
Tackling Multiple Disadvantage Evaluation

Lessons for EMESOL

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Session outline

L&W commissioned by Crisis to evaluate TMD project (Dec 17 - March 2020)

- Overview of TMD
- Key findings from the evaluation
- Focus on ESOL and basic skills
- Key lessons for practitioners

Tackling Multiple Disadvantage (TMD)

- Designed to support **homeless people experiencing multiple disadvantage**
- Response to **persistent gaps**
- 3 years (April 2017 – March 2020)
- Delivered in partnership by Crisis, St Mungo's, Thames Reach, Mind CHWF
- **Building Better Opportunities (BBO)**

Model

- **Highly personalised coaching model**
 - All partners deliver 1:1 end to end provision
 - 7 stages from initial assessment to 6 months in-work support
- **Access to training and activities including;**
 - Literacy, functional skills, IT and ESOL etc
 - Soft skills – employability, CV, GOALS coaching
 - Health and wellbeing group activities and 1:1 counselling
- **Working with partners**
 - Coaches take lead role, liaising with employment, health and vol sector agencies
- **Access to employers**
 - Crisis' Employment Platform opened to all TMD participants

L&W's evaluation of TMD

Formative evaluation (*providing learning on an ongoing process*)

Summative evaluation (*measuring extent to which TMD achieved its aims*)

- Impact TMD had on its beneficiaries in terms of the projects' success criteria:
 1. Job search activity (for previously economically inactive)
 2. Education or training
 3. Employment / self employment
 - Sustained employment
 - Softer employment related outcomes

Evaluation methods

Visual dashboard - quarterly MI analysis
Housing data analysis

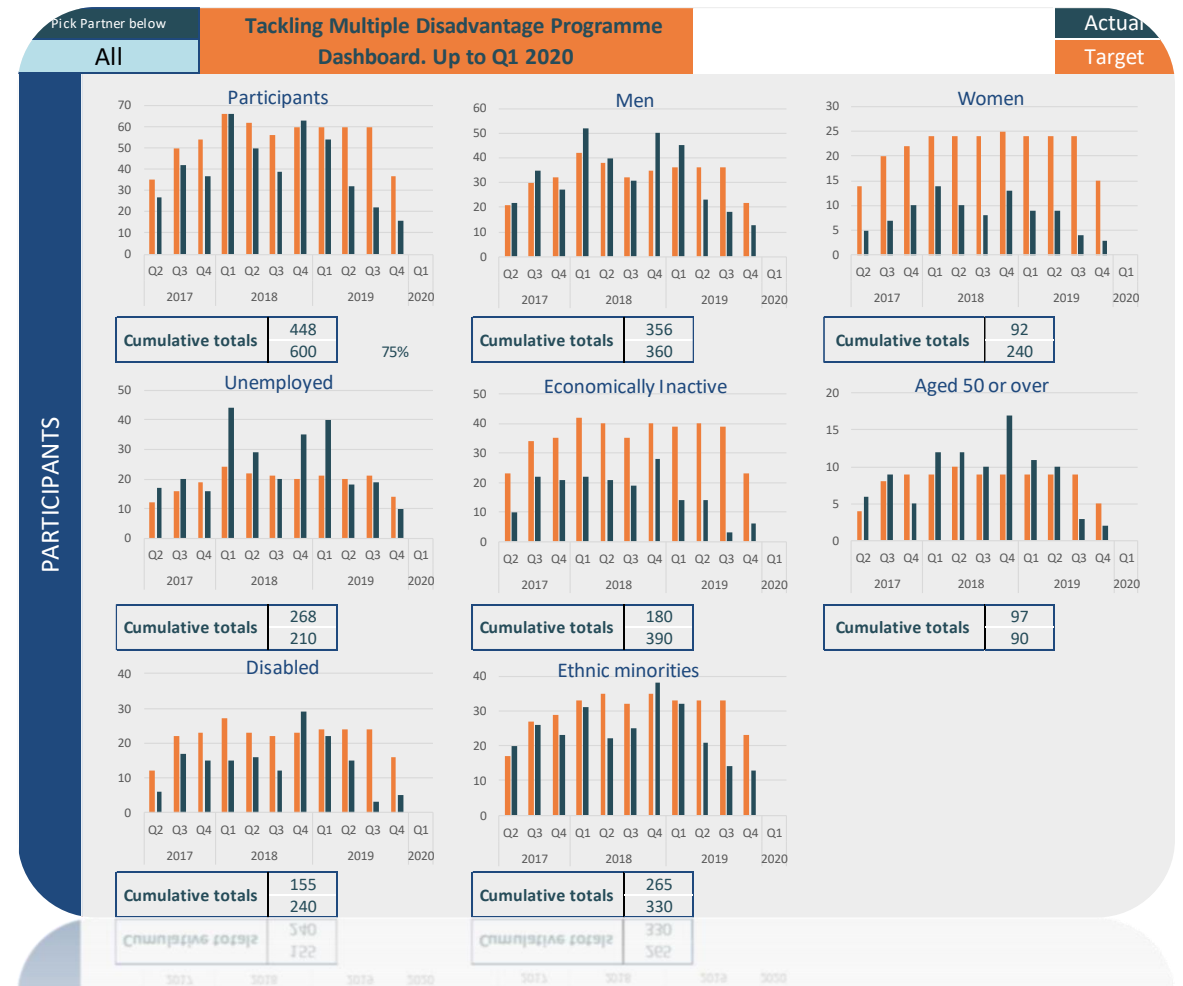
Literature review

Participant research

- Semi-structured interviews (2 waves; longitudinal)
- Participant focus groups

Staff and stakeholder research

- Strategic leads and local authorities
- Coach interviews (2 waves)
- Workshop with TMD senior management



TMD performance

- Engaged 448 people with **multiple and complex needs**. All were homeless, in addition:
 - 48% identified mental health problems;
 - 34% identified substance misuse issues;
 - 31% declared a disability;
 - **51% lacked basic skills;**
 - 21% were ex-offenders.
- 27% employment rate (exceeding comparable programmes)
- Employment sustainment rate was 43% (target of 56%)
- Sustainment rose to 68% for those who secured/sustained housing

Target group

Automatically they're coming in with this huge barrier [homelessness] regardless of everything else

They give you flat, you start to find job, you think everything's sorted out, and one day you have to leave the place... everything fell down

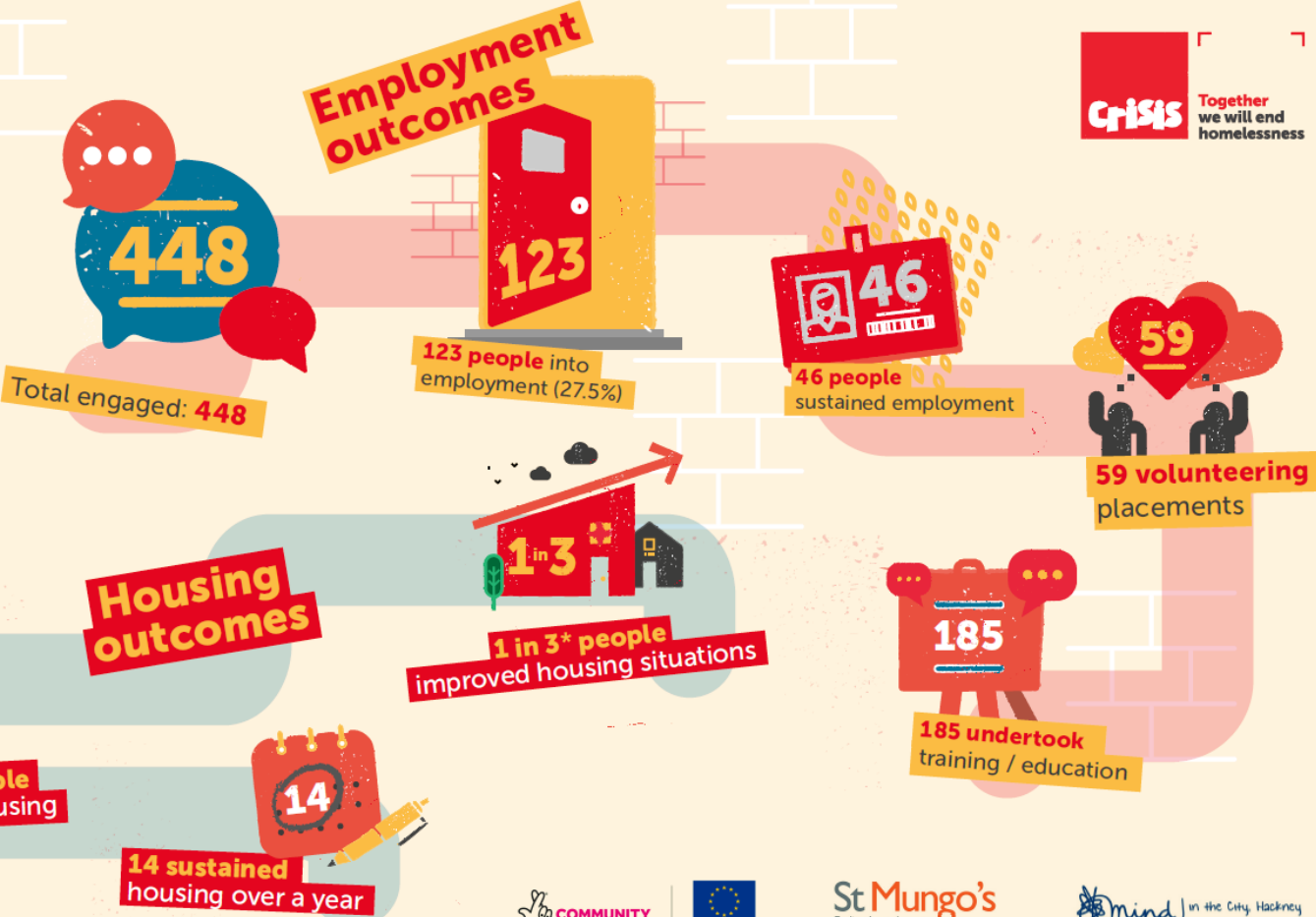
Key learning from TMD

- Multiple and complex needs client group barriers highly varied and interrelated.
- Barriers impact ability to join support, make and maintain progress.
- Far-reaching detrimental impact of homelessness / precarious housing circumstances on health, recovery, ability to enter/sustain employment.
- Good practice in engagement: wide service offer; tailored to individual need; trust transfer.
- Hindered by excessively bureaucratic project design.

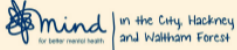
TMD outcomes

Tackling Multiple Disadvantage: Project outcomes

Tackling Multiple Disadvantage (TMD) was a project to help homeless people with complex needs into employment. Crisis and partners worked together across 17 London Boroughs to engage people and support them into employment, training and volunteering as a means to help them end their homelessness for good.



*based on 144 Crisis members for whom a housing outcome was recorded.



Key strengths

I like the way they offer great classes ... that's what you need because you feel depressed and degraded

TMD keeps me active, it stops me going too much off the rails

I started to build my confidence up slowly

- **Holistic & needs led support;** action planning prioritising support to stabilise situations.
- **Coaching model:** facilitates trust, resilience and feeling valued.
- Basic skills courses, training and recreational activities **provided routine and instilled a sense of purpose**
- Financial support for training/qualifications
- **Working in collaboration with specialist teams** effective for higher needs cohort
- **Transitional and in-work support**

Key challenges

*You find somebody you have got this relationship, **they start understanding you**, little bit of your background, understanding how you speak, your communication style... **and then suddenly they're changed.***

Working on TMD, and having such a high caseload, and doing so much paperwork, it's very hard to actually apply a coaching model.

Key challenges for participants

- **Change to coach/level of contact** negatively impacted engagement
- **Fluctuating circumstances.** Ongoing poor mental and physical health, or ongoing and serious housing issues.

Key challenges to the partnership

- **Project resourcing and staff turnover**
- **Evidence and administration requirements,**
- **Several changes to TMD partnership**

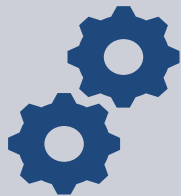
Recommendations



DELIVERY

Engage through trusted organisations
Ensure caseloads are manageable

Employer engagement
In-work support



COMMISSIONING

Invest in proven models of long term support
Minimise monitoring and compliance

Measure what matters
Focus on job quality & sustainment



POLICY

Integrate housing & employment support
Extend Housing First approaches

Local cross-sector collaboration
Address root causes of homelessness
(UC and social housing investment)

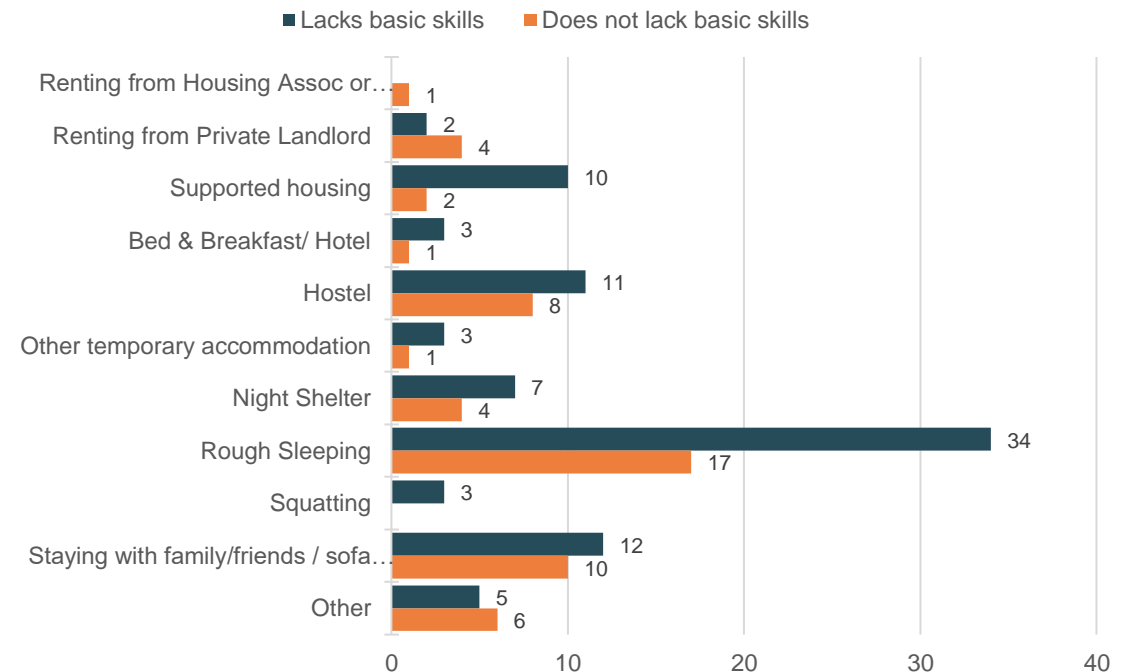
Focus: ESOL and basic skills

- Highest need participants were people experiencing homelessness alongside more than one other long-term issue, could include elderly participants who were homeless, had limiting health conditions and ESOL needs; participants who were ex-offenders, homeless and had limiting health conditions; and homeless migrants with no access to benefits, low English-speaking ability and substance misuse issues.
- Participants often reported a lack of experience, having no qualifications or a low level of basic skills, such as literacy, maths and digital skills. Many participants additionally had ESOL needs, and others lacked specific skills or qualifications which prevented them from going into their desired role, such as a UK driving license, or first aid qualification.

'The highest need would be with migrants and substance misuse...there is no access to benefits so they need to get any job quickly...like a cleaner job and then we could work on... training that obviously takes sometimes up to eight months if you can only speak a little English...those who were drinking regularly found that engagement much more challenging. And, because there's a language barrier, there's a difficulty of accessing alcohol support...' (TMD Coach, Crisis)

Housing status and basic skills

- Over two thirds (67 per cent) of participants who were rough sleeping lacked basic skills in comparison to 60 per cent of those who were not rough sleeping.
- There were more participants who lacked basic skills than who did not in all living situations, except for social renters and private renters.
- There were more participants who lacked basic skills than who did not in most living situations, with the exception of social renters and private renters.



Case study: DT

- DT joined the TMD project at Crisis Skylight London in January 2018 having been in the UK and unable to find work for 2 years. Originally Macedonian, he has a Bulgarian passport as he lived there prior coming to the UK. At the point of joining Crisis he had been homeless for a year; initially sofa-surfing and when all options were exhausted he ended up rough sleeping for a couple of months.
- **DT spoke very limited English, had no IT skills and no previous formal training to help him to get a job.** At that point he didn't have any UK based working experience which meant often employers were reluctant to employ him; not sure of his immigration status or can trust his skills, level of English.

Case study: DT

- The TMD job coach supported him into temporary night shelter, paying for the first few weeks. Initially the coach explained what documents are needed to work in the UK, created his first CV in English, and helped him to open a UK bank account.
- They also started working on establishing if D could apply for benefits and after gathering more evidence and with a support letter from Crisis, he was awarded JSA for 6 months
- During the time when D was homeless (nearly a year) and often rough sleeping he showed immense commitment by coming regularly to 1;1 meeting with his coach, to sessions at Crisis and external trainings he was referred to externally (Free to Learn organisation based in East London).
- **As a result, he completed part-time Security course, English and Maths qualifications and few months later successfully obtained his SIA badge becoming qualified security officer.** During this time, he also significantly improved his English and IT skills which is crucial in obtaining employment as a security officer.

Overall reflections

- Effective employment support model for unemployed homeless people experiencing multiple disadvantage.
- Delivered by trusted and specialist organisations.
- Role of the coach vital to: recognise needs, build resilience, trust, confidence and progress through journey to stable circumstances.
- Project design improvements:
 - Funder monitoring and compliance reporting requirements impact on: participants, coaches, partnership.
 - Misalignment of priorities and programme target/outcomes recorded.

Some key takeaway points



Basic skills and ESOL needs amongst homeless population highly likely to present alongside other needs e.g. health, addiction, housing, employability.



To what extent are ESOL or basic skills needs discrete, can these needs be better met in a wider package of support?



Positive, trusting relationships through one-to-one coaching alongside referrals to ESOL or basic skills classes, was critical for some participants to progress.



TMD highlighted the value of working in partnership to provide holistic, needs led support. It is key to think about working with other organisations (e.g. through referrals) to support people with wider needs where appropriate.



Others?

Thank you

- *Final report published end of November*
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