LEARNING AND WORK INSTITUTE

Tackling Multiple Disadvantage

Final Evaluation: Executive Summary

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Executive Summary

Learning and Work Institute (L&W) was commissioned to independently evaluate the Tackling Multiple Disadvantage (TMD) project. TMD was a Building Better Opportunities (BBO) project funded by The National Lottery Community Fund and the European Social Fund (ESF). The project operated across 17 London boroughs and was delivered by a partnership of homelessness and mental health organisations: Crisis, St Mungo's, Thames Reach and Mind in the City, Hackney and Waltham Forest (Mind CHWF).

TMD was delivered between April 2017 and March 2020 and aimed to support people experiencing homelessness with multiple and complex needs into training or employment. The support model was designed to holistically address participants' needs to enable them to develop the stability, confidence and skills to access employment.

TMD delivery partners used a personalised coaching methodology and a range of internal and external support services. This approach enabled the integration of training, volunteering, and specialist provision such as housing support, financial support and health-based interventions. This support was sequenced according to participant need and underpinned by individually tailored action plans. The project achieved a 27 per cent employment outcome rate. This is broadly in line with the 28 per cent target and substantially higher than recent comparable projects[1], demonstrating the effectiveness of this model for people experiencing homelessness with multiple and complex needs.

TMD participant needs

All TMD participants had current or recent experience of homelessness, and just under a third (32 per cent) were rough sleeping when they joined the project. Many participants reported being in very insecure and precarious housing situations such as being in temporary accommodation and sofa surfing. Their experiences of homelessness had a highly detrimental impact on their mental health and wellbeing, physical health, and employment prospects. For example:

- Housing insecurity was particularly damaging to participants' mental health. Those who felt unsafe or in danger due to their living situations reported being unable to relax or focus on addressing other priorities, including finding work.

- Participants who were housed with other people with severe and complex needs highlighted the risk to their own wellbeing and recovery from proximity to potentially negative influences such as drug and alcohol misuse.

- Poor housing conditions could exacerbate existing symptoms for participants with health conditions or who were in poor physical health.

- Participants residing in temporary accommodation did not know where they would be housed permanently, which impacted their ability to look for work, or secure a job.

In addition to facing these challenges related to homelessness, TMD participants had a wide range of additional complex needs and barriers. For example, of all participants:

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[1] (2007 – 2014 ESF programmes supporting similar client groups (average 17%) and the similarly framed STRIVE project (14%)

- 48% identified mental health problems;

- 34% identified substance misuse issues;

- 31% declared a disability;

- 51% lacked basic skills;

- 21% were ex-offenders.

These additional barriers could be both a driver and consequence of participants' experiences of homelessness. TMD coaches said that the client group were significantly further away from being 'work ready' compared with their previous experiences of supporting people experiencing homelessness on other employment support programmes. They attributed the higher needs of their participants to the project's focus on supporting people with multiple and complex needs, rather than providing single issue support. Coaches described highly varied caseloads due to the range of support needs, and the ways that participants' multiple issues interacted.

Long-term stability was the main ambition for TMD participants, but the wide range of needs meant that participants faced different pathways to achieving this goal. In some cases, entering work prior to securing stable housing and/or health improvements was seen as representing a significant risk to participants' progress:

- **Entering work could result in people feeling financial unstable** as a result of having navigate initial changes to their income, benefits or housing costs. Staff reported that, in the short term, this could be a particularly vulnerable point in time for participants.

- **Entering work could exacerbate precarious housing situations** if participants could no longer afford hostels or had to leave supported or temporary accommodation when they entered work. Entering work also presented risks to an individual's housing stability, for instance if people could no longer afford or were precluded from particular types of accommodation, increasing their risk to homelessness or worsening their housing status.

Engagement and support

Participants reported several barriers to accessing support including low wellbeing, negative prior experiences and isolation. Trust in the referrer, clear upfront information about support and confidence in the TMD partner enabled effective referral into the project. It was also important that the service had a clear point of difference to usual employment and training provision. The range of non-employment support offered by the TMD project, including access to a coach, social activities, housing support, and skills provision, enabled the project to appeal to participants with various motivations and expectations of support.

Participants valued a friendly and flexible approach to assessment, where coaches gained an understanding of their life and needs, ambitions, barriers and motivations for accessing support. The accessibility of the assessment process was somewhat undermined by the paperwork requirements needed to join TMD, particularly for participants with higher needs.

The key strengths of the project support delivery were:

- **Coaching support.** The TMD coach was essential to understand participant needs and develop a tailored action plan to build resilience, trust and confidence by addressing needs holistically.

- **External partnership working.** The TMD coach was also responsible for guiding participants through support and helping them to access external provision. This enabled TMD to provide a holistic service offer by working with internal and external partners to tailor support to individual needs and barriers. This element of support was seen as a welcome change to normal ways of working, (i.e. instructive, under-resourced, single-issue support) and crucial for participants with multiple barriers and complex needs.

- **Training and education courses.** Participants valued the ability to access a wide range of courses. Participants who achieved skills outcomes tended to have more well-defined employment goals and identified the skills necessary to fulfil those goals.

The main challenges in support delivery were identified as:

- **Staff turnover.** There were nine TMD coach roles across the partnership, and 13 coaches left during delivery. The unusually high level of staff turnover on TMD resulted in some partners becoming non-operational and had an adverse impact on participants' engagement with TMD. This was attributed in large part to the administrative requirements to evidence participation and outcomes in the non-payment-by-results funding structure.

- **Gaps in external support.** Coaches highlighted persistent gaps in provision, particularly in advice for complex immigration cases and drug and alcohol misuse.

- **Caseload management.** The coach role required a high degree of flexibility to respond to participants' changing needs and circumstances. Crisis staff reported that they were working with caseloads of around 40 to 60 individuals, who faced significant and diverse barriers to work.

- **In-work support.** The complexity and volume of cases limited the in-work support coaches could provide participants who accessed work. Participants and coaches noted that in-work support is crucial to support participants to sustain and progress in employment, and in turn sustainably improve their circumstances.

Project performance and outcomes

TMD recruited a total of 448 participants, representing 75 per cent of the target of 600 participants. The key reasons that TMD did not meet participation targets included:

- **Overambitious and non-representative targets.** There were concerns from the outset about the ability of the TMD partnership to engage the volume of participants needed, given the complex needs of the target group. Some of the demographic targets, particularly women and economically inactive people, were also not representative of the profile of the people experiencing homelessness with complex needs in London.

- **Operational challenges.** The TMD partnership experienced high levels of staff turnover, periods of being non-operational and the early exit of some partners from the project. High staff turnover has been exacerbated by onerous administration requirements throughout the project as a condition of funding to evidence project starts, support delivered, and outcomes achieved.

The TMD project had an employment outcome target of 28 per cent, which was regarded by staff and stakeholders as highly ambitious given the needs of the target group and their distance from the labour market. Despite this, the project achieved an employment outcome rate of 27 per cent which is far higher than recent comparable programmes. This outcome rate is a significant increase from the year two interim evaluation report[2] where the employment rate was 18 per cent. There were substantial differences in outcome rates between the TMD partner organisations, with Crisis achieving a 36 per cent outcome rate - over twice as high as any other partner. The main factors contributing to differences between partners included: the extent that TMD delivery aligned with existing models; differences in participant needs; project monitoring requirements and staff turnover disproportionately impacting partners with fewer TMD coaches; and organisational restructuring.

TMD had a target for 16 per cent of participants to sustain their employment[3], (or 57% of participants who entered work). The project did not achieve the set target, with just 10 per cent of the total cohort remaining in continuous employment for six months (or 43% of participants who entered work). TMD staff and participants suggested that improved employer engagement and in-work support would have improved this outcome. The availability and security of housing, as well as the types of roles that participants accessed also negatively impacted this figure.

The evaluation found that TMD delivered further significant benefits to participants aside from entry into employment. The TMD project secured a range of housing outcomes which were not recognised in the project targets. An analysis of housing data (where available) found that:

- 33% had improved their housing situation

- 17% had secured housing

- A further 18% had sustained housing for at least 26 weeks

Accessing and sustaining tenancies was a crucial outcome which may help individuals progress into employment in the future. Analysis of housing data found that a substantial proportion (39 per cent) of participants who had not secured an employment outcome had improved their housing situation, suggesting that housing outcomes were being prioritised over employment outcomes for these participants. There was also a positive correlation between gaining secure housing and sustaining employment. Just under half (48 per cent) of jobs were sustained for six months, which rose to 68 per cent of jobs among participants who had secured housing.

Alongside improvements to living situations, the evaluation found a range of wider outcomes which participants attributed to TMD support. These included:

- An improved knowledge of how to look for suitable job roles.

- A sense of achievement from achieving goals, improved stability, and recognition of continued progress beyond TMD.

- Improvements in mental health and wellbeing as a result of reduced uncertainty.

- Improvements in physical health and management of health conditions.

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[2] The second interim report two covered up to Q2. 2018, or 18 months of the delivery.
[3] Sustained employment was defined as six months continuous employment.

▪ Enhanced and positive social networks and a desire to 'give back' to support others in similar situations.

Recommendations

Initiatives which support people experiencing homelessness with multiple complex needs should:

▪ **Engage external partner organisations prior to delivery:** Support services which are not set up to provide employment support could act as a pre-service, with TMD-like support as a 'next step' for those who feel ready to look for work.

▪ **Ensure and promote a recognisable 'point of difference'**: projects should seek to build and promote a project identity which clearly communicates difference from other services to participants and referral organisations.

▪ **Enable caseload management through effective triage:** projects supporting individuals with multiple and complex needs should carefully profile the expected caseload to ensure it is manageable for coaches. This could be supported by effective triage processes and a wide service offer, including appropriate group-based support.

▪ **Prioritise coach time and effectively resource other priorities:** Projects with high administration requirements should employ staff with a range of expertise, including project co-ordination and administration. This would support coaches to maintain essential support, particularly at points of transition into employment or new housing.

▪ **Ensure that employer engagement is a key component of support:** Improved employer engagement would improve the suitability of employment opportunities, and the sustainability of employment for people experiencing homelessness with multiple, complex needs.

▪ **Focus on in-work support to ensure participants sustain employment:** Transition into employment can be fraught and potentially destabilising. Future models of delivery should provide continued in-work support. This should focus on work sustainment and progression, as well as securing continued improvements in areas such as housing, skills and health.

Commissioned employment support for people experiencing homelessness with multiple and complex needs should:

▪ **Invest in this proven model of employment support:** This support model is evidenced as being effective for people experiencing homelessness with multiple, complex needs and should attract further funding. This approach could also be trialled with other groups with multiple and complex barriers to work, such as people with no recourse to public funds (NRPF) who are at heightened risk of homelessness if they are unable to access employment.

▪ **Integrate housing and employment support for people experiencing homelessness:** Access to suitable and affordable housing was a key challenge to progression for TMD participants. The TMD approach could usefully integrate into a housing led approach (including Housing First[4]) where stable, and affordable housing is secured first and employment and

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[4] Housing First uses housing as a first step to recovery, providing housing as a stable base from which to progress. See: Blood, I., Goldup, M., Peters, L., Dulson, S. (2018). Implementing Housing First across England, Scotland and Wales. Crisis

training needs can be addressed with an employment coach alongside access to housing support.

- **Ensure resilience of delivery organisations:** Commissioning should account for differences in staffing and organisational structure to ensure the contract is viable to deliver for smaller, specialist organisations. This could include thinking creatively about how partner organisations can utilise their expertise as part of an integrated end to end service, rather than siloed delivery.

- **Minimise monitoring and compliance burden:** Commissioners should consider alternative evidence requirements within a non-payment-by-results model. Alternative approaches could include lighter touch monitoring coupled with tighter compliance procedures that are quality assured by the project commissioners, or independent file reviews to ensure service quality.

- **Review contractual performance targets to 'measure what matters':** A 'distance travelled' outcome structure should be used to account for intermediate outcomes. Projects supporting people experiencing homelessness should include housing as well as employment outcomes, to ensure the project focus aligns with the aims and needs of participants.

- **Focus on employment quality and sustainment, not just job entry:** Providers should be encouraged to consider job quality in supporting participants into work, and to provide in-work support to ensure participants sustain their employment. Recording data on industry, pay and contract type would help to build an understanding of what works in supporting sustained employment.

- **Ensure long-term, large scale initiatives with robust and ongoing evaluation:** Large scale and long-term programmes should build in robust independent evaluation to enable continuous improvement and development from emerging evidence.

To improve support for people experiencing homelessness with multiple and complex needs, policy makers should:

- **Integrate housing and employment support:** Approaches which address housing and employment needs together should be expanded.

- **Housing led approaches should be extended, including the national roll out of Housing First in England::** Moving people rapidly into stable affordable housing including a Housing First model , alongside tailored employment support should be rolled out more widely to help people experiencing homelessness address their housing and employment needs together.

- **Promote local cross-sector collaboration and coordination between mental health, criminal justice and substance misuse services**: There should be a focus on jointly commissioned specific services for people with severe and multiple complex needs, with a main contact or coach to navigate them through support.

- **Invest in social housing and ensure sufficient financial support through Universal Credit to address the root causes of homelessness:** In addition to effective employment support, it is critical to tackle the drivers of homelessness, through increasing the supply of social housing and ensuring sufficient financial support within the welfare system to address underlying causes of homelessness.