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Fulfilling Lives

National evaluation and learning

*Supporting those experiencing multiple disadvantage:
What makes a difference?*

The webinar will start shortly.

Supporting those experiencing multiple disadvantage: What makes a difference?

Time	Presenter	Topic
11.00-11.05am	Beth Collinson (<i>Learning and Impact Associate, University of Sheffield</i>)	Welcome and WebEx overview
11.05-11.20am	Rachel Moreton (<i>Associate Director, CFE research</i>)	Multiple disadvantage – what works?
11.20-11.40am	Ian Treasure (<i>Programme Manager, Blackpool Fulfilling Lives</i>)	Navigators - explained
11.40-12.00pm	Rae Clarke (<i>Services Coordinator, Fulfilling Lives Islington and Camden</i>)	Female specific engagement



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Multiple disadvantage – what works

Latest findings from the National
evaluation of Fulfilling Lives

Rachel Moreton

Associate Director, CFE Research

National evaluation of Fulfilling Lives carried out by:



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01 Why we need to invest in multiple needs



Evaluation of Fulfilling Lives Supporting people with multiple needs

April
Hayley
Rachel
Dr Joanna
Sarah
Jennifer
Peter

02 Understanding multiple needs



Evaluation of Fulfilling Lives Supporting people with multiple needs

May
Hayley
Rachel
Dr Joanna
Sarah
Jennifer
Peter

03 What makes a difference



Evaluation of Fulfilling Lives Supporting people with multiple needs

June
Hayley
Rachel
Dr Joanna
Sarah
Jennifer
Peter

04 What has Fulfilling Lives achieved



Evaluation of Fulfilling Lives Supporting people with multiple needs

August 2019
Hayley Lamb
Rachel Moreton
Dr Joanna Wellford
Sarah Leonardi
Jennifer O'Donnell
Peter Howe

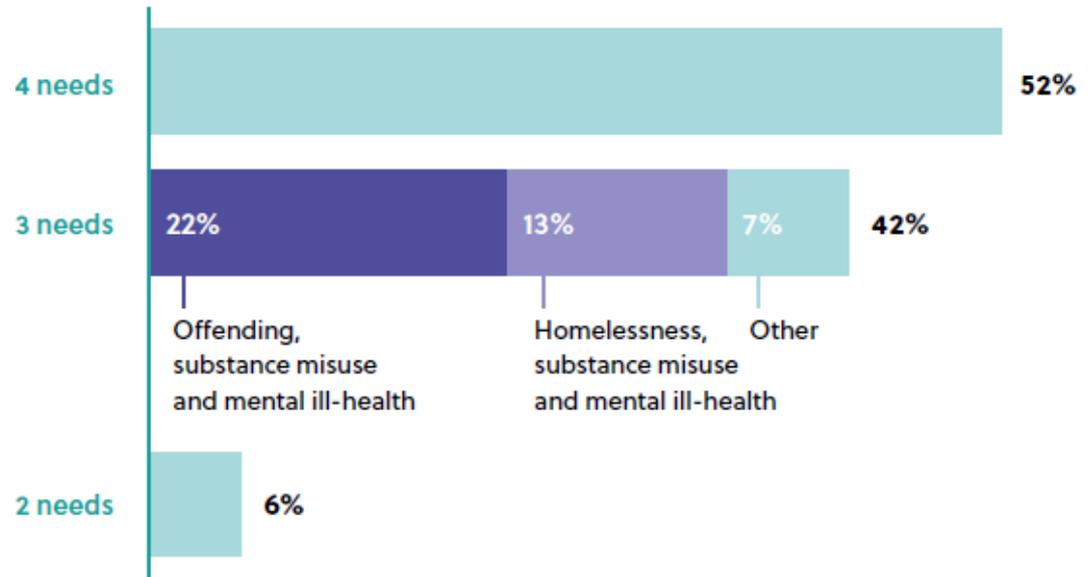
The Fulfilling Lives programme

- Aims to changes lives, change systems and involve beneficiaries
 - National Lottery Community Fund investment in 12 areas over 8 years
 - CFE Research and University of Sheffield commissioned to undertake overarching national evaluation
- 

Multiple disadvantage

Two or more of:

- homelessness
- substance misuse
- reoffending
- mental ill-health.



Why invest in multiple disadvantage?

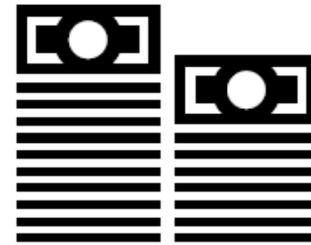
- Disproportionate use of crisis and emergency services



Over 1 in 4
attended A&E
at least once

Why invest in multiple disadvantage?

- Disproportionate use of crisis and emergency services
- Substantial cost to the public purse



Over £25,000
per beneficiary
per year

Why invest in multiple disadvantage?

- Disproportionate use of crisis and emergency services
- Substantial cost to the public purse
- Social and economic costs



**58 per cent of
beneficiaries
were homeless**

Why invest in multiple disadvantage?

- Disproportionate use of crisis and emergency services
- Substantial cost to the public purse
- Social and economic costs



Over 1 in 4
arrested at
least once

Why invest in multiple disadvantage?

- Disproportionate use of crisis and emergency services
- Substantial cost to the public purse
- Social and economic costs
- Tragic waste of human life



Over 1 in 4
arrested at
least once

Since the start of the programme, at least 171 people have died – five per cent of all those who have engaged with the programme

It is possible to work with those with the most complex needs

- 94 per cent experience three of the four needs
 - 90 per cent have experience of both mental ill-health and substance misuse
 - 41 per cent have other disabilities or long-term health conditions
 - 33 per cent have problems with literacy
 - Many will have experience of trauma
- 

After one year...



Fewer arrests, cautions,
convictions, visits to A&E
and evictions



Rough sleeping
down from
25 per cent
to 14 per cent

Longer term support is needed



Those who
leave for positive
reasons stay,
on average, with
the programme
for 14 months

- It can take up to 48 months to achieve a positive move on.
- Those still getting help from the programme have been engaged for an average of 23 months.

Services need to expect rather than punish relapses

- Relapse and set-backs are part of the journey.
- 32 per cent of beneficiaries have dropped out of the programme – fewer than some other projects working with people with less-complex needs.



When people drop-out of Fulfilling Lives, the door remains open

Getting help with substance misuse and therapy are linked to progress

- Beneficiaries who get support for substance misuse in the first nine months of the programme are more likely to improve their wellbeing and self-reliance.
- Those who get therapy or counselling are also more likely to show improvements in their emotional and mental health.

'Navigators' can help to connect people to services

- Staff build trusting relationships with beneficiaries, advocate on their behalf and help them to engage with the support they need.
 - This is reflected in an increase in people using different support services over their first year.
 - But a navigator can only do so much – accessible and appropriate services need to be in place.
- 

Specialist support is needed for women



35 per cent
of beneficiaries
are women

- Fulfilling Lives has successfully engaged a high proportion of women
- Women's needs are different from men's, but just as complex
- They are more likely to have higher levels of overall need and risk when they join the programme
- Being female is a predictor of leaving with a negative destination

Questions and discussions

Rachel Moreton
Associate Director
CFE Research

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national evaluation contact
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Navigators - explained

Ian Treasure

Partnership Manager

Blackpool Fulfilling Lives

Role of the navigator



- To break down the communication barrier
- Connection is priority/working together
- Focus on the person not the problem
- Understand there is no quick fix
- Unrealistic expectation from other services
- Therapeutic activities are important to establish a connection
- Encouraging client to take ownership of their own lives
- Giving hope about the future and support achieving goals

- System change
- Persistence in all areas
- Build relationships with other services
- Compassion and kindness is key
- Have a good mix of staff and lived experience teams
- Understand we are a small part in the clients lives and that they can survive without us
- Try to have a day in the life of a client to see things from their perspective
- No targets so more flexible in approach
- Advocacy

Plus...

Case notes, risk assessment, safeguarding, etc.

Evaluation - Conclusions



1. Long term intensive work with smaller cohorts is effective.
2. Specific elements of the Blackpool Fulfilling Lives model make a difference – navigator/ client relationship; tailored; connecting people; housing first.
3. Supporting the workforce is key:
 - Sickness absence reason is ‘symptom’
 - Poorly but not necessarily absent workers put pressure on others
 - Staff as likely to have adverse childhood experience triggers as client
 - Burnout likely - need succession planning
4. Succession planning
 - Associate roles - academy model
 - Access to relevant training - not just NVQ, etc
 - Balance workforce between lived experience and professional backgrounds
 - Explicit opportunities for staff to get involved with innovation

Lessons learned



- 1) Recruitment - lived experience panel
- 2) Agile management methodology - flash
- 3) Live observations in team leader supervision of navigators
- 4) Therapeutic fund as a lever for engagement
- 5) Navigators in teams of 4 on shift
- 6) Sensible service opening hours
- 7) Milestone outcomes.... Not KPI targets

Evaluation – Beneficiary feedback



“I think the biggest thing is the navigators and how passionate they are. They have so much empathy and they really care about these people.”

“She (my navigator) has got time for you, she’ll sit and listen. She’s got a good heart, her heart is in the job. She’ll take time out to talk to you if you need it.”

“I can talk one on one if I want. I can talk in a group if I want. They work around you.”

“She pushes you. She gets you on your feet and moving and that’s what I like about her. She supports you and she doesn’t stop until she gets you. She doesn’t give up.”

“Other services will put people down rather than celebrate small successes... that’s the difference between navigators and other services.”

“If it weren’t for Fulfilling Lives I probably wouldn’t be alive, I’d have f**king starved to death.”

Next steps



1. Blackpool finishes 31/3/2021
2. 2 year individual personal development plan including training
3. System changer roles / secondments into mainstream services (caveats DBS, etc)
4. Sharing learning



Questions and discussion

Ian Treasure
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Female Specific Engagement



Engaging women experiencing
multiple disadvantage

Rae Clarke

Services coordinator

Fulfilling Lives Islington and Camden



Fulfilling
Lives in
Islington &
Camden



Why did FLIC focus on a gender informed approach to working with women?

- FLIC have worked with **43 women** 2014 – 2017. We are currently working with **32 women**
- FLIC overall caseload **50% women** (compared to 20% female rough sleeping population in Camden and Islington)
- **100%** of women on FLIC's caseload had unmet needs in the areas of homelessness, substance use, mental health and offending at point of referral
- **90%** of the women we work with have experienced gender based violence, either in the past or currently (disclosed to staff)
- **0%** of women were accessing support around violence and abuse at point of referral
- **20 women** have been subject to Safeguarding Alerts and/or under MARAC due to domestic violence and abuse, sexual violence, or both, since beginning work with FLIC – many of them multiple times
- **1 woman** has died in DVA related circumstances.



Fulfilling
Lives in
Islington &
Camden



What are FLIC's key challenges?

- **Supporting and engaging** women who are rough sleeping or street active who are constantly with their perpetrators and live chaotic lifestyles.
- Women **not being able to engage** with specialist DVA services - no mobile phones, not able to attend appointments, distrust of services.
- Clients being **unable to access/sustain refuge accommodation** due to their support needs and/or lack of “complex needs” refuges.
- Clients being deemed **not priority need** at Housing Options, even when presenting with supporting evidence.

What are FLIC's key successes?

- **95% of our clients** who are experiencing gender based violence have engaged with their link workers for support with this issue – even if they remain with their perpetrators.
- **84% of these women** have been supported to move from homelessness or unsafe accommodation in to safer accommodation – including refuges, local authority temporary accommodation, PRS or supported accommodation.
- **Joint working** and multi-agency approach to provide support and manage risk – overcoming barriers by working collaboratively alongside other services.
- **A holistic approach** - long term case work has allowed us to build trust with the women we work with, address their needs according to their priorities rather than our agenda, focussing on health, well being and confidence. Wide range of service offer s– Housing First, Peer mentoring, personal budgets, etc – women can tailor their own support.

An assertive outreach approach

- **Help! I can't find my client!** Women we are working with may be NFA, won't have mobile phones or lose them constantly, and be living chaotic lives which mean they find it hard to attend arranged meetings.
- Tracking down women can involve building relationships and information sharing with a wide range of cross sector services. **Build a virtual network "around" a woman** so that if she is presenting to services intermittently, everyone is aware of the plan and who to contact to try and link her in.
- **Ask everyone!** Linking in with homeless outreach teams, use the CHAIN database to check whereabouts, homeless day centres, GP surgeries, A&E departments, homeless discharge teams in hospitals, IOM/probation to get alerts when someone has been arrested, is appearing in court, has a short prison sentence etc, gate meeting from prison, community safety police teams, substance use services, chemists where clients pick up prescriptions, etc.
- Ensure that related services are aware of who the worker is, why they want to engage the client, keep everyone up to date and informed, share sightings/risks/new info, give a consistent supportive message to women, **act quickly** to make the most of windows of opportunity.
- Street outreach! Hotspots, stomping grounds, everywhere and anywhere – **get out and about!**

Early engagement – being flexible

- **Use budgets for engagement** - We buy cheap mobile phones with credit on for clients who don't have them so we can give them to them when we first meet them and continue to text and call to link in (must be aware that these may be lost/stolen or taken over by perpetrator multiple times!)
- When we first meet a woman **we do not do any paperwork or ask any intrusive questions.** We simply and briefly explain we are a service that can offer them additional support in whatever area they require, that we are flexible and can meet them wherever works for them.
- **Where does a woman like to be?** Many clients don't want to come in to formal, office environments within services – they may feel more comfortable in a park, in a café, in their own home, or just having a chat on a street corner!
- Usually we find that people will have quite a basic or pressing need, i.e. they want help sorting out benefits, they need to make some phone calls, and by immediately assisting at this basic level we **demonstrate that we can help and start to build trust.**
- **Incentivising early meetings** (or ongoing meetings!) with coffees, food etc. is also helpful so the engagement is enjoyable.
- Agree during the meeting if possible **when and where we shall meet again**, give the woman a card with our details including phone number, email and office address. Is there an address the woman can present at to make contact if she loses her phone and our details? We use our office address so people can present any time. If the engagement is going well, ask woman how you could meet up with her again if she was to not come to the appointment/lose her phone etc – are there any areas she frequents etc?

What do we really mean by 'difficult to engage'?

- It can be common for a client to be labelled as **'difficult to engage'** or **'challenging'** and **'not ready to receive support'** .
- However, **services can also be difficult to engage with**, or hard to reach due to a range of factors.
- 'Non engagement with support' is still a reason that clients get **evicted from accommodation** or discharged from services – or do not get to access services in the first place i.e. not being accepted after assessments or missing an appointment and being struck off.
- In order to be able to engage clients and support them to make progress, we need to **consider the barriers** to doing so, and **develop best practice**.

So, what do we do?

- Do not force people to separate out their different issues if they are not comfortable to/they are unable to. **Go with the flow**. The skill of support staff should be to have client led conversations that flow, and then gradually draw out the different elements of what needs to be done as trust and rapport builds.
- Even when a client cannot think of a goal, **start small**. There is always one. Good to start with practical, short term goals to build up trust in the support services. I.e. help client get benefits sorted. Get ID. Buy them a coffee and sit with them while they drink it!
- Support planning can take many different forms – **use what works for the client**. It could be a list on the fridge, a picture they've drawn, a daily text messages from you. Be creative.
- Even when talking about negative things, **reaffirm the positive – there always is one**. That the client is here having the conversation with you today. That they are a survivor.
- Remember it is fine to use humour and informality, as long as you are aware of boundaries and taking the lead from the client. Support is about human relationships and to have good relationships, we need to have **humour, positive regard, and trust**. We can make engagement with our service enjoyable.

My action experiment

- **Multiple disadvantage rep at MARAC** – improving results for clients with multiple disadvantage
- **Challenging stigma** and rote actions such as referrals to drug services
- Asserting and challenging risk management
- Working with homelessness providers to support them around **MARAC referrals**
- Improving outcomes and tracking cases
- Working with other services to offer different actions such as **Team Around Me** (TAM) meetings

Women tell us what works for them

“I don’t want to have to talk to a lot of people. I am anxious at the best of times. But getting used to **one person, who can help me with anything/everything that might be going on...** that’s what I want.”

“**I want someone who I can do nice things with,** too, not someone who just talks about what has gone wrong, or drugs and other things... I think about those negative all the time anyway and I want a worker who I can feel positive with, happy.”

“**I don’t want to be told what to do.** I know what to do but it’s not that easy for me. Sometimes I just want someone to hear what I have to say, what I’ve been through”.

“I was always being asked to do forms. Do you know how hard that is for me, it made me angry and anxious. I don't want to go in to offices, I don't want to do paperwork. **I want someone who I can talk to and that's what will really help me**”

“To talk to someone who has been through similar things, or maybe if they haven't, knows someone that has... someone who doesn't make you feel weird or different because of what you're going through, **someone who doesn't get shocked.**”

“And actually I have gone through a lot, I have survived abuse, the streets... what I want is someone to say, **you are strong.**”

“Just do it, even if they tell you to go away, you've got to help them. Even when people are angry – you really want **someone who will stick with you, and still be kind**”.

Questions and discussion



Engaging women experiencing
multiple disadvantage

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