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Liverpool Waves of Hope evaluation

Final report

Ipsos MORI Social Research Institute

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Introduction

Liverpool Waves of Hope

Liverpool Waves of Hope (LWoH) is part of the National Lottery Community Fund's "Fulfilling Lives" programme. This programme has funded 12 projects across England to improve the lives of people with multiple and complex needs. The programme defines this as people who face a combination of serious problems relating to substance misuse, homelessness, poor mental health and offending. Liverpool Waves of Hope supported people facing at least three of these four issues in their lives; in 2012 it was estimated that there were around 700-800 such individuals in Liverpool. Many of this group also face significant problems relating to disability or poor physical health, live in chronic poverty, and have experienced violence and abuse.

The "Fulfilling Lives" programme was set up to address the difficulties that many people in these circumstances have in finding support that works for them. People with multiple and complex needs can often find themselves excluded from support due to eligibility criteria and thresholds that do not account for the combined effect of the problems they face.

Throughout this report, contextual information appears in boxed text.

The Making Every Adult Matter Coalition (MEAM)[1] reflected after the Conservative Manifesto 2017 that many proposals such as the Homelessness Reduction Taskforce, Housing First and Health and Wellbeing Boards had the potential to improve lives through better coordination of services, greater understanding and flexible collaboration.[2] However, the ability of services to deliver on this potential has been in question, as through a prolonged period of austerity local authorities have consistently faced budget cuts which have been passed on to local services. In addition, the MEAM coalition have noted that:

"the environment has been more difficult than it should be for services to work together. We have found examples of services not understanding the requirements of people with multiple needs, and of local commissioning being inflexible and preventing collaboration between organisations."

Liverpool Waves of Hope was awarded £10 million from the then Big Lottery Fund to provide a holistic support service that would be more effective for people with multiple and complex needs. This service is provided by several local housing providers and charities, and includes:

- an Intensive Support Service provided by caseworkers (delivered by Riverside Housing Group);

[1] The Making Every Adult Coalition (MEAM) are a coalition of national charities (Clinks, Homeless Link, Mind and Collective Voice) who represent over 1,300 frontline organisations across England. They support local areas to develop coordinated services and work to influence local and national policy to directly improve the lives of those with multiple and complex needs.

[2] http://meam.org.uk/policy/supporting-the-government-to-improve-the-lives-of-people-with-multiple-needs/

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- nine specialist hostel beds for those with the most severe physical health needs (Accommodation-Based Service, delivered by Liverpool YMCA);
- support from peer mentors (organised by The Whitechapel Centre);
- opportunities for people to take part in volunteering, educational and social activities (New Beginnings, delivered by The Whitechapel Centre).
- Following a service redesign in 2017, less intensive caseworker support is provided by an additional service, the Community Navigator Service (delivered by the Whitechapel Centre).
- The project also intends to involve the people it supports in the design and delivery of these services, and so set up a Service User Forum and later a Lived Experience Team to help achieve this (delivered by Big Life Group).

The lead agency for the project is Plus Dane Housing, responsible for, among other things: commissioning services, overseeing delivery, managing the grant, commissioning this evaluation, organising meetings of the project board, known as the Core Strategic Group (CSG), and reporting to the National Lottery Community Fund.

The project began providing support to people in September 2014, and is due to end in December 2019. In 2017, the project underwent a redesign including the introduction of an operational lead, and the transfer of the majority of people and caseworkers from the Intensive Support Service to the Community Navigator Service. More background on the project and details of its design, and the service redesign, can be found in previous evaluation reports.

The evaluation

This is the final report of the evaluation of Liverpool Waves of Hope, which has been conducted by a team at Ipsos MORI, an independent research company. This local evaluation complements a national evaluation of the Fulfilling Lives programme as a whole, which is being carried out by CFE Research and the University of Sheffield. The purpose of the local evaluation has been to assess the difference the project has made, both to the people it supported, and more widely to the level and nature of support available for this group of people in Liverpool.

The evaluation began in March 2015 and has produced four annual reports, available on the Waves of Hope website, as well as this final report. The evaluation is largely based on interviews, with project staff and managers; representatives of other services in Liverpool that work with people with multiple and complex needs ("external stakeholders"); and people with lived experience of multiple needs. In particular, we interviewed 22 people supported by the project, most of whom we interviewed multiple times over the course of the project to build up a picture of their experience over time. To complement this, we reviewed local and national policy documents, analysed monitoring information collected by the project, and carried out a survey of relevant services in Liverpool. We also visited the Service User Forum and Lived Experience Team to get their views on priorities for the evaluation.

Since the previous evaluation report, we have interviewed 11 staff working on Liverpool Waves of Hope, four peer mentors and members of the Lived Experience Team, five external stakeholders, and eight people supported by the project. As this is a summative report, it contains some lessons learned in previous years of the project as well as

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findings that have emerged more recently. All quotes are from interviews carried out in 2019 unless otherwise stated.

Note on terms used in this report

Although we have simply used the word "people" wherever possible, sometimes we have needed to make it clear that we are writing about people supported by LWoH. We asked people supported by the project (via the Lived Experience Team) how they would prefer to be referred to in this case, and they chose the term "LWoH members". This is the term we use in this report, although interviewees may have used the terms "service users" or "clients" to mean the same thing.

"Delivery partners" refers to the organisations above who provided the project's services: Big Life, Liverpool YMCA, Riverside Housing Group and the Whitechapel Centre.

"External stakeholders" refers to staff or commissioners from other Liverpool organisations relevant to people with multiple needs, such as Liverpool City Council, accommodation providers, health services and probation services.

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Key messages

Successes, challenges and learning

Key messages

1. **Services need to be flexible in terms of eligibility and duration of support.** LWoH members benefited from caseworker support that did not have a fixed time limit. This enabled caseworkers to be persistent, test different approaches, and have sufficient time to secure alternative sources of support. The nature and severity of people's needs often fluctuated, and recovery or progress was seldom straightforward or "linear". This points to a need for services to be flexible in terms of thresholds and eligibility criteria. People also valued being able to re-engage after a period of crisis and disengagement.

2. **Psychologically informed approaches have benefits for staff and the people they support, especially when adopted consistently.** These encouraged staff to respond more reflectively and constructively to challenging behaviour, reduce evictions and exclusions, and feel more supported in their role. The success of these approaches, demonstrated by LWoH, has seen them adopted by accommodation providers elsewhere in the city, so that staff from different services can work with someone in a consistent way.

3. Trusting relationships with caseworkers are vital, but if people are over-reliant on individual workers this can lead to setbacks and self-sabotage when the relationship comes to an end. Staff need to **communicate clearly and consistently about the boundaries of the support, and encourage people to build relationships with a range of staff and develop a wider support network.**

4. **Peer mentors can introduce people to a wider range of activities and relationships** and build a sustainable support network. Peer mentoring opportunities also provide a way for people with lived experience to influence the delivery of the project and can be a way into employment.

5. New Beginnings activities have helped people to regain a sense of personal identity and build connections with others. This has led to increased confidence, as well as enabling some people to reduce their drug and alcohol use. **These activities were often a first step into, or a way back into, engaging with the service and therefore it was important that they were available from the start, without eligibility restrictions.**

6. **People are still often unable to get the mental health support they need.** The capacity of mental health services has been repeatedly identified as a barrier to LWoH members getting the support they need to make changes in their lives. In particular, with nearly nine out of ten LWoH members having a dual diagnosis of mental health and substance misuse problems, the challenges in obtaining support in such circumstances have been a huge problem for people supported by the project. Commissioners should consider how to close this gap in support, perhaps by commissioning specialist support with more flexible eligibility criteria.

7. **Many people with complex needs also have significant physical health problems.** There will be a need for the service to support people at the end of their lives. Services should anticipate this need by considering how it will interact with other needs and by developing relationships with health services. Relationships with health services can help identify people with multiple needs who may not otherwise be known to services, and this is particularly important for reaching women in need of support.

8. **Service user involvement requires dedicated resources, invested as soon as possible.** Service user involvement with this group of people is very challenging due to issues of trust, safeguarding, confidentiality

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and capacity. Significant time and resource is needed from the start to build up the trusting relationships needed for service user involvement to work effectively. The earlier this is invested the more opportunity there is for people to influence the design of the service.

9. Some professionals can have unrealistic expectations of the capacity of service user involvement groups and the timelines they can work to. **These expectations need to be managed accordingly.**

10. There were challenges relating to poor relationships, mistrust and communication breakdowns between delivery organisations. These underpinned many of the problems identified in this report. There was widespread agreement that LWoH should have been **delivered by a single team, or at least to have had a shared location and a single operational lead from the start.** More opportunities for staff from delivery partners to meet would have created a more cohesive team and provided an opportunity for addressing problems promptly.

11. Providing frontline support to people with multiple needs is highly emotionally demanding. **Staff need appropriate supervision, both from managers and through clinical supervision**, to make sure the team is healthy and can work effectively. Clinical supervision helps staff to gain perspective on their work and the difficult things they encounter. Staff valued their managers working closely with them and taking an active interest in their cases.

12. **Multidisciplinary team working that includes senior decision-makers** has been effective where workers had previously struggled to "get the ear" of the right people, and in allowing data-sharing to provide a fuller picture of someone's history and needs.

13. **Face-to-face visits to other services worked well to secure engagement.** Staff commented that it was important to emphasise to hostels that they shared responsibility for LWoH members as a team, to listen to the other service's concerns and needs, and encourage honest feedback.

14. Some LWoH members experienced dismissive or judgemental treatment from mainstream services. **Training about multiple needs is needed for people who work in mainstream services and may encounter people with multiple and complex needs** – for example, receptionists at GP surgeries, hospital staff, or those working in Housing Options or Jobcentre Plus. Training could help staff at these services understand why people might behave a certain way and what additional support they might need. One staff member suggested designating a named person at other services who could be a point of contact and advocate for a flexible approach for people with multiple needs.

15. A pro-active approach to sharing learning from the project is essential, at both a strategic and operational level. This should include **building ongoing relationships with other services, championing the project by sharing success stories, and creating opportunities to share best practice ways of working**. Face-to-face opportunities to share learning, such as conferences and visits, were seen as more effective.

16. A competitive environment and unequal power dynamics may have limited the willingness of some staff members to share ideas and learning. **Commissioners need to be willing to have open conversations about what is and isn't working**, and to ensure delivery organisations feel they can challenge commissioners without putting their contracts at risk.

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17. People supported by the project usually reduced their interaction with some crisis services, including A&E and the police. However, their overall service use tended to increase, because **the project enabled people who had previously been excluded from support to get the support they needed.** When we quantified this for a small number of people, the savings made by the reduced use of crisis services were usually outweighed by the costs of the day-to-day, more appropriate support people began to receive, including accommodation, benefits, and health and social care. This suggests that **it is not likely to be accurate or appropriate to think of the project as creating savings for the public purse overall.**

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Outcomes for people supported by the project

Outcomes for people supported by the project

Overview of support

Over the course of the project, Liverpool Waves of Hope worked with 406 people[3]. Nearly all LWoH members received caseworker support from the Intensive Support Service until the service redesign in June 2017, when 92 people transferred to the Community Navigator Service and 26 remained with the Intensive Support Service. Many of these people also received support from other LWoH services such as the peer mentoring service and New Beginnings.

Table 1.1: Total number of people supported by each service

Service	Total number of people supported between September 2014 and June 2019
Intensive Support Service (Riverside)	388
Community Navigator Service (Whitechapel)	122 (from June 2017)
Accommodation-Based Service (Liverpool YMCA)	51
New Beginnings (Whitechapel)	143
Peer Mentoring (Whitechapel)	158

Source: project monitoring information collected for national evaluation

People who left the project had, on average, spent just over a year (388 days) receiving support. Around one-third (33%) of all LWoH members had been supported for more than two years and one in seven (14%) had been supported for more than three years.

What did the profile of LWoH members look like?

LWoH members range from those who require support to live independently (for example, support to engage and register with external services, increase their confidence or social skills, or to maintain their tenancy), to those with more extensive needs who require lifelong care and intensive support, including end-of-life care.

[3] Between September 2014 and June 2019 (the latest date for which there is data). Over the lifetime of the project, 881 people were referred for support and 504 of these referrals were accepted, but some of the people referred chose not to engage with support.

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Nearly everyone supported by LWoH (97%) had needs relating to substance misuse, and more than nine out of ten (91%) had mental health problems. This meant that dual diagnosis was a significant issue for this cohort: 88% of LWoH members were recorded as having both substance misuse and mental health problems[4].

Many stakeholders observed that LWoH was perceived primarily as a homelessness initiative. However, homelessness was not the most prevalent of the four Fulfilling Lives needs among those presenting for support, although it was still a problem for over three-quarters (77%). A similar proportion of LWoH members (77%) had needs relating to offending when they joined the project, although unlike the other areas of need, the number of people joining the project with offending issues reduced noticeably over time[5]. This is shown in the table below, which presents a snapshot of the group of people being supported by the project at each time point.

Table 1.2: Proportion of LWoH members with needs in the four Fulfilling Lives areas, over time

Percentage of LWOH members with identified needs related to:	**Mar-15**	**Sep-15**	**Mar-16**	**Sep-16**	**Mar-17**	**Sep-17**	**Mar-18**	**Sep-18**	**Mar-19**	**Jun-19**
Substance misuse	97%	99%	98%	96%	99%	95%	96%	84%	91%	98%
Mental health	82%	85%	94%	97%	95%	94%	98%	85%	83%	91%
Both substance misuse and mental health	*80%*	*84%*	*91%*	*93%*	*93%*	*90%*	*94%*	*82%*	*83%*	*90%*
Homelessness	73%	72%	75%	78%	74%	85%	83%	75%	78%	80%
Offending	88%	86%	80%	82%	77%	61%	62%	48%	50%	57%

Source: project monitoring information collected for national evaluation

LWoH members also had additional needs; for example, 40% had another long-term disability or health problem affecting their ability to carry out day-to-day activities. Reflecting on the project, staff reported that they had not sufficiently anticipated the level of need for physical health treatment, including palliative care, among the people they supported. Thirty people died whilst being supported by the project.

[4] Based on data recorded by caseworkers when people joined the project; it is possible that the true figure is higher than this.

[5] Although there is no clear explanation of this, one possible reason may be because the project worked with more women in 2018 and 2019 than in previous years (see next page).

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"One of the things I do think that should have been thought about at the beginning was that physical health should have been one of the categories, because a lot of the guys that we're supporting are very poorly. They might have substance issues, mental health, but their physical health overrules everything else… their physical health is the most important thing to them and at the end, the thing that will ultimately kill them if they don't get it dealt with." – Project staff

A 2015 report on severe and multiple disadvantage in England[6] estimated that 31% of homeless people have complex support needs and that these needs increase the longer they stay on the streets. One of the greatest needs of this group is healthcare. In May 2019, £2m in health funding was provided by Public Health England to councils to enable access to health and support services for people sleeping rough, those with mental ill health and substance misuse problems.

Staff also described how the extent of people's needs often only became apparent after they had built up trust with their caseworker, for example revealing at this point a history of trauma requiring additional counselling or other therapeutic support. Some stakeholders felt that, had these needs been better anticipated, the project could have built better relationships with health and psychiatric services early on, facilitating access to these services for LWoH members.

The "chaotic" nature of living with multiple and complex needs means that people's support needs can change quickly and frequently. As a result, staff said that the journey towards recovery was not straightforward or "linear" for many of the people receiving support. Staff mentioned how people may, for example, achieve a period of stability, including independently managing their daily life and reducing their drug and alcohol use, followed by a relapse. This could be triggered by personal factors, such as a relationship breakdown or reliving trauma, or external factors, such as a change of caseworker or eviction from a property.

"I have good days and bad days, today's a good day. You might think I look perfectly normal but you don't see me when I'm down." – LWoH member

Staff also observed that some people had more marginal needs in different areas (such as low-level offending, or mild to moderate mental health problems). These needs could be individually not severe enough to meet the threshold to be accepted by external services, but in combination with other needs meant that they required intensive support.

Following the project redesign, staff also felt that some people who transferred to the Community Navigator Service (CNS) had higher needs than anticipated, but not necessarily high enough to meet the threshold of the Intensive Support Service (ISS). For example, staff mentioned people who had accommodation and may feel ready to engage with support at times, but still suffer relapses and periods of crisis. This meant that sustained caseworker support was still required, including to manage their tenancy, and it was not considered possible to reduce support entirely and "move people on" from LWoH support.

In the first few years of the project LWoH worked with around twice as many men as women. However, staff reported that, during the period that referrals were reopened between November 2018 and March 2019, there was

[6]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733421/Rough-Sleeping-Strategy_WEB.pdf

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an increase in referrals of women and couples. Staff attributed this to LWoH staff reaching out to a wider range of services and asking them for targeted referrals, rather than relying on the organisations closest and most known to the project to refer people, as women with multiple and complex needs were less likely to be homeless and more likely to be referred via health teams or drugs services.

What outcomes were important to LWOH members?

Living in more appropriate accommodation was a central goal for many people supported by LWoH. Many LWoH members interviewed for the evaluation saw appropriate accommodation as a stable foundation that would allow them to focus on achieving positive outcomes in other areas of their lives, such as a reduction in substance misuse.

"It's going to be my own roof over my head. I haven't had that for nine years. It's a long time... You've got your own house, your own flat. You don't have to have staff knocking at your door, you don't have to have other people knocking at your door all the time. It's your space." – LWoH member

People wanted accommodation that met their individual needs: for example, moving to a property closer to their support network of friends and family, or a safe and clean environment where they would be less vulnerable to exploitation or people consuming drugs or alcohol. For others, having a property where they could keep a pet was a priority.

Some people recognised that their drug and/or alcohol addiction was a barrier to achieving the changes they wanted to see in their lives; therefore, abstinence was something they were gradually working towards. People wanted to build up more of a routine and meaningful activities in their lives as a step towards breaking negative cycles of addiction.

"I'm not seeing my family at the moment, not while I'm drinking. I don't want to see my nephews and nieces while I'm drunk." – LWoH member

Managing their mental health and wellbeing was another key goal for many members. People supported by LWoH mentioned wanting to increase their confidence to be able to interact in group settings, and achieving a more positive outlook in order to be better able to focus on goals for the future. LWoH staff often considered social support to reduce isolation as a first step towards this.

In the longer-term, LWoH members were working towards goals such as reconnecting with family members, including children, or working towards paid employment. In order to achieve these goals, members recognised that they first needed to achieve more independence and stability in their everyday lives. This included managing their finances (through applying for benefits, budgeting, or applying for a bank account), maintaining their tenancy, and achieving smaller goals such as cooking, cleaning and washing independently.

What support did LWOH members want from the project?

Due to their multiple and complex needs and to work towards their goals, LWoH members often required the support of a range of external services. This included housing providers, mental and physical health services, drug and alcohol reduction services, probation or benefits officers. LWoH members needed the support of someone who could advocate on their behalf to argue for their eligibility for support from different services. Members also

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wanted a joined-up approach from the different services they accessed, including not having to repeat their life-history.

LWoH members valued the holistic support provided by caseworkers, which ranged from regular phone calls and taking them for a coffee to get out of the house, to advocating on their behalf with services or being available in a crisis (such as responding to a suicide attempt). Members also appreciated it when caseworkers were able to take their wider situation into account, for example through referring other family members to support.

LWoH members considered trust to be a key factor in their relationship with their caseworker, and this was built over time. A trusting relationship also meant that people felt they could rely on the support from their LWoH caseworker, contrasting this to experiences with other services where they had felt let down. Members said they valued their caseworkers regularly checking in on them and turning up at the time they said they would.

"I found it nice that they take the time out to come and see you and to make sure you're alright and you haven't got any problems or issues." – LWoH member

Other qualities considered by members to be valuable in a caseworker include:

- understanding and empathy and being non-judgemental. This was often compared to negative experiences with other services that were "dismissive" or "bossy";
- having a positive demeanour;
- being willing to take the time to get to know them and their individual needs;
- persistence from their caseworker to encourage them to make positive changes was considered vital by those people who felt that they struggled with being motivated to change.

Help to take small steps towards independence, which could otherwise seem overwhelming, was essential for people to gain independence and pride in their living situation. For example: support to manage weekly finances (caseworkers had arranged with supported accommodation staff to keep hold of members' cash and provide a daily allowance, and also referred members to training), and taking people shopping and helping them to plan meals. People who were socially isolated appreciated having someone to talk to, who checked in on them, and whom they could contact when needed by phone or text.

What support did they want outside/beyond the project?

Beyond LWoH support, members wanted external services to be understanding of and better tailored to their individual needs. This included services being non-judgemental and recognising the sometimes "chaotic" and fluctuating nature of their multiple and complex needs. They did not want assumptions to be made based on how people present at services, and were frustrated when they were considered ineligible for support because of substance misuse issues or criminal convictions. As above, people also wanted the different services they accessed to have a joined-up approach to their care, which included sharing information and minimising the need to repeat themselves when accessing services.

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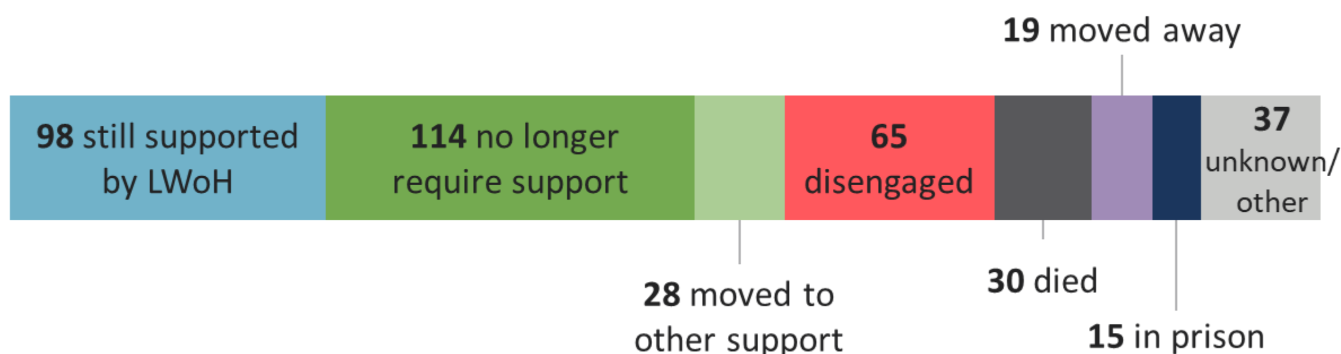
Members and staff valued services that were flexible and willing to "think outside the box" to provide a bespoke approach, especially when people had exhausted certain support options (for example through evictions or failing to complete detox programmes). This was also true of people who fell "between the gaps" of services, for example those who required supported accommodation but who were under the age threshold.

What measurable outcomes were achieved?

Of the 308 people no longer supported by Waves of Hope, around one-third (114 people) were recorded by caseworkers as having successfully moved on, no longer requiring support, and a further 28 people were recorded as having moved to other support. 65 people (21%) had disengaged from the project and 37 people had other or unrecorded outcomes. 19 people had moved out of the area, 15 people were in prison, and 30 people had died.

Figure 1.1: Overall outcomes for people supported by LWoH



Source: project monitoring information collected for national evaluation

This is a smaller number of people supported than the project's original target of 840. This partly reflects the level of support and time needed by some people, which was higher than the project initially expected. On average, each of the Fulfilling Lives projects has worked with 290 people to date.

The project reported a number of measurable outcomes to funders and the national evaluation. In June 2019, the project reported the following outcomes for 400 people supported over the project's lifetime[7]:

- 79% of people had reduced the time they spent rough sleeping
- 45% were not evicted in the last year
- 76% reduced their use of A&E services
- 76% were arrested less frequently
- 22% engaged with training, 19% volunteered and 2% took up work placements.

[7] Data appears to be missing on the remaining 6 people.

However, project staff emphasised that these types of outcomes could not adequately describe the progress people had made, and that it was important to recognise positive changes in behaviour as well as targeted outcomes.

"We've got people that have built relationships up with people who have never had relationships with anyone before, we've got people who have budgeted money, we've got people who can see hope. People who have always had a negative name about them, that people are seeing a different side to them." – Project staff

What other positive outcomes were achieved?

Staff and LWoH members described LWoH support as integral to achieving a range of "softer" outcomes that were harder to measure independently, including around mental health, building confidence and positive relationships, and taking steps towards independence through developing life skills. This section describes these self-reported outcomes, and the following section explores what worked to achieve them.

LWoH members described the support they received as **reducing their stress and anxiety**, through helping them to maintain a routine, manage their finances or get involved in meaningful activities that relieved boredom and provided a constructive use of time. One person reported they no longer felt suicidal since starting LWoH: *"Now I think… what a loon I was trying to do that."* The project reported that 75% of members reported an overall improvement in their wellbeing.

Staff and members credited involvement in meaningful activities, such as those offered through New Beginnings, for **reducing boredom and isolation**, leading to **decreased drug and alcohol use** for people with drug and alcohol dependence.

"A lot of alcoholics, you need to keep your mind off the drink. So, she became my key worker, started getting me involved with different activities." – LWoH member

While some members did not consider themselves ready to work towards abstinence, others had **cut down their drug and alcohol intake**, for example by stopping taking certain drugs, or consuming lower-strength alcohol; or had adopted **harm reduction measures** such as smoking drugs rather than injecting them. The project reported that 63% of people it supported had reduced their drug and alcohol intake.

Caseworker and peer mentor support to take members for a coffee or to go shopping led to **increased confidence** for many members, including confidence to leave the house. Regular visits from peer mentors or caseworkers also **reduced social isolation**, with one person describing how this had developed their sense of self-worth: *"It stops me feeling worthless as I think that someone has taken the time to come round to see if I'm ok".*

The support provided by LWoH helped many people to **build positive relationships** with their caseworker or peer mentor, and later with attendees at New Beginnings group activities. Staff considered people **calling staff by their name**, being **open to discuss their needs** and past experiences, and **willingness to mix with other people** as significant milestones for some. When people felt ready to engage in New Beginnings group activities, this could represent a turning point, particularly for those who had rarely socialised or left the house: *"I feel like a brand-new person. I couldn't even talk to people".*

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Making small steps towards **increased independent living and managing daily tasks**, such as cooking, cleaning and personal hygiene, or being aware of what day of the week it is, could also represent significant achievements for some people. The project reported that 73% of people it supported were better able to manage their accommodation than previously. Staff felt that these achievements gave people a **sense of normality**, as well as **pride in their living situation**.

Managing to budget effectively, through caseworker support and New Beginnings courses, meant that members were able to save up for personal items, such as music equipment, clothes or pet food, which contributed to a **sense of pride** as well as **personal enjoyment**.

While in some cases positive changes (such as abstinence or successfully managing a tenancy) were only maintained for a matter of weeks or months, staff considered these outcomes important for giving people the confidence, pride and self-worth to continue to work towards further positive outcomes in their lives.

What helped people achieve positive outcomes?

From interviews with LWoH staff and members and wider stakeholders in Liverpool, there were a number of factors that were considered to enable positive outcomes for people supported by the project:

- The flexible and holistic design of the support offered through the different LWoH service providers;
- The ability to identify appropriate accommodation for members and support them to maintain it;
- The intensive and committed nature of support provided by caseworkers;
- The promotion of joined-up working between services, particularly towards the end of the project;
- The wider support offered by the project (peer mentoring, and activities through New Beginnings);
- The psychologically-informed nature of support.

These factors are described in more detail below, including the overall contribution staff and LWoH members felt each had made to the positive outcomes for those receiving support.

Flexibility and persistence

The flexible nature of LWOH support enabled the project to take a “person-centred” approach and examine people’s needs holistically, while getting to know their interests and hopes for the future:

“It's based on people's wishes rather than what other people think is good for them."— Project staff

"We found out that he likes singing, he likes dancing, he likes quizzes and we incorporate that into some of the work that we do." – Project staff

Many LWoH members explained in interviews that they preferred the approach of caseworkers asking what they wanted in terms of support, rather than telling them what to do, and that this was something they had not previously experienced from other services. This underpinned respectful relationships, with caseworkers treating members as people rather than problems to be solved. It also contributed to positive relationships between

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members and caseworkers, which could lead to greater engagement and members being more honest and open with their caseworkers.

"At first, I thought everyone's going to be trouble. Was it going to be like, 'You've got to do this and you've got to do that?' It was nothing like that. Once I got to meet everyone, got introduced to different things that were going on, it wasn't like that at all... It was just getting to know your worker. So, you'd have more trust in the worker then, and you were able to talk to your worker" – LWoH member

In addition, the fact that LWoH support was not limited to a set time period (unlike many other support services) meant that caseworkers could work with people for as long as required. This was seen to facilitate access to more appropriate housing and external support as it gave caseworkers more time to advocate on behalf of members to understand and better meet their accommodation needs. This also enabled caseworkers to "try out" different types of support, for example referring people to courses, training or counselling. If people did not feel ready or able to engage, or did not find the support helpful, caseworkers could help them to identify something more appropriate.

LWoH staff rarely closed cases and instead kept people "on the books", meaning that even if members disengaged for a period of time they had the option to re-engage when they were ready. This provided members with a sense of security that they had someone they could contact. Having a specific contact was valued by members, including the flexibility to get in touch with caseworkers outside of working hours or at the weekend. Staff saw this as a key factor in providing support to people who had suffered trauma, as in some cases their fear of losing support contributed to their needs:

"People who've suffered trauma are afraid there will be no-one there to protect them, which is why they drink." – Project staff

The persistence and sustained encouragement of caseworkers over time was highlighted by members as facilitating positive outcomes. Some attributed their abstinence to regular visits from their case worker.

"They taught me, they tell me. When you get it drummed into your head all the time, eventually, you listen." – LWoH member

It also facilitated trusting relationships between caseworkers and members that had been built over time, which resulted in people being able to discuss their needs more openly, including disclosing issues that they did not previously feel able to share.

Joined-up approach/ multidisciplinary working

Collaboration between LWoH and statutory services underpinned many positive outcomes for members. In-depth and detailed knowledge from experienced staff and managers was seen to contribute to successful referrals for support, including specialist services such as group support with other HIV positive people, or bereavement counselling. Members were positive about different services discussing their care as they recognised this would lead to better coordination of support and minimise the need for them to repeat their histories*: "They talk to each other, for me that's fantastic, it makes me feel fantastic."* Joined-up working enabled caseworkers to advocate on behalf of people, for example requesting flexibility from a probation officer so that a LWoH member could

access a training programme, or advocating with social services to obtain a social care placement or sheltered accommodation.

Multidisciplinary team meetings, promoted by managers following the redesign of the project in 2018, were considered to further promote a "joined-up" approach to support. These were also credited with providing an opportunity for members to engage with (and sustain engagement with) external services, and provide input into their care; and to ensure services were "on the same page" about an individual.

New Beginnings

The wider support offer from Waves of Hope, including peer mentoring and New Beginnings activities, was considered a key facilitator for positive outcomes for many people. New Beginnings activities were described by staff and members as providing a meaningful alternative to negative patterns of addiction, crime or exploitation, and as relieving boredom: *"It gets me out of the flat for an hour or else I'm watching telly constantly."* This was credited with leading to a reduction in drug and alcohol use for some.

"I think with the New Beginnings, part of that's given people that meaningful activity to do and stuff to do. It takes them away from that chaotic world of having to go and use all the time and they can't see anything else in their life to do apart from continue to just go out scoring and getting into that pattern" – Project staff

LWoH members described how the opportunity to take part in activities had given them a sense of identity and something to do with their day, and this was echoed by staff and external stakeholders. External stakeholders in particular welcomed the opportunities for their clients to take part in enriching activities beyond the limited, statutory support that their service could offer. This gave people a sense of achievement and a feeling that there are options open to them, which had benefits in their wider lives.

"Feeling that they've achieved something. Feeling that not everything's impossible and they have done something out of their life. A lot of services say no to them. They've been given the opportunity, 'Actually, you can come on this activity. Yes, we'll get you transport.'" – Project staff

Activities involving nature and animals were highlighted as particularly effective by some LWoH staff and members, increasing confidence and responsibility, as well as routine and order. For example, having volunteered at a local dog shelter, one LWoH member was motivated to maintain her tenancy and keep her flat clean so that she would be allowed to look after dogs in her flat.

Staff saw it as important that participation in New Beginnings activities was unconditional and not based on people meeting certain criteria, because participation was often a first step in engagement and a "way in" to encourage people to make other positive changes in their lives. Staff also described how New Beginnings worked to engage with people who otherwise had lost contact with the project.

"If we see a relationship is breaking down, we can flag up and say, if that person is still coming to groups, 'Can we come to the groups and see if we can meet with the person afterwards?' The relationship may have soured with our staff, but it might still exist with the New Beginnings staff, because there's a different perception of that service." – Project staff

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Peer mentoring

Staff also considered the support of a peer mentor, in one-to-one or group settings, to have contributed to positive outcomes for members. Support from peer mentors in group settings was seen as more appropriate for those with higher social anxiety and who were considered higher risk, while one-to-one peer mentor relationships could ensure people who were becoming more independent had positive and supportive relationships beyond, or instead of, their caseworker. One peer mentor described their role as making members aware of the support available, as a step towards accepting that support: *"like you have to hold their hand and take them... making them realise that there are things out there for them."* As well as this, peer mentors acted as positive role-models, demonstrating the possibility for people to achieve positive outcomes in their lives:

"It's helpful to show the clients that there are people who've been in similar places to where they are now and they've managed to get out of the cycle of drug addiction or they've got their mental health stabilised and they've seen all the mental health services as helping them." – Project staff

For one-to-one mentor-mentee relationships, careful matching was credited for successful mentoring relationships. This included matching by gender and similar life-experiences, as well as in some cases age and personal interests. Encouragement from caseworkers was also considered important, for example through explaining the benefits of peer mentoring and encouraging potential mentees and mentors to meet. Peer mentors have worked effectively alongside case workers, in particular shadowing case workers to meet and introduce themselves to members.

Some peer mentors have also taken on additional roles and responsibilities, such as running groups and activities originally started through New Beginnings; and visiting external services in order to assess their accessibility and suitability for LWoH members' needs. Several peer mentors have moved into paid employment though their experiences working with LWoH.

Psychologically-informed approach

Staff saw the introduction of Cognitive Analytic Therapy (CAT) case management as a beneficial approach for people with multiple and complex needs, resulting in positive outcomes for both staff and members. This approach involved training for staff to focus on their relationship with the people they support, as well as considering the underlying causes of problematic behaviour and creating a psychologically informed plan for working with them. Weekly reflective practice sessions for staff on the YMCA Waves of Hope landing, facilitated by CAT practitioners, also provided an opportunity for staff to openly discuss problematic behaviour from members and reflect on their response. This was seen to make staff feel more supported, as well as promoting a consistent and appropriate approach to members.

"[Reflective practice sessions] help staff morale, staff get a chance to say what they think, and it helps residents as they won't be getting the wrong response from us." – Project staff

What were the challenges and barriers to achieving positive outcomes?

Barriers to people supported by LWoH achieving positive outcomes included individual factors related to people's needs, issues relating to the support offered by LWoH, and wider service gaps within Liverpool.

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The nature of the individual needs of LWoH members

For people facing multiple disadvantage, progress and recovery is a complex and unpredictable process. For example, the interlocking nature of multiple and complex needs meant that setbacks in one area of people's lives (such as mental or physical health) could reverse progress made in other areas (such as housing or offending). Linked to this, the chaotic nature of some people's lives, including a lack of stable housing, positive relationships or routines, also meant their needs could fluctuate quickly and frequently, affecting the level of support they required and their readiness to engage with services from one week to the next.

Some people supported by LWoH had such high needs in one area that this could affect their suitability for certain types of LWoH support. For example, those who posed a high risk to themselves or others were not considered suitable for some New Beginnings activities or peer mentoring. Others were less willing to engage with this support: some LWoH members did not consider themselves ready to engage, for example citing social anxiety and low confidence as a barrier to engaging with group activities. Others were not yet ready to acknowledge or address their underlying issues, such as addiction or harmful relationships. This demonstrates the need for prolonged and sustained intensive support and the acknowledgement that some people would continue to require this support for the foreseeable future.

Barriers related to Waves of Hope support

Internal and external stakeholders also highlighted challenges related to the delivery and structure of Waves of Hope, which they considered to have had an adverse impact on outcomes for people supported by the programme.

People supported by LWoH have needed an extremely high level of support. Caseloads on the project were typically around eight or ten people per worker. This is a significantly smaller number than typical caseloads of accommodation key-workers or social workers, but still felt by many staff to be too high given the level of support required, the need for two-to-one working with some people and the need to provide adequate cover for other staff members. For people with the most severe needs, staff suggested that a caseload of around five would be appropriate.

"People are very chaotic and you are their main support, it's very intensive - you can end up spending all day with someone e.g. in hospital. Also, lots of the more chaotic service users need two-to-one support because of the risk they present. Even six feels like too many. Four would be ideal." – Project staff

While forming close and trusting relationships with staff was valued by LWOH members, as outlined above, some stakeholders were concerned that the nature of intensive caseworker support could lead to dependence on one person, or support that was not sufficiently challenging:

"Caseworkers coordinating access does not engender independence" – External stakeholder

"It's hard to tell the difference between dependency and convenience… If somebody were to take me to the doctor's and pick things up for me, then I wouldn't want to change it. It would be good for me and it would be convenient. It's hard to tell if people do too much for people or if that's a relationship they've built up over time." – Project staff

The holistic and intense nature of case worker support meant some people supported by LWoH viewed their case worker more like a friend or parent. While these people saw this as very positive, some staff cautioned against people becoming over-reliant on their case worker. Staff reported that in some cases when caseworkers were not available, e.g. due to periods of sickness or having permanently left the role, people they supported were more reluctant to engage with support, resulting in delayed progression.

In other cases, people could appear to self-sabotage: following a period of stability and step-down of support, staff noticed a deterioration in the support needs of people supported by LWoH, which they attributed to people not wanting to lose the support and companionship of their case worker, resulting in them re-presenting for support. This also put significant pressure on caseloads, due to the "no closed doors" approach.

To reduce the risk of dependence on one person, LWoH staff described closing cases gradually while working to build up a support network of other services, such as New Beginnings, peer mentors and external social support, and caseworkers encouraging other staff to step in as support is withdrawn. Staff also described setting clear boundaries with people they support from the beginning of the relationship, including explaining and reminding people that the support would not continue indefinitely, and encouraging them to work with several different staff members rather than becoming reliant on a single person.

"It's about that encouragement to the point where you say, 'You don't need me. What do you need me to do that for because you've just done it on your own.' I've got a client who it has taken months to get to this point now of he would only ever do anything for me… I had to do everything and it's trying to get out of that, [saying] 'Well, actually we've got these people now and they can share the caseload. You'll be alright with them.' A lot of our clients say, 'Well, do you trust them? Because if you trust them, I'll trust them.'" – Project staff

Gaps in New Beginnings activities could limit their reach for some people, particularly older people and those with disabilities. Some members interviewed felt that they were too old and that the activities on offer were not appropriate for them. While activities have been made available for these groups, people supported by LWoH were not always aware of this and delivery partners felt that communication about this could have been improved.

The focus of support on the individual, in line with Fulfilling Lives requirements, could also be potentially limiting for some people supported by LWoH. While in some cases a "whole family" approach was taken, which had positive outcomes for some people, this was not always possible and was decided on a case-by-case basis.

Although collaboration between services was an important factor in achieving effective support for people, this was not always straightforward due to communication challenges. Internal and external staff and volunteers saw the relationship between the different providers and LWoH services as overly complicated and confusing for many. There were examples of this resulting in a lack of understanding among people supported by LWoH about how the different services worked together and who to approach for support. In some cases, poor communication between LWoH services led to confusion among staff about the support people had been offered. For example, one caseworker had not been consulted prior to someone they supported being matched with a peer mentor and felt that this had resulted in an inappropriate and ultimately unsuccessful mentor-mentee relationship. Communication between the different services was considered to have improved to some extent following the service redesign and

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co-location of the Community Navigator Service, Peer Mentoring and New Beginnings. This is discussed in more detail in the following section.

Uncertainty about the future of the project caused confusion and anxiety among some people supported by LWoH, for themselves and their support, and also for their caseworkers and other staff with whom they had built close relationships.

"I'm thankful for the support I've got and I know things have to move on, but it's a shame and I'm sad for all of us. I've had so much support and I wish it could carry on for other people. I get so angry over it, not just personally for me but for the staff." – LWoH member

This anxiety first became evident around the time of the service redesign; communication with LWoH members and staff during the transition process was seen as poor and some people supported by LWoH reported confusion about who their caseworker was or whether they were "still part of" Waves of Hope.

"I'm supposed to have a caseworker but I've never seen her – I'm not sure what's going on." – LWoH member (2018)

Furthermore, while some people supported by LWoH were aware that the service would end in 2019, others did not remember being told, suggesting that communication may not be consistent. The lack of clarity around when the project would end was also detrimental to staff wellbeing and resulted in high staff attrition rates, in turn affecting clients who had built up relationships with their caseworker.

External barriers in the wider Liverpool support landscape

Stakeholders and people supported by LWoH also highlighted barriers to progress related to other services in Liverpool, including services not being suitable for or attuned to the needs of people with multiple and complex needs. LWoH staff considered low awareness and a lack of skills among external staff to recognise and work with people presenting with multiple and complex needs as a key barrier to people accessing wider services or achieving positive outcomes when they did so. Staff cited a lack of understanding about how to work with people who have experienced trauma, and inability to deal with behaviours and manage the risks associated with some people with multiple and complex needs, as additional barriers. Staff reported that other services could often make assumptions about people presenting with multiple and complex needs, such as mistaking certain disabilities for drunkenness or overlooking mental health issues for substance misuse issues.

"I was falling asleep in my cereal because of the meds I was on. People were saying "look at her, off her face" but it was the medication. I was very ill in hospital – they kept me in all that night and all the next day - and they thought I took Spice. I was fuming because I've never taken Spice." – LWoH member

Once caseworker support was no longer available to advocate on behalf of members, staff mentioned instances where outcomes for members had deteriorated due to an inability to access external services. Staff considered some external services to treat people with multiple and complex needs as if they are a "nuisance" and have a dismissive attitude, rather than offering them the support they are entitled to.

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Housing availability was also frequently cited as a problem, with issues around quality, sustainability and suitability. There were widespread concerns among staff and members about people being housed in temporary accommodation with people with drug and alcohol issues, which made recovery more difficult:

"I want to stop taking crack cocaine but with people selling drugs in the house [my drug use] has gone through the roof." LWoH member (2018)

Staff also considered the lack of suitable accommodation for people with specific disability or support needs to hold back their progress. This was particularly the case for those with needs too low for supported accommodation, but who were not ready to manage their own tenancy and for whom temporary accommodation was not a long-term solution. Hostels were reported to be understaffed, meaning that staff spent their time managing challenging behaviour rather than supporting people to make changes in their lives. Some staff hoped that Housing First would go some way to addressing this gap, for example through providing a "wrap-around service" for people with housing issues.

As one of three places in England chosen to pilot Housing First, the Liverpool City Region programme launched in July 2019.[8] Housing First is an evidence-based approach to successfully supporting homeless people with high needs and histories of entrenchment into their own homes, with housing seen as a human right. The model has been successfully implemented in the USA as well as European countries such as Finland, Denmark and France.[9] The first phase of the programme in Liverpool will see a settled home provided as the first response to 60 people with multiple and complex needs, alongside individualised support for issues such as addiction and physical and mental health issues.

Staff and stakeholders highlighted the ongoing problems for people with multiple and complex needs caused by services' eligibility criteria, including mental health services and social workers not accepting clients with drug and alcohol problems. Multi-Disciplinary Team meetings were considered by staff to help address this issue and ensure people were accepted for support, seeing people with multiple and complex needs as a shared responsibility between services. MDT meetings were also considered useful for making commissioners aware of gaps in the support landscape (e.g. for people under the age of 55 who require supported accommodation); however, this did not provide a short-term solution. Staff and stakeholders also saw a gap in support for people who did not have housing issues, and therefore did not receive support from homelessness services or their accommodation, but still required intensive support to meet their other needs. Staff identified a subsection of members with severe behavioural problems due to their mental health issues and complex additional needs:

"There is a group of people who have lived with us from the start who there is no solution for because they are borderline everything – borderline mental health issues, borderline learning difficulties, substance dependent, undiagnosed personality disorder. But this makes them not eligible for recovery services because of their behaviour. They're all very abusive. This is the only service that won't evict them." – Project staff

[8] https://www.liverpoolcityregion-ca.gov.uk/housing-first-staff-start-delivery-in-liverpool-city-region/

[9] https://www.homeless.org.uk/sites/default/files/site-attachments/Housing%20First%20in%20England%20The%20Principles.pdf

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Other barriers related to national policy and legislation. For example, staff mentioned that some people were worried about training and courses offered by New Beginnings affecting their eligibility for Employment Support Allowance:

"If you go to an ESA assessment and you can [say] well actually I've been going to a cookery course every week on a Thursday and I get myself there, well why can't you do other things. There's a huge fear there" – Project staff

Caseworkers also mentioned having to work closely with probation services to gain permission for members to attend courses.

LWoH was designed to end at a point when learning from the project would be available to feed in to commissioning decisions. Although stakeholders reported that the project has influenced the commissioning of support (see below), some staff commented that as the project comes to an end, with some commissioning decisions not yet made, this timing has meant that there is still some uncertainty as to what support might be available for LWoH members once the project ends.

Cost savings and value for money

At the outset of LWoH, stakeholders anticipated that the project's model of support could generate savings to public services by reducing people's interaction with expensive, unplanned crisis services such as A&E and the police; and that this would be an important factor in demonstrating to commissioners and others the value of the LWoH model.

In the second and third years of the evaluation, we analysed the costs incurred to public services by the individuals taking part in longitudinal case studies[10]. This was intended to understand the reasons for increases or decreases in cost across a range of different journeys through the project.

In the majority of cases, overall costs to public services increased in the short-term for people supported by LWoH, despite people typically reducing their use of crisis services. This is due to the project's role in improving access to the more appropriate services people need and are entitled to, such as health care and welfare benefits. Costs typically increase in an individual's first year on the project, with no overall trends thereafter. Along with other Fulfilling Lives projects, LWoH is intended to ensure that people who were previously excluded from, or not reached by services can receive the support they need and deserve. This means that overall, LWoH members are likely to be accessing more services than they did before joining the project. As demonstrated by the case studies in previous evaluation reports, this is likely to result in significant improvements to people's quality of life. However, it is also likely to result in a corresponding increase in costs to public services whilst people receive this support. These findings suggest that the support provided by LWoH does not create savings for public services during the time that someone is supported by the project, unless they had previously been engaging with very high cost services (e.g. residential rehabilitation or prison).

It is possible that the project results in savings over a longer time period by supporting people to move towards stability and independence, and thereby reduce their use of services in the longer-term. However, because detailed

[10] The LWoH members included in the analysis are not a representative sample, and the figures obtained cannot be multiplied up to draw conclusions about the overall costs or savings made by the project.

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data is not collected on those who leave the project, it has not been possible for the evaluation to assess whether or not this is the case. It is also important to acknowledge that many people supported by LWoH are likely to need long-term - potentially lifelong - support and care, even if they are able to achieve increased stability in their lives. This may limit the extent to which LWoH, and similar projects to support people with multiple and complex needs, can be anticipated to save money for public services.

Summary of lessons learned

- Support that **focused on individual needs and outcomes that were important to people** using the service increased engagement with support. Members valued feeling listened to. Focusing on the individual also required caseworkers to think outside the box and take into account people's wider living situation, for example offering some support to people's family members as well.

- **New Beginnings activities have helped members to use their time constructively.** This has led to increased confidence and reduced social anxiety, as well as enabling some people to reduce their drug and alcohol use. This highlights the value of such activities as something which should be built in to support for people with multiple and complex needs. These activities were often **a first step into engaging with the service and therefore it was important that they were available to people from the start of joining the project**, without eligibility restrictions.

- The nature and severity of people's needs often fluctuated, and recovery or progress was seldom straightforward or "linear". This points to a **need for services to be flexible in terms of thresholds and eligibility criteria.** Being able to re-engage after a period of crisis and disengagement was also valued by people with complex and fluctuating needs.

- LWoH members have benefited from **caseworker support that does not have a fixed time limit.** This has enabled caseworkers to be persistent, test different approaches, and have sufficient time to secure alternative sources of support. One staff member suggested that time limits could be used as a prompt to review the effectiveness of support, rather than automatically leading to cases being closed.

- The need to build trusting relationships between people with multiple and complex needs and caseworkers, and provide intensive and holistic support, must be balanced with promoting independence. This requires **clear and consistent communication about the boundaries of the support, and encouragement to build relationships with a range of staff and develop a wider support network**.

- **Peer mentors provide a positive role model for members**, both in a group and individual setting, and can provide support towards independence and reduced reliance on caseworkers. This means that caseworkers can focus on more complex cases.

- For many people supported by the project, their **top priority was obtaining appropriate accommodation** that met their needs, where they felt safe and secure and could focus on their recovery. They valued support from staff who could advocate on their behalf with housing providers. Staff should be well-informed about people's rights and entitlements in this respect, such as the right to a homelessness assessment under the Homelessness Reduction Act 2017.

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The Homelessness Reduction Act (2017) came into force in April 2018. Under the Act, 'all eligible people found to be homeless or threatened with homelessness are entitled to tailored support from the housing authority, regardless of priority need or intentionality'[11].

- **Staff and volunteers require support to work with people with complex and chaotic lives and a history of trauma.** A psychologically-informed approach and regular managerial meetings and oversight have been beneficial for staff, as well as promoting consistency in support to people with multiple and complex needs. This foundation of support for staff should be maintained and developed further.

- **Good relationships with external services and a multi-disciplinary team (MDT) approach has helped LWoH members to access the services they are entitled to.** These relationships also enabled caseworkers to advocate on behalf of the people they support, which they saw as a key part of their role.

- In addition to meeting three out of the four Fulfilling Lives criteria, many people with complex needs also have **significant physical health problems. Services should anticipate this need by considering how it is likely to interact with other needs and how to develop relationships with health services.**

- To reach women with multiple and complex needs, services must **reach beyond the housing and homelessness sector** and seek referrals from mental health, physical health and drug and alcohol services.

- **Staff in mainstream services in Liverpool require training to recognise and deal with complex needs**, in order to ensure people with multiple and complex needs are not excluded from support, and so that a more flexible approach can be adopted, leading to more positive outcomes. Staff supported rolling out the Workforce Development Plan to wider services in Liverpool, particularly for staff who come into contact first with individuals with multiple and complex needs, as a potential solution.

- **"Softer" outcomes such as taking steps towards independent living** were important in people's recovery journeys, through helping people to have pride in their progress and living situation and feel valued. It is important that systems are able to recognise these types of outcomes, both in recording individuals' progress and in assessing the impact of the project overall.

- Given the nature of the project and the people it supports, **an ambition to create savings for public services may not be appropriate.** An alternative approach could be to consider efficiencies created by the project, such as people being able to access more appropriate support for their needs rather than making repeated use of crisis services.

[11] https://www.homeless.org.uk/sites/default/files/site-attachments/Homelessness%20Reduction%20Act%20Briefing%20Nov%202017.pdf

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Learning for services and the workforce

Learning for services and the workforce

Joint working between LWoH delivery organisations

This section discusses the partnership working between LWoH delivery organisations.

Successes

There was widespread acknowledgment across delivery organisations that **relationships between the LWoH partners had improved overall in the last two years of the programme**, leading to more 'joined up' working. LWoH members interviewed for the evaluation felt that the services spoke to one another about their cases in order to coordinate support.

"They'd find out what was going on and what they had planned and stuff like that." – LWoH member

"Everyone's included. If you've got a client who's involved with the peer mentor service, or with New Beginnings, or the YMCA Beds programme, you know who's doing what. You can collectively get together and say, 'We've tried this, we've tried that, let's try something else,' or, 'We've come to the end of what we can try.'" – Project staff

Staff and external stakeholders attributed these improved relationships to the introduction of an operational lead for the whole project, and the co-location of CNS with New Beginnings and Peer Mentor services. These two changes were seen as creating more of a 'LWoH team' feeling for staff.

The new **operational lead role** that was introduced in the fourth year of the programme was seen by staff as a key driver of improved communications and a major improvement on the previous structure. This was because the operational lead was able to focus on LWoH full-time (unlike managers at a similar level at individual delivery partners) so had an in-depth knowledge of the different services. She also had the authority to resolve disagreements between delivery organisations, when previously it had not been clear who should have the final say. Moreover, staff valued the significant expertise that the operational lead brought to the role and readily shared with them.

There was also a broad recognition that the **co-location of CNS with New Beginnings and Peer Mentors** was a good approach for everyone involved, and that it enhanced communications between the co-located services. This allowed them to build relationships and work better together. Several different examples of how this worked were given, including workers feeling better supported by managers because of closer and more regular contact, and peer mentors having easier access for referrals to "them sitting upstairs".

"You do now connect and make contact because they're in the same building, whereas before you wouldn't see them" – Peer mentor

Challenges

The LWoH delivery partners had not all previously worked together, and were cautious about doing so at first, needing time to build working relationships. Both internal and external stakeholders commented that the **development of positive working relationships** between delivery organisations was made difficult by the fact

that they were frequently competitors for the same contracts from LCC. Whilst this problem had reduced with time, the tendering process used for the service redesign in 2018 reintroduced an element of competition, seen by some stakeholders as unnecessary, and this once again affected how comfortably the services worked together and how well delivery partners communicated.

The initial design of the project, involving **several delivery organisations based in different locations**, was widely described as confusing. Many external stakeholders, LWoH staff, and people supported by the project reported confusion about which services were and were not part of Waves of Hope, and misunderstandings about this appeared to be widespread.

"Getting an understanding of who's delivering what and relationships and dynamics and stuff, took me a while to get on board with that. I'm just probably getting an understanding of that as it's coming towards the last six months" – Project staff

"I don't know what Waves' part is in the women's group. I'm not too sure. I don't know whether the people that go, whether they're with Waves still." – LWoH member

Stakeholders also commented that the delivery organisations had been too **disconnected from each other**. Until the introduction of the operational lead, each element had a separate management structure based within each delivery organisation. Both staff and external stakeholders perceived that project staff thought of themselves as belonging to their individual organisations rather than as a joint LWoH team. This meant that organisations tended to work separately rather than together, and that when issues arose for members, each organisation's staff and managers lacked awareness and understanding of the other LWoH delivery partners. As well as this, the lead agency commented that the nature of their relationship with the delivery partners, being contract management rather than direct management, meant it was difficult to foster the intended values and behaviours of the project, such as collaboration or taking a more innovative approach.

Inconsistencies between the policies and procedures followed by different partners had also caused challenges. For example, some caseworkers were allowed to visit clients alone, whilst caseworkers employed by another delivery partner were not due to different lone working policies. Overall, this led to significant communication issues and exacerbated the challenges around working relationships mentioned above.

Looking back, many staff members commented that **the post-redesign model of having two services providing caseworker support to clients (ISS and CNS) was unnecessarily complicated.** Dividing LWoH members between services based on their level of need had been complicated by the fact that people's situations can change rapidly and unexpectedly, and also due to a desire to keep people with the same caseworker as much as possible.

"People are surprising - human beings change - so it's difficult to divide people into lower and higher needs. Some people have done much better than expected and vice versa." – Project staff

Consequently, community navigators felt that rather than working with those with "less severe" needs they were doing the same work as the Intensive Support Service, providing the same levels of support and often working with the same people (in order to provide weekend and evening cover). Having different staff teams was reported to cause problems in terms of building up relationships with clients.

"I think our management has been very good about trying to open those lines of communication, but we've had a number of different issues where that's broken down. I've experienced on weekends if I've gone in and checked on a client who's with ISS, I know very little about this person. I've been treated with suspicion as well, because they don't know me." – Project staff

Learning

- There was almost universal agreement among stakeholders that the project would have been more effective had it been "**under one roof**", even though several delivery partners were involved. Stakeholders pointed to the enhanced communications achieved by the co-location of the CNS with the New Beginnings and Peer Mentor services and commented that the same approach should have been adopted through all LWoH services. Some stakeholders also suggested that staff should have been seconded in to the project team rather than continuing to work for their own organisation.

"It was an uphill struggle to develop good working relationships with people – we should have all been seconded in from different organisations, working in the same place with same procedures." – Delivery partner

- There was also widespread agreement that the **introduction of the operational lead** had been key to partners' collaboration and joint working, and that such a role should have been in place from the start.

"She was able to pull us together a little bit and cut out all of the nonsense. There's not really much of a power dynamic any more, it's more that we're here for the best interests of the client and we're trying to work together in that way" – Delivery partner

- Delivery staff suggested that it would have been helpful to have a **longer lead-in time** before the service went live to agree how the partnership would work, to set clear responsibilities, and agree shared policies and procedures.

- Some staff also commented that there should have been **more opportunities for staff from delivery partners to meet,** both in order to form relationships and create a more cohesive team and to provide an opportunity for addressing problems promptly.

Relationships with other services

This section discusses relationships between LWoH and other services in Liverpool working with people with multiple and complex needs, such as mental health services, drug and alcohol services, hostels, adult social care and probation services.

Successes

As with the relationships within LWoH, working relationships between LWoH and other services in Liverpool were felt to be more 'joined up' in the last two years of the programme. This was attributed to the efforts made by LWoH staff and managers to build relationships, to the existence of an operational lead, and to the increase in multi-disciplinary team working.

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In the last two years of the project, LWoH staff and managers worked hard to open lines of communication with other services, in particular with accommodation services. This was achieved by making **face-to-face visits** and explaining what support the project could, and could not, provide. This was seen to have improved working relationships.

"We literally went to every hostel in Liverpool and introduced ourselves. If you've met somebody and speak to them face-to-face, it's very different to having a phone call or an email, so we did that... We went to hostels and we made sure that we weren't working from afar and telling them what to do with their clients, or vice-versa. We were part of the circle of support for the clients." – Project staff

Staff also shared insights with other services about how to work with people based on their psychologically informed practice, for example effective ways to respond to challenging behaviour or things that an individual might find particularly triggering. This meant that the key staff members working with a LWoH member could all work with them in a consistent way.

The introduction of an **operational lead** for the project was seen to have made working relationships with other organisations easier, because external organisations now had a named, senior person to contact regarding the project who could make links with the individual services as appropriate.

"[Operational lead] has been able to speak to different services and drive this forward, negotiate for what people need. Other services want to speak with someone senior, everything's about the hierarchy. People recognise her seniority and will listen to her." – Project staff

Many stakeholders identified the **multi-disciplinary team working** provided by the Integrated Care team as one of the biggest achievements of LWoH in terms of legacy. Senior staff from different services (e.g. homelessness services, social care and mental health) meet each week to discuss how to support particular individuals with complex needs. These individuals will be nominated for discussion if a service has concerns about them or if the service feels "stuck" in terms of what support to offer. Although multidisciplinary team working has been a feature of support services for decades, the recent introduction of Integrated Care team meetings was seen as providing a more structured format.

These meetings were generally viewed very positively as an example of effective collaboration and an opportunity to share information across all services that might be working with an individual. This was seen as particularly important for services where different IT systems were a barrier to integration (e.g. Mainstay[12] vs. Merseycare databases). For example, it was possible to review what medication someone had been prescribed, and the reasons for this, to discuss if it was still appropriate.

"A lot of the time you might not be aware of how a client's engaging with another agency. Clients may well be telling a worker at Whitechapel one thing – about their drug use, or their plans – and I'm seeing a completely different thing. It's sharing information and looking at a joint plan of working together, and keeping avenues of communication open." – External stakeholder

[12] Mainstay is an IT system that stores data (e.g. assessment, referral and service use data) about users of commissioned homelessness accommodation, and other homelessness support services, including LWoH, in Liverpool.

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"With consent, you can look at somebody's medical history, to see if you're about to try something that has already been tried before, but also you can see something that has already worked." – Project staff

Staff felt that a sense of collective accountability was created by bringing all services together in the same room to find solutions together, and that this had meant that services that had previously been difficult to engage were more willing to take responsibility. The seniority of those attending was important since they were able to make decisions on the spot, avoiding barriers within organisations. The meetings also provided an opportunity for members to engage with external services and provide input into their support.

The **use of the data system Mainstay** was also mentioned as a useful tool for caseworkers, peer mentors and workers from accommodation services to share information with each other about people's wellbeing and involvement in services.

Challenges

The **fragmented nature of Waves of Hope**, as described above, was thought to have created challenges in engaging with external organisations since other services were often confused about the project's role and who to contact.

Some staff reflected that the **open referral policy** at the start of the project had meant that the project was oversubscribed with inappropriate referrals, which limited its ability to target those most in need of support. These staff suggested that the project should have worked more closely with other services to draw up a list of individuals most in need and then targeted those, an approach which was taken following the service redesign.

LWoH staff reported that some mainstream services still **stigmatised people with multiple needs** and saw their problems as a "lifestyle choice" not deserving of support. Moreover, staff reported that some services, particularly mental health services, appeared to **lack capacity to provide the support** LWoH members needed, and that therefore building good relationships with these services ultimately had limited impact.

Some of the Lived Experience team were more sceptical than professionals about multi-disciplinary working, and were concerned that **shared responsibility could lead to no one being accountable** for an individual's needs being met. There had been discussions about involving the Lived Experience team in MDT working, but this was not thought to be appropriate due to confidentiality issues and the fast-paced nature of the discussion.

Learning

- **Face-to-face visits to other services** worked well to secure engagement. Staff commented that it was important to emphasise to hostels that they shared responsibility for LWoH members, and that relationships worked best when the LWoH worker was seen as part of the hostel team, rather than one party expecting the other to do everything.

- Other factors noted as supporting good joint working were:

  - **listening:** finding out what a service would need in advance to be able to accept someone, what could be done until then, why they might not accept someone and what could be done to overcome this;

- **being reliable and honest:** “doing what we said we’d do”, and being upfront about the severity of people’s needs;
- **giving and encouraging feedback** from other services about what had gone well or less well.

- **Multidisciplinary team working that involves senior decision-makers** has been effective in situations where workers had previously struggled to "get the ear" of the right people, and in allowing data-sharing between organisations to provide a fuller picture of someone’s history and needs. Stakeholders commented that they would like to see similar meetings rolled out to the suburbs around the city, as well as for clients in the city centre.

Liverpool Clinical Commissioning Group’s “One Liverpool Strategy” describes an ambition to integrate services to focus upon a community model of care and support, with mental health being discussed alongside physical health and recognised as a greater priority. The strategy describes a commitment to the care of the whole person, and is aimed at targeting individuals and families with the most complex needs who have often experienced multiple interventions from a variety of services and agencies, *“yet all too often, remain trapped in repeating cycles of isolated intervention”*.

- The project’s relationships with other services have been made more straightforward by the introduction of an operational lead who can act as **a named senior contact for the project.** One staff member suggested that, likewise, it would be helpful to have a named link person at other services, e.g. benefits agencies, probation and social services, to go to when they are struggling with a case and finding it difficult to get answers, and who could advocate for a flexible approach for people with multiple needs.

Staff skills, workforce development and networks

Successes

Since the service redesign, managers and the operational lead were considered to have a **greater level of experience of supporting people with multiple and complex needs**, and shared their knowledge with caseworkers. Caseworkers recognised managers’ expertise and trusted their judgement and advice, which made them feel more able to support people. **Responsive day-to-day support from managers** facilitated a ‘proactive’ approach to problem-solving when issues arose for members.

Psychologically informed approaches, such as the Cognitive Analytical Therapy approach piloted by LYMCA, were reported to have benefits for staff and at an organisational level, by allowing a better understanding of people’s behaviour and a way in which to support staff. One delivery partner described the wider impact CAT had had on their organisation’s ethos.

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"It's a relational approach that you would mostly look at the behaviours and relationships between a client and the staff but actually you can use the relational approach against anything at all. We have some things with buildings where we think the buildings might have an impact on resident and staff behaviours and we can actually map that out. We also do it with policies and procedures as well, so if we're interesting a new policy or procedure, we will often map out how that will impact on the relationships with staff or residents." – Delivery partner

Staff and managers saw **clinical supervision** for staff as very important in helping workers to manage the pressures of a role in which they encounter traumatic situations daily, including the likelihood of having to deal with the death of someone they support. Staff also valued group sessions of **reflective practice.** These were seen as particularly important for staff members in smaller teams who otherwise had fewer opportunities to interact with one another.

"The reflective practice as a group has been really, really important to get us together and to speak about how we feel instead of just bottling it up and letting things fester." – Delivery partner

The LWoH workforce development plan, now led by Liverpool City Council, is intended to create a legacy from LWoH by **up-skilling workers from services that come into contact with people with multiple and complex needs**, particularly in terms of therapeutic skills, mental health expertise, behaviours and attitudes.

"The evidence suggests it's when people transfer out of that immediate Waves circle into other services [that] things generally start going wrong for people. Some of that's about improving transition planning, but equally some of that has got to be upskilling the wider workforce." – External stakeholder (2018)

Delivery partners described how they had been consulted in the plan's development and given genuine opportunity to **highlight the aspects that they considered important** (for example, the need for case workers to have knowledge about the Mental Health Act and housing legislation, and to work in a psychologically informed way). External stakeholders were also positive about its potential for impact. The first workforce development sessions with staff from other services (Careline, adult mental health and adult social workers) are taking place in September and October 2019, and further sessions are planned in November/December 2019 and January/March 2020.

Challenges

Throughout the project, the Intensive Support Service experienced a **high level of staff turnover and sickness.** Although vacancies were filled by agency staff, this staff churn was recognised by LWoH members, staff and external stakeholders as leading to disruption and low morale.

"I've had different [caseworkers] the whole time. When I first started with them, there was the same one for a couple of months, then he's left. They don't really know about me, it's just off the files." – LWOH member (2018)

The clinical supervision and reflective practice sessions mentioned above were only introduced towards the end of the project; prior to this staff reported feeling under pressure and unsupported to manage the **emotional demands of their role.**

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"They aren't bothered how we feel, witnessing people being mistreated. I've asked if we could have the clinical thing. It's just about getting things off your chest in a safe place. You can offload and then talk about why you're feeling the way you are, what you've witnessed. Some of the cases that we get are horrific. One of my clients has been kidnapped, raped, tortured and she's reliving that daily. She's telling you all that information, who are you going to let it out to? From day one we were all supposed to get [clinical supervision] anyway. It never happened." – Project staff (2018)

Whilst staff reported that their experience had improved in the later years of the project, due to better management and supervision, it became **harder to retain staff as the project came towards an end** and staff began to look for longer-term roles.

"Offering people short contracts is very difficult. People who are qualified and well trained, they can quickly move on. We did have a couple of people who came on who were very good, but they were looking for something more secure as well, and they moved on quickly, because they're competitive and great workers." – Project staff

The project's workforce development plans went through a number of iterations and experienced **a series of delays to implementation**, with the first, pilot sessions taking place in March and April 2019 with LWoH staff. In the meantime, LWoH staff followed the training programmes offered by their own organisations, but some staff had not had any training specifically related to complex needs.

"There was nothing specific for our team which was missed until later on but by that time we'd had to muddle through and learn on the job." – Project staff

By the time the workforce development programme was rolled out, some staff felt that it was aimed at too basic a level since they had already gained considerable experience in working with people with multiple needs. However, the organisers of the training reflected that it is inherently **difficult to deliver this type of course at an appropriate level for all those attending** and that it may be more helpful to think of the sessions as opportunities for information-sharing.

Learning

- LWoH members, staff and managers reflected on the qualities needed to work effectively with people with multiple needs. Overall, there was widespread agreement that the right **personal qualities, values and behaviours** were more important than the right skills, which can be more easily taught. These personal qualities often involved having to strike a delicate balance; it was seen as important for staff to be:
  - **Caring, empathetic and understanding**, and taking the time to get to know people, whilst maintaining **professional boundaries.**

"It doesn't work for someone to get over-involved and think they can 'fix' people. It's very easy to do things for people, but better to guide people to make the changes they need." – Project staff

  - **Resilient and not easily shocked**, whilst not being desensitised. Psychological approaches helped staff increase their resilience.

"You get shocked quite a lot, sometimes by scary things, sometimes by ridiculous things, sometimes by the system." – Project staff

  - **Organised** in order to record the required information, but also **flexible** enough to respond to things as they happen in the lives of people they are supporting.
  - **Able to communicate at different levels**: to communicate effectively with those they support, and to explain things to other services in a more formal way, using language that statutory services will find persuasive.
  - **Well-informed about issues and available support services** for all parts of complex needs, and how they link together.
  - **Patient and persistent.**
  - **Highly motivated** and with a positive outlook, finding the job rewarding.

- Given the skill set required, some stakeholders commented that consideration should be given to the **salaries offered to frontline staff**. These salaries may have been too low to attract and retain suitably skilled and experienced workers, reflected in the high level of turnover.
- Staff need **appropriate supervision, both from managers and through clinical supervision**, to make sure the team is healthy and can work effectively. Clinical supervision helps staff to gain perspective on the work they are doing and deal with the difficult things they encounter. Staff valued working in the same office as managers and that their managers knew about the people they worked with and took an active interest in their cases.
- Given the wide range of experiences and backgrounds in the workforce, it is challenging to develop traditional training sessions that will be at an appropriate level for all those who need to attend. Workforce development sessions for staff working closely with people with multiple and complex needs should make the most of this wide-ranging expertise and be designed and introduced as **opportunities to share learning and best practice** with other practitioners. Sessions could also act as a way to develop networks with others, so that staff know who has complementary expertise.
- Several staff suggested a **city-wide induction to services and basic skills for new frontline staff** across a range of services, covering such topics as drugs awareness, boundaries and risk assessments. This would also act as an opportunity to network and build relationships with services around the city. Such an induction could be delivered by providers joining up to coordinate their internal training.
- Staff commented that a less intensive **training about multiple needs would be useful for a wider audience of people who work in mainstream services** and may encounter people with multiple and complex needs – for example, receptionists at GP surgeries, hospital staff, or those working in Housing Options or Jobcentre Plus. As described above, some LWoH members had experienced dismissive or judgemental treatment from mainstream services. Training could help staff at these services understand why people might behave a certain way and what additional support they might need.

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Service user involvement and lived experience

This section covers LWoH's ambition to involve its members and people with lived experience in the design and delivery of the project. This is a key aspect of the project's systems change work, and there was widespread recognition among stakeholders of the importance of service user involvement as something intrinsically valuable and "the right thing to do". Stakeholders were keen to emphasise the importance of empowering individuals by giving them a platform to share their experiences and suggestions.

"They've experienced it. They're telling us what we should be doing. That's the right way to do it." – External stakeholder

The project experienced ongoing challenges in involving the people it supported in this way; some of these challenges are described below. In the later years of the project, the LWoH Service User Forum stopped meeting and the project broadened its focus to involving people with lived experience of multiple and complex needs, but who may not still be receiving or have ever received support from LWoH. This was done through the creation of a Lived Experience Team (LET). The LET started functioning towards the end of the project and consequently its focus has largely been on influencing initiatives outside of LWoH. The project has also had other opportunities for service user involvement such as the New Beginnings steering group, informal discussions at drop-in sessions, and peer mentoring.

Successes

The LWoH **Lived Experience team (LET) was perceived to have made a real impact** and led to tangible changes in support for people with multiple and complex needs. Examples included input into the Housing First initiative and the design of Labre House. The LET have also influenced changes made to the new Liverpool City Council workforce development plan for staff working with people with multiple and complex needs.

Liverpool City Council is one of 11 early adopters of the 'Somewhere Safe to Stay' hubs which provide shelter in the short term for those at risk of sleeping rough whilst their needs regarding housing, mental health and substance abuse can be assessed. In Liverpool, this runs as an assessment hub and overnight shelter at Labre House, providing outreach provision indoors.

Members of the LET who were interviewed were generally positive about co-production and its aims. They felt that things had improved in terms of **awareness of and receptiveness to the value of co-production in service design**. Part of this progress was attributed to the Waves of Hope approach, but there was also a sense that external stakeholders were increasingly engaged with the concept of co-production and the value of embedding service user involvement.

"I think the idea of co-production is starting to be adopted better within the partnership, and outside of the partnership… I think there's a willingness to have the voice of lived experience outside of Waves of Hope, and in real system change, and in producing new ideas" – LET member

Commissioners at Liverpool City Council perceived that **a profound shift had occurred**, describing the current process of sitting down with members of the LET as being previously "unheard of". They noted the importance of

involving people with lived experience in conversations, being challenged on certain strategic decisions and receiving more in-depth insight based on lived experience rather than relying on feedback forms.

"It's not that tokenistic, 'Here's a question and answer form, fill it in,' or, 'Click on the smiley face.' It's more in-depth and it's getting alongside people and finding out what their real experiences have been." – External stakeholder

Some staff commented that the set-up of the LET worked better than the previous service user forum, in that having a **tight-knit and well-supported team** was more effective than a forum structure which people could drop in and out of.

"Before that team [the project] had a forum type model, where membership was much more transient, the relationships there were not quite so strong, and the purpose wasn't clear enough." – Project staff

The LET worked to ensure that the team had a greater say in governance of the project. Two LET members were included in CSG (project board) meetings, and from 2018 papers presented to the CSG were required to have been reviewed and commented on in advance by the LET. LET members also took part in staff recruitment panels. Stakeholders felt that learnings from the process would be instrumental in informing the design of future service user involvement practice. The LET is currently working on the design of a set of co-production standards against which organisations will be able to assess themselves.

The **New Beginnings and Peer Mentoring services were also strongly influenced by LWoH members**, through their own service user involvement channels. In the case of New Beginnings, members could suggest activities for the service to offer, and reported that their suggestions were taken seriously and listened-to. The level of members' influence over New Beginnings was partly attributed to this element of the project starting later than some of the other services, allowing more time for members to input into its design.

Challenges

Overall level of ambition

Internal and external stakeholders commented that whilst they believed the project's commitment to service user involvement was genuine, in practice the opportunities for service user involvement offered by the project were fairly modest and largely constituted **consultation rather than co-production**.

"Certainly nothing I've seen comes close to co-production. It's a seriously high aspiration and true co-production means nothing's decided without complete involvement of service users… it's all very academic, but I don't know what that translates to on the ground… I would say it's basic level engagement." – External stakeholder

"People don't understand the difference between co-production and consultation. Things are not being co-produced. You're not being brought a problem and jointly working on it. You're being brought a solution someone's created and asked: "Do you agree?". – LET member

However, stakeholders, including LET members, also acknowledged that the project's stated aspiration to implement genuine co-production with LWoH members was very ambitious, with some reflecting that this ambition may have been unrealistic due to the severity of needs experienced by this group of people.

Challenges in involving people with multiple and complex needs

Delivery partners, LET members, and external stakeholders who had worked with the LET commented on the challenges of engaging people in service user involvement when they are, for the most part, still extremely vulnerable. They reflected that the project may have not done enough to anticipate **the level of management and support that this would require**.

"If you recruit people with lived experience, they're going to come with a set of triggers, and issues, and all of that has to be very carefully managed in order for it to be safe for everybody. That wasn't particularly well thought through." – LET member (2018)

Specific challenges of involving this group of people included:

- Many people with multiple and complex needs are **not yet ready to engage in this way**, for example due to severe mental health problems, or substance misuse issues which mean they are under the influence of drugs or alcohol most of the time.
- People may have a pre-existing **mistrust of professionals and professional spaces**, and it takes a considerable amount of time to break down this barrier and build a trusting relationship.
- People may need more time to absorb and consider information, and may also need to take time away from the process due to the ongoing challenges in their lives. This means they may **work to different timeframes** than those which professionals might expect, and require information to be presented in a **more accessible way**.

"By definition, these are people who have very high levels of support, people who can't run a tenancy, who can't cope with utility bills. How do you reasonably expect them to cope with papers presented to them?" – LET member

"It takes an incredible amount of time… people with lived experience might take twice as long and can't work to usual timeframes. People have relapses, hospitalisation, issues at home… The expectations of the council, and others, can be too high." – Delivery staff

- The importance of preserving **confidentiality**, with this particular group sharing very sensitive personal information.
- The need to consider **safeguarding** and avoid bringing people into spaces that might trigger a setback for them, such as an environment with people consuming alcohol. Some people with multiple and complex needs prefer to avoid group environments, particularly groups of other people with similar needs.

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"…It went horribly wrong, because somebody drunk turned up. I'd said, 'There are no drunk people here. No one struggles with alcohol.' He was sober for four months, and now he's back drinking, ever since I took him [to the Hub]" – Delivery partner (2018)

"I wouldn't go, I just don't feel comfortable with groups. Probably get robbed in there or anything." – LWoH member (2018)

As a result of these challenges, the project had difficulty engaging more than a very **small number of service users** in involvement activities. This raised concerns among staff and stakeholders about the burden placed on these individuals. One of the LWoH members involved in the earlier years of the project had become disillusioned with the process, and reported that this role had ultimately had a very negative impact on them.

"It felt like one minute I'd been propped up and I'm the poster boy, and the next minute I'm somebody with a personality disorder who's going off the rails - that's how they demonised me." – Former LWoH member

As well as creating these risks, stakeholders raised concerns about the representativeness and legitimacy of involvement activities involving only a small number of people.

"You'll get a few keen people who are wheeled out at everything… [LWoH are] doing what a lot of people do, which is end up with a small sample representing a wider whole" – External stakeholder (2018)

These challenges meant that, over time, the project's focus moved from service user involvement to the involvement of people with lived experience of multiple needs, but who may not still be receiving or have ever received support from LWoH.

Challenges encountered by LWoH service user and lived experience involvement

As well as the challenges mentioned above, the LWoH project experienced other organisational and structural issues that made effective service user involvement more difficult.

A **lack of dedicated funding** for service user involvement at the start of the project was seen by staff to have delayed activity in this area, and was interpreted by some stakeholders as indicating a lack of commitment.

There also appeared to be **limited communication within the project about service user involvement initiatives**. Despite the achievements of the Lived Experience Team, many LWoH members and even some staff were not aware of it, or of what service user involvement opportunities were available across the project, which suggests that opportunities to join the team were not as well-communicated as they could be.

LWoH members commented that they were not aware of how feedback was being collected, and if so, whether it was being disseminated across the partnership; and some delivery staff were under the impression that there was no formal structure in place through which people could give feedback, although they did acknowledge that there may be one which was poorly signposted. This led to a degree of cynicism, with some staff speculating that the project wanted to avoid more negative or critical feedback.

“From what I’m aware of, they don’t even have a proper service user forum or anything so I think that bit of it is bad… They seem to be scared of the service users going, ‘Well this isn’t working or that’s not right and this is how we would prefer it to be better as service users.’ It’s not been encouraged at all in my opinion" – Delivery staff (2018)

Other LWoH delivery staff had heard of the Lived Experience Team but had had limited interaction with them. The LET started functioning towards the end of the project and consequently its focus has largely been on influencing initiatives outside of LWoH. Moreover, the LET includes only a small number of current and former LWoH members. This meant that **the LET had only a limited role in allowing LWoH members to influence the project itself.**

“Even if you go to these meetings with the CSG or the task and finish, not a lot of contributing to change now because it’s not about doing things anymore it’s about ending things. There’s nothing to be done for us to really effect change.” – LET member

Those LWoH members who had shared their views on the project with staff were often **unaware of whether and how this feedback had been used**. Moreover, some delivery partners noted that members felt that they did not receive ‘feedback’ on activities they had participated in, including the evaluation.

Learning

- Service user involvement, particularly with this group of people, **requires significant time and resources**. This should be **invested as soon as possible**, ideally before the start of the project so that people with lived experience can influence its design.
- Taking part in service user involvement activities can be very demanding for the people involved. **Adequate support needs to be in place and safeguarding should be carefully considered.** It is important to avoid placing too much burden on a small number of individuals.
- Professionals, particularly those with limited experience of working with people with multiple and complex needs, can have unrealistic expectations of groups’ capacity and the timelines they can work to. **These expectations need to be managed accordingly.**
- Having **a dedicated team of people with lived experience**, who can develop good working relationships over time, appears to be more effective than a forum structure which people can drop in and out of. However, this needs to be **complemented with other avenues of communication** so that people who are not part of the team still have an opportunity to share their views and influence the project.

Learning and influencing

This section assesses the project’s work to generate learning and influence other services and commissioners. LWoH aimed to drive greater awareness and understanding of multiple and complex needs; to reduce stigma about people affected by multiple and complex needs; to promote leadership in commissioning services for this group of people; and to share best practice for working with people with multiple and complex needs.

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Key successes

External stakeholders credited LWoH with raising the **profile of multiple and complex needs** in Liverpool in terms of awareness of the needs of this group of people, and the number of those affected. In recent years there appears to have been more awareness of multiple and complex needs at a strategic level, with a clinical lead in the CCG for complex needs, and the issue being mentioned in commissioning plans and the Mayoral Inclusive Growth plan[13]. Meanwhile, the recent increase in multidisciplinary work involving senior leaders was thought to have created a **better understanding of gaps in services** and what needs to be commissioned accordingly.

"It's put a spotlight on multiple and complex needs and when Waves has gone I think it'll be a case of looking at those gaps and how commissioners will fill those gaps. I think previously these people were probably just getting lost in mainstream beds and probably not getting as much support." – Project staff

This was already reported to have led to some new accommodation services being commissioned, including re-commissioning the LWoH landing at the YMCA as further beds for people with complex needs, and commissioning more accommodation for women who have complex needs and substance misuse problems.

The project has also created **wider awareness of the benefits of adopting psychologically informed approaches**, through the Accommodation-Based Service providing a demonstration of what this looked like in practice and sharing the results (e.g. at a LWoH conference). This in turn was seen to have led to a gradual change in attitudes, particularly among hostel staff, towards greater understanding of people with multiple and complex needs and how to provide a better response to challenging behaviour rather than excluding people from support.

"The YMCA has really taken it on board and done some fantastic training, the way that it changed the thought patterns around evictions … What we see now is our hostels are taking completely different approaches to what they may have done maybe four or five years ago, everybody will think about the psychological environment, what does that person need? Rather than the age-old, 'Well, they're taking drugs and their behaviour's quite difficult and therefore they can't stay.'" – External stakeholder

A psychologically informed approach was also reported to have influenced staff recruitment procedures: for example, the supported housing service at Plus Dane had moved to recruiting based on values and behaviours rather than skills.

In earlier years, LWoH's **test and learn projects** were viewed as an opportunity to explore innovative approaches, and have already been having an impact on the support available for people with multiple and complex needs. In particular, the **Neuro Triage** work with Dr Stephen Weatherhead around alcohol-related brain injury has allowed more people to receive a diagnosis and the treatment they need[14].

[13] https://liverpool.gov.uk/council/strategies-plans-and-policies/inclusive-growth-plan/

[14] The Neuro Triage pilot is a mobile assessment service offering screening for brain injuries to people experiencing homelessness. Brain injuries are estimated to affect nearly half of the homeless population. https://liverpoolwavesofhope.org.uk/everything/liverpool-waves-of-hope-launches-ground-breaking-brain-injury-screening-pilot/

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"If we have somebody who we think has got a brain injury, they can meet them and assess them quite quickly and that's been helpful with a couple of our clients, getting them in the right setting for them. Most people who work in homelessness know what an alcohol-related brain injury looks like... [but] if I said that to a consultant at the hospital, they're not going to take as much notice as if a clinical psychologist said it." – Project staff

Stakeholders described the **influence LWoH had had on a number of new initiatives in Liverpool, including Housing First, Labre House and the Rapid Rehousing Pathway**. Whilst the project was not seen as the driving force behind these initiatives, learning from LWoH had fed into their design. For example, a member of the LET reported that Housing First has built upon what has been learnt from LWoH by prioritising lived experience input from the start. A member of the Housing First team added that as well as emphasising lived experience, the initiative had also learned from LWoH about the importance of housing to effective recovery; about the need for a structured pre-implementation period; about how to structure commissioning; and about how to measure success. The LWoH LET and other LWoH members fed into the design of Labre House, and LCC commented that the need for physical health care among this group highlighted by LWoH led them to add three health clinic rooms to the design.

At an operational level, delivery partner staff have strengthened links with other services, partly to improve understanding of the project but also to **encourage more collaborative working and information-sharing,** including multidisciplinary team meetings and the use of Mainstay. These meetings were also reported to have led to a greater understanding of people's needs and ways of working with them – for example, scheduling appointments in the afternoon to avoid people missing them.

"In terms of our service users, most of them are heavy drug users. They're not going to be waking up until 11am, 12pm, 1pm. Therefore, for appointments in the morning, you've always got a failure to attend. Now that we are able to communicate with these services, and say, 'Listen, it's a waste of time giving them appointments at that time, whereas at this time, he or she will attend,' that is more accessible now than it's ever been. They understand the types of people we're working with. Certain places are still the same, but other places are understanding of the needs of the clients, much better than they were at the start of the programme." – Project staff

Key challenges

Challenges to generating learning

Many staff felt that the **nature of the project as an opportunity for innovation had not been made sufficiently clear at the outset**, and that consequently delivery partners had gone into the project focused on targets and too risk averse. This meant that delivery organisations were less willing than they could have been to try new ways of working, and not enough time was dedicated to generating, recording and sharing learning.

"There are loads of great ideas coming from the team but we just weren't allowed to implement them because it wasn't what was already there, it wasn't normal, it was frowned upon - but it's the frowned-upon stuff that works for some people" – Project staff

Some stakeholders suggested that dynamics within the CSG (project board), and the commissioning relationship in general, may have been a barrier to identifying learning. Whilst it was helpful to bring more senior people into the CSG in order to drive decision-making, some commented that having senior commissioners so closely involved with the programme may have inhibited more experimental ideas, due to commissioners' concerns about sustainability; and because delivery partner organisations may be mindful of the need to maintain good relationships with commissioners and therefore be unwilling to be seen to criticise existing service delivery.

Challenges to sharing learning and influencing others

Many internal stakeholders had a view that the project **could have done more to communicate with other services**, in particular about its success stories, and that this had resulted in the project being viewed too negatively by external stakeholders. Some staff and external stakeholders commented that the project's reputation, and the confusion caused by the service redesign, had meant that some external organisations had not been receptive to messages from LWoH.

This lack of communication was partly attributed to **actions and responsibilities** for communicating about the project (and more generally) not always being assigned clearly among the organisations involved with LWoH, and the resulting tendency among those involved to incorrectly assume that someone else would be responsible for dealing with an issue. This was also seen as a limitation on the impact of learning from the project.

"Messages are known but people don't take responsibility to act on them, so we keep talking about the same issues." – Project staff (2018)

At the same time, some external stakeholders acknowledged their own **organisational barriers** to forming relationships with LWoH, including reorganisation and staff cuts, leading to high staff turnover, limited resources and a "crisis" mentality. In year four of the project, some health organisations acknowledged that they could sometimes see holistic working as "not their job"; and commented that LWoH could have done more work to articulate the benefits of an integrated, multidisciplinary response.

Social care and prevention have been affected by reductions in central government funding to Liverpool City Council, from £523.7m in 2010/11 to £246m in 2019/20: a real-terms reduction of 64%.

In the third year of the project, actions were taken to encourage shared learning, including Communities of Practice, an Evaluation, Learning and Legacy Group, and a staff member dedicated to systems change. However, the outcomes of this legacy work have **not always been visible to those who took part.** In particular, delivery staff and managers reported that whilst they had passed information on to commissioners they had little visibility of whether and how this had been used.

Throughout the project, stakeholders commented on how **nationally determined policies** had restricted their ability to make the changes they wanted to based on the experience of LWoH. The most prominent example of this was the persistent gap in support for people with dual diagnosis of mental health and substance misuse issues, who continued to find themselves excluded from support services due to eligibility criteria.

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"[Mental health service] are reluctant to assess people who are still using illicit drugs, even occasionally. I can understand their reasons for that but for our clients, the reason they use drugs is to deal with mental health issues. We're trying to work with clients who are trying to deal with traumatic life events and they can't engage with mental health services. That's an ongoing issue that we struggle with and it's not really changed in recent years." – External stakeholder

Joe Anderson, Mayor of Liverpool has established 'The Routes Out of Rough Sleeping Task Group[15]' in response to the growing number of rough sleepers in Liverpool. Its report identifies government policy as a contributing factor to this increase, also recognising substance misuse and poor mental health as factors which lead to rough sleeping and are often combined. The report refers to the restriction of housing benefits for young people, the nature and lack of rented accommodation, a lack of funding for mental health services, insufficient substance abuse support and treatment, and the impact of benefit cuts. These are identified as national rather than local issues.

Although the project has raised the profile of multiple needs and helped to identify where more support services are needed, some expressed concern that once the project finishes it is not clear whether leadership for multiple needs in the city will continue. In contrast, others disagreed that this was necessary. Some stakeholders were of the view that the **existence of a specialist service for people with multiple and complex needs had led to some degree of "passing the buck"**, in that mainstream services were less willing to work with people for complex needs because they incorrectly believed that LWoH would take full responsibility for their support. Some challenged the rationale for specialist multiple and complex needs services, arguing that mainstream services should already be made to offer people the services they are entitled to, and that the existence of a separate service to ensure this, just for the most "chaotic" clients, could be counterproductive.

"I find that quite uncomfortable that there's a separate layer and those staff are trained in a different way, and there's money invested in them, that should be across the board. It's like a postcode lottery system. The more difficult you are, the better service you get. What message does that send out to the homeless person?" – External stakeholder

Learning

- A pro-active approach to sharing learning from the project is essential, at both a strategic and operational level. This should include building relationships with people, championing the project by sharing success stories, and promoting best practice ways of working, whilst avoiding being perceived as "telling people what to do".
- Audiences may not be aware of what information is available, and have little time to read documents or written communications in the course of their day-to-day work. Evidence should be presented in a concise, accessible format. The LWoH conferences were well-attended and some staff thought face-to-face engagement worked well to convey messages.

[15] https://liverpool.gov.uk/media/1356431/routes-out-of-rough-sleeping-report.pdf

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"Everyone is so busy - unless you get them captive and tell them what the benefits are they are unlikely to listen." – Project staff

- Commissioners need to be willing to have open conversations about what is and isn't working, and to ensure delivery organisations feel they can challenge commissioners about this without putting their contracts at risk.

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Daniel Cameron
Director
daniel.cameron@ipsos.com

Catherine Crick
Senior Consultant
catherine.crick@ipsos.com

Charlotte Peel
Research Manager
charlotte.peel@ipsos.com

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos-mori.com
http://twitter.com/IpsosMORI

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