

# **Mansfield First Steps Project**

## **Independent Evaluation**

**Professor Peter Murphy & Dr Claire De Motte**

**Nottingham Business School, Nottingham Trent University**



**Final Report**

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This evaluation has been undertaken by Professor Peter Murphy of Nottingham Business School, and Dr Claire De Motte of the School of Social Sciences both at Nottingham Trent University.

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## **1. Introduction, background and context**

This is the third and final evaluation report for the Mansfield First Steps project. It builds upon interim reports submitted in October 2020 and in January 2021 to the commissioners of the evaluation Mansfield District Council. We have tried to avoid repeating information from those two reports.

The evaluation covers the period from 1<sup>st</sup> June 2020 until the 31<sup>st</sup> March 2021. It therefore fell wholly within a period where the COVID-19 restrictions which meant it had to be conducted ‘virtually’ and no face to face interviews or onsite observations could be made.

Initially the evaluation was intended to investigate the establishment and early implementation of the First Steps project from June 2020 until 1st December 2020. Amongst other things, this was intended to help an anticipated application for additional support from Ministry of Housing, Communities and Local Government (MHCLG) to continue the project in 2021/2022.

A second interim report was therefore prepared to assist the preparation and submission of the anticipated application. This application for continued support for 2021/2022 was submitted in February 2021. This has resulted in an allocation of £77,657 Rough Sleepers Initiative (RSI) funding to deliver the project from April to June 2021 (which has been accepted by Mansfield DC).

A further application for £346,129 has been submitted to extend the project from July 2021 until the end of March 2022. Following early informal indications, the first phase evaluation was therefore extended to the 31<sup>st</sup> March 2021 at the request of Mansfield DC. The funding application for further support in 2021/2022 is currently under consideration by MHCLG.

Mansfield First Steps is a new service that has been supported by the MHCLG to address Rough Sleeping in Nottinghamshire. In 2017/18 Mansfield had the largest number (189) of statutorily homeless people of the district councils in Nottinghamshire, a number that had been rising since 2013/14. It was significantly higher at 4.04 per 1,000 population than the East Midlands average at 2.29 and the average for England (2.41). The First Steps projects is in addition to and outside the statutory homelessness provision and service. It relates to habitual long-term rough sleepers invariably with multiple and complex physical, emotional, and mental health needs.

### **The original proposals and the application of a Housing First approach**

The Mansfield First Steps project was originally awarded £310,628 by the Governments Rough Sleeping Initiative (administered by MHCLG) to help tackle rough sleeping at a grass roots level by providing housing and ongoing support to tackle addiction and mental health conditions<sup>1</sup>. Its application was based on implementing a ‘Housing First’ type model.

Housing First is an evidence-based approach, which uses independent, stable housing as a means to help or enable individuals with multiple and complex needs to begin recovery and move away from sleeping on the streets. The Housing First approach was originally developed in New York in the 1990’s and has since been adopted in the USA, Canada, Denmark, Finland and France (see Pleace, Baptista &

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<sup>1</sup> There is a more detailed account of the governments’ policy development relating to homelessness and the rough sleeping initiatives both prior to and during the pandemic in the two interim reports for this project.

Knutagard 2019)<sup>2</sup>. It is predicated on the principle of providing accommodation together with ‘wraparound’ care from multiple services tailored to the individual client.

In 2018 MHCLG funded 3, three-year national pilot projects in Greater Manchester the West Midlands and the Liverpool City Region to introduce the approach to the UK. These pilots brought together housing, health, people with lived experience of rough sleeping together with the community and voluntary sectors in one joined up collaborative approach.

The Housing First approach is an alternative approach to traditional homelessness and rough sleeping approaches. Pleace<sup>3</sup> (2018) and colleagues at the Centre for Housing Policy at the University of York had reviewed the evidence for its use in Integrated Homelessness Strategies and in July 2018 the House of Commons briefing paper “Housing First: tackling homelessness for those with complex needs” compared Housing First with traditional rough sleeping interventions and included case studies from Europe and North America<sup>4</sup>.

In August 2018 the government published its Rough Sleeping Strategy (MHCLG 2018) which committed the government to “halve rough sleeping in this Parliament and to end it for good by 2027”

Prior to publication in June 2018 the government had identified 83 local authorities (including Mansfield DC Nottingham City and Nottinghamshire County Councils) that it intended to work with and provide “over 500 new roles...across the 83 areas, including rough sleeping coordinators, outreach workers and support workers”. On 23<sup>rd</sup> December 2018 MHCLG published it “Flexible homelessness support grant and homelessness reduction grant” allocations for 2020 to 2021 which included £146,221 (FHSG) and £101,190 (HRG) for Mansfield<sup>5</sup>.

Following the publication of the 2019 rough sleeper counts in February 2020, the Secretary of State, announced additional funding and a review of rough sleeping although in March 2020 the work of the review was redirected due to the coronavirus pandemic, and temporary accommodation provided for rough sleepers as part of the government's *Everyone In* initiative. £3.2million funds were allocated to local authorities in England to protect people who are homeless from COVID-19. The government raised the Local Housing Allowance rate to the 30th percentile of local rents to stem the rise of new homelessness cases they also suspended evictions from Home Office asylum accommodation and from the private and social rented sectors

In May as the pandemic persisted MHCLG announced “plans to provide thousands of long-term, safe homes for vulnerable rough sleepers taken off the streets during the pandemic” backed by £433 million of government funding (consisting of £381m accelerated funding and £52m new funding). In effect £160m of rough sleeping services budget were brought forward to stop a return to streets and reprofiled and provided over 4 years.

In August 2020 the ban on evictions came to an end and in October MHCLG announced £10m of annual Cold Weather Payments. In November MHCLG provided a national briefing on the Rough Sleeping

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<sup>2</sup> Housing First in Europe An Overview of Implementation, Strategy and Fidelity Available at [2019-10-10-HFinEurope-Full-Report2019-final.pdf \(housingfirsteurope.eu\)](https://www.housingfirsteurope.eu/2019-10-10-HFinEurope-Full-Report2019-final.pdf)

<sup>3</sup> Using Housing First in Integrated Homelessness Strategies A Review of the Evidence Available at <https://www.york.ac.uk/chp/>

<sup>4</sup> Available at [Housing First: tackling homelessness for those with complex needs - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/library/briefings/briefing-content/2018-07-11/housing-first-tackling-homelessness-for-those-with-complex-needs)

<sup>5</sup> A more detailed account of Mansfield DC strategic approach to housing and the antecedents to the Mansfield First Steps project is available in the two interim reports for this project.

initiative entitled “Everyone in – Continuing to Reduce Rough Sleeping” which provided an update of the government’s policies on the

- Continuation of funded services,
- Delivery of new services.
- Suspension of the Derogation July –Dec. across the whole of England
- Launch of Next Steps Accommodation Programme (NSAP)

This confirmed that the health-based approach adopted prior to the pandemic should continue to be the foundation of the services provided – and specifically a broader based ‘community’ approach acknowledging and embracing the wider or ‘social’ determinants of health. It also specifically identified some critical success factors for new and existing winter preparedness initiatives (which we discuss later in relation to Mansfield First Steps.

It is against these rapidly challenging circumstances and continuous shifts in policy and resource allocations that the Mansfield First Steps project has been established, operationalised, and evaluated.

National and international evidence to date shows that Housing First is highly effective in ending homelessness among people with high and complex needs, but it does not constitute an entire solution to single homelessness, or rough sleeping, in itself. It also needs to be complementary to and integrated with related objectives and services.

#### **The approach adopted for the current report.**

In overall terms and throughout the evaluation period we found the project and its core team to be committed to the Housing First approach, to adopting its principles and meeting the Mansfield First Steps project objectives. In so doing they have had to be flexible, responsive, realistic, and pragmatic about what can realistically be achieved in challenging circumstances. These characteristics and attitudes have been essential to establishing and delivering a new service particularly in the prevailing context of the pandemic.

Following our second interim report and during subsequent meetings and in order to provide a more holistic (and hopefully useful) evaluation it was decided to combine a number of key criteria taken from the governments evaluation approach (as established by HMT) as well as to look at Mansfield DC’s original objectives and provide an independent opinion against both of these criteria. In addition, as the projects response to new criteria for winter preparedness had not been fully implemented at the time of our second report, we have looked at performance against the governments “Rapid Re-housing winter preparedness” guidance for 2020/21.

This report does not therefore include either a financial return on investment or a Social Return on Investment assessment. This is because

- The first year of a project such as MFSs includes a large element of setup or establishment costs that vary according to pre-project conditions and resource availability at the host authority and in the proposed service areas.
- Secondly (as we have shown above) the background and context that the service was obliged to operate within were clearly abnormally challenging and constantly changing due to external factors beyond the control of the project most obviously as a result of the on-going pandemic.
- Thirdly the government itself has been undertaking regular monitoring, benchmarking, and evaluation based on monthly returns to MHCLG (see Appendix A for the criteria monitored).

At some stage, although clearly not in the immediate future, the service is going to enter what is generally known as a 'steady state' and (hopefully) the impact of the pandemic is going to recede. At that time (although it could actually be anytime), the government could reassess its policy and support strategy for Rough Sleeper Initiatives and/or Housing First services. At that time, it is likely to look at three options

- Continuing to meet full or substantial costs of some or all of the current services
- Continuing to meet part of the costs for some or all of the current services or
- It could withdraw support from some or all of the current services.

In all three of these scenarios it will be helpful to the government, MDC and to project partners if a detailed evaluation has been commissioned on an agreed basis and adequate comparator benchmarks established<sup>6</sup>. Although the circumstances are not yet conducive to begin such a formal evaluation on the service in a steady state, early agreement on the potential methodology to be used in such an evaluation, and on the data and information that will be needed would appear to be in the interests of all parties. If current plans and estimates of the vaccination roll-out are successful, this could come as soon as the second quarter of 2021 from 1st July 2021.

In addition to the regular data and information provided by the project and used in the two interim reports in October 2020 and in January 2021, the research team have been provided with number of individual case studies of people who have been in contact or are service users to help us appreciate both the challenge and complexity of the services clients. We have also undertaken two very short surveys for this final report, the first relating to the views and experience of core operational partners and the second from some strategic stakeholders to help provide an indication of the robustness (or otherwise) of the key relationships that the project's success is dependent upon. The findings from the case studies and the surveys are presented later in this report.

## **2. The First Steps Project**

The two previous reports have documented the establishment of the service and the progress made with its initial objectives in the period June 2020-January 2021. In February 2021 as part of the funding application to continue the service in 2021/2022, MDC submitted a Local Authority Rough Sleeping Delivery Plan which was based upon on the updated Homelessness and Rough Sleeping Strategy<sup>7</sup> following a further homelessness review in Mansfield, Ashfield and Newark and Sherwood conducted by Homeless Link. Mansfield have also developed a Homeless Charter by which all homelessness services and welfare charities have agreed to work together to implement the strategy.

The key objectives for the continuing services were included in the new delivery plan. They reflect the progress made in establishing the Mansfield First Steps project and its services and the integration of the service with the wider housing and welfare provision provided by Mansfield its' partners at district, county, and national levels.

MDC had already achieved a significant reduction in the rough sleeper figures through the RSI Year 3 funding and the 'Everyone In' initiative. The official rough sleeper figure in 2019 was 22 the original

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<sup>6</sup> Comparator Unit Costs for some other services are for example available from Pleace, & Bretherton "The cost effectiveness of Housing First in England" these are relatively contemporary and calculated before the current pandemic and should be updated for inflation.

<sup>7</sup> Homelessness Prevention and Rough Sleeping Strategy 2019 - 2024 Preventing homelessness is everyone's business MDC, Mansfield.

plan had been to halve the figure to 11, and the official count in 2020 was 7. The plan stated MDC wished to reduce the figure further and provide a full 'pathway' for rough sleepers resorting to the area. This the project has successfully achieved.

The key objectives for the next phase of the project (2021/2022) is to consolidate the service based upon the following objectives which are reflected in the delivery plan submitted to MHCLG.

- Continue the First Steps supported accommodation project for rough sleepers to move into, via the existing 12 self-contained units to take people directly from the streets.
- Maintain a single pathway for rough sleepers so that there is accommodation available at every step of their journey
- Provide emergency winter accommodation with the YMCA via MDC stock and a local hotel and integrate this with the pathway. (It was clear that accommodation provided in 2021/2021 was both better equipped and allowed clients to stay through the day rather than be temporarily discharged back onto the streets).
- Clients would continue to benefit from the wraparound support they need to sustain their accommodation. Anyone placed in short term accommodation through winter provision also has a personalised housing plan to explore all forms of accommodation suitable for their needs.
- Continue to work with private landlords (and the YMCA supported housing provision) to identify suitable accommodation in the private rented sector and utilise support through the Framework resettlement team. NSAP funding will enable the project to move people out of supported housing into private rented tenancies that are tenancy ready.

In our view these appear to be realistic and pragmatic objectives for the consolidation of the service in 2021/2022, although core partners will need to acknowledge that in the context of the ongoing pandemic the project will have to remain responsive, flexible and agile in further developing the service as it has been to date.

Immediately prior to finalising this report MHCLG has confirmed financial support for the Rough Sleeper Initiative for year 4, i.e. July 2021 to March 2022 at the level requested by MDC (having previously approved the first quarter April-June 2021).

### **3. Evaluation**

As agreed with the project following submission of our second interim report this final evaluation, draws from three perspectives. The first is a high-level perspective that adopts HM Treasury's methodology (commonly known as the 'Green Book' approach) which it applies to projects of this sort. The second looks at some critical success factors that were published by HMCLG during the course of the project relating specifically to new and existing winter preparedness initiatives. These are applied for this specific aspect of the project and have not been evaluated in our previous reports. The third and final part of the evaluation looks back at Mansfield First Steps specific objectives to provide an evaluation or overview of all operational achievements between June 2020 and March 2021.

#### **HMT Green Book evaluation**

The Governments HMT Green Book evaluation criteria specifically refers to whether

- an intervention is working or has worked
- if the costs and benefits were as anticipated

- whether it had any other consequences
- whether the consequences were anticipated
- how well it was implemented

The HMT approach expects a comprehensive and holistic overall view of the project rather than a detailed analysis of individual parts.

In our view and taking account of the unprecedented circumstances and unique challenges that have fundamentally affected Mansfield First Steps (and all homelessness services and Housing First projects), the intervention in Mansfield is undoubtedly working and is a positive contribution to the housing and homelessness reduction strategies within Nottinghamshire. This is reflected in the ongoing financial support being invested by MHCLG and the draft “Nottinghamshire RSI and RRP County-wide evaluation by the University of Lincoln for the Nottinghamshire local authorities<sup>8</sup> (see Figure 1).



Figure 1. Number of individuals found rough sleeping by street outreach teams in Nottinghamshire April 2019-January2021. (Source Rogers, J, Roberts, Smith, and George. 2021)

In the circumstances the detailed costs and benefits could not realistically be wholly anticipated by the project but the budget variations in the documented monthly reports that we have been provided with suggest variations and adjustments are well within any reasonable tolerance levels that we believe HMT (and the authority’s external auditor) would normally accept. The three key consequences anticipated by the original proposal namely to establish a viable RSI support service to complement existing more traditional homelessness services; to develop a full pathway to independent living for homelessness clients and at the same time to develop a multi-organisational sustainable delivery partnership have in our view been achieved despite the unprecedented challenges and circumstances.

As part of the preparation of this final report we undertook a short survey of both the key operational and strategic stakeholders that have been involved or responsible for the First Steps project. We report the findings in more detail later in this report but the overall response from these key stakeholders has been both positive and supportive of the way the project has performed in the unprecedented circumstances that it has faced during the pandemic.

### Rapid Re-housing winter preparedness

In the late autumn and early parts of the winter MHCLG issued guidance on the provision of emergency winter accommodation and more specifically identified some critical success factors for new and existing winter preparedness initiatives. These included the following criteria (although some of these

<sup>8</sup> Rogers, J, Roberts A, Smith L, and George T. 2021. Nottinghamshire RSI AND RRP Evaluation May 2021 (draft).



apply to the whole project and not just to emergency winter preparedness and have therefore been referred to in earlier parts of this report). It is also necessary to remember that in some parts of the country this includes organisations (public private and third sector) that are new to providing these services.

- Knowing your population and pathways
- Partnerships
- Prevention and Promotion
- Integration
- Shelter Operating Principles
- Assessment and Prevention

Mansfield DC as a long-term housing services and homelessness provider (and hence also Mansfield First Steps) are clearly aware of the client and potential client population, the current public, private and third sector provision in the area and have mature long-term working relationships with many of the key organisations.

Regular independent reviews commissioned from Homelessness Link helped ensure appropriate confidence in the knowledge and understanding of the client and potential client population resorting to the area. This has provided considerable reassurance both to the project partners to the evaluation team and to the government's monitoring of the project. The strategy documentation provided to the evaluation team together with local media coverage also provided considerable reassurance that prevention of homelessness, promotion of homelessness services and the Rough Sleeper Initiatives across the county are well aligned and mutually supportive of each other's objectives. As a result, increasing integration is being achieved across housing and homelessness services and organisations.

We were also able to track the development of the winter preparedness and the provision of the YMCA emergency shelter over the 17-week winter period<sup>9</sup>. The accommodation consisting of a 6 bedroomed shared house, together with a block booking of 7 rooms in a hotel for the period from 14<sup>th</sup> of December 2020 to the 31<sup>st</sup> of March 2021. These hotel rooms were used for over spill placements from the YMCA, self-isolation cases for Covid-19 and emergency SWEP places when needed. Mansfield DC was awarded £55,000 Cold Weather Fund and Protect Plus funding from MHCLG for the period to cover the winter accommodation provision.

The accommodation met the Housing Standards requirements and be a suitable and safe place for homeless individuals to reside with the appropriate level of support provided. There was a total of thirty-one guests that stayed in the YMCA and hotel provision with a breakdown of eight females and twenty-three males. The applicants who were referred by MDC, and accommodated by YMCA, were single homeless and risk appropriate for lone working which has to safeguard other residents in the dwelling as well as staff. The experienced street outreach team predominantly referred clients into the service and appear worked collaboratively with MDC and YMCA to ensure risk is adequately assessed prior to placement. Of the total of 31 beneficiaries 15 subsequently moved on into alternative suitable accommodation from the temporary winter provision. The Mansfield DC evaluation states

“This year's winter provision has worked extremely well with all partners working together to support the guests and helping them deal with the complex issues that they have to be

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<sup>9</sup> The Mansfield Winter Accommodation Evaluation 2020/21 report was also made available by Mansfield DC.

able to get the accommodation they need and to sustain it. Whilst it has been a very different and challenging approach to winter accommodation through the pandemic 2020/21, we feel that it has worked particularly well having a dedicated support worker to the project who clearly understood the complex issues we were supporting. We are being encouraged by the MCHLG to look to build on this successful approach in the future.

The partnership that we have made with the YMCA has been excellent they have helped us immensely to deliver positive outcomes for many and for the very first time a bespoke pathway for Rough sleepers, the YMCA provided an exceptional support service to a client group that is very complex and so very often excluded”.

It therefore appears from documentation to have been a successful and innovative initiative providing a much better service to clients than that was previously available in the church hall, although without access or attendance at the facility it is impossible for us to fully ascertain whether good practice operating principles were adhered to in practice. We have however no reason to believe that they weren't. As part of the short survey of key operational and strategic stakeholders we included those that were involved or responsible for the winter provision. The response was as positive for this particular initiative as it was for the project overall.

#### **Mansfield First Steps operational criteria**

- Outcomes – objectives and achievements
- Financial - objectives and achievements
- Provision of Accommodation
- Employment of Specialist Support Workers and induction into the project.
- Project Integration, Team Working and Networking at the local level
- The basis for further development innovation and sustainability

At the start of the project MDC adopted the original objectives that they had incorporated in their original bid to MHCLG for financial support. The objectives remained largely constant throughout the evaluation although the actions and milestones were regularly amended, supplemented, accelerated, or decelerated during the course of the year as demands, changing circumstances and the pandemic impacted upon implementation. The project was however agile and flexible enough to take advantage of unanticipated changes and opportunities (e.g. the emergency winter provision with the YMCA).

With the exception of the budget and financial monitoring, (which remained something close to its intended profile), the scheduling and milestones for the provision of the various types and number of units of accommodation; the identification and preparation of accommodation; identification of suitable tenants; the employment of the specialist support workers; the development of infrastructure, systems and processes and the day to day management of the project were to a large extent driven by external events outside of the full control of the project.

In our previous interim evaluations, we made a number of recommendations to assist project planning, management and monitoring. We will not repeat those recommendations but reiterate the importance of creating this project infrastructure processes and if the project receives additional funding for 2021/22 and/or future years.

As at 31<sup>st</sup> March the project had 11 Housing First properties occupied, 7 that are owned by Mansfield DC and 4 that are PA Housing properties. There were 9 residents in the Sustainable Tenancies Project (STP) between Stonecross Court and Derby Street, and the project had 4 voids available in reserve.

Although the previous interim reports have reflected fluctuations in staffing levels the project was (and remains) fully staffed as at from the 1<sup>st</sup> of April. This includes a service manager, two Full-Time Housing First Workers and two STP Support Workers. A Consultant Psychologist meets all the clients and consults with staff on the complex needs of the clients and dedicates one day a week to the project. Similarly, the Employment Worker has a small dedicated case load and works with clients to access training and volunteering positions on a one day a week basis. The project has a counsellor available for any clients that wish to access that service. The project intends to return to focus on lifestyle skills and teaching client's skills for independent living and wellness. Unfortunately, these had to be curtailed during the pandemic but can now start to resume.

In terms of the final criteria -does the project have the basis for further development innovation and sustainability going forward? From the evidence collected over the period since June 2020 to March 2021, Mansfield First Steps project has clearly got most of the critical key arrangements in place to continue to develop and innovate the RSI initiative and (subject to continuing financial support) to establish the service on a sustainable and ongoing basis.

### **Case studies of the client experiences**

(all client names have been anonymised)

In an ongoing study based in Nottingham, Bowpitt and colleagues<sup>12</sup> found that “people with multiple and complex needs face homelessness, substance misuse, mental ill-health, and offending, in a cumulative and mutually reinforcing bind from which they struggle to escape”<sup>10</sup>. Substance use, self-harm, offending, and more, are often used as a coping mechanism to manage distress experienced from past trauma that has not been effectively treated previously manifesting in these behaviours<sup>11</sup>. This client group will often face multiple barriers to access full support for their interdependent and interrelated needs, with many caught-up in the criminal justice system, becoming street-homeless, or in exploitative and/or abusive relationships<sup>12</sup>.

This part of the report explores the multiple and complex needs of Mansfield's First Steps client group. The first section explores the characteristics of the client group to illustrate the complexity of the individuals and their lives prior to receiving support from Mansfield's First Steps. Secondly, client testimony evidences the outcomes of the First Steps programme. Thirdly, the ongoing support required for clients to result in continued positive engagement is explored, before concluding with potential forecasts of future client base and challenges of continuing this type of support for clients with multiple and complex needs.

### ***The Characteristics of the Client Group (Case study sample only)***

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<sup>10</sup> Bowpitt, G. & de Motte, C. 2019. *Entering and leaving prison: a co-constructed research study exploring the experiences of beneficiaries*. Available at:

[http://www.opportunitynottingham.co.uk/uploadedfiles/documents/41-1567606346-entering\\_and\\_leaving\\_prison\\_report\\_opportunity\\_nottingham\\_sep\\_19..pdf](http://www.opportunitynottingham.co.uk/uploadedfiles/documents/41-1567606346-entering_and_leaving_prison_report_opportunity_nottingham_sep_19..pdf) [Accessed 01 May 2021]

<sup>11</sup> Cockerell, P. 2018. *Social Exclusion, Compound Trauma and Recovery*, London: Jessica Kingsley Publishers

<sup>12</sup> Bowpitt, G., de Motte, C., Mutale, G., Everitt, G. & Mukuka, H. 2016. *Changing lives, changing systems: a report evaluating Opportunity Nottingham in its first two years of project delivery, 2014-16*. Available at: [http://www.opportunitynottingham.co.uk/uploadedfiles/documents/22-1475681933-on\\_year\\_two\\_report\\_oct\\_16..pdf](http://www.opportunitynottingham.co.uk/uploadedfiles/documents/22-1475681933-on_year_two_report_oct_16..pdf) [Accessd 01 May 2021]

For purposes of the evaluation nine case studies were sourced to provide i) a picture of the complexities of the client group and ii) the client's experience of support they received from Mansfield First Steps. The sample of case studies include three females, five males, and one heterosexual couple. The client case studies were chosen by the operational group to provide a complete picture of the range of clients supported by Mansfield First Steps. Anonymised information from the nine case studies illustrate the multiple complexities experienced by the client group prior to Mansfield First Steps. The array of complex needs these men and women experience often means it is not *just* accommodation Mansfield First Steps are required to support but also antisocial and criminal behaviour, substance use, physical and mental health, and domestic abuse.

### ***Anti-social and criminal behaviour***

Prior to Mansfield First Steps, many clients lost previous accommodation because of anti-social or criminal behaviour. Extensive damage to property, noise complaints due to frequent visitors in the day and night, drugs paraphernalia on or near the property, and unauthorised residents staying in the property resulted in Pam's eviction from two accommodations. For some clients, like Liam, a public order offence led to a prison sentence and the loss of his accommodation. Leading up to his release support with housing was explored, but due to his no priority need, Liam was released to the streets.

### ***Substance use***

Substance use featured heavily within the sample of case files. Mamba had led to behaviour changes in some clients, as well as deterioration in their physical appearance and decline in their physical health. One client experienced an overdose and paramedics attended. Engaging in drug deals or sourcing drugs in the local town centre was a common activity for the clients.

### ***Physical and Mental Health***

The physical health of clients was poor. The health of three clients required acute medical attention and care. Pam was living with chronic kidney injury stage 2 which required regular blood tests and hospital appointments. David was living with cancer of the throat and had cancerous lumps in his neck removed which required a long hospital stay. He also had mobility issues on his left side following three strokes and lives with severe back complaints. Steve was malnourished and had Hepatitis C, severe Venous disease, and ulcers on his leg which may require amputation.

As well as the physical health, the mental health of the client group required support. Sporadic and erratic behaviour in some of the clients affected engagement with support services and the ability to maintain a tenancy. Some clients received a prescription for anxiety and depression or other mental health needs. But uncertainty of the regular consumption of this medication resulted in the client's mental health described in the case studies as 'unstable' and 'fragile'.

### ***Domestic abuse***

Two of the four female case studies provided for this evaluation were in relationships with men that featured violence, coercion or control, and exploitation. For Jess, safeguarding concerns were raised whilst she received treatment at Hospital after being found unresponsive and covered in bruises, abrasions. Jess was also believed to be exploited by a housed male whilst she was street homeless. Her partner spent a period in prison, and during this time Jess disengaged with services. Amy and Jon, a couple, had been homeless since 2018. They have one child who social care placed under the care of a family member. Amy received temporary accommodation when pregnant with her second child but did not stay and returned to her partner. Amy and Jon have sporadically accessed support services in the past and staff have witnessed Jon's coercive control. Amy has confided to them that Jon has assaulted her. Engagement with services is chaotic and sporadic and appears to be dictated by Jon.

Both Jess and Amy are victims to violence, coercion, and control by men they are in relationships with. This additional complexity that female clients experience provides an additional challenge in continuous engagement with support services.

### **Outcomes of Mansfield First Steps Support**

Positive outcomes of the support that Mansfield First Steps has provided to clients include **desistance from crime** and **maintenance of the property**. Since being housed Steve no longer engages with criminal activity. There has also been a reduction in street-begging within the surrounding town centre. Because of Liam's progress with Mansfield First Steps criminal charges against him were dropped and he continues to desist from crime. Properties have been well-maintained, and neighbours provide positive feedback. Household bills are regularly paid, and personal care and hygiene has improved.

Client's Steve and Jack offer their experiences of Mansfield First Steps. Due to COVID-19 the clients experiences were recorded by their support worker via note taking and adapted for use in the evaluation report. Modifications to words have been made by the authors and are shown in square brackets '[ ]'. Testimonies from Steve and Jack suggest that accommodation through Mansfield First Steps has positively impacted on their lives. Steve reports desisting from crime and feeling more satisfied in his life. Whilst Jack has benefitted from the on-site support which provides him with a sense of reassurance but the opportunity to gain independence in daily life skills such as cookery.

*I like the fact [Mansfield First Steps] helped [me] set up [my] utility bills and can be there for [me] if [I] have any concerns about the property or if [I am] just having a down day and want to talk. I trust [him] which is rare for me and I struggle to trust anyone [...] since being housed in this bungalow life has changed for the better. I no longer engage in criminal activity, and feel happier in himself, and [am] enjoying life more [Steve].*

*[I] prefer how Stonecross court is run compared to the [service] where [I] was for 6 weeks [...] [I] felt as though [I] was not receiving support from staff, and there was no structure [...] the staff here care about their clients, and [I] like the fact there is staff on site. [I] like that there are support sessions also weekly, and there is structure. [I] like that [I have my] own studio flat here, as this gives [me] independence, and the skills [I] need for when [I] move onto private*

*accommodation. [I] feel there are more learning opportunities at stone cross court, including the cooking lessons. [I] would like support surrounding budgeting, a move on plan, and support from a drug worker [Jack].*

Jack sees the potential opportunities his accommodation offers too and illustrates how he is beginning to forward think which support (i.e. budgeting, a move on plan) will benefit him for his future. This evidences Jack has a sense of hope for his future and confidence that once he has acquired these skills, he will be able to independently manage his own accommodation.

### ***Ongoing Support***

Although positive progress of clients' lives has been made, the nature of the complexities of the client group results in some areas of life requiring ongoing and longer-term support even once tenancy is secured.

### ***Domestic abuse and its impact on progression***

Domestic abusive and coercive and controlling relationships of female clients impacts on their engagement with support services and places the housing tenancy in jeopardy. Aggression that the male perpetrators show towards Mansfield First Steps staff, the breaking of contracts and rules, and threats to the female in receipt of housing, create an insecure environment for the female clients to progress within. One incident created a divide between the female client and the support staff; however, this now seems to be resolved. Such complex and erratic situations pose challenges for the House First staff to manage. Especially when much time and effort has been placed in building positive working relationships between the client and the staff.

### ***Physical and Mental Health***

Some clients continue to display symptoms of mental health illness and at times this has required police restraint and hospital treatment. Others continue to experience poor health and serious medical conditions that require regular medical intervention and self-care.

### ***Property License Agreements***

Managing property license with clients is a continuous challenge. Recurring themes within case files that Mansfield First Steps staff record addressing with clients include visitors often attend the property after agreed times or unauthorised people stay in the property. Warnings are provided and conversations are had about the rules of the property, however ultimately repeatedly non-compliance can result in eviction.

### ***Engagement***

Engagement from the client group is sporadic and due to the complexities of their lives, this is not surprising, however sporadic engagement can impact on progression. Some clients verbalise interest in engaging with the support offered, but do not attend pre-arranged appointments or support

sessions. This can lead to challenges in contacting the client for a period afterwards when engagement suddenly stops. Some client's non-engagement is associated with their co-dependency with their partner, however some client's disengagement is not explained.

Other clients such as Jess and Jack are reported as having good working relationship with their support workers and engage well in attending appointments. Jack also engages with his housing support worker on a weekly basis and attends wider appointments such as the GP and 'Change Grow Live' meetings to support him with his substance use and offending behaviour.

### ***Case Study Summary and Conclusions***

Through client testimony, Mansfield First Steps evidences that it provides flexible and responsive support, that reaches out to their client base. Some of the support it provides is informal, and this creates trust between the client and the support worker, which is an important part of a successful and effective partnership. Mansfield First Steps illustrates that the support it provides to clients integrates and weaves all the life challenges its client's face and aims to support *all* the clients, and not by individual needs. Mansfield First Steps recognises that solving one need does not solve all needs and provides a holistic package of support to its clients.

Comparisons to similar initiatives illustrate that the needs of this client group are not an anomaly. 'Opportunity Nottingham' is a local programme that delivers support to people living with multiple and complex needs in Nottingham City who simultaneously experience three of the four criteria, homelessness, offending, mental ill-health and substance misuse<sup>11</sup>. Over half (55%) of Opportunity Nottingham's client group live with all four of the above needs and the remaining 45% live with three needs. These multiple needs are exacerbated for a quarter (24.8%) of clients who live with a physical disability<sup>11</sup>. Challenges faced by 'Opportunity Nottingham' include difficulties engaging and maintaining engagement with a client group who are chaotic by nature and who require flexible, compassionate, and an out-reach service.

Future clients of Mansfield First Steps will continue to display multiple and complex needs that include self-medication, mental health, abusive and coercive relationships, low self-esteem, and offending behaviour. Homelessness will just be one symptom of the client-base. However, continuation of First Steps project or similar initiatives will result in the continuation of less street-homeless within Mansfield town centre, less street begging, less offending or anti-social behaviour, less substance use and local supply of drugs. A reduction in these behaviours will see cost-savings in services such as criminal justice and emergency health care<sup>9</sup>. But most importantly, an improvement in welfare and wellbeing for some of Mansfield's most vulnerable residents.

Future challenges for Mansfield First Steps include the need to overcome wider issue of an overcomplicated system that provides silo services that cater to just one need of a person (i.e. housing *or* substance use *or* mental health *or* offending). Whilst these services provide undeniably support to clients for a particular need, as the case studies discussed above show, clients display simultaneous and multiple needs that are interrelated and interconnected, and thus require interrelated and responsive support for all needs. Achieving this will empower clients with multiple and complex needs to take control of their lives and provide them with the life-skills to live a fulfilled and flourishing life

that desists from crime, substance-use, and liberates them from mental-ill health, and coercive relationships.

## **Overall evaluation summary and lessons learnt**

The establishment and implementation of the Mansfield First Steps project confirms and adds further evidence to the emerging evidence from Housing First programmes across the county, the country (and internationally) that an holistic but individualise wraparound service approach that initially adopts a health centred perspective appears to be the most realistic and effective approach for a significant number (although not all) of Rough Sleepers at this time.

The numbers of rough sleepers have been growing and are particularly vulnerable during the current pandemic and over winter periods. They are a marginalised (or self-marginalised) group who largely exist outside of (although intermittently coming into contact with) established local public services and traditional client groups and services including the statutory homelessness services or adult social care and mental health services.

These clients characteristically have severe, multiple and complex needs that mean that reliance on housing, welfare, social care, criminal justice, drug or health interventions on their own have not in the past proved effective and are not likely to prove effective on their own.

Previous and current public, private or philanthropic support is unlikely to grow sufficiently to cope with what appears to be an increasing problem that is likely to be exacerbated by the pandemic and the anticipated economic and social fallouts from the pandemic.

There are clear costs and benefits to both the communities and areas that they resort to and to the individuals themselves which need to be acknowledged captured and comprehensively assessed in order to facilitate the development of the most economic efficient and effective future policy, service delivery and public assurance arrangements.

Co-ordinated multi-agency policy responses and interventions at the local level supported by resource allocations from government at the current time appears to be the only realistic strategy that has the potential to reverse the numbers resorting to Rough Sleeping. In relation to Nottinghamshire the University of Lincoln evaluation concluded

“The projects funded by RSI and RRP are generally working well individually and collectively. Many of the factors which the literature review indicated as successful nationally and internationally are now being offered in Nottinghamshire and are proving successful here in reducing rough sleeping and in leading to a range of other good outcomes”.

(Rogers, Roberts, Smith, and George. 2021 p.13)

If Mansfield as a community wish to continue to address this persistent community-based challenge under the current circumstances it needs both dedicated central government support; continuing multi-agency co-ordination and strengthened infrastructural support.

As found elsewhere in Nottinghamshire and across the UK, Mansfield’s experience over the last year confirms that while Housing First is effective in ending homelessness among people with high and complex needs, it does not constitute a ‘panacea’ for single homelessness, or rough sleeping, in itself. It also needs to be complementary to and integrated with related services, plans, objectives, and other community development initiatives.



Addressing this fundamental challenge will require strong and committed leadership and an enduring and long-term strategy which is likely to go through multiple stages with variations in the emphasis and nature of interventions. The service needs to be both complementary and aligned to mainstream contributory services and preferably increasingly integrated with complementary and contributory services.

However, the survey of Mansfield First Step key stakeholders suggests that strong foundations and maturing relationships between MDC and its partners have been forged in the establishment and early phases of the project to date. The survey which covered both operational partners and some key strategic stakeholders sought information about two aspects of the project. The first set of questions related to the nature and satisfaction of the partners experience of being involved with MFS, while the second set of questions focussed on how aspects of the project could be improved going forward<sup>13</sup>.

The first set of questions asked respondents to compare their experience of being involved with MFS in comparison to other similar projects that partners have either been or are currently involved with. The second set of questions asked about aspects of the project that could be improved going forward and any threats to the continuing success of the project.

Responders were overwhelmingly positive about being involved in MFS with every responder stating that the project had either met or (more often) exceeded partners expectations for the project and that inter-agency collaboration was at least as good and more often, better or much better, than collaboration experienced in similar projects.

There were however a range of suggestions about how the project could be improved. These related primarily to either operational processes such as governance and communications or to service improvements such as improved access to trauma informed counselling/therapy/support and specialist mental health support. The insecurity of long-term funding was unsurprisingly the biggest threat to the project (mentioned by all responders as the biggest threat of 'up to three' they were asked to identify), with the supply and appropriateness of accommodation and the continuing support and engagement of collaborating professionals and support agencies being the other notable threats. There was a remarkable consistency across responders whether they were operational or strategic partners and the following quotes reflect the general view of the project.

“The scheme in Mansfield has filled the gap in services for those with very complex needs that have been rough sleeping previously and offers a completely different approach to offering housing with intense support and a personal allowance”.

(Response D)

“Working to support our most complex and vulnerable is very important and giving hope for the future for all is critical in creating a better society especially those who have lost their faith in the system”

(Response F)

The Lincoln University report for the county council project<sup>8</sup> recommends a multi-dimensional outcome monitoring framework to capture the breadth and depth of activity across RSI and RRP services. They consider this framework should include three main elements: Public services data;

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<sup>13</sup> A considerable degree of caution needs to be exercised in the interpretation of the results of this survey because it was only a very small sample (N=12) and of course the last 12 months have been very unusual circumstances.

Service level outcomes monitoring; and Individual level outcomes monitoring. However in addition to ensuring that any future performance management and monitoring arrangement (whether for Mansfield First Steps or more broadly across multiple homelessness projects), is informed by and complements these metrics, it would be prudent to consult MHCLG prior to any agreement and implementation.

## Recommendations

1. The project if supported by further RSI allocations should (in 2021/2022) continue to adopt the health-based and community focused approach adopted prior to the pandemic as the foundation of the services provided, specifically acknowledging and embracing the wider or 'social' determinants of health.
2. Housing First has been effective in addressing rough sleeping and homelessness among people with high and complex needs, in Mansfield to date. As acknowledged, it does not provide the whole solution to single homelessness, or rough sleeping, in itself. It needs to be complemented by and integrated with related objectives and services. From the documentation examined, Mansfield First Steps appears to have successfully managed to do this for the project to date. As it enters another stage, we recommend a brief internal review to ensure this 'direction of travel' towards better integration is maintained and strengthened.
3. Subject to confirmation of funding for 2021/2022 and preferably in the period up to 1<sup>st</sup> July 2021 (or the 1<sup>st</sup> October) we recommend that the project should consider commissioning a detailed evaluation on a revised and agreed (steady state) basis together with adequate comparator benchmarks from similar RSI initiatives in similar contexts. This should include early agreement on the potential methodology to be used and on the data and information that will be needed.
4. In our view a comprehensive long-term evaluation of this and similar projects should ideally adopt a Social Return on Investment methodology with assumptions, data and benchmarks agreed across a group of similar services in similar circumstances. The creation of a SROI model was neither feasible nor appropriate and could not in reality be created in the absence of the necessary data. Neither could it be conducted within the practical timescale of this evaluation. It would however be feasible to establish such a model for the 'steady state' stage of the project. In the circumstances we would recommend commissioning a bespoke model rather than using one of the off-the-shelf methodologies available.
5. In considering any future evaluation it is however strongly recommended that MHCLG is consulted (and preferably in agreement) as the government has in the past preferred an alternative model such as a Cost-Benefit analysis or a Financial Return on Investment assessment while the national and local evaluations undertaken prior to policy implementation have generally used a 'cost-effectiveness' approach.

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## **Appendix: MHLG Key Performance Indicators**

### Finance

What is your current spend to date on the NSAP long term capital and revenue funding to accommodate and move on rough sleepers (£105m funding stream)?

What is your current spend to date on the NSAP funding to provide supported accommodation for rough sleepers (£161m funding stream)?

What is your current forecasted spend for the rest of the financial year?

What is your current spend to date via the Rough Sleeping Initiative funding stream?

What is your current forecasted spend for the rest of the financial year?

### Delivery

What is your current Rag Rating (Self-assessed) for successful delivery of your RSI Delivery Plan? [On Track (Green)/Issues which can be resolved with intervention (Amber)/ At risk (Red)]

If you have selected Red or Amber, please provide detail on why? What impact will this have on overall delivery?

What is your current Rag Rating (self-assessed) for successful delivery of your NSAP Delivery Plan? [On Track (Green)/Issues which can be resolved with intervention (Amber)/ At risk (Red)]

If you have selected Red or Amber, please provide detail on why? What impact will this have on overall delivery?

### Rough Sleeping

How many people are currently rough sleeping in your local authority (single night count/estimate)?

Of these, how many are new to rough sleeping and/or not known to your authority?

### Emergency Accommodation

How many of your rough sleeping population are in emergency accommodation in response to the Covid-19 pandemic. (This includes people who were sleeping rough, in shared sleeping sites or who were at imminent risk of rough sleeping as well as any new placements)

How many of those housed in emergency accommodation since Monday 23<sup>rd</sup> March have returned to rough sleeping?

### Move on

How many of the people brought into emergency/temporary accommodation due to COVID-19 (i.e. rough sleepers, those in shared shelters and people who were at imminent risk of rough sleeping when accommodated) since 23<sup>rd</sup> March have you moved on into settled accommodation (a tenancy of at least 6 months)?

### Repeat or Long-term Rough Sleepers

OOL: Target Priority Group (TP): How many repeat or long-term rough sleepers are identified in your Next Steps Accommodation Plan? London: Target Thousand (TT)Group: How many Target Thousand are allocated to your LA area?

Of this TP/TT group, how many are in emergency or interim accommodation awaiting move-on?

Of this TT/TP group how many have moved into settled accommodation (includes tenancies of 6+ months)?

Of this TT/TP group how many are sleeping rough?

### Accommodation

How many units of accommodation with support have you brought into use through the NSAP long term capital & revenue funding that have been let to former rough sleepers?