LEARNING AND WORK INSTITUTE

Tackling Multiple Disadvantage

Final Evaluation Report

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COMMUNITY FUND

European Union
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Executive Summary

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

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

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

TMD participant needs

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

- Housing insecurity was particularly damaging to participants' mental health. Those who felt unsafe or in danger due to their living situations reported being unable to relax or focus on addressing other priorities, including finding work.
- Participants who were housed with other people with severe and complex needs highlighted the risk to their own wellbeing and recovery from proximity to potentially negative influences such as drug and alcohol misuse.
- Poor housing conditions could exacerbate existing symptoms for participants with health conditions or who were in poor physical health.
- Participants residing in temporary accommodation did not know where they would be housed permanently, which impacted their ability to look for work, or secure a job.

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

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

- 48% identified mental health problems;
- 34% identified substance misuse issues;
- 31% declared a disability;
- 51% lacked basic skills;
- 21% were ex-offenders.

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

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

- **Entering work could result in people feeling financial unstable** as a result of having navigate initial changes to their income, benefits or housing costs. Staff reported that, in the short term, this could be a particularly vulnerable point in time for participants.
- **Entering work could exacerbate precarious housing situations** if participants could no longer afford hostels or had to leave supported or temporary accommodation when they entered work. Entering work also presented risks to an individual's housing stability, for instance if people could no longer afford or were precluded from particular types of accommodation, increasing their risk to homelessness or worsening their housing status.

Engagement and support

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

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

The key strengths of the project support delivery were:

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

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

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

The main challenges in support delivery were identified as:

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

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

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

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

Project performance and outcomes

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

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

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

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

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

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

- 33% had improved their housing situation
- 17% had secured housing
- A further 18% had sustained housing for at least 26 weeks

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

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

- An improved knowledge of how to look for suitable job roles.
- A sense of achievement from achieving goals, improved stability, and recognition of continued progress beyond TMD.
- Improvements in mental health and wellbeing as a result of reduced uncertainty.
- Improvements in physical health and management of health conditions.

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

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

Recommendations

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

- **Engage external partner organisations prior to delivery:** Support services which are not set up to provide employment support could act as a pre-service, with TMD-like support as a 'next step' for those who feel ready to look for work.
- **Ensure and promote a recognisable 'point of difference'**: projects should seek to build and promote a project identity which clearly communicates difference from other services to participants and referral organisations.
- **Enable caseload management through effective triage:** projects supporting individuals with multiple and complex needs should carefully profile the expected caseload to ensure it is manageable for coaches. This could be supported by effective triage processes and a wide service offer, including appropriate group-based support.
- **Prioritise coach time and effectively resource other priorities:** Projects with high administration requirements should employ staff with a range of expertise, including project co-ordination and administration. This would support coaches to maintain essential support, particularly at points of transition into employment or new housing.
- **Ensure that employer engagement is a key component of support:** Improved employer engagement would improve the suitability of employment opportunities, and the sustainability of employment for people experiencing homelessness with multiple, complex needs.
- **Focus on in-work support to ensure participants sustain employment:** Transition into employment can be fraught and potentially destabilising. Future models of delivery should provide continued in-work support. This should focus on work sustainment and progression, as well as securing continued improvements in areas such as housing, skills and health.

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

- **Invest in this proven model of employment support:** This support model is evidenced as being effective for people experiencing homelessness with multiple, complex needs and should attract further funding. This approach could also be trialled with other groups with multiple and complex barriers to work, such as people with no recourse to public funds (NRPF) who are at heightened risk of homelessness if they are unable to access employment.
- **Integrate housing and employment support for people experiencing homelessness:** Access to suitable and affordable housing was a key challenge to progression for TMD participants. The TMD approach could usefully integrate into a housing led approach (including Housing First[4]) where stable, and affordable housing is secured first and employment and

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

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

- **Ensure resilience of delivery organisations:** Commissioning should account for differences in staffing and organisational structure to ensure the contract is viable to deliver for smaller, specialist organisations. This could include thinking creatively about how partner organisations can utilise their expertise as part of an integrated end to end service, rather than siloed delivery.
- **Minimise monitoring and compliance burden:** Commissioners should consider alternative evidence requirements within a non-payment-by-results model. Alternative approaches could include lighter touch monitoring coupled with tighter compliance procedures that are quality assured by the project commissioners, or independent file reviews to ensure service quality.
- **Review contractual performance targets to 'measure what matters':** A 'distance travelled' outcome structure should be used to account for intermediate outcomes. Projects supporting people experiencing homelessness should include housing as well as employment outcomes, to ensure the project focus aligns with the aims and needs of participants.
- **Focus on employment quality and sustainment, not just job entry:** Providers should be encouraged to consider job quality in supporting participants into work, and to provide in-work support to ensure participants sustain their employment. Recording data on industry, pay and contract type would help to build an understanding of what works in supporting sustained employment.
- **Ensure long-term, large scale initiatives with robust and ongoing evaluation:** Large scale and long-term programmes should build in robust independent evaluation to enable continuous improvement and development from emerging evidence.

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

- **Integrate housing and employment support:** Approaches which address housing and employment needs together should be expanded.
- **Housing led approaches should be extended, including the national roll out of Housing First in England::** Moving people rapidly into stable affordable housing including a Housing First model , alongside tailored employment support should be rolled out more widely to help people experiencing homelessness address their housing and employment needs together.
- **Promote local cross-sector collaboration and coordination between mental health, criminal justice and substance misuse services**: There should be a focus on jointly commissioned specific services for people with severe and multiple complex needs, with a main contact or coach to navigate them through support.
- **Invest in social housing and ensure sufficient financial support through Universal Credit to address the root causes of homelessness:** In addition to effective employment support, it is critical to tackle the drivers of homelessness, through increasing the supply of social housing and ensuring sufficient financial support within the welfare system to address underlying causes of homelessness.

1. Introduction

1.1. Tackling Multiple Disadvantage

The Tackling Multiple Disadvantage (TMD) project aimed to provide personalised coaching support and tailored employability advice to support people experiencing homelessness with multiple and complex needs into training or employment. The project targeted single people experiencing homelessness aged 25 and over living in North, East and West London.

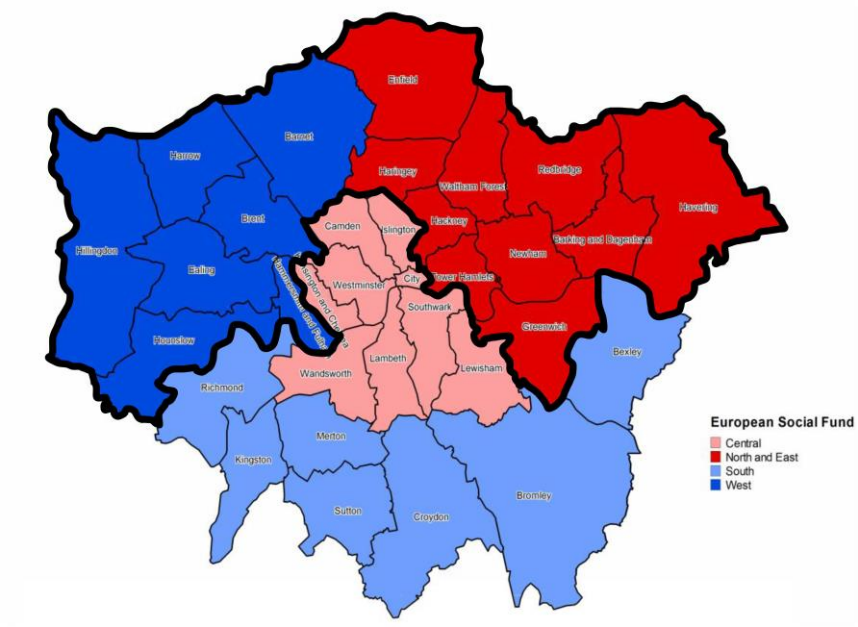
TMD was delivered over a three-year period, between April 2017 and March 2020. During this period, TMD partners aimed to engage and support 600 single people experiencing homelessness. Three quarters of these participants were expected to have one or more additional support needs such as an offending history, substance misuse and physical or mental ill health.

The TMD project was designed to deliver support across seventeen London boroughs[5] by a partnership of specialist homelessness and mental health organisations. The original TMD partnership[6] consisted of the following organisations:

- **Crisis, a UK wide homelessness charity and the lead partner in the TMD partnership.** The charity provides a range of services for people affected by homelessness including education, training, housing, employment and health support, as well as a variety of recreational activities.
- **Mind in the City, Hackney and Waltham Forest (Mind CHWF), a mental health charity which supports people with mental health issues**, providing talking therapies, Mindfulness courses, wellbeing activities, employment support and skills support.
- **St Mungo's, a homelessness charity active throughout London which provides a range of accommodation support** including shelters, hostels and semi-independent accommodation. It provides housing advice, offender services, preventative support, health support and a specialist college for participants which provides tailored employment and skills support.
- **Thames Reach, a London based charity which supports vulnerable people who are homeless or at risk of homelessness.** The charity provides a range of services including supported accommodation, rough sleeper support, health support and employment and skills support.

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

[6] There were changes to the original partnership during the delivery of TMD which resulted in two of the four original partners not delivering for the full project period. The reasons behind this are explored in Chapter 7: Outcomes.



TMD geographic coverage.

1.2. The context

TMD was designed to support people facing homelessness who were also experiencing multiple disadvantage to feel more able to pursue their employment goals. Individual barriers, such as housing instability and homelessness, offending history, health and wellbeing, all have a bearing on an individual's likelihood to enter work. If multiple barriers are experienced concurrently, disadvantage within the labour market is amplified[7].

TMD was developed as an employment support package for unemployed people experiencing multiple disadvantage with the aim of alleviating multiple and significant barriers to employment. The literature review within the first interim evaluation report[8] highlighted that individuals with multiple disadvantage were underserved by mainstream provision. For example, available evidence on the performance of the Work Programme showed a 4% employment outcome rate for people experiencing homelessness.[9] TMD was developed partly in response to these persisting gaps within service provision, particularly from:

- Mainstream employment programmes; which tended to provide more instructive, rather than person-led support, and tended to be payment by results (PBR) programmes;
- Accommodation projects; which could lack the resource to deliver effective education, training and employment support; and;
- Specialist organisations; which supported individual issues but could lack oversight of an individual's wider needs.

[7] See for example Berthoud R. 2003. Multiple disadvantage in employment. Joseph Rowntree Foundation.
[8] Murphy, H., Vaid, L., Klenk, H., Patel, A. (2018). Tackling Multiple Disadvantage: Year 1 interim report.
[9] See for example Sanders, B., Teixeira, L., Truder, J. (2013). Dashed hopes, lives on hold Single homeless people's experiences of the Work Programme. Crisis.; Crisis. (2012).The Programme's Not Working Experiences of homeless people on the Work Programme'

In contrast, the TMD project used a delivery model underpinned by a highly personalised coaching method to improve the skills, resilience and employment prospects for participants. This approach was designed to account for and support the complex two-way dependencies between participant's barriers. This project tested whether providing this personalised wraparound offer of support allowed support needs to be addressed more effectively than traditional forms of employment support.

Despite the prevalence of multiple disadvantage, there had been surprisingly little work on providing effective employment seeking support to this group prior to TMD – certainly at any scale. Duncan and Corner's report in 2012 described the existing literature at the time as lacking 'a clear focus on what is meant by [severe multiple disadvantage], with the result that the overall political analysis remains indistinct and entangled in wider preoccupations'[10]. This evaluation of a wide scale intervention was designed to help to address this evidence gap.

1.3. The evaluation of TMD

Learning and Work (L&W) was commissioned to conduct the evaluation of TMD. The evaluation was designed to assess objectively the success of the project and provide delivery partners with recommendations to further develop the service offer as part of a cycle of continuous improvement.

The evaluation was designed to be both formative (providing learning on an ongoing basis, and detailing the processes involved in delivering the project), and summative (measuring the extent to which the project achieved its aims). The formative evaluation sought to understand:

- Which aspects of the service model worked well, for whom, and why?
- What were the lessons learned about the delivery of employment support for individuals with complex needs?
- What difference did the project make, to whom and why?
- Were there any unexpected outcomes?

The summative element of the evaluation sought to explore the impact that the TMD project had on its beneficiaries in terms of the set outcome targets, specifically:

- Job search activity (for those who were previous economically inactive)
- Education or training
- Employment or self-employment
- Sustained employment for six months
- Softer employment related outcomes achieved[11]

The evaluation has consisted of three distinct research elements: scoping research, and two waves of mixed-method research.

The first interim evaluation report was published in January 2018.[12] It presented findings from scoping research with the strategic leads at each partner organisation and local authority

[10] Duncan, M., Corner, J. (2012) Severe and Multiple Disadvantage: a review of key texts. Lankelly Chase: London (p.6)
[11] For a more detailed breakdown of these, see Chapter 2: Project Performance.
[12] Murphy, H., Vaid, L., Klenk, H., Patel, A. (2018). Tackling Multiple Disadvantage: Year 1 interim report.

representatives[13] from London boroughs where TMD was in operation. The report outlined the policy intent of TMD, reviewed the existing evidence base, provided an overview of TMD performance monitoring and reported early implementation findings.

The second evaluation report was published in January 2019[14]. It presented project performance data alongside findings from the first wave of research with participants and TMD staff. This interim report included recommendations to improve practice based on emerging learning from the project.

This final report presents the analysis of management information (MI) from the whole project, alongside findings from the second wave of research with participants, TMD staff and wider stakeholders. The report considers the overall performance of TMD, and the key lessons learned from project delivery, including how these lessons could inform future commissioning of support.

Methods

This final evaluation report brings together findings from data collection carried out during three years of project delivery. This report will set out findings from research with TMD participants, staff and wider stakeholders as well as quantitative analysis of final project performance.

Participant research

The evaluation involved in-depth interviews with 31 TMD participants to explore their individual pathways into and through support, underlying and changing needs, experiences of support delivery and any improvements they recognised which could be attributed to the project. In-depth interviews took place during Spring and Autumn in 2018 and 2019.

10 participants took part in longitudinal interviews, conducted approximately 12 months apart. These interviews were designed to explore changes in participant's wellbeing and circumstances. This longitudinal research provided a full understanding of a participant's journey through the Tackling Multiple Disadvantage project and the influence it had on participant's confidence, wellbeing and employability.

The evaluation included two focus groups with TMD participants in May 2018 and June 2019. These focus groups were designed to provide operational learning for project partners. The first focus group explored topics such as participant pathways to TMD, experiences of referral and views on the initial assessment. The second focus group focussed on participant experiences of support delivery and their suggestions for improvements.

Participants were sampled on a range of project characteristics and partner organisations to capture a diversity of people, experiences and partnership models.

Staff and stakeholder research

The scoping research included interviews with strategic leads at each TMD partner, and local authority representatives where the project was in operation. These explored how TMD would depart from and integrate with existing provision for individuals experiencing multiple disadvantage and the various definitions of success for the project. At the end of the project, a workshop with

[13] Interviews were conducted with local authority staff across employment and skills, homelessness, and public health teams.

[14] Murphy, H., Friel, S. Dhillon, C. Vaid, L (2019). Tackling Multiple Disadvantage: Year 2 interim report.

TMD senior management staff took place where staff reflected on lessons learned from TMD partnership to inform the design of future projects.

In-depth interviews were conducted with TMD coaches across the four partners at two time points. The first wave of staff research took place with seven TMD coaches in Summer 2018 and explored their views about the effectiveness of the support model for different participants, wider factors affecting delivery and suggested improvements. These interviews were repeated with five TMD coaches towards the end of the project to capture TMD coaches' reflections on delivery, the extent outcomes were achieved and how support led to intended outcomes.

Management information

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

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

The project targets did not include a focus on improving participants' housing circumstances. The recognition of the importance of stable housing on an individual's ability to achieve employment-related outcomes led the evaluation to include an analysis of housing data. This report contains analysis of available housing data to explore changes in housing situations experienced by participants during their time on the project.

Report structure

This report includes an analysis of:

- **TMD project performance** against participation targets and outcomes achieved, exploring project staff views of profiled targets and project actuals.
- **Participant housing status and characteristics** where this data was available.
- **TMD participant needs,** barriers and aspirations about employment, and wider health and housing priorities.
- **Support delivered on TMD** and views of effectiveness, key challenges and the lessons learned from support delivery.
- **The outcomes and achievements of the project,** and what difference it is has made to participants.

The report concludes with a summary of findings and considerations for the design and delivery of employment support for people facing homelessness who were also experiencing multiple disadvantage.

2. Project performance

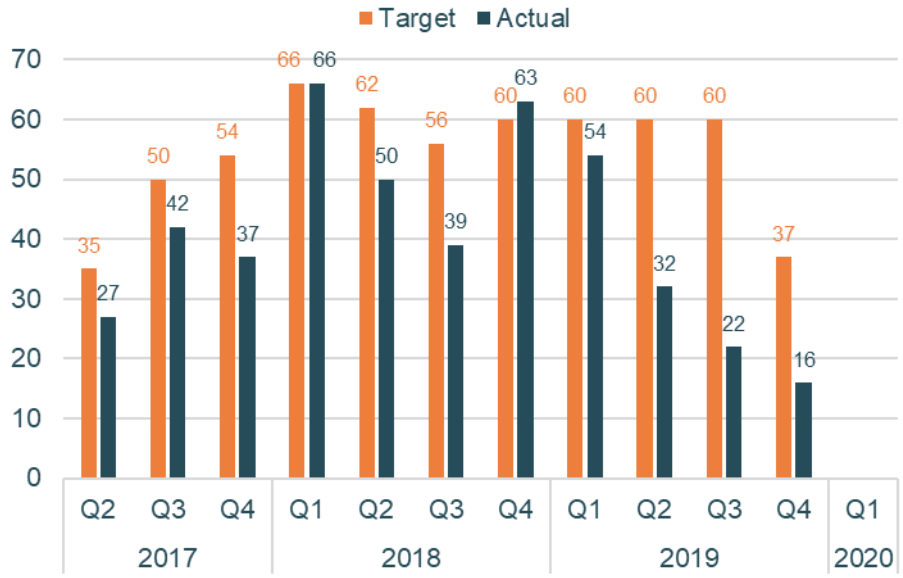
The participant group for TMD were all currently homeless or had recently experienced homelessness as well as facing a multitude of additional barriers and support needs. These additional barriers included mental health problems, substance misuse, health conditions and disabilities, lack of basic skills and having a criminal record. This chapter reviews TMD project performance against participation targets and outcomes achieved, exploring project staff views of profiled targets and project actuals.

Key chapter findings

- The TMD project recruited a total of 448 participants into support. This was equivalent to 75 per cent of the overall target of 600 participants. Project leads and TMD coaches identified concerns from the outset about the ability of the partnership to engage this volume of participants.
- The project over-achieved numbers of participants aged 50 or over and the number of participants from ethnic minority backgrounds.
- TMD achieved just over half of its target for female participation, with women accounting for just over one in five participants (21 per cent) against a target of 40 per cent. The project also did not meet targets for economically inactive participants (achieving 40 per cent against a target of 65 per cent).
- Some of the demographic targets, particularly women and economically inactive people, were not representative of the profile of the people experiencing homelessness with complex needs in London, making them more challenging to meet.
- The TMD project achieved an overall employment outcome rate of 27 per cent, which far exceeds comparable ESF projects which achieved employment outcomes of 17 per cent. The unit costs and costs per outcome were also higher than comparable projects, at £3,007 and £10,953 respectively, in comparison to £1,708 and £9,892.
- The TMD project had set outcome targets for 18 per cent of participants to progress into job searching, and 17 per cent to move into education or training. These could be claimed only once for each participant and partners had to choose which point to 'exit' a participant from support and count them as having achieved an outcome. TMD underachieved on these non-employment outcomes, with 2 per cent of participants achieving a progression into job searching, and 4 per cent into education or training.
- The underachievement can be explained by the ways in which non-employment outcomes were counted. These outcomes represented exit points for participants, and TMD partners chose to focus on achieving employment outcomes rather than 'exiting' participants from support by recording a training or job search outcome.
- TMD staff highlighted a number of alternative outcomes which could have better reflected progress made by participants and the impact of the project. This included accessing rehabilitation or beginning volunteering. Housing-related outcomes were not included in project targets and staff suggested that the inclusion of these would better match with participant priorities.

2.1. Participation targets

Figure 1: Total participants



The TMD project recruited 448 homeless participants up to the first quarter of 2020. This is equivalent to 75% of the target number of 600 participants. Towards the end of project delivery (Q3 and Q4 2019), TMD partners focused more of their resource on supporting existing participants to progress though the support, rather than driving referrals to meet participation targets.

Project leads reported that the initially developed project targets had been increased during the project design stage. From the outset of the project, coaches highlighted a discrepancy between the aims of TMD to provide holistic support to participants with multiple, complex needs and the referral targets they were required to meet. They suggested that referral numbers were 'overly ambitious' in context of staff resource and the needs of participants.

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

Project leads reported that, during delivery, their organisations were unable to recruit new participants into the project when they considered their coaches' capacity and the needs of those in their existing caseload.

'To have 445 people engaged, is quite a success, but if you look at as a percentage of 600, it's quite a bit short. It shows the complexity of the individuals that we've been working with. That hasn't been because of lack of activity…we ended up at the point where we then didn't have capacity to take anyone else on.' (Crisis Operations Manager)

There was a conflict between the high project targets and the multiple and complex needs of the target group, as well as a conflict between the ways in which the TMD project measured outcomes and the ways that outcomes are evidenced normally by partner organisations. These conflicts are explored within this chapter to provide context to the overall project performance.

2.1.2. Participation rates by characteristics

Table 1 below provides a summary of participation targets and the actual rates achieved across different groups. TMD engaged 448 participants out of a target of 600, therefore the breakdown in Table 1 is shown as a proportion of the total number of participants engaged, rather than a proportion of the overall target number of participants.

Table 1 participation targets and rates by demographic group

	Participant rates	Target	Actual
Gender	Men	60%	79%
	Women	40%	21%
Employment status	Unemployed	35%	60%
	Economically inactive	65%	40%
Demographics	Aged 50 or over	15%	22%
	With disabilities	40%	35%
	Ethnic minorities	55%	59%

Gender targets

The TMD project target engaged 356 men and 92 women in the project. Women accounted for 21 per cent of participants against a target of 40 per cent. Figure 2 and 3 show the numbers of male and female participants engaged in comparison to the overall target numbers for the project.

Figure 2 Male participants

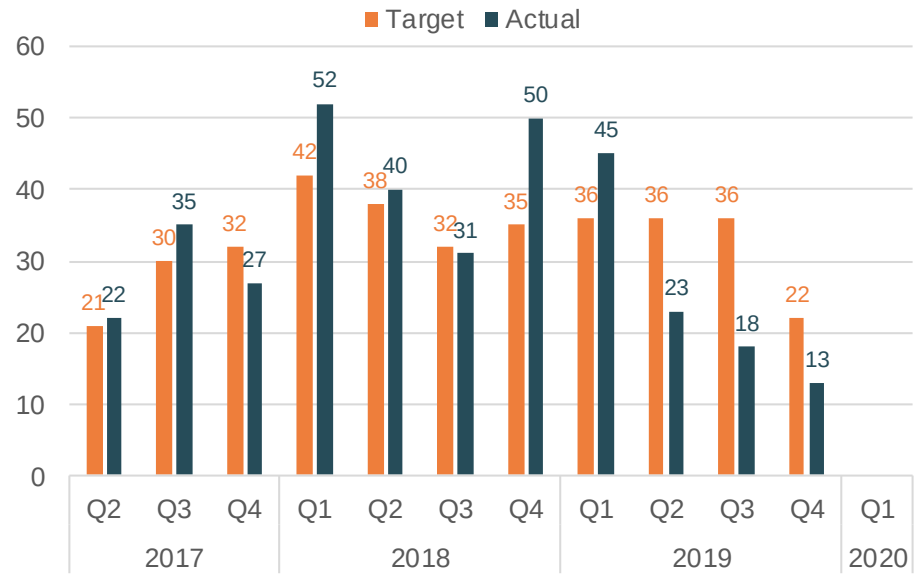
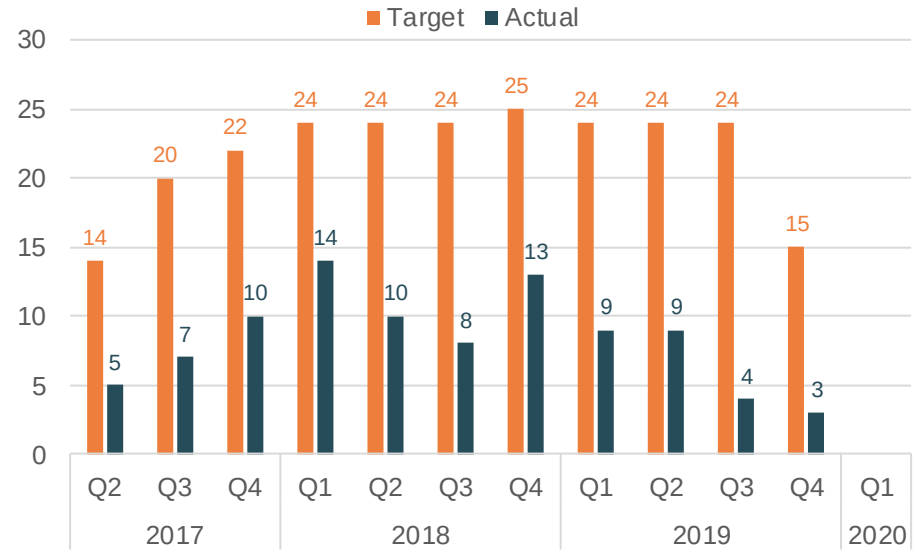


Figure 3 Female participants



One of the TMD participation targets were for 40 per cent of participants engaged to be women (Table 1). The ability of TMD to meet this target was questioned by partner leads, staff and stakeholders throughout the evaluation. At the outset of the project, evidence suggested that approximately 15 per cent of rough sleepers were female[15]. The 40 per cent target was not reflective of the number of women that the partner organisations, or other homelessness sector organisations, normally engaged into their services.

'the women [target], it's not proportional to what we would see in our services... So, unless this project was specifically targeting women, which it wasn't, why would we have such a proportionately higher percentage of women engaged with this project?' (Project lead, Mind CHWF)

The literature review showed that the profile and needs of women with severe and multiple disadvantage (SMD) are distinctly different to men, which result in women being underrepresented in definitions of SMD. The TMD partners made efforts to increase the number of women engaged in the project, for example by targeting female hostels in outreach. However, project staff highlighted that women with SMD may require specific forms of support and that the set-up of support in male dominated spaces may not be appropriate for some female participants with complex needs.

Employment status targets

The TMD project has overachieved in attracting participants who were previously unemployed, engaging 268 unemployed participants against a target of 210. However, the project has done much less well in attracting those who were economically inactive[16], engaging 180 economically inactive participants against a target of 390. Figures 4 and 5 show the numbers of unemployed and economically inactive participants engaged in comparison to the target numbers.

Figure 4 Unemployed participants

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

[16] People who are economically inactive (people not in employment who have not been seeking work and/or are unable to start work in the near future) includes people who are in education or training, retired, suffering from serious illness or disability, and those who were looking after children or incapacitated adults. In general, people who are economically inactive are more distanced from the labour market than unemployed people.

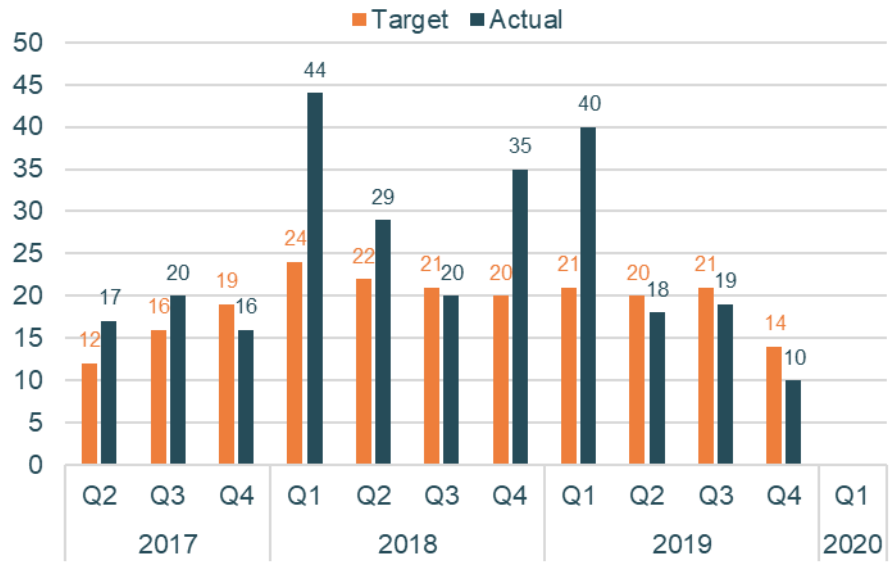
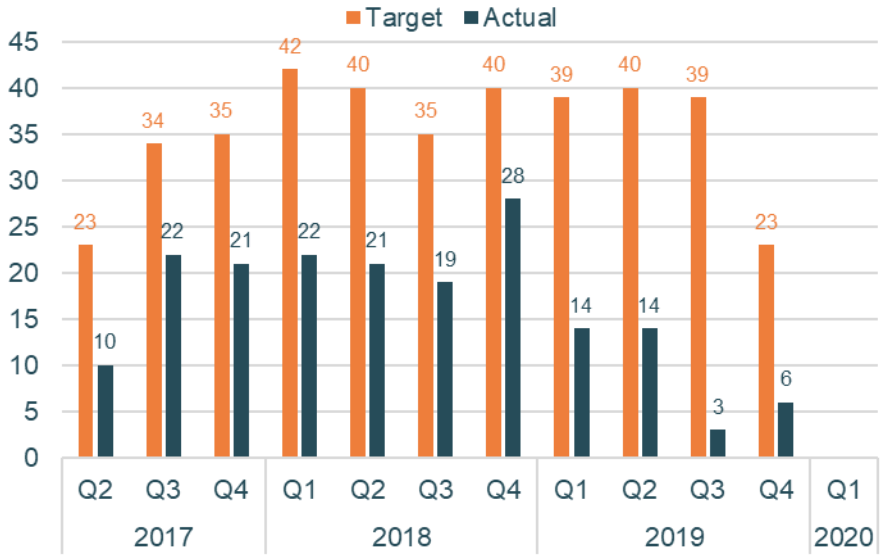


Figure 5 Economically inactive participants



TMD had a set target for 65 per cent of participants to be economically inactive and 35 per cent to be unemployed (Table 1). In reality, 40 per cent of those who were engaged with TMD were economically inactive, and 60 per cent were unemployed. TMD project staff and stakeholders highlighted that the 65 per cent economically inactive target was not representative of the homeless population in London with multiple complex needs. Project staff stated that a large proportion of their participants were migrants with no recourse to public funds, who were unable to engage with other services. These participants would not be counted as economically inactive. In contrast, project staff reported that economically inactive people were more likely to be engaged with other forms of support.

'One reason we missed the economically inactive target and over-performed on people in employment is because the definitions were based on expectations [which are] very different to the

reality of London now… there are a large number of people who are migrants who weren't engaging with services, would love to job seek, but couldn't, would love to get support for their health, but couldn't, would love to get help for housing, but couldn't…' (TMD Project Manager)

Demographic targets

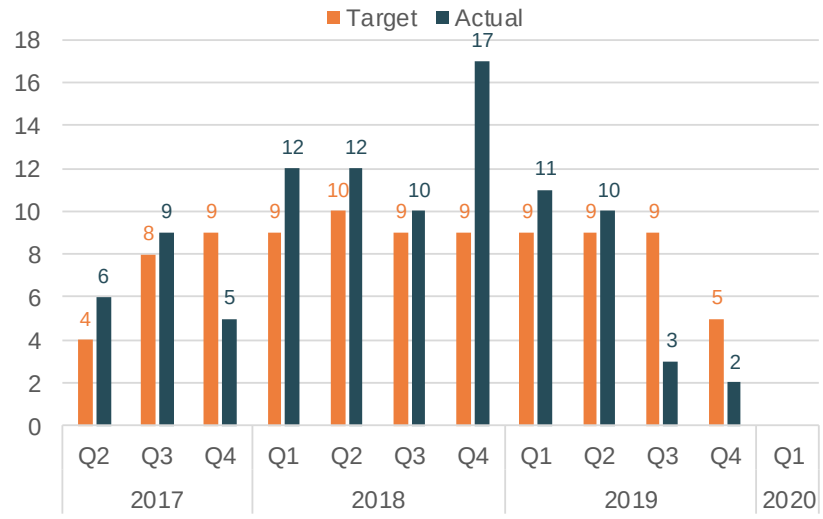
The remaining demographic targets included people aged 50 or over, people from BAME backgrounds and people with disabilities. Project leads commented that there were not project targets for complex needs, such as ex-offenders, people with mental health conditions or people with substance misuse issues or addiction. They argued that these complex needs targets would better reflect the participants TMD engaged with.

'None of that's captured in the project framework for a complex needs project. It's something we built in to capture. But it demonstrates the level of need that we're dealing with.' (TMD Project Manager)

The TMD project surpassed its targets to engage participants aged over 50 (achieving 22 per cent against a target of 15 per cent) and participants from minority ethnic groups (achieving 59 per cent against a target of 55 per cent). However, TMD did not achieve the participant target rate for participants with disabilities, with 35 per cent of participants declaring a disability against a target of 40 per cent.

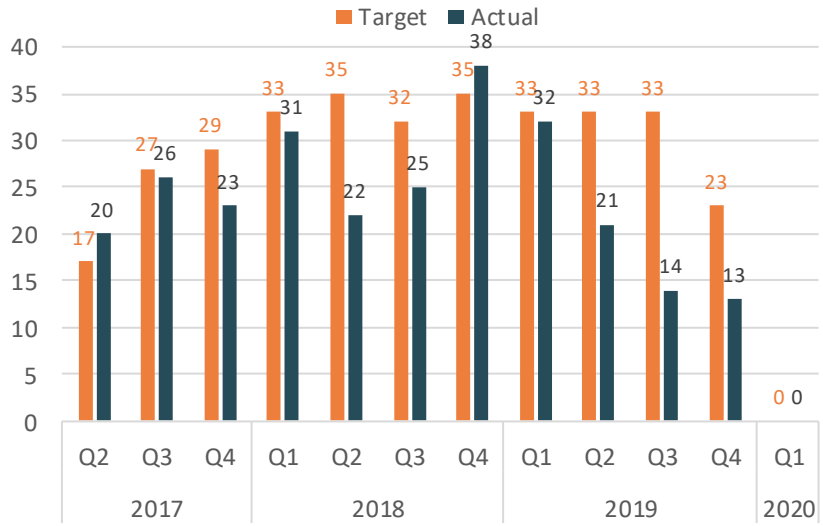
The numbers of older participants, for participants from minority ethnic groups and disabled participants engaged with TMD are shown below.

Figure 6 Participants who were aged over 50



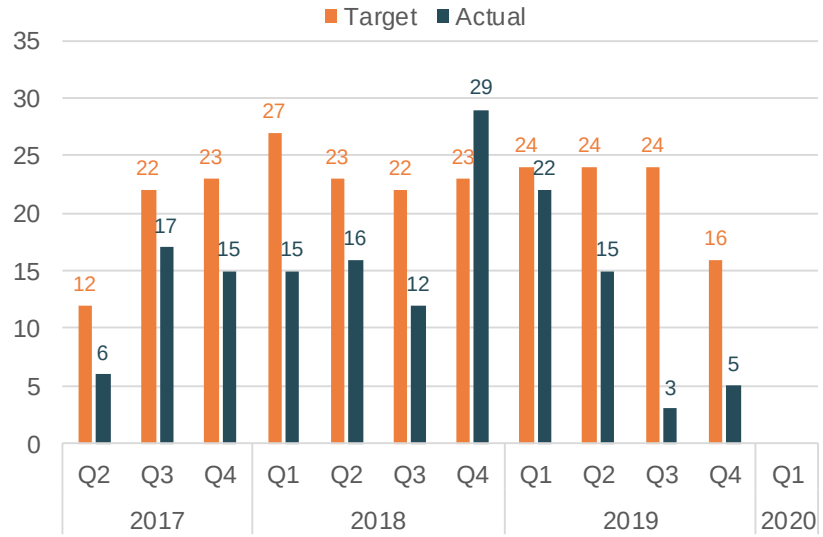
TMD engaged 97 participants aged over 50 during project delivery, which accounted for 22 per cent of participants. TMD staff reported that the target for 15 per cent of participants to be aged 50 or over was representative of the population of rough sleepers in London, where approximately 11 per cent were aged 55 or over, and 25 per cent are between 45 and 54 years old. Therefore, TMD participants aged 50 or over were in line with the relevant population and the project overachieved this target.

Figure 7 Participants from minority ethnic groups



TMD engaged 265 participants from Black, Asian and Minority Ethnic (BAME) backgrounds, which accounted for 59 per cent of overall participants. This represented an overachievement of the 55 per cent target.

Figure 8 Participants with a disability



The TMD project slightly underachieved its target for 40 per cent of participants to declare a disability. In total, 155 TMD participants had a disability, representing 35 per cent of all participants. Project staff attributed the slight under-performance relative to the target to the loss of staff and earlier exit of St Mungo's from the partnership[17]. Differences in targets by project partner are explored below.

[17] St Mungo's provided notice to withdraw from the extension agreement to the project on December 31st, 2019 (as per the original project plan).

2.1.3. Participation rates by partner

Overall participation numbers by partner are presented in Table 2. Crisis and St Mungo's achieved over 80 per cent of their target for overall participation. This is around double the rate for Mind CHWF (41 per cent)[18].

Crisis achieved around one and a half times (153 per cent) the target number for participants who were previously unemployed. The overall target for Crisis was 119 and they have achieved 182. Mind CHWF achieved the lowest rate (63 per cent) relative to its target for previously unemployed participants.

For participants who were previously economically inactive, Crisis, Mind CHWF and St Mungo's achieved well below their target levels. Of these, St Mungo's did best, achieving just over half (53 per cent) of its target (41 achieved against the target of 78).

Table 2 Participants by partner organisation

Partner	Target	Actual	% of target
Crisis	339	282	83%
Mind CHWF	68	28	41%
St Mungo's	120	98	82%
Thames Reach	40	40	100%
All	**600**	**448**	**75%**

Table 3 Participants who were unemployed by partner organisation

Partner	Target	Actual	% of target
Crisis	119	182	153%
Mind CHWF	24	15	63%
St Mungo's	42	57	136%
Thames Reach	14	14	100%
All	**210**	**268**	**128%**

Table 4 Participants who were economically inactive by partner organisation

Partner	Target to date	Actual	% of target
Crisis	220	100	45%
Mind CHWF	44	13	30%
St Mungo's	78	41	53%
Thames Reach	26	26	100%
All	**390**	**180**	**46%**

[18] Thames Reach withdrew from the project in the second quarter of 2018. Consequently, all the targets for Thames Reach were reset to equal what they had achieved up to the point at which they withdrew.

Table 5 below shows participation by characteristic for each partner. As noted above, Thames Reach achieved 100 per cent of its target levels by definition, therefore discussion focuses on performance across Crisis, St Mungo's and Mind CHWF. Attracting female participants was difficult for all partners. None of the three partners achieved even half of their target for women. Crisis performed best in attracting ethnic minority participants, but still achieved less than their target here (93 per cent). Crisis was the most successful at attracting older participants aged over 50. This partner achieved around a third more than its target here. St Mungo's performed best at attracting participants with a disability, although this was still slightly below its target level (96 per cent).

Table 5 Target and actual participation by demographic characteristics across different providers

Characteristic	Partner	Target	Actual	% of target
Men	Crisis	203	219	108%
	Mind CHWF	41	24	59%
	St Mungo's	72	79	110%
	Thames Reach	34	34	100%
	All	**360**	**356**	**99%**
Women	Crisis	136	63	46%
	Mind CHWF	27	4	15%
	St Mungo's	48	19	40%
	Thames Reach	6	6	100%
	All	**240**	**92**	**38%**
From minority ethnic groups	Crisis	187	174	93%
	Mind CHWF	37	19	51%
	St Mungo's	66	55	83%
	Thames Reach	17	17	100%
	All	**330**	**265**	**80%**
Aged 50 or over	Crisis	50	66	132%
	Mind CHWF	10	5	50%
	St Mungo's	18	23	128%
	Thames Reach	3	3	100%
	All	**90**	**97**	**108%**
With disabilities	Crisis	136	78	57%
	Mind CHWF	27	13	48%
	St Mungo's	48	46	96%
	Thames Reach	18	18	100%
	All	**240**	**155**	**65%**

2.2. Project outcomes

Table 6 presents the outcome targets and actual rates achieved. This chapter highlights TMD staff views of the targets. The full breakdown and commentary of outcomes achieved by TMD participants is explored in Chapter 7.

These outcome targets could be claimed only once for each participant and partners had to choose which point to 'exit' a participant from support and count them as having achieved an outcome.

Table 6 Outcome targets

Outcomes	Target	Actual
Into education or training on leaving	17%	4%
Progression into Job Searching	18%	2%
Into employment on leaving	28%	27%
26 Weeks Sustained Employment[19]	16%	10%

Unit costs

The total cost of the programme was £1,347,252[20], with a cost per participant of £3,007 and cost per job outcome of £10,953. In comparison, ESF programmes in London (2007 to 2014) which were targeted at homeless clients had a cost per participant of £1,708 and cost per job outcome of £9,892. While these programmes were less expensive, they achieved a significantly lower average employment outcome rate of 17 per cent.

2.2.1. Views of outcome targets

Primacy of employment-related outcomes

TMD staff reflected that the employment targets were relatively high, in comparison to similar projects such as the STRIVE[21] project which achieved a 15% job entry rate. Most partners said that it was right to focus on achieving employment outcomes, as this employment is the outcome that is most likely to align with participant's goals for support and achieve a sustainable end of homelessness. Therefore, the partnership focussed their efforts on employment, rather than 'exiting' participants from support by recording a training or job search outcome when an employment outcome was still possible.

[19] Of total participants.

[20]This cost covers the project delivery period and does not include additional salary or admin costs for the period April 2020 – July 2020 to close the project due to the impact of Covid-19 in delaying project completion.

[21] Department for Communities and Local Government (2017) STRIVE Evaluation Final Report. DCLG: London

Job search and training outcomes

There was a distinction between the funding targets and the ways in which the partnership provided support. Job search and training were considered by partners to be milestones for participants rather than 'exit points'.

'The way this is designed is, 'You've reached job searching, great, off TMD.'…Actually we're going to carry on working with them, and we will eventually get these other outcomes. These endpoints… they're on the journey, they should be milestones, not exit points.' (TMD Coach, St Mungo's)

The outcome focussed on 'progression to job searching' was seen as particularly unhelpful for the TMD participant cohort. Project partners emphasised that they were eager to support participants to enter employment, as a means of escaping homelessness. They reported that the small number of project participants who had achieved this outcome had left the project prematurely or disengaged from support.

'We're focussed on getting people into work, that's a better outcome…when they're homeless, that helps move people on. Getting someone physically and economically active to the point where they're able to job-search gives them a step on that journey, but it was too low a bar.' (Crisis Operations Manager)

Outcomes not captured through the project

TMD partners stated that there were not outcomes capturing other key participant milestones which better reflected the support provided by TMD such as accessing rehabilitation or beginning volunteering. Some partners highlighted the importance of capturing participant circumstances more holistically, including their reasons for disengaging with the project such as admission to hospital, or moving away.

TMD staff also highlighted that housing-related outcomes were not included in project targets, and suggested that the inclusion of these would better match with participant priorities and demonstrate the effort required by the project to achieve outcomes:

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

Furthermore, stable housing had an impact on the likelihood of participants being able to sustain their employment. TMD staff commented that it was important for housing outcomes to be captured for projects to understand the impact of stable housing on sustained employment, and vice versa. It was also difficult to track participants who did not have a stable housing situation to understand whether they had remained in employment.

3. Participant housing status and characteristics

This chapter presents analysis of housing data collected by TMD partners to explore changes in housing situations experienced by participants during their time on the project.

Key chapter findings

- Crisis, St Mungo's and Mind CHWF each supplied data on participant housing status for participants at the point of joining this project.
- Almost a quarter of the 229 TMD participants who supplied information on their living situation (52 people) were sleeping rough when they joined the project. All but one of these participants were supported by Crisis.
- There were key differences between the housing statuses of participants within the different partner organisations. At the beginning of the project, 18 of the 61 (30 per cent) of participants recorded by St Mungo's were in social housing in comparison to just one of the 144 TMD participants supported by Crisis (less than one per cent).
- The profile of rough sleepers was slightly younger than those who were not rough sleeping. 25 per cent of participants who were rough sleeping were aged 50 or over, in comparison to 30 per cent of those who were not rough sleeping.
- The proportion of participants who were economically inactive was slightly lower among those who were rough sleeping when they joined TMD (29 per cent) than those who were not rough sleeping (33 per cent). Participants who were economically inactive were more likely to be renting from a private landlord, in a night shelter, or sofa surfing. In contrast, unemployed participants were proportionately more likely to be in supported housing, a hostel, or rough sleeping.
- 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 slightly higher proportions of ex-offenders among those who were rough sleeping when they joined TMD. 16 per cent of rough sleepers were ex-offenders in comparison to 13 per cent of non-rough sleepers.
- There were slightly lower proportions of rough sleepers who had a disability (24 per cent) in comparison to those who were not rough sleeping (27 per cent).

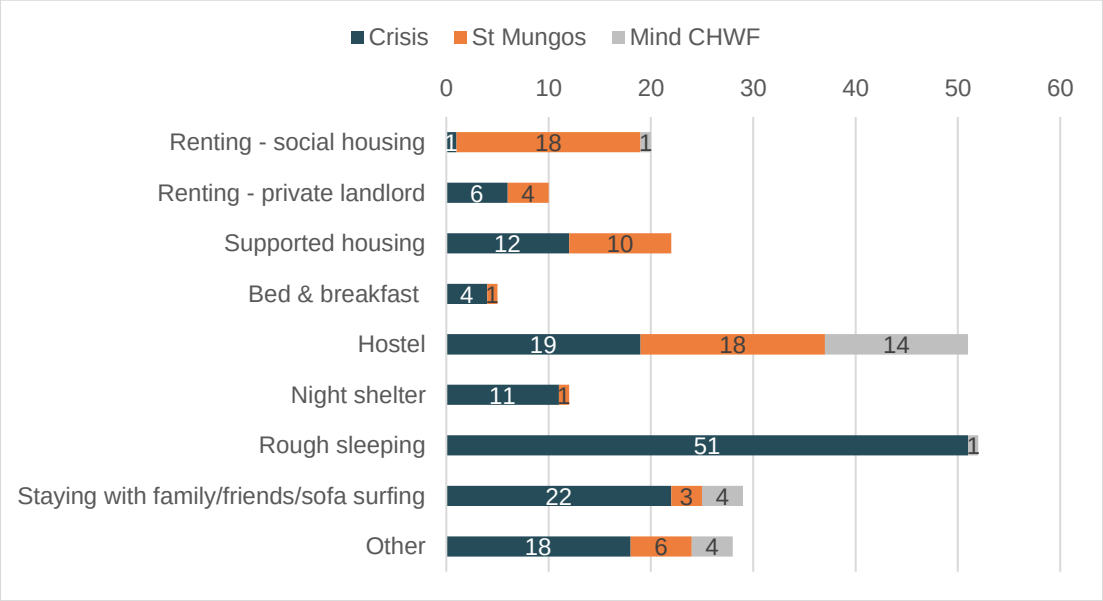
Crisis, St Mungo's and Mind CHWF each supplied data on participant housing status for participants at the point of joining this project. Figure 9 shows the living situation of 229 TMD participants from Crisis (144), St Mungo's (61) and Mind CHWF (24) when they joined the project[22]. TMD participants

[22] Data on participants' living situation and housing outcomes has been included as part of the final evaluation report. Data was not available for all TMD participants. Where this is the case, the data had not been collected or an individual did not disclose.

had wide ranging housing situations and the prevalence of these circumstances differed between TMD partners.

Almost a quarter of the 229 TMD participants who supplied information on their living situation (52 people) were sleeping rough when they joined the project. The vast majority were all being supported by Crisis except for one participant from Mind CHWF, and no rough sleepers were being supported by St Mungo's. Similarly, there were higher numbers of participants who were 'sofa-surfing' when they joined TMD being supported by Crisis (22 participants), than Mind CHWF (4 participants) or St Mungo's (3 participants). Among St Mungo's participants, the largest numbers were in hostels or rented social housing, with 36 of the 61 (59 per cent) of participants recorded by St Mungo's in one of these two living situations. In comparison, just one of the 144 TMD participants supported by Crisis were in rented social housing at the beginning of the project.

Figure 9 Participant living situations



Crisis also collected a range of demographic data for their participants. Due to the relatively small numbers across categories, demographic data is shown in numerical format with the exception of Table 7 below. Table 7 shows characteristic percentages of those who were rough sleeping when they joined TMD in comparison to the rest of the participants supported by Crisis to investigate differences.

Where there are significant differences, these are explored below.

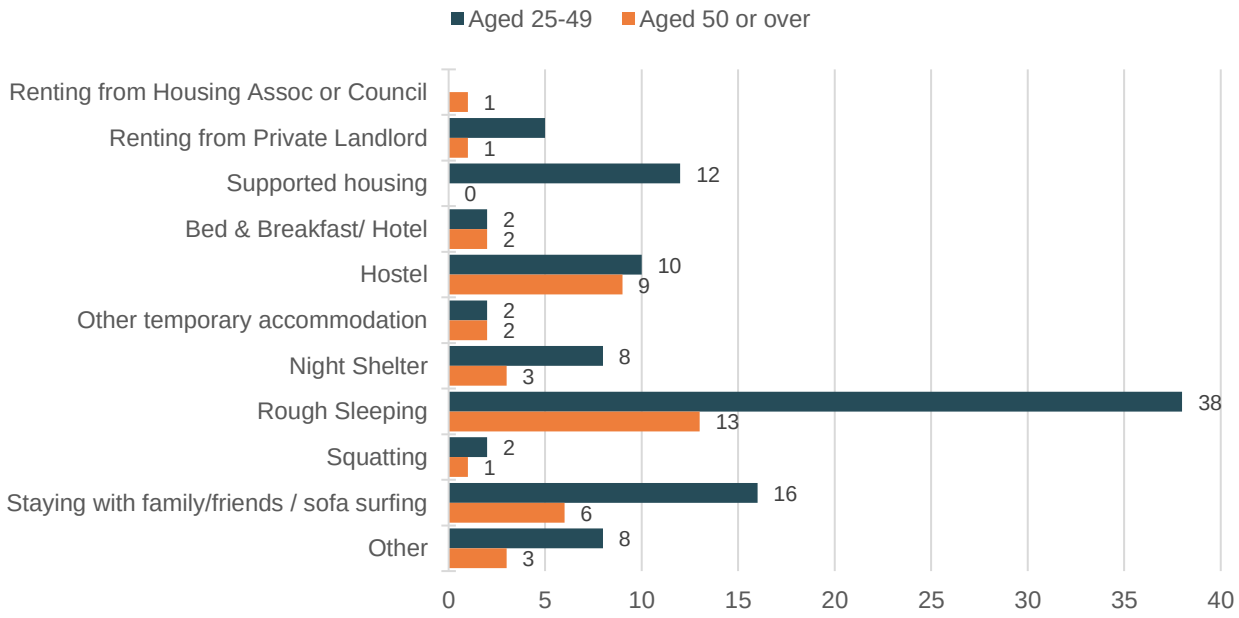
Table 7 Characteristics of those rough sleeping and not rough sleeping

		Rough Sleeping	% of total rough sleepers	Not rough sleeping	% of total not rough sleeping
		51		93	
Age	Aged under 50	38	75%	65	70%
	Aged 50 or over	13	25%	28	30%
Ethnic group	**White**	**21**	41%	**31**	33%
	Asian	**4**	8%	**6**	6%
	Black	**23**	45%	**43**	46%
	Mixed	**0**	0%	**8**	9%
	Other	**3**	6%	**5**	5%
Employment status	Inactive, including not in education or training	15	29%	**31**	33%
	Unemployed, including long-term unemployed	36	71%	**62**	67%
Length of time unemployed (months)	Under 6 months	15	36%	**24**	33%
	6 to 12 months	9	21%	**16**	22%
	Over 12 months	18	43%	**33**	45%
Engaged in education or training	Yes	12	24%	**28**	30%
	No	39	76%	**65**	70%
Highest educational attainment (upon joining)	Does not have primary or lower secondary education	3	6%	**11**	12%
	With primary education or equivalent	4	8%	**17**	18%
	With lower secondary education or equivalent	14	27%	**4**	4%
	With upper secondary education or equivalent	13	25%	**10**	11%
	With post-secondary education or equivalent	11	22%	**20**	22%
	With tertiary education or equivalent	6	12%	**31**	33%
Lacks basic skills	Yes	34	67%	**56**	60%
	No	17	33%	**37**	40%
An offender or ex-offender	Yes	8	16%	**12**	13%
	No	43	84%	**81**	87%
Has a disability	Yes	12	24%	**25**	27%
	No	39	76%	**68**	73%

Participant age

TMD supported single people who were homeless, aged 25 and above. Overall, of the 144 participants included, 41 were aged 50 or older (29 per cent). The profile of rough sleepers was slightly younger than those who were not rough sleeping. Table 7 shows that 25 per cent of participants who were rough sleeping were aged 50 or over, in comparison to 30 per cent of those who were not rough sleeping. Figure 10 shows a breakdown of participants' living situations by their age. Rough sleeping was the most common living situation among participants aged over 50. However, proportionally, participants aged 50 or over were more than two times as likely than younger participants to be living in a hostel (with 10 per cent of under 50s living in a hostel in comparison to 22 per cent of over 50s).

Figure 10 Participant living situation by age



Ethnicity of participants

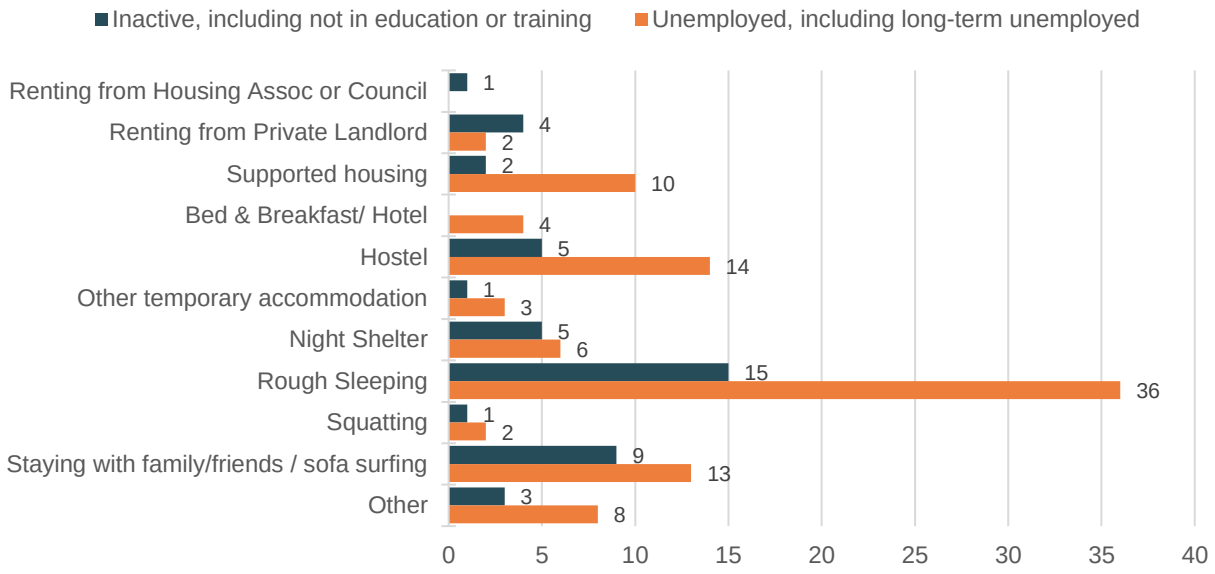
The vast majority of TMD participants with housing data were from Black (66 participants) or White backgrounds (52 participants), with far fewer from Asian, Mixed, or Other backgrounds. People from Black backgrounds were fairly evenly represented in rough sleepers and non-rough sleepers. Table 7 shows that a higher proportion of people from White backgrounds were rough sleeping when they accessed TMD in comparison to those who were not rough sleeping. These percentages should be treated with caution as this increased proportion reflects the small numbers of people from Asian, Mixed or Other backgrounds who were not rough sleeping when they joined TMD.

Employment status

Overall, 98 of the 144 participants included (68 per cent) were unemployed and the remaining 46 participants (32 per cent) were economically inactive when they joined TMD. Rough sleeping was the most common housing situation for all participants, including those who were economically inactive (Figure 11). The proportion of those who were economically inactive was slightly lower among those who were rough sleeping when they joined TMD (29 per cent) than those who were not rough sleeping (33 per cent). Participants who were economically inactive were proportionately more likely to be renting from a private landlord, in a night shelter, or sofa surfing. In contrast,

unemployed participants were proportionately more likely to be in supported housing, a hostel, or rough sleeping.

Figure 11: Participant living situations by employment status



Just under half of participants where this data was available (51 of 115 participants) had been unemployed for over 12 months (Table 7). There were slightly higher proportions of people who had been unemployed for less than six months among rough sleepers (36 per cent) than those who were not rough sleeping (33 per cent).

In education or training

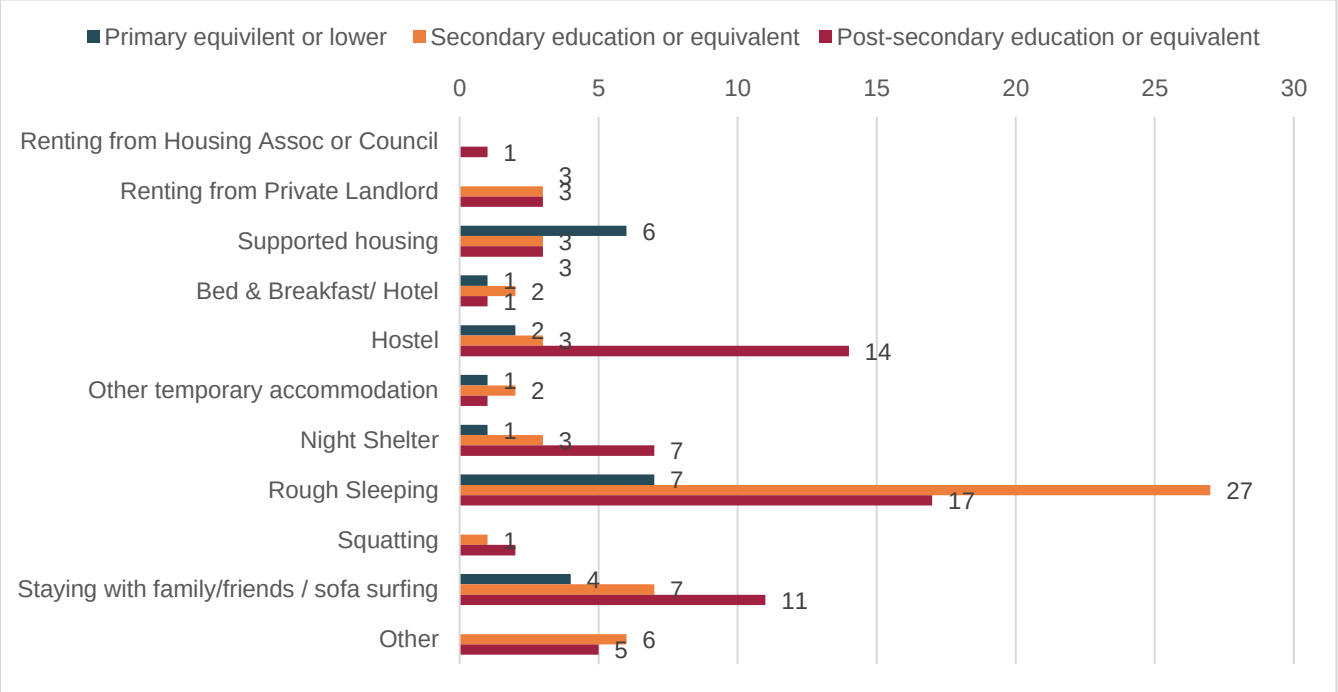
Most participants (104 of the 144) were **not** engaged in education or training when they joined TMD. Table 7 shows that the proportion of those engaged in education or training was lower among rough sleepers, accounting for just 24 per cent of rough sleepers, in comparison to 30 per cent of non-rough sleepers.

Education level

Table 7 shows some differences in the profile of rough sleepers in comparison to those who were not rough sleeping when they joined TMD. 14 per cent of rough sleepers had an education level of less than secondary equivalent, in comparison to 20 per cent of non-rough sleepers. Rough sleepers were far more likely to have education level equivalent to secondary school education (52 per cent), in comparison with just 15 per cent of non-rough sleepers. There were higher proportions of participants with post-secondary equivalent qualifications among non-rough sleepers than rough sleepers. While over half of non-rough sleepers (55 per cent) held the equivalent of a post-secondary education or equivalent, this dropped to just over a third (34 per cent) of rough sleepers.

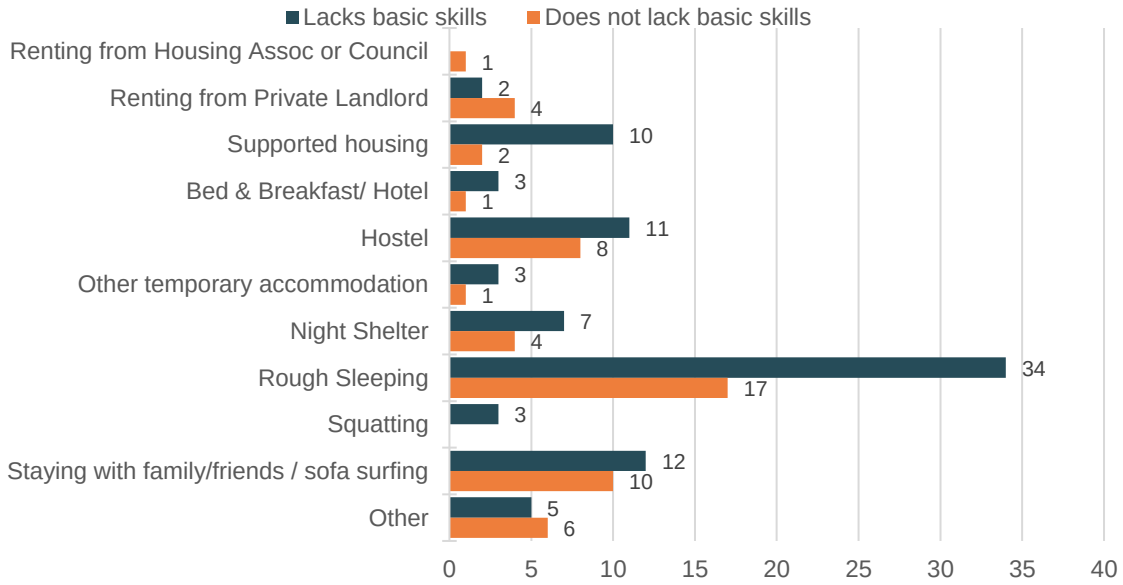
Figure 12 shows a breakdown of qualification level by living situation to show differences between the types of non-rough sleeping living situations and qualification levels. The numbers are relatively small per category; however, it shows that among these participants, those staying in hostels had higher numbers of participants with post-secondary qualifications (14 of the 19 participants). Amongst these participants, those in supported housing had highest numbers of people with the equivalent of primary education (6 of the 12 participants).

Figure 12 Participant living situation by qualification level



Those who were rough sleeping also had a higher proportion of those lacking basic skills (67 per cent) in comparison to 60 per cent of those who were not rough sleeping (table 7). Figure 13 shows the breakdown of participants' basic skills by living situation. 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. Participants in supported housing had the highest proportions of participants who lacked basic skills (10 of the 12 participants).

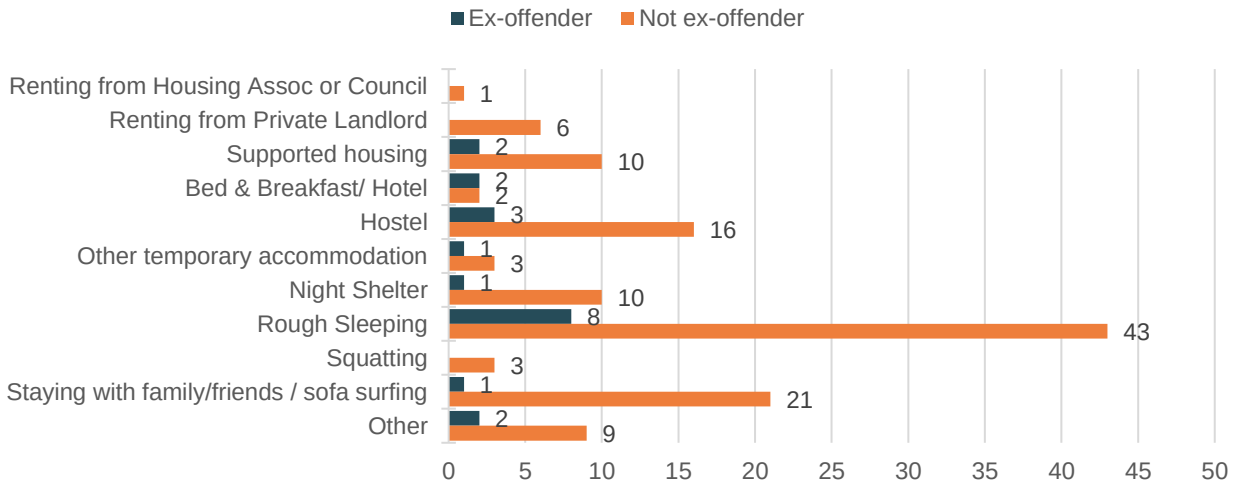
Figure 13 Participant living situation by basic skills level



Ex-offenders

Figure 14 shows that there were slightly higher proportions of ex-offenders among those who were rough sleeping when they joined TMD. 16 per cent of rough sleepers were ex-offenders in comparison to 13 per cent of non-rough sleepers. Figure 14 shows the breakdown of ex-offenders by living situation. It shows that many ex-offenders (8 of the 17 participants) were rough sleeping, 3 were in hostels, and 2 were in supported housing. While sofa surfing or staying with friends and family was the second most common living situation among TMD participants overall, just one ex-offender was staying with friends or family when they joined the project.

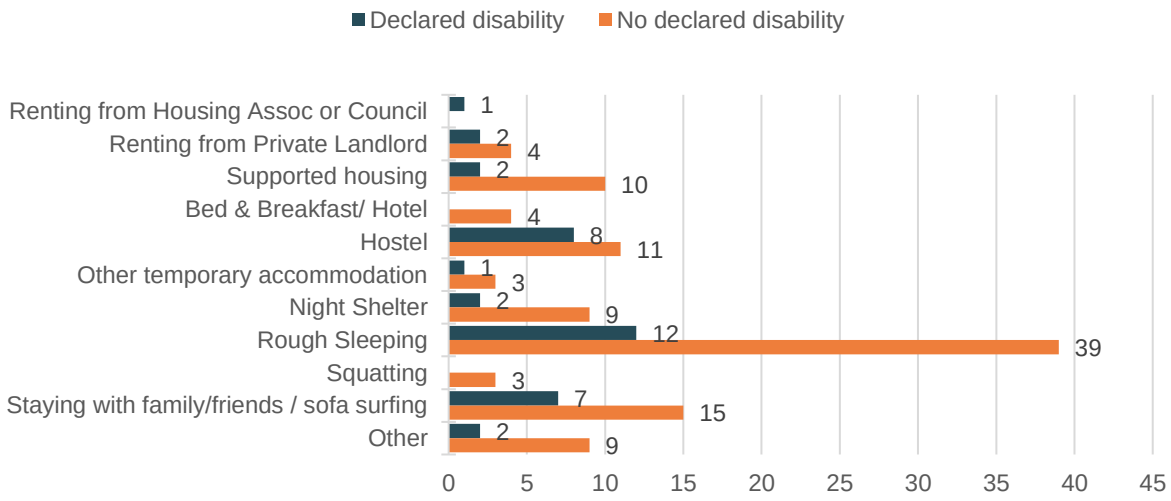
Figure 14 Participant living situation by offending history



Participants with disabilities

Table 7 shows that there were slightly lower proportions of rough sleepers who had a disability (24 per cent) in comparison to those who were not rough sleeping (27 per cent). Figure 15 shows the breakdown of participants with disabilities by living situation. Rough sleeping, staying in a hostel and sofa surfing were the most common living situations for participants with disabilities. Of the 37 participants who declared a disability, 12 were rough sleeping, 8 were in a hostel and 7 were sofa-surfing.

Figure 15 Participant living situation by disability



4. Participant barriers, needs and aspirations

This chapter draws on qualitative research with TMD coaches and participants to explore the multiple and complex needs among project participants. It reviews TMD participants' barriers and aspirations about employment, and wider health and housing priorities. The chapter also reports on participant experiences of joining TMD and the factors which made this easier, or more difficult.

Key chapter findings

- TMD was designed to support participants with multiple and complex needs. Coaches characterised TMD participants as being significantly further from being 'work ready' in comparison to those on employment programmes providing 'single issue' support.
- TMD participants all had current or recent experience of homelessness, as well as additional barriers to employment, security of tenancy and access to support. Participant support needs included mental and physical health conditions, substance misuse or addiction, offending histories and low levels of basic skills.
- Coaches reported highly varied caseloads due to the large range of support needs and the ways that these needs interacted to create additional barriers for participants.
- Participants often reported experiencing precarious housing circumstances such as sleeping rough, being at risk of eviction, sofa surfing and staying in hostels. These situations had a highly detrimental impact on participants' mental health and wellbeing, physical health, and employment prospects. Accessing secure and affordable housing was a key priority, but progress towards this goal could be derailed by events such as hospitalisation or evictions.
- The most common referral route into TMD was through warm handovers from housing support organisations and key workers. Trust in the referrer and confidence in the TMD partner were important factors for effective referral into the project.
- Personal motivations for engaging with TMD depended on individual circumstances and priorities. Common motivations for engagement were to get support to move into stable housing, to improve wellbeing and to be supported towards employment.
- Participant experiences demonstrate the importance of clear communication about the support offer at point of referral and at the initial appointment.
- A friendly and flexible approach taken by coaches and an in-depth assessment process, where coaches gained an understanding of their life and needs, ambitions, barriers and motivations for accessing support were effective engagement strategies.
- Participants with higher needs found it challenging to engage with the paperwork required to join TMD. The requirement to evidence eligibility through hard copy documents caused difficulties for participants with lost or damaged documents from rough sleeping or frequent changes in residence.

4.1 TMD participants' needs and barriers

4.1.1. The nature of multiple and complex needs

TMD participants all had current or recent experience of homelessness[23], as well as additional barriers which prevented them from accessing and sustaining tenancies, support and employment.

Participants' individual barriers included: insecure housing, alcohol or substance misuse/addiction, offending history, poor basic skills, experience of domestic violence, immigration issues, poor mental health and physical health issues. The prevalence of declared support needs among TMD participants is shown in Box 1, below.

Box 1: TMD participant circumstances[24]

All TMD participants were homeless or had experienced housing exclusion. In addition:

- 48% identified mental health problems;
- 34% identified substance misuse issues;
- 35% were disabled;
- 51% lacked basic skills;
- 21% were ex-offenders.

TMD participants described how their support needs and barriers interrelated, and often reported feeling overwhelmed at what could realistically be addressed first.

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

TMD coaches said that the client group were significantly further away from being 'work ready' in comparison to their experience of supporting homeless clients on other employment support programmes. TMD coaches attributed the higher needs of their participants to the project's focus on supporting people with multiple and complex needs, rather than providing single issue support.

Coaches desribed their caseloads as highly diverse, with participants facing muliple challenges and barriers to employment. This meant the support required by participants, varied significantly.

'I've never really had such a mixed caseload … on TMD, from models, actors, an ex-millionaire… you really cannot generalise because the cases are very diverse.' (TMD Coach, Crisis)

'*That is one of the things with this project… I've got very few clients that I can even make a direct contrast with, because they come from such different backgrounds*.' (TMD Coach, Mind CHWF)

[23] TMD used the core definition of homelessness, which includes: rough sleeping; sleeping in tents, cars, public transport; squatting; unsuitable non-residential accommodation; hostel residents; users of night/winter shelters; domestic violence victims in refuge; unsuitable temporary accommodation (e.g. hotels); and 'sofa-surfing' – staying with others (not close family) on short term/insecure basis(not including students).

[24] Murphy, H., Friel, S. Dhillon, C. Vaid, L (2019). Tackling Multiple Disadvantage: Year 2 interim report.

TMD coaches reported that their highest need participants, or those that were most difficult to support, were people experiencing homelessness alongside more than one other long-term issue. Examples provided by TMD coaches included 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. In these instances, the severity of their needs meant that the support had to account for these barriers, and work around them despite each of the issues requiring longer term intervention and support to resolve in full.

'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)

Participants' barriers also impacted on their ability to engage with the project. Some participants with fluctuating issues were unable to engage with TMD when their circumstances worsened. For example, during relapses in recovery or a decline in their mental or physical health.

'You've got members that are higher need, but over time you find that, because they're not ready, they don't want to see you as much… it's the issue of them overcoming their own personal barriers… So, it's more about as and when they're ready.' (TMD Coach, Crisis)

4.1.2. Participant priorities

The long-term stability of their health, housing and/or employment situations was the main overall goal for TMD participants, but their wide range of needs meant that participants faced different pathways to achieving this goal. Participant aims fell broadly into housing, health and employment:

- **Housing** – safe, secure and affordable housing was a key priority and social housing was often seen as the most attractive option. Private rented accommodation was often regarded as unappealing, due to negative perceptions and experiences of landlords, higher rents and poor conditions. These factors, and the insecurity of the private rented sector, was seen as leading to a high risk of resulting in homelessness again. For most participants, a partially stable housing environment was a pre-condition for accessing employment support and finding work. Participants with ongoing support issues often favoured supported housing with access to key workers who could help them sustain their tenancies.

'I would like to go shared, because then at least I've got a support worker with that can help me…if I go privately, it's going to be horrendous and I'll be back to square one again.' (TMD Participant 25)

- **Health** – those suffering from acute health conditions or addiction saw recovery as critical to maintaining their tenancy and accessing employment. Participants with ongoing health issues prioritised the management of these in their decision making, for instance by ensuring that their employment, training or housing situation did not worsen their condition.
- **Employment** – employment was often desired as a pathway to fully 'stable' circumstances. Employment needed to suit participants' needs, abilities and aspirations, including accommodating health conditions. The nature of the work was important to provide stability, including security of contract, working hours and pay. Some participants, particularly those with

no recourse to public funds, prioritised getting into any form of employment to secure short-term income before working towards longer term goals.

It is important to note that the outcome measures for the TMD project focused only on one of these three priority areas for participants – employment – and did not include measures of progress relating to housing or health. This risks leading to a partial misalignment in the focus of participant priorities and programme aims.

The below section reviews the main barriers experienced by participants and the impacts of these in relation to housing, health and employment.

4.1.3. Housing circumstances and barriers

TMD participants' housing history varied extensively, however they often reported negative and precarious experiences. This included 'sofa surfing', staying in hostels, being at risk of eviction, or rough sleeping. The majority of those interviewed were in semi-stable housing situations, with extensive histories of moving between hostels and temporary or supported housing.

'*First and foremost, homelessness is one of their biggest barriers… Automatically they're coming in with this huge barrier, regardless of all the other stuff*.' (TMD Coach, Crisis)

Participants could be at different stages of transition to stable housing during their time on TMD and their transition to stable accommodation was not always linear. Participants reported sudden changes to their housing status as a result of various unplanned events such as evictions, losing a family member or hospitalisation. One TMD coach reported that people with severe mental health needs who were sectioned were particularly at risk of issues with sustaining their tenancy. They said that participants who were hospitalised or sectioned faced difficulties in managing their Universal Credit claim during that time, due to their health, and practical access issues. This resulted in some TMD participants experiencing periods of both relative stability and precariousness while engaging with the project. These experiences made it difficult for participants to continue to move forward and address their other priorities.

'*Often people with mental health needs lose their housing if they go into hospital because we don't do discharge very well, but if somebody's sectioned, they're not allowed out to get their paperwork, don't have access to the internet, they can't maintain a UC claim… you can't get to the bank to do anything …getting in touch with housing benefit is difficult… even if you're not in hospital. If you're on a payphone, practically impossible.'* (TMD Coach, Mind CHWF)

'They give you flat, you start to find job, you think that everything going sorted out, and one day when you get letter that you have to leave the place… everything fell down.' (TMD Participant 44)

Impacts of precarious housing

Precarious housing situations had a highly detrimental impact on participants' lives, including their mental health and wellbeing, their physical health and their prospects for securing employment.

Participants reported that long periods of uncertainty and insecurity were particularly damaging to their mental health. Those who felt unsafe as a result of their housing circumstances said that this made them unable to relax or focus on addressing other priorities. The TMD coach at Mind CHWF had a higher proportion of participants with severe mental health conditions. They reinforced the

importance of safety and security for their vulnerable participants, highlighting the distress and risks that their participants were under when they were reliant on others when 'sofa surfing'.

'[Secure and stable accommodation] is a top priority because it's affected my mental health. I keep going up and down, up and down … if I could get moved that would help me' (TMD Participant 43)

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

'I see a lot of people stay in awful situations because they haven't got anywhere else to go. There's no privacy… It damages people's mental health.' (TMD Coach, Mind CHWF)

Participants also reported feeling unsafe if their housing situation put them in close proximity of other people with severe and complex needs. Some participants explained that being in a hostel with others who had problems with substance misuse or severe mental health issues negatively impacted their wellbeing and, in some cases, their own recovery.

'*If you put people with mental illness, with some stress issues, in the same block, that's going to put me in more vulnerable situation where the drug dealer can come and take over my life'* (TMD Participant 3)

Participants with pre-existing health conditions often feared the negative impacts that living in precarious or poor housing conditions would have on their health. For example, one participant with arthritis was concerned that the cold and damp in their current flat would worsen their condition.

'*Getting my health sorted...is my main priority. This place ain't going to be much cop for it, I mean it's winter and oh my god, the place is freezing*' (TMD Participant 26)

A lack of secure housing also affected participant's ability to look for jobs. Some participants residing in temporary accommodation felt they could not apply for jobs until they knew where their permanent residency would be.

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

Some participants who had moved into a form of stable housing situation cited financial challenges and issues with the building management, landlord and housemates. Because of their history of homelessness, they were averse to raising a complaint for fear of aggression and sounding ungrateful, demonstrating the ongoing impacts experiencing homelessness can have.

'*I don't want to be back homeless again... I feel trapped and I don't really like it, but there's nothing I can do about it, and I just don't want to be ungrateful because I know how hard it is out there on the streets and it's cold, so I'm trying to cope with it and put up with it.*' (TMD Participant 47)

4.1.4. Health-related barriers

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

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

Coaches across the TMD partnership reported that most of the participants on their caseload had mental health needs, although these were not always disclosed. Severe mental health needs were especially prevalent among TMD participants supported by Mind CHWF. For many participants, mental health was a high priority concern which impacted their ability to fully engage in the project and compounded or caused other difficulties such as substance misuse and homelessness.

'*If you have [a] mental health [need] as well that compounds all of those problems. Most of the people I work with who have substance misuse issues have mental health issues as well, either relating to that or they've used to try and cope with their mental health. Being homeless impacts on your mental health and…mental health breaking down…is often the reason that people become homeless … and many people who have come out of the prison system have mental health issues because of their time there...it impacts pretty much every one of my clients in some way'* (TMD Coach, Mind CHWF)

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

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

4.1.5. Employment-related barriers

TMD participants' employment barriers often related to housing or health needs. Other barriers to securing employment included a lack of experience, having low or no qualifications and the potentially negative impact of work on their financial security. Participants also reported being anxious about returning to work or explaining gaps in their employment history, particularly if they had been out of work for an extended period. Some cited specific barriers such as knowing how to find and apply for jobs, having a CV, and interview skills.

Lack of skills and recent experience

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. Additionally, participants often experienced barriers to developing these skills such as a lack of time, financial constraints, caring responsibilities, trepidation due to previous negative experiences, lack of access to digital search and application forms, and competing priorities such as health issues, or recovery taking priority:

'I have to relax a little bit, take my time, it's going to take a couple of months, couple of years to get fixed and I have to make sure I deal with my living situation, my wellbeing, my health because if I

get a good job but I'm not able to handle it because I'm feeling weak inside it's not going to work.' (TMD Participant 6)

Practical difficulties

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

Employer perceptions and stigma

Several participants outlined how they had experienced, or feared, discrimination or negative biases about homelessness. This was particularly prevalent among those who also had long term physical health conditions and mental health conditions, some of whom had very long gaps in their CV. Many feared disclosing a health condition, or didn't know how they would frame it if they did:

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

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

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

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

Structural and financial barriers

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

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

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

4.2. Entering the project

4.2.1. Referral routes

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

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

TMD coaches said that participants' support needs and the level of engagement they had with the project initially varied depending on the referral route. Those referred from third parties who had less awareness and attachment to the TMD partner organisation often needed more engagement initially to gain their trust and explore what TMD could help them with.

'*People were referred to me…from the hospital, supported housing, through our single point of entry…anyone that said they were homeless, automatically got referred to see whether they wanted some support with employment, and some people did, some people didn't… people have some idea that they wanted to do something, but no idea of what they wanted to do, or whether it was possible, so a lot of it was confidence building and helping people to engage*.' (TMD Coach, Mind CHWF)

4.2.2. Participant barriers to accessing support

Interviewed participants described several barriers to accessing support. While these participants overcame difficulties to access TMD, they provide insight into the issues that others may face.

Past experiences

Participants with negative experiences of being 'passed around' or misunderstood by support services said that this was a barrier for them to access TMD initially, particularly if they lacked information when referred.

'I was anxious because I didn't know if there was any support. I didn't know, was I going there for nothing? Because where I was coming from and everything that had happened…But, yes, it didn't turn out that way, I'm glad for that.' (TMD Participant 43)

Emotional barriers

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

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

'you just don't have trust in anyone at that point… You feel like no-one's listening to you, no-one cares... it's not necessarily their fault. It's probably mine. I was a victim of maybe the circumstances or of my own mental illnesses, but I just felt really alone and really helpless.' (TMD Participant 38)

Physical barriers

At the point of referral, some participants were concerned that they would not be able to fully engage with the support offer for practical reasons. Most commonly, this was concern about not being able to cover travel costs. Another barrier, particularly for those in precarious housing, was not having access to a phone or the internet, hindering communication with their coaches.

4.2 3. Participant motivations for accessing support

Personal motivations

Participants' motivations for accessing TMD support reflected their individual circumstances and priorities. While many expected the support to address a variety of needs, participants indicated being attracted to a certain element of support on offer, generally reporting a desire to access either housing support, social activities or employment support.

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

'I wasn't even thinking about work at the time or anything, I was just, like, just get off the streets and find somewhere that's more stable for me to rest my head properly and have a shower and everything. That's all I was thinking about.' (TMD Participant 40)

Participants with ongoing difficult circumstances which were negatively impacting their mental health emphasised the importance of support which focusses on improving wellbeing prior to employment focussed support. These participants said their main motivation for accessing TMD was to reduce isolation and engage in positive activities. These types of support were viewed positively, particularly if they related to individual interests.

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

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

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

Cross cutting factors

Factors which convinced participants to access TMD support were:

- **Trust in the referrer** which provided assurance that TMD would be beneficial for them. Some participants felt that they needed encouragement from their keyworkers to access support. Warm handovers, or previous contact with the TMD coach also assisted this trust transfer.

- **Confidence in the TMD partner organisation**: Participants with positive experiences of wider support from the partner organisation felt more confident to access TMD.
- **Individual mindset:** Some participants said that despite feeling hopeless at the point of referral, they decided to take a chance on support as the benefits of engaging outweighed the costs. This was common for participants who were in particularly insecure circumstances.

'*I was living in a hostel and I was, like… What have I got to lose at this point*?' (TMD Participant 38)

- **Effective marketing:** some participants were drawn to advertisements for TMD with a clear focus on addressing multiple needs. This was a clear point of differentiation from other services.

'*the leaflet was amazing where it said, 'Tackling Multiple Disadvantages,' [it] was really potent…It felt like an acknowledgement, it felt like, 'That's me,' and 'That could be me*.' (TMD Participant 41)

4.3. Attachment and engagement

4.3.1 Participant views of initial appointment and assessment

Participants reported generally positive views of the initial appointment and assessment process. It was important for coaches to overcome participant's initial fears at the initial appointment through a friendly approach, addressing concerns and providing clear information about what to expect from support. Participants also valued coaches who adopted a flexible approach to meet their needs, like offering to meet in a familiar place.

'*when I got there…I felt a bit of relief because I felt like this was a place that was catering for me as a person and my situation'* (TMD Participant 38)

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

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

Participants were less positive about initial appointments which didn't provide clear information about the project. Participants who accessed a perfunctory first meeting with their coach to assess eligibility were more positive about their second appointment which explained the support in more detail. Some participants experienced uncertainty from a lack of contact after this initial meeting.

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

4.3.2. Paperwork requirements

The extensive paperwork requirements to join the project (required by Building Better Opportunities (BBO) as a condition of funding) were a barrier to attachment for some TMD participants. Several

paper copies of documents were required to 'start' an individual into TMD support such as proof of identification, the right to live and work in the UK, benefit entitlement and employment status.

TMD coaches expressed that the paperwork presented several barriers for potential participants to join support. These included difficulties evidencing eligibility, such as:

- Whether married migrants alone in the UK could be classified as a single homeless person.
- Varying 'care of' addresses[25] which either did not match other documents or were in London boroughs not served by TMD.
- Different names on documents for participants who changed names for their own protection.

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

There was evidence that engaging with the paperwork requirements was challenging for some higher need participants. One coach who worked with rough sleepers at an outreach centre was unable to register most participants they engaged with as their reaction to the paperwork *'ranged from incomprehension to outright hostility'*.

Participants with lost or damaged documents from rough sleeping or frequent changes in residence found it difficult to evidence their eligibility through hard copy documents. The requirements to gather, complete and sign several documents was also a negative experience for participants who had lost trust in bureaucratic processes. Participants explained that the bureaucratic hurdles to accessing support were reminiscent of more formal processes *'like the Home Office',* which undermined their confidence in the ability of TMD support to help them.

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

The paperwork requirements were relaxed over time and coaches employed several techniques to support participant attachment into TMD support, such as:

- Streamlining the evidence gathering process by encouraging referral partners to supply relevant documents with the referral form. This was successful with referrals from residential settings where those documents are likely to be stored but this had mixed success overall.
- Managing the assessment process by breaking it into several appointments and offering to liaise with key workers prior to the needs assessment process to reduce repetition.
- Emphasising the benefits of completing a full needs assessment and explaining that they cannot work with participants without the paperwork requirements.
- Providing potential support options based on their needs and setting this up quickly so that participants had something positive and tangible to relate to the service.

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

5. TMD support delivery

This chapter details the support delivered under the Tackling Multiple Disadvantage (TMD) project, drawing on qualitative interviews with TMD staff and participants. It explores participant and staff views of effectiveness, key challenges and the lessons learned from support delivery.

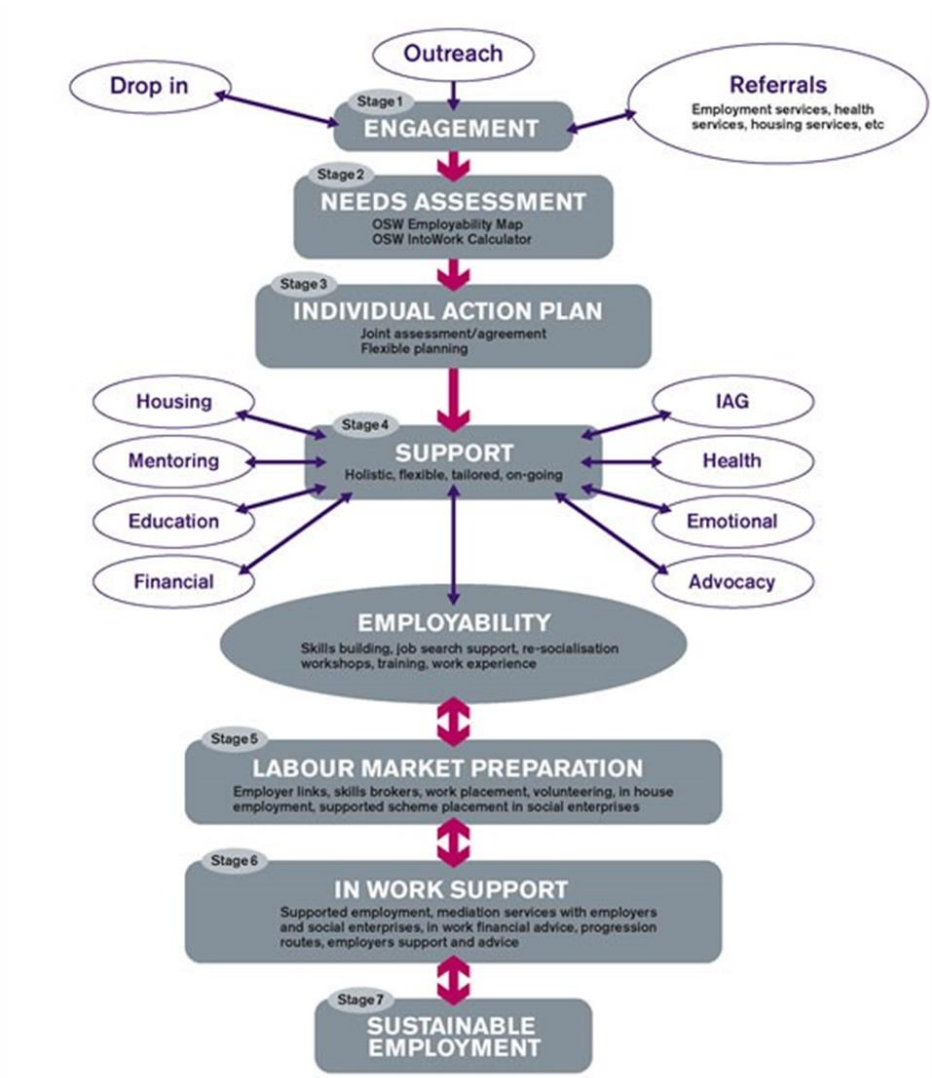
Key chapter findings

- TMD delivery partners used a personalised coaching methodology and utilised a range of internal and external support services. This approach enabled the integration of counselling, training, volunteering, job brokerage and specialist support provision such as housing support, financial support and health-based interventions.
- This support offer was underpinned by an individually tailored action plan and needs-led approach to support sequencing to build participant capacity to achieve their goals.
- The role of the coach was essential to recognise the totality of participant need, and work to build individual resilience, trust and confidence by addressing these holistically. This role required a high degree of flexibility to respond to participant needs.
- Nine coach roles were funded through TMD and 13 coaches left the project during delivery. Coach turnover had an adverse impact on participants' engagement with TMD.
- Coaches signposted TMD participants to a network of other types of in-house and external provision. This comprised referrals to training providers to improve basic skills, vocational or soft skills, as well as provision for physical and mental health and wellbeing.
- There were several examples of TMD providing a holistic service offer by working with internal and external partners to provide a service tailored to individual needs and barriers. Coaches reflected that this represented a departure from normal ways of working and welcomed the ability work across services to help participants to navigate services and progress.
- Entering work could present risks to housing stability and financial stability of participants due to changes in income, impacts on benefits and high housing costs. In-work support to support the transition into work played an important role as part of a broader package of employment support for people with multiple and complex needs.

Figure 16 depicts the core model of TMD delivery. Following outreach and initial assessment, the support included a combination of:

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

Figure 16 TMD model of delivery



5.1. Action planning and sustaining engagement

Action planning was carried out as part of the first assessment and served to inform the type of support an individual received, as well as the sequencing and intensity of this support. The action plan was informed by the participant needs assessment. Coaches assessed participants' needs using the Homelessness Outcomes Star which measured individual needs across ten key domains[26]. This was used to determine whether participants were ready to access employment related support, or first required more intense support to address wider issues.

Action planning was highly valued by participants as this helped them to set goals and gain a sense of ownership over the changes they would like to make in their lives. Participants appreciated that coaches took time to understand their personal situation to inform next steps and what forms of support would realistically improve their situation, helping them to progress through support towards

[26] These included: Motivation and taking responsibility; Self-care and living skills; Managing money; Social networks and relationships; Drug and alcohol misuse; Physical health; Emotional and mental health; Meaningful use of time; Managing tenancy; and Offending.

work. Particularly positive experiences were highlighted when participants could see the that their coach was developing an action plan underpinned by their needs and aspirations.

'She would ask me some questions, like, what do I want to do with myself and where do I see myself a few years from now and through that, she actually used that information and started to find things, educational things, work things based on what I was saying, I thought well how good is that....she's trying to adapt to my situation' (TMD Participant 40)

Coaches highlighted that participants did not always recognise their own individual barriers to accessing education or employment, thus they did not always disclose these issues initially. Furthermore, some noted a discrepancy between what was viewed as a priority by coaches and what participants felt was most urgent. Regular reviews ensured that coaches were able to support participants to recognise and prioritise their barriers as they built up trust over time.

Coaches commented that regular reviews were also important to monitor progress and adjust the actions and targets according to individual circumstances, which often changed. Taking a continuous and flexible approach to action planning was necessary to ensure that coaches could respond to changes in participant priorities, which sometimes required an urgent response.

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

This continuous action planning helped participants to recognise their own progress because '*change does not come all at once'* and could be hard to recognise, particularly if they had encountered setbacks.

'It's good to see the progress how much is improved… Monitoring is very important it is strongly motivating, encouraging, and then you go forward' (TMD Focus Group Participant)

'She's helped me from the beginning. Keeping me moving forward. Even small steps…we're always moving forward. We'll get a set of goals and then we'll try and work through the goals, get them all done and see where we are and then we'll move onto the next bit.' (TMD Participant 43)

Sequencing and prioritisation of support

Coaches and participants highlighted the sequencing of support as important for allowing individuals to gradually build their confidence, readiness and skills. Coaches and participants agreed that prioritising support which stabilises a participant's situation was important to improve their likelihood of sustaining employment related outcomes. Therefore, support aimed to ensure stability for participants and was decided according to how 'active' participants needs were. For example, if participants are sleeping rough, then supporting participants into a more stable situation was the priority. Often, this meant addressing participants' wider issues prior to providing employability-based support (as shown in Figure 16). However, in some cases, participants were required to enter work before their circumstances could be fully stabilised. Some participants, despite being in unstable housing situations, preferred, or needed, to access work first.

'I think it's just trying to keep things stable, so that you can do any kind of employability work. If people are worried about their benefits, or they've not got any money coming in, the last thing that's

going to be on their mind is writing CVs, learning how to do interviews, looking for jobs, because they just don't even have the basics to stay safe and well.' (TMD Coach, Mind CHWF)

Participants with fluctuating circumstances could find it difficult to sustain engagement with the TMD project when circumstances became overwhelming. Coaches expressed that it was vital to have practices in place to sustain engagement with individuals. TMD coaches felt that the key to keeping their participants engaged was to build up a good rapport with them, if possible, from the first meeting. They also felt that highlighting quite practical support as early as possible acted as a good hook for participant engagement. Other good practice for sustaining engagement included:

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

5.2. Holistic support delivery

The overall TMD support offer focused on a flexible coaching model with links to a range of relevant provision to help individuals overcome multiple barriers to employment. There were some differences in the approaches taken to delivery by partners, reflecting each partner's organisational expertise and unique support offer:

- Crisis offered a wide variety of recreational activities and classes such as arts, yoga, wellbeing, music, ESOL, and IT.
- St Mungo's and Thames Reach provided accommodation support directly and were able to offer TMD to individuals in their housing facilities. This enabled the transfer of information between key workers to build a holistic support around individual participants.
- Participants receiving support from St Mungo's were able to access 'Recovery College' which runs a range of classes and wellbeing activities for people with complex needs.
- Mind CHWF offered a broad range of services to support individuals with poor mental health, or mental health conditions. These include counselling and talking therapies, basic skills courses and an employment and skills offer which encompasses welfare and benefits rights.

This section explores the features of support common across the partnership including the role of coach, skills training and financial support, and partnerships with other services.

5.2.1 The role of the TMD coach

The TMD coach was considered by most participants to be central to TMD and a key element in their positive perception of the support. Similarly, coaches saw their relationship with participants as key to the success of TMD, not least because continued engagement with the project relied upon the quality of the coach-participant relationship. The vital elements of coaching support recognised by coaches and participants included:

- Building trust and understanding needs.
- Building personal and empathetic relationships

- Guiding participants through support, including accessing external provision.

Building trust and understanding needs

Coaches building trust and understanding individual participant needs was central to the effectiveness of TMD. In interviews, all participants highlighted the importance of their coach's approach and characteristics, such as friendliness, helpfulness and trustworthiness. They appreciated engaging with someone who would listen to their concerns, understand their priorities, and value them as a person.

'I was like wow…she really does go out of her way. She actually remembers what I was saying… I could tell that she was really passionate about helping me' (TMD Participant 40)

'When I met [coaches] from the employment team they acknowledge me… they didn't look at my drug use or my past, they focused on me moving on. Yes, and showing me they're friendly and they look at my CV and say, "Oh, you have got a lot" and I was like, "Nobody has ever told me that". It's not about your past, they're not looking into that. They are looking to get you into work, get you into education, showing me every opportunity, or anything to do with work.' (TMD Participant 3)

Building personal and empathetic relationships

The TMD coach role also relied on maintaining communication with participants to sustain good relationships. Participants felt that the most effective support was genuine - some compared their TMD coach to a therapist or friend they could speak to about a wide range of issues and concerns. It was suggested that this approach should be used more widely in services for people experiencing homelessness. For those who felt most isolated, this genuine, human contact was crucial.

'They were there 24/7, seven days a week, 365 days a year, and even if you were down and you needed something or… they were there to say, or if you had a letter and you needed help, they were there to help you, or to guide you. They were lovely.' (TMD Participant 25)

Guiding participants through support

Coaches viewed their role as guiding participants through support options and providing relevant information. More specifically, coaching support was based on keeping in touch, linking individuals to the right types of support and reviewing action plans to consolidate progress towards their stated goals. This included signposting and arranging wider support to meet the needs of individuals. Participants were signposted to a range of external organisations' schemes as well as other in-house departments.

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

Participants said that coaches provided a single point of contact through which they accessed support. Some participants highlighted the importance of having an experienced and knowledgeable coach who had access to various support options.

'It's a real positive thing. I want to see her every week…it's like I've got somebody and she can make things happen...because there is this buffet she's got access to that she can say, 'Well, try that.' (TMD Participant 9)

Participants also valued the role that TMD coaches took in supporting them to access services. In some instances, this meant coaches accompanied participants when accessing 'new' support – such as going to the local authority housing department to process an application. Having a trusted person by their side was highly beneficial for those who were concerned about going to new places. In other cases, this took the form of making referrals, and chasing these up with relevant agencies, or advocating on participants' behalf to enable them to access support.

'I couldn't have asked for anyone better. Obviously, she gave me a lot of opportunities, the volunteering, the gardening, the Roll-On Monday, the CV. She always tried chasing the therapy referral, emailing, calling, leaving messages, in front of me and afterwards' (TMD Participant 41)

'Without them I wasn't going to be able to accept these services…with their services they introduced me to mindfulness, they also talked about my past, how can I be with my past.' (TMD Participant 3)

One coach provided an example of how they provided advocacy support to enable reasonable adjustments for a participant to sustain their training course. This example highlights the role of the TMD coach in actively supporting people with high level support needs to engage with services.

'At one point we thought he was going to drop out of college because they couldn't cope with his symptoms in the classroom. We just had a chat… and he figured it out in the end. Sitting towards one side of the classroom meant that he could figure out which direction the voices were coming from, whether it was the tutor, or whether it was just hallucinations. Had a chat with his tutor… it turned out he didn't really need any reasonable adjustments to manage it. He just needed somebody to be aware, and that was pretty much it.' – (TMD Coach, Mind CHWF)

Challenges with resourcing and caseload management

Coaches and participants identified challenges with the level of flexibility required within the role, and difficulties from staff turnover. All partners were impacted by staff turnover of coaches during delivery[27]. Nine coach roles were funded through TMD and 13 coaches left the project. Participant interviews highlighted the impact of staff turnover on their engagement with TMD. High staff turnover meant that some participants interviewed had at least one change in coach. Some found this inconsistency had a negative impact on their engagement with TMD, and their perception in their ability to progress towards employment. Firstly, a change in coach could result in delays to accessing support. Secondly and more commonly, it meant building a trusting relationship with a new person, which some participants found quite difficult.

'They keep changing them because you find somebody you have got this kind of relationship, they are start understanding you, little bit of your background, getting understanding how you speak, your communication style… and then suddenly they're changed.' (TMD Participant 3)

Several participants reported that they wanted more frequent contact with their TMD coach. A small number showed high awareness of their coach's workload, and in some cases, were conscious of the emotional burden being placed on their coach working with them and others on the project. In some instances, made them feel cautious about contacting their coach too often, conscious of taking up too much of their time when other participants may need them.

[27] Changes to the partnership and staffing are further explored in Chapter 6: Outcomes.

5.2.2. Skills training and financial support

In addition to the delivery of one-to-one support, coaches signposted TMD participants to a network of other types of in-house and external provision. This included referrals to training providers to improve vocational or soft skills, as well as provision for more holistic support, particularly physical and mental health and wellbeing.

It was evident through participant accounts that coaches played a key role in supporting access to a range of courses which are linked to individual aspirations and goals identified through one-to-one sessions and action planning. Access to training and courses was a valued aspect of support as participants felt they were using their time constructively whilst they were working towards bigger goals such as employment.

Basic skills provision

Basic skills provision in English, maths, digital and ESOL was a key aspect of support given that several TMD participants had low levels of basic skills. This was mostly delivered through in-house services. Overall, participants with a basic skills need found these courses useful and saw improvements to their skills level, as well as keeping their brain active.

Vocational training and provision

A diverse range of more formal, accredited training and educational courses were also accessed. Courses accessed included construction, CCTV operator training, first aid training, British Sign Language, driving lessons, upholstery, a business course, and website design. These courses tended to be identified by coaches and delivered through local FE providers. Participants who felt ready to move into work placed significant value on this course type. They reflected that these courses enabled them to broaden the scope of employment they could access and increase their future earning potential.

'I've now got the diploma level one, so I need to do level two and level three. So, if I've got those I can access higher education at the university to become a social worker or a diploma level or something like that.' (TMD Participant 3)

Interest-based courses

Almost all participants interviewed reported accessing creative and arts-based courses, offered either internally by their support organisation or externally. Courses included creative courses such as drama, jewellery making, hat making and art, and sports-based classes including yoga and boxing.

Participants were positive about the range of in-house course options available, as it meant they could choose one that suited their interests. These less formal training courses often supported participants to uncover wider personal goals and interests, which was felt to allow participants to feel like they are moving forward with their lives. Creative and art-based activities were widely reported by participants and coaches to be beneficial for a number of reasons, for example to:

- Facilitate engagement with TMD and the wider support on offer.
- Increase self-confidence and motivation to engage with other services and opportunities. Some participants who were more socially isolated talked about how activities had increased their social confidence.

- Help provide meaning to participants' lives, for example by allowing a 'safe space' to talk about past negative experiences, or being a constructive use of time.

- Participants who accessed non-formal courses also highlighted the therapeutic benefits of these courses including an improved sense of overall wellbeing, feeling safer and calmer.

- Creative and arts-based activities could also build skills which improved employability, such as communication and leadership skills.

'His employability stuff really was going to Core Arts and doing music workshops, but he takes the lead on and off there. So, he's actually getting to do something that he's really good at. In terms of his employability, it was more signposting really than anything that I needed to do with him. It was just making sure that he was getting there, and doing something that he could do, but that he could succeed at as well.' (TMD Coach, Mind CHWF)

Financial support to access external training

The availability of financial support to help pay for specific training, or work-related items, alleviated specific barriers to accessing support, such as travel. According to participants, covering travel costs was one of the most useful elements of the support as it immediately removed a direct barrier. Improving access to courses by removing the initial financial barrier had concrete positive implications. For example, one participant accessed training via a bursary to learn British Sign Language. This encouraged the participant to progress through further qualifications in order to reach his goal of becoming a support worker.

Other examples of financial support include covering the costs of legal documents, such as passports. Participants noted the immediate benefit of this as it meant they had proof of ID to show prospective employers. Moreover, some participants accessed money management support from their coach, for example dealing with their benefit claim or budgeting.

5.2.3. Partnership working

The TMD support model involved coaches liaising with the range of services which were supporting participants to ensure that the support package is coherently organised around each individual participant. This included organisations specialising in housing law, benefits advice, debt advice, mental health provision, as well as local authorities, job centres, housing options teams and probation services. Most participants reported being signposted to services – both to in-house teams (mostly for housing support) and to external organisations including for housing, health, and other specialist support.

Working with internal specialist teams to support participants

A large proportion of participants reported working with internal housing teams to improve their housing status, either prior to accessing TMD or by referral from their TMD coach on a presented need. These teams were seen as best placed to provide housing related expertise for participants. Coaches highlighted the importance of accessing expert housing advice for this client group in order to provide the right support for issues such as housing rights, securing accommodation and sustaining tenancies.

Working with external partners to support participants

The TMD support model enabled coaches to work in collaboration with organisations involved in the lives of participants, as one coached described as 'informed community networking' to provide wraparound holistic support to each individual.

'The realistic approach [is], can we actually address all this together? No. So it makes sense to work with external organisations who are better skilled and equipped to deal with those situations.' (TMD Coach, Crisis)

Partnership working with external organisations included making referrals on behalf of participants, or more intense advocacy work. This included support covering health, housing, education and training, and legal and financial issues. Participants were most satisfied when they were signposted to support that was designed to address a specific need, alongside accessing more holistic support from their coach. For example, providing practical support – such as access to clothing, as well as emotional support – such as counselling.

The extent to which TMD partner organisations worked with external partners varied based on the services they had internally, and the needs of participants. Providing access to external support organisations was especially important to help participants with higher levels of needs. Mind CHWF reported that the support package for most of their individual TMD participants included a high level of collaboration or advocacy work with local services. This included services which were already involved in that participant's life, as well as engaging a new service for an unmet need. There were tangible examples of how accessing specialist support to address their needs helped participants to sustain engagement with TMD, access specialist support, or to engage with training courses.

Mediating between more than one service sometimes allowed coaches to achieve a more complete view of an individual's support needs, help individuals to navigate multiple services and allocate resources effectively. This type of working was particularly beneficial for participants with multiple and complex needs to avoid service duplication. Mind CHWF provided an example whereby this type of working helped to identify when participants were re-engaged with substance misuse. Working together in this way allowed services to put risk assessments and support plans in place to ensure participant could progress. TMD enabled this type of working which in standard support services, is a gap for people with multiple and complex needs.

'Between the drugs service, and us, then probation, we've actually got him into a bit of a routine, and we can remind him he has to contact probation if he hasn't, if we know that he's using [again]. We're quite forthcoming about working together …it was a real two-way thing [which] I've never had the opportunity to do' – (TMD Coach, Mind CHWF)

Partnership working was highly valued by coaches because it allowed the intense wraparound support that some participants needed to progress, but it was also a unique way of working with local services who are normally working in competition for funding. Coaches were hopeful they could continue the relationships they have built with local services in future service delivery.

'Working with other organisations involved in my clients care was really nice because we weren't directly competing for funding with them like we usually are. [We were] working to find solutions for somebody which was lovely. She was doing the work and I was just pointing out what needed to be done which was great.' – (TMD Coach, Mind CHWF)

There were challenges with external provision, however. Coaches expressed that some aspects of the wider service provision landscape remained inaccessible for those with multiple and complex needs. The TMD project had to operate within the existing system of support, which means there were persisting gaps for individuals with multiple and complex needs. Examples provided by coaches included gaps in support for housing, immigration issues, and drug and alcohol misuse. Therefore, the main limitation of support was the extent that the model in itself could overcome the deficiencies of support elsewhere. This was highlighted particularly by Mind CHWF:

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

5.3. Employability, labour market preparation and in-work support

5.3.1 Employability and labour market preparation

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

Participants who accessed careers advice and guidance found this highly beneficial as it provided structure and clarity to their future aspirations. Coaches reported that the provision of tailored career focused information, advice and guidance as crucial to support participants with complex needs to uncover their aspirations in line with what's realistic for them, given their individual circumstances.

The majority of participants interviewed described their coach supporting them with job searching and writing applications. They identified proactive and targeted approaches as useful. For example, getting references from previous employers, contacting prospective employers and identifying roles that aligned with participants' aspirations. Those with poor language, literacy and digital skills found support with CV writing and applications particularly helpful.

A small number of participants accessed support to gain in-house voluntary roles. One participant was involved in a fundraising campaign with Crisis that involved contacting existing supporters and building the social media presence for the campaign. They had recently completed a social media course at a local college and could apply their knowledge directly to this voluntary role which boosted their confidence.

5.3.2. Employer engagement and job brokerage

From the outset of the TMD project, employer engagement activities were regarded as central to key elements of the support offer. These activities were seen as critical to identify appropriate employment opportunities to structure employability support and match appropriate participants. Engaging with employers directly was seen as important to help overcome the prejudice people with SMD often experience.

A small number of participants provided examples of positive employer engagement activities. For example, one participant explained that their coach matched them with an employer in their desired sector who provided a pre-employment training course, an interview upon completion and a potential job opportunity.

Intense employer engagement, such as job brokerage, was cited less often in qualitative interviews with staff and participants. Not many participants recalled specific employer engagement activity in their accounts. Coaches were more likely to provide one-to-one support which empowered participants to engage with employers independently. For example, by providing advice and guidance relating to disclosure issues relating to criminal convictions.

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

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

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

5.3.3. Transitioning and in-work support

TMD included an in-work support offer for participants who entered employment, as part of a continuous support package. The project was designed in a way which recognised that the event of moving into employment presents many new challenges for people experiencing homelessness.

Challenges related to moving into employment

Qualitative research as part of this evaluation provided a considerable amount of evidence on the challenges faced by participants as they make the transition to employment. These were mostly in relation to further upheaval in housing situations, financial status, changes to benefits, and arising mental health issues. Most commonly reported challenges related to entering work included:

- **Entering work can result in people feeling financial unstable** as a result of having to navigate initial changes to their income, benefits or housing costs. In the short term, this could be a particularly vulnerable point in time for participants.
- **Entering work can exacerbate precarious housing situations** if participants could no longer afford hostels or had to leave supported accommodation when they entered work. Entering work frequently presents risk to an individual's housing stability, for example participants could no longer afford accommodation due to changes in their benefits or were precluded from particular types of accommodation.

In-work support delivery

There were two main times when in-work support was particularly important for TMD participants: (1) in the early days of employment; and (2) at 'crunch times', directly resulting from the transition to employment. Coaches described how their supportive and pro-active role was just as important for some participants transitioning to employment given the additional upheaval this could present, especially in relation to their housing situations.

'In-work support, when somebody goes into work, they might fall out of work and need even more support, come back again, and actually, the getting the work might not be the hard bit for somebody. It might be the staying in, and the next job, and the next job. But we tend to focus looking at the pre-work...' (TMD Coach, Crisis)

In-work support often meant working in collaboration with internal housing teams or ongoing advocacy work with external organisations to ensure participants had sufficient advice and guidance from specialist housing teams. Other forms of in-work support included:

- **Practical support in the initial stages of employment** – this involved helping to source appropriate clothing for an interview or a specific job role, financial help with transport, financial support to help bridge the gap between coming off benefits and receiving the first wage and financial guidance given the change in circumstances on entering employment. Coaches reported how it was vital for some to bridge the gap between accessing employment and the first pay, without which, it would have been difficult for participants to sustain employment:

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

- **Ongoing social and emotional support –** for issues which could impact on their ability to sustain employment more generally. Coaches explained that their role in supporting participants in-work could include continuing to be a source of emotional support and keeping the trusting relationship that had been built over the course of the project:

'For members [who] haven't worked for quite a few years, it is the low self-esteem …they get to work, and it's quite overwhelming. They don't really feel like they fit there. The in-work support [is] around just making sure that they keep continuing.' (TMD Coach, Crisis)

- **Advice on appropriate workplace behaviour and dealing with work-related issues –** typically this could involve advice on what it is reasonable for employers to expect from participants, understanding rules and how to deal with specific problems that they encountered in the workplace. Coaches provided examples of supporting participants to manage their relationships at work, supporting or assisting with disclosure of past histories or mental health needs, or to communicate appropriately with employers.

'I had a member who got a job, he did the training, and he was really happy, but then he just felt really overwhelmed that he didn't fit in there. And then whenever he got sick, he just missed work. It was about me actually meeting with the employer, explaining his age, and the fact he is not feeling well...' – (TMD Coach, Crisis)

- **Support to progress to better employment** - it was useful in some cases for in-work support to provide assistance with 'next steps' in employment, particularly for participants with no

resource to public funds where the priority was to secure immediate income before focusing on wider employment and training goals.

'I had a member who speaks very limited English. He doesn't know how to look for work, even though he's been here for a few years. And he's always got jobs to live well enough. He wants to be a forklift driver. He got a job as a cleaner and then we looked into getting this qualification, Changing Lives grant…So the initial support was quite intense, but then when he was working, we then met whenever he could, to complete the in-work support.' (TMD Coach, Crisis)

One participant who had secured employment on TMD had a negative experience with the employer who refused to provide a contract of employment and it was clear the role was not as promised. The TMD Coach provided pro-active and emotional support for the participant to reassure them they were supported to leave the role and they would work together to find a more secure job.

'I was promised to be trained as a chef, but the company didn't do that and still [Coach] was there, and she understood, and she was able to go and communicate with the company. I didn't have any contract, and the training was not happening, but then when I was going to break down that's where [Coach] came in because I was so angry. Yes, which they didn't want her to be there, but then she said, "Don't worry, I'm going to look for something else'. (TMD Participant 3)

In-work support was overwhelmingly cited by coaches as important for the people they were working with. However, coaches often reported feeling that they could offer less time to in-work participants whilst also continuing to work with a higher caseload of participants who were not in work and had ongoing support needs. Coaches felt that a greater focus on in-work support could lead to improved sustainability in job outcomes. This could be supported by reducing caseloads, allowing coaches to spend more time with participants, including in the transition into employment.

'I really believe we should be paying more attention to in-work support, because that's the whole point…less people, and more sustainability, is the key here. Not, they're in work, therefore they're going to be light touch. When somebody gets a job and goes through the whole thing and starts, that's when we should really focus.' (TMD Coach, Crisis)

One coach with significant experience in working with people with mental health needs, explained how coaching support with a substantial job retention element would make a significant difference to lives of people with severe mental health needs. For instance, this would allow TMD support to take a more preventative approach to homelessness through sustaining employment.

'The one thing we don't have here at the minute, which I would really like, is a job retention service, because we could prevent people from getting to that stage in the first place. That's a, kind of, gap in our provision at the minute.' (TMD Coach, Mind CHWF)

6. TMD outcomes

TMD staff were required to record specific targets and outcomes, including whether participants were in employment, education, training, or job searching when they left the project. While employment results were a key indicator for the project, many participants benefited more widely from the support they received. The following sections examine the achievements of TMD, and the difference it made for project beneficiaries.

Key chapter findings

- The TMD project had an employment outcome target of 28 per cent. This was regarded by staff and stakeholders as highly ambitious given the needs of the target group. However, the project achieved an employment outcome rate of 27 per cent and a sustained employment rate[28] of 10 per cent.
- Crisis achieved an employment outcome rate of 36 per cent, which was far higher than other partners. Key reasons for variations in outcomes between partners included: the similarity of TMD to existing delivery models, the impact by staff turnover, the level of participant need and organisational factors such as restructuring.
- The other project outcomes included entry into education or training, and job search. These represented exit points for participants, and partners chose to focus on employment outcomes rather than 'exiting' participants from support by recording a training or job search outcome when an employment outcome was still possible.
- TMD secured a range of housing outcomes for participants which were not recognised in project targets. A substantial proportion (39 per cent) of participants who had not entered employment had improved their housing situation, suggesting that housing outcomes were being prioritised over employment outcomes for these participants.
- Project management information (MI) also tracked participants reporting improvements in confidence, self-esteem or motivation, employability, and job readiness.
- Interviews with TMD participants and coaches provided evidence of transformative outcomes achieved by participants through the TMD support model. These included:
    - Improved knowledge of how to job-search and apply for suitable work.
    - A sense of achievement from achieving goals, improved stability, and recognition of continued progress beyond TMD.
    - Improvements in mental health and wellbeing due to reduced uncertainty.
    - Improvements in physical health and management of health conditions.
    - Enhanced and positive social networks.
    - A desire to 'give back' to support others in similar situations.

[28] Sustained employment was defined as 26 weeks in employment.

6.1. Employment and sustained employment outcomes

TMD was an employment support project and as such its overarching aim was to support participants into work and sustained employment. The project could also claim other 'hard' outcomes for entry into education or training and into job search.

These outcomes represented exit points for participants, and TMD partners chose to focus on achieving employment outcomes rather than 'exiting' participants from support by recording a training or job search outcome when an employment outcome was still possible.

6.1.1. Employment outcomes

The target employment outcome rate (job entry divided by participant numbers) is 28% and the project came very close to achieving this with an actual employment outcome rate of 27% – 123 participants entered work against a target of 168. This shortfall in actual job starts is almost entirely (93%) driven by the below target number of participants rather than the fact that the actual employment outcome rate is slightly below target. Figure 17 below shows the trend in employment outcomes against quarterly targets.

Figure 17 Employment outcomes

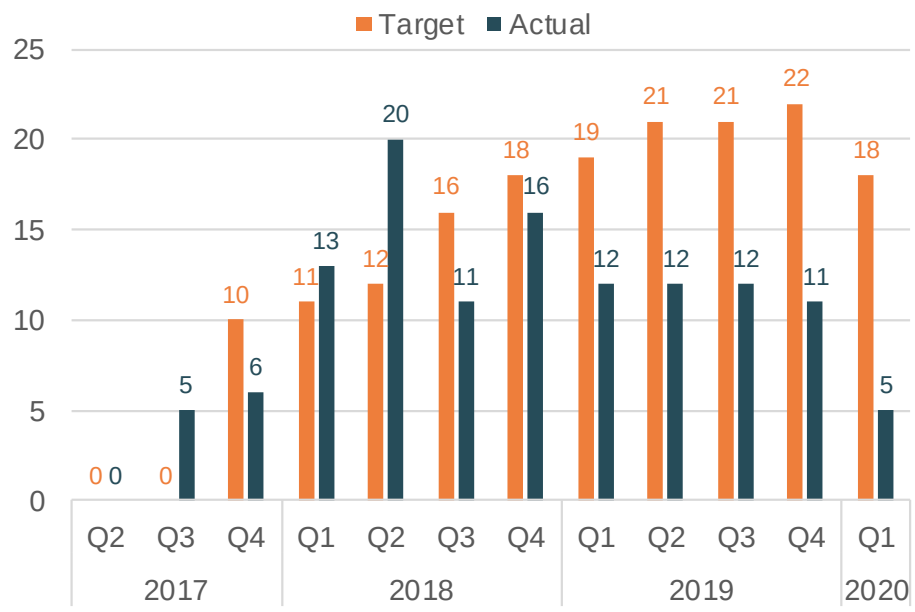


Table 8 shows employment outcome rates by characteristic. The project has been somewhat more successful at getting men into work compared to women (28% of men compared to 24% of women). Those that were unemployed achieved a 34% employment outcome rate compared to only 18% for those that were economically inactive – unsurprising considering the additional barriers for those that were inactive. The project has performed relatively better in terms of getting participants from minority ethnic groups into work with an outcome rate of 32% but less well for those aged 50 or over at 20%, and those with disabilities at 14%.

Table 8 Employment outcomes by characteristic

Outcome rates by characteristics	Into education	Into employ-ment
Men	4%	28%
Women	8%	24%
Unemployed	3%	34%
Economically inactive	7%	18%
Aged 50 or over	6%	20%
With disabilities	6%	14%
Ethnic minorities	6%	32%

Table 9 shows employment outcome rates by partner and shows that around four fifths of the 123 employment outcomes were achieved by Crisis. Crisis have managed to assist 36% of their participants into work. This is more than double the rate of any other partner.

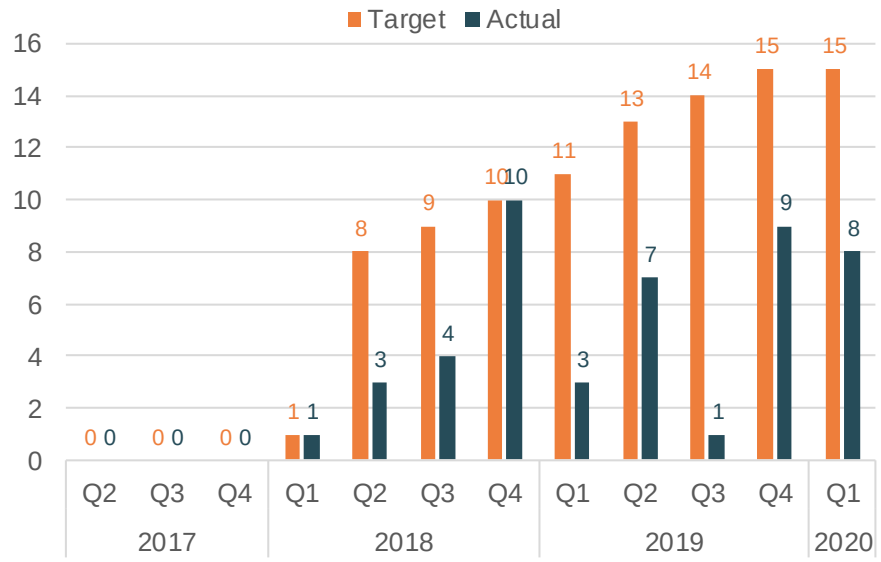
Table 9 Employment outcomes by partner

Partner	Target	Actual	% of target	Employment outcome rate
Crisis	95	102	107%	36%
Mind CHWF	18	3	17%	11%
St Mungo's	34	17	50%	17%
Thames Reach	1	1	100%	3%
All	**148**	**123**	**73%**	**27%**

Sustained employment outcomes

46 jobs have been sustained for 26 weeks or more by the project's participants. Figure 18 shows the trend in sustained employment outcomes against its quarterly targets. The target rate for the percentage of participants sustaining employment was 16% and this compares with the rate actually achieved of 10%. It should be noted that not all of the 123 jobs achieved could have been sustained for 26 weeks by the end of the project. The 16 jobs achieved in the last quarter of 2019 and the first quarter of 2020 could not have been sustained as not enough time has passed for this to be recorded. Hence, the 46 jobs sustained represent 43% of the 107 jobs which could have been sustained. If job sustainment continues at a similar rate, then another seven job sustainments can be expected from the 16 jobs entered in the last two quarters of project delivery. Potentially, this would bring the number of job sustainments to 53.

Figure 18 Sustained job outcomes



6.2. Education, training and job search outcomes

Education and Training

Seventeen participants were recorded as entering either education or training. This compares with the target of 102. Hence, actual recorded movements into education or training were just 17 per cent of the target level.

The fact that partners could only claim one outcome per participant combined with the preference for employment outcomes meant that a decision was taken by the partnership to not claim education and training outcomes. Partners waited to see if an employment outcome would be achieved which they could then claim. It is notable in this regard that 12 of the 17 entries into education and training claimed were recorded in the last two quarters of project delivery. Additionally, as is discussed below, this figure of 17 compares with 76 participants who reported gaining an accreditation, qualification or certificate from activities designed to improve their employability. It is also worth noting that many participants who were internally referred to TMD were already engaging in a form of training prior to TMD as part of an intrinsic progression pathway to employment. These participants were automatically precluded from achieving an education or training result, even when they had progressed to a higher level of training.

Therefore, the 17 reported number of entries into education or training substantially underestimates the actual volume of learning activity that occurred as part of the project.

Job Searching

Just nine participants were recorded as exiting the project to undertake job search. This compares with the target of 105. Hence, actual recorded exits into job search were just 9 per cent of the target level. This is a consequence of the decision taken by the partnership to prioritise employment outcomes and not to claim job search as an outcome when employment was the main goal. It is again notable in this regard that two thirds of the nine jobs search outcomes claimed were recorded in the last two quarters of project delivery. Additionally, as is discussed below this figure of nine

compares with 200 participants who reported receiving personalised job search support. Hence, that the nine reported job search outcomes significantly underestimate the actual volume of job search activity that occurred as part of the project.

6.3. Recorded soft outcomes

Project management information (MI) collected from the start of the project also enabled tracking of whether participants have reported an improvement in confidence, self-esteem or motivation, employability, and job readiness. Due to high administrative requirements to evidence these outcomes, it is unlikely that the outcomes reported here fully demonstrate the soft outcomes that were achieved on the project.

Confidence, self-esteem, motivation, emotional health and resilience

164 participants took part in activities to improve their confidence, motivation or emotional health and resilience. This compares to a target of 270 and represents 61 per cent of the target level.

Table 10 Confidence, self-esteem, motivation, emotional health and resilience outcomes

Project outcome 1		All	Crisis	Mind CHWF	St Mungo's	Thames Reach
People taking part in activities to improve their confidence, motivation or emotional health and resilience	Actual	164	78	12	69	5
	Target	270	153	31	54	5
	Diff +/-	-106	-75	-19	15	0
People report improved confidence, self-esteem or motivation upon completing structed learning or one-to-one support	Actual	125	88	5	30	2
	Target	300	170	34	60	2
	Diff +/-	-175	-82	-29	-30	0
People report improved emotional health or resilience upon completing structured-learning or one-to-one support	Actual	94	61	6	25	2
	Target	216	122	25	43	2
	Diff +/-	-122	-61	-19	-18	0

These activities have contributed to improvements in both confidence, self-esteem or motivation and in emotional health or resilience. 125 participants reported improved confidence, self-esteem or motivation against a target of 300, so 42 per cent of the target level was achieved. 94 participants reported improved emotional health or resilience against a target of 216, so 44% of the target level was achieved.

Employability

185 participants took part in classes, workshops or related activities to improve their employability. This compares to a target of 270 and represents 69% of the target level. 76 participants gained an accreditation, qualification or certificate to improve their employability. This compares to a target of 203 and is 37% of the target level.

These two categories of activities have contributed to improvements in communication, time management and workplace skills. 116 reported improved such skills against a target of 182, so 64% of the target level was achieved.

Table 11 Employability outcomes

Project outcome 2		All	Crisis	Mind CHWF	St Mungo's	Thames Reach
People taking part in classes, workshops or related activities to improve their employability	Actual	185	109	8	47	21
	Target	270	153	31	54	21
	Diff +/-	-85	-44	-23	-7	0
People gain an accreditation, qualification or certificate upon completing activity to improve their employability	Actual	76	58	2	12	4
	Target	203	115	24	40	4
	Diff +/-	-127	-57	-22	-28	0
People report improved communication, time management to workplace skills	Actual	116	86	3	25	2
	Target	182	115	0	40	2
	Diff +/-	-66	-29	3	-15	0

Job readiness

200 participants received personalised job search support. This compares to a target of 405 and represents 49% of the target level. In addition, 59 participants completed a volunteering or work placement. This compares to a target of 81 and represents 73% of the target level.

These two activities have contributed to the number of people who report feeling more likely to get a job upon completing activity to prepare them for the labour market. 110 participants reported feeling more likely to get a job against a target of 216, so 51% of the target level was achieved.

Table 12 Job readiness outcomes

Project outcome 3		All	Crisis	Mind CHWF	St Mungo's	Thames Reach
People receive personalised job search support	Actual	200	127	10	60	3
	Target	405	254	0	90	3
	Diff +/-	-205	-127	10	-30	0
People complete a volunteering or work placement	Actual	59	39	2	9	9
	Target	81	51	0	18	9
	Diff +/-	-22	-12	2	-9	0
People report feeling more likely to get a job upon completing activity to prepare them for the labour market	Actual	110	76	4	29	1
	Target	216	136	0	48	1
	Diff +/-	-106	-60	4	-19	0

6.4. Housing and employment outcomes

This section provides an analysis of participants' housing outcomes where this data was recorded. Housing outcomes were not included in the official targets for the project; therefore, this data has been collected from 144 Crisis participants only.

Housing outcomes by living situation at start of project

144 participants supported by Crisis recorded a housing outcome. Of participants who had achieved a housing outcome:

- 6 participants (4 per cent) had reduced risk of homelessness[29]
- 41 participants (28 per cent) had improved accommodation skills
- 47 participants (33 per cent) had improved their housing situation[30]
- 25 participants (17 per cent) had secured housing
- 11 participants (8 per cent) had sustained housing for 26 weeks
- 14 participants (10 per cent) had sustained housing for 52 weeks

Tables 13 and 14 show housing outcomes achieved by TMD participants supported by Crisis, according to their living situation at the beginning of the programme. Table 13 shows that, of the 47 participants who improved their housing situation, 24 (51 per cent) were rough sleepers at the beginning of the project. Just under half (47 per cent) of rough sleepers improved their housing situation through TMD, and a further 22 per cent secured and/or sustained housing. This is similar to the proportion of those who were staying in night shelters, where 45 per cent improved their housing situation, and 18 per cent secured and/or sustained housing in the longer term.

Participants who were squatting were least likely to improve their housing situation or secure a form of housing. Over two thirds (67 per cent) of people who were squatting had improved their accommodation skills but had not improved their situation or secured housing through TMD.

Eight of the 25 participants who sustained their housing for at least 26 weeks were previously sofa surfing or staying with friends or family. Proportionately, participants who were staying in a bed and breakfast when they joined TMD were most likely to sustain housing, based on small numbers.

Table 13 Housing outcomes for participants supported by Crisis (N)

	Housing outcome						
	Reduced risk of homelessness	Improved accommodation skills	Improved housing situation	Housing secured	Sustained housing (26 weeks)	Sustained housing (52 weeks)	**Total**
Renting - social housing	0	0	0	1	0	0	**1**
Renting - private landlord	0	0	1	3	1	1	**6**
Supported housing	1	4	1	4	0	2	**12**
Bed & Breakfast/ hotel	0	0	1	1	0	2	**4**
Hostel	2	4	5	4	1	3	**19**
Other temporary accommodation	0	0	4	0	0	0	**4**
Night shelter	1	3	5	1	0	1	**11**
Rough sleeping	2	14	24	6	3	2	**51**
Squatting	0	2	1	0	0	0	**3**
Staying with friends/family/ sofa surfing	0	8	2	4	5	3	**22**
Other	0	6	3	1	1	0	**11**
Total	**6**	**41**	**47**	**25**	**11**	**14**	**144**

[29] A 'reduced risk of homelessness' outcome was achieved when there was no reason to believe that the person will lose their accommodation in the next 56 days.

[30] An 'improved housing situation' outcome was achieved when a person is still in a homeless situation, but their accommodation situation has changed for the better.

Table 14 Housing outcomes for participants supported by Crisis (%)

	Housing outcome (%)						
	Reduced risk of homelessness	Improved accommodation skills	Improved housing situation	Housing secured	Sustained housing (26 weeks)	Sustained housing (52 weeks)	**Total**
Renting - social housing	0%	0%	0%	100%	0%	0%	100%
Renting - private landlord	0%	0%	17%	50%	17%	17%	100%
Supported housing	8%	33%	8%	33%	0%	17%	100%
Bed & Breakfast/ hotel	0%	0%	25%	25%	0%	50%	100%
Hostel	11%	21%	26%	21%	5%	16%	100%
Other temporary accommodation	0%	0%	100%	0%	0%	0%	100%
Night shelter	9%	27%	45%	9%	0%	9%	100%
Rough sleeping	4%	27%	47%	12%	6%	4%	100%
Squatting	0%	67%	33%	0%	0%	0%	100%
Staying with friends/family/ sofa surfing	0%	36%	9%	18%	23%	14%	100%
Other	0%	55%	27%	9%	9%	0%	100%

Employment outcomes by living situation at start of project

Of the participants with available housing data, 72 of the 144 (50 per cent) recorded an employment or training outcome. Of these, 8 participants were recorded as engaged in education or training upon leaving the project. 64 participants were employed or self-employed, and 31 of the 64 had sustained this for 26 weeks. Tables 15 and 16 show these employment outcomes broken down by participants' housing circumstances when they joined TMD.

Table 15 Employment outcomes by housing situation at the start of the project (N)

	Employment outcome				
	Engaged in education or training	Employed, including self employed	Sustained employment	No outcome	**Total**
Renting - social housing	0	0	0	1	**1**
Renting - private landlord	1	0	0	5	**6**
Supported housing	1	6	3	5	**12**
Bed & Breakfast/ hotel	0	1	0	3	**4**
Hostel	2	10	3	7	**19**
Other temporary accommodation	0	3	0	1	**4**
Night shelter	1	4	2	6	**11**
Rough sleeping	1	20	9	30	**51**
Squatting	0	3	2	0	**3**
Staying with friends/family/sofa surfing	2	12	8	8	**22**
Other	0	5	4	6	**11**
Total	**8**	**64**	**31**	**72**	**144**

Table 16 Employment outcomes by housing situation at the start of the project (%)

	Employment outcome				
	Engaged in education or training	Employed, including self employed	Sustained employment (% of total)	No outcome	**Total**
Renting - social housing	0%	0%	0%	100%	**1**
Renting - private landlord	17%	0%	0%	83%	**6**
Supported housing	8%	50%	25%	42%	**12**
Bed & Breakfast/ hotel	0%	25%	0%	75%	**4**
Hostel	11%	53%	16%	37%	**19**
Other temporary accommodation	0%	75%	0%	25%	**4**
Night shelter	9%	36%	18%	55%	**11**
Rough sleeping	2%	39%	18%	59%	**51**
Squatting	0%	100%	67%	0%	**3**
Staying with friends/family/sofa surfing	9%	55%	36%	36%	**22**
Other	0%	45%	36%	55%	**11**
Total	6%	44%	22%	50%	**144**

Table 15 shows that the largest number of participants who secured employment through TMD joined the project as rough sleepers (accounting for 20 of the 64 who secured employment). The next largest group was those who were staying with friends and family (12 participants) and 10 participants who were living in hostels. However, as Table 16 shows, proportionately, participants who were rough sleeping were among the least likely to secure an employment outcome, with 59 per cent not entering training or securing an employment outcome.

Employment by housing outcome

Table 17 Employment outcomes by housing outcomes (N)

	Reduced risk of homelessness	Improved accommodation skills	Improved housing situation	Housing secured	Sustained housing (26 weeks)	Sustained housing (52 weeks)	**Total**
Employed, including self-employed	2	25	18	7	5	7	64
Engaged in education or training	1	1	1	4	0	1	8
No outcome	3	15	28	14	6	6	72

Table 17 shows the numbers of TMD participants with an employment outcome by their housing outcome. Of the 64 who achieved an employment outcome, the majority (39 per cent) had improved their accommodation skills (Table 18). However, the majority of participants who had not secured an

employment outcome had improved their housing situation (39 per cent), suggesting that housing outcomes were being prioritised over employment outcomes for these participants.

Table 18 Employment outcomes by housing outcomes (%)

	Reduced risk of homelessness	Improved accommodation skills	Improved housing situation	Housing secured	Sustained housing (26 weeks)	Sustained housing (52 weeks)	**Total**
Employed, including self-employed	3%	39%	28%	11%	8%	11%	100%
Engaged in education or training	13%	13%	13%	50%	0%	13%	100%
No outcome	4%	21%	39%	19%	8%	8%	100%

Sustained employment by housing outcomes

Analysis of housing data showed a positive link between gaining secure housing and sustaining employment. Of the 64 participants who accessed employment, 31 (or 48 per cent) sustained their employment for 6 months or more. Among those who secured or sustained housing, this proportion rises to 68 per cent employment sustainment (13 out of 19 participants).

Figure 19 Sustained employment by housing outcomes

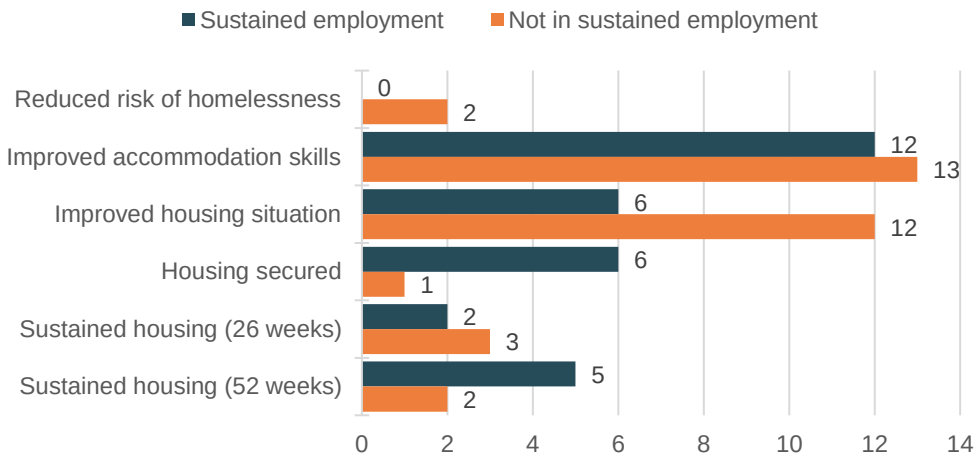


Figure 19 shows the breakdown of the participants' housing outcome according to whether they sustained employment. Participants who did sustain their employment were overrepresented in those who secured housing, and those who sustained their housing for 52 weeks. 6 of the 7 participants who secured housing and entered employment were able to sustain this employment. 5 of the 7 participants who sustained their housing for 52 weeks were also able to sustain their employment. In contrast, most of the participants who improved their housing situation (12 out of 18) had not sustained their employment.

6.5. Participant experience of outcomes

While employment results are a key indicator for the project, many participants benefited more widely from the support they received. Qualitative interviews with TMD participants and coaches

provided further evidence of these wider changes for participants. The following sections examine the achievements of the project, and what difference it is has made to participants.

TMD participants experienced a range of soft outcomes as a result of support which they felt were necessary changes in order to achieve their longer-term goals. These included increased awareness of employment opportunities and skills support; skills outcomes; health improvements and significant improvements in outlook and confidence. Participants often described their progress as spanning the full range of these softer outcomes:

'I've got a roof over my head through the help of Crisis. I've got a potential a job opportunity with Crisis, well I've been able to pass my theory test through Crisis, and also get my driving lessons through Crisis as well. So, yes, they've literally covered a lot of key areas, like, life skill areas that is needed for career, a roof over your head and being able to drive.' (TMD Participant 40)

6.5.1. Employment related outcomes

Employment and employability

There were numerous examples highlighting how TMD has had a positive impact on participants' employment circumstances. Of participants involved in the research, the majority had not achieved employment at time of interview, several were actively applying for work, and others were working towards self-employment. Self-employment was a commonly cited as a route to paid work for those with a long history of unemployment. Several participants were pursuing self-employment and welcomed the support from TMD to achieve this- the availability of the Changing Lives grant[31] was cited as being instrumental in progressing towards this outcome.

Participants reported how coaching support and advice had significantly improved their job search techniques, so that they had better knowledge of how to search for opportunities and where to source them. Participants also described how they were better able to prepare effective CVs and application forms, as a result of support. Coach guidance and CV workshops improved their ability to describe and clearly set out their skills and experience in response to job adverts, and to make effective applications. Consequently, participants reported that they felt more confident in their ability to submit a successful job application.

Participants expressed an increased awareness of where to access further support provision as a result of coach support. Where this occurred, participants indicated an improvement in their sense of direction, stability, and recognition of continued progress beyond TMD. In addition, some of these participants noted an improvement in their mental wellbeing as a result of reduced uncertainty.

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

[31] The Changing Lives project provides grants to Crisis members with the aim of removing the financial barriers of accessing external education and training, employment and self-employment opportunities.

Skills outcomes

Training and education courses were valuable to participants as they experienced tangible achievements at the end of a course or activity. Participants and staff also highlighted the importance of having a sense of achievement, which was linked to a sense of progression.

Many participants had completed an educational or training course via TMD and reported tangible skills outcomes. Participants who achieved skills outcomes tended to have more well-defined employment goals and identified the skills necessary to fulfil those goals.

'Oh, I think it's an absolutely awesome project because it's giving you opportunity to bring out what you didn't even know you had inside of you… if you'd have told me a year ago, that I'd be doing curtains and upholstery, etcetera, I would say no way, because I can't do stuff like that. But the support that I've got from [TMD Coaches] and then in the classes, I would say it's been absolutely wonderful. I can't really put it into words, it's just been really magnificent.' (TMD Participant 47)

Case study

Before joining the TMD project, Chris (36) worked in the security sector for eight years. He has a degree in Business Management. Significant health conditions meant he could no longer work, eventually resulting in a period of homelessness.

He joined the TMD project in order to meet people who had gone through similar experiences and to access support that would help him move back into employment in the security and business sector.

Chris accessed a range of courses through TMD. These included accredited work-related training such as Level 3 First Aid, Fire Marshall and CSCS. He also accessed basic skills courses including maths and IT. Chris found the regular and consistent one-to-one support from his coach, action planning and other opportunities such as attending a job fair organised by Crisis helped him take steps forward to meet their goal. Through the support, Chris felt an increase in confidence, overall wellbeing and skills level.

Chris now works part-time in the security sector. However, he has already taken steps to progress further by completing a Level 3 security course which qualifies him to become a teacher which would enable him to earn more money. Chris is planning to do courses at Level 4 and 5 as well.

Chris also volunteers at Crisis as he wants to give back to the organisation that helped him overcome barriers to work.

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

'You can actually build yourself up and become somebody that is valuable as well, instead of just moving into a place and then still wasting your time. It's a qualification and also find some work and

on top of it you can also find some accommodation as well. That's better, and that's basically what happened to me. I went there with nothing and I've come out with something.' (TMD Participant 40)

Case study

Mike (50) has a background in transport – having worked as an HGV driver for 25 years and for a large transport organisation. He has a range of physical and mental health conditions. He currently lives in a St Mungo's hostel which negatively impacts on his mental wellbeing. Moving into stable, secure housing is a top priority.

His goal is to open a food stall as he has a passion for cooking. Over the six months that he has been engaged on TMD, he has taken steps to achieve this. For example, he has completed a Level 2 food hygiene course, a business studies course and a BTEC in IT among others that will help him build his own website. His coach has also supported him to source a business license and equipment for the stall, as well as providing regular one to one sessions. He sees a big change from when he first engaged with TMD. Mike attributes improved self-confidence, increased skills and boosted motivation and sense of purpose to the support accessed. For example, the business course required him to speak in front of an audience of approximately 100 which gave him more confidence. With continued support from TMD, he is confident that he will achieve this goal soon.

'now I'm pretty sure that I'm going to have my business and I'm going to open it and its going to be a success.'

Mike also volunteers as a Health Advocate with a local organisation that supports people with experiences of homelessness. Given his own experiences with homelessness he felt compelled to give back to this community. He enjoys this work as it means he can physically leave the hostel and he finds it emotionally rewarding:

'after everything happened, I felt like I was meant to do something, I'm supposed to help'

6.5.2. Soft outcomes

Both participants and staff reported soft outcomes from the programme, including improvements in the socio-emotional health of participants. These improvements were found across the board and related to improvements in mental and physical health; building resilience; improvements to confidence and outlook and building support networks.

Improvements in confidence, outlook and motivation

Participants overwhelmingly talked about improvements to their self-confidence and self-esteem through participating in TMD. They felt more able to set goals and could more easily see the steps needed to be taken to reach these goals. Many participants felt that increased self-esteem and confidence occurred as a result of the trusted relationship and support accessed from their coach. Through this support, participants felt more able to take steps to better their circumstances, such as applying for jobs and attending interviews.

Some reported significant changes to their confidence that had been extremely low as a result of coming through very difficult circumstances prior to accessing TMD. To illustrate, one participant had been homeless following a long period of living through domestic violence. In addition to being supported by St Mungo's to gain accommodation, the participant worked with their TMD coach on a

one-to-one basis and had been accessing a range of recreational activities which helped them to feel more positive in themselves and confident in their abilities.

'My confidence had taken a beating, I lost all confidence, and as soon as I met [coach], I started to get my confidence back. She started to build my confidence up slowly' (TMD Participant 25)

Participants explained that participating in TMD had increased their confidence as it had given them a sense of purpose and clear goals to work towards. TMD provided a strong sense of structure and support for many participants. The support, delivered in 'manageable' stages, helped participants to see tangible improvements in their circumstances, and have confidence that things were improving.

'I used to get overwhelmed, not so overwhelmed because they were there and there was a structure and someone to support you.' (TMD Participant 41)

Confidence boosted through gaining new skills & courses

Engagement with learning and training opportunities, were significant factors resulting in increased self-value and confidence, particularly in relation to progressing towards employment. Some participants reported feeling a sense of pride and achievement at what they have accomplished on TMD, as well as being more motivated and hopeful in their ambition to progress.

'I picked up a stool off the street, and I've stripped it and reupholstered it, and I know that I could do that by myself now, and if I'm doing the cushion covers, and I can confidently say that yes, I can do that, and I'm looking forward now to the next level, which is to do the curtains… So, when it comes to confidence professionally, it has improved and boosted my confidence.' (TMD Participant 47)

Taking part in courses and training had a tangible impact on participants' enthusiasm about engaging in further courses to progress skills to reach a defined goal. The achievement of a qualification provided a confidence boost to participants and they reported a more positive outlook after having completed a course which related to their future plans.

Being referred to schemes and opportunities such as focus groups, organisational events, opportunities to volunteer with Crisis or with external organisations were also cited as contributing to the development of confidence.

'…A lot more confident about speaking, because I had to speak in front of one hundred people and all of that at my business thing. During it the whole course someone asked, and they'll say, tell us a little bit about your business and what your plans are.' (TMD Participant 42)

Improvements to mental health, building resilience, and wellbeing

A number of participants reported increased resilience to cope with ongoing mental health issues. Some were proud of their continued engagement with TMD and the classes they were enrolled on, especially considering this was a first positive engagement for participants. One participant was experiencing low mood associated with Seasonal Affective Disorder (SAD) and had been worried this would impact on her engagement with TMD – though the open and flexible nature of her coach helped her to feel like she could continue.

'I'm a little bit more hopeful, because this period of time, I have SAD, so it's very difficult for me, the days are dark. [Partner] does such phenomenal work. I'm so grateful. She said, if you don't feel well, but so far, I've not missed a class. So, I'm happy about that' (TMD Participant 7)

Opportunities to meet with other people and share experiences has helped some participants to reframe their perspective.

'Now, I feel stronger. I met many people and I hear many stories, and every person has some experience what helped me or opened me new vision.' (TMD Participant 43)

'The whole process of being in a homeless shelter to where I am now, I think it's been a huge learning curve and I've seen kind of as bad as it can get. I feel like I've learnt a lot from that experience. I've maybe grown up more and I'm a bit more maybe responsible for it and my priorities are a bit more grown up and realistic.' (TMD Participant 38)

A common theme emerged of being better able to deal with setbacks, feeling less overwhelmed and more in control of their lives. Prior to accessing support from TMD, some felt they tended to dramatically lose confidence following a set-back. However, they now felt that their ability and motivation to maintain a positive outlook had improved significantly:

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

For other participants, TMD provided a sense of routine and stability which in turn brought about positive changes to mood and opportunities to relieve stress. As one participant outlines, attending routine appointments with the TMD coach and other associated activities contributed to improvements in their wellbeing.

'I was the complete opposite before. Just very stressed and then since I've gone there, it's, like, they've kind of like created like a stable situation for me to be able to develop myself into who I am at this current moment' (TMD Participant 40)

'It helped moods and it helped physically because I got out and about, even though I had to take a friend with me because I can't plan a journey myself.' (TMD Participant 41)

Improvements in physical health

Participants reported improvements in their health and wellbeing including reduced anxiety and improved mental health more generally as well as improvements in physical health conditions.

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

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

'*Everything now I see things in positive ways, plus my disability it doesn't stop me to do things, I don't smoke, I don't do nothing. I manage my home, manage my bills, live normal life, which I enjoy living. I've met different people who are encouraging me, like, not out to get to me. I do yoga, I do mindfulness, I choose now one day what I want to do.'* (TMD Participant 3)

Building social networks and relationships

Qualitative interviews provided evidence that accessing support from TMD has led to positive outcomes in people's social circumstances, including building their social support networks, and experiencing improvements in relationships.

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

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

Some participants explained how the support left them feeling less socially isolated. Being part of the project helped with this because it gave participants something to focus on, people to talk to and a reason to go out into the community. Participants often referenced the benefits of having someone that was checking in to see how they were, who could help them with issues that they were facing.

'I was just in my shell, just in my room, wasn't going to activities, until [staff] recommended me going with one of the girls to the gardening… so that gave me a bit of confidence.' (TMD Participant 25)

Volunteering and sharing experiences

Some participants explained how TMD motivated them to use their personal experiences to help others in similar situations through volunteering, peer mentoring or in their future employment goals.

'To see some people who were using [substance misuse] like me, they were peer mentoring and they could look after themselves, and I realised I need to be doing what they were doing. So, I thought I want to do that, please. So, during that time that's how I changed, and I could remember when people they were telling about my use [substance misuse] I used to get so angry about it, so I like it now, I talk about it, you know.' (TMD Participant 3)

Some participated in policy events, sporting events, fundraising activities and Crisis at Christmas. Participants really valued these opportunities and reported feeling inspired, motivated to help others going through similar experiences, and a sense of wanting to give back to the organisation who has supported them. One participant attended a policy event at parliament focusing on homelessness. They felt inspired by the event and felt compelled to raise awareness around homelessness and the issues people face.

'If there's anything I can get from my hardship it would be to bring awareness and some sort of change in government or something, you know, improve prospects for people who have had to go through… who live in poverty' (TMD Participant 38)

6.6. Factors affecting delivery and outcomes

There were significant variations in outcome rates across the partnership, with Crisis achieving a 36 per cent employment outcome rate, in comparison to 11 per cent and 17 per cent for Mind CHWF, and St Mungo's respectively. One reason for this discrepancy was that the TMD model was more

similar to Crisis' existing model of delivery than other partners. This section reviews other key factors affecting delivery and outcomes.

Fluctuating circumstances

Some interview participants made limited progress on TMD. These participants were often experiencing ongoing poor mental and physical health, or ongoing and serious housing issues. There are also difficulties presented by the external environment including a lack of affordable housing and low insecure paid employment options. These combined made progression, including gaining and sustaining employment challenging.

'People getting pregnant, or just going back into rehab, people moving…They become unwell, they're in hospital, all those kinds of reasons. But somebody who you were working with, who has all the paperwork, and it's going well. Then suddenly no longer.' (TMD Lead, Mind CHWF).

Case Study

Mathew (49) worked in construction for about 20 years. He has arthritis in his neck, shoulders and lower back which significantly limits his mobility. When he first engaged with TMD, he identified his health condition as his main barrier to employment. Mathew was homeless for three years before accessing TMD. Over the course of the project, he lived in a St Mungo's hostel and planned to move into more stable accommodation.

Through TMD, Mathew accessed one-to-one support and a photography course. Although he enjoyed his time on the project, he couldn't see any tangible benefit or change as a result of engaging.

Over time, his health condition has worsened, having a larger impact on his mobility. He is now on Personal Independence Payments (PIP)[32].

'the arthritis has got worse...I've got like an electric shock that runs through my arms. Though it's basically like sciatica, but in my arms rather than my legs. There's no chance [of moving into work or volunteering]. I have trouble putting my socks in the morning.'

Mathew now lives in a different hostel as he was told he was no longer eligible for social housing. This hostel is damp and cold, which exacerbates his health condition. This has had a negative impact on his wellbeing and sense of progress.

The level of participant need was identified as a key reason for Mind CHWF's comparatively lower employment outcome rate. Mind CHWF were working with participants who had high level mental health needs who were at higher risk of fluctuating circumstances and disengaging from support.

Changes to the TMD partnership

TMD project experienced several changes to the original partnership which also posed challenges to the delivery of TMD.

- The most significant change to the partnership occurred when Thames Reach withdrew from the project in the second quarter of 2018.

[32] Personal Independence Payment (PIP) is a benefit that helps with the extra costs of disability or illness. It is replacing Disability Living Allowance (DLA) for people aged 16 to 64.

- St Mungo's provided notice to withdraw from the extension agreement to the project on December 31st, 2019 (as per the original project plan).

Reasons for partners' early departure from the project were multi-faceted, however one of the main underlying reasons behind the exit of core partners was the **level of administration which was disproportionate to the level of funding available**. Other reasons for partners exiting the project included restructuring or internal changes.

One partner organisation had been undergoing a large restructure of their training and employment services during the TMD project's lifetime. These changes had knock-on effects to the TMD project, including increased staff turnover. Furthermore, the inflexible procurement requirements meant that the project did not seek to recruit additional or replacement partners.

The loss of TMD staff resulted in the withdrawal of partners. Due to funding requirements, partner organisations were required to replace roles with an equivalent 'like for like' and were not able to offer different working hours, for example. Partners were not permitted to use agencies to fill roles. This meant that organisations were not able to offer flexibility to quickly fill vacancies with new staff. As a result, in some cases it took several months to fill roles for experienced professionals. This highlighted the risk of depending on a small number of key staff on projects like TMD.

'Due to management changes, there's no one in a senior role who was involved in the design of this project. The biggest challenge they had was recruiting and retaining staff, and periods of no one in the project, which is what ultimately caused them to leave. It became irrecoverable because they've lost so much time in vacancies they couldn't recruit for.' – (TMD Project Manager)

Project resourcing and staff turnover

Staff turnover was spread relatively evenly among the partnership, with all staff organisations experiencing turnover of at least two roles. However, the *impact* of this staff turnover was substantially higher for partners with fewer staff members working on TMD[33]. There were various reasons for staff leaving the project, however the most common reason was for an internal move to other projects which were less administratively burdensome.

The impact of high staff turnover reduced the project's ability to engage new participants and support existing participants. Mind CHWF had just one TMD worker, therefore TMD was non-operational during the recruitment process to replace the outgoing staff member. Coaches reported pressure on new staff to catch up on missed targets, learn a challenging administrative function, rebuild trust with existing participants and re-establish relationships with outreach partnerships.

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

Evidence and administration requirements

TMD had several monitoring and compliance administration requirements to evidence project starts, support delivered, and outcomes achieved for participants, as shown in Table 19. These were

[33] Crisis had 4 TMD coaches, St. Mungo's and Thames Reach had 2 and Mind had 1 TMD coach.

required to be completed by hand with a scanned version and hard copy. Annex P needed to be updated and scanned following each participant interaction. Collecting the right evidence and paperwork to meet Project Start requirements for Annex H was identified as a challenge for some participants (see section 4.3.2). Coaches had to collect a range of documents which could be difficult for participants to gather, particularly if they had been rough sleeping. Reporting and monitoring paperwork (Table 20) were also required quarterly from each partner.[34]

Table 19 Participant paperwork

Name	Description	Page length	Versions during TMD
Annex H	Participant Entry Form	9	11
Annex I	Participant Progress Form (details activities and progress made)	5	8
Annex P	Participant Exit Form (details progression into employment, training or job search)	5	8
Annex N	Participant Expenses	3	8

Table 20 Reporting and monitoring paperwork

Name	Description	Versions during TMD
Annex L	Participant Monitoring Spreadsheet	12
Annex E	Target and outcome schedule	8
Annex O	Participant Exit Form (London only)	8
Annex A	Payment Schedule	9
Annex T	Hourly Rate Calculator	2
Annex B	Project progress report	7
Annex D	Changes to project	7
Annex U	Staff List	3
Annex V	Partner List	3

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

[34] Copies of the paperwork are found at: https://www.tnlcommunityfund.org.uk/funding/programmes/building-better-opportunities/guide-to-delivering-european-funding

7. Conclusions and recommendations

7.1. Conclusions

TMD was designed to support people facing homelessness who were also experiencing multiple disadvantage to feel more able to pursue their employment goals. Barriers, such as housing instability and homelessness, offending history, health and wellbeing, all have a bearing on an individual's likelihood to enter work. If multiple barriers are experienced concurrently, disadvantage within the labour market is amplified. TMD was developed as an employment support package for unemployed people facing homelessness who were also experiencing multiple disadvantage– a group normally underserved by mainstream provision.

Tackling Multiple Disadvantage represented a departure from existing employment provision in that was a large-scale pan London initiative aiming to provide partnership-based, holistic support for people with multiple and complex needs. To alleviate multiple and significant barriers to employment, TMD delivery partners used a highly personalised coaching support model and utilised a range of internal and external support service offers and interventions. This approach enabled the integration of counselling, training, volunteering, job brokerage and specialist provision such as housing support, financial support and health-based provision. The delivery model was underpinned by an individually tailored action plan and needs-led approach to support sequencing to build participant capacity to achieve their goals. The role of the coach was essential to recognise the totality of participant need, and work to build individual resilience, trust and confidence by addressing these holistically.

This report brings together findings from data collected during three years of project delivery. The evaluation ended in March 2020 and thus did not account for the impact of the COVID-19 pandemic. The evaluation does however provide valuable lessons in engaging and supporting a group with historically poor outcomes from employment support services. This group will require significant targeted housing and employment support in the immediate wake of COVID-19, and in the longer term.

Tackling Multiple Disadvantage has been a highly successful project across many measures. The project has successfully engaged and supported an extremely hard-to-reach population and achieved or exceeded most targets.

TMD effectively engaged and supported 448 homeless participants between April 2017 and March 2020. This figure represents 75 per cent of the total target participation rate for TMD. The second interim report of this evaluation highlighted early challenges with engaging high needs cohorts into employment-based support combined with new challenges with navigating an administratively heavy attachment process. Changes to the partnership and staffing also had a direct effect on the project's ability to engage and secure participation on to the project.

TMD has delivered employment outcomes for a significant proportion of participants, including those with higher support needs and complex barriers to progression. The project has come very close to achieving the 28 per cent target employment rate with an actual employment outcome rate of 27 per cent. It has been widely acknowledged that the job outcome targets were highly ambitious, especially when compared to other programmes working with a similar cohort. The 28 per cent job outcome target is far higher than the 17 per cent average job entry rate for the 2007 – 2014 ESF

programmes supporting similar client groups, and the similar STRIVE project which achieved a 15 per cent job entry rate.

The report has also uncovered several challenges throughout delivery which impacted the project. Key challenges included the administrative burden placed on the partnership as a result of the requirements of the BBO funding stream. There were clear consequences associated with this, including the amount of time it detracted from frontline service delivery and the difficulties in attracting and maintaining the involvement of high quality staff (in particular frontline caseworkers) who were often put off by the bureaucracy. The onerous reporting requirements were a clear factor in high staff turnover on the project and ultimately, changes to the TMD partnership.

Despite the challenges which have influenced the delivery of the TMD project, the majority of participants had extremely positive views of their partner organisations, and positive project experiences. Those that had less than positive views, were experiencing ongoing difficulties in their lives reflecting challenges with wider service provision, such as a lack of affordable housing.

The delivery of TMD is framed around securing positive changes to the lives of individuals with complex needs. Positive changes being achieved from support, including housing changes, and entry into volunteering and community activities, have been suggested as suitable outcome measures for employment support for this cohort, in order to facilitate entry into the labour market. Participants placed a high value on a range of outcomes achieved including qualifications, access to other opportunities, greater stability and structure, better social connectivity, more secure housing and improvements to confidence, motivation and general wellbeing.

The evaluation has shown that TMD had a positive impact for people experiencing multiple disadvantage in a range of ways, including higher levels of participation in learning and employment, increased resilience, improved social engagement, and improved confidence, communication skills and wider life skills. The evaluation identified key factors which enabled the achievement of these outcomes:

- **Positive relationships with coaches:** Relationships between TMD coaches and participants underpinned improvements to confidence, self-belief and motivation. The consistent presence of a coach throughout participants' support journey was regarded as paramount, helping to build resilience to overcome setbacks. Many participants attributed building a strong, trusting relationship with their coach to feeling more confident and able to pursue their goals.

- **TMD was delivered in a 'safe space':** TMD partner organisations all have a wide internal service offer, in-house activities and support often provided a 'safe space' for participants. Participants reported that regularly coming to the same safe space brought structure and routine into their daily lives. The activities and classes provided internally by partners, helped some participants sustain motivation and use their time positively.

- **The availability of practical and financial support:** In addition to delivering the full support model, the availability of financial support through the TMD project led to better quality outcomes for participants who were able to access support specific to their goals.

Project success was also underpinned by a project design which used non-payment-by-results funding structures and the inclusion of soft outcome targets to enable intensive delivery; a well-managed partnership of specialist organisations and continual monitoring and evaluation to share

learning. However, some elements of project design hindered effective support delivery. The recommendations below highlight future design and commissioning considerations.

7.2. Recommendations

The evaluation findings have provided several considerations for the delivery and commissioning of programmes which aim to support individuals with multiple, complex needs into employment.

Support delivery

- **Engage external partnerships organisations prior to delivery:** The TMD support model relies upon partnerships with external support organisations to refer into the project and support participants with a range of needs. Future projects should map local external organisations and engage these prior to the project delivery phase to secure their buy-in. Services which establish stability for participants but are limited in their ability to provide employment support, could act as a pre-service, with TMD-like support as a 'next step'. Mapping of external partnerships prior to delivery would also reveal where gaps in support provision exist, and how these could be addressed through the project.

- **Localise support and outreach**: TMD provided pan-London support, however localised approaches to outreach and support appeared to be most effective. A localised approach supported easier access for participants to their coach and to wider support provision. Support providers should use this learning to assess the role and reach of their outreach services.

- **Ensure and promote a recognisable 'point of difference'**: TMD offered employment support which was significantly different from 'single-issue' mainstream provision. The project built a strong brand among partner organisations – and some referral partners. This was facilitated by strong marketing, tailored to partner offers, such as the provision of "welcome packs" for new participants. Future projects should seek to build and promote a project identity which clearly communicate a point of difference from other services to participants and referral organisations.

- **Caseload management through effective triage:** The open eligibility criteria enabled the service to be non-prescriptive and support people facing a range of barriers. However, high target numbers and an unlimited support duration resulted in a challenging caseload for coaches. This in turn limited the ability of advisors to provide ongoing in-work support to help participants sustain once they had found employment. Future projects supporting individuals with multiple and complex needs should carefully profile the expected caseload to ensure it is manageable for coaches. This could be supported by effective triage processes and a wide service offer, including appropriate group-based support such as social activities.

- **Prioritise coach time and effectively resource other priorities:** The TMD coach role was key to effective support delivery but coaches were juggling several priorities. This evaluation has highlighted the importance of strategic resource allocation for roles such as outreach workers and employer engagement workers to allow effective coach caseload management. Projects with high administration requirements should employ staff with a range of expertise, including project co-ordination and administration. This would allow coaches to focus on supporting participants, particularly at points of transition into employment or new housing.

- **Expand employer engagement to identify appropriate work opportunities:** TMD participants and staff said that more intense employer engagement, such as job carving and brokerage and increased opportunities for employer networking, would add value to employment

support for people with multiple and complex needs. Prior employer engagement may help to improve the sustainability of employment, as participants would have improved access to supportive employers and employers could also be supported to understand participant's needs. Future programmes should include employer engagement as a component of support.

- **Focus on in-work support to ensure participants sustain employment:** TMD did not achieve the target outcome rate for six months' sustained employment. Participant accounts show that transition into employment can be fraught, and in-work support was not consistently delivered through the project. Future models of delivery should build on this effective coach-led support model with a greater focus on in-work support. This should focus on work sustainment and progression, as well as improvements in areas such as housing, skills and health after accessing employment.

Commissioning support for people with multiple complex needs

- **Invest in this proven model of employment support:** In the current context of public health and employment impacts from Covid-19, it is vital to ensure that there is continued support available for people who are further from the labour market and require intensive support (as well as those who require lighter-touch support). The TMD support model is evidenced as an effective support model for people experiencing homelessness with multiple complex needs and should attract further funding. This support approach should also be trialled to other groups with multiple and complex barriers to work. For instance, the evaluation highlighted a support gap for people with no recourse to public funds (NRPF). This group requires support to access employment to provide a source of income and prevent destitution.

- **Integrate with housing support initiatives:** Access to suitable and affordable housing is an essential factor in ensuring people are socially and economically integrated into society and was a key challenge to progression for TMD participants. TMD coaches spent a substantial amount of time supporting participants to access secure housing. The TMD approach would usefully integrate into a housing led approach (including Housing First[35]) where stable, and affordable housing is secured first and employment and training needs can be addressed with an employment coach alongside this access to housing support.

- **Ensure resilience in the supply chain of delivery organisations:** The main reason behind the underachievement and exit of delivery partners was the high level of peripheral activity to meet the compliance requirement of BBO projects. This activity was disproportionate to the level of funding available for partner organisations with fewer staff. Support for people with multiple and complex needs requires specialist organisations. Therefore, future commissioning should account for differences in staffing and organisational structure to ensure the contract is viable to deliver. This could include thinking creatively about how partner organisations can utilise their expertise as part of an integrated end to end service, rather than siloed delivery.
-
- **Ensure funding allocations are sufficient to meet participant needs:** The funding per participant for TMD was equivalent to several other London BBO projects, despite TMD

[35] Housing First uses housing as a first step to recovery, providing housing as a stable base from which to progress. Support is provided consistently, flexibly and without time limits by a coach and wider agencies.

supporting a participant group with higher support needs and chaotic lifestyles. Funding for future projects should take account of the level of need among participants in order to ensure support can be sufficiently resourced.

- **Minimise monitoring and compliance burden:** The TMD project was negatively impacted by onerous reporting and compliance requirements as a condition of funding. Excessive evidence requirements to enter support were both a barrier to participants and a burden on providers, diverting resources away from support delivery. The administrative burden on coaches was also a source of dissatisfaction and stress, and a factor behind high staff turnover. This turnover rate led to some gaps in support and contributed to the early exit of delivery partners. Commissioners should consider alternative evidence requirements within a non-payment-by-results model. The monitoring data to 'start' participants should be reviewed to ensure it is as minimal as possible. The method of data collection should also be reviewed; coaches were required to hand-sign and scan paperwork following each contact with participants. An approved digitalised process would reduce the administrative burden. An alternative approach could be lighter touch monitoring coupled with tighter compliance procedures that are quality assured by project commissioners, or independent file reviews to ensure service quality.

- **Review contractual performance targets to 'measure what matters':** Participation targets were often not reflective of the target population. In addition, the exit targets for job search and training did not align with the partners' focus on delivering employment outcomes and outcome targets did not include housing outcomes. Funders and commissioners should work with projects to shape targets which are both ambitious and realistic for participant groups and provide useful measures by which to evaluate success. The 'exit point' outcome structure should be reviewed in favour of a 'distance travelled model' to account for intermediate outcomes (such as job search and training) on a participant's journey towards employment and stability. Crucially, projects supporting people experiencing homelessness should include housing as well as employment outcomes, so that the project focus aligns with the aims and needs of participants.

- **Focus on employment quality and sustainment:** In order to ensure sustainability and value for money, commissioners should ensure that programmes focus not just on job entry, but on sustainment. Outcome measurements should place as much focus on sustainment as on job entry. Providers should be encouraged to consider job quality in supporting participants into work, and they should be encouraged to provide in work support to aid sustainability. Commissioners should consider recording data on industry, pay and contract type to help build an understanding of what works in supporting sustained employment outcomes.

- **Ensure long-term, large scale initiatives with robust and ongoing evaluation:** Projects testing new or innovative approaches to supporting people with complex needs should take a long-term, large scale approach. Projects conducted on a large scale provide more data, enabling findings to be generalised to other contexts. Large scale and long-term programmes should build in robust independent evaluation such as this, to support projects to be continuously developed and improved based on emerging evidence.

Policy changes

The evaluation also highlighted the wider changes needed at policy level to support individuals with multiple and complex needs into employment. These include:

- **Integrated housing and employment support for people experiencing homelessness:** This evaluation has shown the value of integrated housing and employment support for people experiencing homelessness. Policymakers should explore expanding this model, to ensure that more people experiencing homelessness are able to access integrated support to address their housing and employment needs.

- **Housing led approaches should be extended including the national roll out of Housing First in England:** Evidence from the evaluation demonstrated the challenge faced by participants who remained homeless and in temporary accommodation in looking for, applying for and sustaining employment. There is a strong and growing evidence base that Housing First as part of a wider housing-led strategy can significantly reduce homelessness, whilst also addressing wider needs. Moving people rapidly into stable affordable housing, including a Housing First model, alongside tailored employment support should be rolled out more widely to help people experiencing homelessness address their housing and employment needs.

- **Cross sector collaboration and coordination between mental health, criminal justice and substance misuse services**: TMD has a substantially higher employment outcome rate than other employment support programmes for this group. This demonstrates the effectiveness of key worker support and an integrated model to support people with multiple and complex needs including homelessness. Supporting people with multiple and complex needs requires local collaboration and cooperation across different organisations and services. There needs to be a focus on jointly commissioned specific services for people with severe and multiple complex needs, with a main contact or coach to navigate them through support.

- **Investment in social housing and ensuring sufficient financial support through Universal Credit:** Many homeless TMD participants did not feel able to look for work until they had addressed their housing situation. Those who did find secure housing were often able to progress into employment. Social housing was viewed as offering the most security for participants. Moving into the private rented sector presented a risk of falling back into homelessness for people with fluctuating incomes in low-paid, part time or insecure work. The housing element of Universal Credit must match the cheapest available rents to ensure that people can afford rent payments in their local area. In addition to effective employment support, it is critical to increase the supply of social housing and ensuring sufficient support within the welfare system to address underlying causes of homelessness.