interview preparation sessions

- Support with CVs, job applications and interview preparation

- Job brokerage

Some providers are also able to make use of their various pre-existing employment initiatives, such as work placement arrangements, apprentice opportunities, self-employment support workshops and volunteering initiatives.

With regards to the moving their clients closer to the labour market, partners felt that the most essential elements of delivery for this client group are:

- Building client's aspiration through goal setting; this would be client led, rather than a focus on securing the outcome. Clients are provided digestible information such as benefit checks (better off calculations), which could demonstrate to the client practically how a job would impact their finances and wider situation to allow them to consider their next steps.

- A trusted one to one coaching relationship, focussing on improving confidence and aspiration. For this relationship between the client and the coach to be effective, it is critical for the coach to build trust and rapport with the client, done through their responsiveness and flexibility to clients' needs, their empathetic and non-judgemental approach, and their competency in supporting the client

- Prioritising support which stabilises a client's situation in order to improve the likelihood of sustaining employment related outcomes. Implicit in this is recognising that the client's journey may not be progressive and there may be peaks and troughs. Accordingly, the delivery needs to focus on building resilience throughout the client's journey, underpinned by a single caseworker: *"some of your prongs on your [Outcomes] Star might be filled one day and suddenly they're not the other day. People's health might get worse before it gets better and I think you're going to have to take a lot of risks with this, but this is all about…catching them when they fall, and I think this is really important"* (Project 4)

- Employer engagement and job brokerage were seen as a key element of the TMD project provision. Partners were aware that not all clients would achieve employment related outcomes and that distance travelled was important. However, for those that

were sufficiently prepared, the job broker roles embedded into the TMD project can identify appropriate employment opportunities and structure employability support on these and match appropriate clients. Importantly, engaging with employers directly could help overcome the prejudice people with SMD often experience: *"you've got to be able to sell our clients to employers because employers will think, "Okay, you're wanting me to employ someone homeless and who's got an offending history and all the rest of it, why, what's in it for me?"* (Project 2)

On the final issue, partners thought it was essential to educate employers about complex needs. This could also include potentially job carving or creating part time roles in order to meet a client's needs. It was recognised that this does, in practice, require sensitivity and the need to balance empowering clients to know their rights when disclosing information about their background (such as their offending history, substance abuse and mental health) while challenging employers to improve their own processes.

External stakeholders appeared somewhat more vocal about the challenges of engaging employers and ensuring that employers deliver on their (often) good intentions: *"many of the employers want to help but aren't always sure how to help…it's not a given that every employer is going to have an acute understanding of working with individuals suffering from mental health or substance misuse."* In particular, as well as being open to employing a client who may have a history of poor mental health, offending, substance misuse, etc, there also needs to be means of educating employers about the needs of these individuals to understand how the workplace can best support them.

> *"For mental health, it would be the training in employment because a lot of our service users are able to have employment and sometimes if they relapsed, how do you have a number of employers that would say, "Yes, okay, you're relapsing. Off you go. Come back when you're ready. Keep in touch." They don't. They lose their jobs, so something around that would be really good for us."* (LA Mental health)

Learning from the Tackling Multiple Disadvantage project

Outside of understanding the effectiveness of the TMD project overall, partners and Local Authority stakeholders were enthused about the opportunities for learning presented by the project. For partners to the project there was interest in the quantification and measurement of the softer outcomes demonstrating the distance travelled by clients – given the challenges the group faces, some of the softer outcomes may be more impactful on an individual than one of the harder job outcomes: *""I feel better about myself;" "I do see that there's a future" - that's what we want to see with the people we work with"* (Project 3).

Importantly partners felt that sustained client outcomes were more important than attaining outcomes as this ensured that outcomes were meaningful and that this will in turn be more positive for the individual on a long-term basis, a view that was also strongly echoed by external stakeholders.

Of course, partners also wanted the TMD project to meet and exceed the hard outcome targets to demonstrate the value of their approach and prove that it is possible to work with a multiply disadvantaged client group and achieve good outcomes. In turn, it is hoped that this would prove the efficacy of the model to commissioners. Echoing this, and with a view on their own service commissioning cycles, local authority participants we also interested about learning about more intensive, personalised offers.

> *"What you'd hope is that people can see that when it is done in a more personalised way, based around the person rather a generic model, shows that it's got good outcomes."* (LA Housing)

Related to this was an interest in learning about effective partnership models and how partners can work across boundaries and share resources to best leverage individual strengths and expertise. If done well, lessons from the project would be useful in a variety of contexts and could potentially inspire other services to replicate or develop the model. Naturally, local authority stakeholders showed interested in exploring how the partnership model could be extended to include authority led services.

> *"Well, when you talk about having a partnership between each other and you have all got homeless which are your main backdrop, then you need to be sort of aligning with what's going on in substance abuse services and actually into like with the local authorities where they have got employment initiatives taking on people with."* (LA Adult Social Care)

It was observed elsewhere that to do this would not only require service alignment, but also working to shared goals and outcomes.

A very pertinent issue for local authorities is the requirement under the Homelessness Reduction Act 2017, which creates a duty to provide Personal Housing Plans to prevent homelessness. Research participants considered whether application of the TMD approach could be used to deliver these plans.

> *"I think the personalised coaching approach is going to match the new stuff that we've got to do, personal housing plans, that'll be the new legislation from April. So I think that ties in really well it might be that people can be referred through to this as part of their personal housing plan."* (LA Housing)

It was also suggested that sharing learning with relevant stakeholders throughout the programme to provide an ongoing demonstration of its effectiveness may benefit the programme itself because if they *"can see that there is a programme that's working quite well and that people are doing well, then they're more likely to refer into it."* (LA Housing)

Project implementation

This section includes early insights from project leads about the early indications of aspects working well and some of the challenges they envisage or have encountered through the support. It should be noted that, at the time of reporting, the project is relatively early in its delivery[76]– as such insights from project partners are largely based on the experiences of implementation challenges. While positive aspects of implementation are indicated where apparent from the data, at this stage it is still too early to fully understand effective implementation and how this influences service delivery 'on the ground'.

There was universal agreement that a key aspect of the programme that worked effectively was the partnership and the constructive relationship that was developing between the partners. In particular, cross partnership practitioner meetings were felt to be useful in supporting coaches to respond to day to day challenges of project delivery, suggest useful solutions and rapidly share best practice.

> *"[The practitioners' meetings are] one of the best things in this project…we've been looking at paperwork, reviewing each other's files... creating a good pitch for the project... working to try and promote and introduce to different audiences or clients, to support staff, external stakeholders, a lot of the things we can use in day to day delivering this project"* (Project 3)

Further, there was widespread support among the partners for the general model of delivery – specifically the coach based, personalised approach. This was echoed among interviews with wider stakeholders who felt positive about the coach delivery model to guide clients through services, and monitor and support clients as they progress through their journey.

> *"People need a personal advisor support mechanism, and sending them service to service I think they'd get lost, they need someone to guide them through and actually, hold them accountable for when they haven't turned up or, if something hasn't worked for them, why hasn't it worked"* (LA Employment and Skills)

However, external stakeholders also cautioned that the most important aspect with regards to the actual effectiveness of the delivery model will be the aptitude and knowledge of the staff delivering the programme:

> *"Quality provision always depends on the abilities of the person giving the support and that's where any service will fall down; if they don't have the right experience or knowledge, or capability"* (LA Employment and Skills)

Challenges

Partners consistently reported three key challenges in the early implementation of the project. These included:

1) Paperwork and audit requirements tied to the Building Better Opportunities (BBO) funding

2) Referrals and outreach

3) Outcome tracking and measuring effectiveness

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[76] At the time of writing, the TMD project is still within the first year of its three year delivery period

Paperwork requirements

As noted, partners involved in the delivering of the TMD project were positive about it not using PBR, which they felt would not be appropriate for the target group (a view also echoed by external stakeholders), but recognised the bureaucratic consequences of this. Due to the BBO funding requirements, partners were required to provide high levels of evidence around project participant engagement, provision of support and the outcomes achieved had several negative impacts:

- Partners said that they spent a large amount of time on paperwork which they felt was to the detriment of time that they could spend with clients

- Partners felt that extensive paperwork requirements were unsuitable for their clients, often putting these clients under additional burden

- Some providers delivering other projects found it difficult to retain TMD staff due to the paperwork requirements; this could potentially threaten the level of continuity between coaches and their clients and therefore effect client outcomes

Partners were keen not the underplay the implications of the bureaucracy. Nevertheless, they recognised that the ability to manage the paperwork requirements is also linked to the partnership's ability to achieve its policy intention; namely to work across agencies and to monitor project performance and measure outcomes outside of a PBR commissioning framework. Not all the partners had experience of working in this way, and foresaw this as both an individual organisational challenge as well as a challenge for the project partnership.

A significant concern among partners was how they would communicate the need for the level of data and evidence required to clients. The ability to confidently explain the requirements and the purpose could be particularly challenging for clients with higher level needs as this could add to existing anxiety or concern, and undermine the relationship between the client and the coach:

> *"Understandably they ask those questions of why do you need my signature? Particularly when it's an anxious client or someone with paranoia... you don't really build rapport with someone by filling out 20 pages"* (Project 3)

The burden of supplying evidence often fell to clients, which partners felt was not suitable for the target client group. For example, supplying relevant identification documents, benefit letters or proof of journey for reimbursement. Further, the inability to obtain appropriate paperwork is not only perceived as barrier to access the TMD project, but one that is likely to continue throughout a client's journey through the project and when they enter employment. At the point of accessing the service, the evidential burden could act as a barrier to otherwise fully attaching to it:

> *"ID or benefit letters, we still have to chase up because, no matter how many times we give that message, "You need to bring that along to the appointment," the nature of the group, especially if they're homeless or they're not used to be organised, it's that challenge is still there"* (Project 1)

Concerningly, the bureaucracy involved in delivering the programme was singled out as a disincentive for front line delivery staff to fully engage in the project in the longer term. There

is a fear among the partnership that this could impact on staff retention and prohibit the coaches from building the essential stable relationships with the service users.

Smaller organisations and those without administrative resource are particularly less able to deliver this kind of support along with the level of administration required by the programme commissioner. To put this into context, one partner explained that delivery staff involved in the TMD project spend up to 50 percent of their total working time completing paperwork. For many (particularly smaller) organisations, this would simply not be operationally sustainable despite commissioners often wanting such organisations involved in project delivery. In terms of learning, it is hoped that insights drawn from the TMD project will help align policy makers' and commissioners' aspirations with the operational realities of third sector organisations.

> *"I do hope out of this process [to] bring to light for the commissioner some of the realities of working in this way…We've got to acknowledge and recognise that the downside [to not being PBR] in terms of just the sheer volume of paperwork and, I think, their aspiration to involve a lot of small charities in the supply chains and the partnerships was an unrealistic one when you've got this level of paperwork and bureaucracy"* (Project 1)

Referrals and outreach

Some partners found that the eligibility criteria for TMD excluded many of their current service users and therefore they had to focus more on outreach than initially expected, rather than supporting their internal service users. Therefore, development of partnerships with external organisations and outreach work is more vital to achieving this. This was particularly the case for partners without accommodation services.

Other partners could utilise their own accommodation services for referrals. However, this had its own challenges, predominantly that it is a hard sell to both residents and staff to talk about employment when the residents have chaotic lives. Further, 'better off' calculations would not necessarily demonstrate a sufficient financial incentive for people in accommodation service, as rents maybe more sustainable in such circumstances through existing payment arrangements via Housing Benefits rent.

> *"how much the rent is in some of these services, then employment is not really at this stage perhaps what would make these clients better off, not to mention they are quite chaotic, still maybe using or attending some sort of counselling or any support service around alcohol, substance issues"* (Project 3)

Some partners were concerned that the level of outreach required was an unexpected burden on coach resource already being heavily taken up by paperwork. However, for other partners, outreach was already an essential feature of their service delivery so accommodating TMD support within this was less problematic.

While slightly tangential, it was reported that feedback had been received from an established referral partner that the name 'Tackling Multiple Disadvantage' was of itself off-putting for the service as it was stigmatising. This made raising and discussing the TMD project difficult which ultimately affected whether a referral was successfully made. Indeed, some individuals who may be clearly eligible for the project on an impartial assessment, may

not recognise themselves as having multiple deprivation or identify with the notion of SMD. Consideration should therefore be given to how the project is presented by third party organisations to their service users; communications and associated materials should be sensitive, and inclusive to encourage engagement with the TMD project. At the same time, the project eligibility criteria should be clearly articulated to reduce any inappropriate referrals.

External stakeholders interviewed as part of this research were keen to stress the involvement of Jobcentre Plus and the provision of good quality welfare benefits advice. This has become more important since the introduction of Universal Credit which introduces in-work conditionality and also changes the way benefits are paid, often causing financial hardship during the application or transitional period (if moving from existing benefits payments[77]). They felt that it was important that the delivery model helps clients in receipt of work related benefits keep to their Claimant Commitment and also provides both technical support (e.g. advice about benefit eligibility, 'better off calculations' etc.), and practical help (improving digital capability and access to apply for and manage Universal Credit online) when applying for benefits. Given the uneven roll out of Universal Credit, this is likely to alter the support provided to clients depending on the borough in which they live.

> *"I think it's very difficult to negotiate on your own and particularly when you've got other priorities…especially if you might not have the IT skills. The Jobcentre services aren't designed to give you that much personal support anymore, so I think you definitely need someone to hold your hands through it."* (LA Employment and skills)

Outcome tracking

As previously noted, partners had to choose at which point to 'exit' a participant from the support and count them as having achieved a certain outcome[78]. The explicit exit points were viewed positively as they recognised the challenges of supporting the TMD client group into employment. However, as an outcome could be counted once, it would have to be an individual judgement about where to claim the outcome, which some partners felt undervalued the potential effectiveness of the project. By way of example, if a coach chose to 'exit' a client at training, and that client subsequently went on to gain an employment outcome, this would not be reflected in the key performance measures; this was felt to be detrimental to the project. Conversely, caseworkers may delay providing an exit if aiming for a higher level outcome, which may never materialise due to a multitude of factors.

> *"I think it's quite difficult… we can get someone onto a training outcome. Should we capture it now or sometimes you think the way they're progressing, I'm confident that person will get into employment…something could just happen with their housing or they may relapse and it's just very uncertain and unpredictable"* (Project 3)

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[77] The current target wait for an initial for Universal Credit is six weeks, though the Autumn 2017 budget announced this target to be reduced to five weeks from Spring 2018. However, it should be noted 15 percent of applicants fail to receive payments within this period (DWP (2017) Universal Credit Statistical Ad Hoc: Payment Timeliness, DWP: London: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/648800/universal-credit-payment-timeliness-statistical-ad-hoc.pdf) and due to the complexity of the application process many have to resubmit applications due to errors in the information they have provided further extending the amount of time it take to receive the initial payment.

[78] For a list of key exit points see table 2, above.

There is no flexibility to change the outcome being claimed once the decision is made of the exit point for a service user, which potentially removes the incentive (at least with regards to performance monitoring) to carry out further work with individuals who have achieved an outcome such as accessing education or training but have not yet accessed employment. While this was recognised by partners as a risk, it was not one that they felt would materialise due to internal monitoring procedures.

Several partners noted that, though they had not come to this point yet, they were considering potential approaches to identify the most appropriate exit point for the purpose of project performance monitoring. This included grouping clients according to outcome likelihood within the delivery time period based on their distance from the labour market, clients' personal and household circumstances and their ambitions. It was stressed that this should be decided by a coach who is fully aware of the client's wider circumstances and on a *'case-by-case basis'* to ensure that they are appropriate and achievable for that individual.

> *"It really depends on the level of their mental health needs because, if that's high, volunteering or training is probably a meaningful occupation for them. They might not be work ready in another 12 months' time. The medication they're on will probably have an impact on the choice of jobs they can do or maybe do only voluntary work will be suitable for them for some time"* (Project 4)

Partners are planning on 'light touch' keeping in touch with participants who have 'exited' from the support to continue to track their progress, which will provide the evaluation with additional data about participants who had achieved certain outcomes.

Though partners were confident in about the delivery model, there was concern that the job achievement rate of 28 percent was an ambitious target to deliver considering the timeframe of the programme and the nature of the target client group. A similar concern was also raised by external stakeholders, who questioned the ambition of the project.

> *"You could work with these guys for two years just getting them ready to access a project like that…I think it's a bit unrealistic to think you're going to get somebody into stable long term employment without some kind of semi-secure housing option. We have [Education, Training and Employment] programmes locally that work with individuals, but in my experience housing is key to everything. So from my point of view, in terms of treating drug or alcohol dependents is virtually impossible. So often the first piece of work we have to do is sort out benefits and housing"* (LA Substance misuse)

Similarly, another stakeholder felt that some that are likely to fall within the target group would also struggle with engaging with and attaching to basic skills courses and, based on past experience, believed that within this group there will be some clients who would never be able to get into work.

> *"I could not see we would ever be able to get some of the client group into work…it was people who had quite severe drug and alcohol issues in the past and I could not see what I would do… they had low, very low literacy in the beginning before they had a drug and alcohol problem so people tried to teach them IT skills, it wasn't sticking"* (LA Employment and skills).

Relating to the possibility of running out of time, the stakeholder went on to explain that when supporting people with very low literacy, some of whom also had learning difficulties

and disabilities, could take a significant amount of time, which could extend beyond the limits of the project.

Data, targets and outcome measures

Project performance

The TMD project will engage 600 clients living in North, East and West London boroughs. Eligible clients are single homeless people aged 25 and over. Three quarters (450 people) will have one or more additional support need relating to physical or mental ill health, substance misuse or an offending history.

There are also project specific targets for clients who are women; economically inactive; aged 50 or over; have a self-declared disability; or are from minority ethnic communities. Table 1 (below) shows the anticipated proportions by client groups for the programme overall.

Table 1 Participant targets

Participant rates	Actual to date (to Q4 2017)		Overall programme target %
	n	**% of target for period**	
Men	59	82%	60%
Women	13	18%	40%
Unemployed	34	47%	35%
Economically inactive	38	53%	65%
Aged 50 or over	15	21%	15%
With disabilities	24	33%	40%
Ethnic minorities	47	65%	55%
Total	**72**	**37%**	**100%**

Table 1 also shows the current number of participants in the first two quarters of the project (Q2 2017 to Q4 2017). Within this period the project has engaged 37 percent of those against profiled targets for the period. It should be noted that while this is less than half of the anticipated project attachments, it is still relatively early in the project and participation rates may yet increase in line with project projections. Further, it is not uncommon when implementing programmes of this nature, where participant engagement is likely to be a challenge, to show sluggish participation in the early stages of operationalisation. As noted previously, the partnership is currently trying to extend its reach through increased outreach activity and referral pathways.

As would be expected, there have been few outcomes reported to date given the early stage of the project. Table 2 presents the outcome targets for the whole project period that partners are working to; along with the participation rates, outcomes are monitored on a monthly basis by the partnership and the evaluators.

Table 2 Outcome targets

Progression into Job Searching	18%
Number who move into education or training on leaving	17%
Number who move into employment, including self-employment, on leaving	28**%**
26 Weeks Sustained Employment Actuals:	
percentage of starters	16%
percentage of employment outcomes	58%

The TMD project has additional outcome targets that are closely related to wellbeing and 'closer to the labour market' related outcomes; these are set out in Table 3, below. It is difficult to benchmark against these targets due to lack of evidence of similar targets from other programmes targeting homeless people. However, through the use of the Outcomes Star tool to measure wellbeing improvements, there is an opportunity to compare performance against other projects that have used the same measuring tool.

Table 3 Additional outcome targets

Project Outcome 1	Target
Taking part in activities to improve their confidence, motivation or emotional health and resilience	45%
Improved confidence, self-esteem or motivation upon completing structured learning or one-to-one support	50%
Improved emotional health or resilience upon completing structured learning or one-to-one support	36%
Project Outcome 2	
Taking part in classes, workshops or related activities to improve their employability	45%
Gain an accreditation, qualification or certificate upon completing activity to improve their employability	34%
Improved communication, time management and/or work place skills	30%
Project Outcome 3	
People receive personalised job search support	68%
Complete a volunteering or work placement	14%
People report feeling more likely to get a job upon completing activity to prepare them for the labour market	36%

While principally used as a coaching tool, the Homelessness Outcome Star tool should allow the measurement of softer outcomes and outcomes not directly linked to the BBO

performance monitoring framework. Domains included within the Homelessness Outcomes Star include ten key outcome areas[79]:

- Motivation and taking responsibility

- Self-care and living skills

- Managing money and personal administration

- Social networks and relationships

- Drug and alcohol misuse

- Physical health

- Emotional and mental health

- Meaningful use of time

- Managing tenancy and accommodation

- Offending

Analysis of these wider set of outcomes data will be conducted on a biannual basis, with reporting being conducted annually.

Benchmarking

L&W has gathered performance and unit cost data from a variety of evaluations of employment support programmes within London and the rest of the country. This allows project performance to be contextualised against other programmes. Usually, this would involve identifying programmes that are closely aligned, to provide a contrast. In the case of TMD, this is challenging as there are few comparable programmes working with the target group. However, two key programme evaluations that can usefully serve as a benchmark of performance are the Greater London Authority (GLA)'s London ESF Programme 2007-2014 evaluation, which included working with specific populations identified as furthest from the labour market, and the Work Programme due to its scale.

London ESF Programme 2007 to 2014

L&W have access to key metrics from a project sponsored by the GLA that gathered performance and unit cost data for every single ESF project between 2007 and 2014. In total, fourteen programmes were identified that provided support to the 'hardest to help' groups including: homeless people; offenders/ex-offenders; refugees; and, carers. The 'Programme Average' figures for the 'Homeless' and 'Refugees/Asylum seekers' are in Table 4 below. 'Ex-offenders' and 'Carers' are not given as there is only one project in these sub-groups.

The average 'unit cost per starter' for provision was £1,676 and the average 'unit cost per job entry' was £9,654. The high unit costs reflect the relative distance from the labour market often experienced by this group (compared to other client groups involved in the London

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[79] For more information about the tool, visit: http://www.outcomesstar.org.uk/using-the-star/see-the-stars/homelessness-star/

ESF Programme this group had the second highest 'unit cost per starter'). The projects have a high average attachment rate of 41 percent compared to a 30 percent average overall, and a low job entry fee of 9 percent compared to overall average of 17 percent and high fees to move people into training, 22 percent compared to 13 percent.

The majority of projects were cross borough programmes, with two being pan-London. The projects were commissioned by a variety of agencies and organisations, including the London Development Agency and London Councils. The National Offender Management Service (NOMS) commissioned a single, large pan London project for ex-offenders between 2001-14 valued at over £13 million, whilst the other projects were commissioned in 2008-10 and 2010-12 and had an average size of just over £300,000.

The average 'job entry rate' was 17 percent which, along with 'Health Conditions and Disabilities', was the lowest job entry rate.

Isolating the five homeless specific projects shows similar figures to the overall hardest to help projects. The 17 percent job entry rate is much less than the TMD target of 28 percent; however, it should be remembered that the ESF projects started during the last recession and this would have had a major impact on job opportunities for projects conducted during that period.

Table 4 Unit costs and job entry rates for selected ESF programmes in London, 2007-2014

Total hardest to help	Programme Average
Unit Cost per starter	£1,676
Average Job Entry rate	17%
Gross unit cost per job entry	£9,654
Number of projects	14
Homeless	
Unit Cost per starter	£1,708
Average Job Entry rate	17%
Gross unit cost per job entry	£9,892
Number of projects	5

Work Programme

The Work Programme is a large scale programme that supports jobseekers with various barriers. Overall, the whole the programme has been successful for those claiming Job Seekers Allowance, leading some to criticise the programme for 'parking' those who were the furthest from the labour market[80]. In terms of payments groups, the Early Entrant group helps those with additional barriers. In London, providers achieved a 31 percent job entry rate – similar to the TMD target. However, clients in the Early Entry group had a mix of barriers and included participants who were homeless, disabled and carers. It is therefore

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[80] See for example Rees J, Whitworth A, Carter E (2014) Support for All in the UK Work Programme? Differential Payments, Same Old Problem 48(2) Social Policy and Administration, 221-239

difficult to gauge how successful it was for homeless people, and says little on those with multiple disadvantage.

Further, the Work Programme was a mandatory programme and the impact of the threat of sanctions is as yet unknown on the rate achieved. Table 5 sets out key performance outcomes by payment groups.

Table 5 Work Programme job outcome rates, June 2011 to June 2017, London

Payment Group	13 week Job Outcome	26 week Job Outcome	Total
JSA 18 to 24		41%	41%
JSA 25 and over		37%	37%
JSA Early Entrants	30%		30%
JSA Ex-Incapacity Benefit	26%		26%
ESA Volunteers	9%		9%
New ESA claimants: Exc 12 Month prognosis claimants	13%		13%
New ESA claimants: 12 Month prognosis claimants only	12%		12%
ESA Ex-Incapacity Benefit	6%		6%
IB/IS Volunteers	30%		30%
JSA Prison Leavers		25%	25%
Total	19%	38%	31%

STRIVE

Strive is a Government funded homelessness skills and employment support pilot which was created to fill a gap in basic skills and employment support for homeless people with multiple and complex needs. It is delivered by specialist staff who can ensure that employment, skills and housing needs are addressed in a coherent and joined up manner.

The programme was delivered by St Mungo's and Crisis and funded by the Department for Communities and Local Government and Department for Business, Innovation and Skills, and facilitated by the Department for Work and Pensions. It enabled participants to develop basic skills in English, maths and IT as well as the confidence they need to prepare for and get into work.

Two years into the programme, STRIVE had enrolled 117 participants. To date 142 qualifications have been obtained in IT, English and maths; nine people improved their housing situation; 18 people obtained full time employment (15 percent job outcomes rate) and another 18 percent progressed into full time further education; 19 participants took up volunteering opportunities.

Conclusions

This interim report presents the first of three evaluation reports monitoring the progress and performance of the TMD project. While it is relatively early to draw any conclusions about the effectiveness of the programme and its trajectory, this phase of the evaluation has explored the policy context for the programme, an understanding of the key elements of the delivery model, and provides an understanding of the learning expectations for the project.

The project sets out to address a clear gap in support provision for the single homeless people. The lack of support for this group, and in particular younger clients within the group, was clear. Further, this evidence based intervention was well regarded and considered appropriate for the needs of the group. While beyond the remit of the TMD project, there was a call for the project to be extended to under 25's to become an early intervention that reduces disadvantage becoming entrenched. This call also reflected the disproportionate disadvantage younger people experienced with regards to unemployment, underemployment and welfare reform.

Naturally, there is a strong interest among the project partners and their counterparts in local authorities to understand what works in supporting people who have experience of SMD. The evaluation will in due course be able to articulate the barriers the clients themselves experience in engaging with employment programmes, including TMD, and their experience of trying to move closer to the labour market. While the defined project outcomes related to progress towards the labour market are of interest, there was also interest across the partnership and external counterparts about the wider, and often less tangible outcomes participants achieve, including confidence, wellbeing and resilience.

As a partnership project trying to deliver an intensive support offer to a high needs group, and at scale, there are clear lessons for both service deliverers and commissioners about how to effectively structure partnerships and manage programmes to make best use of organisational strengths of individual partners to the benefit of all programme participants. In doing so, TMD could serve as a model of effective partnership working for future programmes targeting higher needs groups.

Though it is relatively early in the project, there do not appear to have been any significant setbacks in its implementation. This is in part due to the effective partnership approach taken throughout the implementation stage which has involved close involvement of all of the partners. It will be important to see how the partnership evolves over time as changes in individual organisation operating environments change and priorities shift.

Of course, some implementational challenges have been experienced. Of these, the greater need for outreach and developing wider referral networks are in the process of being addressed - it would be expected that these will become less prominent as the service model becomes fully developed. Progress against these areas will be explored in later stages of the evaluation.

One challenge that appears unavoidable for the TMD project is the administrative burden placed on the partnership which is baked into the BBO funding stream. There are some concerning consequences associated with this, including the amount of time it detracts from frontline service delivery and the difficulties in attracting and maintaining the involvement of high quality staff (in particular frontline caseworkers) who are often put off by the

bureaucracy. While often justified when not using a Payment by Results funding model, it is not necessarily the only approach to evidence the service being delivered to an expected standard. Alternative approaches could include lighter touch monitoring coupled with tighter compliance procedures that are quality assured by the programme commissioners, or a process of independent file and/or case reviews to ensure service quality.

Understanding the full administrative burden should be of interest for commissioners as these requirements can discourage some organisations (particularly smaller, more specialist third sector providers) from becoming involved in such programmes, as they would not be operationally sustainable. This effectively creates a tension with wanting to engage a wide and innovative provider base but creating an operational environment that makes doing so difficult.

The TMD project has some very ambitious performance and outcomes targets it is seeking to achieve. Early performance indicates that participation rates are lower than the target rate for the period. However, this is not uncommon in the early stages of the project, and there is a possibility that these rates will increase as the programme matures and referral pathways to the TMD provision become more established. While there was some commentary about the current rates, it fell below concern at this point.

There were some concerns raised about the project's ability to meet the job outcome target raised by some within the partnership, but also by external commentators. This concern largely related to the distance from the labour market and the immediate needs of those targeted by TMD, which could require prolonged periods of support. When compared with other programmes working with a similar population group, the job outcome target is around 10 percent higher than those previous programmes. Only the job outcome rates for the Work Programme were comparable; however, it is likely that the Work Programme did not work with individuals who experienced SMD, at least not at the same rates as the current project.

The partnership should closely monitor the performance against the job outcome rate, to ensure the trajectory is in line with target. When doing so, it is important that external factors are considered, including the local labour market context. The current buoyancy of the labour market may facilitate achieving the job outcome target, but it will be important to closely monitor the London employment environment. Significant downturns in the economy may make achieving the job outcomes more difficult; equally, the consequences of Brexit may also have an impact on the target – it may well yet trigger a downturn in the economic environment. Equally Brexit may create opportunities if jobs become available should there be a migration of foreign workers out of London.

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Tackling Multiple Disadvantage project (DR227): Evaluation Framework

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Version control

Version number	Edited by	Date
1.0	Hannah Murphy	05 Sept 2017
1.1	Ash Patel	04 Dec 2017
1.2 (correction)	Ash Patel	05 Dec 2017

SYNOPSIS

Short title	An evaluation of the Tackling Multiple Disadvantage project: employment support for people with complex needs – North, East and West London
Lead organisation	Crisis UK
Partnership Organisations	St Mungo's, Thames Reach, Mind in the City, Hackney & Waltham Forest
Population	Single homeless people aged 25 plus living in North, East and West London. Three quarters (450 people) with one or more additional support needs relating to physical or mental ill health, substance misuse or an offending history.
Goal	To determine the effectiveness of the TMD project and provide recommendations of how to further develop the service to meet client needs and promote what works within the homelessness sector for clients with multiple disadvantage.
Project output measurements	Client is ready to undertake job search activity (For those who were previously economically inactive) Client has started education or training Client has accessed employment / self employment 3a) Client has sustained employment (6 months)
Project outcomes	Client has improved emotional health and resilience to pursue employment goals Client has improved employability skills Client feels more likely to get a job upon leaving the project
Meeting frequency	'Keeping in Touch' (KIT) meetings: monthly Partner meetings: Quarterly Expert Advisory Group meetings: biannually
Duration of evaluation	32 months (31st April 2017 to 31st December 2019)
Evaluation timetable	Scoping research (August 2017 – December 2017) Interim report 1 (December 2017) Wave one research (March 2018 – December 2018) Interim report 2 (December 2018)

SYNOPSIS

| | Wave two research (March 2019 – December 2019) Final report (January 2020) | |

GLOSSARY

L&W	Learning and Work Institute
MI	Management Information
TMD	Tackling Multiple Disadvantage

TEAM

Learning and Work evaluation team

Project Director	Ash Patel, Head of Research – Inclusion (L&W)
Project Manager	Lovedeep Vaid, Senior Labour Market Statistician (L&W)
Qualitative Lead Researcher	Hannah Murphy, Researcher (L&W)
Researcher	Seana Friel
Research support	Hazel Klenk

Crisis team & partner representatives

	Erika Moisl, Evaluation Manager (Crisis)
	Andy Webb, TMD Project Manager (Crisis)
	Nilopher Munshi, TMD Quality & Compliance Executive (Crisis)
	James Hickman, Director of Crisis Skylight London (Crisis)
	Francesca Albanese, Head of Research & Evaluation (Crisis)
	Maeve McGoldrick, Head of Policy & Campaigns (Crisis)

Advisory Group

Chair: Rebecca Pritchard	Director of Services, Crisis
Tony McKenzie	Advisory Group Volunteer
Dianna Neal	Head of Economy, Culture and Tourism, London Councils
Jacqui McCluskey	Director of Policy & Communications, Homeless Link
Sam Windett	Head of Policy & Communications, Employment Related Services Association
Patrick Hughes	Director, Salientwork
Jasmine Basran	Senior Policy Officer, Welfare and Employment, Crisis

Background

Rationale for service design

The Tackling Multiple Disadvantage (TMD) project is designed to support homeless people experiencing multiple disadvantage to feel more able to pursue their employment goals. Individual barriers, such as housing instability and homelessness, offending history, health and wellbeing, all have a bearing on an individual's likelihood to enter into good quality work. However, cumulatively they also have an additive effect reducing the likelihood of entering good quality work as the number of vulnerabilities increase.

Few mainstream interventions such as the Work Programme appear equipped to effective address people's multiple issues directly. More generic forms of support do not appear to achieve the same level of quality outcomes as personalised support which is coordinated to address multiple needs. However there are few interventions that currently offered this level of intensity or integration, and fewer still operated at any scale.

By trying to untangle support offers into simple linear sequences, conventional programmes fail to recognise the complex two-way dependencies between vulnerabilities that often exist. In contrast, the Tackling Multiple Disadvantage project uses a highly personalised coaching methodology to improve the skills, resilience and employment prospects of people experiencing severe and multiple disadvantage. Testing whether providing a wraparound offer of support that is personalised to the individual may therefore allow support needs to be addressed more effectively.

Population

The TMD project will engage 600 clients living in North, East and West London boroughs. Eligible clients are single homeless people aged 25 and over. Three quarters (450 people) will have one or more additional support need relating to physical or mental ill health, substance misuse or an offending history.

There are also project specific targets for clients who are women; economically inactive; aged 50 or over; have a self-declared disability; or are from minority ethnic communities.

Project outputs:

There are 3 key outputs that the TMD project aims to support clients to achieve:

1) Job search activity (For those who were previously economically inactive)

2) Education or Training

3) Employment / Self Employment

    a) Sustained Employment 6 months

For the purposes of BBO, each of these outputs is an 'Exit' point from the project, and a client can typically only achieve 1 of these outputs on the TMD project. Clients who access employment or become self-employed will continue to receive in work support. Of course, it is entirely feasible for any single client to achieve any one or more of these.

Evaluation objectives

This evaluation seeks to test a validated delivery model designed by Crisis and the project partners; Crisis, St Mungo's, Thames Reach and Mind in the City, Hackney & Waltham Forest. The delivery model in underpinned by and highly personalised coaching methodology to improve the skills, resilience and employment prospects, with access to a range of support interventions, allowing the integration of counselling, training, volunteering, and job brokerage as well as other services.

The proposed research aims to facilitate understanding of what works in supporting people experiencing multiple or severe disadvantage in the labour market. The findings will provide insight on the effectiveness of the project and delivery model and make evidence based recommendations to inform future support for this group.

The research will also explore service users' experience of engaging with the service, the context in which they received support and what they have achieved from the support they have received. Covering such topics will provide the opportunity to identify good practice for project partners (including the Building Better Opportunities Fund), providers of employment support, and policy makers. From the findings, we will be able to generate lessons on future service delivery for this group.

The evaluation will achieve the following objectives:

- To conduct a literature review on the evidence available on the topic of employability skills for individuals who experience severe and multipole disadvantage.
- A process evaluation to explore what aspects of the service model have worked well, for what groups and the reasons behind this, and to draw out lessons about the delivery of employment support for individuals with complex needs.
- An impact evaluation to explore the extent to which the project aims and objectives were achieved, and whether there were any unexpected outcomes.
- To draw all the findings and analysis together in interim reports and a final report to identify what has worked, where, for whom and why, and to make recommendations based on the data, to enable project partners to develop and improve their service offer throughout the delivery period.

- To support the client and project partners to disseminate lessons and good practice identified in the research, both internally and externally.

Research design

Stages of research

The evaluation will consist of three distinct research elements: scoping research, and then two mixed method research waves. The first element of the research (scoping review) will provide the necessary background and context to the remainder of the evaluation. Findings from this element will inform the development of measures of success to be explored in wave one and wave two of the evaluation.

1) Scoping Research (August 2017 – December 2017)

- Agreed evaluation framework
- Literature Review
- Interviews with leads from each partner
- Local authority interviews
- **Interim report one**

2) Wave one research (March 2018 - December 2018)

- Frontline staff and peer mentor interviews
- Client interviews
- MI analysis
- **Interim report two**

3) Wave two research (April 2019 – December 2019)

- Client interviews
- 3 focus groups with staff and stakeholders
- MI analysis
- **Final report**

Scoping Research (August – December 2017)

The scoping stage will provide the basis with which to understand what the key success measures are, design appropriate research materials for following research waves and help identify any flawed assumptions and unintended outcomes in future research. It will also help to identify existing good practice and lessons learnt from past interventions, which can feed into project delivery.

Literature review (September – October 2017)

The literature review will examine existing literature, research and available evidence on the needs of individuals experiencing homelessness and multiple disadvantage and the interventions that have supported them to gain employment skills and move closer to the labour market. L&W will conduct desk based research to review the existing evidence base

(in western economies) for these issues particularly looking at the provision for the project target groups.

The purpose of the literature review is to establish key terms and provide the context about the needs of the cohorts and how these have been addressed. The literature review will be included in, and provide context for, the final report, and will also inform the development of the subsequent qualitative and quantitative evaluation elements.

The literature review will present:

- Profiles and statistics demonstrating the prevalence of severe and multiple disadvantage and homelessness.
- Synthesis of findings from identified research of existing support interventions for this client group, including any evidence of experiences and outcomes in mainstream employability programmes.
- A full bibliography of published Grey and Academic literature.

Next steps and outputs:
➢ The evaluation team will compile the first draft of the literature review to be circulated by the end of October 2017.
➢ Literature review to feature in the interim report and an updated version to be included in the final published report.

Interviews with strategic leads (September – October 2017)

As part of the scoping stage, the evaluation team will undertake 4 qualitative depth interviews with strategic leads at each of the project partners (Crisis, St. Mungo's, Thames Reach, Mind in the City, Hackney & Waltham Forest). The purpose of these interviews is to gain a detailed understanding of the policy intent behind the Tackling Multiple Disadvantage project, obtain early insights into how the policy intent is being translated into live running and explore how the project fits with current provision. Therefore the interviews will explore:

- Key policy drivers and needs that the TMD project is seeking to address.
- The rationale for the service model design.
- Current service provision for individuals experiencing multiple disadvantage; how TMD departs from existing delivery models and integrates with other support locally.
- Anticipated outcomes to be achieved through the TMD project and definitions of success criteria.

These interviews would last between 45-60 minutes and be conducted by telephone or face-to-face depending on interviewee preference.

Next steps and outputs:
Subsequent elements of the evaluation are likely to benefit from information gathered from these key stakeholders. Interview findings are likely to illuminate aspects of the desk based research and literature review which relate to service provision and existing good practice examples, so will be scheduled prior to the final literature review draft:

- L&W to construct interview topic guide in early September 2017 and circulate to the Crisis evaluation lead for agreement.
- Interviews to be completed by end of November 2017

Local authority interviews (October – November 2017)

In the final element of the scoping stage, Learning and Work (L&W) will conduct six depth interviews across North, East and West London, with a representative from different local authorities. It was originally anticipated that focus groups would be held, however, in order to get the level of detail sought from this stage of the scoping phase, in-depth interviews were felt to be a better methodological approach. The purpose of these interviews is to explore differences in service provision at the local level.

These interviews will explore:

- the needs of homeless people with multiple disadvantage

- respondent's views of the perceived benefits and challenges of the TMD approach and fit within local service provision

- define a broader set of success criteria that programmes like TMD could achieve (including implications for service intergration and coordination)

Respondents selected for interviews will represent the provision available for the target group in each of the local authorities concerned. These will include, employment and skills services, housing and homelessness support, adult social care, and addiction service.

Next steps and outputs:
- L&W to draft topic guide for interviews in and circulate to Crisis' evaluation lead
- L&W to liaise with Crisis about respondent selection
- L&W to send out a briefing to aid participant's understanding of their involvement
- Interviews to commence in November 2017

Qualitative research (Wave 1 and Wave 2)

Wave one and wave two of the evaluation will synthesize qualitative and quantitative research to present a full understanding of how the Tackling Multiple Disadvantage project impacts the lives of clients. Qualitative research will explore what is being delivered and how it has supported homeless individuals experiencing multiple disadvantage.

Experiences and views will be sought from a range of stakeholders throughout the evaluation including:

- Project strategic stakeholders
- Frontline coaching staff
- Peer mentors
- Project clients
- Local authority leads
- Other key local stakeholders

In-depth research with frontline staff (Spring 2018)

L&W will conduct qualitative interviews with a coach and a peer mentor at each of project partners (Crisis, St. Mungo, Thames Reach, Mind in the City, Hackney & Waltham Forest). These interviews will take place in Summer 2018, after one year of project delivery.

The in-depth interviews will draw on frontline staff's experience of delivering support to provide rich data and understanding of how the support contrasts to existing provision, explore the effectiveness of the support model, wider factors affecting delivery and views on improvements.

The interviews will provide:

- A description of clients who have engaged with the project and an outline of their array of support needs
- A detailed overview of the service delivery model and support elements offered throughout the project
- An outline of outcomes achieved for clients
- Views of key strengths of the service, lessons learned in delivery and how the support model could be refined

These interviews would last between 45-60 minutes and conducted by telephone or face-to-face at a suitable time for the interviewees.

Next steps and outputs

- ➢ L&W to construct a topic guide for interviews (March 2018)
- ➢ L&W to send out a briefing to aid participant's understanding of their involvement (April/May 2018)
- ➢ Interviews to commence in May 2018

Qualitative client research (Wave 1: Spring 2018; Autumn 2018. Wave 2: Spring 2019; Autumn 2019.)

To get a full understanding of a client's journey through Tackling Multiple Disadvantage project and the influence it might have on confidence, wellbeing and employability we seek to establish a panel of 20 project clients for repeated qualitative interviews.

L&W will conduct 15 interviews between April and May 2018 and 15 interviews between September and October 2018 in order to capture experiences at different stages of delivery. It is anticipated from these we will secure 20 follow-up interviews after 12 months to track their progress. A total of 20 'standalone' (non-longitudinal) qualitative interviews will be carried, to accommodate panel attrition.

We will use a modest incentive of a £10 gift voucher at each wave to encourage continued participation.

The purpose of these interviews would be to explore:

- Individual pathways into and through support (identifying barriers to accessing support, how these were overcome and client perception of referral routes and services)
- Underlying and changing client needs through support
- Experiences of support delivery and the extent to which it was adapted to changes in client needs and circumstances
- Changes in wellbeing (emotional health and resilience to pursue employment goals)

Interviews would last for 45 minutes and be carried out over the telephone or face-to-face, based on the preference of the individual interviewee.

The second round of interviews would track changes in client's wellbeing, independence, economic situation and distance travelled. Some questions will be revisited during the second wave of interviews, and we would add new questions as needed to reflect emerging research findings or contextual factors which have affected delivery.

Sampling

Crisis will share TMD monitoring data with L&W as it is compiled to enable sampling for interviews across the 4 delivery partners. To ensure that characteristics can be properly sampled, L&W must have consent from all clients to have their contact details shared with the evaluators.

The primary sample matrix will sample across a range of project characteristics and delivery areas. The table below outlines a guideline of the minimum numbers of interviews that we could conduct across the range of project characteristics and delivery areas:

Table 1. Proposed sample frame for client interviews (minimum target interviews shown)

	North London	East London	West London	Total
Multiple needs	11	11	11	33
Physical health	8	8	8	24
Mental health	8	8	8	24
History of addiction	8	8	8	24
Offending history	8	8	8	24
Total	12	12	12	36 (of 40)

The sample frame would also incorporate secondary criteria for the TMD project's target populations. As a minimum, we would expect to conduct at least 15 interviews with female

clients, those who are long term unemployed, those who are economically inactive, clients aged over 50, have a disability, and/or come from a black and minority ethnic population.

Research interview practice

Enabling participation through informed consent

L&W researchers are required to ensure that clients are informed of the aims and objectives of the research at the point of recruitment and prior to commencement of the fieldwork. In addition, L&W endeavours to provide information about the research in accessible formats, with consideration for the linguistic and access needs of clients.

As part of this we will state explicitly that if they wish, respondents can choose for someone else to be present during the interview or to answer any questions on their behalf. We will ask clients if they require any other special arrangements, for example having an interpreter present and/or taking breaks during the interview.

Due to the potential involvement of individuals who may not have the mental capacity to provide genuine informed consent (for example, due to having Learning Difficulties or Disability), it will be necessary to ensure processes are in place to appropriately secure consent. In this instance, we would seek to gain consent from an appropriate legal guardian. L&W will work closely with Crisis and project partners to identify the most appropriate approach to engage with these individuals.

Working with vulnerable groups and avoiding personal harm

L&W also has particular protocols for undertaking research with vulnerable and sensitive groups. When working with vulnerable and sensitive groups L&W researchers aim to take special care to protect the interests of those with mental health issues, those with disabilities and learning difficulties, the elderly and other vulnerable groups and make special arrangements for clients with diminished capacity or when a person's understanding is limited due to age or learning difficulties.

Prior to any fieldwork with service users, L&W will engage with Crisis and project partners to identify and plan for issues that may encountered when interacting with the service users involved in this research. Such issues will include breaking confidence and escalation procedures, recruitment and fieldwork conduct, and post-interview sign-posting (i.e. information leaflets, online resources, etc).

Client involvement

Where possible and appropriate, L&W will engage with partner organisations to involve clients in the evaluation through the testing of research materials. L&W will circulate the topic guide for interviews prior to the fieldwork period for client feedback to ensure the tools are accessible and useful.

Next steps and outputs:
- ➤ Crisis to check partner's existing consent about sharing client contact details with L&W for qualitative interviews
- ➤ TMD project workers to identify key peer researchers across the partners who may wish to consult on the development of participant topic guides

- ➢ A suitable sample frame will be finalised following discussion with Crisis.
- ➢ Learning and Work to circulate fieldwork materials and interview topic guides with included comments from peer researchers prior to Spring 2018 fieldwork
- ➢ Learning and Work to provide regular feedback on field progress and emerging findings during monthly KIT meetings

Focus groups with project staff and local authority representatives (October 2019)

We will conduct three focus groups, one in North, East and West London towards the end of the project period. These focus groups will be attended by project leads and frontline staff at each partner organisation as well as local authority representatives.

The purpose of these focus groups is to:

- reflect on the delivery and experience of the project
- discuss the extent to which outcomes were achieved, how support led to intended outcomes, impact of contextual factors
- identify lessons learnt for future delivery of employability support in the homelessness sector

The focus group will be run by two members of the evaluation team and be guided by a topic guide. Other materials and activities will be prepared in advance to ensure useful and relevant insight is collected throughout.

Next steps and outputs
- ➢ L&W to construct a topic guide agreed by Crisis in September 2019
- ➢ Focus group clients agreed by Crisis
- ➢ Focus group briefing to be sent to participants to provide information regarding their participation
- ➢ Focus groups to commence in October 2019

Analysis

All qualitative data will be analysed using the Framework approach, which facilitates robust qualitative data management and analysis by case and theme within an overall matrix. Matrices will be developed through familiarisation with the data and identification of emerging issues. These will enable the team to establish the range of experiences and views across different claimant subgroups and what drives both convergence and divergence of experience.

Quantitative research

Management information review and advice

The evaluation team will conduct a detailed sense check of existing available management information data, the variables being collected, identifying any gaps or enhancements that could be implemented. We would want to use MI which has been collected from the start of the project wherever possible. However, we would want to interrogate the existing variables

to ensure that they allow full measurement of all the overall success measures which should include:

- Whether clients have seen an improvement in confidence, self-esteem or motivation;
- have improved employability skills; and
- job outcomes – using a follow up survey after a client leaves the project

There are 3 key outputs that the TMD project are aiming to support clients to achieve:

- Jobsearch (Economically inactive move into)
- Education or Training
- Employment / Self Employment

Each of these outputs is an Exit point from the project, and a client can typically only achieve 1 of these outputs. We would like to facilitate an understanding of client's journeys after they have been 'exited' from the TMD project, particularly those who have exited under the outcome of a client becoming ready to jobsearch from being economically inactive and moving into employment or self-employment to measure sustainability. This requires Crisis and partners to agree to share internal monitoring data with L&W as well as TMD monitoring data. Partners will need to sign an additional data sharing arrangement with L&W for this purpose.

For the above the MI will also need to collect characteristic details. These details are important to help benchmark the project against other similar projects:

- Benefit claimed at referral (JSA/ESA/Lone parents claiming income support).
- Highest qualification level at referral
- Health: physical/mental health issues
- If an ex-offender
- Family status by number of children
- Ethnic group, first language and faith

Recognising that MI is often collected by front line service providers, who operate under different pressures, and collect MI for purposes not limited to evaluation, we would routinely provide active second tier support to ensure data quality and consistency. This may involve working closely with partners to add value to existing data capture processes. This would include:

- Reviewing data capture materials and advising on refinement and potential issues for the process
- Providing clear evaluation guidance to achieve consistency, quality, and robustness in data collection
- Allowing providers direct access to the evaluation team should individual providers require specific support

Comparative analysis/benchmarking

L&W has gathered performance and unit cost data from a variety of evaluations that we have conducted for similar projects in London and the rest of the country and from a GLA sponsored project that gathered performance and unit cost data for every single ESF project

between 2007 and 2014 (we will benchmark against those programmes that are most similar).

We will develop an excel-based visual tool. By displaying performance against key indicators using excel based visual dashboards, will allow immediate analysis of the latest collected data and allow project administrators to react to trends and potential performance issues at the earliest possible stage.

We will use proxy indicators from published sources to address gaps in the MI (if needed) in order to supplement our outcomes analysis:

- DWP statistics by local authority: proportions claiming various benefits
- Annual Population Survey or Census (dependent on robustness) by local authority: highest qualification level of residents
- ESA statistics by local authority by condition: proportions with physical/mental health issues
- Ministry of Justice statistics on proportions of ex-offenders by LA
- Annual Population Survey (Household version) or Census for family status by number of children
- Local Authority Housing Returns (CLG) for temporary accommodation and homeless statistics

Employability outcomes analysis

Following from our data review during initial project scoping we will use management information to assess the performance of the project in terms of clients engaged, training and qualification achievements and jobs started. This will allow us to draw headline conclusions on the performance of the project in terms of getting clients closer to the labour market and ultimately entering into a job.

Analysis of confidence, self-esteem or motivation

To measure whether clients have seen an improvement in confidence, self-esteem or motivation we will employ the Homelessness Outcomes Star tool.

While practical changes in a person's circumstances, like starting work or beginning an education placement are very important, it is the change that takes place within the individual that is the key ingredient in achieving a more permanent, self-sustained independence and happiness.

The Homelessness Outcome Star aims to measure this. It is a tool to measure change when working with people and focuses on ten core areas that have been found to be critical when supporting people to move away from homelessness:

1. Motivation and taking responsibility
2. Self-care and living skills
3. Managing money and personal administration
4. Social networks and relationships
5. Drug and alcohol misuse
6. Physical health
7. Emotional and mental health
8. Meaningful use of time
9. Managing tenancy and accommodation

10. Offending

For each core area, there is a ten-point scale that measures where the client is on their journey towards addressing each area. The Outcomes Star has user friendly scales called ladders and detailed descriptions for each of the scale points, plus key points to help identify where a client is in each of the outcome areas.

The Outcomes Star is designed for an outcome approach such as the Tackling Multiple Disadvantage Project. It helps to measure success and provides information to improve service delivery as well as being a tool to demonstrate the value of the service.

We will revisit the Outcomes Star every 6 months and on exit of the service. Comparing the first and last star will give a clear picture of the outcomes for that client.

OUTPUTS
Evaluation framework (December 2017)

This evaluation framework will be drafted to be agreed by Crisis and the project partners. The evaluation team will present the approach and framework at the first partners meeting.

This draft document provides detail for each stage of the evaluation and single evaluation timetable specifying tasks, the organisation responsible for delivering individual tasks, and a delivery date. The evaluation framework also includes a 'live' issues log which will identify, track and monitor issues and actions as they arise. The final evaluation framework will be completed in December 2018 and will feature finalised details and form part of the first Interim Report.

Interim reports (December 2017; December 2018)

There will be two interim reports completed at the end of each calendar year (2017 and 2018) prior to the final report. The first report will include: the finalised evaluation framework; findings from the literature review; and scoping research with stakeholders and providers. The second interim report will set out findings from an analysis of the MI data and qualitative findings from frontline staff and client interviews.

These interim evaluation reports will include areas for consideration and recommendations as headline findings to enable partners to identify issues and improve delivery where possible. This approach enables project learning to directly impact and improve current practice.

Final report (January 2020)

The final report draft will be submitted in December 2019, in line with project closure. The final report will be amended and redrafted following comments and agreed by the end of January 2019.

The report will set out the qualitative and quantitative findings from all stages of the research. It will include:

- An assessment of the impact of Tacking Multiple Disadvantage project on outcomes for clients, including what elements of the model proved particularly effective in achieving these, and a comparative analysis with other similar programmes
- Clients own perceptions of the project, their views on its benefits and their satisfaction with it, comparing this to previous support where relevant
- Our assessment of the effectiveness of its design, implementation and delivery – including the key lessons and recommendations for the future design of provision and programmes

Dissemination

The final report will be published on L&W's website and promoted through L&W's social media accounts and monthly mail outs to the 8,000 subscribers.

The annual Into Work convention brings together practitioners, policy leads and stakeholders to discuss and highlight good practice in employment, skills, justice and health. The project focus on 'what works' to support individuals facing multiple disadvantage to improve their employability will support the development of other projects. We propose that Crisis and partners run a session about the project to disseminate lessons learnt, either during, or at the end of delivery.

In addition, L&W's events team could, for added value, organise a roundtable seminar with key policy and practitioner experts to discuss the project findings, half way through or at the end of delivery. This will be promoted through our networks, and build on our existing events and seminars package.

Timetable:

Table 1: Table of key dates

	Dates
Inception meeting	July 2017
First meeting – evaluation framework agreed	September 2017
Literature review completed	October 2017
Interviews with leads	October / November 2017
Local service interviews	November 2017
Interim report 1	December 2017
Frontline staff and peer mentor interviews	May 2018
Client interviews	April / May 2018
	September / October 2018
Interim report 2	December 2018
Client (repeat) interviews	April 2019; September 2019
Focus groups with staff and local authority leads	October 2019
Agree final report structure	October 2019 – November 2019
Draft final report	December 2019
Final report submitted	January 2020

	2017						2018												2019												2020
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
Project Management																															
Inception Meeting	■																														
Monthly KITs	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■		
Scoping Research																															
Agree evaluation framework			■																												
Literature Review			■	■																											
Interviews with lead(s) from each partner			■																												
Local authority interviews				■	■																										
Interim report one						■																									
Wave one research																															
Frontline staff and peer mentor interviews									■																						
Client interviews										■	■				■	■															
MI analysis																															
Interim report two																	■														
Wave two research																															
Client interviews																						■					■				
Focus groups with staff and stakeholders x 3																												■			
MI analysis																	■	■									■	■	■		
Agree final report structure																												■			
Draft final report																														■	

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Final report submitted																																					

Risk Management – issues log

Our assessment of key project risks, and how we would manage these, is set out below. We place great importance on ensuring that a full appreciation of the risks is undertaken at the start of the project and reviewed on an ongoing basis. As part of this framework, we have drafted a 'live' risk log which will identify, track and monitor issues and actions as they arise throughout the course of the evaluation.

Each risk is prioritised according to its likelihood of occurrence and potential impact. This meeting will be followed by an internal meeting of the Learning and Work Institute project team to brief them on client requirements and to discuss the methodology, timetable and team roles in detail.

As part of the proposed monthly 'KITs', we will provide an update against the project plan highlighting the tasks that have been completed as well as the emerging findings from the research up to that point. Conducting updates of this sort ensures transparency and allows for any concerns to be dealt with as they arise, rather than if, or when they begin to disrupt the evaluation.

We revise and refresh our risk assessment throughout the project, and will notify the client, through monthly meetings, or sooner if required, of any issues that could affect the delivery of the project. If this occurs, we will also set out proposals to deal with this for discussion and agreement.

The table below sets out the key risks attached to the evaluation and what we will do to mitigate them. The impact and likelihood of each risk occurring is scored on a scale low, medium and high.

A separate Issues log will also be maintained to track actions and issues as they arise. A copy of the Issues log will be shared with the Crisis Evaluation Manager. The Issues log will incorporate further action that is required, assign responsibility, provide an outline of progress to date, and when (to be) resolved.

Risk	Likel-ihood	Impact	Countermeasures and contingencies
Research does not answer research questions	M	H	- Literature review to inform all research instruments. - Careful and collaborative topic guide design, revisions after initial interviews to ensure accessing appropriate depth. - Careful MI review by L&W analytical experts and consultation with the Crisis and project partner to ensure MI systems capture appropriate information.
Difficulty recruiting clients for client interviews	M	H	- Over-sampling in qualitative research. - Alternative recruitment strategies suggested if Crisis/client provided sampling frame is not sufficient drawing on L&W's existing professional networks. - Materials designed to encourage participation. Anonymity and confidentiality strongly emphasised. - Recruitment progress monitored and discussed with Crisis and project partners. - Contingency plan of drawing additional sample for qualitative research to be discussed with Crisis and project partners if recruitment is not proceeding as anticipated.
Low response to survey / insufficient numbers for qualitative interviews	M	H	- Flexibility to arrange appointments at times convenient to clients. - Interviews offered F2F or telephone around respondent preference. - SMS reminders sent prior to interviews. - Thank-you incentive offered for qualitative interactions with service users
Lack of clarity/poor understanding of project objectives	L	H	- Understanding of aims and objectives set out in section. - Research objectives to be revisited with Crisis project management inception. - Close working with Crisis and project partners at every stage to ensure a shared understanding of project requirements.
Project non-compliant with ethics /safeguarding protocols	L	H	- L&W has a robust ethical governance procedure in place. - Thorough safeguarding protocols for researchers and clients in place including fieldwork safety monitoring system and full DBS checks.
Loss of key staff in lifetime of pilot	L	L	- L&W hold sufficient similarly experienced research / subject specialists to cover for unexpected absence. - Detailed handover for replacement staff and clear recording of project documentation in secure network folders.

Tight timetable /external delay to timetable	L	L	- Detailed timetable to be agreed at outset clearly showing deadlines and responsibilities. - Close monitoring of progress against the timetable so that any potential slippage is detected early and discussed with Crisis. - Data required from Crisis and project partners clearly outlined and agreed at inception and timings for data receipt agreed.
Non-compliance with data security requirements	L	H	- L&W fully comply with DWP data security requirements, which we apply to all projects. - Use of encrypted digital recorders - L&W support full encryption of transfer and storage of data.
Complaints issued	L	L	Complaints logged by L&W and receive a response within 10 working days. Complaints and proposed corrective actions discussed with Crisis and project partners.