

Fulfilling Lives: Supporting people with multiple needs

Evaluation Report: Year 1

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OVERVIEW OF REPORT

This section provides an overview of the contents of the full report.

This section outlines the contents of the full report. It is not meant to present a standalone summary of the findings but rather a guide to sourcing further information. The Introduction outlines the background to the *Fulfilling Lives: Supporting people with multiple needs* programme hereafter referred to as Fulfilling Lives (multiple needs). It details the outcomes the programme aims to achieve and states the key principles which underpin both the vision of the initiative and the business plans of the funded project areas. The process undertaken by the Big Lottery Fund (the Fund) for selecting the funded projects is also detailed. The implementation of both projects and the national evaluation is described in the Introduction, with focuses in particular on progress to date.

The Service user involvement section describes how service users are involved in the national evaluation, specifically in regard to the service user survey and the national peer research project. The service user survey is a national evaluation tool undertaken over three sampling points to collect information from the clients of funded project about the experience of the services they receive or would like to receive. The national evaluation team supports one peer-led research project every year of the programme. In the first year the project focused on the involvement of service users in the recruitment process during the initial set-up of the 12 funded projects. The section details the process of this first project but findings from the research were not yet available at the time of writing.

The Project overview section details the type and number of clients that projects will work with and the ways in which they will do so to achieve the programme's objectives. Each project is unique and deals with varying numbers of clients in different ways. Key features across the programme as a whole include the use of: peer mentors, assertive outreach, provision of personal budgets, service navigators and psychologically informed environments.

The national evaluation requires each funded project to provide data on beneficiaries on a quarterly basis. Chapter four, Profile of beneficiaries, provides our initial findings from the 2014 data submissions. Beneficiary characteristics, types of support accessed and baseline results from utilising the Homelessness Outcomes Star tool are detailed.

Interviews with lead staff and key stakeholders from each project provide an overview of the system of support available to individuals with multiple needs prior to the inception the programme. The findings are provided in the section Current support for multiple needs .

Chapter six, Project implementation: Emerging issues, summarises issues which have emerged within the first year of implementation and discusses how projects are seeking to address them. Key issues include: varying levels of need, working with individuals with no



recourse to public funds, restrictions on inclusion to projects due to definitions applied, the definition and application of system change, the complexity of multi-agency working, workforce development, engaging health services, housing and local connections, and reliance on welfare support.

The final chapter details Concluding remarks and next steps in regards to the national evaluation.

01. INTRODUCTION

This section explains the programme background, key elements of the evaluation design and details the content of the report.

This report is prepared for the Big Lottery Fund (the Fund) by the national evaluation team and provides emerging findings and lessons learned from the first year of the national evaluation of the *Fulfilling Lives: Supporting people with multiple needs* initiative hereafter referred to as Fulfilling Lives (multiple needs).

Programme background

The Fund is investing up to £112m in 12 areas of England to improve the lives of people experiencing multiple needs (MN). For the purpose of the initiative, MN is defined by the Fund as having at least two of: homelessness, offending history, problematic substance or alcohol misuse, and mental ill health. The investment is for a period of between 5-8 years in selected areas which have a high concentration of people experiencing MN, and is intended to improve the way that services are coordinated and delivered to individuals so that they are better able to manage their lives.

The programme aims to achieve the following outcomes:

1. People with MN are able to manage their lives better through access to more person centred and co-ordinated services.
2. Services are more tailored and better connected and will empower users to fully take part in effective service design and delivery.
3. Shared learning and the improved measurement of outcomes for people with MN will demonstrate the impact of service models to key stakeholders.

The Fund set out five key principles which must underpin the vision and detailed business plans of areas supported through the Fulfilling Lives (multiple needs) programme:

1. Taking a **whole person approach**: address the whole combination of factors that affect the person in a way that is simple and straightforward for individuals to navigate with a single access point.
2. Is **asset based**: assumes that people can improve their own circumstances and life chances with the right support.
3. **Engages service users** themselves in every aspect of the design and delivery of services.
4. Ensure that all the agencies providing elements of this service are **providing a tailored, holistic and connected service**.
5. Better **co-ordination of provision**, between those delivering services (both statutory and voluntary sector) and those commissioning services.

The investment is intended to help those most in need, and achieve a lasting impact that can influence the way that services are commissioned and how they operate in the future. For further information see http://www.biglotteryfund.org.uk/prog_complex_needs.

PROJECT SELECTION PROCESS

Fulfilling Lives (multiple needs) funds areas in England with identifiably high need in terms of individuals experiencing MN. The Fund designed and implemented a methodology to select geographical areas, and projects within them, to fund as outlined.

Each of the nine regions were provided with the opportunity to bid for funding. The number of bids each region was allowed to put forward was based on a) the overall size of the population and b) the size of the population living in 20% deprived wards. In total twenty bids were allowed, two from each region except London and the North West who were provided with three each due to their large and deprived populations overall.

Within each region the Fund's policy and regional teams and key stakeholders used a range of existing data to identify individual local authorities or clusters of local authorities where there were perceived¹ high concentrations of people with MN. Additional factors were also considered which included the strength of existing organisations and quality of service delivery, and the involvement level of local authorities and Primary Care Trusts (PCT)².

The Fund then selected local providers in the twenty areas to develop bids including safeguards for geographic spread across towns, sub-regions and counties. Fifteen target areas were originally selected: Birmingham; Blackpool; Brighton and Hove, Eastbourne and Hastings; Bristol; Camden and Islington; Great Yarmouth; Lambeth, Southwark and Lewisham; Liverpool; Manchester; Newcastle and Gateshead; Nottingham; Plymouth; Stoke-On-Trent; Tees Valley and the West Yorkshire sub-region.

Each partnership was required to have a single voluntary sector agency leading it and to take responsibility for *'bringing together a range of activities targeting those people with the most entrenched problems within their identified area.'*

The fifteen areas selected were asked to submit a Vision and Strategy document to the Fund that demonstrated how they would achieve these outcomes. Each bid went through a rigorous application and assessment process and in total 12 of the 15 partnership areas received funding. The twelve areas which received funding from the Fund were: Birmingham; Blackpool; Brighton and Hove, Eastbourne and Hastings; Bristol; Camden and Islington; Lambeth, Southwark and Lewisham; Liverpool; Manchester; Newcastle and Gateshead; Nottingham; Stoke-On-Trent; and the West Yorkshire sub-region.

¹ It is recognised that there is no single national dataset for individuals with MN with a variety of datasets drawn upon

² Primary Care Trusts were abolished in 2013 with their work taken over by Clinical Commissioning Groups

PROJECT IMPLEMENTATION

In the first year of implementation projects have largely concluded preparatory activity and are now starting to engage service users. The nature of the preparation required varied by project dependent upon the model of service required, although almost all projects needed to recruit and/or second staff, volunteers and peer mentors. Some projects also needed to acquire premises to work from whilst others were required to identify places of work across multiple sites from which delivery would occur. The scale of these tasks varied across projects. It follows that each project commenced engagement with service users at different points throughout the last year; the first project began working with beneficiaries in May 2014 and the last in December 2014. The number of target and actual beneficiaries per project therefore varies from less than five to over a hundred³.

Each project works within a core and often extended partnership, with lead organisations concentrating their resources on developing these in the first year of delivery. Communities of practice, steering groups, operational groups, stakeholder meetings and Action Learning Sets have been designed and convened by both projects and the national evaluation team in order to ensure each project delivers upon its aims and objectives.

The majority of projects have commissioned an organisation to undertake their local evaluation. Local evaluations vary considerably by project in regards to scale, scope and delivery. Some projects have commissioned consultants to work directly with expert citizens who will undertake the local evaluation; others are working with field experts to evaluate certain elements of their core delivery models, for example, psychologically informed environments (PIE), social return on investment or cost-benefit analysis. Others have elected to work with evaluation experts to cover their whole delivery programme.

The national evaluation

The national evaluation involves detailed research with locally led delivery projects to track and assess the achievements of the initiative and to estimate the extent to which these are attributable to the projects and interventions. The evaluation team is led by CFE Research working in partnership with the University of Sheffield, fieldwork specialists QA Research and CPEA (Social Care, Children's Services and Management Associates). The evaluation will run from April 2013 to March 2022.

METHOD

The national evaluation has been designed to determine the degree to which the initiative is successfully achieving its aims and how they are being achieved. The evaluation will be both *formative* and *summative* in nature, in that, it will inform the ongoing design and

³ At the time of writing, data had been received from all projects up to the period the end of December 2014. Data submissions for the first quarter of 2015 are due on the 17th April and therefore do not feature within this report.

delivery of Fulfilling Lives (multiple needs) and its component projects as well as assess overall achievements and value for money to inform future decision and policy making. Within this context, the evaluation has a number of objectives:

- *To track and assess the achievements of the initiative and to estimate the extent to which these are attributable to the projects and interventions delivered.*
- *To calculate the costs of the projects and the corresponding value of benefits to the exchequer and wider society. This will enable an assessment of value for money of the programme and for individual interventions.*
- *To identify what interventions and approaches work well, for which people, families and communities and in which circumstances and contexts.*
- *To assess the extent to which the Big Lottery Fund's principles are incorporated into project design and delivery and to determine the degree to which these principles affect successful delivery and outcomes.*
- *To explore project implementation, understand problems faced and to facilitate the identification of solutions and lessons learned.*

To meet these objectives the evaluation comprises a number of activities which are described below:

COMMON MEASUREMENT FRAMEWORK AND TOOLS

In order to track the progress of funded projects and provide a basis for quantifying project outputs, a Common Data Framework (CDF) has been designed and implemented across all 12 projects to facilitate robust and comparable monitoring. The CDF was designed following extensive consultation with individual projects, the Evaluation Steering Group and the Fund. The finalised CDF comprises the following elements:

- ***The Homelessness Outcomes Star⁴(HOS) and New Directions Team (NDT) Assessment⁵***: *Each project is required to undertake a HOS and NDT Assessment with service users at the outset of their engagement with the project and on six monthly intervals thereafter to track and measure changes in outcomes over time. Training in the application of both tools is delivered by the national evaluation team with the support of Homeless Link.*
- ***Administrative data on use of key public services***: *This data will support our cost-effectiveness analysis by allowing us to draw upon standard unit costs for the services accessed by those individuals supported by projects both in the 12 months prior to their initial involvement with the project and for the period they remain engaged with the initiative. The cost of service use will be tracked over time to assess whether there is any change, with data collected by projects and provided to the national evaluation team on a quarterly basis.*

⁴ The Homelessness Outcomes Star was developed by Triangle Consulting in conjunction with relevant service delivery experts (including service users). Further information can be found here: <http://www.outcomesstar.org.uk/about-the-outcomes-star/>

⁵ Further information can be found here: <http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf>

- **The service user record:** This provides information on the individual service user and their engagement with the project including demographic characteristics.

Service user surveys will also be undertaken to complement the CDF data.

SERVICE USER SURVEY

The national evaluation will include a longitudinal survey of service users over the lifetime of the project. The survey will be undertaken at three points:

- **Sampling Point A (SPA):** 4-6 months after initial engagement with a project (target sample of 1,872)
- **Sampling Point B (SPB):** 12 months after initial engagement with a project (target sample of 1,310)
- **Sampling Point C (SPC):** 24 months after initial engagement with a project (target sample of 655)

The surveys will collect data mainly relating to how service users navigate and experience services (the system) rather than a service user's individual personal story, as well as the impact that these services have on their well-being. The surveys will be undertaken by a group of peer researchers recruited, trained and deployed by the national evaluation team. Extensive monitoring and quality assurance of all outputs will be undertaken. The design of the content of the surveys and their delivery was informed by extensive consultation with service users (please see Section 2 for further information).

QUALITATIVE RESEARCH

Qualitative research will provide detailed information on 'what works, with whom and in what context'. Case studies, in-depth interviews and 'deep dives' will be the primary methodologies utilised. All projects will be included in the qualitative research with data being collected from: service users, project staff and project organisations. The qualitative strand of the national evaluation is at an early stage of implementation, with full data collection due to commence in July 2015.

THE COUNTERFACTUAL

To help ascertain the impact of the Fulfilling Lives (multiple needs) initiative a counterfactual group of service users has been established. A Randomised Control Trial was ruled out by the Fund and the national evaluation team instead drew upon the features of quasi-experimental design to identify a comparison group that is representative of the group receiving support from the initiative. Where necessary, control for any non-equivalence will be applied through statistical procedures.

Six counterfactual areas were identified drawing upon similar processes to that implemented by the Fund in the initial identification of potential project areas. This included detailed consideration of the economic and social deprivation of project areas and

incidence of multiple and complex needs defined by statistics on homelessness, mental health, drug/alcohol treatment and reoffending rates. Six areas were selected to provide two 'seaside' areas (Bournemouth and Southend-on-Sea), two London boroughs (Brent and Enfield) and two cities/towns (Bolton and Sheffield). Organisations that work with service users in the fields of homelessness, offending, mental ill health and problematic substance use were identified within the six areas following a comprehensive mapping exercise.

The counterfactual will be administered in three waves – each lasting two years. Over the six years of counterfactual research service users within the sample will go through a 'matching process' to create a sub-set that are equivalent to the treatment group on severity of need. Counterfactual organisations will participate in all aspects of the CDF although they will collect a reduced amount of data so as not to over-burden those who may not have sufficient resource in place.

LEARNING PROGRAMME

A comprehensive learning programme runs alongside national evaluation activities. Each year a number of face-to-face seminars ('what works workshops'), webinars and Action Learning Sets are held. In addition, Good Practice Guides and blogs are written and an online observatory of resources is compiled. Every two years a conference will also be held to showcase the programme's achievements and share key learning. Collectively these learning activities support the achievement of the ambitions of both individual projects and the Fund. A full list of activities delivered to date is provided in Appendix 1: Learning programme activities

IMPLEMENTATION TO DATE

The national evaluation is at an early stage of implementation with a number of activities undertaken. Initial activity has included a Rapid Evidence Assessment of current and best practice across the four domains of multiple and complex needs. This was accompanied by scoping interviews with project leads and key stakeholders. These activities helped to scope and inform the design of the Theory of Change, evaluation outcomes and key indicators, and CDF. The CDF has been disseminated to funded projects and to date two quarterly data submissions have been provided. The national evaluation team has thoroughly reviewed project data and implemented minor revisions and refinements to the CDF in consultation with projects to enhance the quality of the data provided.

The overarching design of the counterfactual has been completed and, at the time of writing, 11 organisations have been recruited to participate from the areas identified. Comprehensive data collection and training materials have been designed, with all training activity completed with the pilot area (Southend-on-Sea) which is due to commence data collection in April 2015. The remaining counterfactual areas will be trained in the coming months with data collection due to commence in July 2015.

The Sampling Point A survey has been designed, cognitively tested and piloted with a cohort of service users from projects. Peer researchers from each project area have been trained to disseminate the surveys, with initial fieldwork due to commence in April 2015.

Alongside the design and implementation of evaluation tools and processes, various learning activities have been undertaken with a diverse range of project staff in response to needs identified through our ongoing monitoring of activity at the partnership level.

This report

This report sets out the context in which the national evaluation has been implemented. After the introduction the report is structured as follows: **Section 2** describes how people with ‘lived’ experience of multiple needs have contributed to the design and delivery of the evaluation; **Section 3** provides a synopsis of the key features of each project; **Section 4** summarises initial data on the number of beneficiaries supported by projects to date and provides a description of their characteristics; **Section 5** sets out the baseline position in terms of systems of support for people with multiple needs; **Section 6** discusses issues which have emerged in the implementation of Fulfilling Lives (multiple needs); and **Section 7** provides concluding remarks and summarises next steps for the national evaluation.

02. SERVICE USER INVOLVEMENT

This section outlines the importance of service user involvement within the national evaluation. We describe how people with ‘lived experience’ of multiple needs have contributed to the design and delivery of the evaluation so far and future plans.

The Fund set out a requirement to involve people who are experiencing MN or who have done so in the past. In this context, the involvement of service users is at the heart of both service delivery *and* evaluation. The Fund has produced a Good Practice Guide for User involvement in research which sets out the following advantages and disadvantages⁶:

Advantages of involving service users in research	Disadvantages of involving service users in research
<ul style="list-style-type: none"> – Involving beneficiaries empowers them – People are given the opportunity to learn new skills and build confidence – People are exposed to new experiences and opportunities – Shapes research according to needs and views of beneficiaries – Users can monitor progress of the research, address problems and provide useful feedback – Helps projects to get better insights into their experiences – useful when the project team is considering the potential impacts of approaches and techniques on beneficiaries 	<ul style="list-style-type: none"> – People may not wish to be involved – Researchers have to adopt a different role – that of supporting rather than doing – Expectations of beneficiaries may be raised only to lead to disappointment – for instance, if their views are not heard and actioned – There may be conflict between what is expected by the ‘research community’ and that which is delivered by users – for instance, what is deemed ‘scientifically respectable’ – A lot of time and commitment can be required to involve users

Table 1 – Advantages and disadvantages of involving service users in research (taken from the Fund’s Good Practice Guide: User involvement)

There are several areas of service user activity which are directly relevant to the Fulfilling Lives (multiple needs) initiative:

- *The Service User Survey which is being undertaken as part of the national evaluation and forms part of the CDF.*
- *The National Expert Citizens Group is currently supported by the Fund and undertakes a broad range of activity. A smaller sub-group of volunteers from this group (NECG) are undertaking a national peer research project.*
- *Service user involvement at each project which is funded through Fulfilling Lives (multiple needs) and other local service user led activity across partner organizations. This will*

⁶ Available from: http://www.biglotteryfund.org.uk/er_res_good_practice_guide_user_involvement.pdf (accessed March 2015)

include, but is not limited to, local evaluation work undertaken by the projects and commissioned to independent local evaluators.

- *Other service user activity outside of the Fulfilling Lives programme but which may link to it or impact on it – e.g. MEAM's 'Voices from the Frontline'⁷*

This section of the annual report focuses on the first two areas of service user activity: conducting the service user survey and supporting a national peer research project.

Service user survey

The CDF for the national evaluation of Fulfilling Lives (multiple needs) includes a service user survey which is conducted over three sampling points: 4-6months; 12months and 24months. The purpose of the survey is to collect information from clients about their experience of the services they receive, or would like to receive, if they have been excluded from services and some questions designed to measure impact on well-being.

An important consideration was to ensure that the survey did not require service users to tell their story again. Developing the programme and the evaluation demonstrated the understandable frustration and irritation which service users experience through the necessity of re-telling their own personal circumstances to several different agencies. It was, therefore, also important not to require this for the purposes of evaluation. Also, we are collecting information on impact through other elements of the CDF (including questions in the HOS and NDT Assessment) so it was important to avoid duplication in our data collection processes too.

Our original proposal was to undertake the service user surveys using our own trained research staff. However, following consultation to develop the CDF, we revised the approach to one where service users in each project are trained and supported to undertake the surveys with other service users. In addition, local peer researchers will also receive a payment of £5 for each completed survey.

This change in methodology was made in response to three main drivers: (1) to improve the efficacy of the approach; (2) to minimise the potential for negatively impacting on participants and on service delivery; and (3) to reflect the ambitions of the Fund with regards to ensuring wherever possible service users are at the heart of what we do.

Staff and service users at the 12 projects were concerned that external, independent researchers who had no rapport or previous contact with service users might find it difficult to conduct the survey, particularly at baseline. This created a potential risk to the evaluation that we did not collect sufficient, accurate baseline data and also to the individual, that their recovery might be adversely affected by this interaction.

⁷ More information on the 'Voices from the Frontline' project is available here: <http://meam.org.uk/about-this-project/>

In response to this we developed a methodology whereby the national evaluation would train service users at every project to undertake the survey with other service users through a peer-to-peer approach. A job description was created and each project nominated a small number of volunteers to attend a day's training to enable them to carry out the surveys. The training focused on learning the basics of what research and evaluation is, ISO/MRS Health & Safety Guidelines and practical considerations for doing research interviews. This was followed by a more detailed briefing on the survey and practice through role-play. All projects received training by the end of March 2015 with fieldwork expect to commence in April 2015. Details of beneficiaries will be passed from CFE Research to our fieldwork partner Qa Research who will liaise with each project and 'peer researchers' to arrange interviews.

We will review the process for conducting service user surveys following Sampling Point A and make any adjustments to the process that is necessary. In April 2015 we will design the survey for Sampling Point B (SPB).

National peer research project

The national evaluation team will support one peer-led research project every year from 2014/15 until the end of the programme in 2022, with six projects in total. The national peer researchers will be drawn from the NECG which has membership from all 12 funded projects. A sub-group of volunteers will form a peer research group and an appropriate research topic will be developed by the group. The national evaluation team will provide training and will support the group in all aspects of planning and completing the research project.

FIRST NATIONAL PEER RESEARCH PROJECT (2014/15)

The first national peer-led research project focuses on the involvement of service users in the recruitment process during the initial set-up phase of the 12 projects. The specific research question was defined as follows:

- **Research question: To what extent have people with lived experience been involved in all aspects of the recruitment process for the 12 projects funded by the Fund?**

This topic was chosen by the NECG and originally emerged through general discussions during a progress update. After the topic emerged a group of volunteers met, planned and refined the proposed research project. The timeline of how the first national peer-led research project developed is shown in Figure 1 and provides a model for how future projects will be developed.



Figure 1 – Timeline for first national peer-led research project

The peer research group developed the methodology through an initial planning session, supported by CFE Research, where the strengths and weaknesses of different approaches were discussed. Initially, the proposal was to conduct semi-structured interviews with project staff and run a focus group with service users for those who were involved in the recruitment process. However, having piloted this approach with the full NECG it was evident that this was not the most appropriate method to adopt. The number of service users with direct involvement in the recruitment process was not enough to warrant a focus group approach. Generally, there were only a few service users with direct involvement in recruitment at each project and their views could best be elicited through depth interviews. Bringing together such individuals from different projects could be inconvenient and costly. Also, the peer researchers were more confident with conducting interviews as oppose to facilitating a focus group so could better exert their influence on the research through this method.

Six peer researchers divided the 12 project areas between them so that no one individual had more than three areas to cover and conducted fieldwork in their own project. An interview topic guide was developed for the interviews with both project staff and service users. Each peer researcher discussed the research questions with their local service user

groups and proposed questions for inclusion in the guide. From these a composite list of relevant questions was compiled and agreed by the group. Each researcher was provided with a voice recorder, a short guide to interviewing for research, additional support via phone and the option of being accompanied on fieldwork visits. Full transcripts will be produced for all interviews, with analysis taking place in April and reporting expected in May 2015.

FUTURE NATIONAL PEER RESEARCH PROJECTS

It is envisaged that each year the national peer-research project will be completed by a group of volunteers drawn from the NECG. This may include those volunteers involved in previous years or new members who choose to get involved – no restrictions will be placed on the group by the national evaluation team. The group will report directly to the NECG which will provide a steer for future projects.

Each peer-led research project will produce an output/s to disseminate their findings. This will include a summary of the research findings in some format, which may be a written report or provided through other media. Depending on the research, it may also be possible to produce other outputs which support the national evaluation, programme delivery or which impacts more widely across the sector. For example, for the first research project the group plans to produce a Good Practice Guide for involving service users in recruitment. The target audience for this will primarily be the 12 projects delivering the Fulfilling Lives (multiple needs) programme but it will also be useful across the sector.

As the programme develops over time we will continue to ensure that the national peer research projects align with other activity across the 12 projects. As the full range of activity involving service users develops (as outlined above) it may be possible to join-up different areas of delivery. For example, those service users trained to undertake the Service User Survey may want to get involved in the national peer research project. Alternatively, there may be local peer research projects which could be scaled up to the national level. We will support this strategic alignment but the decision around such developments will be taken by the NECG.

03. PROJECT OVERVIEW

This section provides a brief synopsis of each of the twelve projects and progress to date.

This section provides a brief overview of each of the funded projects, their individual vision and key features of their partnership and approach. The information is based primarily on the projects' individual business plans submitted in 2013. These plans are iterative and are prone to develop over time, particularly in regard to approaches to working with beneficiaries. This information will be collected and updated by the national evaluation team.

Birmingham: *Changing Futures Together*

Our aim is to enable people with complex needs to achieve their aspirations and make their own vision of a 'fulfilling life' a reality.

— Vision of Changing Futures Together

Amount of Funding	Number of years funded	Target number of direct beneficiaries	Target groups
£10,000,000	8	156	Individuals with 3 out of 4 MN.
Lead Partner	Birmingham Voluntary Service Council (BVSC)		
Core Partnership	<p>Statutory organisation partners: Birmingham City Council, Birmingham and Solihull Mental Health NHS Foundation Trust, West Midlands Police Service, Staffordshire and West Midlands Probation Trust.</p> <p>Voluntary and Community Sector (VCS) organisation partners: Shelter, St Basils, Birmingham Mind, Freshwinds, SIFA Fireside, Midland Heart: Housing Care and More, Fry Housing Trust and Turning Point/Birmingham Drugline.</p>		
Geographical area covered	Local authority boundaries of Birmingham city.		
Key project features	<p>The model is a team of lead workers who work intensively with a case load of between six to eight clients, as well as linking into the other programme work streams. The Birmingham project comprises seven delivery work streams, including:</p> <ul style="list-style-type: none"> — Lead workers: A group of skilled, empathetic frontline staff who will take responsibility for formulating each client's care plan and co-ordinating, reviewing and overseeing a multi-agency care and support package. They will feed into project evaluation and learning. Lead workers will be supported by paid Peer Mentors. — Every Step of the Way: A user empowerment 		

programme that trains, supports and facilitates service users to become experts by experience, volunteers and peer mentors.

- **The ‘No Wrong Door Network’:** A group of networked agencies committed to information-sharing and common approaches and standards in supporting people with complex needs.
- **Psychologically Informed Environment (PIE) Training** will be offered to the No Wrong Door Network members to add to the quality of their work.
- **An Intelligent Common Assessment Tool (iCAT):** A shared tool that supports more effective inter-agency collaboration and enables a ‘whole person’ response.
- **Beyond the Basics:** Post lead worker engagement, helping clients to develop positive peer networks and relationships, access positive and stimulating leisure opportunities and to take up volunteering, training, employment and business/self-employment opportunities.

Other work-streams include ‘in reach’ and ‘outreach’ activities, and a virtual hub – a local good practice and information exchange and learning and evaluation activity.

Blackpool: Fulfilling Lives - Blackpool

Our aim is to ensure that individuals with multiple and complex needs within Blackpool have access to a well integrated, inclusive and efficient support system to better enable them to increase the quality of their lives, and unleash their full potential.

— Vision of Blackpool Fulfilling Lives

Amount of Funding	Number of years funded	Target number of direct beneficiaries	Target groups
£9,997,458	7	800	Individuals with 3 out of 4 MN.
Lead Partner	Addaction		
Core Partnership	<p>Statutory organisation partners: NHS Blackpool, Lancashire Probation Trust, Lancashire Constabulary and Blackpool Council.</p> <p>VCS organisation partners: Renaissance at Drugline, Homeless Link, CVS, Amy Winehouse Foundation, Rehab Grads, Groundwork and North West Ambulance Service.</p>		
Geographical area covered	Local authority boundaries of Blackpool.		
Key project features	A primary feature of the project is the provision of assertive outreach to engage potential service users; once engaged trained ‘navigators’ will assist individuals through the existing infrastructure of third sector, statutory and private enterprise providers who deliver services across the four complex needs areas within Blackpool. Other key		

features include:

- **Provision of service from 10am-11pm, 7 days per week, 365 days a year:** This is provided due to indications that individuals with MN are most vulnerable during unsocial hours as local services within the area provided limited or no availability during these hours.
- **Individuals with ‘lived experience’ will work on the delivery of the project through a number of roles, including: paid navigators, service user volunteers and peer mentors:** These roles will provide expert citizen experience and capacity within project delivery and also allow for sustainable development opportunities for service users who go through the programme offered by the project.

Brighton and Hove, Eastbourne and Hastings: *Fulfilling Lives: South East Project*

To move away from making extremely vulnerable and chaotic people fit the needs of the system, to a system that fits the needs of the individual.

— Vision of Fulfilling Lives: South East Project

Amount of Funding	Number of years funded	Target number of direct beneficiaries	Target groups
£9,253,509	8	720 (240 per location)	<ul style="list-style-type: none"> • Individuals with 3 out of 4 MN • Women • Individuals with dual diagnosis
Lead Partner	Brighton Housing Trust		
Core Partnership	<p>Statutory organisation partners: Brighton and Hove City Council, Eastbourne Borough Council, East Sussex County Council, Hastings Borough Council and HMP Lewes.</p> <p>VCS organisation partners: CVSF, CRI, Homeless Link, Sanctuary Supported Living, Brighton Women’s Centre, Southdown Housing Association, Sussex Central YMCA, Sussex Oakleaf, and Service user representation from Core Group members.</p>		
Geographical area covered	Brighton, Eastbourne and Hastings.		
Key project features	<p>The project has a number of key features which include:</p> <ul style="list-style-type: none"> — <i>The provision of assertive engagement (outreach)</i> — <i>The direct inclusion of expert citizens within the design and delivery of the project.</i> — <i>The provision of targeted staff teams in three geographical areas to allow the project to be responsive to any differences locally in terms of demographics, politics, commissioning processes and service availability.</i> 		



A unique aspect of this project is its use of specialist workers (two within each team). Every two years the project will focus on a specialism to meet the areas prioritised by service users and professionals. The staff appointed to these posts will be clinical experts in their field. In the first two years of the project the specialist posts will be focused on:

- **Individuals with dual diagnosis:** Individuals with dual diagnosis whose needs are not currently being met or who are not accessing or being accepted onto services.
- **Women with complex needs:** Women with multiple needs who have had children taken into care; are in abusive violent relationships; are not engaged in sexual health services; or have had repeat pregnancies, terminations and miscarriages.

Bristol: *Golden Key*

To enable people with the most complex and multiple needs who are the furthest away from services to drive their own recovery journey, build on their strengths, and pursue their hopes and aspirations; and that by maximising the choice and control people have over the ways they engage with the support and opportunities they want, they will make sustained positive changes in their lives.

— Vision of Bristol’s Golden Key programme

Amount of Funding	Number of years funded	Target number of direct beneficiaries	Target groups
£9,999,500	8	300	Individuals with 3 out of 4 MN. This project will also work with a small cohort of young adults (16-17 year olds) to understand the challenges involved in (and the potential resulting solutions to) the transition into adult services.
Lead Partner	Second Step Housing		
Core Partnership	<p>Statutory organisation partners: Avon & Somerset Probation Trust, Avon & Wiltshire Mental Health Partnership Trust, Clinical Commissioning Group, Health and Wellbeing Board (Bristol City Council).</p> <p>VCS organisation partners: Investing in Futures Advisory (IF) Group, Bristol Drugs project, Missing Link and Next Link, St. Mungo’s and Support Against Racist Incidents (S.A.R.I).</p>		
Geographical area covered	Local authority boundaries of Bristol City.		
Key project features	Golden Key will provide access to services for individuals with multiple needs by ‘unlocking lasting change’ through the communication of agencies working together and the input of individuals with lived experience into the design and delivery of services. As part of this approach the following elements are central to the project’s delivery:		

- Supporting a sustainable, authentic client voice through the IF Group
- A lead co-ordinator team
- Peer mentors
- Golden Key Agencies (any agency working with the target client group who sign up to the project's approach)
- Small personal budgets for beneficiaries
- 'Telling Story Once' website – a website utilising a variety of media options to record client stories. These stories will be controlled by the clients who can share them with their support providers with a view to reducing the need for numerous assessments.
- Psychologically Informed Environments
- Multi-disciplinary team and full personal budget pilots
- Innovation pilots to develop new ways of working in 1) physical and mental health; 2) meaningful activities; 3) families and friends; and 4) new ways to provide staff support.

Camden and Islington: *Fulfilling Lives Islington and Camden (Project 22)*

We will work very intensively with people who have a long history of untreated mental ill health, alcohol or drug misuse, criminal activity and homelessness, and who have so far fallen through the cracks between services because no one takes overall responsibility for helping them to deal with all their problems systematically.

— Vision of Fulfilling Lives Islington and Camden

Amount of Funding	Number of years funded	Target number of direct beneficiaries	Target groups
£7,724,968	8	500-600	Individuals with all four needs.
Lead Partner	Single Homeless Project (SHP)		
Core Partnership	<p>Statutory organisation partners: Camden Council and Islington Council.</p> <p>VCS organisation partners: CRI (Crime Reduction Initiatives), Providence Row, St Mungo's Broadway, Prison Advice and Care Trust (PACT), Pillion Trust, Holy Cross Centre Trust, Eagle Recovery, Solace Women's Aid, One Support, Homeless Link, Groundswell and Business in the Community (BITC).</p>		
Geographical area covered	London Boroughs of Camden and Islington		
Key project features	The project is being delivered through the creation of five pre-identified service networks: supported housing; mental health; criminal justice; substance treatment; and primary healthcare. Networks are made up of a central base with a range of satellite locations across the two boroughs to provide sufficient coverage of services. The 'virtual team' of Link Workers (with specialism across the five fields) maintain these networks with support from peer workers to provide the connection between service user engagement and access to services.		

Lambeth, Southwark and Lewisham

Lambeth, Southwark and Lewisham is a place where people with multiple needs are effectively supported to move from dependence and isolation to independence and engagement; with homes, jobs and meaningful relationships.

— Vision of Fulfilling Lives: Lambeth, Southwark and Lewisham

Amount of Funding	Number of years funded	Target number of direct beneficiaries	Target groups
£9,760,000	8	270	Individuals with all four needs.
Lead Partner	Resolving Chaos		
Core Partnership	<p>Statutory organisation partners: Lewisham Council, Lambeth Council, Southwark Council and South London and Maudsley NHS Foundation Trust (SLaM).</p> <p>VCS organisation partners: Thames Reach, St.Giles Trust and Certitude.</p>		
Geographical area covered	London Boroughs of Lambeth, Lewisham and Southwark.		
Key project features	<p>The project provides a bespoke, person centred, coordinated package of support alongside a personalised budget that is responsive to the identified needs and service-user choice of the beneficiaries. The key feature of this project is the focus on the economics of working with individuals with MN. The project endeavours to make a case for the sustained investment in effective interventions for individuals with MN. In order to do this it will translate outcomes and cost data into an economic case for change by undertaking the following:</p> <ul style="list-style-type: none"> — <i>Developing an infrastructure to purchase services using personalised budgets where gaps in local services exist.</i> — <i>Providing a service delivery team, You First, that will act as ‘skilled negotiators’ on behalf of the project beneficiaries to assist them in navigating through current service provision.</i> — <i>Developing a system-wide commissioning map to provide an overview of how resources are currently used and their effectiveness in delivering outcomes at present. This will be combined with local needs/prevalence data with measured outcomes from the project to model how resources could be used different to achieve better outcomes.</i> — <i>Individual personal histories will be used to cost prior service use to identify where effect preventative interventions may be possible at an earlier stage in the recovery journey.</i> 		

Liverpool: Waves of Hope

[To] enable people to achieve better and more sustainable personal outcomes; ensure that services within the city are truly flexible and person-centred, that they promote and support recovery and that they are driven by service users; ensure that services are integrated and cohesive, so that there are no ‘wrong doors’ for people and provide a robust evidence base to inform and shape strategic thinking, planning and delivery.

— Vision of Waves of Hope

Amount of Funding	Number of years funded	Target number of direct beneficiaries	Target groups
£9,997,372	5	840	Individuals with all four needs.
Lead Partner	Plus Dane Housing Group		
Core Partnership	<p>Statutory organisation partners: Merseyside Probation Service, NHS Mental Health Commissioning, Liverpool PCT, Liverpool CCG and Liverpool City Council Adult Social Care.</p> <p>VCS organisation partners: Liverpool Charity & Voluntary Services (LCVS), Riverside, Addaction, Imagine, Shelter, Business in the Community (BITC), Liverpool YMCA and The Whitechapel Centre.</p>		
Geographical area covered	Local authority boundaries of Liverpool City.		
Key project features	<p>The following elements are central to the project’s delivery:</p> <ul style="list-style-type: none"> — <i>A dedicated support worker from the project’s Intensive Support Team will be assigned to each beneficiary</i> — <i>Peer-to-peer support</i> — <i>Accommodation based support</i> — <i>A recovery campus: providing access to a range of learning and development opportunities to help sustain service users’ recovery as well as open up access to the broad range of existing services across Liverpool</i> — <i>Personalised budgets to access learning and employment opportunities are available for up to 150 beneficiaries</i> 		

Manchester: *Inspiring Change Manchester*

Inspiring Change has a mission to innovate, share learning, give a voice and empower people with lived experience and transform the way people with multiple needs receive support in the city.

— Vision for Inspiring Change Manchester

Amount of Funding	Number of years funded	Target number of direct beneficiaries	Target groups
£9,944,466	8	600	Individuals with 3 out of 4 MN.
Lead Partner	Shelter		
Core Partnership	<p>Statutory organisation partners: Manchester City Council and Greater Manchester Probation Trust.</p> <p>VCS organisation partners: Manchester Women’s Aid Domestic Abuse Service, Manchester College, Turning Point, Addiction and Dependency Solutions (ADS), Lesbian and Gay Foundation, Manchester MIND, Booth Centre, Manchester Action on Street Health (MASH), 42nd Street, Bernado’s and Young People’s Support Foundation.</p>		
Geographical area covered	Local authority boundaries of Manchester City.		
Key project features	<p>The project seeks to meet its aims by trialling new ways of coordinating services by undertaking the following:</p> <ul style="list-style-type: none"> — An Engagement Team: A partnership between a substance misuse specialist, probation and a homelessness street outreach provider including volunteer peer mentors with lived experience. The Engagement Team is the entry point into the programme; it helps people not receiving support and works with them in a person centred way, focussing on their assets and potential. It helps them navigate their way to support and focuses on long term and sustainable positive change. — A Mental Health Pathway: Providing support around emotional wellbeing, and promoting resilience and self-esteem via talking therapies and psychological support. Supports service users, staff and volunteers by creating and maintaining a PIE. — GROW Campus – GROW: Getting Real Opportunities for Work. Provides bespoke support for the programme’s service users around education, training, employment and volunteering. Operates the GROW Campus which helps deliver GROW Traineeships and fixed term employment contracts for people with lived experience of multiple needs. These include NVQs or other vocational qualifications. The GROW Campus also supports the programme’s volunteer peer mentor scheme. — Accommodation Pathway: Providing support, advice, practical assistance and representation with regard to housing needs. The majority of Inspiring Change’s service users have housing needs and establishing safe and stable 		

- accommodation is key to them addressing other needs.
- **Flexible Fund:** Personal budgets fund to promote engagement and support each service user's journey to lasting positive change.
 - **Programme Team:** Hosts the Inspiring Change Core Group, the body made up of people with lived experience of multiple needs that helped design the programme, commission its service providers, recruit staff, steer delivery and evaluate its success. The programme team also promotes systems change in the city based on learning from the Fulfilling Lives programme. It designs and commissions a local evaluation to support this. Finally, it provides leadership for the programme, supporting and contract managing the providers.
 - **A Community HUB:** A place where people involved in the programme can meet and work together incorporating a PIE. It has been produced in partnership with people who have experienced support services.

Newcastle and Gateshead: *Fulfilling Lives Newcastle & Gateshead*

We want to radically change the health, social care and criminal justice culture in Newcastle and Gateshead so that people with complex needs can make it from crisis to stability, getting a home, a job and sustained well-being. Concentrating on outcomes for people rather than organisations, services will be better joined up, less risk averse and see peoples' assets, rather than their problems.

— Vision of Fulfilling Lives Newcastle and Gateshead

Amount of Funding	Number of years funded	Target number of direct beneficiaries	Target groups
£5,542,000	8	600	Individuals with all four needs.
Lead Partner	Changing Lives		
Core Partnership	<p>Statutory organisation partners: Adult services for Newcastle and Gateshead Councils, Clinical Commissioning Group for Newcastle and Gateshead, the regional offender health commissioner and the deputy chief probation officer.</p> <p>VCS organisation partners: Mental Health Concern, Aquila Way, NESay and Launchpad.</p>		
Geographical area covered	Newcastle City Centre, Gateshead Centre, South Gateshead, West End of Newcastle and Byker, Walker and East End of Newcastle		
Key project features	<p>The primary features of this project are:</p> <ul style="list-style-type: none"> — Service navigators who will tackle the individual needs of beneficiaries by providing them with constant companionship to support them to find their way through the services available and help them gain confidence in doing so. — System brokers who will address any system blockages. — Personalised budgets which will be made available so that service users have the ability to access services they want, when they need them. 		

Nottingham: *Opportunity Nottingham*

Working together to Reassert an individual's desire to Embrace their Future Lives, Enhancing Communication and Trust. (REFLECT)

— Mission statement for Opportunity Nottingham

Amount of Funding	Number of years funded	Target number of direct beneficiaries	Target groups
£9,883,531	8	470	Individuals with all four needs.
Lead Partner	Framework Housing		
Core Partnership	<p>Statutory organisation partners: Nottingham City Council, Nottingham City NHS, Nottingham Healthcare NHS Trust and Nottinghamshire Probation Service.</p> <p>VCS organisation partners: Nottingham Law Centre, ASRA and NCHA (both local housing providers), ISAS, YMCA, Emmanuel House, Double Impact Drug and Alcohol service, BAC-IN, HLG, Turning Point and AWAAZ.</p>		
Geographical area covered	Local authority boundaries of Nottingham City.		
Key project features	<p>The Opportunity Nottingham model is informed by the Finnish initiative 'Open Dialogue'. This approach aims at supporting people in their community and is delivered through a team of paid professionals, peer engagement workers and an identified 'significant supporter'. Key principles include:</p> <ul style="list-style-type: none"> — <i>Rapid early intervention and assessment</i> — <i>Continuity of team members</i> — <i>The cultivation of social networks</i> — <i>Flexible, person-centred, therapeutic responses</i> 		

Stoke-On-Trent: *Voices*

Listening, learning, and leading through the lived experience of local people with multiple needs. Every agency in Stoke-on-Trent will learn to listen to the voices of people with complex needs and to change their services so they are appropriate. Every person with complex needs will therefore be offered new hope and support until they have journeyed to where they aspire to be. Seeing the results of these changes, society at large will learn to empathise with people with complex needs.

— Vision for Voices of Stoke-on-Trent

Amount of Funding	Number of years funded	Target number of direct beneficiaries	Target groups
£9,999,770	8	360	Individuals with 3 out of 4 MN.
Lead Partner	Brighter Futures		
Core Partnership	Statutory organisation partners: Stoke-on-Trent City Council, Stoke-on-Trent PCT, Staffordshire Probation Trust, local police and crime commissioners and Stoke on Trent Public Health Directorate.		

	<p>VCS organisation partners: North Staffordshire MIND, Arch, YMCA North Staffordshire, RIOT (Recovery is Out There), Stoke-on-Trent Citizens Advice Bureau, Saltbox, CRI, Aspire Housing Association and Expert Citizens Core Group.</p>
Geographical area covered	Local authority boundaries of Stoke-on-Trent.
Key project features	<p>The primary approach of Voices is the ‘Golden Ticket’. This provides an individual with complex needs guaranteed access to a range of services, a personal budget, a peer mentor and a service coordinator. The funding and flexibility associated with the ticket allows an individual to be in control of their recovery journey with assistance from their service coordinator. Partner agencies sign up to the ‘Golden Ticket’ and adopt its standards. These include but are not limited to:</p> <ul style="list-style-type: none"> — <i>Accepting that the ticket provides access to their service without further checking or filtering.</i> — <i>Not barring, evicting or excluding a Golden Ticket holder (unless there is an immediate danger and then always with a right of appeal and peer advocacy) from accessing and using their service.</i> — <i>Recognising the value of Expert Citizens as valid and valuable advocates.</i> — <i>Actively recruiting and monitoring staff with relevant lived experience.</i> <p>In order to deliver this scheme, the project is staffed by a team that is directly recruited rather than via secondments. The design and leadership of the project is co-produced with expert citizens who have ‘lived experience’ of multiple needs.</p> <p>Over the course of the project 1,001 stories will be created based on the experiences of service users. These stories will be captured via a number of means (case studies, video diaries and interviews) and disseminated through Communities of Practice (CoP), forum theatres, partnership boards, steering groups and during one-to-one discussions with service delivery personnel. The aim of the stories is to provide learning about current service delivery (successes, setbacks, frustrations that individuals experience) and act as an impetus for change within the current system.</p>



West Yorkshire sub-region: *West Yorkshire Finding Independence (WY-FI)*

By 2020 adults with complex needs in West Yorkshire should have the opportunity of a settled home, positive health and wellbeing, access to education and employment and trust in a positive future.

— Vision for the WY-FI project

Amount of Funding	Number of years funded	Target number of direct beneficiaries	Target groups
£9,999,970	6	1050	Individuals with 3 out of 4 MN.
Lead Partner	Developing Initiatives Supporting Communities Ltd (DISC)		
Core Partnership	<p>Statutory organisation partners: Adults and Housing related support Bradford Local Authority, West Yorkshire Probation Trust, Communities and Wellbeing Kirklees Local Authority, West Yorkshire Police, Public and Mental Health foundation trusts, HMP Armley and HMP Wakefield.</p> <p>VCS organisation partners: Together Women project, Bridge, Spectrum, Barca, Shelter, Touchstone, Foundation and Community Links.</p>		
Geographical area covered	The project works across the five districts of West Yorkshire: Leeds, Bradford, Calderdale, Kirklees and Wakefield.		
Key project features	<p>The WY-FI project will use a delivery model that includes a number of key features:</p> <ul style="list-style-type: none"> — Navigator/Lead Worker Teams based in the 5 locality areas (Leeds, Bradford, Calderdale, Kirklees and Wakefield) co-ordinated through the Regional Hub — An Employment, Training and Education Team — Advocacy and specialist advice service — Capacity building and engagement support to thematic groups in particular women, minority ethnic groups and prison leavers — A Regional Policy, Innovation, Evaluation and Support Hub — ‘Passports’ – portable initial assessment and support plans — Co-production of solutions to meet individual and collective needs of people using/excluded from multiple services 		

04. PROFILE OF BENEFICIARIES

This section summarises initial data on the number of beneficiaries supported by projects to date and provides a description of their characteristics.

Initial data captured within the CDF indicates that the number of service users supported by projects varies significantly (reflecting the phased implementation of projects). To date two quarters of data have been submitted by projects to the national evaluation team. In total, 551 beneficiaries have been engaged across all 12 projects.

Beneficiary characteristics

The majority (72%) are male and of ‘white’⁸ (90%) ethnicity. The average age of beneficiaries is 40 years old. Over half (51%) have all four needs, with a further 42% having three of the four needs. The remaining 7% have two needs. Problematic substance misuse is the most reported need at 95% followed by mental ill health (89%), offending (84%) and homelessness (74%). Men (48%) are more likely than women (39%) to have all four needs.

This profile is typical of individuals with MN. The recent ‘Hard Edges: Mapping Severe and Multiple Disadvantage’ report from the Lankelly Chase Foundation detailed that:

People affected by this form of SMD (severe and multiple disadvantage) are predominantly white men, aged 25-44, with long-term histories of economic and social marginalisation.

— Bramley, G. et al. (2015). *Hard Edges: Mapping Severe and Multiple Disadvantage*, p.6.

Table 2 provides an overview of some of the key demographics of beneficiaries supported by the Fulfilling Lives (multiple needs) initiative to date. Please note that bases vary due to levels of informed consent and the availability of information at the time of writing.

Demographic	Frequency	Percent (%)
Gender (457)	Male	331
	Female	126

⁸ White’ includes: White British (97.4%), Irish (1.1%), Gypsy or Irish Traveller (0.6%) and other White background (0.9%)

Ethnicity (388)	White	351	90
	Mixed	17	4
	Asian	4	1
	Black	10	3
	Other	6	2
Age (410)	18-29	81	20
	30-39	118	29
	40-49	131	32
	50+	80	20
Number of needs (549)	1	2	0
	2	38	7
	3	231	42
	4	278	51
Experience of need (551⁹)	Homelessness	409	74
	Offending	465	84
	Substance misuse	525	95
	Mental ill health	490	89

Table 2 – Profile of beneficiaries (sample bases in parentheses)

Currently, 49 of the 551 service users represented within the CDF are no longer engaged with their project. Primary reasons include ‘no longer requires support’ (10 individuals) and ‘disengaged from project’ (12 individuals). Six beneficiaries are now deceased.

Support accessed

As part of the CDF projects are required to state, where known, what types of support a service user is accessing. They are not required to select a support type that is offered but that a service user does not (or refuses to) access. Table 3 illustrates the types of support accessed by the greatest proportion of service users and the types of support which are least accessed to date. Please note not all types of support are offered by all projects and beneficiary numbers vary considerably so the data is indicative only.

⁹ Mental ill health sample base fall to 549

Support type accessed by greatest number of beneficiaries	Support type accessed by least number of beneficiaries
Advice and information on housing (230)	Education/training (work experience placement) (3)
Health related (GP) (224)	Activities (voluntary work) (5)
Advice and information (addictions) (213)	Advice and information (immigration) (5)
Advice and information (legal and criminal justice) (162)	Social Care (occupational therapy) (6)
Substance misuse support (substance misuse support worker) (152)	Activities (Worship and faith) (6)
Advice and information (care and personal support) (128)	Substance misuse support (rehab) (8)
Advice and information (money and debt) (124)	Education/training (educational course leading to qualification) (10)

Table 3 – Support types accessed (sample bases in parentheses)

Beneficiaries are most likely to access support for advice and information although accessing a GP is also a primary service that service users are utilising.

The data also reveals that 358 beneficiaries have been ‘excluded’¹⁰ from a service since being engaged with the programme and 34 have been ‘refused’¹¹ access to a service. This finding will be explored throughout our depth interviews with service users.

Homelessness Outcomes Star baseline

The HOS acts as an engagement and process measurement tool that provides both staff and their clients with an understanding of where a person is on the ten life domains, and a visual guide to change across a number of time points. Staff and clients can use the process of creating an Outcomes Star to identify areas of life and goals that the person completing it wishes to work on, and to gain support in relation to these areas of life and goals. It is a measure of people’s progression or regression on the ten life domains; it provides people with a record of the impact on their ‘life journey’ of changes enacted. A low score of 1-2 would denote that an individual is ‘stuck’ in that particular area of their life and currently does not acknowledge that they require help. A high score of 9-10 denotes that an individual no longer requires support and is self-reliant in that area of their life.

Table 4 presents the average scores on each of the ten life domains for 278 service users¹². There is a high level of need for support in all areas. The highest level of need was in the life domain ‘Meaningful Use of Time’ at 2.6 which a range of previous studies have identified as a crucial factor in supporting people with issues relating to MN¹³. The lowest

¹⁰ An exclusion is defined as ‘being prevented from attempting to access a service because of conduct/behaviour’

¹¹ A refusal is defined as ‘being refused access to a service because an individual did not meet a minimum threshold/criteria for eligibility’

¹² HOS had only been undertaken with 278 of the 551 beneficiaries at the time of writing

¹³ See Frankl, 1992; Borg & Kristiansen, 2008; Mascaro & Rosen, 2005; and Moomal, 1999

level of need was ‘Offending’; this is likely to be due to a high proportion of people not needing any support in this area, i.e. offending is not an issue in their lives.

Domain	Initial need (mean)
Meaningful Use of Time	2.60
Emotional and Mental Health	2.72
Drugs and Alcohol	2.94
Accommodation	2.99
Money	3.14
Motivation	3.15
Social Networks	3.17
Physical Health	3.52
Self-care	3.53
Offending	4.53
Average mean score	3.33

Table 4 – Average (mean) score for domains of the Homelessness Outcomes Star

Figure 2 takes the average scores from all of those across the projects who have provided data and maps them onto to the Homeless Star diagram.

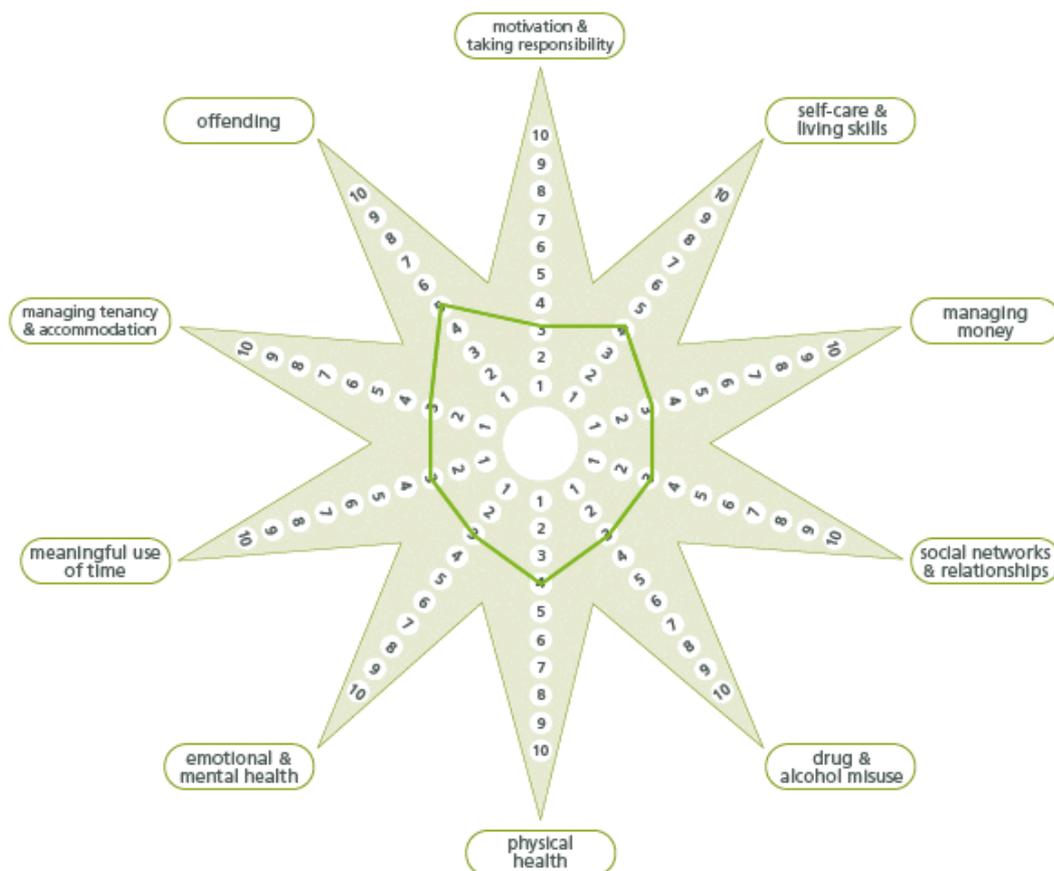


Figure 2 – Average (mean) score for domains of the Homelessness Outcomes Star © Triangle Consulting Social Enterprise. Used under licence. See www.outcomesstar.org.uk

05. CURRENT SUPPORT FOR MULTIPLE NEEDS

This section sets out some of the key challenges presented by the current system and how projects hope to address these.

This section sets out the baseline position in terms of systems of support for people with multiple needs in the 12 funded projects of the Fulfilling Lives (multiple needs) initiative. It begins with an overview of key features of the current system and then goes on to outline the vision and strategy of projects as to how these might be addressed through the initiative. It is designed to provide an overview of a number of complex and interlinked issues. It does not seek to accurately detail the minutiae of current systems, rather to provide an overview of some of the issues the projects are seeking to tackle.

This section draws on interviews with representatives of lead partner organisations and other key stakeholders such as service commissioners and providers, many of whom sit on the funded partnerships. We have not yet undertaken interviews with service users and their views are therefore not represented here with regards to systems issues but this will be included in subsequent reports once interviews have been conducted. Given that the aim of the programme is to put service user views at the heart of service re-design, gaining the perspectives of those with lived experience of the current system will form a key part of the evaluation in future years.

Features of the current system

ACCESS TO SERVICES

The difficulties people face in accessing services is highlighted as a particular challenge that the initiative should address. Projects and stakeholders identified a number of barriers that currently exist.

Referral pathways are not always clear or straightforward, and potential service users sometimes need to jump through several hoops to get what they need. One service provider described the increase in demand that was uncovered following a simplification of referral systems. In particular, the requirement for people to provide the same information on numerous occasions to different agencies or to undergo multiple assessments of need is frustrating and off-putting. This leads some to disengage from support entirely. Funded projects are keen that service users should not have to tell their story more than once. Achieving change in this regard is complicated by operational needs for data and the (real or perceived) constraints of data protection and privacy legislation.

At the strategic level, it's understanding that [...] people don't like being assessed 65 times and they'll still not get a service, and operationally it's a question then of sharing information etc., so it's those kind of barriers that are a constant issue.

— Stakeholder

Exclusion is a more obvious way that people are denied access to services. Stakeholders talked of individuals typically circulating through the system for some time and who are regularly evicted from hostels or whose chaotic behaviour means some services will not accept them. One service provider interviewed candidly described the system as one of 'perverse incentives' where, if a particularly challenging client stops accessing a service, it makes the service easier to manage. Temporary exclusion is one way in which services cope with people whose behaviour is problematic and potentially harmful to others. However, this presents a challenge to ambitions to include those who are hardest to help. Stakeholders and projects suggested 'engaging the disengaged' as a core objective of the initiative. Indeed, service users from Nottingham agreed that a key principle of their project is that it 'should reach everyone who needs it without exception'.

Eligibility criteria can also present a barrier to people engaging with services. Mental health services have been highlighted at least one of the funded areas as particularly problematic in this regard. Faced with high demand and squeezed funding, service providers raise the thresholds for receiving support so that only those with the most serious problems can get help.

UNMET NEEDS

Even when people can access services, they do not always provide the kinds of help that is wanted; services are frequently described as prescriptive, inflexible or not addressing multiple or underlying needs.

Multiple and complex needs require multiple and complex interventions. Stakeholders often give examples of how those with the greatest need are often receiving the least support – either because they are excluded or the support provided is inappropriate. Service providers working in a particular field recognise that they are often only able to address one aspect of an individual's needs.

There is so much connectivity between those complex needs, quite often we do not actually know which issue comes first [...] we are probably not the most appropriate service for [a small number of clients]. They have got high level mental health needs, but they have also got all the things that sit behind it, and actually we are dealing with the mental health but we are unable to deal with the housing, we are unable to deal with a substance issue.

— Stakeholder

The lack of complementary or follow-up support may mean that efforts to address one issue alone are unsustainable and wasted. Not only is this inefficient but could further demoralise an individual and reduce the likelihood of future engagement with services.

The type of services available and the way they are delivered is also said to need to change in order to enable packages of support to be created that are tailored to individual needs. This requires flexibility and choice. One stakeholder commented that the market in services that people can purchase with personal budgets is under-developed.

Finally, there is widespread agreement that support must be long-term, that it will often take many years for individuals to work through treatment and recovery, and that there will be multiple relapses and backward steps along the way. This is often not recognised by systems that demand quicker throughput.

The evidence base around treatment says that people will usually need a period of maybe seven years in treatment, but they'll do that over fifteen years, so they won't do it all nicely in one go. [...] But what we have is, in a policy framework, we want everyone drug-free within the next six months.

— Stakeholder

A number of different factors can be seen to contribute to the mismatch between need and service provision, not least the separate and fragmented nature of providers (see section below). Commissioning methods and requirements are also identified as being contributory elements. Stakeholders in several funded areas described commissioning that focuses on scale and prescribed services, making it difficult to deliver the bespoke, personalised services that are clearly needed.

There's a lot of emphasis placed upon organisations being of a particular size to be able to cope with a uniform commissioning process. Rather than smaller organisations that perhaps wouldn't fit into that category, [yet] are able to bring their experience and skills to the table.

— Stakeholder

FRAGMENTED SERVICES AND SILO WORKING

Stakeholders from across the funded projects describe the problems of services that are fragmented, complicated to navigate and wasteful. A key objective for all partnerships is to bring services and organisations together to deliver more coordinated support for people with complex needs. Project partnerships identify a variety of barriers and challenges that will need to be addressed if the initiative is to be successful in achieving this vision.

Current systems are often described in terms of 'silos'. While cross-disciplinary working is perceived to be desirable, there are barriers to this. Different organisations and professions all have their own language, culture and ways of working. Within sectors or areas of work

there are sometimes different schools of thought about what aims and approaches are appropriate – for example, within the field of addiction there are ongoing debates and tensions between harm reduction and recovery as primary objectives. At least two stakeholders talked about what they perceive to be ‘professional snobbery’ amongst some of those working in the statutory sector which manifests itself as a disdain for or questioning of those working in the voluntary sector.

Broader factors are said to influence and reinforce barriers to joint working, such as different inspection frameworks or major structural reorganisation that moves the focus of work in a sector in a particular direction. Within the voluntary sector in particular it is recognised that organisations are potentially competing with one another for a share of decreasing funding and as a result can be protective of their sphere of influence or expertise.

CONTEXTUAL FACTORS

Stakeholders recognise that there are many other wider, contextual factors that shape and constrain both the current system and the Fulfilling Lives (multiple needs) projects’ ability to affect change. Key contextual factors that are felt to have an impact include:

- **Service restructuring and other changes to statutory services:** For example, new probation structures were introduced in 2014 with 21 new regional Community Rehabilitation Companies (CRCs) replacing the 35 probation trusts in England and Wales. The CRC include voluntary sector service providers as well as private companies and created to work with medium and low risk offenders. A new organisation – the National Probation Service (NPS) will supervise and rehabilitate high-risk offenders.
- **Austerity, availability of funding and local government cuts:** For example, a recent report from the Joseph Rowntree Foundation¹⁴ found that while reductions in funding has prompted council efforts to find more efficient ways of working and encouraged new partnerships, it has also fragmented services and created barriers to collaboration due to the scarcity of resources and the strain on basic services. Increased competition for funding is also highlighted as a barrier to collaborative working by stakeholders and funded projects.
- **Welfare reform:** For example a recent report from the MEAM Coalition¹⁵ reports that welfare reforms are having a severe effect on people’s mental health and wellbeing. Benefit sanctions are significantly disadvantaging people with multiple needs.
- **Local characteristics:** Demographic, historic and infrastructure characteristics such as housing stock. For example, research recently published by Lankelly Chase¹⁶ explored relationships between prevalence of multiple and severe disadvantage and a range of local demographic, social and economic factors.

¹⁴ Hastings, A. Bailey, N. Bramley, G. Gannon, M. and Watkins, D. (2015) *The cost of the cuts: The impact on local government and poorer communities* York Joseph Rowntree Foundation

¹⁵ Drinkwater, N. Graham, J. Kempster, A. and Thomas, S. (no date) *Evidence from the frontline: How policy changes are affecting people experiencing multiple needs* Making Every Adult Matter

¹⁶ Bramley, G. and Fitzpatrick, S. (2015) *Hard Edge: mapping severe and multiple disadvantage* Lankelly Chase Foundation

What will create change?

Section 2 provides information on the 12 projects funded by the Fulfilling lives (multiple needs) initiative, including key elements of how they will be delivered. We now summarise the main ways in which project partners and stakeholders say they will achieve the necessary service and systems change.

DELIVERING DIFFERENTLY

Delivery models need to change to address the barriers service users face in accessing services. The Fulfilling Lives (multiple needs) initiative provides an opportunity for the organisations involved to deliver differently and demonstrate the impact of this.

Funded projects are aiming to be more proactive, supporting people to engage rather than dismissing them because they are unable to do so unaided. Several of the projects are designed to give key workers small(er) case loads; this coupled with longer time scales should enable the continuity and flexibility of care that is felt to be missing from the system at the moment. Stakeholders gave examples of effective key working, where support is available when clients need it, not just in office hours, and staff are proactive in engaging people (literally going and knocking on their doors) and do not give up.

Too often service users are not at the centre of commissioning, service design and provision. Projects hope to create services and systems more in tune with service users' needs by putting service user engagement at the heart of planning, development and delivery. However, some stakeholders not directly connected with funded partnerships have expressed concern about the ability of projects to do this.

The most challenging will be the constructive service user engagement. I still feel that in many areas this idea of co-producing a system with the service users is alien. I think there's a tendency for services to just dismiss the service user ideas as being unfeasible, not practical, unworkable [...]

— Stakeholder

CHANGING THE INFRASTRUCTURE

The supporting infrastructure and systems that individual staff, services and organisations work within also need to change to enable and encourage the kind of person-centred, joined-up support that is required. Where examples of more effective practice are identified by those we interviewed, they are often the result of individuals with drive and determination to do things differently. As such, the actions of these few committed individuals need to become the norm in order for the impact to be felt and the system to be changed.

Commissioning is an important mechanism through which services could potentially be more joined up. A stakeholder in one of the funded projects suggested that the re-commissioning of drug treatment services in the locality in recent years had resulted in more collaborative working. By specifying a range of services, a variety of organisations with different areas of expertise and provision have to work together as a consortium to deliver the brief. More sophisticated commissioning should bring together different services and allow for innovation and flexibility of provision to meet individual needs. Project and stakeholders in some areas also recognise that some services may need to be decommissioned too.

Some interviewees also stated that changing and improving service infrastructure for those with multiple needs and the most entrenched problems can potentially also benefit people with less complex needs. In supporting health, wellbeing, and self-management Fulfilling Lives (multiple needs) reduces the need for ‘fire fighting’ crisis management.

CHANGING THE CULTURE

In order to change the infrastructure, stakeholders are clear that hearts and minds also need to change. They also acknowledge this will not be easy. The cultural changes said to be needed are often attitudinal and include focusing on people rather than labels and looking for ways and means to support people rather than reasons why they cannot be helped. This is strongly reinforced by the need to take an asset-based approach – one of the Fund’s underlying principles for the programme. Improving understanding amongst statutory services, such as the police, of the life experiences that are associated with multiple needs is also said to be an important part of developing more appropriate responses to individual crises.

Workforce development is therefore an important part of achieving systems change. By working in partnership, forming multi-disciplinary teams and seconding staff from different sectors and organisations onto projects, the hope is that individuals will develop new skills and understanding and influence others in their organisation.

The core and wider partnerships set up to manage and deliver the Fulfilling Lives (multiple needs) initiative provide further opportunities for staff and service users from different organisations and fields of expertise to come together and develop shared understanding and insights. This is already having an influence, as this member comments:

Interesting that being on the core strategic group is probably the first time in a long, long while that I’ve been outside the addictions field and looking at the other aspects and meeting people who obviously have influence within the different aspects.

— Stakeholder

INFLUENCING THE RIGHT PEOPLE

Stakeholders highlight the importance of engaging and influencing ‘the right people’ if infrastructure and cultures are to change. This means persuading those in senior and strategic positions of the benefits of doing things differently. Projects acknowledge there are standards, ways of working, targets and restrictions imposed nationally. As the wider contextual factors listed above demonstrate, there is a need to ensure that learning and evidence is targeted at national policy and decision-makers as well as local commissioners and practitioners. The Fund could play a crucial role in influencing at a national and strategic level, supported by evidence and learning generated through the national and local evaluations.

In a climate of austerity, stakeholders recognise the power that providing evidence of cost savings or more efficient approaches can potentially have when it comes to convincing policy and decision-makers. While the emphasis is clearly on supporting the individual, there is a belief that more suitable and effective support is also more cost-effective in the long run. It is important therefore that the national and local evaluations explore the extent to which these perceptions can be backed up with good evidence and, if they can, communicate this evidence to the right people in ways most likely to have an impact.

Going in the right direction?

Encouragingly, there appear to be signs of increasing awareness of the types of approaches and models that the Fulfilling Lives (multiple needs) initiative is developing and a growing recognition of the need to tackle many of the issues described above. Stakeholders from different areas gave examples of interest and buy-in from senior people in various sectors.

I’ve had people from out of mental health and even people as far as the chief exec now citing the model that we’ve developed [...] as maybe a model [for] mental health.

— Stakeholder

Examples were also provided of current initiatives, often small-scale, that are working to join-up provision, simplify pathways and provide more holistic, person-centred support. At the national level, initiatives such as Big Lottery Fund’s Improving Futures programme and the Coalition Government’s Troubled Families programme embody similar principles but with different target beneficiaries. There are opportunities to learn from these initiatives (see boxed example below) and to share learning with them in turn. We need to ensure too that initiatives do not create new but different silos; one stakeholder highlighted the need for the Fund and other initiatives, many of which are working in the same areas, to also be joined-up.

We've obviously been funded through Big Lottery for Fulfilling Lives. We've been funded through Big Lottery for Better Start, with the NSPCC. We're hoping to get the Head Start [...] People are talking about them [as] separate entities. I would like some kind of overarching join-up.

— Stakeholder

Blackpool Springboard project: An example of a successful source of learning

The Blackpool Springboard project is an early example of a successful cross-agency project to deliver intensive support to the families with complex needs that placed the highest demands upon support networks. Learning and experience from this project informed Blackpool's approach to the Fulfilling Lives (multiple needs) initiative. It also demonstrates what can be achieved through multi-agency collaboration and effective partnership working with senior management involvement.

The project was evaluated by University of Salford.¹⁷ They reported that dramatic changes were noted in the areas of criminal and anti-social behaviour, housing and education. For example, anti-social behaviour reduced from 401 incidents to 133. More subtle changes were seen in health and social care aspects of families' lives and in gaining employment.

The families described contact prior to Springboard as being invasive, ineffective and lacking consistency. However, the families described vividly how the staff from Springboard treated them with respect and dignity and recognised significant positive impacts on their lives from engagement with the team.

The partnerships developed for the project were also recognised as having a wider influence on other collaborations in the area and that the principles and ways of working became the norm.

The groundswell of interest and prevailing direction of travel may provide invaluable support for implementing the kinds of system change that are envisaged by projects. It may also mean that there are potentially receptive audiences for the findings and learning from projects.

A number of stakeholders clearly feel that in some areas of work, things are moving in the right direction and there is greater collaboration and joined up working. However, views from service users clearly show that there is a long way to go and much still to be done. Many of the challenges and potential solutions outlined here are not new. Major changes in infrastructure and culture take time to implement and embed. Nevertheless, it will be useful for the national and local evaluations to explore not just the extent to which the hope and ambitions of the projects is realised over the coming years but what might be stopping organisations and individuals putting their good ideas and intentions into practice. There is good understanding of what needs to change – but if this has not happened yet, why is that? As one stakeholder commented:

...person centred support has been around forever - let us get on with it.

— Stakeholder

¹⁷ Ravey, M. Murphy, M. Long, T. Fallon, D. (2008) *Evaluation of the Blackpool Springboard Project* University of Salford

06. PROJECT IMPLEMENTATION: EMERGING ISSUES

This section identifies issues which emerged in the implementation phase of Fulfilling Lives (multiple needs).

A core element of the national evaluation is to share learning from the implementation phase of Fulfilling Lives (multiple needs). This section summarises issues which emerged within the first year of implementation and how projects are seeking to address them.

Definitions and thresholds

The Fund requires partnerships to work with individuals who have two or more complex needs (as outlined in Section 1). However, of the four needs, only one – homelessness – has been clearly defined for this initiative:

Homeless includes those who are statutorily homeless, sleeping rough, single homeless people living in hostels, shelters or temporary supported accommodation, and hidden homeless households including those living in overcrowded conditions or temporarily sharing with family and friends.

— The Fund

The other three needs which form the parameters of this initiative – problematic substance misuse, mental ill health and offending history – have been left by the Fund for projects to define according to local practice/relevance. This is intended to allow projects significant flexibility and innovation in their approach to targeting individuals eligible for inclusion within their service. This flexibility does, however, create a number of issues.

VARYING LEVELS OF NEED

Projects are open to define the level of need that individuals must exhibit to receive support from partnerships and consequently set eligibility criteria for themselves. For some, entrance onto projects is clearly defined and rigorously implemented; for example, one project calculates the cost to the state incurred by individuals' service use over the last 12 months with those reaching a certain threshold eligible for acceptance onto the project. However, the criteria for other projects are not as strictly defined and involves some subjectivity. For example, a project may have stipulated that an individual should have a minimum number of needs (typically three of the four) but acceptance onto the project is generally via consideration of a referral panel and decisions can vary.

The variety of need and eligibility criteria implemented by projects may also be partly reflected in the early data returns, for example, with some individuals already having 'end dates' for their engagement. These individuals have either moved on to other support services (outside of the project) or are deemed as no longer requiring support. In some cases this has occurred in less than two weeks since their recorded 'start date'. However, it

is to be expected that there is some degree of variance in defining need and some ‘churn’ in beneficiaries in the nascent stages of programme delivery. This would be expected to decrease as delivery practice becomes more established over time and the national evaluation will monitor this in the future.

NO RECOURSE TO PUBLIC FUNDS

Some project’s beneficiaries will be individuals with no recourse to public funds (NRPF), typically failed asylum seekers and refugees. Discussions around working with this group took place at both the first Action Learning Set (October 2014) and at the Open Space event (October 2014).

Public services are inaccessible to individuals with NRPF (except for emergency services) because there is no statutory obligation to work with this group or, in some instances, services are deemed to be prevented from doing so. As such, individuals with NRPF access services which focus on survival (e.g. food banks) or small social/community groups, sometimes informal and which are generally less well-funded and less able to deal with multiple and complex needs.

A workshop on working with individuals with NRPF, convened by the West Yorkshire project (WY-FI), identified a number of issues to be addressed to facilitate working with this client group:

- *Investment in the early identification of vulnerable people in the asylum process is required.*
- *An individual’s health needs should be submitted and considered in an asylum application – however, the required weight of the medical-legal procedure is considered too burdensome on health practitioners so it is often not delivered due to a lack of resources. A summary of key health issues should be submitted to the UK Border Agency.*
- *A greater degree of ‘cultural competency’ needs to occur because terms and language used for multiple and complex needs are not universally recognised by other cultures and languages; for example, depression and schizophrenia are not well known terms;*
- *Skills need to be translated into the UK market to align qualifications in order to focus assistance on employment, training and education.*
- *Individuals with NRPF would benefit from education on their rights and entitlements.*
- *Translation services are required to overcome language barriers.*
- *GPs should be held to account for providing care even if an individual does not have an address (which is required for someone to register).*

Some of these changes could be argued as necessary, or at least beneficial, for all those with multiple and complex needs; however, many require the need to exert influence and effect changes on the immigration system. This may be beyond the remit and influence of some organisations involved in delivering Fulfilling Lives (multiple needs).

RESTRICTIONS ON INCLUSION DUE TO DEFINITIONS

Certain demographic groups may be considered to be ‘hidden’ from identification as having multiple and complex needs, depending on how the need is classified. This section focuses on three demographic groups – women, those from Black, Asian and minority Ethnic groups (BAME) and young adults – which emerge as those most likely to be excluded from services even though they may have multiple and complex needs.

Women

When considering the four areas of need which define ‘multiple and complex’ for the purposes of this programme, some women may be more ‘hidden’ for the following reasons:

- **Homelessness:** *Women are often prioritised for housing, especially if they have children, or they reside in ‘transactional housing’ i.e. living with their ‘pimp’ or drug dealer.*
- **Problematic substance misuse:** *Some women may be more reticent and fearful of admitting they have a substance misuse problem as this could lead to their children being removed from their care.*
- **Mental ill health:** *Failure to be diagnosed can be due to a number of reasons including fear of losing their children and control of a partner or family member preventing them from accessing care services such as GPs who might identify a need for assistance.*
- **Reoffending:** *Women are less likely to commit crimes and therefore not have a history of offending.*

As such, women may be less likely to appear in datasets used for individuals with MN¹⁸. It is perceived by some delivery staff that females with MN are more likely to turn up in alternative datasets such as those held by Children’s Services or Adult Social Care. In addition, women often score lowly on tools which may be used to identify eligibility for services (such as the NDT Assessment) because they are less likely to be violent and a risk to others.

This is reflected in the early project data returns to the national evaluation team which indicates that women make up only 28% of current service users. One project (Brighton & Hove, Eastbourne and Hastings) is making women the focus of their delivery for the first two years. In order to address the issue of under-representation of women, they are undertaking stakeholder briefings to specifically identify women and be more flexible with the current definition of MN to ensure that women are engaged and brought onto the project. They also utilise health secondments (nurses) as it is perceived to provide better opportunities to access women with MN.

¹⁸ Please refer to Lankelly Chase’s recent report *Hard Edges: Mapping severe and multiple disadvantage* which begins to examine this in more detail: http://www.lankellychase.org.uk/assets/0000/2858/Hard_Edges_Mapping_SMD_FINAL_VERSION_Web.pdf

BAME groups

Individuals from BAME populations may also be ‘hidden’ from services targeting people with MN. Again, this is reflected in the early data returns from projects with 90% of beneficiaries in the initial quarters of the programme been classified as ‘white’.

BAME populations may be under-represented for a number of reasons. Some cultures actively avoid being associated with a ‘label’ and therefore avoid being diagnosed for mental ill health or problematic substance misuse. Furthermore, there is perceived to be a much greater taboo and stigma attached to homelessness in some cultures which may mean that a greater number of individuals may be ‘hidden’, existing via ‘sofa surfing’ for example. Families can also prevent individuals seeking help and instead provide care within family networks. All projects are required to provide details plans to the Fund for how they will address equalities issues within the planning and delivery of services. For example, this may include work with local voluntary and community sector organisations working with specific demographic groups.

Young adults

The parameters for the Fulfilling Lives (multiple needs) programme stipulates that projects should work primarily with those aged 18 years and older (see Table 2 for a profile of current beneficiaries of the programme). A few projects have noted that young adults with MN may also require support and may also be ‘hidden’ through issues such as ‘sofa surf’ and using relatively newer legal highs rather than more recognised substances.

THE DEFINITION AND APPLICATION OF SYSTEM CHANGE

There has been much discussion by funded projects over what ‘systems change’ means in the context of Fulfilling Lives (multiple needs) and how to measure it. Responding to this, the national evaluation team has focused on system change for the 2015 Learning Programme. The opening event of 2015 detailed ‘what’ system change is and began to introduce ways in which projects might monitor and evaluate it. This work is being delivered in close collaboration with the support contract being provided by MEAM, who are assisting projects in mapping their local systems and identifying potential areas for change.

Implementation challenges and lessons learned

This section examines some of the problems projects have faced in implementing the principles of the programme (outlined in Section 1) and, where possible, how they have addressed them.

THE COMPLEXITY OF MULTI-AGENCY WORKING

With the over-arching aim to change a system which is currently based on working in silos, it is inevitable that multi-agency working is a critical success factor. However, a number of

issues around multi-agency working have emerged as pertinent in the implementation phase of Fulfilling Lives (multiple needs):

- **Obtaining a universal information and data sharing protocol can be challenging:** *With up to 20 partners for projects in the first year of delivery (and the potential for more as the initiative goes on) it can be challenging to develop and agree shared and integrated systems, protocols and the associated training development across agencies. Many of the agencies although providing local provision, are part of a national organisation or at least responsive to policy and influences external to the local area. As such there is a variety of customer relationship management systems (CRM), procedures and protocols in use. Developing a system that allows for each agency to work within its own CRM and protocols is a considerable undertaking. Some projects commissioned a universal CRM system at the outset of their delivery in order to minimise the number of agencies which would need to integrate or change their own systems.*
- **Resistance from delivery agencies:** *In a resource-scarce sector where competition for funding is key to survival for agencies, some projects have found that potential partners are resistant to participating in the initiative, stating that they are already providing the service and do not wish to be involved.*
- **Reliance on individual relationships:** *It is widely accepted that for multi-agency working to be a success strong relationships need to be formed and these often rely heavily on the co-operation of one key individual. If the key contact in a relationship leaves an organisation then the partnership working agreement can fail. This has been the experience of some projects in relation to previous administrative data sharing. Furthermore, re-commissioning can bring in new partners which will impact on the projects, particularly as the commissioning process will occur several times over the duration of the funding period for most partnerships.*

In order to begin to address these issues projects have a number of key principles as a way of managing complex multi-agency working:

- *Sustain relationships and manage potential areas of tensions or conflicting priorities*
- *Manage competitive relationships*
- *Encourage transparency*
- *Capture ‘the positive’ and reflect to partners*
- *Aim for some initial ‘quick wins’; for example, using structure charts with partners to evidence possibilities*
- *Prepare yourself and your team resource wise for spending time on partnership working*
- *Apply the theory of change exercise to partnership boards and other groups*

In addition, the national evaluation team has produced a Good Practice Guide on partnership working and hosted webinars on ‘what works’ in regards to data sharing.

WORKFORCE DEVELOPMENT

All the projects are working in large partnerships to provide a holistic service that will enable individuals to receive a ‘whole person approach’ to their recovery. In order to do

this, unique ways of working to retain key skills and experience and develop collaborative approaches need to occur. However, this means potentially combining some radically different work cultures and requires workforce development.

Projects are in their initial stages of workforce development but early issues resonate with those discussed in regards to multi-agency working, particularly problems in relation to resistance from delivery agencies and obtaining universal protocols. However, the current trend of funders seeking collaborative bids has allowed some projects to capitalise on developing the workforce early on. For example, organisations are focusing on identifying their strengths and unique areas of expertise/service delivery in order to identify suitable partners for future collaborations. This process assists project partnerships in developing their workforce for the Fulfilling Lives (multiple needs) initiative.

ENGAGING HEALTH SERVICES

In order to obtain a holistic and connected service with co-ordinated provision it is important to ensure that all services are engaged with a project. Many projects have faced specific challenges around engaging a full range of health services for people with MN. Some of the key issues raised by projects are as follows:

- *Clinical Commissioning Groups (CCGs) are perceived by some projects as viewing individuals with MN as an issue because they of the resource they take up in A&E. There is concern amongst some projects that there is a lack of engagement from CCGs to resolve the issue in partnership with projects.*
- *A lack of joined-up work within the health sector may link to a lack of commitment to look at the issues and solutions of MN holistically. For example, single pathway models are designed and then resource is allocated which projects find hard to work within when they are working on experimental work streams. Consequently, individuals with MN only become visible at crisis points e.g. A&E.*
- *No-one in the health sector has a specific remit for working with people with MN so there is no direct accountability. As a result, although the issues associated with MN are visible to the sector, the client group might not be.*
- *For some projects there is a lack of senior level buy in from health sector partners.*
- *GP surgeries are said to favour a 'one stop shop' for this client group but projects do not have the resource to deliver this.*
- *There are some tensions between the health sector and housing; for example, discharge procedures at A&E departments often rely on an individual having a 'home' to be discharged to.*

A few of the projects have identified ways of addressing some of these emerging issues. For example, some projects believe that presenting 'well-costed client journeys' will assist in obtaining senior level buy in, as well as utilising individual costs devised by New Economy or Resolving Chaos' model.

In order to include the health sector, one project is running a pilot with local GP surgeries to develop their knowledge of the project and what it offers. Another project has discussed the use of ‘complex care navigators’ in their local area who work in GP surgeries. Whilst these navigators focus predominately on physical, as opposed to social needs, they are being considered as one way to address the issue of providing relevant referrals to the client group via primary care facilities.

HOUSING AND LOCAL CONNECTIONS

Individuals with MN have to establish a ‘local connection’ to access some local authority services, including housing support. A lack of local connection is a key barrier to (potential) clients accessing services, particularly for projects working across multiple authority areas, within London or in areas with relatively higher numbers of national/international migrants, such as coastal towns. Clients are limited to accessing support in their ‘home’ local authority even if they might be better supported in a neighbouring authority.

The restriction to receiving support from an area with a ‘local connection’ is particularly problematic for this client group for a number of reasons:

- ***It does not take into account the nomadic lifestyle of the homeless:*** For individuals with MN, a nomadic lifestyle may exist with homeless people moving across areas with relatively high levels of frequency. Political boundaries set for service provision are not a consideration for the client group even though their access to services relies upon it.
- ***An individual is restricted to an area that potentially will not assist in recovery:*** Remaining in an area in order to retain a local connection to access services can often mean being in the same place as the environment, people or situations that contributed (or continue to contribute) to an individual having complex needs in the first place e.g. connections to drug dealers.
- ***The financial predicament of some local authorities impacts on their commissioning and therefore service availability:*** There is some evidence that austerity cuts may be linked to people moving from smaller neighbouring towns to cities where resources are likely to have been retained (albeit in a reduced form). However, without a local connection services are often withheld which results in cities seeing an increase in individuals moving into their local area and no recourse to provide support.

Some projects are already working on ways to overcome these issues. For example, the MEAM Coalition are working, via the support contract for the initiative, with a number of areas for whom the local connection issue is particularly pressing. They are assisting these projects in working with their local authority(s) to outline pathways and processes to reconnect individuals back to the area. For one project working across local authority boundaries, MEAM and the partnership’s peer researchers are investigating the possibility of adopting an ‘exchange programme’. This would involve relocating individuals to overcome some of the issues outlined and provide the client with a greater opportunity to recover. Local authorities have a model for exchanging clients between areas but currently

this is primarily for individuals experiencing domestic violence and it is discretionary. This process is currently in its initial stages as there are considerable barriers to be overcome; for example, the need to consider a proportionate exchange based on available resources. Proposals will be designed and submitted to local authorities in due course.

Another project sought to overcome the issue of MN individuals migrating to their city for access to resources by enabling their neighbouring authorities to secure funding to provide services in their own boroughs. This particular project uses a 'single access gateway' to produce evidence of people accessing services in their city who have either no or a tenuous connection with the area. This evidence is presented to a regional forum and has allowed the city to persuade other neighbouring authorities to form a consortia which has successfully bid for funds to replicate the Intensive Support Service they utilise for the Fulfilling Lives (multiple needs) initiative.

RELiance ON WELFARE SUPPORT

The majority of individuals with MN rely on financial support from the Department for Work and Pensions (DWP). The Welfare Reform Act 2012 has brought about fundamental changes to the benefits systems. April 2013 saw the introduction of the bedroom tax and benefit cap. The introduction of Universal Credit, which replaces many existing benefits, began in April 2013 in some areas and across all areas by 2017. The ramifications of this are still being understood but it will have an impact on all projects funded through Fulfilling Lives (multiple needs).

Two issues which have already emerged with regards to people with MN and reliance on the DWP which impact on this programme:

- ***Reluctance for full informed consent to share information with national organisations:*** *Some individuals are wary that if they provide consent to share information about themselves with the DWP that it may impact on the benefits they receive in a negative way.*
- ***Benefits rules can be a barrier to progression:*** *The initiative seeks to improve and develop individual's education, skills and employment; however, many opportunities are seen to conflict with the ability to retain benefit levels and therefore act as a barrier. For example, volunteer positions can affect benefit claims, and taking on training or part time work positions can remunerate at a lower level than full benefits.*

The national evaluation team has provided a detailed 'my information' booklet to accompany discussions on informed consent. A short focus group was conducted with current service users to inform the design and content of the informed consent form. Frontline workers talk through the content with beneficiaries and explain what data will be shared, with whom, how and why. Projects can use their own branding and layout for information and the way in which consent is discussed with clients. Data returns so far indicate that levels of informed consent vary significantly by project so this is something which could be revisited by the national evaluation to identify if there are areas of good

practice or where practice could be improved. Future webinars will help illustrate ‘what works’ in regards to informed consent to help alleviate this issue.

A number of projects have begun to examine alternative approaches to ensuring that service users and peer researchers do not encounter difficulties with benefits if they participate in the various elements of the Fulfilling Lives (multiple needs) initiative. However, to date anecdotal feedback from projects has been that the DWP approach is inconsistent and dependent on local Job Centre Plus relationships.

OTHER EMERGING ISSUES

There are a number of issues that are starting to arise now that projects are taking on beneficiaries. As these issues are emergent we do not have full details but will continue to monitor and evaluate them, where necessary, over the course of the initiative:

- *Engagement with potential service users takes a considerable amount of time and resource as the focus of most projects is on the ‘disengaged’ – ‘Getting someone to have a coffee with you after 30 years of disengagement is a big thing!’ Lead-in times for working with beneficiaries are now longer than originally proposed/predicted.*
- *A few projects have highlighted the fact that some individuals are so removed from services that they are not currently costing ‘anyone anything’ at the moment – this will see an increase in expenditure once they are engaged and received support.*
- *There is a perception that public policy on MN is dictated by public opinion which is considered to be very negative. Projects feel that influencing and lobbying to change poor public opinion is necessary but they are currently unsure as to whose role it is to do so.*

07. CONCLUDING REMARKS AND NEXT STEPS

This section outlines the forthcoming priority areas of work for the national evaluation of Fulfilling Lives (multiple needs).

This report – the first interim report for the national evaluation of Fulfilling Lives (multiple needs) – sets out the context in which key aspects of the national evaluation have been implemented. We provide an overview of progress made by each of the 12 funded projects and highlight those emerging issues which could impact on delivery and the evaluation work. The report summarises some of the learning from the nascent stages of the programme. We provide some headline data submitted by the projects in the first two data returns. However, no detailed analysis has yet been undertaken with regards to assessing the impact of delivery or identifying what works, in what context and for whom. This will be the focus of future interims reports.

Over the next 12 months the national evaluation team will continue to work with projects to review and, where necessary, refine data provided through the CDF. This will also include detailed consideration of data provided by counterfactual areas (from September 2015 onwards) to inform initial impact and cost effectiveness analysis. One-to-one discussions with projects will be supplemented by activity delivered through our Learning Programme. Our seminar in May 2015 will look at the strategies that local partnerships have employed to improve the collection, use and sharing of service user data; this sits alongside less structured activity to being together those responsible for systems change and evaluation and learning within projects to share experiences in relation to all aspects of the evaluation including how to maximise levels of informed consent and obtain data on service use from local stakeholders. An interactive dashboard summarising project data will be developed and submitted to the Fund to provide up-to-date information on progress.

Our Sampling Point B and C service user surveys will also be designed and implemented drawing upon the same processes as those employed for Sampling Point A. We will continue to actively encourage, support and quality assure the work of peer researchers to ensure the provision of robust data and achievement of positive outcomes for service users.

Quantitative data collection will be aided by our qualitative research. To date interviews have been undertaken exclusively with project staff and stakeholders; additional interviews with projects will be undertaken throughout this period but they will be supplemented by in-depth interviews with service users (recruited through our service user surveys). Interviews will focus on understanding what works for service users, in what context, and for whom. These will inform a series of case studies of both projects and service users which will demonstrate the impact of Fulfilling Lives (multiple needs) across the 12 projects. Case studies will be supported by a series of deep dives which will identify the

factors associated with successful delivery. The national evaluation team is currently finalising our implementation strategy which will be shared with projects shortly.

The first national peer research project will publish findings in May 2015. Towards the end of the year, planning will begin for the next peer research project. Those involved so far will be able to maintain their involvement in the work, or drop out, and other members of the NECG will be invited to volunteer to participate should they wish to. The research topic, methodological approach and timescales will be determined by the group with relevant training and support provided by the national evaluation team.

Our Learning Programme will continue to evolve to meet project's needs. We will provide support and learning to projects on the monitoring and evaluation of System Change, and identify lessons learnt and provide Good Practice Guides to highlight successes.

Findings captured from the above will help inform the national evaluation team's next report – a synthetic report due in September 2015. The report will bring together quantitative and qualitative data to provide evidence of the interventions, approaches and ways of working that are most successful.

08. APPENDIX 1: LEARNING PROGRAMME ACTIVITIES

This section provides an overview of the learning activities provided to date by the national evaluation team.

Learning Activity	Number completed	Subjects covered
Seminars	7	Introduction to Evaluation; Getting Started: Emerging Lessons; Homelessness Outcomes Star Training (x2); Discussion Seminar; and Big Lottery Fund Celebration Events (x2).
Good Practice Workshops	7	Using Action Learning to Bring About Systems Change; Data Collection, Recording and Accessing Administrative Data; Assessing the Strength of Partnership Working and Evidencing Systems Change; Local Evaluation: Introducing the Aims and Objectives of the National Evaluation (x2); Tracking and Evaluating Systems Change; and Service user Data: Emerging Lessons on What Works.
Good Practice Guides	5	Commissioning Evaluations; An Introduction to Action Learning Sets; Informed Consent; Assessing Partnership Working; and An Introduction to Social Return on Investment.
Action Learning Sets	5	These commenced in October 2014. There are two core sets – Systems Change (which runs once a quarter) and Evaluation and Learning (bimonthly).
Online Observatory	159	At the end of March 2015 there were 159 documents available for use on the observatory.

Table 5 - Learning activities completed between July 2013 and March 2015