

Tackling Multiple Disadvantage: Year 2 Interim Report

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Executive Summary

This interim report is the second of three reports for the evaluation of the Tackling Multiple Disadvantage (TMD) project. The TMD project is in live delivery between April 2017 until December 2019. The project provides personalised coaching support and tailored employability provision to support homeless people with multiple and complex needs into training or employment. TMD is a Building Better Opportunities project funded by the Big Lottery Fund and the European Social Fund. It is being delivered across 17 London boroughs by a partnership of specialist homelessness or mental health organisations. This interim report presents findings from research conducted with TMD participants and coaches and quantitative analysis of project performance.

Project performance

The TMD project has currently recruited 253 participants, which is equivalent to 57% of the profiled target. The project has had mixed success in reaching demographic targets, with women and economically inactive participants currently underrepresented in support.

The TMD project is currently achieving an employment outcome rate of 18%. While this is lower than the ambitious 28% target, it is in line with outcomes achieved by comparable support. Training and job search outcomes will also be reported in the final report but are not currently being recorded whilst an employment result remains possible.

The key reasons for project underperformance have related to operational challenges. The project has seen unusually high levels of staff turnover with nine staff from four partners leaving the project. This was attributed to onerous administrative requirements linked to BBO funding requirements. Partners delivering TMD with one project worker were particularly impacted by staff turnover as the project became non-operational during the hiring process for a replacement. This has impacted the employment outcome rates achieved by partners, which ranges from 3% to 24%. Changes to the evidence requirements which have made them more relaxed, have made a substantial difference to the day-to-day delivery of the project, particularly in evidencing project starts.

Referrals and attachment

TMD partners have a wide range of referral routes to access participants with multiple needs. A key strength has been the ability to utilise existing internal support offers and to build strategic external partnerships with support organisations working with TMD eligible participants. Efforts to build new referral links have been constrained by staffing resource, particularly for projects operating across a wide geographical area.

TMD participant experiences of referral highlighted the importance of a wide support offer to attract participants with a range of needs, and strong links with trusted referral partners to facilitate 'trust transfer' into TMD support. Participants often reported extremely low wellbeing at the point of referral and previous negative experiences of support, which acted as a barrier to accessing services. It was vital the referral and initial appointment overcame these barriers through providing reassurance and clear information. In some cases, the paperwork needed to join TMD was a barrier for participants with higher needs and discouraged their engagement.

Support delivery

TMD delivery partners are using a highly personalised coaching methodology and utilising a range of internal and external support service offers and interventions. This approach enables the integration of counselling, training, volunteering, job brokerage and specialist support provision such as housing support, financial support and health-based interventions. This support offer was underpinned by an individually tailored action plan and needs led approach to support sequencing to build participant capacity. The role of the coach was essential to recognise the totality of participant need, and working to build individual resilience, trust and confidence by addressing these holistically.

Overall, participants felt that TMD offer was more accessible, holistic and 'involved' than previous support accessed. As a result, participants were able to notice changes in their confidence and motivation and begin to feel that meeting employment outcomes and wider goals were possible through this support model. Participants expressed a confidence that the support was aiming for employment outcomes which met their specific needs, accounting for the type of employment, hours, rate of pay and how these factors impacted the stability of their wider circumstances.

Service model challenges

Partners acknowledged challenges working with participants with complex, multiple and fluctuating needs. The key challenges were effective caseload management, supporting sustained engagement and navigating gaps in the external provision of support.

However, the key project challenges related to operational issues of limited staffing resource, and the administrative requirements of BBO funding which exacerbated the resourcing difficulties. The high rate of staff turnover impacted the ability for TMD partners to build referral partnerships, support participants and achieve outcomes, particularly through employer engagement, which was an identified gap in support provision.

Service model strengths

The key strengths of the service model were identified as:

- The project design: this enabled the partners to take the longer term, innovative approach needed to effectively work with people with multiple and complex needs. This was a key point of difference from previous support, which operated in a single-issue capacity. As a result, partners view the project as having achieved significant outcomes for a vulnerable client group with previously poor support outcomes.
- The partnership: the expertise of each partner organisation provided an expanded service offer to participants. Partnership practitioner meetings were valued by coaches for providing a supportive network and opportunity to share best practice.

This report presents key findings from TMD delivery and interim recommendations. The final report will explore participant viewpoints longitudinally and provide recommendations for commissioners of programmes to support this client group.

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1. Introduction

This interim report is the second of three reports for the evaluation of the Tackling Multiple Disadvantage (TMD) project. TMD is a Building Better Opportunities (BBO) project funded by the Big Lottery Fund and the European Social Fund. TMD provides personalised coaching support and tailored employability provision to support homeless people with multiple and complex needs into training or employment. The project targets single homeless people aged 25 plus living in North, East and West London. It is being delivered across seventeen London boroughs¹ by a partnership of specialist homelessness or mental health organisations:

- Partner 1 is a UK wide homelessness charity and the lead partner in the TMD partnership. The charity provides a range of services for people affected by homelessness including education, training, housing, employment and health support, as well as a variety of recreational activities.
- Partner 2 is a mental health charity based in Hackney which supports people with mental health issues, providing talking therapies, mindfulness courses, wellbeing activities, employment support and skills support.
- Partner 3 is a homelessness charity active throughout London which provides a range of accommodation support including shelters, hostels and semi-independent accommodation. It provides housing advice, offender services, preventative support, health support and a specialist college for participants which provides tailored employment and skills support.
- Partner 4 is a London based charity which supports vulnerable people who are homeless or at risk of homelessness. The charity provides a range of services including supported accommodation, rough sleeper support, health support and employment and skills support.

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

Individual barriers, such as housing instability and homelessness, offending history, health and wellbeing, all have a bearing on an individual's likelihood to enter into work.

Disadvantage within the labour market is amplified when multiple barriers are experienced concurrently² suggesting that barriers to the labour market are redefined as forms of disadvantage interact.

¹ This includes the boroughs of Barking and Dagenham, Greenwich, Havering, Redbridge, Newham, Tower Hamlets, Hackney, Waltham Forest, Haringey, Enfield, Barnet, Brent, Hammersmith and Fulham, Harrow, Hillingdon, Ealing, and Hounslow.

² See for example Berthoud R. 2003. Multiple disadvantage in employment. Joseph Rowntree Foundation.

Conventional employment support programmes can fail to recognise the complex two-way dependencies between vulnerabilities that often exist and therefore tend to offer siloed support in simple linear sequences. In contrast, the TMD project uses a delivery model underpinned by a highly personalised coaching methodology to improve the skills, resilience and employment prospects for recipients. Participants can access a range of support interventions, allowing the integration of counselling, training, volunteering, and job brokerage as well as other services. This project is testing whether providing this personalised wraparound offer of support may allow support needs to be addressed more effectively than traditional forms of employment support.

Despite the prevalence of multiple disadvantage, there has been surprisingly little work on providing effective employment seeking support to this group – certainly at any scale. One review of literature around the area describing policy and research papers written at the time as lacking “a clear focus on what is meant by [severe multiple disadvantage], with the result that the overall political analysis remains indistinct and entangled in wider preoccupations”³. This evaluation will help to address this evidence gap.

Aims of the evaluation

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

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

- 1) Formative evaluation to understand:
 - a) What worked well, for whom, in what circumstances, and why?
 - b) What were the lessons learned?
 - c) What difference did the project make, to whom and why?
 - d) Were there any unexpected outcomes?

- 2) Summative evaluation:
 1. What impact has the project had on its beneficiaries in terms of the project’s success criteria; specifically:
 - a. Job search activity (For those who were previously economically inactive)
 - b. Education or Training
 - c. Employment / Self Employment
 - i. Sustained Employment 6 months
 2. What softer employment related outcomes have been achieved

³ Duncan, M., Corner, J. (2012) Severe and Multiple Disadvantage: a review of key texts. Lankelly Chase: London (p.6)

The evaluation will comprise two interim evaluation reports prior to a final evaluation report. These interim reports will include areas for consideration and recommendations to enable project learning to directly impact and improve current practice.

Summary of evaluation to date

The first interim evaluation report was published in January 2018.⁴ It presented findings from research conducted between September and December 2017 with each partner's strategic leads and local authority representatives⁵ from London boroughs where TMD is in operation. It outlined the policy intent of TMD, reviewed the existing evidence base, provided an overview of TMD performance monitoring and reported early implementation findings.

Key findings from the initial interim report are set out below:

Project background and development

The TMD project was developed in response to gaps within mainstream employment programmes, accommodation projects and specialist support organisations. TMD partner leads and local authority representatives felt that there was a clear gap in employment focussed support for individuals experiencing severe and multiple disadvantage.

The main factors contributing to this were reported as:

- payment structures which incentivise quicker outcomes;
- limited resource to provide holistic, longer term support and
- high thresholds in service level criteria for specialist support which doesn't account for multiple needs.

TMD was designed to provide a longer-term employment and support package specifically for homeless people with multiple and complex needs. The support aims to address needs in sequence and develop the stability, confidence and skills needed to access employment.

The key elements in project design to facilitate this were:

- The partnership comprised of organisations with specialist knowledge of the participant group's needs and pan-London coverage. TMD also promotes cross partner learning through Steering Group and practitioner meetings.
- The coaching support model which utilises a confidence building approach and supports individuals to access service offers to meet their needs in sequence.
- Using a non payment-by-results funding structures and the inclusion of soft outcome targets to enable intensive delivery.

Support model

The support model used by TMD delivery partners is a highly personalised coaching methodology and access to a range of support interventions such as housing support,

⁴ Murphy, H., Vaid, L., Klenk, H., Patel, A. (2018). Tackling Multiple Disadvantage: Year 1 interim report.

⁵ Interviews were conducted with representatives from employment and skills, homelessness, and public health teams

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

Outcome measures and project performance

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

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

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

Implementation findings

The first interim report measured project progress up to the first three quarters of delivery. Up to Quarter 3, TMD partners registered 72 participants, which was 37% of the profiled target for this period. The low participation rate was partly explained by implementation challenges including staff turnover, difficulties with compiling the evidence for a successful registration and additional outreach requirements:

- The paperwork and audit requirements linked to BBO funding were reported as a barrier for participant's successful registration on to the project and a contributing factor in staff turnover on the project.
- Some partners reported that their existing service user base did not meet the criteria for TMD and as a result they have had to further develop their outreach activities.

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

Methods

This second interim report will set out findings from interviews with frontline staff and TMD participants, as well as quantitative analysis of project performance.

In-depth interviews were conducted with seven frontline staff across the four partners. These interviews took place in summer 2018, one year into project delivery. They drew on frontline staff's experience of delivering support to explore the effectiveness of the support model, wider factors affecting delivery and views on improvements.

A focus group was co-facilitated with the TMD Project Manager with seven TMD participants in May 2018. This focus group explored participant pathways to TMD, how they were referred into support, views on the initial meetings and aspirations for support.

One to one interviews were conducted with twenty four TMD participants across the four delivery partners between June and November 2018. These in-depth interviews explored participant's individual pathways into and through support, underlying and changing needs, experiences of support delivery, and changes in perceptions of wellbeing, emotional health and resilience to pursue employment goals. Participants were sampled on a range of project characteristics and partner organisations to capture a diversity of people, experiences and partnership models.

Partners were each responsible for different proportions of delivery, as described in the sample frame in Table 1. Interview targets were set to achieve a balance of viewpoints from across the partnership in the context of what was operationally possible for partners given participant numbers and staffing constraints.

Table 1 Participant sample frame: by providers

	Delivery share	Target (% of interviews)	Achieved
Partner 1	57%	40%	42%
Partner 2	9%	15%	8%
Partner 3	18%	25%	33%
Partner 4	16%	20%	17%

The evaluation also aimed to sample on the key characteristic targets of TMD, including women, those over 50, people with disabilities and people from minority ethnic groups. Table 2 sets out the proportion achieved in comparisons to percentages across the partnership.

Table 2 Participant sample frame: characteristics

	Project actuals	Achieved
Females	20%	25%
Over 50	21%	25%
People with disabilities	31%	50%
BAME	58%	41%

The evaluation has used management information (MI) collected from the start of the project. The MI is based on internal monitoring data and TMD monitoring data from the TMD partners and enables tracking of:

- whether participants have reported an improvement in confidence, self-esteem or motivation;
- have improved employability skills; and
- job and education outcomes
- the characteristics of participants and those achieving an outcome

To measure whether participants have seen an improvement in confidence, self-esteem or motivation L&W are using the **Homelessness Outcomes Star tool**⁶. The Outcome star for Homelessness is a tool to measure change when working with people. and focuses on ten core areas that have been found to be critical when supporting people to move away from homelessness:

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

For each core area, there is a ten-point scale that measures where the participant is on their journey towards addressing each area.

Further research

The final evaluation report will include findings from further research including additional participant interviews, longitudinal participant interviews and research with TMD partner staff and wider stakeholders.

Longitudinal interviews will be conducted to get a full understanding of a participant's journey through the Tackling Multiple Disadvantage project and the influence it might have on confidence, wellbeing and employability. These will be conducted approximately 12 months from the first interview. These interviews will track changes in participant's wellbeing, independence, economic situation and distance travelled. Additional 'standalone' (non-longitudinal) interviews will be conducted to reflect participant experiences as project delivery progresses and accommodate panel attrition.

Further interviews will be conducted with project leads, frontline staff and local stakeholders towards the end of the project. These will reflect on the delivery and experience of the project, discuss the extent to which outcomes were achieved, how support led to intended outcomes, impact of contextual factors and identify lessons learnt for future delivery of employability support in the homelessness sector.

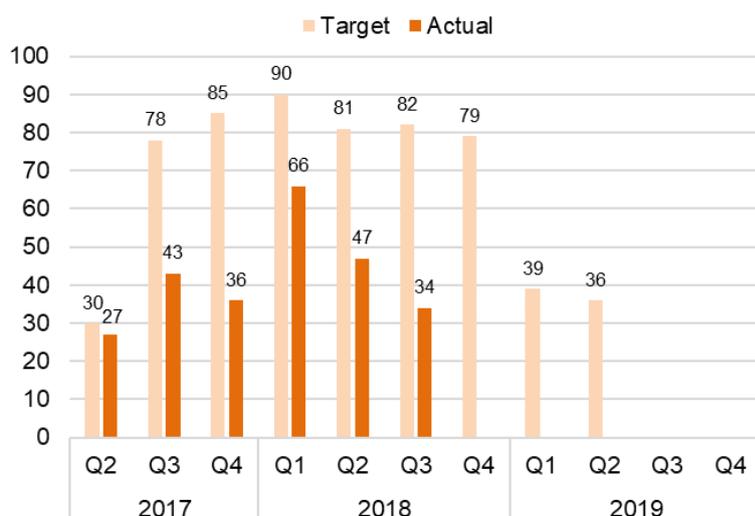
⁶ The Outcomes Star is a subjective assessment tool which captures self-reported perceptions at a given point in time.

2. Project performance

The participant group for TMD are all directly impacted by homelessness and face a multitude of additional barriers and support needs, including rough sleeping, mental health problems, substance misuse, health conditions and disabilities, lack of basic skills and ex-offenders. This chapter reviews TMD project performance against participation targets and outcomes achieved, exploring the key drivers of differences between profiled targets and project actuals. It then presents an overview of TMD participant characteristics and explores the barriers reported by those who joined the project.

Overview of performance

Figure 1 Total participants to date (Q3 2018)



The TMD project has recruited 253 participants up to quarter three 2018. This is well below the target of 446 for the same period: equivalent to 57% of the target number. The project is attracting an average of 42 participants per quarter – if this trend continues then the final number of participants (up to quarter two 2019) will be roughly 380 – compared to the overall target for the project of 600.

The project has done well in attracting participants who were previously unemployed: achieving 92% of the target to date (142 participants against a target of 155). However, the project has done less well in attracting those who were economically inactive (111 participants to date against a target of 289 or 38%). Those who are economically inactive (i.e. people not in employment who have not been seeking work and/or are unable to start work in the near future) includes people who are in education or training, retired, suffering from serious illness or disability, and those who were looking after children or incapacitated adults. See figures 2 and 3 below.

Figure 2 Participants who were previously unemployed to date (Q3 2018)

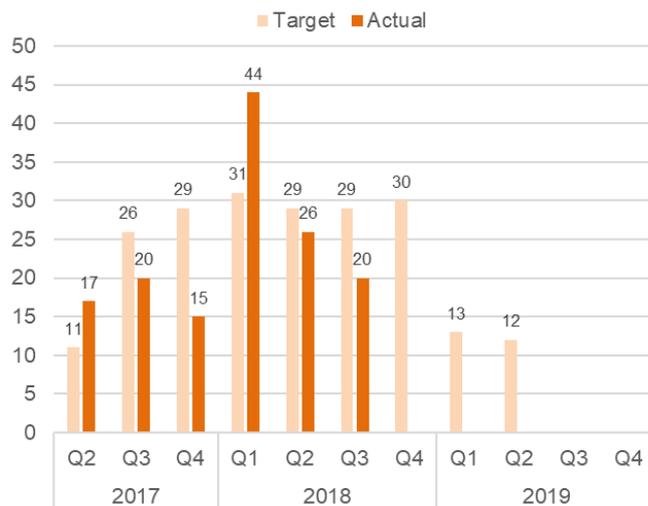
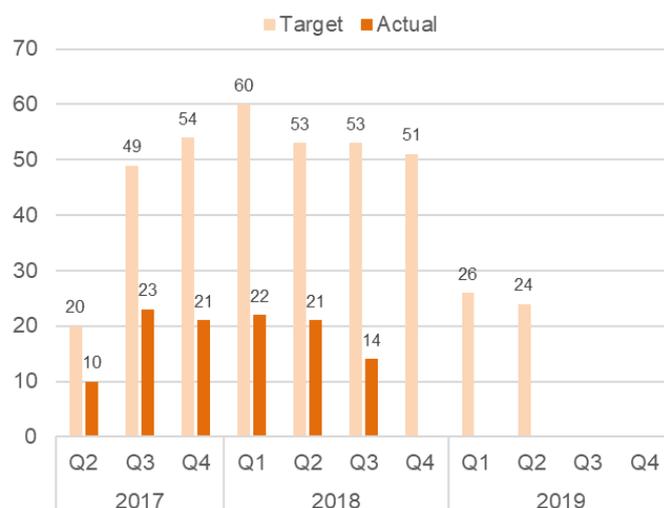


Figure 3 Participants who were previously economically inactive to date (Q3 2018)



Participation numbers by partner are presented in Table 3. Partner 1 have achieved 63% of the expected number of participants, this falls to 40% achieved by Partner 3.

Partner 1 have nearly achieved the target number for participants who were previously unemployed. The overall target for Partner 1 is 105 and they have already achieved 103, with the target to date 89. However, Partner 1 did less well at attracting participants who were previously economically inactive having achieved only 34% of their target up to quarter three 2018. On this measure Partner 4 achieved the highest rate at 58% of their target.

Table 3 Participants by partner organisation to date (Q3 2018)

Partner	Target to date	Actual to date	% of target
Partner 1	255	163	64%
Partner 2	41	17	41%
Partner 3	80	33	41%
Partner 4	70	40	57%
All	446	253	57%

Table 4 Participants who were unemployed by partner organisation to date (Q3 2018)

Partner	Target to date	Actual to date	% of target
Partner 1	89	105	118%
Partner 2	14	11	79%
Partner 3	28	12	43%
Partner 4	24	14	58%
All	155	142	92%

Table 5 Participants who were economically inactive by partner organisation to date (Q3 2018)

Partner	Target to date	Actual to date	% of target
Partner 1	166	58	35%
Partner 2	26	6	23%
Partner 3	52	21	40%
Partner 4	45	26	58%
All	289	111	38%

Table 6 Participant rates by characteristic, to date (Q3 2018)

Participant rates	Target	Actual to date
Men	60%	80%
Women	40%	20%
Unemployed	35%	56%
Economically inactive	65%	44%
Aged 50 or over	15%	21%
With disabilities	40%	31%
From minority ethnic groups	55%	58%

Women usually make up the majority of the economically active population group and they are underrepresented amongst project participants. Only 50 women have participated in the project against a target of 178 to quarter three 2018 (28% of the target number). This compares with 203 male participants against a target of 271 or 75% of the target number. This explains the misbalance between the actual participant rates against the target participant rates as shown in Table 6.

The project is on target in terms of attracting participants that are aged over 50 (21% against a target of 15%) and participants from minority ethnic groups (58% against a target of 55%) but has not yet achieved the participant target rate for participants with disabilities: so far 31% of participants have a disability against a target of 40%.

Participation trends by gender, older participants, participants from minority ethnic groups and disabled participants are shown below.

Figure 4 Male participants to date (Q3 2018)



Figure 5 Female participants to date (Q3 2018)

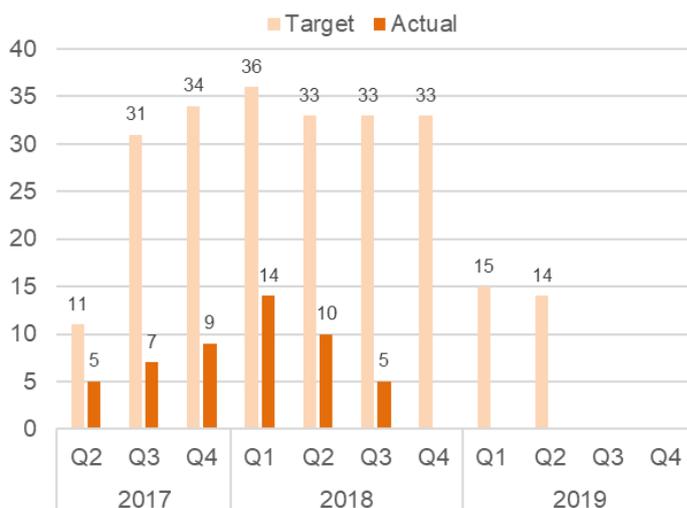


Figure 6 Participants who were aged over 50 to date (Q3 2018)

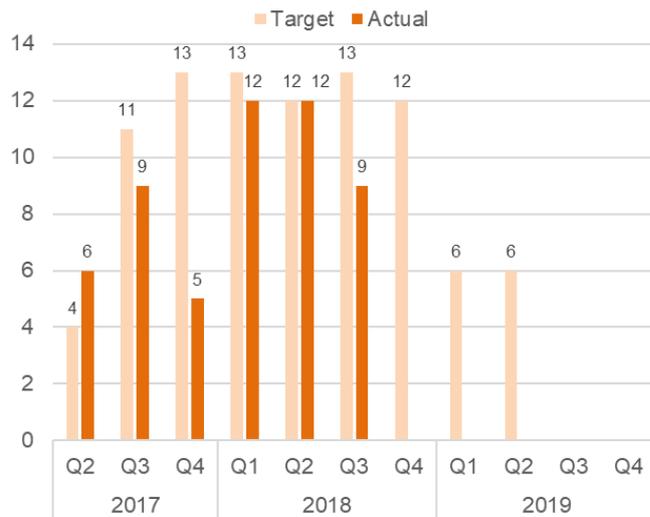


Figure 7 Participants from minority ethnic groups to date (Q3 2018)

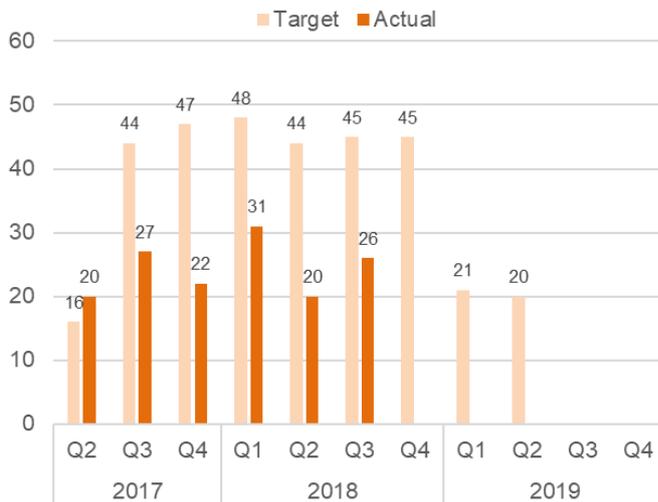


Figure 8 Participants with a disability to date (Q3 2018)

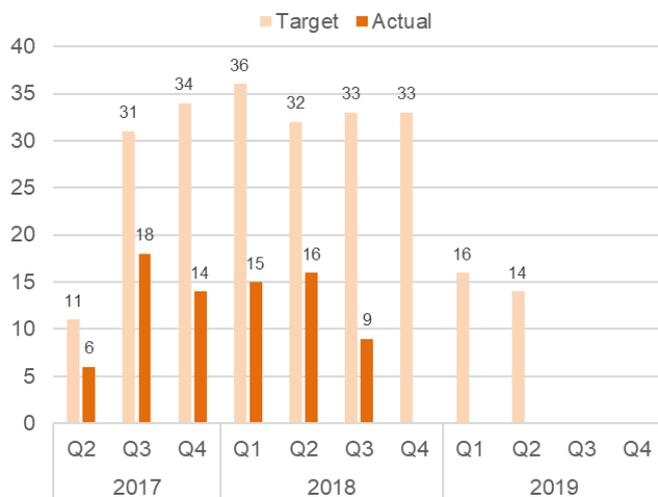


Table 7 below shows participation by characteristic for each partner. Attracting female participants is an issue for all partners. Partner 1 (compared to other partners) has done particularly well at attracting participants from minority ethnic groups and older participants. Partner 3 and Partner 4 have performed better at attracting participants with a disability.

Table 7 Participant rates by characteristic, to date (Q3 2018)

Characteristic	Partner	Target to date	Actual to date	% of target
Men	Partner 1	157	127	81%
	Partner 2	24	15	63%
	Partner 3	48	27	56%
	Partner 4	42	34	81%
	All	271	203	75%
Women	Partner 1	102	36	35%
	Partner 2	17	2	12%
	Partner 3	31	6	19%
	Partner 4	28	6	21%
	All	178	50	28%
From minority ethnic groups	Partner 1	140	104	74%
	Partner 2	22	11	50%
	Partner 3	44	14	32%
	Partner 4	38	17	45%
	All	244	146	60%
Aged 50 or over	Partner 1	39	39	100%
	Partner 2	6	3	50%
	Partner 3	11	8	73%
	Partner 4	10	3	30%
	All	66	53	80%
With disabilities	Partner 1	102	37	36%
	Partner 2	16	4	25%
	Partner 3	31	19	61%
	Partner 4	28	18	64%
	All	177	78	44%

Views of targets:

Some coaches felt that referral numbers were “overly ambitious” in context of staff resource and the needs of participants. Several coaches highlighted a discrepancy between the aims of TMD to provide holistic support to participants with multiple, complex needs and the referral targets they are required to meet.

“Within nine months the two frontline workers were expected to identify, make contact with, establish a rapport, sign up, and work with a total of 65 individuals. To work with 32 chaotic individuals each when the members of staff are only working 32 hours a week is a stretch...putting it diplomatically.” (TMD Partner 3)

"The numbers are always growing. You're always going to be working with more people. How is that good for the worker and for the clients because how are you supposed to give the time that's needed for these multiple disadvantaged people that are taking longer to sign up, longer to do meetings? They've got more needs so how you are supposed to just keep on constantly meeting targets?" (TMD Partner 1)

Coaches stressed that it is extremely important that decisions about signing someone on TMD are based on an honest assessment that TMD is the right project for them rather than recruiting individuals to meet targets. However, there was also some evidence from the partnership that to meet project attachment targets, TMD partners are taking on people who they thought may not necessarily benefit from employment support at this time, such as dependent drinkers.

Some coaches felt that some of the demographic targets were hard to achieve. For instance:

- TMD project targets were set for referrals to TMD to be 40% women, despite evidence that approximately 15% of rough sleepers are female and most of the partner organisation's usual membership are significantly less than 40% as a result.

""They're asking for us to engage with every single female rough sleeper in London"" (TMD Partner 3)

- Economically inactive targets were set at 65% of total TMD referrals, however partners found that economically inactive individuals in the TMD eligible participant group tended to prioritise housing needs above employment. Therefore, there were long delays before economically inactive individuals could be referred into an employment focused support service.

Constraining factors

The key reasons for project underperformance have been operational challenges, particularly the levels of staffing across the partnership, as well as difficulties meeting the eligibility criteria for TMD.

Project resourcing and staff turnover has been a key challenging in meeting performance expectations. In the most recent delivery quarter (2018 Q3), 9 staff from across the 4 delivery partners had left their role and available staff resource was at 60% of target levels.

Staff turnover has been spread relatively evenly among the partnership, with all staff organisations experiencing turnover of at least two roles. However, the impact of this staff turnover was substantially higher for partners with less staff members working on TMD. High staff turnover has been exacerbated by onerous administration requirements throughout the project, to evidence project starts, support delivered and outcomes achieved. There were various reasons for staff leaving the project, however the most common reason was for an internal move to other projects which were less administratively burdensome.

The partnership has also been constrained in their ability to quickly fill vacancies with new staff. Due to funding requirements, partner organisations are required to replace roles with an equivalent 'like for like', so are less flexible to change working hours, for example. Furthermore, there is a requirement that partners do not use agencies to fill roles, so

partners have not been able to benefit from a flexible labour market to recruit from. As a result, it has in some cases taken several months to fill roles for experienced professionals.

The impact of high staff turnover across the project has been a reduced ability to engage new participants and support existing participants. For partners with just one TMD worker, TMD is non-operational during the recruitment process to replace the outgoing staff member. Coaches reported pressure on new staff members to catch up on targets missed during this period, learn a challenging administrative function, rebuild trust with existing participants and re-establish relationships with outreach partnerships.

"I was starting on the back foot because I was doing everything from scratch. I've been building up relationships again with services in the local area, trying to get some outreach set up and make connections which had been broken because of the gap in the service... Trying to really build a relationship [with participants] that was a bit broken because they were left for weeks with no support, and trying to build confidence with people because I'm a new face." (TMD Partner 2)

The second key constraint behind project performance has been collecting the right evidence and paperwork requirements to meet Project Start requirements. Coaches had to collect a range of sufficient quality hard copy evidence for ESF evidence purposes. This could be difficult for participants to gather, particularly if they had been rough sleeping, and in many cases replacement documents were needed from a variety of government agencies. At the time of the first interim report, the partnership had 72 registered starts, with a further 64 eligible participants being supported to complete evidence and paperwork requirements.

There have been several key changes introduced to BBO evidence requirements during the course of delivery. These changes, and increased coach familiarity with the requirements, have resulted in fewer difficulties evidencing project starts. These include the removal of evidence requirements for employment results, additional evidence allowances to demonstrate participant's right to live and work in the UK, relaxed requirements allowing self-declaration of economic status and reduced burden of evidence for soft outcomes. Therefore, coaches have been able to use alternative information to evidence eligibility, such as using a printout of Universal Credit entitlement rather than a National Insurance number, using an out of date ESA benefit letter and a current doctors fit for work letter and self-declaration rather than the most up to date ESA benefit letter.

Project outcomes

Table 8 presents the outcome targets for the whole project period that partners are working to achieve. These outcome targets could be claimed only once for each participant and partners had to choose at which point to 'exit' a participant from the support and count them as having achieved a certain outcome.

The target employment outcome rate is 28% and so far, (to quarter three 2018) the project has achieved an employment outcome rate of 18% – equivalent to 45 of 253 participants entering work on leaving the programme.

Table 8 Outcome Targets

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

TMD coaches generally felt that these outcomes were suitable for the participant group. However, coaches offered additional suggestions for potential reporting outcomes including moving into volunteering, or community activity as an alternative to job-search and housing related outcomes. These were felt to better match with participant priorities and demonstrate the effort required by the project to achieve outcomes:

“Housing isn't recorded by TMD anywhere and a lot of work goes into it... A lot of form-filling, calling around, planning and preparing and financial support for them to actually get there [housing]...but it's not recorded anywhere.” (TMD Partner 1)

The partnership has delayed recording training and job search outcomes when an employment result is still possible, as employment is the outcome that is most likely to align with participant's goals for support and achieve a sustainable end of homelessness. Therefore partners have not recorded any non-employment exit points.

“I'd have probably quite a few training outcomes if I was aiming for them but I'm not aiming for them” (TMD Partner 4)

Project participants

TMD participants were all directly impacted by homelessness and had a multitude of additional barriers and support needs, which had prevented them from accessing and sustaining tenancies, support and employment. Within TMD participants (who were all homeless, or affected by housing exclusion):

- 32% were rough sleeping;
- 48% identify mental health problems;
- 34% identify substance misuse issues;
- 31% are disabled;
- 51% lack basic skills
- 25% are ex-offenders.

TMD Participant needs

TMD participants displayed multiple, varied, interrelated and compounding needs. TMD coaches recognised the complexity of TMD participant needs in comparison to other

programmes they had worked on previously. Participants' individual barriers included addiction, insecure housing, offending or prison experience, poor basic skills, experience of domestic violence, immigration issues, poor mental health and physical health issues. As a result of the variety and complexity of these needs, there was a large intra-group difference in the types of issues and support that individuals require.

"There is no such thing as an average TMD client" (TMD Partner 3)

Reflecting their range of complex needs, participants reported a variety of goals and priorities. They all tended to relate to a desire for long-term stability most commonly across health, housing and/or employment, but the range of needs meant that participants faced different pathways to achieving their goals. In most cases, these priorities were interdependent:

- **Health** – resolving or managing health issues was often a key priority, and often seen as a facilitating route to maintaining their tenancy and accessing and maintaining employment.
- **Housing** – safe and affordable housing was a key priority, linked to a desire for improved wellbeing and independence. A partially stable housing environment was the minimum requirement for most participants before they could consider accessing employment support.
- **Employment** – participants emphasised the importance of the nature of the work, including good working hours and pay. Employment was often desired as a pathway to fully 'stable' circumstances, and participants emphasised that employment needed to suit their needs and aspirations, including accommodating health conditions.

Health needs

The vast majority of TMD participants interviewed had at least one physical health condition and one mental health condition which negatively impacted their day-to-day life as well as their ability to work. Homelessness and health were strongly interrelated, as health needs could impact on an individual's ability to sustain their tenancies and homelessness adversely impacted physical and mental health.

TMD participants reported a range of physical health conditions that impact their daily life, including mobility issues; chronic health conditions including gastrological, cardiovascular neurological, respiratory and auto-immune diseases; learning difficulties; severe allergies and acute conditions such as sepsis and kidney failure.

Coaches across the TMD partnership reported that most of the participants on their caseload had at least one mental health need, though these were not always disclosed or included in participant data. Conditions included depression and anxiety, substance abuse, stress and related symptoms, phobias, and self-esteem issues. Moreover, for many participants, mental health was a high priority concern which impacted their ability to fully engage in the project and compounded or caused other difficulties such as substance misuse and homelessness:

"If you have [a] mental health [need] as well that compounds all of those problems. Most of the people I work with who have got substance misuse issues have mental health issues as well, either relating to that or they've used to try and cope with their mental health. Being homeless impacts on your mental health and...mental health

breaking down and going into crisis...is often the reason that people have become homeless in the first place... and so many people who have come out of the prison system have mental health issues because of their time there...it impacts pretty much every one of my clients in some way" (TMD Partner 2)

Alcohol dependency and substance misuse

Alcohol dependency and substance misuse was a common theme throughout participant accounts and experiences, and were often related to wider mental and physical health needs. Active substance addiction prevented participants from gaining and sustaining employment. Substance issues or relapses could also prevent individuals from engaging with support and impact the relationship between the participant and support services:

"I was becoming ill quite a lot because of the drinking so I was always in and out of hospital. I started slacking in attending [TMD partner] and I'm trying to build up my rapport again so I can detox but it's very hard soldiering on." (TMD Participant 2)

Employment barriers

A considerable proportion of participants had been out of work for extended periods of time and their direct employment barriers related to a lack of experience, qualifications and finances. In many cases time out of work perpetuated employment barriers by increasing anxiety about working, or causing CV gaps which were difficult to explain. Participants often described to employment barriers relating to housing or health needs.

Lack of skills and recent experience

Participants often reported a lack of experience, having poor or no qualifications or a low level of basic skills, such as literacy, maths and digital skills. Many participants additionally had ESOL needs, and others lacked sector specific skills or qualifications which prevented them from going into their desired role, such as a UK driving license, or first aid qualification. Additionally, participants often experienced barriers to developing these skills such as a lack of time, financial constraints, caring responsibilities, trepidation due to previous negative experiences, lack of access to digital search and application forms, and competing priorities such as health issues, or recovery taking priority:

"I have to stop stressing myself and pressuring myself...I have to relax a little bit, take my time, it's going to take a couple of months, couple of years to get fixed and I have to make sure I deal with my living situation, with my wellbeing, with my health because if I get a good job but I'm not able to handle it because I'm feeling weak inside it's not going to work." (TMD Participant 6)

Practical difficulties

Individuals on the TMD project consistently reported practical difficulties to accessing employment. Some participants were not available for employment due to their participation in a full-time alcohol or drug recovery programme. Some had lacked a safe space to keep personal documentation, so found it difficult to locate these on request from employers.

Employer perception

Several participants outlined how they had experienced, or feared, discrimination or negative biases about homelessness. This was particularly prevalent among those who also had long

term physical health conditions and mental health conditions, some of whom had very long gaps in their CV. Many feared disclosing a health condition, or didn't know how they would frame it if they did:

"It's quite tricky when it comes to mental health to apply for a job. I am finding it very tricky, how? What should I say? Should I disclose it or should I not...People, they take it differently." (TMD Participant 16)

Some participants feared or had experienced other types of discrimination related to gender, religion, nationality or age. One participant felt that their age, combined with their training needs, made them less attractive to employers:

"I'm sort of that age now any training I do, I'd turn up a job and there's 15 people that are 20, 25, I ain't getting that job...why take me on when they can train someone up and have them for 40 years...job interviews don't even get back to you... it's quite depressing really." (TMD Participant 26)

Fear of discrimination appeared to combine with wider issues of self-doubt and low-confidence. These feelings could become overwhelming, leading to avoidance and procrastination towards any employment related goals.

Structural and financial barriers

Participants often experienced financial barriers to accessing employment. Some participants explained that full time work would negatively affect their benefits entitlements, which were currently providing an essential source of stable finance to sustain their tenancy. Similarly, many felt locked out of voluntary work or education because of the impact on their benefit entitlements:

"I hand in sick notes obviously because of my illness and any course or whatever I do could jeopardise my money because then they say, well because you're doing that course or, you're doing that voluntary work you are now fit to work. It's dodgy ground to tread on there." (TMD Participant 26)

Some participants reported that low-paid or insecure entry level work would not meet their essential needs, including housing, household bills, food costs and would increase expenses such as travel. Others had no financial reserves to afford the necessary qualifications, or the initial costs needed to start in employment, such as travel or business costs.

Housing

A lack of stable, permanent housing was the primary barrier to accessing and sustaining employment for some participants. Participant's housing history varied quite extensively was often a negative experience with precarious supported housing. This could mean "sofa surfing", staying in hostels, being at risk of eviction, or rough sleeping. At the time of interview, participants were also at different stages of transition to stable housing. The majority were in semi-stable housing situations, with extensive histories of moving between hostels and temporary or supported housing. One participant explained the impact that unstable housing has on their sense of safety and security:

"...it's the worst thing that if you don't have a place to be, you don't have the security that you can come home and sleep and have a normal situation that you can come to the place that you can call it not even, "home," but the place where you can lay your head down and have a normal sleep, that's very important." (TMD Participant 28)

Participants also explained how a lack of secure housing affected their ability to look for jobs. For example, one participant was residing in temporary accommodation and felt they could not apply for jobs until they knew where their permanent residency would be.

"...I am still sort of waiting for a permanent place and it also feeds into the job search because I don't know where I am going to be to work..." (TMD Participant 16)

The needs and aspirations of TMD participants were extremely varied and a common concern was feeling overwhelmed at what could realistically be addressed first.

"Wellbeing, decision making, housing, jobs because they are all interlinked and they all affect our work capacity... what's stressful for me is to know what I should do. Shall I try to claim benefits, should my wellbeing being a priority to be able to perform better, should I find a good job, should I find a first entry job to be able to survive, to sustain myself? It's difficult to know how to tackle all these problems together and not feel overwhelmed..." (TMD Participant 6)

Summary

Since delivery began, the TMD project has recruited 57% of its profiled target of 446 participants. Overall recruitment performance varied between Partners, with Partner 1 closest to its target of 64%, and Partners 3 and 4 furthest away from their targets at 41%. Moreover, some Partners performed better than others at recruiting participants with certain characteristics, with Partner 1 achieving closest to targets for female, ethnic minority and 'aged 50 or over' participants.

The TMD project's job outcome target was set at 28%, which is relatively high in comparison with similar previously commissioned programmes. The project is currently achieving an employment outcome rate of 18%.

TMD coaches voiced their concern that the recruitment targets were overly ambitious resulted in too few resources stretched among too many participants. Quality and consistency of support was further compromised by high staff turnover, affecting all Partners. This was largely attributed to the large administrative burden attached to BBO funding conditions. Further restrictions about staff recruitment exacerbated this issue.

TMD participants had a range of complex, interrelated and compounding barriers which required a range of short and long-term support before outcomes could be achieved. Key barriers included health conditions, substance abuse, lack of skills, financial issues, structural issues pertaining to benefits, employer perception and insecure housing. Reflecting their complex needs, participants all desired long-term stability, but reported a variety of goals and priorities relating to their individual circumstances in order to achieve this aim.

3. Pathway to service

This chapter explores how TMD participants accessed the project. It describes participant's previous service use, referral routes into support and the process of joining TMD. Finally, it reviews the project attachment and assessment process, summarising lessons learned about key enablers and barriers to accessing TMD.

Participant service use history

Most participants reported previous contact with a range of support organisations prior to accessing TMD, or the TMD partner organisation. The exceptions were participants with extremely limited support networks in isolating circumstances, including a recent migrant and a family carer. Most participants had accessed at least two single-issue support services, including charities, housing support services, education services, local councils, offender-based support, healthcare providers and employment services, often for a period of several years. Support from family and friends was the least common support type described and mostly involved sporadic provision of food and shelter. The service use varied according to participant's wide-ranging individual needs, but the key types were health or recovery services, housing support and employment focused support.

Housing related support

Participants accessed a range of housing related support prior to TMD, including outreach interventions for rough sleepers, hostel accommodation and ongoing support to sustain tenancies. Housing related support often linked to wider service provision, including health and recovery-based support and employment support for participants who had accessed more stable housing arrangements and appropriate recovery focused interventions.

Health and recovery support

Around half of participants explained that they had previously accessed support focused on improving their health and wellbeing. Mental health support was the most common type of health-based support, offered through charities, recovery services and hospitals. These services were accessed mostly in combination with recovery services for substance addiction. Support provision included counselling, group-based activities, therapeutic recreational activities and key worker support. The combined provision of housing and a health focused support intervention was often cited as the first step to recovery and stability.

Health related support interventions intensively focused on restoring wellbeing and recovery, rather than linking into employment and skills provision. Participants with acute health-based needs often reported being advised to prioritise their health and recovery prior to accessing employment or skills support.

Employment and skills support

Several participants had previous interaction with employment focused support, but this was almost exclusively viewed negatively. Employment-based interventions offered through housing support services were generally described as underfunded and fairly limited in scope. Some participants described accessing one or more formal employment programmes with combinations of coach-based support and practical, work experience or course-based elements. The main reason for dissatisfaction was feeling the support focused solely on

entry to employment but did not address or understand their most pressing barriers. Therefore participants were unable to access, or sustain, work through these programmes.

Views of support

Participants had mixed views and experiences of prior service interventions, which impacted their trust in different forms of service provision. Participants valued services which:

- Had a supportive coach or adviser who they could trust and who they felt understood their needs;
- Provided an element of stability, for instance through the provision of (more) stable accommodation, or through supporting their recovery from addiction;
- Had a wide breadth of services to access beyond their immediate support need to the next step of their journey.

The service elements viewed most positively were more commonly met by housing and health related services. Several participants expressed negative experiences in previous support services that did not understand or meet their needs, were overly instructive rather than providing guidance, or focused on a single issue at the expense of urgent priorities.

Referral pathways

TMD partners utilised a range of referral pathways to recruit participants including internal service offers, outreach and building external partnerships. The partners also sought to encourage word of mouth referrals from their existing participants to their social networks.

Internal service offers

TMD partners utilised a wide range of their existing internal service offers, including welfare benefits advice, counselling, wellbeing services, employment related activities, education services and drop in sessions. These support offers provided both a source of referrals into TMD, and a source of support for participants on the project.

These worked well when partner organisations had a well-known existing service offer through which participants could be assessed and internally triaged into TMD support, if appropriate. Examples of this included an established referral email address for employment and training support, and a well-known drop in session for homelessness related support. This open approach also enabled participants to self-refer into the organisation for a range of offers, such as free courses, and access the TMD project following an adviser assessment.

One of the TMD partners had wider projects and services across London and focussed on building referral links between these services and TMD. This provided an additional benefit of access to a shared participant database which enabled the coach to view the range of support received by each participant.

The main challenge for internal service referrals was deciding which service option would be most appropriate for the individual participant. The breadth of support available in the TMD offer means that it could overlap with similar internal support offers, which presented a challenge in managing internal referrals.

“They might have said “I’m looking for work,” but when they come to see me they say “I’m not ready for work right now”....for people referring in it’s quite difficult to ask those right questions.... to get to the right person in the first place” (TMD Partner 1)

Outreach

TMD partner organisations found that it was vital to build and maintain relationships with a range of different services to generate referrals. These included street homelessness services, homelessness charities, hostels, recovery services, hospital mental health teams and probation services. Some referral organisations allowed TMD coaches to use their facilities with participants, such as private rooms and computers. Many partners hosted regular outreach sessions or “surgeries” in local hostels. Partners identified and engaged with organisations which supported participants with multiple needs, were based locally and did not provide the type of support participants could access through TMD:

“Having referring agencies which are housing related makes a lot of sense. They tend to...sort out benefits issues. The needs that might not have been met with them, that I support people with, will be mental health and drinking.” (TMD Partner 1)

Having referral points physically close was very valuable as a range of organisations were familiar with one another’s service offers and staff. Other key factors which enabled good external relationships were positive professional relationships between support services and the TMD coach and providing a clear, relevant offer to the external service participants.

“I know how outreach services work...I engage[d] two of their clients and sufficiently impressed them to start sending me people on a regular basis.” (TMD Partner 3)

TMD coaches reported several difficulties when engaging with potential referral sources. The main challenge was lacking the time needed to build up essential relationships with wider organisations alongside support delivery and onerous project reporting requirements. This was particularly recognisable with partners who did not have a specific outreach and engagement worker. Staff turnover across all TMD partners exacerbated this issue.

Partners reported that working across a very wide geographic area meant there was no hub for consistent referrals and referral organisations often favoured locally delivered support. There was also a higher than anticipated number of employability offers existing in the hostel sector. TMD partners also reported that some external referral partners made referrals by default, without assessing whether TMD support is appropriate for individuals being referred, which impacted participant’s engagement with support.

“They refer literally everybody that have come to me...not all of them are vaguely interested in engaging. If they’re not interested in engaging with the people that work in the place they live... it’s really difficult to make them engage at specific times, specific days” (TMD Partner 4)

TMD coaches reported limited referrals from Jobcentre Plus. There had been limited cross referrals through the partnership and there was some confusion about how to cross refer into another partners support.

Participant experiences of referral

Most participants were aware of being referred to the support organisation, rather than the TMD project itself. Some participants had accessed the TMD support organisation for several months or years prior to being triaged into TMD support.

The most common referral route was through warm handovers from housing support organisations and key workers, reflecting the strategies of partner organisations. Participants referred from their housing keyworkers had more clarity that the TMD project aimed to support them with courses, employment and looking for work. Other participants were referred to the TMD partner organisation from a range of organisations including medical professionals, family, friends and members of the public, the local council and Jobcentre Plus. These referrals were for various support offers including housing, social classes, skills support, volunteering and employment support.

Participants with negative prior experiences of being 'passed around' or misunderstood by support services faced particular barriers to accessing support, particularly if they lacked information at the point of referral:

"[Local council], don't have accommodation, they will not help me, that is why I came to [partner]...They [local council] give me a piece of paper...it has a number, but I didn't know what that mean, because of my English." (TMD Participant 34)

TMD participants often reported strong negative feelings such as fear, despondency, uncertainty and shame at the point of referral. Participants who were recently homeless when referred expressed extremely low levels of wellbeing, self-worth and confidence, particularly if they experienced a loss of social networks. This combination of low wellbeing, negative prior experiences and isolation were strong barriers to accessing support.

"When I went I wish I'd went three months earlier. You think they can't help me, can't reach me. I was at the bottom." (TMD Focus Group Participant)

Motivations for accessing support

Participants expressed a range of motivations for accessing TMD support, linked with their individual circumstances. Participants indicated being engaged by a certain element of support on offer, generally reporting a desire to access either housing support, social activities or employment support.

Participants who wanted to access housing support from TMD partners tended to occupy more desperate and severe situations. Some wanted to move off the street, others needed support to escape from a negative home environment or be supported into more affordable housing. These participants tended to access the partner organisation for wider issues prior to being referred into TMD support.

Several participants impacted by homelessness emphasised the importance of support which focusses on improving wellbeing prior to employment focussed support. For these participants, their main motivation for accessing TMD support was to reduce isolation and

engage in positive activities. This element of TMD support was a key point of difference from other service provision and viewed positively, particularly if it related to individual interests.

"I hesitated...but then the woman says it's got a lovely big art studio" (TMD Focus Group Participant)

"I was telling [my Key Worker] that I needed to express myself, to do things, to be creative for my wellbeing. She said, "they have a lot of classes, I'm sure you would benefit from it." (TMD Participant 6)

Participants who wanted to access TMD to receive employment support tended to have more stable housing situations and wider circumstances. They were keen to access work to reduce their dependency on benefits and access stable housing. These participants viewed the employment support on offer more positively due to the focus on skills, training and adviser support which was tailored to those who were 'struggling' to get into employment.

Cross-cutting factors which convinced participants to access TMD support were:

- Trust in the referrer which provided assurance that the TMD project would be beneficial for them. Some participants felt that they needed encouragement from their keyworkers to access support. Warm handovers, or previous contact with the TMD coach also assisted this trust transfer.
- Confidence in the TMD partner organisation: Participants with positive experiences of wider support from the partner organisation felt more confident to access TMD.
- Individual mindset: Some participants expressed that despite feeling hopeless at the point of referral, they decided to take a chance on support.

Attachment and assessment

There were several required processes for participants and coaches to complete before participants successfully joined the TMD project:

- An initial meeting where coaches explained the TMD support offer and project.
- Completion of paperwork to confirm participant's eligibility to join the support.
- A needs assessment to explore the participant's current situation and needs and set goals and objectives for the TMD support to follow. This step included completing an outcome star to assess participant's needs against key variables⁷, structure the support and create a progression plan.

⁷ These included: Motivation and taking responsibility; Self-care and living skills; Managing money and personal administration; Social networks and relationships; Drug and alcohol misuse; Physical health; Emotional and mental health; Meaningful use of time; Managing tenancy and accommodation; and Offending

Differences between partners

TMD partners took a broadly similar approach to this process by necessity, as it centred on the completion of several elements of standardised paperwork. There were some slight differences in this process between partners, including where they met participants, the time taken to complete paperwork and how support was allocated:

- TMD partners with a more heavily focussed outreach model often travelled to meet their participants for the initial appointment or would start the initial appointment during their first meeting, using follow up appointments to complete the assessment.
- Most partners took between 2 to 2.5 hours to complete each assessment. They felt that amount of time was required to effectively explain TMD, complete paperwork and fully assess need, and less time reduced this to a 'pointless 'tick box' exercise. One partner more strictly limited the time spent on paperwork to 45 minutes.
- Partner 1 had an additional layer within the assessment process to triage the individual into an appropriate project team (either 'progression' support with wider needs, or 'job coach' support which focused entirely on employment).

Coaches also reported mixed views about the usefulness of the outcome star tool to assess participant need and build an action plan. Some found the star was confusing for higher need participants. One partner felt that the outcome star was focused on holistic elements rather than employment and skills-based measures, so didn't correlate with their TMD offer.

"It's based on...living skills and things that I don't have the capacity to support people with...it's the things that they should be doing with their support worker, I have to get them to talk about those things and say "you should be talking to the support worker about that"...It's a frustrating exercise" (TMD Partner 4)

Views of initial appointment and assessment

Participants reported generally positive views of the initial appointment and assessment process. The initial appointment was highly important as it provided reassurance for participants to effectively access the partner organisation and TMD. Factors which improved participant's ability to join support included having a positive opinion of the coach, a good quality assessment and clarity about the next steps.

It was important for coaches to overcome participant's initial fears through a friendly approach, addressing concerns and providing clear information about what to expect from support, particularly if there was uncertainty from the referral. Participants valued coaches who adopted a flexible approach to meet their needs, like offering to meet in a familiar place.

Participants were more confident in the project when they had a good understanding of the support on offer and what they personally could expect to achieve as a result. This was driven by an in-depth assessment process, where coaches gained an understanding of their life and needs, ambitions, barriers, education and motivations for accessing support. This process, and the subsequent formulation of an action plan, provided assurance that TMD would offer tailored support.

“We are still working on the aspirations and what I want to do, and that is part of what I like with this programme so far...the flexibility of it which is tailored to my needs or situations...[it’s] more than just a programme so far” (TMD Participant 16)

Participants had less positive views about initial appointments which didn’t provide enough information about the project. Participants who accessed a perfunctory first meeting with their coach to assess eligibility were more positive about their second appointment which explained the support in more detail. Some participants also experienced apprehension if there was a lack of contact, or extended wait of several weeks, before they fully accessed support. A small number of participants reported negative initial experiences of being passed from different staff members or having to contact the provider to chase up their referral:

“I had to chase [partner] up because they said they’d contact you in two weeks and then for some reason they hadn’t, so I made that extra effort. I could have well just dropped it by then because I get quite despondent. I’ve lost a lot of faith in organisations“(TMD Participant 9)

Level of awareness

Participants had a generally low awareness of TMD, and particularly of the name “Tackling Multiple Disadvantage” despite successfully joining TMD support. Participants who were previously supported by a TMD partner were often unclear of entering the TMD project, but were generally able to recall their initial assessment by the completion of a large amount of paperwork with a coach. The main reasons participants gave for this low awareness was feeling that their coaches did not want to *‘trouble them’* with details, or that their coaches seemed *‘rushed’* in this initial assessment process, so they did not enquire.

“They’re always a bit rushed...they don’t go into detail they just sit there asking questions, you never say, “What’s this related to?” They’ve got so many things going on, they’re not going to stop and explain each one” (TMD Focus Group Participant)

Participants had mixed opinions about their lack of awareness of the project. Some participants felt it was important to have clarity of the project aims as part of the support offer. Others instead saw the *provision* of support as the main priority and were satisfied that the description of TMD support matched their experience.

Paperwork requirements

The extensive paperwork requirements to join the project (required by BBO as a condition of funding) were a key barrier to attachment for some TMD participants. Several paper copies of documents were required to ‘start’ an individual into TMD support, including proof of: identification, the right to live and work in the UK, benefit entitlement and employment status. TMD coaches from all partners expressed that the start paperwork presented several barriers for potential participants to join support. These included contested eligibility, difficulties evidencing eligibility and participant’s individual barriers to completing paperwork.

TMD coaches provided several examples of contested eligibility for support, including:

- Confusion about whether married migrants alone in the UK could be classified as a single homeless person.

- Several difficulties with varying 'care of' addresses⁸ which either do not match other documents or are in London boroughs not served by TMD.
- Instances of different names on documents for participants who have changed their name for their own protection.

These strict rules governing eligibility could have dire consequences for the trust between the individuals and partner organisations. One coach reported that participants had stopped engaging with the organisation altogether because of their contested eligibility to join TMD.

Service user burden

Most participants interviewed did not hold strong views about the paperwork involved in the initial appointment and sign up process due to familiarity with a high level of bureaucracy and trust in their coach.

However, there was evidence that engaging with the paperwork requirements was particularly challenging for some higher need participants. The requirement to evidence eligibility through hard copy documents caused difficulties for participants with lost or damaged documents from rough sleeping or frequent changes in residence. The requirements to gather, complete and sign several documents was a particularly negative experience for participants who had lost trust in bureaucratic processes. One coach who worked with rough sleepers at an outreach centre was unable to register most of the participants they engaged as their reaction to the start and assessment paperwork "*ranged from incomprehension to outright hostility*". Participants explained that the bureaucratic hurdles to accessing support were reminiscent of more formal processes "*like the Home Office*", which undermined their confidence in the ability of TMD support to help them:

"The first months [on the street] are the worst because if you are not helped, people start to adapt to the situation... start feeling that any organisation, especially government, is unable to help... Then this support is more logs in the road ... it's hard to get going on the right track because of this bureaucracy." (TMD Participant 28)

Coach burden

The initial appointment and acquiring hard copy evidence needed for a project start was a time-consuming process for coaches and represented an unusual way of working for the partners. Coaches had to gather the appropriate documents to evidence eligibility and complete several documents throughout the initial assessment of participants. This included support plans, risk assessments, outcome stars and questionnaires which often took up two or more hours. The relaxation of evidence requirements (detailed in project performance chapter) and acquired knowledge of evidencing starts reduced this burden somewhat. Coaches expressed that despite this lengthy process, they were extremely unlikely to get a full picture of individual needs from the first assessment. Establishing participant needs required trust in the coach and took place over time throughout delivery of support.

⁸ Participants who were homeless or in unstable, short term housing could have a longer term forwarding or 'care of' address set up for documents to be sent to.

Best practice approaches

Coaches employed several techniques to reduce the time burden of the initial appointment and support participant attachment into TMD support. This included:

- Attempting to streamline the evidence gathering process by encouraging referral partners to supply relevant documents along with the referral form. This was successful when referrals have come from residential settings where those documents are more likely to be stored, however overall this had mixed success.
- Providing alternative options to manage the assessment process such as breaking it into several appointments and offering to liaise with participant's key worker to attain background information prior to the needs assessment process to reduce repetition.
- Selling the project benefits while stating the requirements to complete a full needs assessment, such as ensuring that the coach understands participant needs to provide the best quality support and explaining that they cannot work with participants without the paperwork requirements.
- Providing potential support options based on needs and setting this up quickly so that participants had something positive and tangible to relate to the service.

Summary

Most participants reported contact with a range of single-issue support organisations prior to accessing TMD, including health-focused, employment and education support. Participants valued services which provided stability, understanding and a wide range of support. Participants with previous interaction with employment focused support often felt that these services did not understand their needs or address their barriers.

TMD partners utilised internal and external referral pathways, with the most common referral route being through housing support organisations and key workers. There was evidence of good working relationships with external partners who referred in eligible participants. Partner organisations with a well-known and wide-ranging support offer were particularly effective at referring participants into TMD. Participants were referred for a range of needs, including housing, social classes, skills support and courses, volunteering and employment support. Most participants were aware of being referred to the support organisation, rather than the TMD project itself.

TMD participants reported negative feelings at the point of referral, resulting from low wellbeing and negative experiences with support providers. Their motivations for participating were wide ranging, but generally involved a desire to access a specific type of support, such as housing support, social activities or employment support. Motivation to access TMD was attributed to individual mindset and trust in the referral source, or TMD delivery organisation.

The initial assessment helped to provided participants with reassurance and direction. However the extensive paperwork requirements to join the project (required by BBO as a condition of the funding) were time consuming and discouraged engagement, with the highest burden placed on those with the most complex needs.

4. Support Delivery

This chapter outlines the range of support being delivered under the Tackling Multiple Disadvantage project. The TMD support offer differs slightly between partners but focuses on a flexible coaching support model with links to a range of relevant provision to help individuals overcome multiple barriers to employment. Following outreach and initial assessment, the support being delivered includes a combination of the following:

- Action planning and sustaining engagement
- Coaching and support with wider needs (through links with relevant support agencies, health and social services and voluntary organisations)
Skills and training offer, e.g. financial support, internal courses and referrals
- Employment focused support

Action planning and sustaining engagement

Action planning is carried out as part of the initial assessment and served to inform the type of support an individual received, as well as the sequencing and intensity of this support. This was used to determine whether participants were ready to access employment related support, or first required more intense support to address wider issues. The process of action planning was highly valued by participants as this helped them to set goals and gain a sense of ownership over the changes they would like to make in their lives. Moreover, continuous action planning helped participants to recognise their own progress because *'change does not come all at once'* and could be hard to recognise, particularly if they had encountered setbacks.

"It's good to see the progress how much is improved, how much needs to go. If somebody cannot get work, then it is guidance, counselling. Monitoring is very important it is strongly motivating, encouraging, and then you go forward" (TMD Focus Group Participant)

Identifying support needs

Prioritising complex needs was cited as a key difficulty for the TMD client group. TMD coaches used an outcome star as a tool to assess participant need and build a support plan. The homelessness outcome star featured ten key areas against which participants reviewed themselves, using this activity to develop their individual progression plan.

Coaches recognised an over reliance on disclosure when working to identify an individual's needs; some coaches outlined that participants did not always recognise their own individual barriers to accessing education or employment, thus they did always disclose these issues. Others noted that there can be a discrepancy between what is viewed as a priority by coaches and what the participant feels is most urgent.

"sometimes the most urgent thing that needs to be looked at isn't always what the client feels like they want to tackle at that time...it comes with getting to know that person and talking to them, and finding out about what's important to them" (TMD Partner 2)

Given this, coaches emphasised the importance of continually re-assessing an individual's situation and developing a good relationship to help establish what the things are which are making their life difficult, which requires a high level of discretion on the part of the coach.

Sequencing and prioritisation of support

The sequencing of support was highlighted as important for allowing individuals to gradually build their confidence, readiness and skills. Coaches outlined that support should be delivered as a package which meets the full span of participant's varying needs and priorities, stressing that support delivered in a systematic "stop, start, stop, start" way is more bureaucratic and can slow participant progress.

Prioritising support which stabilises a participant's situation is important to improve their likelihood of sustaining employment related outcomes. The support provided is usually decided according to how "active" participant needs are. For example, considering a participant's housing situation or their level of stability in general, if participants are sleeping rough, then supporting participants in to a more stable situation is the priority. However, there were examples where this differed by participant preference. Some participants, despite being in unstable housing situations, prefer to get in to work first.

"Then you've got some people that come and say, well, "I can't focus on work right now because my house is important." So, then it's down to us as individuals to decide, okay, how does this work?" (TMD Partner 1)

Sustaining and maintaining engagement

Coaches expressed that having practices in place to sustain engagement with individuals is central to meeting the needs of TMD participants. Sometimes, participants were observed as lacking motivation, even after initially feeling positive about the support. This was usually related to returning difficulties and changing priorities. According to TMD partners, good practice for sustaining engagement included:

- Determining the appropriate mode and frequency of contact with participants
- Determining the sequencing of support and prioritising support delivery
- Continuous action planning / responding to participant needs

The level and type of contact offered by coaches varied from weekly calls, to ad-hoc drop ins, in-house appointments or travelling to meet participants, depending on participant need. Maintaining good relationships with participants was key, even if the level of engagement was at a basic level. Coaches worked flexibly responsively with participants to maintain this engagement, such as keeping regular "light touch" communication with participants between appointments. Additionally, it was reinforced that taking a continuous and flexible approach to action planning helps to ensure that coaches can respond to changes in participant priorities, which sometimes require an urgent response.

"You'll have a meeting with somebody with the intentions of filling in this application ... actually that session turns into is they've had this horrendous thing going on with their housing situation, or an ex-partner has come back into their life who is still a user, so that's all you talk about in that session" (TMD Partner 2)

Common support features across all partners

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

Coaching support

The coaching role is central to the TMD support offer as highlighted throughout coach and participant experiences. Vital elements of coaching support included:

Building resilience: The consistent presence of a coach throughout participant's journey through support was regarded as important, helping to build resilience to overcome setbacks and barriers to employment as well as empowering them to make their own decisions and become more independent.

Feeling valued: Participants viewed the coaching role as a highly valued aspect of TMD support because of the common experience of social stigma, "reputation" of homelessness, isolation and loneliness. Therefore, being listened to and positively interacted with was regarded hugely important. The 'trust building' approach adopted by coaches was felt to be essential for participants with multiple barriers who can lack confidence due to multiple needs and length of time outside the labour market.

"She said, "You can do better than this, you've got a chance," so I took that chance. I thought "This lady sees something in me, maybe I will see something in myself," because when you lose your job, you're losing your home, the most difficult thing is mentally, physically and, above all, having friends... you're thinking I'm on my own."
(TMD Focus Group Participant)

Guiding through support: Coaches viewed their role as guiding participants through support and providing relevant information. More specifically, coaching support is based on keeping in touch, linking individuals to the right support and reviewing action plans to consolidate progress towards their stated goals. This includes signposting and arranging wider support to meet the needs of individuals.

"It is aiming to provide individuals with coaching and support to help them overcome all of these disadvantages and find fulfilling employment and navigating different changes... for them it is like jumping through a huge hoop to the next stage in their lives and moving on more independently of the services [they] were relying on for a long time" (TMD Partner 1)

Coaches highlighted the importance of effective caseload management in order to provide this level of support. To effectively manage their caseload, it was vital to manage participant expectations of the coaching role and set defined boundaries to focus on employment focussed support. Caseload management was described as needs led, reflecting the severity of participant's support needs. Coaches also reported more intensive support being provided when a participant is near employment. This approach was necessary to prevent an unmanageable caseload, but in the context of limited time, risked participants with less discernible or time-sensitive needs receiving less intensive support.

Skills training and financial support

Training and skills provision were the next most common form of TMD support accessed by participants. This type of support was determined on an individual participant's needs and circumstances.

"[Partner] had maths down there...it was relaxing and also good for the mind because I managed to improve my skills. " (TMD Participant 33)

Basic skills provision in English, maths and digital was a key aspect of support given that several TMD participants had low levels of basic skills. This was mostly delivered through in-house services and less commonly through links with local skills providers. Other training or educational courses were provided where they were identified as beneficial for a participant, in order to meet their individual career aspirations, and included construction, CCTV operator training, first aid training, British Sign Language and a business course.

This availability of financial support to help pay for specific training, or work-related items, alleviated specific barriers to accessing support, such as travel. It was also vital to bridge the gap between accessing employment and the first pay, without which, it would have been difficult for participants to sustain employment:

"The project paid for his first month of travel to work because he had the right to be here and got leave to remain but didn't have any recourse to public funds, so he was incredible. He basically got a job whilst rough sleeping." (TMD Partner 4)

Improving access to courses by removing the initial financial barrier had concrete positive implications. For example, one participant accessed training via a bursary to learn British Sign Language with the goal of working as a support worker. In turn, this encouraged the participant to progress through further qualifications in order to reach his goal of becoming a support worker.

Employability provision

The TMD programme aims to support people to get closer to the labour market and employment focussed support was an essential part of the TMD offer. When an individual is ready to access employment-based provision, across the TMD project partnership there are a range of activities on offer including careers information, advice and guidance, support with job searching and applications, and interview preparation sessions.

Partners felt that the skills and employment provision were the most essential elements of delivery for this participant group, particularly:

- Careers guidance, uncovering individual aspirations in line with what's realistic for them, given their individual circumstances.
- Support with effective job searching, usually online
- Support with the application process, including guidance on job applications, CV advice and cover letters
- Supporting participants to engage with employers, for example contacting previous employers to seek references.

Differences across partners

In addition to the common support package provided under the TMD project, there were some differences in the approaches taken to delivery by partners, reflecting each partner's organisational expertise and unique support offer. These included a range of internal support offers such as social activities, grants, the ability to link with their key workers in the organisation's accommodation services and specialist learning environments.

TMD Partner 1 offer a wide variety of recreational activities and classes such as arts, yoga, wellbeing, music, ESOL, and IT. Participants who had accessed this range of social activities reported positive impacts on various aspects of their health and wellbeing, such as gaining a sense of routine and purpose. Participants valued the opportunity to 'spend the day in a positive manner' which had particular positive implications for participants facing challenges related to the experience of homelessness, for example those recovering from addiction, or more generally in relation to the social isolation and stigmatisation reported by participants.

"In my experience of being homeless, the worst thing for me wasn't the house that wasn't there, it was the fact that I've no life... it was a lot more about who can occupy my head, who can help me get purpose and set some goals and achieve something. That's why it was so good coming here" (TMD Focus Group Participant)

Recreational and social activities were also seen as an important route into participants feeling more ready to access employability-based support. Therefore, while not resolving the root of participant's issues, social activities were impactful when used in conjunction with other support offers to enable engagement with other types of support.

TMD Partner 4 and Partner 3 each provided accommodation support directly and were able to utilise the project to link with participants who were already accessing this support from their organisation. This enabled easier transfer of information between key workers to build a holistic support around the individual participants.

Participants receiving support from TMD Partner 3 were able to access the 'Recovery College'. The Recovery College aims to provide an educational environment where individuals can experience a wide range of subjects and wellbeing activities in a group setting. Such classes include ESOL, literacy, IT, and numeracy training.

Partner 2 offer a broad range of services related to supporting individuals with poor mental health, or mental health conditions. These services include health and wellbeing support including counselling and talking therapies, basic skills courses and an employment and skills offer which encompasses welfare and benefits rights.

Partnership working

The TMD project was designed to address shortcomings in wider employment and skills provision for homeless people with multiple needs through a partnership approach. It was intended that partnership working would be implemented through operational co-ordination as well as through the sharing of best practice across organisations, as each partner brings expertise from their long histories of supporting the TMD-eligible participant group.

Some partners outlined ambiguity around the ways in which to refer participants on to other organisations in the partnership. There was limited evidence in coach or participant experiences of instances where participants had been referred across the partnership.

“There was someone that I thought would be more suitable for [partner] who I contacted them about... it was confusing about how to do it, so it’s never really been clear and maybe for the first six months one of the team leaders here was trying to get an answer how to do these cross referrals.” (TMD Partner 1)

Although there was limited evidence of cross referrals across the partnership, coaches noted that opportunities to work with other organisations in the TMD partnership helped to widen access to different types of services for participants. For example, coaches could signpost participants to ‘open’ opportunities being delivered by other partner organisations, which don’t require a referral, such as job fairs.

Coaches valued having regular opportunities at practitioner meetings to share best practice and key learning with others involved in the partnership, for example on the experience of adjusting to the paperwork requirements of working on a BBO funded project. In addition, coaches felt it was useful to discuss case studies from the TMD caseload, especially as they were supporting a client group with a more complex and varied set of needs compared to typical support programmes.

“We actually take case studies to the meetings so that we can have a little bit more of an open view of the actual circumstances of the journey and what you have done with that particular client and if there are any actions or any ideas the others have, or you want other opinions” (TMD Partner 3)

Working with external partners

The TMD coach support model included liaising with the range of services which are supporting participants to ensure that the support package is coherently organised around each individual participant. Examples of this included coaches working with existing housing key workers to communicate participant needs. This was enabled by existing working relationships. Coaches also reported making links with external partners on an ad-hoc basis as necessary, for example when participants had disengaged from TMD support, to ensure there was some form of support in place:

“Maybe it’s their GP or whoever it is, we’d link in with them and see how things are going. Like, we’ve got someone in hospital at the moment so, linking in with her housing worker there and making sure there’s that support there.” (TMD Partner 1)

Other partners highlighted support gaps in the existing TMD partnership, which although they could advise on, required provision from external organisations, such as complex benefits advice about sanctions, substance misuse and other specialist areas:

“Obviously there are going to be gaps, like immigration, and...drug and alcohol misuse. The realistic approach [is], can we actually do all this together? No. So I think it just makes sense to work with external organisations who are better skilled and equipped to deal with those situations.” (TMD Partner 1)

Coaches highlighted difficulties around developing working relationships with external local offers given the wide geographical spread of the project, as outlined in Chapter 5. There was a suggestion by one coach that individuals receiving support through TMD may benefit from a more localised service which encompasses strong partnerships and referral opportunities:

"Clients may prefer a service that only operates in one borough and you develop strong partnerships and you get regular information about local opportunities" (TMD Partner 3)

Finally, coaches expressed that some aspects of the wider service provision landscape remained inaccessible for those with multiple and complex needs. The TMD project has to operate within the existing system of support, which means there are persisting gaps for individuals with multiple and complex needs. Therefore, the main limitation of support was the extent that the model in itself could overcome the deficiencies of support elsewhere. This was highlighted particularly by Partner 2, the mental health charity. The main issues were:

- A majority of single-issue provision. This presents difficulties for participants with dual diagnoses to access due to high thresholds, and to be supported by as they predominantly focus on a single issue, rather than how these interrelate.
- A lack of preventative, community support, particularly for mental ill health, which would prevent individuals reaching crisis point.

Employer engagement and job brokerage

Throughout the design phases of the TMD project, employer engagement activities were seen as key elements of the support offer. However, employer engagement and job brokerage were often a gap cited in the support being provided. The reasons behind this varied across the partnership, but mostly related to capacity constraints. Instead, coaches were more likely to provide one-to-one support which empowers participants to engage with employers independently. For example, by providing advice and guidance relating to disclosure issues relating to criminal convictions.

"The main thing that people are worried about is disclosure and it's really personal...we talk through the pros and cons of either being upfront and honest about it, versus the fact that you don't have to disclose anything at the interview if you don't want." (TMD Partner 2)

Participants raised the point that increased opportunities to engage with employers had the potential to help overcome the prejudice people with multiple and complex support needs often experience. Those participants explained how the support should place greater emphasis on job-brokerage, matching participants with appropriate opportunities which link to their existing skills and experience.

"I think the whole programme is tailored for a set of people, but [needs] something more to do with access to employers or, I don't know, coffee mornings with employers." (TMD Participant 16)

Comparisons to non TMD support experiences

Most participants had previously accessed conventional programmes which aim to get people back in to employment and made various comparisons between such programmes and the support they had received as part of the TMD project. Overall, TMD support was viewed more positively as it was more holistic, accessible and proactive than other support:

Holistic: Several participants acknowledged that the support they were receiving under the TMD project was considerably more holistic and “joined up” than services they had previously accessed. This point was made particularly with regard to single issue services, which were more limited in their ability to address the multi-faceted barriers to employment faced by TMD participants:

“... [Previous support worker] can be really sympathetic but job wise, she really had her hands tied on what she could and couldn't do, so I find [partner organisation] is a lot better because there is a buffet that she's got access to” (TMD Participant 9)

Accessible: TMD support was viewed as more accessible than traditional employment programmes. Some participants referred to the introduction of ‘digital by default’ services, such as Universal Credit as being difficult to access in comparison.

Pro-active: Some participants outlined how TMD support is more pro-active when compared with experiences on previous employment programmes. For example, one participant aspires to start their own business with the support of the TMD coach, who they describe as being more ‘involved’ than other support they had previously accessed.

In general, the TMD project was viewed more positively against other forms of support programmes as it focuses on supporting people to gain sustainable employment, when they are ready, and employment which is suitable for their individual circumstances and in line with their personal aspirations.

Summary

The support being delivered by TMD includes a combination of; action planning, coaching support, referrals to external organisations as well as a skills and training package.

Action planning was a highly valued component of support, enabling participants to create person centred goals and recognise that progress could be gradual. A needs led approach to the sequencing of support is vital for steadily building up a participant’s capability to progress their individual action plan.

Coaching support is central to the TMD offer. Coaching support allowed participants to build their individual resilience to overcome barriers or setbacks. The ‘trust building’ approach adopted by coaches was felt to be essential for participants with multiple barriers who can lack confidence due to multiple needs and length of time outside the labour market.

Skills training and employability support were essential elements of support offer, particularly basic skills provision for participants with low levels of literacy and numeracy. Additionally, the availability of financial support to help pay for specific training or work-related costs was vital for participants to progress towards individual goals and bridge the gap between accessing employment and the first pay.

Recreational activities and classes such as yoga and music were viewed as especially valuable for preparing participants to access employment support, with coaches and participants who took part in interviews reporting positive impacts on various aspects of health and wellbeing, such as gaining a sense of routine and purpose.

Overall, TMD support was regarded more positively than that of other support providers, as TMD support is more holistic, accessible, and pro-active for individuals with multiple and complex needs.

5. Outcomes and assessment of TMD

Outcomes achieved

TMD hopes to achieve a number of different outcomes from progression into education or employment (and sustained employment) and softer outcomes as listed below:

- Activities to improve their confidence, motivation or emotional health and resilience
- People report improved confidence, self-esteem or motivation upon completing structured learning or one-to-one support
- Improved emotional health or resilience upon completing structured-learning or one-to-one support
- Participation in classes, workshops or related activities to improve their employability
- Gain an accreditation, qualification or certificate upon completing activity to improve their employability
- Improved communication, time management and work place skills
- Receive personalised job search support
- Complete a volunteering or work placement
- Feeling more likely to get a job upon completing activity to prepare them for the labour market

So far, the focus has been on progressing participants into employment. The target employment outcome rate is 28% and so far (to quarter three 2018) the project has achieved an employment outcome rate of 18% – equivalent to 45 participants entering work. Figure 9 below shows the trend in employment outcomes against quarterly targets. So far only three participants have worked for 6 months or more but this figure should increase after more time has passed.

Figure 9 Employment outcomes to date (Q3 2018)

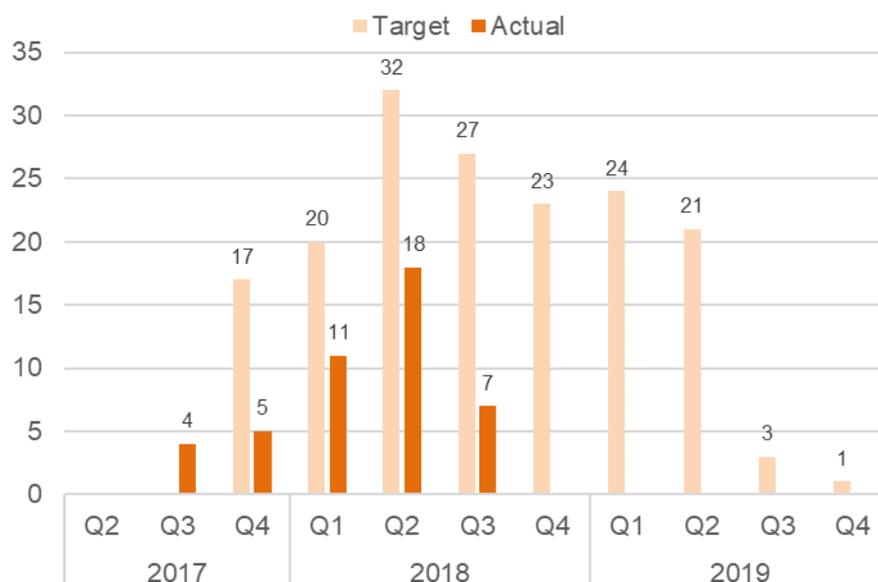


Figure 10 shows employment outcome rates by characteristic. The project has been more successful at getting men into work compared to women (19% of men compared to 14% of women). Those that were previously unemployed achieved a 23% employment outcome rate

compared to only 14% for those that were previously economically inactive – unsurprising considering the additional barriers for those that were inactive – as can be seen by the low employment outcome rate of 9% for those with disabilities.

The project has performed better in terms of getting participants from minority ethnic groups into work at 21% but less well for those aged 50 or over at 12%.

Figure 10 Employment outcomes by characteristic to date (Q3 2018)

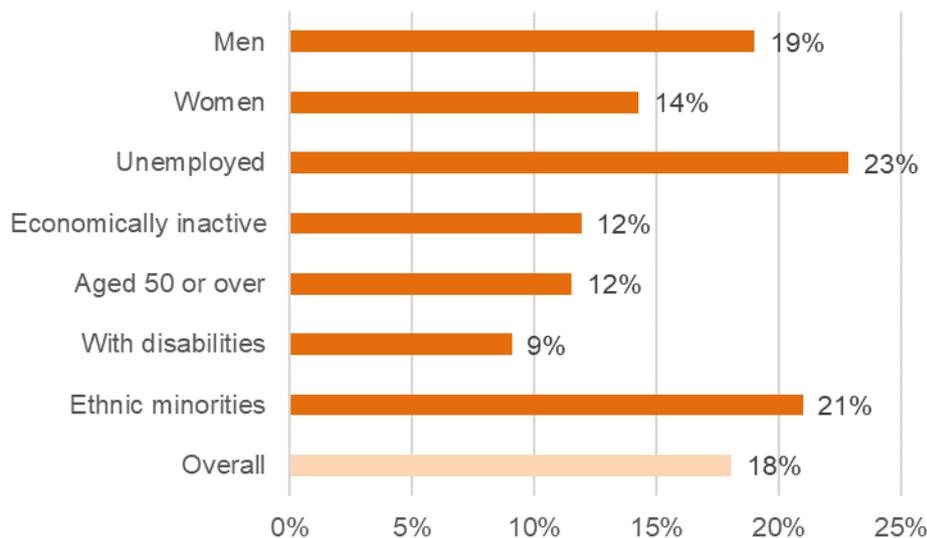


Table 9 shows employment outcome rates by partner and shows that the majority of the 45 employment outcomes to date were achieved by Partner 1. Partner 1 have managed to put 24% of their participants into work. At the other end of the scale, Partner 4 have only managed to put 3% of their participants into work. This is due to staff turnover disproportionately affecting Partners 3 and 4, who had less staff on the project.

Table 9 Employment outcomes by partner to date (Q3 2018)

Partner	Target to date	Actual to date	% of target	Employment outcome rate
Partner 1	48	39	81%	24%
Partner 2	10	1	10%	6%
Partner 3	22	4	18%	13%
Partner 4	16	1	6%	3%
All	96	45	47%	18%

Table 10 shows employment outcome rates by the highest educational attainment of participants. The outcome rate was lowest for those without any education recorded.

Table 10 Participant and outcome rates by highest educational attainment, to date (Q3 2018)

Highest educational attainment (upon joining)	Participants	Participant rate	Outcomes	Outcome rate
Total	254		45	18%
With tertiary education or equivalent	41	16%	8	20%
With post-secondary education or equivalent	53	21%	13	25%
With upper secondary education or equivalent	81	32%	15	19%
With lower secondary education or equivalent	48	19%	5	10%
With primary education or equivalent	8	3%	2	25%
Does not have primary or lower secondary education	23	9%	2	9%

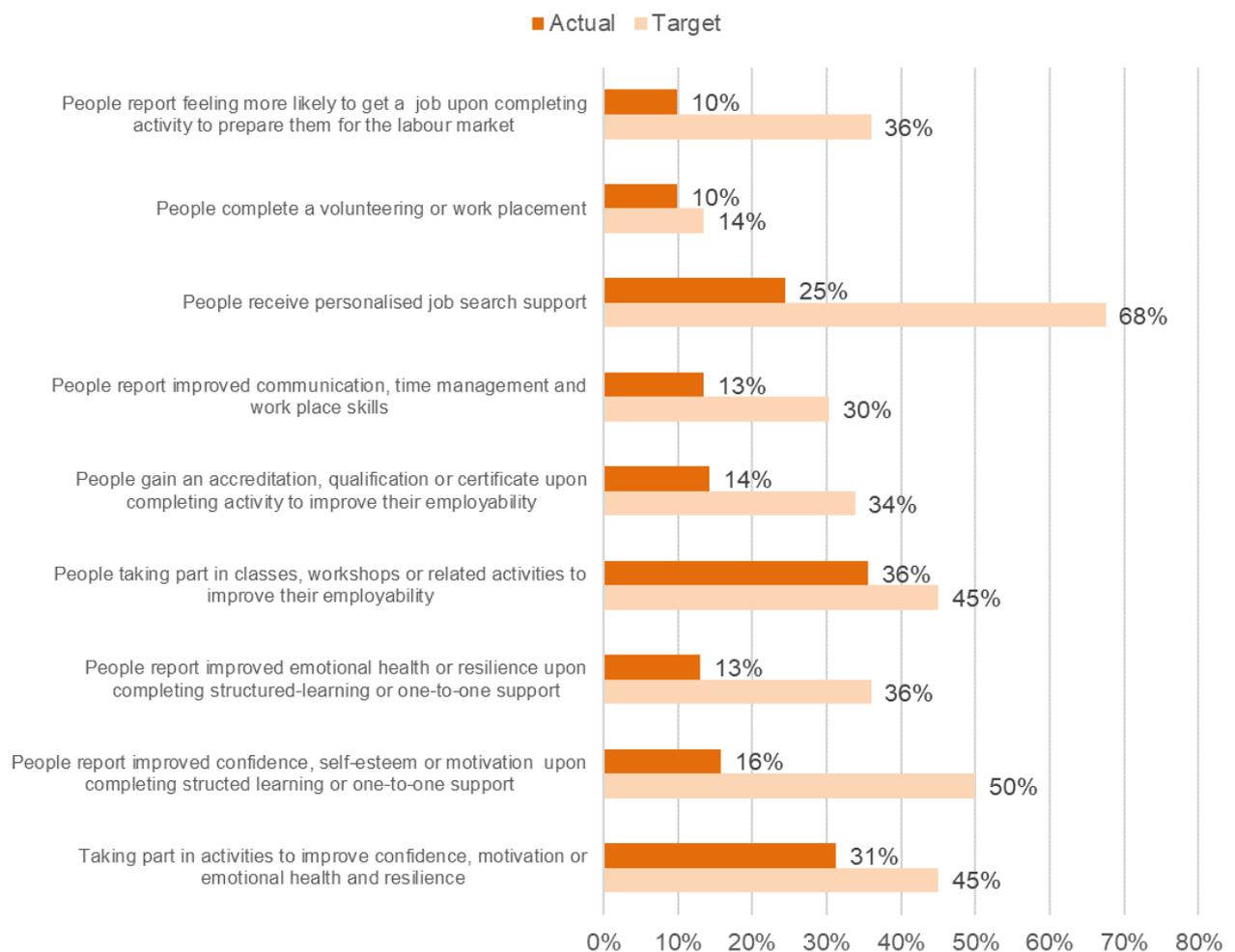
Table 11 shows the outcome rate by different participant characteristics. All participants were impacted by homelessness, and the table shows their additional barriers. The largest gap in outcome rates was for those with a disability, followed by those lacking basic skills.

Table 11 Participant and outcome rates by other barrier, to date (Q3 2018)

Barrier	Participants	Participant rate	Outcomes	Outcome rate
Total	254		45	18%
Lacks basic skills				
Yes	129	51%	27	21%
No	125	49%	18	14%
An offender or ex-offender				
Yes	63	25%	9	14%
No	190	75%	36	19%
Has a disability				
Yes	79	31%	7	9%
No	175	69%	38	22%

In terms of softer outcomes, the project has not yet achieved the target outcome rates as set at the beginning of the project. The rates may improve as more people complete the project as many of these outcomes can only be achieved after a sustained period of support and participation in multiple activities that require more time – see Figure 11 below. The reporting of soft outcomes has also been slower than expected due to higher expectations around evidence requirements. It is hoped that agreed changes to the burden of evidence required introduced in the second year of delivery will improve project reporting of soft outcomes.

Figure 11 ‘Soft’ outcome rates to date (Q3 2018)



Participant experiences of outcomes

Employment-related outcomes

Participants were at different stages in terms of employment-related outcomes. Very few of those interviewed were in paid employment due to their distance from the labour market. In the focus group, there were some participants who were in paid employment, others had secured voluntary roles. Some were continuing to job search while other had just engaged with support from TMD and so had no employment-related outcomes.

Many of these participants explained that a key motivation for securing paid or voluntary work was desire to ‘give back’ to their local community. For example, one participant wanted to use their experience in employment to support people in their home country. Others who were still job searching explained that once they reached a point of being financially able, they were motivated to secure a voluntary position. They saw a voluntary position as enabling them to fulfil their sense of civic duty:

“That’s on my list, once I get a place, which I got; once I get a job, I want to do some volunteering because I’ve got to give something back.” (TMD Focus Group Participant)

Soft outcomes

TMD participants experienced a range of soft outcomes as a result of support, which they felt were necessary changes in order to achieve their longer-term goals. These included increased awareness of employment opportunities and skills support; skills outcomes; health improvements and significant improvements in outlook and confidence.

Some participants expressed an increased awareness of employment opportunities or support provision as a result of coach support. Where this occurred, participants indicated an improvement in their sense of direction, stability, long-term prospects and recognition of continued progress beyond TMD. In addition, some of these participants noted an improvement in their mental wellbeing as a result of reduced uncertainty.

"It's taken a lot of weight off my shoulders because before...I didn't know there were organisations out there...[coach] is saying there's this organisation for this and there's this for that and I didn't realise what organisations there were for, employment and all that lot. Now I know I'm getting more knowledgeable." (TMD Participant 25)

Several participants enrolled on an educational or training course via TMD, with around half of these participants completing a course and achieving skills outcomes. Participants who achieved skills outcomes tended to have more well-defined employment goals and identified the skills necessary to fulfil those goals.

Most participants who achieved skills outcomes did so as a consequence of completing a basic skills course, such as English or IT. Others did so by completing a range of sector specific or vocational training. In each case, skills outcomes were a means to an end, often directly addressing barriers to employment, such as a of lack prerequisite qualifications. Gaining these skills often led to positive secondary effects on their overall wellbeing.

"[TMD partner] had maths down there...it was relaxing and also good for the mind because I managed to improve my skills." (TMD Participant 33)

Many participants felt that they had significantly improved their outlook, confidence and self-perception. Participants with higher support needs benefitted from accessing support from a reliable, available and accessible coach. These participants described an improvement in their sense of safety, direction and purpose as a result of the structure and sense of belonging from TMD provision. They framed this positive experience in contrast to other areas of their life which felt more unstructured, transitory and potentially unstable. Participants attributed these improvements in outlook, confidence and self-perception to accessing regular support, demonstrating the importance of stability in support provision.

"I feel safe... when [Partner 1] is closed I think I have nowhere to go. I feel I'm lost. When it is open, it's like a friend." (TMD Participant 8)

Some participants experienced improvements in their health as a result of support from TMD. Health improvements included improvements in fitness and diet, as well as reductions in the severity of mental and physical health conditions and substance addictions. In these cases, health improvements directly addressed participants' barriers to employment.

“[My health] has already [improved]. I was in the drains last year and I feel a bit fitter, a bit healthier, my back’s not aching all the time. I’m eating loads more and getting around doing whatever I want to do...because [TMD] keeps me active, it stops me going too much off the rails.” (TMD Participant 7)

Participants also recalled improvements in their ability to socially interact, and how they perceived their social identity. They reported that face to face sessions with their adviser helped them to feel more capable during social interactions. This resulted in increased self-esteem and feeling more positive about their potential productivity:

“If you have a lot of negative experiences in society they reflect on you something negative about who you are, how you interact and then you become negative yourself...it’s impossible to be productive if you have a negative image of yourself. I feel that with interacting with [Partner], bit by bit it helps me to feel better with myself” (TMD Participant 6)

Participants who experienced improved self-perception, and increased self-esteem also identified an increased sense of purpose and direction. They felt more able to set goals, and could more easily see the steps needed to be taken to reach these goals. Many participants felt that increased self-esteem and confidence occurred as a result of the trusted relationship and support accessed from their coach. Through this support, participants felt more able to take steps to better their circumstances, such as applying for jobs and attending interviews:

“That confidence I was lacking they gave me that step forward and I took it, went for interviews, I took exams. I’ve done a lot of things through the help of these people” (TMD Focus Group Participant)

Some participants expressed how grateful they were to have a coach who could support them to put their goals into action, having previously felt that no-one would fully support their range of needs:

“It was unbelievable because I never thought that someone would help me...it was, step by step and my plans what I was thinking about become reality.” (TMD Focus Group Participant)

Some participants explained that the positive relationship they had with their coach had a positive impact on their resilience. Prior to accessing support from TMD, participants felt they tended to dramatically lose confidence following a set-back. However, they felt that their ability and motivation to maintain a positive outlook had changed significantly:

“When you are down tiny things can knock you back, your confidence can go straight down the bottom, I’d just lie down, I wouldn’t come out, but since I’ve been coming here my mind-set has completely changed... nowadays, knock-back I just pick up and go forward...I gained that from these coaches which is very, very important.” (TMD Focus Group Participant)

Other participants reported that as a result of their positive experience of their engagement with the TMD project, they felt compelled to support other individuals to engage. Participants

felt well-placed to support people to engage with TMD as they could share their own lived experiences as well as empathise with the potential participant.

When participants reflected on their support journey, they identified how the support accessed had impacted on them in a number of positive ways. Overall, there was a perception of having gained a sense of purpose and drive as well as tools such as confidence, social communication skills, and increased awareness that supported participants to complete labour market processes independently.

Expectations of outcomes

Participants held strong expectations about the outcomes they would experience as a result of engaging with TMD. Participants were clear that they expected engagement to lead to 'good quality work that would make them truly 'better off', either financially or in terms of job satisfaction. The term 'good' employment was used in direct contrast to previous 'bad' employment experiences including low rates of pay, working long or excessive hours and being in an unsuitable role. Conversely 'good' employment outcomes included a good rate of pay and a role which didn't put them under undue stress through the nature of the work, or excessive working hours.

Good quality work was preferred to accessing 'any' employment. Participants felt it was important that they were not encouraged to enter minimum wage work as this would result in very little disposable income after housing costs. Many reported that financial precariousness would have negative implications on their opportunity to achieve a sustainable pathway into stable housing. 'Better off' calculations were a key tool used by coaches which showed how much participants would need to earn to be "better off" overall, including housing costs.

Participants also expressed concern regarding the effects that low paid employment could have on their physical and mental health. This was particularly concerning when they felt pressured to work excessive hours to cover household bills, travel and food costs. Participants who had lost their job due to poor mental health in the past felt that this was a significant concern.

"By the time you paid your rent bills and all that you have got the same amount of money to spend [as they had on benefits]... So you're not actually better off. I had to starve... You get your self-esteem goes down again. What's the bloody point?" (TMD Focus Group Participant)

Some participants stressed the importance of the nature and type of work, often in relation to their physical or mental health. For example, participants who did not feel ready to return to customer facing work were adamant that they would not be able to sustain such role, would become unemployed and feel less confident, or suffer a significant setback as a result. Based on the support they had already accessed and would continue to access, participants were confident that these employment outcomes were achievable.

Expected soft outcomes

Participants also expected that their engagement with TMD would lead to several soft outcomes, including improved health and wellbeing, increased confidence and sense of

purpose. These 'soft' outcomes were felt to be important to support them to move forward in their lives and take positive steps towards achieving longer term personal aspirations.

"...I will feel like I'm actually contributing something for somebody or someone or something more than myself." (TMD Participant 27)

Expected support offer

Participants with prior experience of employment identified specific support elements and approaches that they felt would most effectively help them to reach their aspirations. These participants felt that a long-term approach to accessing sustainable employment was an effective way of helping them achieve their employment-related goals. They felt that a staged approach would be effective, whereby they could gain essential skills through training and volunteering opportunities before moving into a desired and suitable role. Often, this was related to the role of the coach who could provide individually tailored employment support. These tailored support activities included identifying suitable roles in their desired sector, offering educational opportunities and matching their existing skills and work experience to potential roles.

Other participants had a less certain idea of how they would transition into employment, but were satisfied that support was addressing their barriers in a staged manner. This was reflected in the experiences of participants who were keen to support other individuals to engage in support. These participants reported the importance of managing expectations of the support offer. Participants reported that they would inform new participants that the support offer is long-term and advise them to be patient and not to expect instant results.

"If people think they'll have a house to go to that night, that's a silly expectation. It's a long-term programme rather than just a quick fix. They've got so many things going on. It can change your life but you've got to make that first step." (TMD Focus Group Participant)

Facilitators to achieving outcomes

TMD participants and coaches identified several factors that they felt were key to helping participants achieve outcomes. Factors included: the role of the coach, the range of support types on offer, providing a safe space for participants, and providing practical support.

The role of the coach was considered by most participants and coaches, as the central element of the TMD support offer. Coaches were seen as essential for sustaining engagement and supporting participants to achieve outcomes. It was felt that one of the main focuses of the coaches' role was to provide tailored support that met individual needs. This approach was seen as an effective way of ensuring that participants achieve desired outcomes. For the TMD participant group, this meant supporting someone into an appropriate job by assessing how a role aligned with a variety of needs, goals and barriers:

"I've been able to step back and say, "Well, Mr A, you can't work in construction anymore, what are we going to do about that?" Don't want to be a waiter; got fibro neuralgia, you can't walk around with heavy trays, on your feet seven hours a day. ...do you speak any languages?" "Oh, you speak Arabic. Well, why don't we get you into translation?" Start with the person rather than start with, "This person needs to

move from column A to column B as quickly as possible and it doesn't really matter how we get from column A to column B." (TMD Partner 3)

Range of support

Given the wide range and levels of support needs as well as the variety of individual goals, the availability of different types of support was considered an effective way of securing outcomes for TMD participants. For example, some participants had very defined goals when working on TMD, whereas others were further away from having a defined goal. The latter group benefited from a staged approach whereby they would access 'soft' courses related to wellbeing. By developing soft skills first, their ability to achieve hard outcomes increased.

"The courses vary, so we've got the hard skill courses but we've also got those that work towards emotional, mental health. Things like goals, that's for somebody that might want to get a more support with regards to confidence, self-esteem and what their goals are and to help them make that decision." (TMD Partner 1)

Coaches outlined that key to achieving results is ensuring participant's needs are appropriately matched with the various types of support on offer. Working in partnership with existing internal services was considered a key success factor for this. By utilising the wide offer in order to match participants with appropriate opportunities increased the likelihood of participants achieving results:

"..it is relying on the resources within the team, brokering opportunities specifically for clients with specific interests or using internally what we have, or externally with partners, if they know about a programme, that they had a client who went on it and they had a particularly good specific experience then it is just like having [those] current resources, the opportunities available and see if there is anything that you can match your clients with." (TMD Partner 3)

Providing a safe space

Partners with a wide internal service offer, in-house activities and TMD support often provided a "safe space" for participants. Participants reported that regularly coming to the same safe space brought structure and routine into their daily lives. Additionally, TMD partner premises provided a place to build positive relationships:

"It's good that it all happens in house because people get to know the staff, the staff get to know clients, and the clients get to know each other and there's a support network that evolves over time. It's nice for them to feel they've got a safe and welcoming place here and it's a bit of structure and routine" (TMD Partner 2)

This was reflected in participant's appraisals of partner organisations and the support they had been receiving under TMD. For example, the variety of support, especially the activities and classes provided internally by the partner, helped one participant maintain a routine, sustain motivation, as well as prevent them from engaging in negative activities such as excessive alcohol consumption. In turn, their improved physical health had a positive influence on their mood and improved their optimism.

Practical support

Practical and financial subsistence was highlighted as an effective support offer, leading to positive outcomes for participants. In addition to delivering the full support model, coaches stressed that the availability of financial support through the TMD project led to better quality outcomes for participants who were able to access support specific to their goals.

“He’s was a member on TMD since last July, so he’s done all the BST courses that we have in-house, and then his last step was to get that grant to apply for an excavator/digger 360 course... As soon as he had finished it the employer was waiting outside and they handed him training, so he’s now started work through that grant. He’s earning £35,000 as a basic salary; his employer sends them to different locations, travel paid for, accommodation paid for.” (TMD Partner 1)

Barriers to achieving outcomes

Participants and partners reported that some groups within the TMD participant cohort faced more challenges to achieving outcomes than others. Overall, it was felt that those participants with higher or more complex needs tended to face more challenges to achieving outcomes than other groups.

In general, coaches found it more challenging to support participants to secure hard outcomes than soft outcomes. They felt that an effective approach was to highlight and celebrate the soft outcomes achieved. In this way, morale and motivation to sustain engagement was maintained.

Participants with very basic skills gaps were deemed by coaches as challenging to support particularly in terms of the timescale of project. It was explained that for this group it was estimated outcomes would become apparent 2-3 years after engagement, rather than the expected 6 – 9 months.

“One of the most challenging things is for my clients that don’t have basic literacy skills...If you can’t read and write, you can’t do a job application and you can’t do a CV, even if you get to interview, if they do a competency-based test, you’re not going to be able to do that. They might be completely willing and have got a lot to offer on a practical level but, if you haven’t got that basic level of English language skills, you’re really starting from scratch” (TMD Partner 2)

This view was also reflected in some participant accounts of support needs. For example, one participant had physical health and learning needs, including lifelong challenges with literacy and maths. They felt that this limited the types of employment they could access which, in turn, affected their mental health and wellbeing. This led them to a strong lack of self-belief that he could eventually gain employment.

Participants who are 'too high need' were deemed by coaches as less likely to sustain engagement with the project to achieve “hard” outcomes as a result of being on the project. This was linked to the view that partners were on occasions accepting inappropriate referrals to the TMD project in order to meet registration targets. One partner provided the example of a participant with high needs related to alcohol dependency.

“We’re getting to a point now where we’re going to take anyone because we’re behind on the contracts so it’s about numbers...For example, a gentleman I talk to is

still a functioning alcoholic, a dependent drinker...that's not going to be very good for him trying to get a job...but we're going to take him because we need the numbers."
(TMD Partner 3)

Some partners noted it was difficult to specify typologies of participant or specific needs that were more difficult to address than others. Rather, the difficulty they found was working with participants to disentangle interacting, complex needs over time, and avoiding potential 'crisis' points. Partners explained that reaching a 'crisis' point could often result in disengagement from the support.

Some participants noted that they faced challenges engaging with the TMD project initially. They attributed this to having low expectations of themselves (and their ability to obtain outcomes), as well as of the support service itself in being able to meet their needs.

Summary

The current employment outcome rate is 18% (in comparison to the target rate of 28%). There were some variance by participant needs. Participants who had a disability, as well as experience of homelessness had a significantly lower outcome rate of 9%, in comparison to 22% for those without disabilities. Economically inactive participants and those over 50 had an outcome rate of 12%, and women had an outcome rate of 14%. However, the largest variance was between the partners, and demonstrates the impact of staff turnover on the project. Those most impacted by staff turnover (Partner 4 and Partner 2) had an outcome rate of 3% and 6% respectively.

Participants described a range of soft outcomes as a result of TMD support. These included improvements in awareness of employment opportunities and skills support; skills outcomes; health improvements and significant improvements in outlook and confidence. These were seen as necessary steps towards longer term goals, and often had important secondary effects and directly addressed barriers to work. A passionate, determined and effective coach was deemed instrumental in the achievement of soft outcomes

Participants expected that TMD support would lead to employment which would be aligned with personal aspirations and adequately paid such that wages would meet needs without requiring participants to work excessive hours. Participants also expected that their engagement would lead to several soft outcomes, including improved confidence, sense of purpose and wellbeing.

6. Overall assessment of TMD

TMD coaches and participants provided insight into the key strengths, and areas for improvement within the TMD project, which are summarised below.

Strengths of the service model

The main strengths of TMD included the ability to work with people with complex and multiple needs and provide tailored support, the support model itself which was individualised, flexibility to adapt provision and a supportive partnership.

Coaches were positive about TMD's support offer which aims to address an individual multiple needs holistically, rather than concentrating on a single issue. This was recognised as a novel approach in support and one which was highly effective for this participant group, who could not be adequately supported through a single issue service.

"If you're a frontline worker, you see how all of these things impact your clients anyway, regardless of if they're focussed specifically on their mental health or if you're focussed specifically on homelessness... It's interesting, the project, because it's trying to tackle all of those things at once towards one specific aim. You don't often get projects that are overarching like that" (TMD Partner 2)

""We're seeing them as whole people rather than, "You're a person who has substance misuse issues," or, "You're an ex-offender." It's "Okay, you're a person and you might have these issues or a combination of these issues." That's the strength of the project"" (TMD Partner 2)

Coaches valued the ability to take a longer-term approach to supporting people with multiple and complex needs to achieve their employment goals. TMD was seen as a rare form of provision which was tailored to meet the needs of people who have had previously negative experiences of employment support. This was enabled by a sufficiently broad eligibility criteria and targets which were not intensively driven by hard employment outcomes.

The delivery model was viewed as a key strength of TMD as it enabled partners to provide a range of holistic support around individual participant barriers and support their progression of their needs. This support model was underpinned by: an initial assessment which focused on several key domains which were wider than employment and skills; the provision of a range of tailored internal offers and external partnerships; and the coaching support offer. Partners felt that their organisations were well placed to deliver this support offer due to their existing partnership links and range of support services. Partners also felt that the TMD support model was not overly prescriptive, therefore each organisation was able to utilise their own services to provide a distinctive offer within the project.

""What we're actually delivering as a programme and the support that we have in place as an organisation is a strength ... the in-house different teams and wellbeing and training and us as individuals, with one-to-one... that is one of the strengths that we have to deliver it. It works."" (TMD Partner 1)

The key areas of support model which coaches and participants viewed as particularly effective were:

- Support which was flexible, in line with aspirations, and considerate of individual needs. This was enabled by a robust initial assessment, and if appropriate, coaches coordinating support with trusted key workers who have oversight of a range of wider issues facing an individual participant.
- One to one coaching support which focussed on building confidence, establishing trust and improving self-perception.
- Utilising a range of internal and external support service offers where appropriate to build structure, routine and a safe space for participants, and meet their wider needs, including:
 - Training and recreational activities to provide a sense of purpose and routine, before building up to volunteering or employment.
 - Financial support to cover the costs of training or qualifications which alleviates financial barriers and boosts participant motivation to sustain engagement.
 - The provision of individual and practical employment support when participant is ready, particularly practical job coaching support to assess attainable employment goals.

Coaches reported that there was a supportive partnership between the TMD partner organisations. This partnership provided good opportunities to work with the other organisations to expand the service offer, including referrals to social activities and job fayres. Practitioner meetings were viewed positively as they provided an opportunity to share project updates, resources and information. Coaches also shared challenges and insights about how these could be overcome, and reviewed case studies of support options in challenging cases. New staff and staff who were the sole TMD worker in their organisation reported feeling coached and supported with project challenges and reporting requirements.

Challenges in service delivery

Coaches expressed key difficulties working with the complex need participant group. These presented key delivery challenges including fluctuations in need and severe crisis situations impacting participant ability to sustain engagement with support, intensive support requirements and wider service provision gaps for participants with multiple needs. However, these were not perceived as weaknesses of the TMD service, but rather as expected challenges of delivery when supporting a cohort of people with multiple, complex needs.

The main constraints of the TMD project observed by TMD coaches and participants related to the level of staffing resource in comparison to level required and arduous paperwork reporting requirements from BBO funding. These were interrelated factors reported by coaches which also had a clear impact on some participant's views of the support provision.

Staffing levels

Coaches often reported that the effective delivery of TMD required more resourcing than initially planned due to the wide-ranging role of the coach, who was responsible for outreach and administration, alongside a testing coaching role with participants with wide ranging

needs. Coaches felt that the project underestimated resourcing required overall, and there was limited time for casework.

"I'm not just an employment advisor, I have to do the outreach and the partnership working with different services and the physical outreach to engage with clients in the first place and then I've got all the paperwork on top of it...you're torn in very many different directions and it's hard to fit those things in when you're trying to prioritise your clients above everything else" (TMD Partner 2)

There has been a high degree of staff turnover from the TMD project, which has compounded existing resourcing challenges. Since the beginning of delivery, nine staff have left their post and at the time of writing, the partnership is operating at 60% of the expected staffing level. This has had implications for referrals to the project, the provision of support and outcomes achieved.

- **Referral routes:** TMD coaches reported that they lacked time to build the relationships necessary to promote the project. Several coaches highlighted their plans to develop effective referral pathways but felt constrained by the demands of their caseload and the high administration burden of the project.
- **Support delivery:** Staff turnover adversely impacted the progress made with participants on their caseload. This was exacerbated when participants were not told about the change in their coach, which could be a destabilising experience. Coaches reported that they had 'lost' several participants who had a strong relationship with the previous coach and had lacked support while the replacement was recruited.

"When the coach [left TMD] we weren't told. I was told, she's not in this week, she might be in next week... oh yes by the way she's left, you'll be getting someone else." (TMD Participant 12)

Several participants reported that they wanted more frequent contact with their coach and were keenly aware of their coach's workload. In some cases, participants explained that they felt they were 'putting them out' which reduced the amount they were willing to share with their coach. One participant highlighted that they lacked support necessary at key transition point of accessing employment because they felt they were no longer a priority once an outcome had been attained.

- **Outcomes:** Limited staff resource impacted the time to achieve outcomes as coaches felt less able to provide the level of support needed to participants.

These resourcing issues were exacerbated when there was one staff member working on the TMD project in their partner organisation. When the staff member took annual leave, or left the project altogether, TMD was effectively non-operational in that partner organisation.

Administrative requirements

Several coaches reported that the administration disproportionately reduced their time to meet targets and support their caseload. The funding reporting requirements for the TMD project was a key reason for many staff leaving the project. The administration also had to

be re-learned by new staff starting on the project, which took time. Submission deadlines were particularly intensive periods for coaches. Participant files had to be scanned in, in their entirety, each quarter and there was a high threshold for compliance.

"Things might come back because they don't quite meet the compliance... it'll be silly things like you haven't ticked one box... then you have to re-stamp and date it, scan it, upload it...if you've got one tick out of a whole file of stuff, you have to resubmit the whole file" (TMD Partner 2)

The administrative burden to join the project impacted some participant's impressions of support as slow or bureaucratic. Participants with higher level support needs like paranoia or difficulty understanding documentation, were particularly challenged by this process.

Operating across a wide area

A further weakness identified by some partners was that they were operating across a wide geographical area. Having a widely dispersed service offer presented challenges for effective recruitment, coach time spent travelling to meet participants and arranging effective support which met participant's needs in their own local area.

"I think that [working in a smaller number of boroughs] would be helpful because then you don't feel that you are working so individually with different random services, but you are actually working in very close partnership." (TMD Partner 3)

"Having [a permanent] patch, which would be good because then I'd have time to travel around Brent, which is massive, or Greenwich which is pretty huge as well, but having a bit more of a focus" (TMD Partner 4)

TMD partners who felt this was a challenge planned to set up hubs and focus on a smaller area geographically. Conversely, partners which operated in a very local area perceived this as a key strength of their service delivery as it enabled close working partnerships and a more cohesive participant journey through different support services in a local area.

"We're not over a massive geographical area that would be impossible to navigate on a practical level, also you wouldn't have links with all of the services that you need to and those good relationships with people that you rely on a lot" (TMD Partner 2)

7. Conclusions and recommendations

This interim report is the second of three reports monitoring the performance of TMD. The TMD project has some very ambitious performance and outcomes targets. Performance indicates that participation rates are lower than the target rate for the period. However, TMD project performance has improved from the first interim evaluation. In terms of attachment, participation has vastly improved, and traces the initial expectations albeit delayed. This is promising but shows that the implementation period and achieving a near steady state has taken longer than originally hoped for. There are several reasons for this:

- There are challenges engaging with high need cohorts, especially navigating an administratively heavy attachment process. Meeting start targets will continue to be a challenge when working with this cohort, who often have chaotic lives and interrelated needs.
- Partners are not delivering a previously tested model and the implementation has been a process of incremental learning and refinement, which naturally takes time.
- The delivery model revolves around the needs of individual participants. Understanding the complexity of needs and how they interact on participants has been key to delivery and this understanding has been developed through a process of direct engagement and evaluation.
- Fluctuations in staffing have a direct effect on the performance of the project, and the ability to engage and secure participation on to the project.

It has been widely acknowledged that job outcome targets are highly ambitious, and on a realistic assessment, potentially unachievable within the timeframe of support. When compared to other programmes working with a similar cohort, job outcome rates compares favourably. The 28% job outcome target is far higher than the 17% average job entry rate for the 2007 – 2014 ESF programmes supporting similar client groups, and higher than the similarly framed STRIVE project which achieved a 15% job entry rate. TMD is currently achieving an 18% job outcome rate. Assessing programme outcomes on this more balanced approach shows that TMD is an effective support and delivery model for this cohort.

The delivery of TMD is framed around securing positive changes to the lives of individuals with complex needs. Outcomes being achieved from support, including housing changes, and entry into volunteering and community activities, have been suggested as suitable outcome measures for employment support for this cohort, in order to facilitate entry into the labour market.

One challenge that appears unavoidable for the TMD project is the administrative burden placed on the partnership as a result of the requirements of the BBO funding stream. There have been some concerning consequences associated with this, including the amount of time it detracts from frontline service delivery, the difficulties in attracting and maintaining the involvement of high quality staff (in particular frontline caseworkers) who are often put off by the bureaucracy, and a negative reception from (particularly higher need) participants.

The partnership model remains a strength of the TMD project. It has allowed greater coverage and consistency across a significant proportion of London. However, some initially identified benefits of partnership working have not transpired. For example, the ability to cross referral among the partnership, or draw in partners' resources and expertise to support to support participants, is not currently recognisable to the extent that it was envisaged.

The partnership is more strategically aligned than it is operationally. Partners all work to shared objectives and standards, within the similar delivery model and agreed service standard and reporting framework. All of the partners came with experience of working with people who had experience of several and multiple disadvantage, and offered, to greater or lesser extent, a casework based, holistic support offer, so have not required much in the way of intra-partnership referral.

What sets TMD aside from other support offered by the partners, is the primacy of the employment related outcomes. In this regard the partners valued the collective input they had in shaping and managing the TMD project. In particular they valued their regular steering group meetings which helped to keep them cited on the overall direction of travel and performance of the project. Along with more informal communications, these regular meetings provided opportunities to learn and share from each other.

Recommendations for support delivery:

Based on these interim evaluation findings, there are a number of recommendations for continued TMD delivery and the future commissioning of programmes which aim to support individuals with multiple, complex needs into employment. These will inform the final year evaluation activities and recommendations.

- There was some conflict between engaging participants into TMD support to secure start targets against the need to identify individuals who would benefit most from TMD support. Due to the wide support offer, individuals who are far from the labour market could be sufficiently supported by TMD, however partners should prioritise the right support for individual participants above a focus on securing project starts.
- The partnership should build on their additional concerted efforts to engage with underrepresented groups, particularly women, who face different challenges to men with multiple and complex needs, as explored in the initial interim evaluation report.⁹ To engage underrepresented groups requires targeted outreach, for example in female hostels and tailored promotion of TMD in advertising.
- Understanding the pathway to service of TMD participants may provide further insight into where to concentrate outreach efforts. Services which establish a source of stability for participants but are limited in their ability to provide employment support, could provide direct targeted referrals into TMD support as a 'next step', facilitated by warm handovers to aid trust transfer to the TMD coach. Targeting trusted key

⁹ Women facing severe and multiple disadvantage are more likely than men to report taking medication for mental health problems, significant financial problems, have no qualifications, be dually diagnosed and be a victim of domestic abuse.

workers works well as they can 'sell' relevant aspects of TMD support to individual participants related to their needs.

- There is evidence that links between Jobcentre Plus and the partner organisations could be improved, in order to provide direct referrals of TMD eligible participants.
- Having a wide service offer aids recruitment into TMD as it provides a wider referral base. Partners should clearly define and establish effective triage within their organisation, to ensure that those who would benefit from TMD support are able to access it through a more general referral to the partner organisation.
- Participants had limited awareness of TMD as a programme of support. Partners should ensure that referral organisations are sufficiently aware of the project to provide clear information at the point of referral to reduce participant uncertainty. Coaches should present a clear introduction to the project in the initial appointment.
- TMD support operates across a large number of boroughs, however localised approaches to outreach and support appear most effective in the context of limited coach time to support their caseload. A localised approach also supports easier access for participants to TMD and wider support. Learning from both practice and this evaluation has highlighted the challenges and the payoffs of outreach delivery. Partners should take this learning to assess the role of outreach services, and how they can be used more strategically.
- The TMD coach was key to effective support delivery but were juggling a number of priorities in their role. The partnership should consider strategies for resource allocation, such as specific administrative workers, outreach workers and employer engagement workers.
- As referrals increase, it is necessary to monitor coach caseloads to ensure they can maintain essential support, particularly through points of transition into employment or housing. To reduce burden on coaches, partners could make use of alternative provision such as volunteers sustaining communication and providing wider access to internal and external service offers to reduce the amount of one to one support.
- Partners should increase cross referrals and map needs within the partnership to cover areas where there is a gap in support, such as benefits advice and complex immigration concerns.
- Job brokerage and employer engagement activity appeared to be somewhat limited within TMD support currently. Stronger project links with employers would strengthen the support offer. This could include networking days with employers or work experience to overcome barriers of employer perceptions.

Recommendations for future programme design

These emerging recommendations from the interim evaluation findings propose considerations for the future commissioning of programmes which aim to support individuals with multiple, complex needs into employment:

- Initiatives such as TMD, which are essentially pilot programmes, which begin from a standing start, should be provided sufficient time to 'ramp up' to steady state. This can take significantly longer than anticipated.
- Some of the secondary performance measures (such as older people and women) have been superfluous. Such measures are of interest and will become of more interest in due course, however for exploratory initiatives like TMD, the key imperative should be identifying project participants by their need. Considering performance through a focus on equalities and diversity is important and is worth considering, but should be sequenced appropriately and extended to under-represented groups once the broad service model has been established as effective.
- Eligibility criteria should as far as possible, aim to ensure that those who are theoretically eligible for support are not unfairly burdened in their ability to provide requisite proof.
- Commissioners should acknowledge staff turnover as a significant risk if there is one staff member on the project, as this presents a significant gap in support if they leave the organisation. Resource could be more productively split between part-time staff.
- Projects with extensive administrative requirements for reporting should ensure there is sufficient resource to effectively complete these duties without compromising the time available for coaches to work with their caseload, for example through the allocation of administrative staff within each delivery partner.
- Commissioners should consider alternative evidence requirements. While often justified when not using a Payment by Results funding model, it is not necessarily the only approach to evidence the service being delivered to an expected standard. Alternative approaches could include lighter touch monitoring coupled with tighter compliance procedures that are quality assured by the project commissioners, or a process of independent file and/or case reviews to ensure service quality.
- Further constrictions within the funding requirements, such as an inability to use temporary staff to fill vacancies and the necessity to provide a 'like for like' replacement have caused additional delays to backfilling roles. These restrictions should be revisited, particularly as staffing fluctuations have a direct impact on participation and outcome rates.
- The funding per participant for TMD has been equivalent to several other London BBO projects, despite TMD supporting a participant group with higher support needs

and chaotic lifestyles. Future funding allocations could take a more flexible and evidenced view of participant groups' needs when setting targets and funding levels.

- Commissioners and providers should base outcome targets on realistic, and reasoned estimates based on performance of other similar programmes. Should no similar programmes exist, a 'nearest neighbour' approach should be adopted, identifying a group who share similar labour market disadvantage. To encourage better performance, an appropriate uplift rate should be applied reflecting the resources available, and the ambition of the project.