

West-Yorkshire Finding Independence (WY-FI): Effectiveness, outcomes and impact

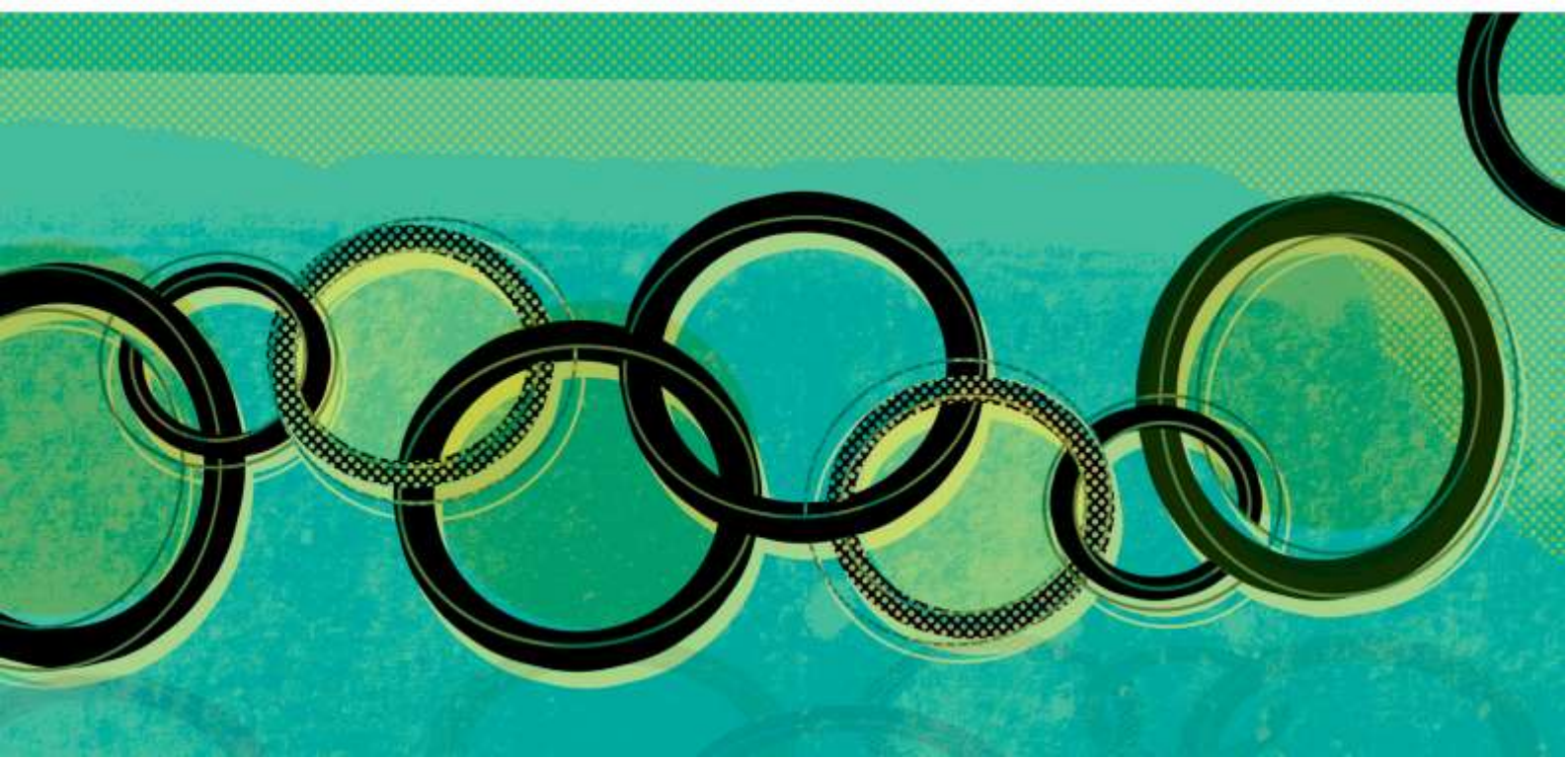
Final evaluation report 2020

June 2020



West Yorkshire - Finding Independence
Delivering Fulfilling Lives:
Supporting People with Multiple Needs Programme

humankind[®]



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Final evaluation report 2020

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Contents

| | |
|---|----|
| Executive Summary | i |
| 1. Introduction..... | 1 |
| 2. Addressing complex needs: the policy and practice context..... | 5 |
| 3. The WY-FI model..... | 10 |
| 4. Outcomes, impact and influence | 29 |
| 5. Impact and Value for Money..... | 39 |
| 6. Legacy and sustainability | 47 |
| Appendix 1 | 59 |

Executive Summary

This Final Report summarises the key findings emerging from a six-year evaluation of the West Yorkshire Finding Independence (WY-FI) project. It draws upon evidence gathered from a series of 31 stakeholder interviews conducted in 2019 and 2020 to identify good practice and learning. The **headline finding is that WY-FI has shown irrefutably that the approach works well** although some will continue to need support beyond the programme period. The project has had a **transformational impact** on the lives of many men and women across West Yorkshire. Furthermore, implementation has **validated the key principles** underpinning the Fulfilling Lives Programme in terms of an asset-based approach that assumes people can improve their circumstances and life chances with the right support. That said, the delivery of WY-FI has highlighted a ‘hard core’ of individuals that are resistant to the approach.

Key points include:

The delivery context

- WY-FI has had to contend with an **extremely challenging operational environment** of growing need, rapid policy and institutional change, austerity, market-based reforms of public services, welfare reform and its significant achievements should be seen in this context.

Effectiveness of the WY-FI model

- The **MARBs and Navigator teams became indispensable** features of local service provision. Navigator teams have played a **vital role in** helping people with complex needs access support, highlighting gaps in the design and delivery of service, and encouraging flex among agencies. Key to their success is the flexible, intensive and long-term nature of support they can offer as well as “innate” skills such as listening, empathy and the ability to think on your feet. It is a challenging role which requires a degree of resilience as well as adequate training, supervision and opportunities to debrief.
- **MARBs have played a pivotal role** in facilitating multi-agency case conferencing; improving the co-ordination of support; and ensuring services are delivered in a personalised and flexible fashion. They have worked best in districts with established cultures of partnership working and where MARBs have enjoyed clear and consistent leadership manifest in good chairing capabilities including an ability to overcome tensions or conflict.
- At the same time, MARBs have been constrained by **some partners’ potential lack of commitment and poor communication**. Securing representation from health services and adult social care was initially a problem for all. This was attributed to some combination of histories of ‘silo’ working, competing priorities, acute resource constraints and a mismatch between the priorities of the MARB and individual organisations. Some also faltered following a change of Chair and associated shifts in focus and approach which left participants unclear as to the aims of the MARB or their place within it.
- **Employment, Training and Education (ETE) and peer mentoring** are integral components of the delivery model. **Peer Mentors were overwhelmingly positive** about

their experiences. The course and subsequent placements played an important role in improving health and well-being, confidence, self-esteem, empathy, communication skills and a sense of purpose. For some, it also facilitated the development of work-related experience and skills and led to direct employment. Of the 108 individuals completing the Peer Mentor course, almost a half (53 people or 49%) went on to paid employment either within WY-FI or in an external organisation.

- Peer mentoring provided a **safe and supportive space** to acquire work experience. However, it can also cocoon individuals from experience that might lead to volunteering or employment in external organisations. It is also vital to ensure that Peer Mentors are adequately prepared and assessed while training to make sure they are placed in an appropriate workplace setting and at a suitable point in their recovery journey.
- **Co-production activities delivered a number of benefits** including improved health and wellbeing; valuable forms of peer support and recovery capital; better service capacity and quality within WY-FI; and some limited cultural or systems change in wider services. This was attributed to a number of factors including the nature of support provided to beneficiaries, volunteers and Co-production Support Workers; the skills and expertise of co-production staff; organisational commitment to the principles of co-production by senior Programme staff; and engagement with the wider recovery community. However, the project also shows the value of local co-production activities.
- However, **challenges remain in creating effective co-production** and expectations of beneficiaries were sometimes unclear or not managed appropriately. Key learning for future co-production activities includes the need to consider: reviewing the support provided to volunteers; relaxing the expectations of recent lived experience to increase the likelihood that positions are sustained; recognising that it works best where some staff are based in localities; supporting beneficiaries to engage in wider recovery communities; and recognising that co-production is an end in itself.
- **The Personalisation Fund** has primarily been used for accommodation-related expenditures but has been flexible enough to respond to ad-hoc and pressing needs. It was widely acknowledged to play a significant role in the progress of some beneficiaries and has influenced practice in other service providers and follow-on provision in Bradford, Wakefield and Kirklees.
- The **Innovation Fund** has provided an important additional stream of revenue that added value in two key ways. First, it provided funding to support small-scale demonstration projects that delivered tangible benefits. Second, those projects themselves provided valuable learning that can be incorporated into successor projects.
- WY-FI operates a **'hub and spoke' model** with a central Hub team based in Leeds responsible for co-ordinating the management and governance of WY-FI across the five Localities. The evaluation highlighted questions about the relative advantages and disadvantages of this model. On the one hand, there are perceived advantages of centralised support functions such as research and evaluation, and opportunities to share learning through practice development groups. On the other hand, there is a perception that this diverts much needed resources from the frontline and centralised functions such as co-production might be more effective if locally embedded. Any future pan-district project should continually reflect on, and if necessary revise, the way resources and functions are distributed.

Outcomes and impact

- Most of the **beneficiaries** interviewed had some contact with services prior to referral but this was often sporadic and they were often viewed as highly vulnerable. **All felt that their lives had improved** since working with the project. The process of change was often ascribed to the Navigation process but it is the relationship itself that had often precipitated improvements.

- WY-FI has secured an **impressive array of outcomes at a beneficiary level** including improved well-being, confidence and self-esteem, sense of opportunity, social networks, and prevention of self-harm. Key factors driving these outcomes include: the highly variable landscapes of service provision; levels of vulnerability; the size and geography of localities which hindered the ability of some Navigator teams to reach beyond principal towns; staff turnover; and levels of funding.
- It has worked best in localities in where is with a rich landscape of service delivery; the MARB has become the pre-eminent multi-agency partnership; and larger, mutually supportive and stable Navigator teams have been developed.
- WY-FI has raised awareness among service providers about the need to engage, and take a different approach, to clients with complex needs. Some **progress towards system change objectives** has been achieved, particularly in terms of cultures and values if not necessarily structures and processes. Flex was largely dependent on relationships between key individuals and remained vulnerable to staff turnover rather than more systemic changes embedded within organisation.
- **Impact and value for money analysis** shows that the majority of WY-FI beneficiaries experienced improvements in terms of scores against the Housing Outcomes Star and 'Chaos Index'. Engaging beneficiaries on the programme also saw their costs to services increase in the short-term although this is largely accounted for by WY-FI facilitating access to necessary but expensive 'positive' forms of treatment. There is also evidence that savings to services start to emerge within the second year after joining WY-FI.

Sustainability and legacy

- There was initially **widespread concern about the potential impact of WY-FI closing** and a strong consensus that the Navigator teams and MARBs should be continued. A minority view was that new funding streams and other services could compensate for the loss of the project. Two districts including Bradford and Wakefield have secured follow-on funding to retain the navigator teams. All the districts are retaining a MARB in some form although absorbing them into existing forums risks losing its identity and unique reach across all four HARM areas.
- The WY-FI model has **influenced the design, implementation and delivery model of several projects** including: the introduction of a rudimentary MARB by the Housing Needs Service in Wakefield; the navigator model heavily influenced the Bradford Homelessness Outreach Partnership (HOPE); Calderdale council has employed a Rough Sleeper Navigator; Navigators and complex needs workers are now located in a number of services in Leeds; the Rough Sleeper Multi-agency forum in Kirklees was designed to reflect the way in which the MARB operated.

Introduction

This section introduces the Fulfilling Lives programme before describing the West Yorkshire Finding Independence (WY-FI) project. It then reflects on the methods used for this local evaluation before outlining the structure of the report.

1.1. The Fulfilling Lives Programme

WY-FI is part of the National Lottery Community Fund's Fulfilling Lives programme which **aims to improve the stability, confidence and capability of people with multiple and complex needs** to lead better lives as a result of timely, supportive and co-ordinated services: "By developing effective networks and services, people experiencing multiple disadvantage can be supported to improve their lives, which in turn will result in healthier and more fulfilled individuals, more effective communities and a reduced cost to public services"¹.

The Fulfilling Lives programme was set up by the National Lottery Community Fund (then the Big Lottery Fund) in 2013 and invested £112 million in 12 areas of England including West Yorkshire. The programme defined multiple needs as experiencing three out of four of the following issues: homelessness, offending, substance misuse, and mental ill health. The investment targeted areas which had a high concentration of people experiencing multiple and complex needs.

The programme **sought to achieve the following outcomes:**

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

The then Big Lottery Fund selected local providers to develop bids. Each partnership was required to have a single voluntary sector agency leading it and to take responsibility for bringing together a range of activities targeting people with the most entrenched problems within their identified geographical area. This resulted in 12 partnerships receiving funding for between five and eight years. These comprised: Birmingham; Blackpool; Brighton and Hove; Eastbourne and Hastings; Bristol; Camden and Islington; Lambeth; Southwark and Lewisham; Liverpool; Manchester; Newcastle and Gateshead; Stoke-on-Trent and West Yorkshire.

¹<https://www.nlcommunityfund.org.uk/funding/strategic-investments/multiple-needs>.

1.2. The West Yorkshire Finding Independence project

The West Yorkshire Finding Independence (WY-FI) project focuses on adults with at least three needs including homelessness, reoffending, substance misuse and mental ill health and who are disengaged from services. The original intention was to work with 1,050 individuals over a six-year period across West Yorkshire with the highest number of beneficiaries in Leeds and the lowest in Calderdale, reflecting the geographical distribution and level of need. By agreement with the Lottery this target was later revised down to 800 beneficiaries to accommodate the length of time beneficiaries needed to stay on the project.

The vision for the project was that by 2020 adults with complex needs in West Yorkshire should have the opportunity of a settled home, positive health and wellbeing, access to education and employment, and trust in a positive future.

WY-FI is led by Humankind (formerly DISC) who are responsible for commissioning and managing the project, while delivery is undertaken within each of the five West Yorkshire local authority districts by lead delivery partners comprising Barca (Leeds), Bridge (Bradford), Spectrum (Wakefield), Community Links (Kirklees) and Foundation (Calderdale).

Launched in May 2014, the key aim of WY-FI is to **improve partnership working and achieve a 'system change' in the way in which people with multiple and complex needs are supported** in West Yorkshire. It is based around a core model comprising the following key elements (see Section 3.2 for more detail):

- A **Regional Support Hub** based in Leeds.
- **Navigator teams** based in the five districts to ensure beneficiaries can access the support they need.
- **Multi-Agency Review Boards (MARBs)** to facilitate multi-agency case conferencing, improve the co-ordination of service delivery, and ensure services are delivered in a personalised and flexible fashion.
- An **Employment, Training and Education (ETE) Team** delivering a Peer Mentor course as a pathway into volunteering or paid work.
- **Peer Mentors** to provide support to beneficiaries and show that positive change is possible.
- **Co-production** with beneficiaries.
- **Advocacy and Prison Engagement workers** (in post between 2014 and 2017)

The project is overseen by a **Core Partnership Management Board** made up of experts by experience, delivery partners, and statutory organisations with representation from local authorities, police, the Prison and Probation Service, and mental health services. There are also **Locality Groups** in each of the five local authority districts that bring together service delivery agencies, commissioners, experts by experience and service users. WY-FI also has a **Regional Support Hub** which provides media, communications, evaluation and learning support to the project as a whole and to individual Localities.

1.3. The Evaluation

The overall requirements of the evaluation were to assess the progress made by WY-FI with regard to partnership development; delivery of the support model; service user involvement; systems change and the impact on service costs. The CRESR evaluation

team employed a mixed method approach comprising a process evaluation (exploring changes to service delivery and how they have been experienced by beneficiaries, implementation staff and wider stakeholders) and impact evaluation (focusing on outcomes and the impact on service costs).

The six-year evaluation period posed particular challenges in terms of ensuring that evaluation activities supported the ongoing development of the project and accounted for changing priorities and a dynamic operating environment. Consequently, an annual research plan was developed in close collaboration with the client and wider stakeholders. A series of short summary reports were produced which focused on particular themes including the operation of the MARBs, Navigator practice, the Practice Development Groups and the experiences of beneficiaries. Annual reports synthesised the key messages emerging from the evaluation. All reports are available on the Fulfilling Lives website²

This final report draws upon the evidence garnered over the past six years with a particular focus on 31 face-to-face interviews undertaken in 2019 and 2020 with WY-FI staff, wider stakeholders and Peer Mentors. Interviews were undertaken face-to-face or by telephone with the data collected stored and analysed securely. All data is presented anonymously with quotes and comments attributed to the three broad groups interviewed (WY-FI workers, wider stakeholders and Peer Mentors) rather than specific roles or organisations. It should be noted that all comments and quotes are based on interviewees' perceptions and experiences. Divergent views are highlighted and discussed, and efforts have made to secure the involvement of range of services and agencies. However, it is not feasible to ensure the perspectives of *all* stakeholders are represented given the complexity and size of the service delivery landscape across West Yorkshire.

WY-FI workers interviewed include those undertaking support and project management functions in the central Hub Team, Navigators within Localities and the team at Touchstone delivering ETE and Peer Mentoring Training. Wider stakeholders include a range of referral agencies and partners involved at both a strategic and operational level to support the implementation, governance and delivery of WY-FI. These include but are not limited to: Local authorities (with representation from public health, housing, adult services) Police, the Probation Service, Integrated Offender Management, Jobcentre Plus, acute and community-based mental health services, drug and alcohol services, and services support vulnerable groups including sex workers, victims of domestic violence and the homeless.

The report also draws on documentary evidence and analysis of financial and outcome data from the project (explored in Chapter 5 in this report and in more detail in a separate report on Impact and Value for money³).

This report is a key element of a suite of reports⁴ that will include:

- A short, accessible and visual summary of the final evaluation report.
- A summary of the experiences, activities, outcomes, impact, and legacy for each of the five Localities.
- An impact and value for money report.

² <https://www.fulfillinglivesevaluation.org/evaluation-reports/#323-local-evaluation-1553161852>

³ Wilson, I. and Crisp, R. (2020) *West Yorkshire Finding Independence: An Impact and Value for Money assessment*.

⁴ All evaluation reports can be found here: www.wy-fi.org.uk

1.4. Report structure

This final report presents the evidence generated by the CRESR study team with regard to the performance and effectiveness of the project over its six-year period. A particular focus of the evaluation has been to capture the key lessons emanating from this 'test and learn' project. The remainder of the report is structured as follows:

- Policy and practice around complex needs (Section 2);
- The WY-FI delivery model (Section 3);
- Outcomes, influence and impact (Section 4);
- Impact and value for money (Section 5);
- Legacy, sustainability and recommendations (Section 6).

Addressing complex needs: the policy and practice context

WY-FI was launched in 2014 against a challenging political, economic and social backdrop including significant cuts and changes to public service funding, austerity and the impact of welfare reforms. This context shaped both the need for the service and the way in which the programme has been operationalised within localities.

More recently, however, a number of policy measures, initiatives and funding streams have been introduced that have been welcomed by providers for releasing some additional, albeit time-limited, resources to support people who are multiply disadvantaged. These developments have put 'complex needs' more firmly on the political agenda and arguably provided a context more conducive to sustaining WY-FI's legacy. The sections below provide more detail on this policy and practice context:

2.1. Welfare reforms and austerity

Designed to reduce the overall welfare budget, numerous **welfare reforms** since 2010 have had an adverse effect on individuals with complex needs. Most of these reforms were introduced by the Coalition Government through the Welfare Reform Act 2012, with further changes made by the Conservative government following the general election in May 2015 (Beatty and Fothergill, 2016⁵). Key reforms include:

- Changes to the **Local Housing Allowance (LHA)** which have had an impact on the rules governing assistance with the cost of housing for low-income households seeking accommodation in the private rented sector (PRS). The effect has been to reduce the supply of accommodation in the PRS which is affordable without tenants having to 'top up' Housing Benefit payments.
- The removal of the **spare room subsidy** (the 'bedroom tax') reduced Housing Benefit payments to working-age claimants deemed to be living in social housing with 'spare' bedrooms relative to the size of their household.
- **Increases in the deductions** from Housing Benefit, Council Tax Support and other income-based benefits for households with non-dependant members.
- The introduction of the **benefit cap** placed a new ceiling on total payments per household, applied to the sum of a wide range of benefits for working-age claimants. Post-2015 reforms included a lower ceiling per household on the benefit cap equating to £23,000 a year in London and £20,000 elsewhere.

⁵ Beatty, C. and Fothergill, S. (2016) *The Uneven Impact of Welfare Reform: The financial losses to places and people*. Sheffield: CRESR, Sheffield Hallam University.

- A reduction in **Council Tax Support** for working-age claimants arising from a 10 per cent reduction in total payments made to local authorities by central government.
- Changes to **sickness and disability benefits** including reforms to Employment and Support Allowance (ESA), with more stringent medical tests, greater conditionality and time-limiting of non-means tested entitlement for claimants in the Work-Related Activity Group.
- The **Personal Independence Payment (PIP)** was introduced as a replacement for the Disability Living Allowance for working-age claimants, with eligibility criteria tightened to reduce overall spending on the benefit.
- The introduction of **Universal Credit** will eventually replace the majority of means-tested working-age benefits with a single payment. While it is a significant system change, it was not planned as a vehicle to reduce the welfare bill.

The impacts of these welfare reforms have been substantial. Research has estimated a loss of income of just over £25bn a year once all the reforms had been implemented, amounting to an average of £620 a year per adult of working age across the whole of Britain⁶. But the impact is greater for some vulnerable groups including disabled people, those with health conditions and single homelessness people.

Welfare reform has been identified both as a key factor increasing levels of homelessness over recent years, and one that increases the risk of experiencing other drivers of homelessness, such as physical or mental health problems⁷⁸. Research has also found that vulnerable groups such as those with substance dependency are less able to manage the effects of welfare reforms. In addition, welfare reform has created challenges service providers must address on behalf of clients. These include navigating the Universal Credit system; seeking affordable accommodation in the private rented sector; and gaining entrance to the social housing sector.

Alongside these reforms, **conditionality within the welfare system has been tightened significantly**. Welfare conditionality links eligibility for welfare benefits and services to compulsory responsibilities, typically around mandatory job search, enforced by benefit sanctions for perceived non-compliance. The past two decades have seen sanctions-backed conditionality intensified and extended to encompass previously extended groups such as disabled people, lone parents and low paid workers and their partners. Eligibility criteria for benefits have also been tightened and there has been a dramatic increase in the severity and use of sanctions imposed for failure to satisfy work-related activity requirements. The original maximum penalty of six weeks loss of benefit, which had existed from 1911, was increased to 28 weeks in 1988 and then to three years in 2012 subsequently reduced to six months. Previous studies have shown that vulnerable groups are disproportionately affected by benefit sanctions including the homeless⁹.

In tandem with welfare reform, the UK Government's broader 'austerity' programme has placed constraints on the finances of local authorities and statutory services. Although the then Prime Minister, Theresa May, signalled that austerity was over at the Conservative Party Conference of October 2018, public services have continued

⁶ Analysis based on Beatty and Fothergill (2016) and updated by the authors to take into account policy changes and new data available for the CPI up-rating measure. Beatty, C. and Fothergill, S. (2016) *The Uneven Impact of Welfare Reform: The financial losses to places and people*. Sheffield: CRESR, Sheffield Hallam University.

⁷ Reeve, K. *et al* (2016) *Home: no less will do - homeless people's access to the private rented sector*. London: Crisis. Available from: https://www.crisis.org.uk/media/237166/home_no_less_will_do_crisis.pdf

⁸ Wilson, T and Foster, S (2017) *The local impacts of welfare reform: A review of the impacts of welfare changes on people, communities and services*, Learning and Work Institute.

⁹ Homeless Link, Crisis *et al*, (2014); problem drug users (Social Security Advisory Committee, 2010); and prison leavers (DWP, 2014; Batty and Fletcher, 2018).

to experience financial constraints. Local government has borne a faster rate of cuts than most other areas of government spending. The Local Government Association (LGA) calculated that cuts amounted to a 27 per cent reduction in the spending power of local authorities in England between 2010/11 and 2014/15 and claimed that local government expenditure in England could be cut by 40 per cent in real terms at the same time costs are increasing. These cuts in funding have resulted in the closure of some specialist services, increased thresholds of need at which other services now offer support, and reduced the capacity of mainstream services to support vulnerable individuals. The growing pressures on front-line staff also compromise their capacity to provide the depth of support required by those with multiple and complex needs.

2.2. Multiple disadvantage: current trends and policy

It has been estimated that over a quarter of a million people in England have experience of least two out of three of the homelessness, substance misuse or criminal justice systems each year, and at least 58,000 people have contact with all three¹⁰. People facing this complex mix of challenges are often victims of additional adversity including adverse childhood experiences (ACEs) poverty, domestic abuse, poor physical health, and sex work. As this research shows below, practitioners working at the front-line of service delivery feel that the numbers of people with multiple needs is continuing to rise, largely, as a consequence of the changes brought about by welfare reform and austerity discussed above. Key developments in trends, policy and practice across the four HARM areas are discussed in turn below.

Homelessness

Homelessness in all its forms has increased significantly since 2010. The most recent Homelessness Monitor (2017/18) provides the best source for relevant trends in homelessness (for England)¹¹ and reported that national figures saw a small fall in recorded statutory homelessness cases. However, this remained 42 per cent above the 2009 low point. Local authorities (LAs) were also reported to remain concerned about the on-going impact of welfare reforms on homelessness. Nearly two thirds of LAs anticipated a 'significant' homelessness increase as a result of the full roll-out of Universal Credit. In addition, most LAs anticipated that homelessness would 'significantly' increase due to the freeze in LHA rates (53 per cent) and other working-age benefits (51 per cent) as well as the lowered benefit cap (47 per cent).

Addiction

Drug and alcohol misuse is also rising according to recent official figures¹². There has been a significant increase in the use of psychoactive substances, in particular novel psychoactive substances, which are being used disproportionately by the homeless and prison populations compared to other sections of society. At the same time, the number of drug-related deaths reported in England and Wales has risen to record levels for the fifth year in a row. The circumstances within which homeless people live make them particularly susceptible to the risks associated with drug use such as infections and overdose. The harm of drug use is also manifest in the practice of 'cuckooing' in which the homes of vulnerable people are taken over by drug dealers. Although alcohol consumption in the UK has decreased by 18 per cent since 2004, there has been a significant increase in use among the heaviest drinkers, which may

¹⁰ Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F., & Watkins, D. (2015) *Hard Edges: mapping severe and multiple disadvantage in England*. London: Lankelly Chase Foundation

¹¹ Fitzpatrick, S., Pawson, H., Bramley, G., Wood, J., Watts, B., Stephens, M. & Blenkinsopp, J. (2019) *The Homelessness Monitor: England 2019*. London: Crisis.

¹² Hamilton, I and Stevens, A (2019) UK drug deaths continue to rise – time for action. *The Conversation*, 19th August.

partly explain the recent increase in alcohol-related deaths¹³. Yet alcohol and drug treatment services have increasingly been under severe pressure due to government cuts.

Mental ill health

Services have also been reporting an increase in clients with co-occurring **mental ill health and substance use** (having a mental illness and a substance use disorder simultaneously) and there are concerns that the mental health needs of many vulnerable adults including the homeless are not being met adequately¹⁴. All research evidence indicates high prevalence of mental ill health amongst the homeless population. This is both a cause and a consequence of homelessness, sometimes forming a mutually reinforcing cycle, although often mediated by other needs, in particular drug or alcohol dependency. Evidence also suggests that homeless people's use of health services tends to be unplanned, costly, and that their health needs go unmet.¹⁵ It is also increasingly recognized that many people who are at risk of, or are experiencing long-term homelessness, have been exposed to trauma while service systems are not always equipped to support this group¹⁶.

There have been some significant **policy developments** in recent years that have direct relevance to the provision of services for the WY-FI population. This includes the introduction of the **Homelessness Reduction Act (HRA) in April 2018** and the **Rough Sleeping Strategy in summer 2018**. The HRA placed new legal duties on local authorities so that everyone who is homeless or at risk of homelessness will have access to meaningful help, irrespective of their priority need status, as long as they are eligible for assistance¹⁷. The latest Homelessness Monitor for England provides evidence that the (HRA) is enabling local authorities to support more people in acute housing need. The research reported that most local authorities believed that the HRA had supported a more person-centred approach to managing homelessness although it cautioned that: "there remain pressing structural issues that if unresolved risk reversing the positive steps achieved by the HRA so far."

The **Rough Sleeper Initiative (RSI)** was launched in March 2018 and was targeted at local authorities with the highest numbers of people sleeping rough. Funding to date has included:

- £41 million for 137 Rapid Rehousing Pathway areas in which Navigators form a key element. The intention is that these would work on a flexible basis to provide tailored support for those with more complex needs and with a caseload of up to 20. Funding was also made available for a personalised budget of up to £500 per client¹⁸;
- £76 million to 246 Rough Sleeper Initiative funded councils across the country;
- £112 million announced in January 2020 for local authorities, charities and other organisations to fund up to 6,000 bed spaces and 2,500 support staff across the country.

The Department of Health and Social Care (DHSC) has also provided £1.9 million to five project areas (including Leeds) through the **Rough Sleeping Grant: Testing**

13 Hamilton, I and Sumnal, H (2019) Alcohol deaths in the UK – second highest since records began. *The Conversation*, 3rd December.

14 Reeve, K., McCarthy, L., Pattison, B., Parr, S., Batty, E., Maye-Banbury, A., and Dayson, C. (2018) *The mental health needs of Nottingham's homeless population: an exploratory research study*. Sheffield: Sheffield Hallam University.

15 Reeve et al., op cit.

16 FEANSA (2017) *Recognising the Link Between Trauma and Homelessness*, FEANSA

17 See [https://www.homeless.org.uk/sites/default/files/site-](https://www.homeless.org.uk/sites/default/files/site-attachments/Implementing%20the%20Homelessness%20Reduction%20Act.pdf)

[attachments/Implementing%20the%20Homelessness%20Reduction%20Act.pdf](https://www.homeless.org.uk/sites/default/files/site-attachments/Implementing%20the%20Homelessness%20Reduction%20Act.pdf)

¹⁸MHCLG (2019). *Rough Sleeping Strategy: Rapid Rehousing Pathway 2019/2020 Prospectus*. MHCLG, London.

Community Based Models of Access to health Services. The funding is intended to support the **NHS Long Term Plan, 2019** and test community-based models that will improve access to health services for people with co-occurring mental ill-health and substance misuse needs who are experiencing, or at risk of returning to, rough sleeping. The UK's most recent **Drug Strategy** was also published in 2017 and two of the main areas of this strategy are particularly relevant to working with people with complex needs in terms of its focus on smarter partnership approaches and developing jointly owned outcome measures¹⁹.

Within this wider policy environment, the UK government has endorsed the **navigator model** as a proven approach for people with complex or multiple needs. Navigators form a core part of the Rough Sleeping Strategy which provides funding for rough sleeping navigators as *"new specialists who will help people who sleep rough to access the appropriate local services, get off the streets and into settled accommodation."*²⁰

¹⁹ Homeless Link (2019) *Working with people who use drugs: Guidance for homelessness accommodation services*. London.

²⁰MHCLG (2018) *Rough Sleeping Strategy*, MHCLG, London.

The WY-FI model

WY-FI is based on a **core set of aims** and delivery model that have been broadly consistent across the five Localities over the lifetime of the project. At the same time, there is **flexibility to allow each Locality to tailor their approach** according to the needs of the population facing multiple disadvantage and the constellation of services operating within each district.

The sections which follow present key findings from interviews with stakeholders, Peer Mentors and beneficiaries around the appropriateness of the project's aims and the effectiveness of the WY-FI model. It considers:

- The aims and objectives of WY-FI including stakeholder perceptions of what constitutes a 'fulfilling life';
- The key elements of the WY-FI model in terms of how they have been implemented in each district and their perceived effectiveness with a focus on Multi-Agency Review Board (MARBs); Navigators; Employment, Education and Training (ETE) and Peer Mentor provision; co-production; and discretionary funding made available through the Innovation Fund and Personalisation Fund;
- And the effectiveness of the 'hub and spoke' model based around a central Hub team in Leeds overseeing and supporting the five Locality teams in each district.

3.1. Aims and objectives

A defining objective of the WY-FI model from the outset was to function as a "**no-service service**" with Navigators assisting beneficiaries to access services by advocating on their behalf and coordinating a package of support. Strong emphasis was placed on Navigators operating differently from traditional support workers by helping beneficiaries secure the support they needed from often complex or unresponsive systems, rather than deliver the support directly²¹. While some stakeholders reflected that Navigators had successfully maintained this distinction, others suggested that they had, ultimately, carried out a support function in terms of case-managing beneficiaries. This was seen by some as inevitable given the close relationship built between Navigator and beneficiary. As later sections discuss (see Section 6.1) this has implications for demobilising WY-FI as both beneficiaries and services have, to some extent, become reliant on the support provided.

WY-FI stakeholders across the region expressed a view that, broadly speaking, the aims and objectives of the project have remained consistent, although there was **some disagreement about whether these were best framed using the terminology of a "fulfilling lives"**. Some felt that this provided a useful foundation

²¹ MEAM. *Rough sleeping navigators: Learning from MEAM Approach and Fulfilling Lives areas.*

for developing person-centred services that are responsive to beneficiaries' own perceptions of what constitutes a better life. However, others observed that the term could be considered judgmental in terms of implicitly and unhelpfully positioning middle-class lifestyles and norms as an aspirational ideal.

3.2. The WY-FI model

The WY-FI model has a number of key components which comprise:

- **Navigation:** A person-centred approach based around the work of Navigators who support beneficiaries to access the help they need from services and agencies that sometimes lack the understanding, experience or capacity to work with individuals with complex needs.
- **Multi-agency Review Boards (MARBs):** MARBs bring together services from across a local authority district into one regular meeting in order to review and update individual cases; work in partnership to enable beneficiaries to access support from services; and encourage partners to flex services and change organisational cultures and processes to better support individuals with complex needs.
- **Employment, Training and Education (ETE) and Peer Mentoring:** A dedicated ETE team deliver a Peer Mentor training course to enable beneficiaries to progress into volunteering within or outside the project or, potentially, move into unsupported paid roles.
- **Co-production:** Co-production activities including peer-led events, networks of peer support, and involvement in service design and commissioning have been used as a key mechanism for engaging, and drawing on the strengths and assets of, beneficiaries and Peer Mentors with lived experience.
- **Innovation Fund:** Time-limited funding was made available to Localities through the Innovation Fund to pilot new approaches to supporting individuals with complex needs e.g. commissioning cognitive behavioural therapy for beneficiaries through the Insight project in Calderdale.
- **Personalisation Fund:** Funding available to Navigators to support beneficiaries with discrete costs e.g. in relation to housing (such as arrears of furnishings) and travel that that might otherwise prove insupportable and undermine progress and recovery.

Each of these elements is discussed in turn below in terms of the approach taken within Localities and perceived effectiveness. The first four aspects of the model (Navigation, MARBs, ETE and co-production) are explored in more detail in terms of how they work, successes and challenges, and key learning. The Innovation and Personalisation Funds are covered in less detail, reflecting their less prominent, albeit still valuable, function within the WY-FI model.

Navigators

WY-FI was originally conceived as a 'no service service' where the intention was not to replicate existing provision but rather to join-up services for the client group. This was seen as essential in the context of a service landscape where agencies often work in silos and whose processes and procedures are sometimes inimical to the flexible, person-centred approach needed to successfully engage and support those with complex needs. Institutional cultures can also militate against providing effective support where frontline staff lack the time, understanding, empathy or experience of working with individuals living chaotic lives. The Navigator role was set up to address these system failures.

How it works

Navigators play a pivotal role by **engaging beneficiaries** and ensuring that they can access support when they need it. They also take the lead in preparing and bringing cases to the MARB to discuss whether to progress individuals into navigation. These roles mean that Navigators serve to both highlight gaps in the design and delivery of service, and to encourage flex among agencies to better meet the needs of individuals with complex needs.

Navigators provide a range of support **including advocacy as well as emotional and practical support** to beneficiaries. The general approach is to **befriend individuals**, accompany them to appointments and 'fight their corner' to get services to be delivered in a personalised and flexible fashion. Outreach work (street-based and on service provider premises) has been a more prominent feature of Navigator practice in Bradford and Leeds whereas in Wakefield it was initially carried out to reach those in outlying ex-mining communities.

Navigators have **small caseloads** to provide the freedom to work intensively with individuals over long periods of time including through relapse if necessary. All take a **person-centred approach** and can also provide additional financial support through the Personalisation Fund (see below) to support any expenditure likely to aid recovery. Support can be provided over relatively long periods of time: over three fifths (61 per cent) of all beneficiaries were in the Navigator caseload for at least 12 months; and just over a quarter (27 per cent) were supported for two years or more (see Section 5).

Navigators have been able to draw upon the support provided by **Peer Mentors** which in some Localities such as Wakefield has included lone working. This has allowed Navigators to cope with progressively growing caseloads and offer intensive support over long periods.

Successes and challenges

Overall, there was a consistent view among stakeholders interviewed that **Navigator teams have become indispensable** to helping people with complex needs access services. Moreover, their person-centred approach has often **made service providers aware of the need to work differently with individuals with complex needs**. Consequently, the Navigator model has been adopted by several service providers (see discussion of legacy in section 6.2).

Furthermore, the work of Navigators has arguably become **more essential over time** given a number of developments that have intensified individuals' vulnerabilities and made it even more difficult for people with complex needs to access services. These include the backdrop of austerity and the pressures placed on services as well as the introduction of key welfare reforms such as Universal Credit. Many Navigator teams have now acquired a **unique skillset and experience** which is not easily replicable: *'You can't just plonk a worker in another service and expect them to follow the model'* (WY-FI worker).

At the same time, stakeholders identified **a number of challenges Navigators face** in their work. First, the Navigator role can be **emotionally draining** with staff having to deal with frequent rejection, challenging behaviour, relapse, beneficiary deaths, and the prospect that 'success' may be elusive. This means Navigators therefore need a degree of **resilience** as well as adequate **training, supervision and opportunities to debrief** to manage the considerable demands of the role: *"You really need to be mentally tough to do this kind of work cos these people are very poorly, we've recently lost a beneficiary...but then again that's where the training comes in"* (WY-FI worker).

Second, Navigators have to make **fine judgments about whether to provide on-going support to beneficiaries or encourage them to ‘move on’**. Where beneficiaries do make progress, there is sometimes a difficult decision to be made about the appropriate point to discharge beneficiaries in a way that continues recovery but avoids relapse. As one Leeds interviewee explained: *“These people haven’t engaged with anybody, so when they’re engaging with us that’s the first people they’ve engaged with and then we’re going ‘right we’re going to move you on’* (WY-FI Worker).’

Key learning

Research with stakeholders and Peer Mentors has shown that **effective engagement of beneficiaries** by Navigators depends on a number of factors that include:

- Taking a **low key, unstructured approach** to making initial contact without pressurising beneficiaries.
- The importance of **common reference points** such as age, gender or personality types.
- Small purchases such as tea and sandwiches can make beneficiaries feel valued. The **Personalisation Fund** has also been useful in this regard but there may be a fine line between buying food and ‘buying them’.
- **Lived experience** has often been useful in terms of brokering relationships but is not a vital pre-requisite. One interviewee with experience of long-term drug addiction noted: *“The best support I ever had was from an individual that had no lived experience”*.
- The **flexible nature of support and the large amount of time** that Navigators can spend with beneficiaries is vital in establishing trusting relationships.

Building relationships with beneficiaries is critical to the work of Navigators, but stakeholders also observed the importance of **setting appropriate boundaries and expectations** such as not being seen as a *“taxi service”* (WY-FI worker).

Stakeholders reflected that **effective navigation work** was driven by a combination of personal qualities and the approach taken to developing relationships with beneficiaries:

- Navigators and Peer Mentors with lived experience can act as **role models** and a living embodiment that behavioural change is possible.
- The personalities of beneficiaries vary hugely and it is important that Navigators employ a **tailored approach**. Some benefit most from a gentle, patient approach - a *“consoling arm”* (WY-FI worker) - whereas others require a more assertive approach where poor behaviour is challenged forcefully.
- Relationship building is an **innate skill** and not something that can be acquired through training. Effective Navigators were described as *“confident”* and *“fearless”* (WY-FI worker) in working with chaotic individuals. Good listening skills, empathy and the ability to think on your feet are important abilities.
- The role is complex and challenging and success is dependent on a collective range of **experiences, skills and personalities across Navigators teams**.
- The ability to **support beneficiaries through relapse** if necessary is a defining feature of provision. A former beneficiary in Calderdale reported: *“With [another service] you go back to the start if you relapse. WY-FI give you constant support and reassurance and actually care”*.

- The willingness to support beneficiaries **outside of normal working hours** has been important. A Bradford stakeholder described a “*wonderful story of a Navigator visiting a beneficiary in hospital at the weekend. It’s doing the things that matter most to human beings*”.

Multi-agency review boards (MARBs) and partnership working

Partnership and multi-agency working is important in supporting people with complex needs because **multiple disadvantages often lie outside the influence of one agency**. A co-ordinated approach where agencies can share and benefit from the information, knowledge, skills and capacity of other services can help prevent people from 'falling between the gaps' of different services, improve service responsiveness and minimise duplication. The challenges of building effective partnerships, however, should not be underestimated with good multi-agency working a difficult aspiration to achieve.

The multi-agency review board (MARB) has been the key mechanism for mobilising professionals and services to work together to support the complex needs population. WY-FI is distinguished by its early development of MARBs specifically to serve the project compared with other Fulling Lives projects that tended to work through pre-existing multi-agency panels. In what follows, we review how the MARBs have operated in each of the localities and what lessons can be drawn.

How it works

The primary purpose of the MARB is to bring together services within each Locality in one regular meeting to present and review individual cases. The intention is that the MARBs play a pivotal role in facilitating multi-agency working; improving the co-ordination of multiple service providers; and ensuring services ‘flex’ to become more responsive and effective in supporting clients with complex needs. More broadly, MARBs seek to engineer system change in terms of bringing about change in **organisational cultures and processes for the benefit of service users facing multiple disadvantages**. Commonly, representation on the MARB has comprised both statutory and third sector services including some or all of the following: housing providers, homelessness services, the police, the Prison and Probation Service, substance misuse services, mental health services and GPs.

Successes and challenges

Establishing the MARBs **initially proved challenging** in Localities, particularly where there was a perception among services that WY-FI was 'stepping on toes'. WY-FI staff worked to overcome this by framing the project as a resource that could help established agencies meet their own priorities rather than a competing support service. It was also important that the MARB did not duplicate existing complex case management meetings such as the Multi Agency Risk Assessment Conference (MARAC) which deals with domestic abuse.

In some cases it took time for MARBs to get established but eventually they bedded in across all five areas and are now widely regarded as a **valuable forum** that has generated significant outcomes both for beneficiaries and organisations. In Kirklees, for example, the MARB was seen as the single biggest driver of positive outcomes from the overall WY-FI model in terms of developing partnerships and facilitating collaboration among agencies to find solutions to 'difficult' cases.

While the five MARBs share the same broad aims and objectives, they have evolved in different ways in each Locality, reflecting local strategic priorities, styles of

leadership and professional involvement. Short summaries of each MARB are provided below:

Bradford

The MARB in Bradford is considered highly effective because it has mobilised a core group of committed agencies. While some localities struggled to secure mental health representation on the MARB, Bradford has always enjoyed good attendance from a representative based in the community mental health team in the Bradford District Care Trust. This willingness to engage was driven by a recognised overlap in the client base and a pre-existing professional relationship with the Chair of the MARB. The MARB has also secured good buy-in from the police and housing services. Some smaller CVS organisations have chosen, however, not to engage with the MARB, which one stakeholder attributed to being “*insular and overly protective over clients*”.

The MARB was compared favourably with other multi-agency forums which often have inconsistent attendance, are dominated by a single agenda, and do not feel like a partnership of equals. The MARB fulfils a largely operational role in terms of discussing whether clients should be accepted onto pre-navigation or navigation; and providing an update on, and resolving issues facing service users currently in navigation. Stakeholders also valued the MARB for its role as a ‘filter’ in identifying complex cases with the highest level of need. This prevented the project from cherry picking the easier to help.

Calderdale

There is a consensus that the Calderdale MARB is a critical part of the WY-FI model in terms of providing a much-needed forum for effective multi-agency working to support individuals with complex needs. Initially, the MARB had felt a bit like a “*magistrate’s court*” in terms of attendees being quizzed when presenting cases, but eventually it worked “*brilliantly*” as everyone had a “*voice*” (WY-FI worker).

Although many agencies attending had previously worked together, the MARB filled a significant gap as previous multi-agency forums either lacked a case-conferencing function for complex needs clients altogether or only undertook it intermittently. The MARB helped to strengthen these relationships by bringing services together as a panel on a regular basis. Despite this, the MARB was unsuccessful in securing representation from mental health services which proved a key shortcoming given the lack of dual diagnosis services in the district. This was variously ascribed to organisational and staff changes as well as general pressures on already overstretched mental health services.

Kirklees

The MARB in Kirklees functioned with **varying degrees of effectiveness** during its lifetime and experienced numerous changes with regard to its remit and representation from key agencies. At times the work of the MARB was also affected by restructuring exercises in the Probation Service and mental health services as well as changes to the Chair. The MARB no longer operates in Kirklees since WY-FI ended but the model has been adopted as part of the new Rough Sleeper Initiative.

There were **mixed views regarding the ways in which the MARB evolved** with some changes welcomed more than others. Some stakeholders felt that it functioned better in the latter half of the project when its purpose became clearer and it shifted from a strategic to an operational focus, including greater emphasis on cases where there were significant issues. However, concern was expressed that the expansion of the MARB to include a large number of voluntary sector organisations led some

statutory agencies to become more cautious about sharing information, hampering practice. The active and committed involvement of a local GP and a mental health representative on the MARB were seen as pivotal by all and facilitated good access to health services for beneficiaries

Leeds

There was consensus that the MARB has been **very successful** in Leeds: *"I think the MARB's been brilliant"* (Wider stakeholder). The overriding view was that the MARB is an established, embedded and well attended forum that is valued by attendees. **Effective leadership and an existing culture of collaborative working** among most organisations in Leeds were all seen to have contributed to its success. The Leeds MARB originally focused on presenting new cases or reviewing existing cases but over time the **emphasis shifted** to discussing 'difficult' cases and problem-solving key 'blockages'. Moreover, the MARB expanded its remit to consider complex cases outside of WY-FI brought to the MARB by agencies including Basis (sex working projects), CGL (street outreach) and Forward Leeds (substance misuse). The MARB is still in operation and there was a broad consensus that the MARB is a key part of the WY-FI legacy in Leeds. Given how well established and beneficial it is generally felt to be, stakeholders were adamant it should be sustained although acknowledged there are risks to its longevity.

Wakefield

The role of the MARB has broadly remained the same during the funding period and widely judged to be a **success** in Wakefield. However, momentum had stalled due to changes to the MARB chair. There has been **renewed commitment** shown to the MARB in the follow-on provision to WY-FI. The MARB meetings have an operational focus in terms of prioritising the management of the Navigator caseload and facilitating service flex. Key activities include discussion of new cases for the navigation caseload, review of existing cases and discussion of support plans.

While it has been vital in securing the buy-in of agencies, the MARB has also been a **"victim of its own success"** in working with the most vulnerable but at times this has meant key attendees felt intolerable demands were placed on them. This has been partly resolved by reducing the frequency of meetings. The main substance misuse provider has not engaged throughout which was ascribed to the territoriality of senior staff. Staff changes in some service providers including the Probation Service have sometimes compromised partnership working. The cost of running the MARB in terms of senior staff time is seen as a major barrier to sustaining the MARB beyond the piloting period.

Key learning

In each locality, the MARBs have played a pivotal role in facilitating multi-agency case conferencing; improving the co-ordination of support for complex needs clients; and ensuring services are delivered to clients in a personalised and flexible fashion. Although there are unique local factors both internal and external to the MARB that impact on their effectiveness, it is possible to discern **key mechanisms which drive or hinder the work** of the MARBs:

- **An operational focus:** MARBs tended to shift over time away from a strategic focus on systems change towards an operational emphasis on case conferencing and problem solving. This evolving remit reflected a growing recognition of value of an **action-orientated forum able to draw on the skills, experience and influence of attendees to resolve issues** that functioned as more than just a 'talking shop'. Its perceived effectiveness in supporting beneficiaries and effecting

positive change helped secure the attendance of attendees despite the MARB having no statutory remit or significant resource attached to it.

- **Prioritisation of cases:** MARBs initially discussed all WY-FI cases but moved towards prioritising those presenting particular challenges or where Navigators or agencies had concerns. This led to **more focussed discussion** around a smaller number of individuals whom agencies present were more likely to have knowledge of or contact with.
- **Established partnership working:** MARBs worked best where districts had already established a culture of partnership working, especially where this was encouraged through commissioning processes. In Leeds for instance, contracts are increasingly commissioned on a consortium basis or with expectations of partnership working such that inter-agency working has become commonplace across different policy areas. This helps to break down silos, reduce suspicion across agencies and promote collaborative forms of working as embodied in the MARB.
- **Organisational commitment:** MARBs have been stifled to a greater or lesser degree by some local partners' potential **lack of commitment** or inability to engage purposefully. Securing representation from either health services or adult social care was a problem for all MARBs for at least some of the time they have been operating. This lack of commitment was attributed to some combination of histories of 'silo' working, acute resource constraints, and the MARB not being closely enough aligned to the priorities of those organisations. In Leeds, this was overcome with a commissioner sitting on the MARB and taking cases to the vulnerable adults group where necessary.
- **Organisational and staff change:** Fluctuating representation from agencies sometimes stymied the work of MARBs. The reorganisation of the Probation Service was frequently mentioned as presenting a barrier to regular engagement. A common observation was that partnership working depended on **committed individuals** rather than agency commitment. This meant that some MARBs were unable to maintain multi-agency working following staff changes as relationships were not embedded in the roles and responsibilities associated with particular jobs. Over the life of the project agencies saw the value in the continuity of their involvement in the MARB and ensured attendance at meetings.
- **Appropriate levels of seniority:** Securing attendance from individuals working at the appropriate **level of seniority** was understood as vital. The increasingly operational focus of MARBs meant that representatives needed to be close to the 'front line'. At the same time, this had to be balanced against having adequate decision-making "*clout to make it work*" (WY-FI worker) in terms of securing access to, and flex from, services. The inclusion of a commissioner on the Leeds MARB was felt to be important in both supporting and pushing agencies to make a contribution and leveraging in other local authority services when necessary.
- **Realistic expectations:** It is important that MARBs do not demand an unrealistic commitment from representatives, with one wider stakeholder in Bradford suggesting the MARB worked well as attendees were not "*overwhelmed*" with actions.
- **Governance, leadership and culture:** MARBs work well where they enjoy clear and consistent leadership described by one wider stakeholder as the "*magic ingredient*". This is manifest in good chairing capabilities by senior, experienced staff including: an ability to overcome tensions or conflict; a willingness to challenge agencies present; and facilitating an inclusive atmosphere where one agency or individual does not dominate. The Bradford MARB was felt to work well in this sense because **partners felt they had ownership** of the group and had built relationships based on trust where, unlike other some other multi-agency

forums, challenge to services was not experienced as an “attack”. The importance of leadership meant MARBs sometimes faltered following changes in the Chair and associated shifts in approach and focus which at times left participants unclear of the aims and objectives of the MARB or their role within it.

Employment, Training and Education and Peer Mentoring

Individuals with complex needs are often some distance from the labour market. **Carefully structured and sequenced Employment, Training and Education (ETE) activities can play an important role in stabilising lives and supporting recovery** through involvement in training, volunteering and supported or unsupported employment. It can enhance individual health, well-being and employability while also delivering wider benefits where beneficiaries go on to become Peer Mentors or paid workers and support those at an earlier stage of recovery. Peer Mentors also potentially increase the capacity of host organisations to support individuals with complex needs. Nevertheless, placing an appropriate level of responsibility on beneficiaries and managing their expectations can be challenging given the high level of need they may continue to experience. Accordingly, this section considers how ETE activities have been implemented in WY-FI, the outcomes achieved, and the ways in which challenges in engaging individuals with complex needs in ETE activities have been addressed.

How it works

Employment, Training and Education (ETE) and peer mentoring are integral components of the WY-FI model. ETE activities are delivered through a 12-week course run by Touchstone which leads to an accredited CERTA Level 2 qualification in Peer Mentoring. Many of those completing the training go on to undertake Peer Mentor placements within the WY-FI partnership (either within WY-FI itself or other projects run by delivery partners) or with organisations external to the project. In Leeds, for example, they have been part of a city-wide recovery service which provides an important progression route. The WY-FI programme has also created time-limited trainee roles in each Navigator team, as well as in the Research and Evaluation and the Communications and Administration teams based in the Hub. For those Peer Mentors that join WY-FI projects, activities include shadowing Navigators; case finding for, and attending, MARBs; and ‘befriending’ and supporting beneficiaries to engage in meaningful activity. Nearly two fifths (38 per cent) of WY-FI beneficiaries received some form of education and training while the same number received mentoring and befriending support (see Section 5). This indicates that ETE and Peer Mentoring activities made up a sizeable component of the project.

Successes and challenges

A recent report undertaken by the local evaluation team looked at the experiences and outcomes of beneficiaries who attended the course and, in some cases, went on to volunteer as Peer Mentors²². Based on interviews with the ETE delivery team, Navigators and Peer Mentors (and supplemented here by additional interviews undertaken for this final report), it found that **Peer Mentors interviewed are overwhelmingly positive about their experiences**. The Peer Mentor course was **widely praised** for the quality of training and the ability of trainers to put attendees at ease and accommodate needs and aspirations. There were some concerns, however, about the cramped training facilities and the short 12-week course failing to prepare attendees adequately for placements.

²² CRESR (2020) *Experiences and outcomes of ETE and Peer Mentoring in the WY-FI programme*, November 2019. Available at:

The course and subsequent placements as Peer Mentors generated two key outcomes for participants. First, it played an important role in improving health and well-being, confidence, self-esteem, empathy, communication skills, and a sense of purpose. One Peer Mentor spoke for example of how: *“My confidence is a lot better than it used to be, in the space of six months. Even speaking in this [interview] scenario I’d have been terrified”*. Peer Mentors also reflected on the routine and structure it provided in ways that helped sustain their recovery:

“I was a heroin addict which is a full-time job. Volunteering helps me to fill this gap with non-drug-related activities.”

“It is my reason to get up in the morning.”

The trust placed in Peer Mentors by beneficiaries also provided a source of self-esteem, with one interviewee describing how beneficiaries *“opened up”* to her and shared their intimate thoughts and fears, making her *“feel good about myself”*. All these improvements were seen both by WY-FI staff and Peer Mentors as **a vital contribution towards stabilising lives**. Engaging with others and participating in meaningful activities supported the development of new identities which, as other research²³ has shown, is a key part of recovery.

Second, ETE activities **increased the employability of Peer Mentors**. For those without previous experience of paid employment, working in an office was highly valued as it helped to develop work-based skills that improved employment prospects. This included working in a team, communication, managing time, prioritisation, decision-making and understanding expectations of behaviour in the workplace.

Moreover, peer mentoring functioned as a supportive path into the labour market. It was described as both a *“transition period”* and a *“bridge”* during which individuals can *“get used to responsibility”* and see if they are work-ready:

“It eases you back into employment in a way that works. If you go from having a full-time career using drugs straight into a work environment, the contradictions are just massive and it just wouldn’t work...People with a chaotic background can be swamped and overwhelmed by responsibility. It’s too much” (WY-FI worker).

Peer mentoring therefore provides a valuable **safe and supportive space** to undertake work experience that mainstream agencies such as Jobcentre Plus are unable to offer. WY-FI staff understand and know how to support and nurture clients with complex needs in a way that conventional employment services do not. That said, some interviewees felt that peer mentoring within the WY-FI project cocooned individuals from experience that would lead to volunteering or employment in external organisations.

It also sparked or strengthened aspirations to work and, in many cases led to direct employment. Of the 108 individuals completing the Peer Mentor course, **almost half (53 people or 49 per cent) went on to paid employment** within WY-FI or with another organisation outside the project. This is a highly positive outcome given the barriers to employment that most individuals with complex needs face.

In some cases, the combination of improvements in health, well-being and employability and a sense of purpose and fulfilment provided through peer mentoring

²³ See discussion in CRESR (2020) *Experiences and outcomes of ETE and Peer Mentoring in the WY-FI programme*, November 2019. Available at:

proved a **life changing experience**, as in the example of one Peer Mentor, Simon, described in Box 1 below:

Box 1: How Peer Mentoring can turn lives around

Simon's experience as a Peer Mentor in the Calderdale WY-FI project illustrates the potential for progress in recovery and other aspects of life. He described being engaged in a range of activities including volunteering in the office, visiting beneficiaries with Navigators, and helping to organise a pop-up exhibition of beneficiaries' artwork as well as social activities such as bowling trips, and speaking to local commissioners: *"Everyone wants a piece of me. It's exciting"*.

His involvement with WY-FI has *"changed my life in every aspect...My bills are sorted out. I would have stuck my head in the sand before. It's taught me compassion and to be empathic. It's spun my life round 360 degrees. I don't wake up wondering where the next crack pack and eight litres of cider will come from. If it wasn't for this place I don't know where I'd be. I love dealing with people, I thrive off it"*.

Recently he secured an interview for a support worker role in an external service which he *"smashed"* but didn't ultimately secure because of his lack of experience. However, he still saw it highly positively: *"I didn't get the job but it wasn't a knockdown. It was a brilliant experience and will get me ready for the next [interview]."*

At an organisational level, **Peer Mentors with lived experience were overwhelmingly seen to add value to Navigator teams** by providing a better understanding of the challenges faced by beneficiaries; reducing the power imbalances between paid staff and service users; and acting as a role model by showing how recovery is possible through engagement in positive activities and developing new identities. They provided a valuable and trusted bridge between beneficiaries and Navigators: *"Peer Mentors basically vouched for Navigators, they were like: 'I trust his guy so if I trust him you should', that really opened the door to a lot of work to be done"* (WY-FI Worker).

There were some less positive minority views, however, with one interviewee suggesting that Peer Mentors were **not "particularly effective" as they needed too much support** and failed to provide additional capacity as they were often were unable to undertake lone working: *"It was quite disappointing. They came too early in the recovery journey"* (WY-FI Worker). Wakefield interviewees also reported that initially Peer Mentors lacked the necessary social skills and experienced profound difficulties maintaining professional boundaries with beneficiaries.

While interviewees were largely positive about the ETE and Peer Mentoring element of WY-FI, there was also recognition that paid work was not always seen as appropriate for everyone in the short to medium term, particularly if at an early stage of recovery. The process of engaging with work, like recovery, is a **long-term process**. The **insecure nature of labour market opportunities** available is another potential barrier. Peer Mentors may be reluctant to move off the relative security of benefits for jobs that may be low-paid, temporary or chronically insecure.

The challenges some Peer Mentors may face in returning to paid employment was not, however, seen as negating the value of ETE and peer mentoring provision. As already highlighted, Peer Mentors could still benefit in a number of ways from the experience in terms of health, well-being, esteem and recovery even if a return to work remained a distant prospect.

Key learning

Interviewees highlighted several key points of learning from delivering ETE and Peer Mentoring activities. The **flexibility of the role** can accommodate the ups and downs of recovery. By allowing Peer Mentors to take time off when they are having a 'bad day', this provides them with the time and space to return "*stronger, more on form and more focussed*" (WY-FI worker).

In terms of the factors contributing to positive outcomes at an individual level, Peer Mentors talked about the **importance of being made to feel a valued and trusted member of Navigation teams**; effective **debriefing support** for a complex and emotionally demanding role; and the **importance of regular, professional supervision**:

"This is where WY-FI had it spot on...I found that Community Links, because they were mental health orientated anyway, they had it locked down...so every month you had a full supervision, you could check in any time you wanted with your managers" (Peer Mentor).

Unsurprisingly, there remain **challenges for individuals with their own complex needs to undertake activities in often demanding service environments**. These include Peer Mentors finding it hard to adjust to the workplace; challenges in maintaining appropriate boundaries; individuals being placed too early in their recovery journeys; and high support needs placing demands on Locality teams. In some cases, inappropriate or premature placements had contributed to relapse and it was not always clear that support was in place to manage this when it happened.

For this reason, it is **vital to ensure that individuals with complex needs are adequately prepared and assessed** while training to make sure they are placed in an appropriate workplace setting and at a suitable point in the recovery journey. One suggestion was to extend Peer Mentor training beyond the current 12-week timeframe to ensure that individuals are better prepared for placements and not "*set up to fail*" (WY-FI Worker).

Some interviewees also suggested that **selection criteria and support processes once on placement could be revised** to increase the likelihood of Peer Mentors sustaining roles. This could be achieved through:

- Tightening assessments and introducing criteria (e.g. around recovery progress or prior work experience) to ensure that Peer Mentors are placed in an appropriate environment with responsibilities and activities commensurate with their stage in their recovery.
- Embedding ETE team support more closely in localities e.g. through regular three-way supervisions with Peer Mentors and Navigator teams which could help to smooth transitions into placements.
- Facilitating greater involvement of delivery partners in the recruitment process would help them to ensure that personality traits are assessed and likely support needs established.
- Continually reviewing training and placements and, if necessary, revising them to maximise the possibility of successful transitions from the Peer Mentor training into placements, and from placements into employment.

Indeed, some Localities have already put processes in place to ensure that Peer Mentors are placed at a suitable stage of recovery and tasked with activities commensurate to their capacity to manage the demands of the workplace. One

Locality described, for example, how it had become more selective in accepting Peer Mentors onto the project.

Another key point of reflection was the extent to which ETE and Peer Mentoring should facilitate opportunities for Peer Mentors to take up *external* volunteering or work experience outside of the WY-FI project. Some Localities had focussed more on using Peer Mentors to bolster internal capacity in Navigator teams which may limit wider experience that would leave them better placed to take up future opportunities outside of WY-FI. Furthermore, external work placements may be vital for convincing individual of the merits of moving off the relative security of benefits for jobs that may be insecure.

Evidently, not all Peer Mentors are ready for external placements and progression pathways within WY-FI provide a safe and secure chance to develop new skills and experience. Nevertheless, a stronger focus on external opportunities for those who may be ready could be useful in any future ETE project for individuals with complex needs.

Some stakeholders also reflected on **how pathways into paid work could be improved**. One suggested opportunities to move into paid employment could be enhanced with a clearer and better communicated 'Moving On' offer and a clear set of **transition policies and processes** to ensure Peer Mentors have an onward destination once WY-FI ends. The importance of accurate advice about the financial implications of part-time working in particular for benefit claims was also noted.

Finally, interviewees also reflected on the **advantages and disadvantages of the dual support** offered by the central team ETE team based in Touchstone in Dewsbury and by Navigation teams in Localities. On the one hand, the physical and organisational separation of the ETE team from Navigators provided individuals on placement with an additional source of support that could be accessed without having to disclose issues to colleagues in the host Navigator teams. On the other hand, there was a perception that this support sometimes felt "*remote*" (WY-FI worker). In one Locality, WY-FI staff felt the location of the ETE course in Dewsbury had deterred some beneficiaries from signing up, and felt training could have been more accessible if managed and delivered within Localities.

Co-production

Co-production has been embraced within the WY-FI project as a key mechanism for engaging, and harnessing the strengths and assets of, beneficiaries and Peer Mentors with lived experience. This section draws on findings from a recent report²⁴ by the local evaluation team and additional interviews undertaken for this final report to reflect on the aims, achievements and challenges of co-production activities.

²⁴ CRESR (2019) *Co-production in the WY-FI programme: activities, experiences and outcomes*. Available at:

How it works

Within the WY-FI project co-production is seen as having **four core functions**:

- building and developing the assets of individuals with complex needs;
- developing supportive social networks in and around services;
- reducing power imbalances in the relationship between paid staff and service users;
- contributing towards wider system change.

WY-FI staff emphasised the **importance of having beneficiaries at the heart of a programme that has been co-designed co-produced**. One WY-FI worker described how it made the project feel like an “*equal partnership*” which made it easier to “*regain trust*” with individuals they worked with.

Co-production has been embedded in the WY-FI programme in a number of ways including:

- Using paid Co-production Support Workers and volunteer Peer Mentors to support beneficiaries to engage in a range of **meaningful activities** including arts and crafts, drama, and day trips. They have also created and co-ordinated a pop up travelling exhibition touring all five Localities – *Road to Recovery* – which showcases beneficiaries’ art, telling their story through poetry, collage and photography. It went on display in a range of locations including Touchstone’s office in Dewsbury and in Halifax and Bradford indoor markets.
- Seeking to establish a **series of peer-led service user groups** built around five Locality-based ‘Mini Networks’ that feed into a central Regional Network based in Leeds. These Networks were described by beneficiaries as having a number of functions including: providing opportunities for peer support; creating a forum for service user ‘voice’; developing a pool of individuals with lived experience who could influence the design and delivery of WY-FI and wider services; and building the confidence, skills and experience of Network members.
- Undertaking activities to **influence the way services are commissioned, designed and delivered**. This includes supporting NHS England to evaluate bids for liaison and diversion projects as well as health provision in prison and custodial settings; and working with the police in Bradford to improve understanding of complex needs and avoid use of the Criminal Justice System where possible.
- Engaging participants in street-based survey work as a way of **co-producing research and evaluation** within the project.

Successes and challenges

To date, co-production activities are seen to have generated **valuable outcomes for beneficiaries** and there are examples of co-production activities contributing to service improvements and wider system change. Key benefits identified for beneficiaries and Peer Mentors include **improved health and wellbeing**. For example, one Peer Mentor described the sense of self-worth and purpose gained from involvement in the Network and chairing strategic meetings: “*It made me realise that people see I have something to give*”.

Involvement in co-production also generated valuable **forms of peer support and recovery capital**. Mini Networks are now well established in Huddersfield, Calderdale and Bradford and fulfil a **valuable social function** - “*a bit of fun and a laugh*” (WY-FI

worker) - as well as **giving attendees a voice** and an opportunity to campaign on issues

A number of interviewees held up the peer-led Wellbeing group (Box 2 below) in Bradford as a prime example of how co-production activities can generate peer interactions that support improvements in individual well-being and promote recovery.

Box 2: The wellbeing group in Bradford

The co-production work undertaken in Bradford is considered highly effective, with a number of interviewees **identifying the creation of the Wellbeing group as the first 'Mini Network' as an exemplar of co-production**. The group was set up in January 2019 by the Co-Production Support Worker with support from the lead WY-FI delivery partner (Bridge) to access £1,000 in start-up funding from a voluntary and community sector (VCS) infrastructure organisation. It comprises service users from across the recovery community in Bradford after the initial eligibility criteria restricting participation to WY-FI beneficiaries was revised to increase and stabilise attendance.

The Wellbeing group developed into a fully peer-led group that ran regular sessions covering a range of themes chosen by participants. These have included therapeutic Jenga (with questions on mental health on the Jenga blocks), human needs, resilience, Hepatitis C, the WY-FI legacy, and treatment of offenders. The group also hosted presentations and visits from services including a dual diagnosis service, Jobcentre Plus and a Bradford-based commissioner. The Wellbeing group came to an end when the beneficiary running the service found employment but the Co-Production Support Worker has successfully maintained a Mini Network in Bradford which continues to perform a similar function.

There are also examples of co-production activities **improving service capacity and quality within WY-FI and contributing to cultural or systems change in services** outside the partnership. For instance, nine regional Network members were invited by NHS England to evaluate bids for liaison and diversion projects. This proved a valuable exercise both in terms of the experience gained by members and the insight into lived experience provided to NHS England. More instrumentally, it generated income for the WY-FI project which was used to fund further co-production activity such as refreshments for meetings, social trips, and arts and crafts activities.

Co-production has also **made an important contribution to service development at a Locality level**. In Calderdale, WY-FI beneficiaries played an important role in identifying the need for, and inputting into the design of, a mental health service (Insight) for beneficiaries with addictions (see section on Innovation Fund in 3.2).

While WY-FI has taken a bold and ambitious approach that has raised the profile of co-production, it was also recognised that **co-production presents a number of challenges**. Ambitions have sometimes fallen short, however, most notably around the establishment of Mini Networks in all five Localities with the Leeds group slow to get off the ground. Moreover, **staff turnover and medical leave** in both the central co-production team based in Leeds and some Localities has also constrained progress.

In some elements of co-production such as research and evaluation, retaining beneficiaries has been an issue. This reflects, in part, the complex needs of those involved which can lead to difficulties sustaining commitment. One consequence observed by staff in Wakefield is that activities inevitably benefit the **more articulate and least vulnerable**.

Commitment to co-production also varied across Localities with one WY-FI worker suggesting it had been *"up and down"* because of the lack of a consistent co-

production worker. Some interviewees also suggested that reducing the five Co-production Champions to three Co-Production Support Workers with greater responsibilities covering, in some cases, more than one Locality had reduced the degree of local embeddedness which effective co-production requires.

Key learning

Effective co-production was attributed to a number of factors including the nature of support provided to beneficiaries, volunteers and Co-production Support Workers to engage in co-production activities; the skills and expertise of co-production workers; organisational commitment to the principles of co-production by senior programme staff; and engagement with the wider recovery community beyond WY-FI.

However, the **effectiveness of co-production activities is highly context dependent** and what works in one district may not be easily replicated in another. For example, a number of interviewees held up the Bradford Wellbeing Group as an exemplar of effective co-production (see description above). Interviewees suggested a number of factors combined to make this possible that relate to the skills and networks of the Co-production Support Worker, the support and ethos of the Locality team including senior management, wider networks of recovery support that could be harnessed to generate attendees for the group, and the geography of the district that facilitated easy access to the group.

Yet co-production activities have not always been successful, as highlighted in the previous section. **Factors identified as inhibiting effective co-production** include **inflexible and hierarchical organisational cultures and practices**, particularly among external partners. A number of interviewees suggested that services outside WY-FI often only paid “**lip service**” to co-production. **Concerns were also expressed about the high expectations** and demands sometimes placed on volunteers, with co-chairing of strategic meetings given as example of a sometimes inappropriate form of co-production. There was also a view that Peer Mentors engaging in co-production work on a voluntary basis had **not always been adequately supported and supervised** which in some cases, had contributed to worsening health and even relapse.

Key learning for any future co-production activities in WY-FI or legacy programmes includes the need to consider:

- Reviewing the policy of support for volunteers including the possibility of introducing regular, formal supervision.
- Relaxing expectations of *recent* lived experience when recruiting volunteers and staff for co-production posts to increase the likelihood of positions being successfully sustained and avoid placing undue demands on still vulnerable individuals.
- Recognising that co-production works best when at least some staff are based in Localities.
- Reviewing the aim of establishing five ‘feeder’ Mini Networks and one central Regional Network and allowing Localities flexibility to pursue other co-production objectives.
- Achieving legacy objectives by supporting WY-FI beneficiaries to engage in wider recovery communities rather than focussing solely on WY-FI networks.
- Recognising that co-production is an end in itself, where the process of bringing the voice of lived experience to the fore is a valuable achievement; although a minority regard co-production more instrumentally as a means to achieve a set of desired outcomes focussed on service improvements.

Personalisation Fund

Many WY-FI beneficiaries have **direct experiences of poverty** which are shaped by personal and household circumstances, not least a lack of paid work, and which are compounded by wider factors such as the decreasing value of, or reduced eligibility for, welfare benefits. In these circumstances small but significant costs to fund essentials can act as significant barriers to recovery.

For this reason, the Personalisation Fund was created to provide Navigators with discretion to support beneficiaries with small items of expenditure that can be vital in developing more stable and independent lives. Approximately £90,000 has been spent of the available £102,000 budget which equates to 88 per cent of monies. Most claims have been for small one-off requests of between £10 and £150. Requests for funding have varied across the county. Navigators in Wakefield and Leeds have, for example, tended to make fewer requests, preferring to rely on local sources of charitable funding such as the Vicars Relief Fund in Wakefield. As a consequence, just 16 per cent and 25 per cent of the beneficiary cohort in Wakefield and Leeds respectively received funding. In contrast, nearly half of the beneficiary cohort (49 per cent) in Bradford were supported by the Fund.

The Fund has primarily been used for **accommodation-related expenditures** such as payment of bonds, deposits or rent arrears; funding emergency accommodation; and covering the costs of repairs or removal. This has sometimes made a real difference with one WY-FI worker describing a beneficiary who was “*so proud*” of his new property furnished with the support of the Fund. The Fund has also played a valuable role in responding to **ad-hoc and pressing needs** such as funding bus fares to make appointments.

Furthermore, the **criteria are less restrictive** than support funds attached to other programmes and services which has enabled some beneficiaries to go on day trips and experience a range of activities including falconry and horse riding. This can provide a context which can make it easier for beneficiaries to ‘open up’, learn new skills, and build confidence, self-esteem and aspiration.

The Fund was widely acknowledged to play a significant role in the progress of some beneficiaries. Analysis undertaken in-house by Humankind indicates that beneficiaries in receipt of Personalisation Funding were less likely to refuse support from the programme and more likely to experience planned exits and gain independence. One wider stakeholder in Bradford ruefully noted that their organisation did not have access to a Personalisation Fund as *‘it would make a huge difference’*. In Wakefield it has influenced practice in other service providers. The Homelessness service now, for example, uses a similar fund to help overcome the small barriers to moving people on.

Innovation Fund

The Innovation Fund provided time-limited funding to Localities to pilot new approaches to supporting individuals with complex needs outside of the core WY-FI model. It has been used for number of purposes including commissioning cognitive behavioural therapy for beneficiaries through the Insight project (Calderdale); setting up an outreach WY-FI service away from the central site (Calderdale); establishing the Sober Living House in Kirklees; and setting up the female sex workers Housing First project in Leeds. The first two of these projects are discussed in turn below.

The Insight project (Calderdale)

The Calderdale WY-FI project used the Innovation Fund to commission Insight to deliver a cognitive behavioural therapy (CBT) service that was more flexible than

statutory services, both in terms of supporting individuals while still substance dependent and continuing to work with them if appointments were missed. The service was very highly regarded by both WY-FI staff and beneficiaries and seen as a showcase of how mental health practitioners can effectively support individuals with addictions. Efforts to persuade local commissioners to fund a similar service through research and evaluation activities and learning events appear to be bearing fruit, with one commissioner now in discussions with the NHS and the local Clinical Commissioning Group (CCG) about the possibility of funding a new service.

WY-FI outreach service (Calderdale)

The WY-FI project in Calderdale used Innovation Fund monies to employ a Navigator and set up a **time-limited, second WY-FI outreach site at the Todwell Centre in the Upper Calder Valley (Todmorden)**. This was intended to address barriers to travel for beneficiaries who hitherto had to travel seven miles to Halifax for support. The service was co-located with an existing substance misuse service and, together, they helped to “*soften the image*” of what was previously seen as a “*hard, knock-on-the-door service for smackheads*” (WY-FI worker).

One stakeholder described how the project **demonstrated the value of co-location** as it became a “*fantastic*” form of partnership, where daily informal case discussions helped to “*break down barriers*” to working across agencies. It also helped to draw in wider support from other services who became part of a regular multi-agency forum set up by the Navigator including the Police, the Probation Service, a housing provider, a mental health charity, a local foodbank and Community Wardens.

The project was widely seen as a success in terms of demonstrating the value of establishing an outreach site alongside other agencies. There was a clear view that this model of model of co-location should replicated in any future legacy service: “*Building relationships [with other services] is much easier when you’re working next door*” (WY-FI worker).

In summary, the Innovation Fund provided an important additional stream of revenue that added value in two key ways. First, it provided funding to support small-scale demonstration projects that delivered tangible benefits. Second, those projects themselves provide valuable learning about additional elements outside the core WY-FI model that could be incorporated in in any successor projects.

3.3. The ‘hub and spoke’ model

WY-FI operates a ‘hub and spoke’ model that reflects the geography of the project which covers a wider number of local authority areas than many other Fulfilling Lives projects. A central Hub team based in Leeds co-ordinates the management and governance of the WY-FI project across the five Localities and houses the core co-production, communications, learning, and research and evaluation functions. Projects in the five Localities can access this support but also have flexibility to develop and implement their own locally-sensitive approaches, albeit built around the four core elements of Navigation, the MARB, ETE and peer mentoring, and co-production. Interviews explored the perceived effectiveness of the hub and spoke model and its impact on the work of WY-FI teams in Localities.

Staff based in Localities had **mixed views on the Hub**. In terms of positive perspectives, there was a view in some areas that the Hub had been “*very supportive*” (WY-FI Worker) and that it had “*done a really good job of managing relationships*” (wider stakeholder) with partner agencies and services. In Calderdale, it had played a key role in overcoming some of the initial negativity and suspicion of MARB members towards the project. Furthermore, the Hub-led **Practice Development Group**

meetings were also considered a useful vehicle for sharing experiences and learning across the five districts with the result that: *‘Although it is West Yorkshire-wide it has felt like a team’* (WY-FI worker)”

At a national level, one stakeholder also noted that having a core research and evaluation function had enabled the project to be responsive in producing evidence (e.g. cases studies and cost savings data) to support attempts by the funder (the National Lottery Community Fund) to influence key policymakers.

However, some staff in Localities were more critical, suggesting that it was **difficult for the Hub to always play a meaningful support role** given the diversity of projects in each area in terms of the core HARM remit and approach of the lead delivery partner, as well as differences in the service landscape which determines the context for delivering WY-FI. Some interviewees also questioned whether resource allocated to the Hub could have better deployed for frontline service delivery in Localities. In addition, there was some criticism of growing administrative demands made by the Hub and the high number of meetings that staff were expected to attend including the Core Partnership Management Board, Locality meetings and the MARB.

These points **highlight wider questions about the relative advantages and disadvantages of delivering WY-FI through a ‘hub and spoke’ model** across a large geographical area. On the one hand, there are perceived advantages of centralised support function such as research and evaluation, and opportunities to share learning through practice development groups. On the other hand, there is a view that this diverts resources from frontline delivery and, as in the case of co-production activities highlighted earlier, centralises functions that would be more effective if locally embedded.

This a very much **an unresolved tension** as it is not possible to answer the counterfactual of whether WY-FI would have worked better if more resource had been allocated within Localities. Perhaps the key element of learning is that different elements of the project may work better at a different spatial scales and **any future pan-district projects needs to continually reflect, and if necessary, revise, the way resources, functions and responsibilities are distributed.**

Outcomes, impact and influence

WY-FI is intended to deliver a range of outcomes for a wide group of individuals and stakeholders. For beneficiaries it seeks to **build the stability, confidence and capability of people with multiple and complex needs** to lead better lives as a result of timely, supportive and co-ordinated services. Peer Mentoring also offers further opportunities to engage in new experiences and skills that can enhance health, well-being, self-esteem, confidence and employability.

While WY-FI formally monitors individual progress against a two key sets of indicators (the Homelessness Outcomes Star and NTDA 'Chaos Index') **the ambition of supporting individuals to lead 'fulfilling lives' also means that progress can be assessed on a more subjective basis** in a wide range of contexts. This can include, but is not limited to, securing accommodation and managing tenancies; undertaking everyday activities such as shopping or using transport; engaging in recreational and creative pursuits; and participating in peer-led networks.

Alongside the benefits that individual and Peer Mentors experience, WY-FI also seeks to bring about sustained change at an organisational and system-wide level. The **goal is to secure enduring systems change** where cultures, practices, policies and processes are reconfigured to better support those with complex needs, even once WY-FI comes to an end.

The remainder of this chapter looks firstly at outcomes experienced by beneficiaries (those for Peer Mentors are discussed separately in Section 3.2). It then goes on to consider if, and to what extent, WY-FI has secured wider outcomes around systems change. Some reflections on the wider factors contributing to project outcomes are then presented. It concludes with an assessment of impact and value for money secured through WY-FI.

4.1. Beneficiary outcomes

A series of nine in-depth interviews with beneficiaries in an earlier phase of the evaluation revealed that many had some contact with services prior to referral but this was often sporadic. A number of beneficiaries found it hard to trust professionals and frequently highlighted **conflictual relationships with local service providers**. Some had even been banned from provision. Motivations for becoming involved with WY-FI have included a mixture of 'push' and 'pull' factors. Push factors included the prospects of becoming incarcerated, the need to attend as part of a Community Rehabilitation Order, or acute health problems. Pull factors encompassed the personality of Navigators and the desire to change or combat social isolation.

All interviewees reported that their **lives had improved**, sometimes significantly, since working with the project. The process of positive change was largely ascribed to the relationship established with Navigators which was instrumental in facilitating improvements or stability in beneficiaries' lives. Many described an **improved sense of well-being** derived from having somebody in their lives that they could access when they needed support, could rely on and who 'cared'. As one beneficiary noted, *"I feel like I've got someone who genuinely cares. He's got my interest at heart"*. This, in turn, helped them to cope in times of crisis:

"When my life falls apart, it falls apart and it falls apart pretty quick...I need support in every aspect of my life really...and he jumps in and it's the first bit of breathing space I've had in a long time... the first time in my life I've had people that are there to help me and support me when I'm falling apart".

Navigator support was an important stabilising factor, particularly where it had enabled beneficiaries to access or maintain treatment for addictions which, in some cases, had led to the reduction in the use of some substances.

Working with a Navigator had helped many beneficiaries to trust people more because the relationship had improved their **confidence and self-esteem**. The development of more positive outlooks had, in turn, led some to become in local community projects such as fund-raising activities and helping out at community allotments.

An increased sense of well-being also **enhanced their sense of opportunity**. Even where current circumstances were still defined by multiple adversities, beneficiaries could begin to envisage **a better future**. A few reported that they had more choices in other areas of their lives such as opportunities to be involved in volunteering, counselling, training or recreational activities. One beneficiary had also taken up a new hobby, nail sculpting, through a class offered in the premises where the WY-FI operates. Another had been supported to access space in an art studio to realise a talent in art.

Beneficiaries also valued the opportunity **to build a relationship with another adult outside their existing social networks** that were dominated by other vulnerable individuals in similar circumstances: *"All my friends are alcoholics, junkies. It's good to have a normal conversation"*. This said, managing without the support of a Navigator was something that could be envisaged in the future: *"Hopefully in the next year or so I'll be able to stand on my own two feet and tell [the Navigator] I'm alright and stable enough and thanks for your help but I don't need you anymore"*.

The support of Navigators was not simply valued for the benefits experienced in terms of health and well-being, confidence and self-esteem, and engagement in positive and supportive social networks. A number of beneficiaries also reflected that this support had **prevented them from experiencing severe and potentially fatal forms of harm**:

"I would have topped myself".

"I don't know whether I'd still be here. There's been quite a few periods in my life when I've wanted to call it a day and if he'd not been around to support me ...I don't think I'd be here...[My Navigator's] helped a lot."

"I think I've come a long way. I've nearly killed myself three times from injecting...it if wouldn't have been for her I wouldn't have been where I am now".

While engagement with WY-FI was a life changing experience for some, stakeholders also noted that **outcomes were more limited for beneficiaries with enduring and**

entrenched needs. In these cases, all that can be achieved is a **measure of stability** in their lives and they will continue to need highly intensive support beyond WY-FI: *'if WY-FI existed for 20 years some would still be on our caseload'* (WY-FI worker).

Moreover, stakeholders also reflected on the existence of a **'hard core' of beneficiaries**, with a very high degree of chaos, that are unresponsive to WY-FI support and unable or unwilling to change. One Wakefield interviewee reported that exhortations to *"just play the game a little"* had not always worked as in the case, for example, of some individuals going to prison rather than attend Probation appointments.

Stakeholders reported that the hardest to help nearly always had a history of **traumatic childhood experiences of neglect and physical or sexual abuse**. Some interviewees suggested that these factors often contributed to personality disorders from which it can be hard to 'recover' a healthy sense of self in relation to others. In such cases the notion of 'emergence' from a personality disorder is more realistic than the notion of 'recovery'²⁵.

Finally, there was a note of caution from one stakeholder who suggested that good **outcomes were not solely attributable to WY-FI** and that such claims had been challenged by other services in the past: *"There was frustration that lots of people might be working with an individual [but] any positive outcomes were all attributed to WY-FI when actually they may be on the WY-FI cohort but actually who's done all the work?"*.

Nonetheless, it is clear from the accounts of beneficiaries and Peer mentors highlighted above that WY-FI is seen by many as a key catalyst for change in their lives. Crucially, this qualitative in-depth evidence from interviews highlighting valuable improvements is corroborated by evidence from our quantitative analysis of outcomes which shows statistically significant and positive change for the majority of beneficiaries against a range of outcomes as measured, respectively, by the Homelessness Outcomes Star and 'Chaos Index' (see Section 5). In combination, this data provides strong evidence to indicate that WY-FI is making a real difference. Of course, positive outcomes indicated in the quantitative data could also be generated by factors unrelated to WY-FI such as support provided through other projects or changes in personal circumstances. However, qualitative evidence undeniably points to a WY-FI 'effect' where there is a reported causal link between Navigator support and change experienced.

4.2. Systems change outcomes

WY-FI aims to generate improvements in the ability of individuals with complex needs to access and benefit from the support of services. The goal is to secure enduring systems change where cultures, practices, policies and processes are reconfigured to better support those with complex needs, even once WY-FI comes to an end.

There is no single agreed definition of systems change but a recent report by New Philanthropy Capital (NPC)²⁶ provides a comprehensive summary of its key components:

²⁵ Higher Education MHFA Manual (2016) London: MFHA England

²⁶ SYSTEMS CHANGE A GUIDE TO WHAT IT IS AND HOW TO DO IT Rob Abercrombie, Ellen Harries and Rachel Wharton June 2015: <https://www.thinknpc.org/resource-hub/systems-change-a-guide-to-what-it-is-and-how-to-do-it/>

'An intentional process designed to alter the status quo by shifting the function or structure of an identified system with purposeful interventions. It is a journey which can require a radical change in people's attitudes as well as in the ways people work. Systems change aims to bring about lasting change by altering underlying structures and supporting mechanisms which make the system operate in a particular way. These can include policies, routines, relationships, resources, power structures and values'.

The value of the definition for this report lies in distinguishing between culture (people's attitudes) and practice (the ways people work). It also highlights the different structures and mechanisms (policies, routines etc.) that are the vehicles for change. The NPC report and separate work by New Economics Foundation²⁷ suggest a number of **factors that drive systems change** in terms of both culture and practice. Those most relevant for WY-FI are:

- understanding the needs and assets of beneficiaries;
- taking a person-centred approach from design to delivery;
- focussing more on the needs of beneficiaries than those of organisations;
- acknowledging and seeking to respond to system issues;
- engaging and working in partnership with multiple actors including beneficiaries and stakeholders;
- mapping the system;
- distributing leadership throughout organisations and networks;
- fostering a learning culture.

This section considers progress towards system change by looking firstly at how WY-FI has shaped the institutional cultures of key services in terms of supporting individuals with complex needs before considering flex in organisational practices. It concludes by suggesting that WY-FI has supported changes which adhere to many aspects of the definitions and drivers of system change highlighted above. These arguably **fall short of wholesale system change but nonetheless represent substantive and important progress**.

Changes in institutional cultures

There is a consensus across Localities that WY-FI has been highly effective in changing the institutional cultures of services in relation to supporting individual with complex needs. This has a number of dimensions. First, it has **raised awareness of the scale, nature and identity of the complex needs** population and, in doing so, challenged institutions to respond to this group. One stakeholder in Leeds explained that WY-FI had made organisations think about their responsibilities differently: *"We've not had the excuse to ignore [complex needs clients] because WY-FI's been shouting...If they're not going to come, what are you going to do?"*. Second it has **shifted narratives and understanding of 'the problem'** away from individuals as resistant, unmotivated and hard to reach towards the system that excludes them. In doing so, it has "pushed compassion up the agenda" (wider stakeholder).

Third, it has prompted **a move away from a functional service-based model of delivery towards a more person-centred approach**. One stakeholder in a statutory organisation described the project as *"a breath of fresh air that made [organisations offering housing support] think differently"*. It was seen as facilitating a

²⁷ http://wordpress.collaboratei.com/wp-content/uploads/Collaborate_17_11_15_Behaving-like-a-system_Long-Version2.pdf

move away from a structured regime of tackling homelessness which had been the legacy of Supporting People and of the associated mindset of *“ticking boxes...and the customer being secondary to the needs of the system”*. Another service provider in Bradford suggested WY-FI had brought about a *“massive swing to the client”*.

Fourth, stakeholders feel WY-FI has helped cement **an awareness of, and conviction in the benefits of, of co-production**, particularly in terms the role of Peer Mentors. In Kirklees, for example, one WY-FI worker observed that the experience of implementing co-production activities *“helped to shift thinking in the way that we were working”* while also creating valuable pathways into employment.

These changes in organisational cultures have been **driven by the partnerships initiated and strengthened through WY-FI**, particularly via the MARB and Locality meetings as well as shared learning provided through Practice Development Groups. The observed benefits of bringing services together through these mechanisms included:

- Building trust and good working relationships between professionals in organisations that had previously operated in silos; this helped to *“break down the barriers and secrecy”* (wider stakeholder) that sometimes exist in a landscape where organisations are competing for service contracts.
- Developing a joint sense of ownership around WY-FI rather than simply being seen as a project associated with the lead delivery partner.
- Enabling services to work more efficiently and effectively to overcome the gaps in services and capacity under ‘austerity’. In Wakefield it was noted that this context made multi-agency partnership working essential and, indeed, had, led some service providers to ‘piggy-back’ on the additional resources available through WY-FI.

Over time, WY-FI also contributed to changing entrenched organisational cultures by demonstrably proving the benefits of the model. As one service provider in Bradford noted, this helped **overcome initial scepticism about the programme’s perceived high costs**. By proving its effectiveness, it won respect and recognition for its ability to identify individuals with complex needs; facilitate collaboration between services together; break down professional “mistrust” between silo-ed agencies; and make sure those services understood how to better support individuals with complex needs.

Changes in institutional practices

Shifts in institutional cultures and mindsets have led, in turn, to change in working models and practices. This includes a willingness to flex around: seeing clients on an outreach basis; relaxing criteria for access to, or support from, services; providing personalised funding to meet individual needs; and relaxing ‘enforcement’ around non-compliance e.g. not attending appointments. Agencies willing to flex included statutory housing and homelessness services, housing associations, substance misuse services, mental health services and parts of the criminal justice system (police and the Probation Service). Examples of each are provided below.

Housing and homelessness services

In Wakefield, the **homelessness service** now works more flexibly with the client group because of the intensive support provided by Navigators. They have made joint visits together and will consult Navigators before taking enforcement decisions to remove individuals from their home. It has also established a **fund** modelled on WY-FI’s Personalisation Fund to help overcome the small barriers to moving individuals on. In

Leeds, Navigators have undertaken effective partnership working at a frontline level through **co-working homeless clients** with the street outreach team.

In Calderdale, a social landlord on the MARB described how WY-FI had secured flex from them in terms of their willingness to house individuals with complex needs. They now relax rules in some cases where WY-FI is able to support tenants to, for example, develop a payment plan for arrears, stabilise addictions, access benefits, resolve neighbour disputes, or maintain the property to a reasonable standard. Knowing this support is in place makes them more willing to offer accommodation to individuals whose previous record of failed tenancies may otherwise have excluded them: *“Some people, if it weren’t for WY-FI we might have said we’re sorry, we’re not prepared to give you that third, fourth, fifth chance. [Knowing] WY-FI can support them gives us confidence”*. WY-FI has also prompted a change in approach towards, and understanding of, individuals with complex needs: *“Sometimes we might just look at a renter and see they have arrears but when you know the background of health issues and addictions it helps gives a bit more perspective...it’s definitely helped to broaden our horizons.”*

Mental health services

Bradford secured good engagement with mental health services through representation of a senior member of the integrated outreach team on the MARB. This increased beneficiaries’ access to services as the representative could intervene if WY-FI clients were initially refused support to get them reassessed, using additional presenting information gathered at the MARB. It also changed the culture of the team who *became “more willing to go into houses and knock on doors, and not write it off as too dangerous... They’ve seen Navigators not seeing it as an issue. [WY-FI] is part of a culture that has stretched what can be done”* (Wider stakeholder).

A WY-FI worker also described how there has been some **“educational work around dual diagnosis” through the MARB** that has seen a greater willingness among different parts of the mental health system (outreach teams, nurses attached to A&E and those in primary care) to flex around not discharging patients if appointments are missed; “dropping things” to see clients in immediate need; and being willing to see some clients using substances instead of addiction automatically being grounds for exclusion.

Criminal Justice services

A number of Localities observed **success in changing the culture and practice of the police and Probation Service**. In Bradford, police representation on the MARB enabled them to become aware of, and take actions to correct, inappropriate handling by officers of individuals with complex needs. In one case, unsuitable questioning by junior officers in *“dredging up”* (wider stakeholder) the past of one WY-FI beneficiary was raised as an issue at the MARB. This led a police representative to get in touch with officers’ supervisor to ensure they were made aware of how they should approach individuals with complex needs in any future interactions.

Another interviewee described how **WY-FI has helped the police move away from a pure enforcement function to become more person-centred** in their interactions with individuals with complex needs: *“They used to just move rough sleepers on or stick them in the cells. Now they’re interested in how they can help”* (wider stakeholder). At the same time, another interviewee felt that WY-FI still did not influence the behaviour and outlooks of most *“cops on the coalface”* who remain less concerned why people offend: *“The fact [individuals] were raped as a child and in chaos doesn’t feature... They just want them out of the way and in prison”* (wider stakeholder).

In Calderdale, the outreach WY-FI service in the Upper Calder Valley came to an agreement with the Probation service whereby beneficiaries on licence could mostly report to Navigators rather than their Probation Officer as this entailed a 26 mile round trip to Halifax: *“I banged my fist on the table and said why do they have to go to Halifax?”* (WY-FI Worker)

Substance misuse

In Bradford, pathways into the **substance misuse service have been made more flexible for WY-FI clients**, with Navigators able to do some of the preparatory work at the beginning which speeds up access.

In Calderdale, WY-FI came to an agreement with the substance misuse service to relax the ‘three strikes and you’re out’ rule for discharging service users after missed appointments. They also secured agreement for consideration of Friday prescribing in individual cases. Previously a blanket ban had been in place to avoid the risk of service users ‘topping up’ prescriptions over the weekend.

Primary care

Primary care was considered a difficult service to influence (see below), although there were examples of flex, albeit mainly within services providing specialist support. A primary healthcare provider in Bradford providing GP support to the homeless worked with WY-FI to offer counselling to a beneficiary while still homeless and using substances. This effectively provided a dual diagnosis service which, according to WY-FI staff, constituted a *“remarkable”* level of flex, albeit one which was *“a development rather than a massive system change”* as it was an ad-hoc arrangement made possible by the presence of a Navigator at the counselling appointments.

Jobcentre Plus

There have been **significant changes in the culture of Jobcentre Plus (JCP)** in Calderdale in terms of their willingness to engage with clients with complex needs. One WY-FI worker initially struggled to get staff to engage with an individual who was homeless: *“They didn’t want to speak to him, they were giving him dirty looks”*. However, this attitude changed over time and the service is now much more willing to support homeless clients. In Wakefield a series of presentations at local JCP offices has also improved working relationships. DWP identified a named contact in each Locality for Navigators in order to support beneficiaries and their claims. Nevertheless, some people continued to experience a lack of accurate and consistent advice about the implications of part-time working for benefit claims when contacting front-line staff.

Council services

Customer First is a one-stop shop, drop-in service that provides advice on all council services in Calderdale. They have undertaken a range of person-centred and trauma informed training as a result of their involvement with, and support from, WY-FI and are now seen to be highly effective in their work with complex needs clients.

The extent of system change

The examples of change in institutional cultures and practices highlighted above clearly show that **WY-FI has made progress towards system change objectives**. Drawing on the list of drivers highlighted earlier, WY-FI has evidently supported services and agencies to better understand the needs of clients with complex needs, take a more person-centred approach, and focus on the needs of service users rather than just the organisation. This was evident, for example, in changes in the way that

the police and housing or homelessness services engage and work individuals with complex needs.

The attendance and commitment of key partners at the MARB discussed in earlier sections also illustrates how WY-FI has successfully engaged multiple actors and, in doing so, mapped out the system of support for complex needs clients including gaps in provision, while also acknowledging and addressing systems issues. MARBs also foster a culture of learning as agencies come to better understand both the needs of those with complex needs and how they can better collaborate with other services to build support around individuals and address blockages in the system.

At the same time **most stakeholders refrained from framing progress as far-reaching systems change** for a number of reasons. First, service flex was often implemented and overseen by key individuals who were involved in, and subscribed to, the WY-FI approach. One wider stakeholder in Leeds suggested that a shift in "*mindsets*" did not amount to system change per se but something more incremental akin to "*people change*". As interviewees in Wakefield noted, this worked well in terms of new partnerships and ways of working facilitated through the MARB, but also meant that **flex was largely dependent on relationships between key individuals** rather than more systemic changes embedded within organisations. This runs the risk of positive changes may not being sustained when staff leave posts or organisations are restructured.

Second, **some services were simply too large or overstretched for WY-FI, as a relatively small project, to exert influence** throughout the entire organisation. In Bradford, for example, it was noted that the WY-FI lacked the scale and visibility to shape the practice of all frontline police officers. However, notable changes in culture had occurred where Navigators were in direct contact with police working in the city centre who were aware of the project and would refer in individuals. Similarly, some elements of mental health services in Bradford had flexed support where individual managers had direct relationships with WY-FI, but this had not impacted on the overall model adopted by the Trust. For example, WY-FI had not brought about some of the fundamental changes needed e.g. a move away from a rigid appointments-based system to more flexible modes of working such as street outreach services with low caseloads operating outside of normal working hours.

Third, **a willingness to flex often seemed dependent on the on-going support and presence from a Navigator**: "*Knowing WY-FI are behind them gives them the chance to flex and give [people] another chance*" (WY-FI Worker This highlights the WY-FI 'effect' in terms of being a catalyst for change, but also that change is dependent on WY-FI providing on-going support. It is not clear how sustainable this will be once WY-FI comes to an end.

Fourth, **not all services were amenable to flex**. One WY-FI worker described the difficulty in getting GPs to work differently: "*They were really difficult to change.*" He felt they sometimes made judgements such as not providing Fit Notes for fear that benefit payments would be used for drugs, and could often be "*really rude*" to clients unless Navigators were present. Similarly, WY-FI had **less success in securing flex with mental health services** in some Localities. This was seen as the inevitable consequence of insufficient resources to meet demand: "*You can't blame anyone, they're overstretched. They're dealing with people in absolute crisis while their budgets are being cut*" (wider stakeholder).

Fifth, **commissioning processes were seen to limit the potential for system change** as contracts attached to individual services militated against developing a whole system way of working needed to embed systems change. The challenge is to adapt services that are commissioned separately to incorporate groups of people that

need several services. These challenges include aligning commissioning cycles for different services and being able to vary existing contracts on the basis of evidence as it emerged from the WY-FI project.

All these points suggest that **WY-FI falls short on at least some of the definitions and drivers of systems change** highlighted above. In particular, the variable engagement with the principles and practice of reconfiguring services to better support individuals with complex needs suggests a lack of 'distributed leadership' within and across organisations. This is evident, for example, in the patchy commitment of the police. The failure to engage parts of systems such as primary care also highlights how, in some aspects, WY-FI has not managed to build partnerships with all key actors.

Finally, and perhaps most significantly, there was a strong sense that changes in culture and practice were largely facilitated by key individuals. Stakeholders presented these as ad-hoc examples of 'service flex' rather than more fundamental structural change, as highlighted for example in the comment about changes in primary care being "*a development rather than a massive system change*". This all indicates that, in line with the definition above, **WY-FI has engineered valuable changes in some routines, relationships and values but not necessarily in a way that has seen these embedded durably in policies, resource, and power structures.**

Despite these caveats around the extent of systems change, progress to date should not be underestimated and **perhaps highlights the need to see systems change as a continual process rather than a final destination.** At the same time, this raises questions about whether progress can be maintained once WY-FI comes to an end. The possibilities for sustaining changes achieved are further explored in Section 5 below.

4.3. Wider drivers of outcomes

The ways in which key elements of the WY-FI model have enabled or constrained outcomes is discussed in detail in section 3.2. This section considers some of the wider factors driving outcomes at a beneficiary, organisational and systems level. These include:

- **Geographical differences:** Stakeholders highlighted a number of differences across Localities that impacted upon delivery of WY-FI and outcomes achieved:
 - The **variable landscape of service provision in terms of type and coverage** was seen to shape the ability of Localities to support beneficiaries. Wakefield was likened to the "*poor relation*" (WY-FI Worker) to Leeds as evident, for example, in the lack of personality disorder provision in Wakefield.
 - **Levels of vulnerability** differed by Locality with the Wakefield caseload recording the highest Chaos scores. This has implications for extent to which Navigators can help beneficiaries make progress.
 - **The size and geography of Localities** impacted upon the ability of Navigator teams to support beneficiaries across the district, particularly where there were outlying towns and villages beyond the main site. Calderdale, Wakefield and Bradford all undertook outreach work to address this, while Calderdale also established a second delivery site to reduce the distance beneficiaries had to travel to access WY-FI (see Section 3.2).
 - **Staff turnover** varied by districts with some stakeholders suggesting this negatively affected delivery at times as well as the retention of good staff: "*There was a lot of time when WY-FI were staff members down and then somebody was carrying a ridiculous load*". By contrast, the relative stability

of Lead Navigators and Navigator teams was highlighted as a strength in other Localities including Wakefield, Bradford and Calderdale.

- **Levels of funding** were identified as a constraining factor, with Kirklees described as a “*poor cousin*” (WY-FI worker) compared with Leeds and Bradford which had higher allocations, albeit with correspondingly higher caseloads. One implication of lower funding was that Kirklees staff were expected to lead the project alongside other non-WY-FI responsibilities, which limited their capacity to undertake some strategic work.

In Kirklees and Wakefield in particular, **a combination factors was seen to constrain the capacity of WY-FI staff to support beneficiaries.** In Wakefield, the mix of a particularly disadvantaged caseload, the dispersed geography of towns and villages, and the smaller volume and more limited range of services were all cited as constraining factors. Meanwhile, in Kirklees it was suggested that the “*peaks and troughs*” (WY-FI Worker) in the effectiveness of the project and outcomes achieved were attributable to staff turnover, lower levels of local authority resourcing and the more severe impact of austerity compared with other districts.. This highlights how the parameters of what can be achieved by Localities are shaped by a constellation of local factors both internal and external to WY-FI.

Other factors identified as driving outcomes included:

- **The test and learn ethos:** A key strength of the WY-FI approach is that it has not been target-driven. The ‘test and learn’ ethos of the programme means: “*We have been able to think outside the box*” (WY-FI worker). Leeds interviewees also noted that this gave them some freedom and flexibility, albeit within the parameters of the funder’s expectations, to shape delivery without being bound by a particular policy agenda or set of key performance indicators.
- **The effects of austerity:** Service and commissioning changes as well cuts to provision made delivery more difficult and also affected the ability of WY-FI to maintain a profile and relationship with services undergoing change.

Impact and Value for Money

5.1. Introduction

This chapter provides an Impact and Value for Money (VFM) assessment of the WY-FI service. The framework of analysis is rooted in the Treasury's Green Book principles²⁸. It includes reporting the service's cost (Inputs), the number of people it has supported and the support it has provided (the Outputs and Activity) and the difference this support has made (the Outcomes) as well as calculating cost efficiency and cost effectiveness. In simple terms:

- cost efficiency is the average cost of the support provided to service users;
- cost effectiveness is the average cost of per outcome achieved.

Ultimately it is possible to put a monetary value on the change in service use to provide a Benefit Cost Ratio. The Benefit Cost Ratio therefore shows for every pound spent what the impact has been on the cost of services used.

The analysis provided in this chapter represents a summary of a fuller analysis which is provided in a supporting Impact and Value for Money report.

5.2. WY-FI service costs

It is estimated that **total expenditure to the end of December 2019 was £9,426,000**. This is based on actual expenditure of £8,184,000 in the five financial years ending March 2019 and a pro-rata of the projected expenditure for year six, to cover the nine months to the end of December 2019 (giving an additional £1,242,000 in expenditure over the nine months).

Further analysis of year five expenditure (i.e. the financial year 2018/19) reveals staffing costs of £986,000, accounting for 63 per cent of the total spend in that year. Given there were 46.20 Full Time Equivalent (FTE) staff this implies an average staff cost of £21,300 per FTE.

The cost of the WY-FI service is used throughout this chapter to compute the average cost of working with service users, the average cost per outcome and as part of a comparison of monetised benefits to cost. In these calculations it should be noted that the cost figure represents the total reported expenditure, including both delivery and non-delivery specific costs. Many non-delivery specific costs - such as those for local evaluation and partnership development - would not be part of a 'mainstreamed'

²⁸HM Treasury (2003) The Green Book: Appraisal and Evaluation in Central Government. London, TSO. http://www.hm-treasury.gov.uk/d/green_book_complete.pdf

version of the WY-FI service. Also the funding from the National Lottery Community Fund gave freedoms to 'test and learn', facilitate the development of partnerships and capacity building, and enable more resource intensive activity with those who need it.

5.3. Who has participated in WY-FI and what is its cost efficiency?

This section considers who has participated in WY-FI. In summary it shows how the Service has supported close to its targeted number of service users and that all of its service users were facing multiple and complex needs.

By the end of December 2019, **822 service users had started on WY-FI service**; of whom 28 had two starts and one had three separate starts. This is just above the revised target number of service users (800).

Comparing the number of service users to the cost of the service gives the cost efficiency of WY-FI:

£11,467 = the cost per service user²⁹

The majority of service users (56 per cent) were identified as having all four HARM needs: Homelessness, Addiction, Re-offending and Mental Ill Health. A further 39 per cent had three needs. Figure 5.1 shows the proportion of service users with each HARM need. In addition a third of service users (275 service users) identified as having a long term health problem or disability.

Males (64 per cent; 526 service users) comprised almost double the number of service users compared to female (36 per cent; 296 service users).

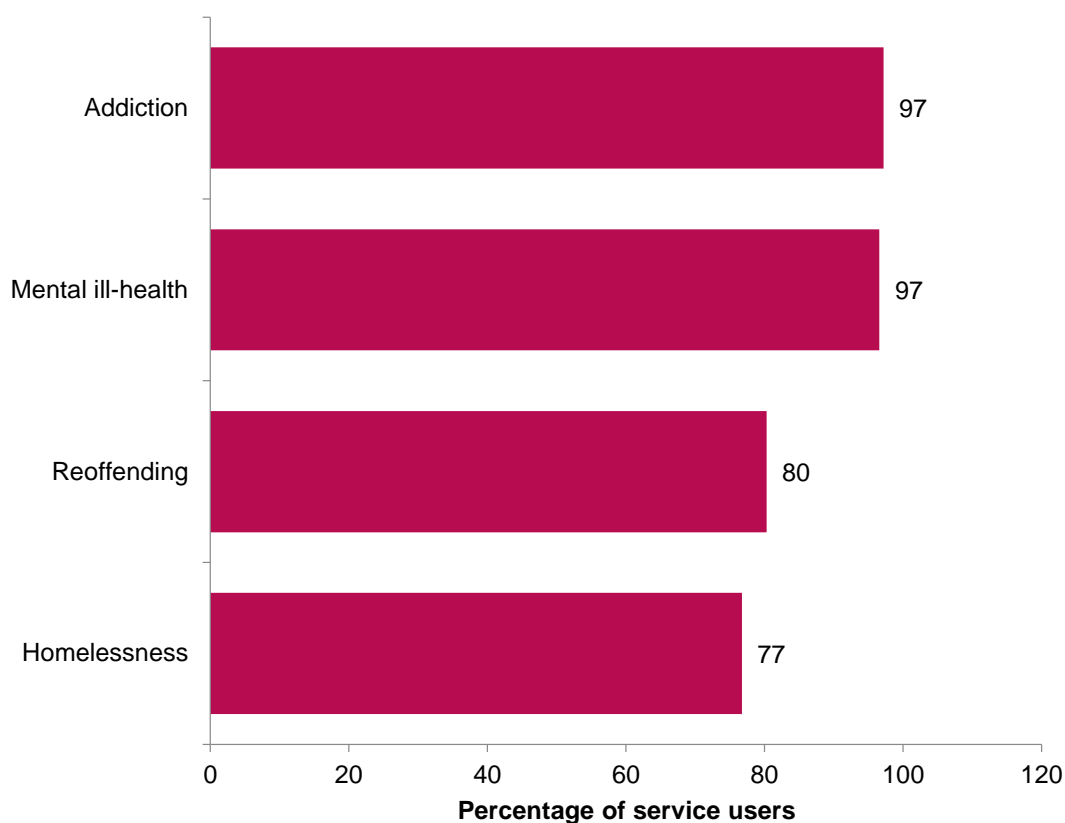
The average age of service users was 38. Analysis by age band reveals most service users were aged between 25 and 54 years of age:

- 9 per cent were aged less than 24 years (73 service users);
- 29 per cent were aged 25 to 34 years (242 service users);
- 36 per cent were aged 35 to 44 years (293 service users);
- 20 per cent were aged 45 to 54 years (166 service users);
- 4 per cent were aged 55 to 64 years (32 service users);
- 2 per cent were aged 65 years or over (16 service users).

Of the 705 service users who gave an ethnicity: 83 per cent were White British or Irish; five per cent identified as being from a 'White Other' ethnic group, which will include most European migrants; and 11 per cent were identified as being BAME.

²⁹ Note the average cost per start on WY-FI is £11,076. This is lower because 28 service users had two starts and one service user had three starts.

Figure 5.1: HARM needs reported by service users



5.4. What support did service users receive?

The most commonly received forms of support provided to service users were (Figure 5.2):

- Advice and information (83 per cent); this includes advice for legal and criminal justice, housing, welfare, personal care and addictions.
- Health-related support (78 per cent); including GP, in- and out-patient treatment, community support and self-help and support group attendance.
- And substance misuse support (70 per cent); including rehab, detox and use of support workers.

On average WY-FI service users received 4.3 different forms of support (out of nine possible forms). However, this masks considerable variation across service users:

- 22 per cent of service users had received seven or more forms of support.
- 18 per cent received one or none of the forms of support.

Analysis of time in the navigator caseload (Figure 5.3) reveals on average service users had received support for over 537 days. When the analysis is limited to those who had exited the service the average is lower: 505 days. Unsurprisingly these averages mask a wide variation. Figure 2.3 shows:

- 14 per cent of service users had received six months of support or less.
- A further 25 per cent had received six to 12 months of support.

- At the other end of the spectrum nine per cent had received over three years of support.

Figure 5.2: Support received by service users

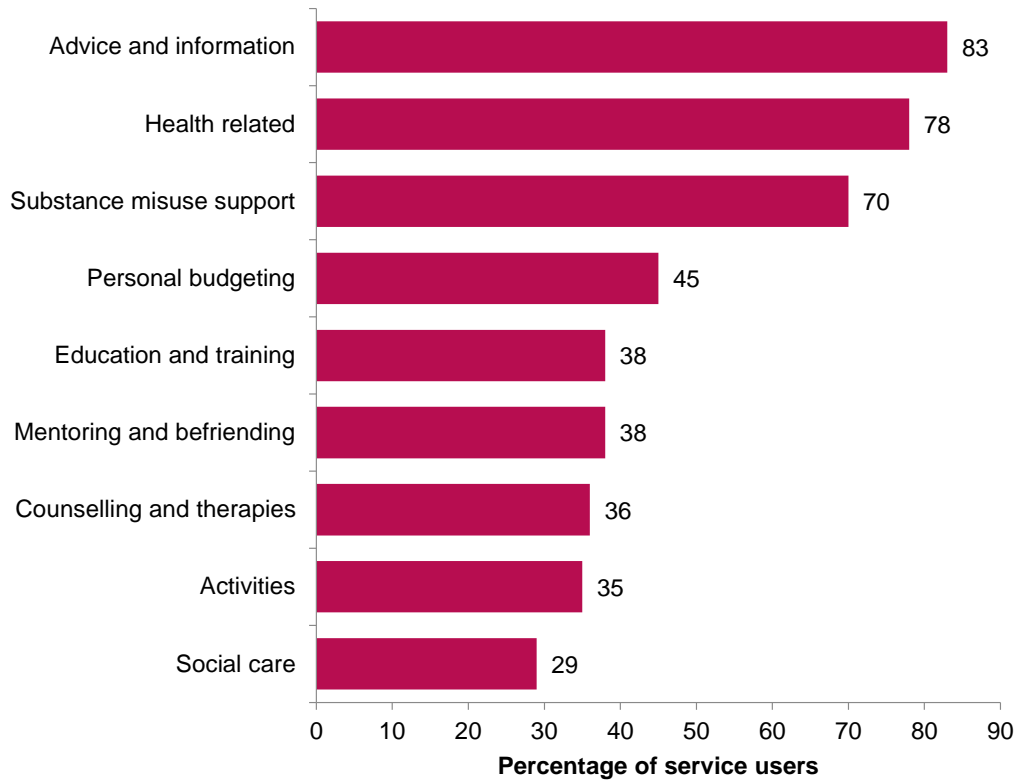
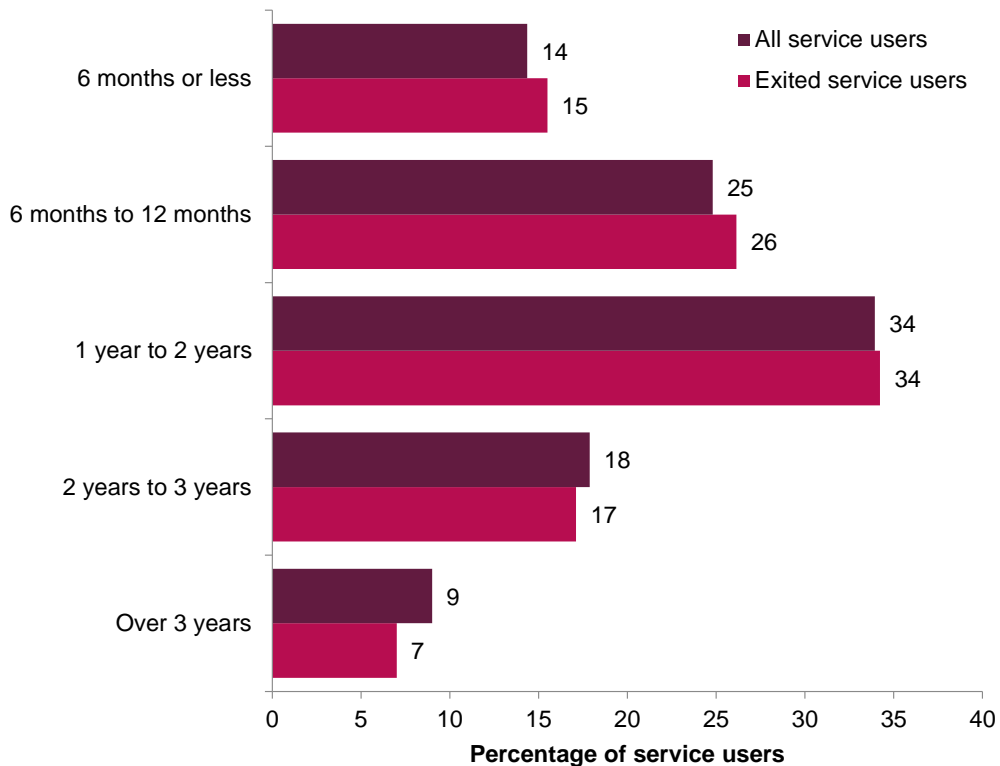


Figure 5.3: Time in the WY-FI Navigator caseload



5.5. What outcomes did service users achieve?

This chapter considers the outcomes achieved by service users. It highlights the positive progression most service users have made across outcomes, in particular change in their Homelessness Outcome Star (HOS)³⁰ and New Directions Team Assessment (NDTA) "Chaos Index"³¹ scores.

A key outcome area for WY-FI is to support service users into planned exits from the service. Such exits include gaining independence, having external support networks in place and moving to other support. Conversely unplanned exits include: prison, not being ready for support, refusing support and becoming deceased. Fully 90 per cent of service users had exited the WYFI service by the 31st December 2019. This includes 426 service users (57 per cent) who had a planned exit. This implies:

£22,217 = the average cost per service user who has a planned exit

Analysis of HOS scores reveals a statistically significant improvement between first and last/latest assessments. The average service user HOS score improved 12 points between their baseline and last/latest assessments; from 28 points to 40 points. At an individual service user level, 67 per cent had an improvement in their HOS score. Based on the expenditure by the WY-FI service to the end of December 2019 this implies the **average cost per service user who has an improved HOS score is £17,176**. Figure 5.4 shows how the average score on each of the 10 HOS domains improved (illustrated by a move outwards) by at least 1 point on the 10 point scale between service users' first and last/latest assessment.

Similarly analysis of NDTA scores reveals a statistically significant improvement between first and last/latest assessments. On average service user NDTA scores improved nine points between their baseline and last/latest assessments: from 35 points to 26 points (where a lower score implies an improvement). Fully 74 per cent of service users reported an improvement in their NDTA score. The **average cost per service user who had an improved NDTA score was £15,461**.

Figure 5.5 shows how the average score on each of the ten domains compares at the service user's first and last/latest assessment³². Positive progression (a shift inwards towards the centre) is shown across all ten domains with average scores increasing by at least 0.3 points on the six point scale.

³⁰ Detailed information about the Homelessness Outcome Star is provided in the Appendix

³¹ Detailed information about the New Directions Team Assessment is provided in the Appendix

³²Note to aid comparison risk to others and risk from others have been scores on a 0 to 5 scale.

Figure 5.4: Average service user Homelessness Outcome Star scores at baseline and last/latest assessment

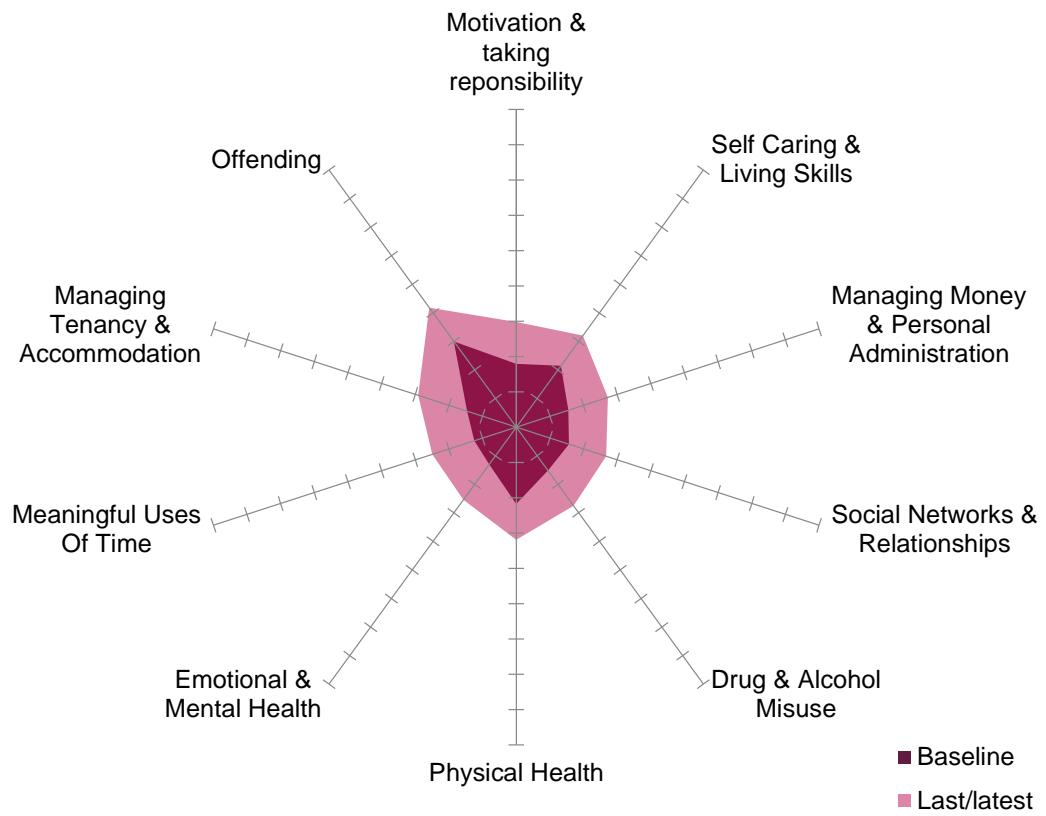
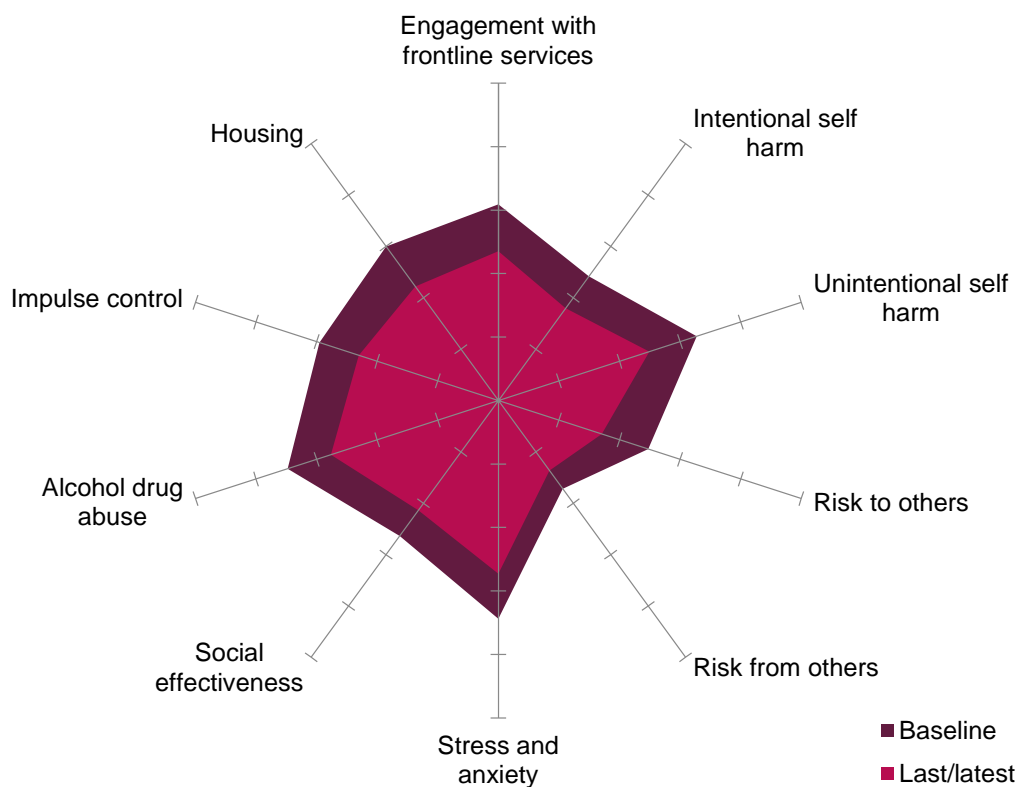


Figure 5.5: Average service user NDTA scores at baseline and last/latest assessment



5.6. What impact did WY-FI have on the wider use of services?

This section considers the impact of the WY-FI service in terms of beneficiaries' use of services. The methodology underpinning this analysis is provided in the Appendix.

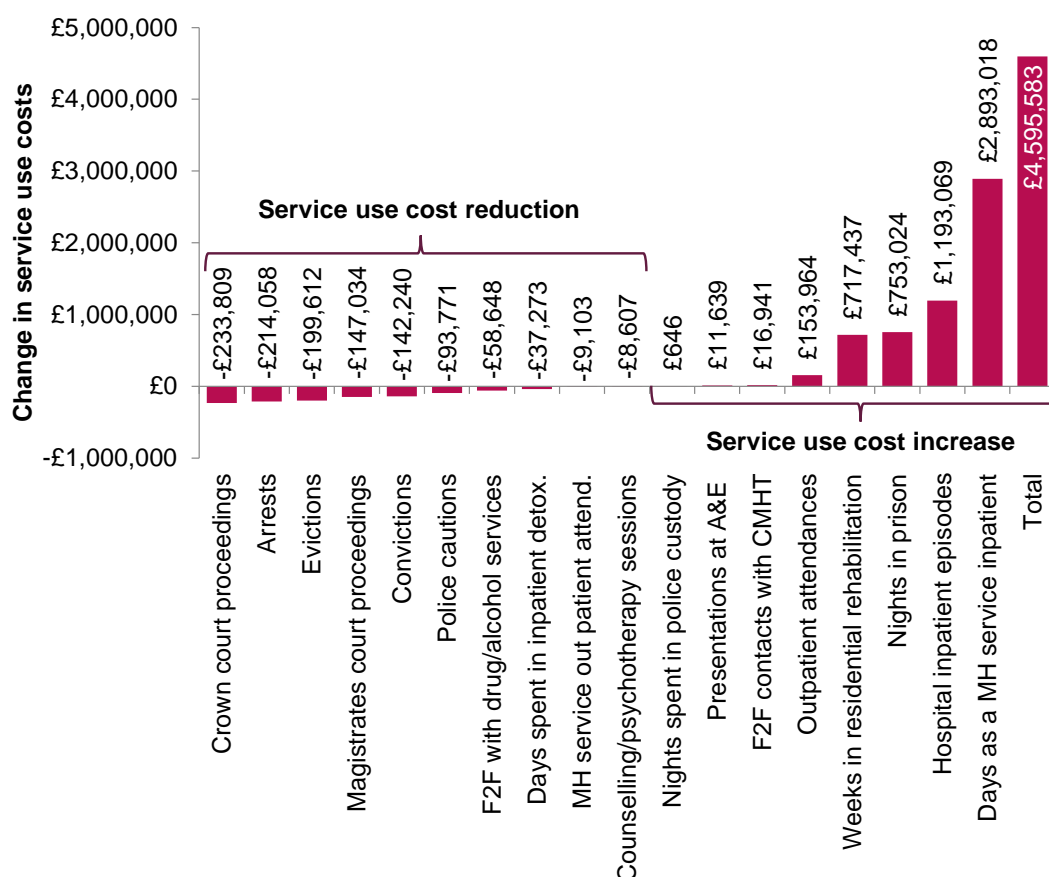
Overall WY-FI is found to increase its beneficiaries' service use costs. The expected increase in service use costs is **£5,584 per service user** over six quarters compared to the baseline. This implies:

£1 of WY-FI expenditure leads to £0.49 in wider service use costs

However this needs to be put into context:

First, the overall increase in costs has mainly been produced by a limited number of service use types; particularly days as a mental health service patient. Costs were shown to be lower for 10 of the 18 service use types considered (Figure 5.6).

Figure 5.6: Cost change by service use type



Second, the service use types with increased costs tend to be positive treatment services (Figure 5.6). Many of these will be to address previously untreated conditions. It is likely that these use of services will reduce over time as treatments are completed. Also, these treatment services are likely to prevent longer-term, often more expensive and reactive, service usages. For example planned outpatient attendances are likely to lead to longer-term reduced reactive accident and emergency attendances.

Third, analysis of changes in service use costs over time suggests that saving start to emerge within the second year after starting on WY-FI. The trend is for a spike in wider

service use costs during the first 12 month following engagement. In the second year the evidence suggests in Q4-Q5 and Q5-Q6 although costs were higher than in the baseline period the level of increases were less than in both the preceding periods. Finally the responses for the period Q6-Q7 indicate a reduction in average service use costs compared to the baseline.

Fourth, increased costs were identified despite beneficiaries reporting positive outcomes on other metrics. Service use costs increased by a greater amount for beneficiaries whose HOS score (£1,655 per service user over two quarters) and NDTA score (£1,637 per service user over two quarters) improved compared to service users whose score stayed the same or worsened: £1,526 per service user and £1,269 per service user respectively. This suggests that improvements in HOS and NDTA scores have been achieved *because of* the increases in wider service use costs. Therefore cost increases, at least in the short term, should be seen as a positive, rather than a negative, effect of WY-FI.

Fifth, ensuring service users achieve a planned exit is important to limit or reduce costs. Analysis revealed that average service usage costs increased by a far greater amount for beneficiaries with an unplanned exit (£7,813) compared to beneficiaries who had a planned exit (£2,543); a difference of £5,270 per service user. However this also shows that achieving a planned exit is associated with increased service use costs, which reflect the additional interventions required to overcome beneficiary needs and promote independence.

Finally, more detailed analysis identified a large difference in the increase in service use costs between beneficiaries who recorded a prison stay after starting on WY-FI compared to those who did not: £10,624 and £515 respectively over two quarters. Therefore addressing factors which may lead to a prison stay should be prioritised. This includes promoting relatively lower cost preventative and treatment services which can reduce the likelihood of a prison stay.

Legacy and sustainability

The perceived effectiveness and demonstrable outcomes of WY-FI highlighted in previous sections raises important questions about the potential to sustain key elements of the project and the legacy it leaves behind. WY-FI is intended to connect individuals with complex needs to support they might otherwise struggle to access and, in doing so, engineer system change that make services more responsive to this group. As WY-FI comes to end, it becomes imperative to ask what impact this will have when that function is withdrawn, what value and opportunities there are in trying to sustain elements of WY-FI, and what legacy exists that might continue the work of WY-FI through other mechanisms. These questions are explored in the two sections which follow on sustainability and legacy.

6.1. Sustainability

Interviews explored the potential impact on both individuals with complex needs and the services that support them of WY-FI coming to an end. Discussions also examined the desirability of sustaining the programme in some form, either in its entirety or key aspects of the model.

As this section shows, there is widespread, albeit not universal, concern about the potential impact of WY-FI closing and a strong consensus that key components of the model, particularly the Navigator role and the MARB, should be continued. Where efforts had been made to sustain aspects of WY-FI in other services, these were largely valued. However, questions were also raised about the effectiveness of these mechanisms when embedded in individual services rather than operating in 'standalone' form as they had within WY-FI.

The potential impact of WY-FI ending

There were **mixed views on the potential impact of WY-FI coming to an end** and, by extension, the perceived need to sustain WY-FI services in some form. On balance, most respondents felt it would lead to the withdrawal of much needed support, with potentially serious consequences for beneficiaries and agencies who have increasingly come to rely on the service. However, there was also a minority view that other services and new funding streams could compensate for the loss of WY-FI. Both of these positions are discussed in turn.

A number of interviewees across all Localities voiced concerns about the loss of support at both an individual and service level once the programme is terminated. At an **individual level**, there was consternation among Peer Mentors and beneficiaries about the consequences for their health, well-being and recovery of losing access to a much-valued source of support, routine, structure and meaning in their lives:

“We’re worried... What are we going to do as Peer Mentors and beneficiaries? I come every day to the office...I’m gutted, beneficiaries are going to sink. People are asking what are we going to do now? Where do we go?”. (Peer Mentor)

“[Halifax] is gonna be like Beirut...People are going to be put at risk when WY-FI ends”. (Peer Mentor)

In Calderdale WY-FI staff also raised concerns in early 2020 that **other key services in the district didn’t have the same person-centred approach and flexibility** around service users dropping in to see project workers. They felt this would leave a *“massive hole”* in terms of a lack of any one service which individuals with complex needs *“could turn to and be listened to”* (WY-FI worker). There has been substantial work undertaken by commissioners to re-model services in line with the learning from WY-FI and the results of this positive work are still emerging.

At a **service level**, WY-FI was also seen to have directly improved processes and outcomes for partner agencies. Crucially, it had established itself as a **service that other services could turn to when they are “stuck”** (WY-FI worker) with challenging cases. Wakefield stakeholders noted that the focus on the **most vulnerable and disengaged** from services has met a real gap, providing a vital support service to *“bridge the gap during austerity”* (wider stakeholder).

The perceived value of WY-FI to services meant, therefore, that losing this capacity was a real concern. The loss of the Navigator function was considered particularly problematic as services did not have the capacity to replace this by providing intensive support to small caseloads: *“We can try to move them on to different services but [other services] don’t have the time and space to give more help. It will leave a bit of a hole”* (WY-FI worker).

This shortfall is all the more significant given the observed rise in the number of people with complex needs as a consequence of austerity and cuts to services, in particular to preventative or early help support. As one stakeholder in Wakefield observed: *“A lot of people were quite saddened to hear that it was coming to an end because it means a lot of people will be without that extra level of support, although it wasn’t meant to be a support project as such”*. In Bradford, one partner agency expressed concern that this could lead to reversals in progress for beneficiaries with attendant increases in demand on services: *“They’ll just go back to their way of life and continue to be a drain on services”*. This **illustrates the challenge in trying to demobilise a service whose support and capacity has, to some extent, come to be relied on**.

By contrast some stakeholders in Kirklees, where WY-FI had already been wound down, suggested changes in service provision over recent years, together with the introduction of certain funding streams, had **reduced the need for the project**. Two particular developments were noted. One was the introduction of **KBOP** (Kirklees Better Outcomes Partnership) funded by the Life Chances Fund (a social investment bond) which functioned as a new one stop shop for all tenancy and housing-related support in Kirklees. While not seen as a direct replacement for WY-FI, some felt it could accommodate at least some of the WY-FI population. Second, new funding streams including the **Rough Sleeper Initiative** had been used to fund Navigator-style roles within new and existing services.

For these reasons, it was felt that the end of WY-FI has not been felt as keenly as it might have been, with a prevailing view that there is lots of support available now for people with complex needs. An important caveat raised by more than one stakeholder in Kirklees is that although there is now a lot of support available, this does not mean that there are no longer gaps in service provision. It was pointed out that a lot of support is now largely provided by **an untrained and unqualified workforce** who have

limitations in terms of skills and expertise. This is now being addressed by WY-FI with workforce development and support around working practices for staff. Nevertheless, there is still a lack of higher level, specialist support particularly in mental health and adult social care.

On balance, though, **most interviewees across Localities believed that the WY-FI model should and is being sustained in some form**. While some felt that, ideally, WY-FI should be maintained in its entirety, others noted that this might be unrealistic given funding constraints and instead identified key aspects of the model they would want to see continued. The Core Partnership Management Board is going to continue to meet and support the WY-FI model across West Yorkshire. Most pinpointed the MARB and the Navigator model as the core functions that should be sustained, with smaller numbers also highlighting the value of the ETE and Peer Mentor support as well as co-production activities. Options for maintaining each of these elements of the model is discussed in turn below.

Sustaining the MARB

Stakeholders in Localities expressed **strong support for the MARB** and a desire to continue its multi-agency case-conferencing role through some form of legacy vehicle, although a minority suggested its cost in terms of senior staff time will be a major barrier to continuation. While partnerships created through the MARB could, in theory, be sustained through the commitment of individual agencies to continue working with each other, it was felt that there was still added value in co-ordinating support for complex needs clients through a dedicated panel.

In terms of options for sustaining the model, there was **scepticism that the MARB could readily be absorbed into other single issue, multi-agency forums** such as Multi-agency Public Protection Arrangements (MAPPA) for violent or sexual offenders or Multi Agency Risk Assessment Conference (MARAC) which deals with domestic abuse. Absorbing the MARB in existing forums was considered unsatisfactory as they lacked the *“unique element of WY-FI”* (WY-FI worker) in terms of its ability to co-ordinate responses across all four HARM areas, underpinned by the work of the Navigator in preparing cases to present.

In Bradford, it was suggested there was *“good will”* (wider stakeholder) to continue the MARB and that there may be opportunities to use commissioning monies to continue it. Pooling budgets could be a way of supporting the creation of new Navigator posts and embedding some form of MARB within services e.g. within the Criminal Justice System.

The Calderdale WY-FI project was most advanced in its plans to create a legacy vehicle, having wound down the MARB and handed over its key functions to **a Task and Target Group**. The group first met in January 2020 and is funded from £100k of monies which Calderdale Council secured competitively as part of funding made available through the Homelessness Reduction Act. The funding has been used to resource the Group along with a winter shelter and a new time-limited Rough Sleeper Navigator post. This is discussed in further detail in the legacy section that follows.

Sustaining the Navigator model

The work of **Navigators is seen as a critical component of WY-FI and there was a unanimous view that this element of WY-FI should be sustained**. The role was considered all the more essential against a backdrop of on-going social, political and organisational change including austerity, the introduction of Universal Credit, cuts in substance misuse services, pressures in the criminal justice system, the

criminalisation of 'legal highs', restructuring within the Probation service, and the introduction of the Homelessness Reduction Act.

This has made it harder for those with complex needs to access services and has meant that Navigators have had to work *"doubly hard"* (WY-FI worker) to support them. In doing so some stakeholders felt **Navigators had become an indispensable support service**:

"There was an element of Navigation in that but they were often working with people for 18 months, two years, so that's not Navigation ...I think they worked incredibly hard with the individual, they did huge amounts of support work, really intensive work" (Wider stakeholder).

One option for sustaining the work of Navigators is to secure follow-on funding to maintain existing teams, which has already happened in some districts (see section on securing funding below).

A second option is to seek to embed a Navigator-style role in other services. Some interviewees sounded a note in caution in how straightforward this would be. The success of WY-FI in establishing itself as "standalone" service and the unique skillset and experience of Navigation teams means that **the role cannot be easily "picked up, replaced or absorbed...You can't just plonk a worker in another service and expect them to follow the model"** (WY-FI worker). Leeds stakeholders also the importance of 'generic' Navigators role not tied to any single policy area or presenting need.

This has been corroborated by Navigator Needs Analysis undertaken by Barca which concluded that 'generic' Navigators would benefit the city. In particular, they would meet several identified service gaps including for sex workers who do not engage with specialist services; offenders with complex needs who don't meet single point of access criteria; and individuals whose attendance at Forward Leeds is a significant protective factor and are unable to maintain independent engagement. In some Localities, steps had already been taken to create posts that embedded at least some of the functions of WY-FI Navigators and these are explored further in the legacy section below.

Sustaining ETE and Peer Mentor training provision

The ETE and Peer Mentoring course is seen as **creating an important legacy in showing that it can work as a model of support for people with complex needs** which validates the need to sustain the service in some form.

One WY-FI Worker also observed that it is important to sustain a service-based ETE function as many individuals with complex needs are not ready or willing to engage with Further Education colleges or adult education. They suggested that *"the beauty of ETE in WY-FI is that is delivered in-house"* and integrates training and employment to provide pathways for progression.

Sustaining Co-production

WY-FI staff suggested that Mini Networks could be usefully sustained as a valuable source of support and interaction for Peer Mentors and beneficiaries. It was recognised that **initial hopes that Networks would become self-sustaining peer-led networks were perhaps unrealistic** given the high demands this would place on individuals at various stages of recovery. The consensus now is that on-going professional support is required to run groups.

Attempts to secure sustainability funding from external funders have, however, not been successful to date. Consequently, Co-production Support Workers and Network members in Bradford and Calderdale are **exploring options for integration into existing recovery groups or services**. This might occur in a number of ways. One possibility is for organisations to support the mini-Network in a light-touch way such as providing a room for meetings. Alternatively, it could become more fully embedded where services draw on the Network as panel for co-production activities.

One potential challenge, though, is that other services may already have service user panels which means they don't necessarily have the capacity nor need to 'adopt' WY-FI beneficiaries. Moreover, a WY-FI worker in Calderdale also reflected that co-production works best when it *"stands on its own and has its own voice"*, as being located in any single service may narrow its remit and power to advocate.

Sustaining the Personalisation and Innovation Funds

Few interviewees reflected on the need to sustain the Personalisation and Innovation Funds, although this may be a reflection of stakeholders seeing the MARB and Navigators as priorities rather than suggesting there is limited value in continuing the Funds in some form. One stakeholder in Calderdale did highlight **the value of both the Personalisation Fund** and the Innovation Fund-supported Insight project offering CBT to beneficiaries. The latter was considered highly effective and, according to the interviewee, should have been sustained for longer.

Securing funding to sustain activities

Sustaining WY-FI in its entirety or just some elements of the model would clearly require additional funding, and interviewees reflected on the options for, and feasibility of, securing follow-on funding. Some areas have already been successful in securing additional funding:

- **Bradford:** Funding has been secured from the local authority to support the project for 12 months until April 2021 (like-for-like in terms of funding amount and resource capacity). Around 50 per cent of beneficiaries will be carried across into the new service and new cases will also be taken on.
- **Calderdale:** A successful application was made to become a MEAM approach area (see below). There is some scope (but as yet not confirmed) for Calderdale to become part of an extended KBOP programme of social outcomes investment.
- **Kirklees:** Kirklees Better Outcomes Partnership is an outcomes funded programme for supporting people, with a specific tier of support for people with complex needs. This programme is underpinned by a social investment bond.
- **Leeds:** A number of different funding streams are being used to commission Navigators to work with people with complex needs in existing support services (see 6.2).
- **Wakefield:** Funding has been secured from Wakefield District Council to ensure **the continuation of the Navigator team** for a further year from May 2020. This also gives the team some breathing space to secure other funding.

There was a consistent view **that pooling budgets across services was perhaps the most obvious approach** and there are on-going conversations in Bradford and Wakefield between strategic partners around this. However, one wider stakeholder noted that the geographical spread of WY-FI across five districts adds a *"layer of complexity"* to the already challenging task of securing agreement around pooled budgets compared with other Fulfilling Lives projects operating across fewer areas.

One stakeholder noted that *“breathing space money”* in the short-term was particularly important to support existing beneficiaries when current funding ends. However, there was a recognition that this could be challenging to secure, especially if services are concerned that the benefits of their particular investment might be experienced more by other services.

There was a clear sense that WY-FI needed to make the case for continuation funding on the basis of both demonstrable **cash savings for services and sharing success stories of individual journeys**. One interviewee also reflected that current events to persuade commissioners of the need to sustain WY-FI were perhaps a little too late given the long lead in times for drawing up tenders. They also noted that attendance by commissioners from key parts of the health system at one event about options for sustainability had been *“disappointing”* (wider stakeholder).

A further reflection was that any future funding would be more limited and would therefore **require choices to be made about which elements of WY-FI to prioritise**. One stakeholder expressed a view that there was never going to be sufficient funding to continue WY-FI in its entirety so it would be important to maintain its essential elements, particularly the Navigators and the MARB, while stripping out less important components such as the research and evaluation function. This view was not universal however, with one national stakeholder involved with a number of Fulfilling Lives projects suggesting WY-FI’s central research function stood out as an exemplar of evidence being used to identify need, drive good practice and advocate for systems change. This included *“really powerful and very effective”* (wider stakeholder) use of case studies to show outcomes and make the case for change.

Finally, there was a view that even if follow-on funding were secured, **it would be difficult to sustain some form of the MARB and Navigator model within any single service**. As one Navigator observed, the *“beauty of WY-FI”* is that it is *“independent”* and could address all four HARM areas. Embedding it within a single service may not be as effective if it has a narrower remit and a tradition of support work. The risk is that this may neglect needs around other areas of HARM: *“It’s wonderful to get homeless people off the streets but then what? They still need help mental help work, help from recovery services”* (WY-FI worker).

6.2. Legacy

Understanding the legacy of WY-FI continues, in many ways, the discussion around service system change as the footprint the programme leaves behind is fundamentally a question of how its aims, ethos, practice and delivery model have become embedded within services and systems. Section 4.2 has already considered changes in institutional cultures and practices, both of which could be considered elements of the WY-FI legacy. This section looks at how aspects of the WY-FI model have become adopted or embedded more durably in the approach of other services.

Interviews show that the **WY-FI model has consciously influenced the design, implementation and delivery model of several recent projects** including:

- **Wakefield:** The **Housing Needs Service** in Wakefield has sought to introduce a rudimentary version of the MARB.
- **Bradford:** The Navigator model also “heavily influenced” (wider stakeholder) **Bradford’s Homelessness Outreach Partnership (HOPE)** which provides outreach-based, multi-agency support to help the homeless into supported accommodation. It includes a number of professional services included Housing Options (who second an officer), a mental health professional and a supported accommodation provider. The **Salvation Army** have also adopted outreach

Navigators with small caseloads while the **MARAC crime reduction partnership** is in the process of recruiting Navigators.

- **Calderdale:** The council has directly employed a **Rough Sleeper Navigator** using Rough Sleeping Initiative monies (see below). Two **social housing providers** in Calderdale have also adopted a Navigator-style approach, although the extent to which this is directly influenced by WY-FI varies between the two:
 - **Horton Housing** have been commissioned by Calderdale Council to run a **'Street Reach' service** that includes a Navigator undertaking outreach activities with rough sleepers. In addition, they are also developing a tenancy sustainment worker role which, according to WY-FI staff, draws on the principles of WY-FI and has been influenced by work undertaken at the MARB.
 - **Together Housing** have set up a Tenancy Sustainability Team in the last two years with representation on the MARB. Like Navigators, they are not *"handholding"* support workers but, rather, *"linkers"* (wider stakeholder) who can help tenants access services and support such as registering at GPs, getting furniture and addressing debt and arrear. The Tenancy Sustainability Team would have been set up anyway so it is not directly influenced by WY-FI, but offers the potential to replace some of its support: *"The hope is that there is some legacy that can be continued there but obviously once WY-FI goes it might not be able to be replaced in its exact format"* (wider stakeholder).
 - The key drug and alcohol treatment service is looking to put new roles in place to adopt elements of the Navigator model including outreach work. There is also interest in exploring the potential for a model where key health professionals are available without appointment to individuals with complex needs within the services and facilities they use more frequently.
 - More broadly, Calderdale has successfully applied to become a **MEAM approach**³³ area.
- **Leeds:** Navigators and complex needs workers are now located in a number of services (e.g. **street outreach and Engage floating housing support**). However, some of these roles are seen as 'watered-down' versions of WY-FI in the sense that they do not offer intensive support, caseloads are higher, and they are tied to a policy agenda (e.g. housing or rough sleeping). WY-FI has also influenced commissioning practices, with one stakeholder describing how the Navigator approach has been built into new contracts: *"We've just commissioned an IOM contract, intensive offender management, that's got the principles of WY-FI within that. So how it's affected us I think is it's helped us think about how we commission support."*
- **Kirklees:** The **Rough Sleeper Initiative multi-agency forum** was deliberately designed to reflect that way in which the MARB operated.

Three projects stand out as **exemplars of legacy vehicles** that have adopted a number of components of the WY-FI model: The Housing First project (Bradford), the Task and Target Group that replaces the MARB (Calderdale) and the Horizons offender resettlement project (West Yorkshire). Each of these is discussed in Box 3 below.

Box 3: Legacy projects in Localities

³³ MEAM approach areas receive funding and support to explore and embed change within their local systems for people facing multiple disadvantage. Calderdale's approach was explicitly based on building on the work of WY-FI by reducing the harm associated with street-based activity, and addressing the needs of women and the BAME community.

Housing First (Bradford)

The **Housing First project** established in 2018 is seen as a legacy vehicle for WY-FI as it explicitly adopted many parts of the model including a multi-agency case-conferencing Complex Needs Panel supported by Navigators providing trauma-informed support. The WY-FI lead partner, Bridge, deliver this support element which replicates the Navigator model in terms of low caseloads, intensive support and helping beneficiaries to access other agencies.

The Complex Needs panel was initially set up to screen referrals into Housing First accommodation, but has since expanded its remit. It now also seeks to get supported accommodation providers to flex services and take on high needs cases where appropriate support (e.g. around issues with mental health, drug and alcohol, and arrears) is in place.

The MARB played a critical role in laying the groundwork for the Panel as it has *“built up trust around [multi-agency working]...it wouldn't have happened [otherwise]”* (wider stakeholder). The Complex Needs Panel has also sought to replicate the culture of the MARB in terms of being action-orientated, with attendees expected to prepare cases in advance to enable meetings to focus on *“solving [issues] there and then”* (wider stakeholder).

The Task and Target group (Calderdale)

This is linked to the MHCLG/Homeless Reduction Act Rapid Rehousing Pathway. The Task and Target Group has a **core remit to tackle street homelessness** and has been explicitly developed as legacy vehicle to the MARB: *“WY-FI laid the foundation”* (WY-FI worker). Most members are former attendees of the MARB and administrative support is provided by a current WY-FI Navigator. The group now sits within the Customer First service within Calderdale Council which provides advice on all aspects of the Council's service including housing. Referrals come through the Rough Sleeper Navigator and the homelessness street outreach team, with the Navigator bringing cases to the Group. While ostensibly focussing on a single HARM area (homelessness), the WY-FI team have secured a permanent agenda item to discuss complex needs cases where individuals are not experiencing street homelessness.

There were **mixed views on the extent to which the Task and Target group would sustain the most important functions of the MARB**, and the extent to which it mattered that it was embedded within a single HARM area. On the one hand, there are concerns among WY-FI staff that the group will *“feel different from the MARB”* because of its narrower agenda which could exclude those with complex needs who are not experiencing homelessness.

On the other hand, it was acknowledged that *“75 per cent”* of WY-FI clients experience street homelessness anyway so the risks of exclusion were small, especially as WY-FI had secured a slot to discuss other cases where there were no presenting issues around homelessness: *“It's a good replacement, there's some legacy [from WY-FI]. It's a platform to discuss the vulnerable”* (WY-FI worker). Moreover, the group was seen to have an advantage over the MARB in that it had secured the attendance of two services the MARB had struggled to attract - mental health and adult social care - because of the reach and influence of the Council.

Nonetheless, it was also clear that the **ability to establish this Group and secure good attendance from a range of services was very much a legacy of the MARB**, with one stakeholder describing how: *“There's a real legacy of people working together. [The Council] just bring nuts and bolts and a bit of glue.”*

Horizons offender resettlement project (West Yorkshire-wide)

The lead delivery partner in Calderdale, Foundation, highlighted the influence of WY-FI on its recent successful bid to run a three-year resettlement pilot project (known as Horizons) for offenders leaving Leeds prison who intend to live in West Yorkshire. The project supports prisoners to connect with services five to twelve weeks before release, and to make sure accommodation is in place from day one. The project draws on the key principles of WY-FI including a multi-agency board, Navigators (including a former WY-FI Navigator), a trauma-informed approach, a Personalisation Fund, and long-term (two years) support once in the community: *“Why reinvent the wheel? WY-FI works well”* (WY-FI worker).

This is a relatively new way of working for a 'through the gate' prison service. Navigators on the project have a high level of responsibility including being keyholders on the wings and not needing pre-booked appointments to see prisoners. To date, the project has supported 30 to 40 people and has had an 80 per cent success rate in terms of participants not re-offending.

Legacy vehicles raise important questions about the extent to which they can replace the WY-FI offer. One wider stakeholder in Bradford felt that the multi-agency services provided through both the Housing First project and the Homelessness Outreach Partnership (HOPE) would provide a “*service and legacy*” which means there is no longer any need for WY-FI. However, this view was challenged by WY-FI worker who described the Complex Needs Panel attached to the Housing First as “*one-dimensional*”. This reflected concerns also expressed in Calderdale that multi-agency boards built around a single HARM area lacked the flexibility of the WY-FI model.

There was also a note of caution in suggesting all new Navigator roles can be seen as a direct legacy of WY-FI, as this has become a national policy agenda increasingly embraced by central government departments: “*It’s on everybody’s agenda*” (wider stakeholder). Nonetheless, it remains indisputable that **WY-FI has had a clear and direct influence on the culture, approaches and models now in place in services.** One stakeholder described for example how WY-FI helped to embed the term ‘Navigator’ which had not been in common usage before the programme. Stakeholders felt that WY-FI has also worked to raise recognition of the value of a Personalisation Fund which has become a more standard part of practice.

There is also a strategic legacy at both the regional and local level in terms of a commitment for the regional Core Partnership Management Board (CPMB) – the key governance vehicle for WY-FI – to continue meeting until the end of 2020. This will operate as a system leadership board with support from the Office of the Police and Crime commissioner. This will also help, among other things, for support for the complex needs agenda to become a key strand of the regional and local Reducing Re-offending Boards. One wider stakeholder reflected on this on-going support for the complex needs agenda by the Police and Crime Commissioner by asking: “*Would it have happened without WY-FI? It might well have. Would it have happened as quickly? I doubt it.*”

Finally, one stakeholder observed that WY-FI has played a role as part of the wider Fulfilling Lives programme in advocating for and securing systems change among central government departments at a national level. This has prompted “*massive steps forward*” including embedding a Navigator-style role in the prison Trailblazers programme; a greater willingness among DWP to work with Probation and IOM services; and growing commitment to co-production within the development of strategies and policies.

6.3. Concluding remarks and recommendations

This evaluation has shown that **WY-FI has addressed a real gap for individuals with complex needs** that are disengaged from services. The project has overcome initial scepticism that it was too expensive, ‘parachuted’ in and duplicated existing provision to demonstrate the value of the core components of the model, particularly in relation to Navigators and MARBs. Qualitative and quantitative evidence provides a complementary picture of how WY-FI has brought about positive change for beneficiaries in ways that support recovery. On-going efforts to sustain key elements of the project are testament to the way in which they are now regarded as indispensable parts of the West Yorkshire service delivery landscape.

This is not to suggest WY-FI has performed equally well across all areas. Perceived effectiveness and outcomes have varied over time and across Localities depending on a range of internal and external factors. These include the extent to which MARBs have established themselves as the pre-eminent ‘must attend’ multi-agency partnership; Localities have developed vibrant, resilient, supportive and stable

Navigator teams; and existing local services provide a rich seam of support that Navigators can help beneficiaries access.

The analysis in this report clearly shows that **WY-FI has raised awareness among service providers about the need to engage, and take a different approach, to clients with complex needs**. Some progress towards system change objectives has been achieved, particularly in terms of cultures and values if not necessarily structures and processes. Agency buy-in has been variable and a minority have not embraced WY-FI or the systems change agenda. Overall, however, the project has made significant strides in securing the commitment of key services to work collaboratively and within their own organisations to better understand, engage, empathise with, and meet the needs of, the complex needs population in their areas.

This report suggests that **system change may be best understood as a process rather than an end destination**. As the programme is wound down it is important to explore all options for sustaining and commissioning roles, programmes and services that continue to work towards this aim. Full system change may be an elusive goal, not least against a backdrop of years of austerity and cuts in services as well as entrenched organisational cultures, particularly among some of the larger statutory providers.

Nevertheless, the demonstrable ability of WY-FI to build intensive support around beneficiaries in ways that improve health and well-being, confidence and self-esteem, social connections, and employability suggest that the fundamental aims are sound. WY-FI has **proven irrefutably that the approach works**, even though many individuals will continue to need support beyond the project period and there remain a 'hard core' that have made little progress. That said, it is important to not lose sight of the fact that WY-FI has had a transformational impact on the lives of many men and women across West Yorkshire.

Some final reflections and recommendations worth making that are not already covered in the preceding sections include:

- **The value of flexibility in setting goals for beneficiaries:** While some stakeholders felt the 'Fulfilling Lives' tagline was vague, there was a clear sense that the freedom to personalise activities goals - which could range from training birds of prey through to maintaining tenancies, backed by the Personalisation Fund if needed - played a key role in engaging and securing the trust of beneficiaries. The chaotic lives experienced by those with complex needs means that progress of any kind is important. Therefore, any **legacy programme or service needs to retain that willingness to work flexibly with service users to identify goals** that make sense to them in the context of their own lives. WY-FI's lack of prescriptiveness in what it was trying to achieve for beneficiaries was ultimately a key strength.
- **The indispensable role of Navigators and the limits of a 'no service service':** The ambition of achieving a 'no service service' has been achieved in that WY-FI has consistently sought to advocate for, and facilitate, better access to services for beneficiaries. At the same time, it undoubtedly plays a support role in the sense that services are often more willing and able to engage with clients with complex needs when they know they are being helped by a Navigator. This will undoubtedly leave a gap when WY-FI is fully demobilised. The point is not that the 'no service service' ambition is flawed but, rather, that **Navigators have demonstrably provided the value of a dedicated worker** advocating on behalf of beneficiaries and making links to and across services. This highlights an enduring need for this role to be a key part of future commissioning, either by stipulating a Navigator style role within services, or laying out expectations of

working with Navigators where these continue to function within any successor standalone service.

- **The need to sustain the most effective Navigator teams:** This research shows that effective Navigation centres on a stable, cohesive and energetic team with a unique skillset, experience and ability to support clients and each other. This takes time and effort to create and, in the words of one interviewee, cannot simply be 'plonked' elsewhere. All this suggests the need to strive, as far as possible, to fund and retain existing Navigators – and ideally in some cases whole teams – rather than start entirely afresh with new personnel. Disbanding WY-FI teams could lead to a significant and enduring loss of experience and expertise that takes time to rebuild.
- **Securing representation from key agencies:** Many Localities experienced difficulties in securing representation from key agencies, particularly from mental health services, adult social care and, in some cases, Probation. As WY-FI ends and efforts are made to sustain components such as Navigators and the MARB, the nature of organisations hosting any legacy elements may prove critical. It is striking how the mechanism for continuing the MARB in Calderdale – the Task and Target Group – has been able to secure representation from previously recalcitrant partners because it is hosted within a Council service. This suggests that there may be value in embedding aspects of WY-FI in statutory services that have the reach and 'clout' to engage the full range of partners required.
- **Seeing system change as a continual process rather than a final destination:** As highlighted above, WY-FI has engineered valuable changes in *routines, relationships and values* but not necessarily in a way that has seen these embedded durably in *policies, resources, and power structures*. Professionals and agencies looking to progress the work of WY-FI need to reflect on how to achieve the latter and there may be benefit in maintaining a **systems change working group** to explore ideas and test approaches to doing this.
- **Place and scale matter:** A number of stakeholder reflected that local context matters, with delivery and outcomes shaped by a range of factors such as the availability of local staff with appropriate skills and expertise; the scope and nature of existing service provision; the level of need among the target client group; and the location of the target population within districts and the level of outreach required. These are not necessarily factors that are within the gift of funding and commissioning organisations but expectations have to be **cognisant of these different contexts**. There was also a strong sense that a central hub could play an important support role but, also, that delivery works best when embedded at the local level, as evident in the reflections about ETE activities. Any future projects and services need, therefore, to consider the appropriate balance between regional and local delivery functions or, where delivered entirely locally, how key learning and functions (e.g. comms and research) can be shared among different services or projects working around the complex needs agenda.
- **Commissioning future complex needs provision:** There a clear consensus around the need to seek to maintain key elements of WY-FI. Pooling resources is one idea and some commissioners are exploring opportunities to build these elements into contracts and persuade services to fund further provision. However, a recurrent theme is uncertainty over the effectiveness of mechanisms when embedded in individual services rather than operating in 'standalone' form as they did within WY-FI. For many, the distinctiveness and value of the WY-FI offer centred on its ability to work across all four HARM areas without being beholden to any single policy agenda or set of organisational priorities. Current developments suggest that, in most Localities, WY-FI is unlikely to secure continuation funding to enable it to remain in its entirety. It is essential, therefore, that **steps are taken to monitor and evaluate the effectiveness and impact of**

Navigators and multi-agency forums embedded in other programmes or services to understand the implications of moving away from a standalone model.

- **WY-FI should not be assessed on impacts on service costs alone:** Impact and value for money analysis shows that engagement with WY-FI increases the service costs of supporting beneficiaries. However, it is important to set this in context by recognising that much of seems to be accounted for by 'positive' treatment for previously untreated conditions rather than reactive emergency services or engagement with the criminal justice system. There is also evidence that costs may fall over time. Moreover, this has to be set against the wide range of evidence presented in this report showing that WY-FI can generate transformational change in individual lives and, according to outcomes data, is associated with improvements for the majority of beneficiaries. This indicates that WY-FI may not be a cheap solution, at least in the short-term, but this may be a cost worth bearing considering its potential to improve lives for some of the most vulnerable and marginalised members of society.

Appendix 1



A1.1. Homelessness Outcome Star

Homelessness Outcome Stars have been used by WY-FI to support and evidence change when working with clients. The Star was originally developed by Triangle Consulting for St Mungo's. It has developed through bottom up processes, rooted in an understanding of the nature of change. It is therefore meaningful to both service users and workers, supporting the delivery of services, as well as providing robust outcomes data that reflects the aims, objectives and activities of services.

The Homelessness Outcome Star is a keyworker tool: it supports the service user in making changes by providing them with a map of the journey of change and a way of plotting progress and planning the actions they need take. It focuses on 10 core areas (listed below) that have been found to be critical in supporting people to move away from homelessness.

- motivation and taking responsibility
- self-caring and living skills
- managing money and personal administration
- social networks and relationships
- drug and alcohol misuse
- physical health
- emotional and mental health
- meaningful uses of time
- managing tenancy and accommodation
- offending.

Five broad stages are identified against each area, reflecting the process by which people make changes in the areas of their life which aren't working. The five stages are: stuck, accepting help, believing, learning and self-reliance. Within each stage there are two levels which combine to create a ten point scale. On this scale '10' indicates managing well and do not currently require any support. Conversely a score of '1' implies they have a problem in the area which they are completely ignoring it and letting it get worse.

The process of completing the Stars involves the worker and service user discussing the ten areas and deciding where they feel the service user is on the 10 point scale. Note it is not an exact science and will depend on the service user and how they see their journey of change.

Analysis of Homeless Outcome Star data illustrates in broad term the multifaceted needs of service users and the support required to facilitate the journey towards independence which lies ahead.

A1.2. The New Directions Team Assessment "Chaos Index"

The Chaos Index was originally developed by the New Directions Team in the London Borough of Merton, which was one of 12 pilots from the national Adults Facing Chronic Exclusion (ACE) Programme. It was developed to identify individuals or groups to target. The initial phase of development was to understand the different perspectives of the multi-agency steering group and who the tool would be serving; this included for example Primary Care, Housing, the Police, Jobcentre Plus and the volunteer bureau. A review was then undertaken of the research evidence about the characteristics frequently identified with people who have chaotic lives. This identified 10 areas:

- engagement with frontline services;
- intentional self-harm;
- unintentional self-harm;
- risk to others;
- risk from others;
- stress and anxiety;
- social effectiveness;
- alcohol/drug abuse;
- impulse control;
- housing.

Within each area a five point scale was set out against which to assess the service user. These are then combined to create an overall index score. Eight of the areas are scored on a scale from '0' to '4', whereas two areas - 'risk to others' and 'risk from others' - are on a scale running 0, 2, 4, 6, 8. In each case the lowest score reflects there are no concerns. Conversely the highest score indicates a lacking, severe level or immediate risk within the given area. Summing across the 10 areas provides a score running from '0' (the lowest level) to '48' (the highest level) on a spectrum of chaos in the life of the service user.

A1.3. The costing model

Central to the analysis of impact and VFM has been the development of a costing model that is able to quantify and monetise the impact of WY-FI on its beneficiaries. Since January 2016 the WY-FI project has collected quarterly instances of service use across 18 areas:

- evictions;
- arrests;
- police cautions;
- nights spent in police custody;
- magistrates court proceedings;
- crown court proceedings;
- convictions;

- nights in prison;
- presentations at Accident and Emergency;
- outpatient attendances;
- hospital inpatient episodes;
- face to face contacts with Community Mental Health Teams;
- counselling or psychotherapy sessions;
- mental health service out-patient attendances;
- days spent as a mental health service inpatient;
- face to face contacts with drug / alcohol services;
- days spent in inpatient detoxification;
- weeks spent in residential rehabilitation.

Service users are asked to self-report the number of times that they have made each of the 18 types of service use in the previous quarter. The latest data that are available cover the period to end of December 2019. However the costing model only considers change in service use (and therefore cost savings) from a baseline to a seven quarter period because few service users have completed more than this number of data returns. In total data are available for 310 service users who have had at least two recorded quarters of service use data and who entered the navigator caseload post January 2016.

Although the model is based on service use data for up to 310 service users, where stated its results have been scaled up to show the results for all **823** expected WY-FI beneficiaries – bearing in mind that the savings to the public purse shown are only for seven quarter's worth of engagement for each of them.

There are two main stages in the development of the costing model: calculating change in service use and determining unit costs for each type of service use that can be applied to the former.

Each service user's data is first ordered by quarter number, rather than by date. Average propensities per quarter per service user are then calculated for each service use event type. This is the expected number of incidents for given service user in that quarter. The analysis then compares change in propensities in the first quarter, which is taken to be a baseline, against propensities for each of the next seven quarters (where service use data are available). So the average propensity for quarter one is compared to the average propensity for quarter two, then the average propensity for quarter one is compared to the average propensity for quarter three and so on until quarter one is compared against quarter eight - in the current iteration of the model.

To scale this up to overall change in service use (i.e. the overall fewer/additional instances of each service user per quarter) the expected beneficiary caseload - 834 service users - is applied to the change in propensities. These amounts are then multiplied by unit costs for each type of service use event to give cost savings.

Unit costs for each of the 18 service use types have been obtained from the Cabinet Office/New Economy Cost Calculator database. These values have then been put into 2019/20 prices using Treasury GDP deflators. This adjusts the value of benefits for when they are likely to emerge based on the caseload profile over time. Adjustments are also made for optimism bias (due to service user self-reporting of outcomes) and cashability of savings, using Cabinet Office/New Economy Cost Calculator's assumptions.



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