2017

New Cross and Broomhill Support Teams

Final Evaluation Report

Professor Di Bailey, Dr Gabriella Mutale, Albert Wilson and Edd de Coverly 1st August 2017

Nottingham Trent University | Chaucer Building, Burton Street, Nottingham, NG1 4BU

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1 EXECUTIVE SUMMARY

The evaluation of the New Cross and Broomhill Support Teams combined internal evaluation data that had been collected during 2016-17 and data collected as part of an external evaluation commissioned from Nottingham Trent University. The external evaluation commenced in December 2016 following ethical approval from the College of Business, Law and Social Sciences Ethics Committee at the University.

The evaluation design was based upon a previously tried and tested framework (Bailey, 2002, 2007; Bailey & Kerlin, 2012, 2015; Ward & Bailey, 2015) that combined the collection of qualitative and quantitative data to enable an in-depth understanding of:

- How the support teams were situated including supports and barriers for the multi-agency teams (context evaluation)
- What providing more bespoke solutions for New Cross and Broomhill residents looked like (input evaluation)
- Whether these bespoke solutions led to reduced demand for services and more cost-effective care delivery (outcomes for the organisation[s])
- Whether the quality of life for residents in the New Cross and Broomhill areas improved (outcomes for residents)

This is the second phase of the evaluation which builds upon the evaluation of the New Cross Team that was conducted from 2015-2016. In the first stage of the evaluation New Cross was the only support team in place. By collecting evaluation data in 2016-17 from both teams it is now possible to consider whether the support for the multi-agency team approach is able to be sustained across two sites, whether the teams provide similar or different inputs to residents and whether outcomes are able to besustained over time (for New Cross) and across the two sites.

Context evaluation data consisted of observations of 1 New Cross team meeting, and twelve interviews with team members including the New Cross and Broomhill Support Team Leaders and the Team Manager for the service as a whole.

Input evaluation consisted of in-depth interviews with 23 New Cross residents and 17 Broomhill residents sampled on the basis of their outcome star profiles to reflect complex and less complex cases. Input evaluation data was also obtained from the semi-structured interviews with the 12 team members.

Outcome evaluation consisted of an analysis of costs on a case by case basis for 35 cases and outcome star data relating to 56 residents across both teams. In addition the in-depth interviews with the 40 residents gave them an opportunity to explain their outcome star

profiles. This allowed for a rich understanding of how residents had experienced any changes in their quality of life as reflected in their narratives. This level of understanding also helped to explain the changes in costs and demands for services.

The interviews with residents and team members were audio recorded and transcribed verbatim. The transcripts together with the detailed notes from the team observations were subject to thematic analysis to identify overarching themes and sub-categories (Lincoln & Guba, 1985).

The strength of the evaluation approach lies in its ability to understand and articulate the context in which the New Cross and Broomhill teams are operating as well as the outcomes being achieved (the key ingredients for success). This becomes important for Commissioners seeking to replicate the service in other areas.

Key findings for each level of the evaluation are summarised below:

Level of Evaluation	Key Findings
Context	There was clear strategic support for the New Cross Project shared between the respective agencies, including Ashfield District Council, Police, Social Services, Fire and Rescue. This was evidenced by the contribution of financial support to budgets and human resources through secondments of staff to the team. Support for the Project also came from a wider network of agencies with whom the team worked for example private sector enforcement.
	Factors which contributed to the success of the support teams were the leadership of the teams which was considered to have organically evolved with the extension of the service to the Broomhill Team. Leadership was reported to be effective in and across both teams. Freedom and a different way of working together with a holistic/person-centred approach characterised the way in which team members engaged with each other and management and worked with residents.
	Team performance demonstrated interdisciplinary working and this had been sustained since the initial evaluation. This means that there is good evidence of team members interacting to share distinct as well as overlapping areas of expertise and that the sum of the whole teams' capabilities and contribution to outcomes for residents continues to be greater than each individual's contributions added together. This way of working was highly valued and evidenced by the experiences of residents.
Inputs	From staff's perspective a bespoke intervention was both holistic and person-centred and began by working with a resident's strengths. Residents characterised bespoke interventions by the practical nature of support provided (wrote letters, debt management, got rid of rubbish, got help for domestic violence, help with employment) as well as the support to attend appointments (for example with CAB, GPs/doctors, job centre). This help enabled residents to become more self-sufficient so that they could "help themselves" in future.
	Inputs were delivered in non-judgemental ways and residents valued highly; feeling listened to, having someone to talk to that understood them and being

	taken seriously. They valued the regular contact/easy access with their Case Leads either by phone, text or by going direct to the team bases in the local area. Residents rated highly that the support teams were responsive to their needs and could be accessed in an emergency without an appointment.
Outcomes (organisational)	Analysis of cost data relating to 35 residents showed a significant difference in projected costs to services (Ashfield District Council, Nottinghamshire Fire and Rescue, Department of Work and Pensions, Police, Social Care, Health). Costs were projected for a 1 year period both with and without the support teams' involvement. Costs were projected as being significantly lower with the support teams' involvement. The mean saving per resident was calculated to be £26,199.77 which was then multiplied by 130 to reflect the number of similar cases across both teams and provided a total projected cost saving of £3.4 million.
Outcomes (residents)	Residents had experienced a statistically significant increase in their quality of life which was evidenced by increased scores on their outcome stars particularly in the areas of health, community, housing/accommodation, employment and finances. Residents had experienced improvements in their mental health and wellbeing. For some residents this was a reduction in alcohol and drug intake, for others it related to improvements in mood and increased self-confidence. These gains in residents' quality of life need to be understood in the context of 'crises' being experienced by the residents before the support teams had intervened. Many of the residents spoke of being suicidal and the intention to end their life had they not received support. Receiving help from the support teams had given residents the opportunity to help themselves and take steps towards being self-sufficient.

1.1 Key Recommendations

The evaluation provides robust, longitudinal evidence that the interagency approach at a strategic and team level is able to be sustained as the service has expanded to two areas in Ashfield. The teams are working in an interdisciplinary way which is reaping benefits in terms of reduced demand and costs to services and reflected in increased quality of life outcomes for residents with complex needs. The New Cross and Broomhill Support Teams are simultaneously providing interventions to improve residents' quality of life as well as preventing imminent crises', thereby the cost savings being reported are likely to be an underestimate. The person-centred, strengths-based approach to working with residents is highly valued (by residents and staff) because it combines practical support with a value base of residents feeling listened to and taken seriously.

The composition of the support teams has been highly selective with the recruitment process putting an emphasis on finding people who were perceived to have the 'right skills and qualities' to join the team or take up the secondment positions. Thus team members brought more to the team in terms of knowledge and skills than their substantive or previous roles might suggest and this range of experience and expertise had been acquired over careers of some years. This was of real benefit to the teams and has significant implications for the retention of this workforce in future.

Residents continued to value the ease of access to the teams including the new location of the Broomhill Team at the shopping parade and the original base for the New Cross Team in Chatsworth Street.

The agency make-up of the team needs to reflect the residents' needs in the local area. Fire, Police, Community Protection and Department of Work and Pensions (DWP) staff were seen as key to the success of the support teams. In addition skills and expertise brought by staff employed directly by Ashfield District Council (ADC) were vital to the team. Health and Social Care were deemed to be important but missing disciplines. Relationships with local GP surgeries had improved since the New Cross Team pilot. However, staff still thought specialist mental health knowledge was missing from the teams. Social Care had previously been part of the New Cross team and it was felt the current support teams would have greatly benefited from continued Social Care involvement. There have been continuing efforts from the Team Manager to try to engage health and social care services through the resourcing of the teams.

Team development and performance had evolved in line with the organic approach taken to create the service. Team leadership was regarded by staff to have achieved the right balance between the management of workloads/retaining staff accountability and allowing team members' sufficient autonomy to undertake the Case Lead role based on their experience and expertise. The evolutionary and organic nature of the team's development is an example of good practice, evident of a learning organisation.

2 BACKGROUND

The New Cross area in the Ashfield District of Nottinghamshire covers approximately 1,200 properties and is in the top 10% of most deprived neighbourhoods in the UK (Department for Communities & Local Government, 2015). This profile accounted for New Cross as a chosen pilot for the support team way of working in ADC.

ADC adopted the main principles of the approach taken by Stoke on Trent City Council and their project *Rebalance Me* when developing the New Cross Support Team (NCST).

The initial evaluation of the NCST (Bailey et al., 2016) found that the Team was shown to be improving residents' reported quality of life in conjunction with reducing demand placed on other public services. This was demonstrated to be due to the Single Point of Access, a Case Lead way of working, the New Cross Team being in close proximity to the target area and a person-centred approach.

Due to the initial success of the NCST this way of working was replicated in the Broomhill area of the Ashfield District as well as the team continuing in the original New Cross area. This means there are currently two support teams working in the Ashfield District. The Broomhill area was chosen for the second team as it is another area of high deprivation in Ashfield that it was believed would benefit from this way of working.

The Broomhill area has approximately, 1400 properties. The Broomhill Support Team (BST) is situated at the Broomhill parade of shops which historically is an anti-social behaviour 'hotspot'. The shop location was chosen as a central location for residents to access the service while aiming to impact on reducing anti-social behaviour. The New Cross Support Team continues to be situated in a residential property on one of the streets in Sutton in Ashfield.

The BST commenced in August 2016. In June 2016 a new team of staff was appointed to the NCST. Recruitment of staff to the teams continued to occur through a highly selective process – either by Case Leads being employed directly by ADC and managed by the NCST and BST Leaders or through secondment opportunities whereby Case Leads joined the team on a full or part-time basis with their substantive employment contract retained by the seconding agency. Seconded staff, while accountable to the NCST and BST Leaders for work undertaken as part of the project, retain a line manager in their employing agency and the pay and conditions of that agency.

In July 2016 all new support team staff undertook a three-week training period which involved exploring historical cases, processes and thresholds. Safeguarding and Data Protection training was also included and time was dedicated to exploring the support

teams' principles. Staff members were also given the opportunity to get to know their areas and visit any relevant services.

Agencies represented within the current support teams include but are not limited to; local authorities, Police, Fire and Rescue, DWP and Community Protection.

2.1 Responding to individuals with complex needs

The Ashfield district has poorer health than the England average. Life expectancy is lower than average, obesity in adults is higher than England's average and there is a higher incidence of smoking related deaths (Public Health England, 2016). In the district there are lower levels of educational attainment, higher rates of long-term unemployment compared to the average and around 23% of children live in low income families which is higher than the England average (Public Health England, 2016). As some of the most deprived areas in the Ashfield district the New Cross and the Broomhill areas in particular experience high levels of these types of problems.

To date the support teams have worked with over 270 residents with 82% of these residents having multiple issues as opposed to only 18% having a single transactional issue. Therefore the residents being dealt with by the teams are primarily those with complex issues who need a more intensive approach.

Families with complex needs typically have a track record of contact with multiple agencies, such as healthcare and the Local Authority, as well as other specialist services. Agencies tend to operate using different eligibility criteria and 'rules of engagement'. This means that these families and the services they access, traditionally report a chaotic experience of engagement typified by a lack of a coordinated response, families falling through gaps in services or being passed from one service to another and families being 'labelled as difficult to engage' or requiring support beyond the ability of an individual service to provide (Cabinet Office Social Exclusion Task Force, 2008).

While on the one hand it is recognised in government policy that individuals with complex needs often require input from a range of services (DH, 2015, Crane et al 2016); how to provide effective multi-disciplinary or interdisciplinary care remains a challenge – not least because these terms are rarely understood or debated and are used interchangeably simply to describe professionals working together (Bailey, 2012).

Thus we know that when care needs are complex it becomes necessary for professionals to move beyond 'many working together to many interacting to work collaboratively' (Bailey, 2012 p.5). Such collaborative interactions allow for new services and ways of responding to need to be developed and offer opportunities for a shift towards the creation

of a 'system of support' that includes service users and their families as integral partners working with professionals, in the care delivery agenda.

Although multi and interdisciplinary working has always been encouraged in Nottinghamshire in reality it has been difficult to achieve particularly when agencies hold discreet budgets for services and set their own eligibility criteria (Nottinghamshire & City of Nottingham Fire & Rescue Authority Community Safety Committee, 2016).

Therefore, the New Cross Project was originally designed around a multi-disciplinary team with funding contributions coming from a number of agencies to enable services to improve the ways in which they workrd together. The initial evaluation found that the NCST had moved beyond team members working together to team members interacting to work collaboratively, learning with, from and about each other and using this collective knowledge and skills to benefit residents.

This model of interdisciplinary working has been sustained by the current New Cross Support Team and successfully adopted by the Broomhill Support Team.

By targeting residents in the local areas the support teams sought to provide them with a **single point of access (SPA) for services** that would in turn:

- Reduce unnecessary demand and duplication of service delivery
- Prevent individuals and families with complex needs entering further into crisis
- Support individuals and families already in crisis to 'engage and rebalance' their lives to be less dependent on services

In order to evaluate whether and how the support teams were achieving their aims to improve the outcomes for residents as well as managing demand for services this second phase of the external evaluation was commissioned from the Department of Social Work and Health in the School of Social Sciences at Nottingham Trent University.

The aim of the evaluation was to provide an in-depth understanding of:

- How the support teams were situated including supports and barriers for the teams
- What providing more bespoke solutions for New Cross and Broomhill residents looked like
- Whether these bespoke solutions led to reduced demand for services and more cost-effective care delivery
- Whether the quality of life for residents in the New Cross and Broomhill areas was improved

3 METHODS

3.1 Evaluation design

The support teams had collected data relating to costs that was used and analysed as part of the evaluation. A key component of demonstrating cost effectiveness with residents is to highlight the resulting, potential financial savings to each agency. This can be problematic as often the potential savings will be realised one, two or three years after the initial support team intervention has ended. At other times projected savings can be more immediate, stemming from transactional interactions with services, for example where a resident has attended A&E three times per week for the past five months, and then engages with the support team regarding health concerns resulting in a cessation of attendance at A&E for the next 6 months.

For these reasons costs to services for each resident prior to the support team's involvement were also calculated. This data consisted of projected costs to six different services both with and without the support teams' involvement. By using this approach it enabled a comparison to be made between projected costs for a resident both with and without the support team's involvement. Thirty five cases were fully evaluated in this way during the evaluation. Cases were sampled based on the complexity of the demand, to include a representative of transactional, escalating and complex cases incorporated into the evaluation.

Potential costs and savings were calculated using the New Economy Manchester Unit Cost Database (v1.4) which builds on work in six localities in England to determine unit costs around the following groupings:

- Crime
- Education and Skills
- Employment and Economy
- Fire
- Health
- Housing
- Social Services

Using these costings, and estimating impact through discussions with professionals involved in each individual case, for example Social Workers, GP practices, Police and Fire offices and Jobcentre Plus case workers, it was possible to determine the likely savings for each agency based on past spend and estimated impact.

Actual costs throughout the timespan of the intervention were calculated by applying a standard 'hourly rate' to the support team's operations and using the Unit Cost Database to attach a cost to each action by agency.

The projected costs over a one year period to six different services (ADC, Police, DWP, Social Care, Nottinghamshire Fire and Rescue Service [NFRS] and Health) both with and without the support teams involvement was compared. This was to establish if with the support teams' involvement projected costs to services would be significantly different.

Data relating to these costs were collected internally by the support teams and then shared with and analysed by NTU. These findings relate to the 'Outcome' level of the evaluation framework employed for the external evaluation. The design of this evaluation framework had been tried and tested previously to assess a range of similar health and social care initiatives that, like the support teams , were designed to improve health and wellbeing outcomes for individuals (Bailey, 2002, 2007; Bailey & Kerlin, 2012, 2015; Ward & Bailey, 2015).

The framework used by Bailey for the New Cross evaluation brought together levels of evaluation previously developed by Warr et al. (1970) and Kirkpatrick (1994). These traditional evaluation frameworks differed in whether they predominantly assessed outcomes such as changes in individuals' reactions or behaviour (Kirkpatrick, 1994) or focused more on the context in which interventions occurred; including an evaluation of inputs (Warr et al., 1970).

By combining the levels of evaluation from both Warr et al and Kirkpatrick's' frameworks and refining these through previous research (Bailey, 2002, 2007; Bailey & Littlechild, 2001) the design of the evaluation was robust, drawing from a range of evaluation data, to provide a more in-depth understanding to account for the costs and benefits identified internally. Data was gathered across four levels as follows:

Context evaluation: which sought to understand the context in which the New Cross and Broomhill Support teams were operating

Input evaluation: which captured what inputs residents in both localities deemed important to them in terms of supporting them to achieve improved quality of life outcomes. Inputs were also captured in terms of the 'ingredients' of the approach taken by support team members as they worked with residents.

Outcome evaluation: focused on whether quality of life of individual residents did or did not increase from the start of the project to the time the evaluation took place, as well as

capturing changes in individuals' behaviours and staff working practices indicative of organisational change.

The strengths of the evaluation approach which brought together the internal and external evaluation data lay in its ability to understand and articulate the context in which the New Cross and Broomhill Support Teams were operating as well as the outcomes being achieved (the key ingredients for success). The respective levels of the evaluation together with the range of data collection methods and analysis employed are shown in Table 1 below.

Table 1: Levels of evaluation employed and respective data sources and methods of analysis

Level of Evaluation	Data Sources	Methods of Data Analysis
Context	Qualitative data collected from: • One observation of support team meeting • Interview with New Cross and Broomhill Support Team Leaders and Team Manager • Interviews with 9 support team staff	Thematic analysis
Inputs (as required by residents and delivered by the team)	Qualitative data collected from: • Interviews with 40 New Cross and Broomhill residents • Interviews with 9 support team staff • Interviews with Support Team Leaders and Team Manager	Thematic analysis
Outcome - Benefits for Residents	Quantitative data collected from: • Quality of Life Outcome Star data for 56 residents, completed at T1 at start of support team's intervention and T2 later in the resident's journey* • Projected costs to services for 35 residents both with and without support team's involvement * Qualitative data collected from: • Interviews with 40 residents • Interviews with support team staff, Team Leaders and Team Manager	Inferential statistics Inferential statistics Thematic analysis of interviews with residents
Outcome- Change in Practice at Team and Organisational Levels	Qualitative data from: • Interviews with Support Team Leaders and Team Manager • Interviews with 9 support team staff Quantitative data from: • Projected costs to services *	Thematic analysis of interviews Inferential statistics

* Indicates data collected internally by the Support teams

3.2 Data collection tools

Upon receiving a new service demand from a resident in the New Cross or Broomhill areas, a case would be created and subsequently allocated to a Case Lead. Each Case Lead would, on either the first or second visit to the resident undertake a Window on the World discussion with the resident (See Appendix 1). This involved discussing issues such as familial history, morals, housing, safety, health, aspirations, employment, education etc. From this, the Case Lead would form an understanding of the resident's life including and beyond the presenting issue. This could take one or two visits depending on the individual resident.

Once this Window on the World discussion was complete, the Case Lead would ask the resident to score their main quality of life issues on a scale of 0 to 10.

The scores would then form an 'Outcome Star' (www.outcomesstar.org.uk) as a recognised, simple to use benchmarking tool for evaluating progress with residents' self-reported quality of life across five core domains (see Appendix 2). The Case Lead would ask residents to re-score the Outcome Star at important milestones during the Case Lead's intervention. This meant that Case Leads could track progress with residents' quality of life issues during their involvement.

The interview guide for residents was informed by the domains on the Outcome Star to capture residents' narratives to explain the rating they had given each of their quality of life domains and any changes in these from the start of their engagement with the support team to the second time when they completed the Outcome Star. The interview questions were initially piloted in the first stage of the evaluation with a New Cross resident and with a member of New Cross staff to check relevance, ease of understanding and to identify any areas which the finalised interview guide needed to be explore in more detail (see Appendix 3).

The interview guide for staff was developed in the first phase of the evaluation, informed by the observations of the two NCST meetings, by the piloting of the interview guide for residents, and by discussions that took place during a stakeholder meeting (see Appendix 4).

The interview guide for the Support Team/Senior Managers was developed and amended for the second stage of the evaluation. It was informed by the staff interviews and the thematic analysis of qualitative data that emerged from these. This was done to ensure that areas for discussion with the senior managers could explore further, and from a management perspective, some of the issues staff had raised during their interviews; any issues relating to the expansion of the service; and similarities/differences across the two teams (see Appendix 5). This iterative process was designed to ensure the validity of the

data collection tools and to capture both management and staffs' perspectives of the context in which the teams were operating as well as the inputs they were delivering and outcomes achieved with residents.

3.3 Sampling issues

The 40 residents interviewed, were sampled from 115 residents who had received a service since the newly established support teams commenced (NCST: June 2016, BST: August 2016) and had an Outcome Star completed at the time when they began accessing a service from the support team (T1) and an Outcome Star completed at a second point in time (T2). The 40 residents were self-selecting in that they expressed their willingness to take part in an interview with a member of the evaluation team. The sample of residents were representative in that they included residents with 'complex' and more 'straightforward' needs.

Residents whose 'cases' were considered complex included residents who presented with a number of issues and needed input from several agencies which was brokered and managed by the member of staff in the support teams with 'Case Lead' responsibility. Residents whose 'cases' were considered 'straightforward' included those for whom the main input was provided directly by the support teams usually or at least managed by a Case Lead.

The 12 staff interviewed were the total number of team members assigned to the support teams at the time the external evaluation data were collected and the Team Manager. The staff group reflected those who were employed directly by ADC to work in the support teams and those who had been seconded into the team either on a full or part-time basis from their respective agencies. Some of the team members had been working in the team since the outset of the project and some had joined the team very shortly before the evaluation took place. The team composition included a mix of staff in terms of age, gender and ethnicity. Agencies represented in the teams included: Police, Fire and Rescue, Local Council, and DWP.

3.4 Data Analysis

Outcome evaluation consisted of:

- A statistical analysis of costs for 35 residents, particularly those considered to have complex needs and
- A statistical analysis of the Outcome Star ratings at T1 and T2 for 56 residents.

The in-depth interviews with residents were audio recorded and transcribed verbatim. This allowed for a rich understanding of how residents had experienced any changes in their quality of life as depicted on their Outcome Star, explored in more depth in their narratives.

This level of understanding also helped to explain the changes in costs and demands for services based on residents' accounts about what was different in their lives.

The interviews with support team staff were also audio recorded and transcribed verbatim. The total set of interview transcripts were subject to thematic analysis to identify overarching themes and sub-categories (Lincoln and Guba 1985). Direct quotes from the interviews with staff and residents are used to illustrate the themes identified in the findings section below. Interviews are simply coded by number and role to preserve anonymity (for example S3 = Staff interview 3, R3 = Resident interview 3).

3.5 Ethics

Ethical approval for the evaluation was obtained from Nottingham Trent University's Ethics Committee.

Consent forms and information sheets were designed separately for residents being interviewed and for staff. The information provided to residents and staff explained that all information gathered during the course of the evaluation would be kept confidential and would be anonymised if included in any evaluation reports. Given that anonymity of the support team/Senior Managers interviews would be difficult to preserve it was agreed that permission would be sought from the senior managers to include any directly attributable information.

Ethical approval was given on the understanding that should any concerns about staff practice or safeguarding issues in respect of residents be identified during the evaluation this would be reported back to the relevant Support Team Leader for immediate action within the appropriate procedures governing the support teams.

4 FINDINGS

Findings from the evaluation are presented in relation to the respective levels of the evaluation framework employed – context, inputs, outcomes for organisations and outcomes for residents. Main themes (identified in black) and sub-categories (identified in blue) are clearly interrelated and are supported by evidence emerging from the evaluation across more than one level.

Table 2: Key themes emerging from the analyses of the evaluation data

Context	Inputs	Outcomes – Team & Organisational	Outcomes - Residents
• Strategic support • Agency engagement • Management arrangements and employment practices • Team leadership and interdisciplinary working	• Holistic Approach o Person Centred • Helping residents become self sufficient • Freedom and a different way of working • Being the right person for the job • Tool kit of capabilities	• Cost savings	• Helping residents to help themselves o Seeing things in a different way o Motivation o Opportunity • Improvements in mental health and wellbeing o Increased self confidence o Identity • Averting crisis o Preventing suicide • Accessible and responsive o Having someone to talk to • Different to other services

4.1 Context evaluation

There was clear strategic support for the support teams shared between the respective agencies, including ADC, Police and Fire and Rescue. This was evidenced by the contribution of financial support directly in terms of budgets and indirectly through human resources with secondments of staff to the team.

Staff felt that they brought a range of skills and expertise to the team that they had gained from their different backgrounds and roles. This is summarised in Table 3 below.

Table 3: Staff skills and expertise identified by staff

Staff	Staff Area of Expertise/Background	Skills/Knowledge base
Broomhill	DWP	Benefit processing, Job seekers allowance Income support Employment support allowance People with disabilities, single parents, families Welfare
	Fire Service – Risk reduction officer	Awareness of fire risk and safety within accommodation Administration skills Computerised systems
	Business and marketing degree; Afro-Caribbean outreach work; Community development coordinator; administration	Good Empathetic Approachable Adaptable and flexible
	Community Protection	Low level crime Statutory nuisance and anti-social behaviour. Special sergeant – familiar with the investigation process
	Criminal Justice System	Rehabilitation and offender management Mental health Anti-social behaviour Community safety Domestic violence Prevent (radicalisation agenda)
New Cross	Community Protection Officer (enforcement)	Communication and trust Empathetic Patient
	Community Protection Officer	Fly tipping Anti-social behaviour Enforcement Contacts with the council and wardens Trade waste and private sector enforcement powers
	Legal	Family law Criminal law Police stations and arrest information Crown court cases (murders, rapes, really serious assaults, woundings) Legal system and rights
	PCSO (police)	Problem solving Working with different agencies Animal welfare information (spaying, castrating)
	DWP	Benefit processing, Job seekers allowance Income support Employment support allowance People with disabilities, single parents, families Welfare

When asked, support team members could easily identify a range of agencies with which they worked closely and on a regular basis. These agencies offered wider support to the residents accessing the support teams. The map of agencies worked with is shown in Figure 1 below. Staff names have been anonymised.

Figure 1: Map of agencies that staff reported they worked with
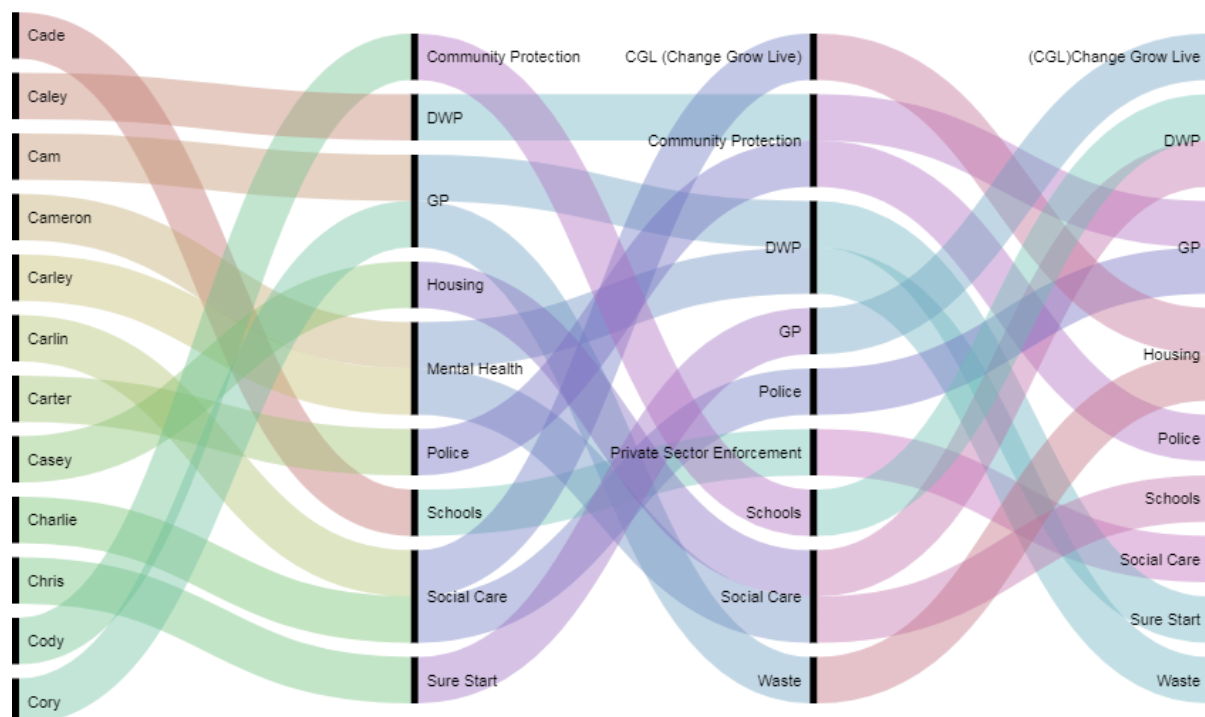
Whereas previously staff on secondments in the New Cross Team had retained a manager in their substantive post, which had made reporting requirements complex for team members, for seconded staff in the current support teams things had been made clearer.

> "They will still have a substantive manager however…. everything is managed by me. But I think that's a lot more clearer now than it was in the beginning so for example **** or **** they would request via email or in person verbally, can I have leave on such and such date? I'll either say yes or no, give that justification, book it on their system and update their line manager. So yeah more clarity has come from that and from the learning we've gone through at New Cross". (s4)

Staff on secondments expressed broad support for continuing with secondment opportunities;

> "So I think having a whole approach and I know you can't solve everything but being able to work at a much deeper, stronger level rather than 60 customers that you just do a little bit, scratch the surface. The deeper working is definitely what

interests me. So it is something, you know if it goes well it might be something I look to do if a permanent job or whatever came up in it." (s1)

"Erm I think from an enforcement background and then coming to this which is totally the opposite side but it only took me a day or two to see the opposite and see the benefit of it working for people. Erm I'd like to stop here. I really would like to stop here and I'd like to progress". (s8)

Interviews with staff members highlighted the challenges that a combination of secondments and ADC posts could cause within the support teams.

"We've had recent issue where erm I think people who don't have access to other systems so I think non-secondees, see that people who are secondments as people, who's primary purpose is for access to systems as opposed to case leads. Which is something we've had to address recently and it's not something that we'd foreseen". (s12)

"However erm if I'm being honest, I, I probably feel that because of kind of background they come from, or the service they come from, people may feel that they're more worthy than others as such in terms of potentially the knowledge they bring, or the field that they bring to the team. However I think that's probably more a reflection on the service background and services they've had as opposed to how they are treated from my perspective". (s4)

Other contextual factors which supported the support teams were the leadership of the team which was considered to support staff working autonomously and in a 'person-centred way' with residents (see section on Inputs).

*"As long as you run through, ideas, through ****[Team leader] he's quite open for you to do what you think's necessary cos you know that individual better than anyone else in the team and he's quite happy for you to go forward with your ideas and if they fail they fail, trial and error really". (s5)*

"I like the fact that you can do anything. There's no policy book there saying this is how we do, deal with this situation because every resident that you have they're all different. There's none the same and if I go to my team leader and I say I want to try this and he'll go yeah try that and I like the fact the he'd never push down for an idea. You can, even if, even if something costs money to try they'll say yeah let's try it". (s8)

Team members also reflected on the time it had taken for the teams to evolve to a position where they could perform well.

"I think to be able to do the case lead role you've got to have those strong inter personal skills. Erm you've got to be empathetic erm and I think we didn't have that in the old [New Cross] team as much. I think erm although the team was bigger, in the old team, weren't as productive erm and there was, I would say half of them could talk to people and half of them couldn't really and felt kind of, and by their own admittance some of them said it weren't really their bag, so I think now we've recruited the right people for the job". (s11)

From the interviews with staff and residents it was apparent that the way team members worked was typical of interdisciplinary working (in terms of many interacting to work collaboratively) rather than multi-agency. There was good evidence of team members interacting within the team to share distinct as well as overlapping areas of expertise (see also section on Inputs).

"If someone comes back from a visit and they're struggling with a case I'll always stop what I'm doing and help them out and throw ideas round or take the lead on something, if someone's come in the shop and they need some help and I've got that, got expertise". (s5)

"I'll pull expertise from some of the other guys here because they've got areas where I've never been. So that's where they'll step in and they'll advise and help me and we can, for whatever reason, whatever issues there are we'll always find a way and you know somebody with the experience to deal with it".(s7)

Wider working was also observed with colleagues outside the team;

"Erm other services, erm local GP's have, have gone through the roof compared to the trial. We didn't do a lot of work with GP's before erm but I think we're getting erm not as a afraid to get into like mental health issues and the and other health issues as we were in the trial people were a bit nervous to ask people about that type of stuff but now we're pretty upfront with it and we're quite involved with the local GP's". (s11)

"We sort of built quite a good working relationship with their team [Private Sector Enforcement], so that if they're going to visit a property and they know we're working with that [resident] they'll contact us as well so we can jointly go to there". (s9)

"I mean we can work directly with social workers. Erm if there was, if they're supporting a family I've got a couple where I'm working with the social workers. Yeah so there's no point in duplicating a service erm so we'll do what we can and they'll do, they keep us informed what's going off". (s7)

Working in an interdisciplinary way has meant that the sum of the team's activities were greater than the individual contributions from team members and this was further evidenced by the experiences of residents (see section on Inputs and Outcomes – Benefits for Residents).

4.2 Inputs

All staff in the teams spoke about the holistic approach that is taken and how as Case Leads they would deal with all aspect of a resident's needs, drawing on other services or expertise when needed, but sill remaining the main point of contact for that person.

> *"You're the case manager of the team, the, your cases. You sort of have overall leadership on the cases that we deal with so it's your residents know where they can come. We then have to ask out for extra help. That's up for us to do not up for the resident to do and so the resident knows that you will take control of the case and that they can come to you for whatever it is that they need". (s9)*

> *"You go in and you'll own the entire problems not just one area of, that you know of. Whatever, they might only have, they present with just one issue, but you'll soon find at other times, there's issues here, there and everywhere and you are the one point of contact. So they're not being passed about, they're not being sent here, sent there, they're not receiving letters off, they come to you and you can be that, that, you know, that point of, we can sort, we can sort all this out together but it's on my shoulders". (s7)*

Support given by the Case Leads was person-centred and focused on providing support in a way that was led by each individual resident. This was then felt to help residents be better able to sustain the changes they had made to their life because these were things the resident had felt they could change rather than what their Case Lead had told them they should change.

> *"I think it's, sometimes you want guidance and you want to know what you should be doing but actually it's about identifying what the needs are from that resident so it's a very resident focused approach". (s3)*

> *"We're all there to help individuals be sustainable and you know can live a well-balanced life. But we don't sit there and tell them what that means, what that looks like, they kind of tell us what they see that as being, and we try and support them to get there. Cos I think sometimes a lot of services come in and*

say this is what you need to be doing, you need to do it this way, but actually for it to be sustainable they've got to buy into that". (s3)

"So they have to take the lead on it cos there's no point me telling someone what to do that I've known three minutes. Erm and work with them to meet their goals and see what they want from life". (s5)

Staff talked about how they worked together with residents to enable them to become self-sufficient and lead a life where the resident was less dependent on services.

"Yeah erm I, the principles that we work to is trying to help people become more self-sufficient. So it's not being there to do everything for them….It's like look use my phone, then you're not having to use your credit, this is the number, just ring the number, when they answer it this is what you need to ask for. So it's a case of sort of teaching them to have to do it themselves rather than us having to do it for them". (s9)

"Er from my perspective it means helping people to gain skills er that they can deal with and that skills could be for somebody that, somebody that hasn't got a job we help give the skills whether it's personally or whether it's with other services, help them with skills that later would lead to a job". (s6)

"Well we've got a lovely little slogan help me be self-sufficient and live a balanced life. It kind of sums it up erm I think the ethos really is you work with us and we'll work with you and we'll do our very best to get you to where you want to be and kind of live, be self-sufficient. Try and get some kind of balance in your life". (s7)

All staff spoke about how working in the New Cross and Broomhill Teams was different to teams they had previously worked in. This was due to them having more freedom and working with no strict rules or criteria to restrict them.

"Yeah I think there's more freedom to change things and I think it allows er the people that are working for you to kind of question what you're doing as well, in a healthy way. I think single discipline working when I managed at DWP, it was very dull, it was very much a case of we need to deliver this for this statistic and that's it. I think erm that single approach is less person centred". (s11)

"It's because it's so erm… everywhere else I've worked no matter where it's been it's always been very much you follow processes. You have to follow a certain process… Yeah everywhere else there's processes it's, it's very strict processes…. We're not restricted in anyway whatsoever and if we have an idea of something that might work that we've had, that, that when other things haven't in the past

that's the best way really is to. It's finding different ways of doing thing which is what I really enjoy about this job". (s9)

"It's the flexibility and I am, because obviously it is early on, I am still adapting to that because I'm so used to like routines and rules and regulations that you have to work to. You know for me interviewing in the Jobcentre things have to be done in a certain way, recorded in a certain way, boxes ticked and checked and this is more, so much more flexible about what's right for the person. And you know if it's legal it's the best way you can sort of do anything to help improve them". (s1)

Team members thought it was crucial for the success of the teams to have staff with certain attributes and personality traits. For example being empathetic and having good communication skills. This was thought to be potentially more important than a staff member's knowledge and expertise.

"I think it's not just skills it is personalities as well and, and they said this time round when they recruited that they were looking for people's personalities when they chose people because you have to have a level of empathy for people. You have to, and I know they say it's a professional relationship and things which is yeah that's always in your mind, but you do actually care about your residents as well". (s8)

"I think if you were pulling them in from scratch I think you would have to look for the personalities of the people rather than the backgrounds….I think it would be more important to have the right type of personalities that are able to work this way within the team rather than someone from waste, someone from environment, someone from private sector enforcement, someone from ASB". (s9)

"But I think the guiding thread between all these people er that we've employed erm is that they've got strong inter personal skills erm and they are good communicators. They can communicate well with each other and the residents and that's absolutely key". (s11)

Staff inputs were underpinned by what emerged from the staff interviews as a "tool kit" of capabilities that team members brought to their respective roles.

Figure 2: Capabilities of Support Team Members
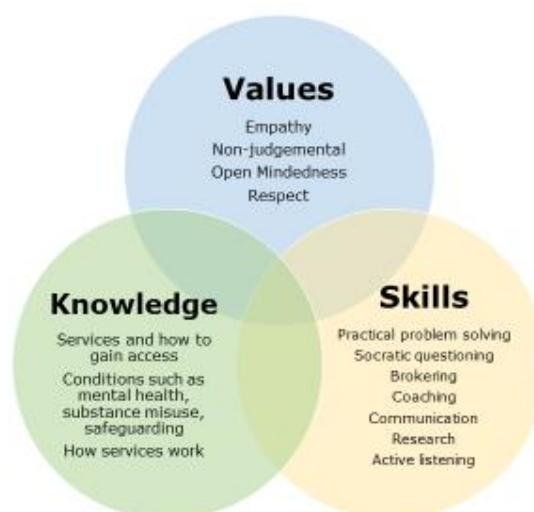
4.3 Outcomes - Residents

Data from residents who had completed 2 Outcome Stars were used in the analysis. Table 4 shows the mean Outcome Star scores for residents in both the Broomhill and New Cross teams.

Table 4: Mean Outcome Star Scores (with standard deviations) for each Support Team

	Mean Outcome Star score at first testing	*Mean Outcome Star score at second testing*
Broomhill	**17.11** (7.32)	**26** (7.79)
New Cross	**17.75** (10.98)	**27.37** (9.14)
Combined	**17.43** (9.25)	**26.69** (8.44)

The outcome star data from both teams were analysed using a 2 (Time of Outcome Star: First Star, Second Star) x 2 (Team: Broomhill, New Cross) mixed ANOVA with Time of Outcome Star acting as the within participants variable and Team as the between participants variable. The results showed a significant main effect of Time of Outcome Star, $F(1,54) = 47.6$, $p < .05$, partial $\eta^2 = .47$, with the second Outcome Stars being significantly higher (mean = 26.69, sd = 8.44) than the first Outcome Stars (mean =

17.43, sd = 9.25). This suggests a significant increase in residents' quality of life as measured by the Outcome Star.

There was no significant main effect of Team, $F_{(1,54)}$ = .26, p >.05, partial η^2 = .01 and no significant interaction between Time of Outcome Star scores and Team, $F_{(1,54)}$ = .07, p > .05, partial η^2 = <.01. This suggests that Outcome Star scores are not affected by support team and that both support teams are experiencing similar increases in Outcome Star scores from the first to second testing.

The mean Outcome Star data for all residents is shown in Figure 3 and mean Outcome Star data for each support team is shown in Figures 4 and 5.

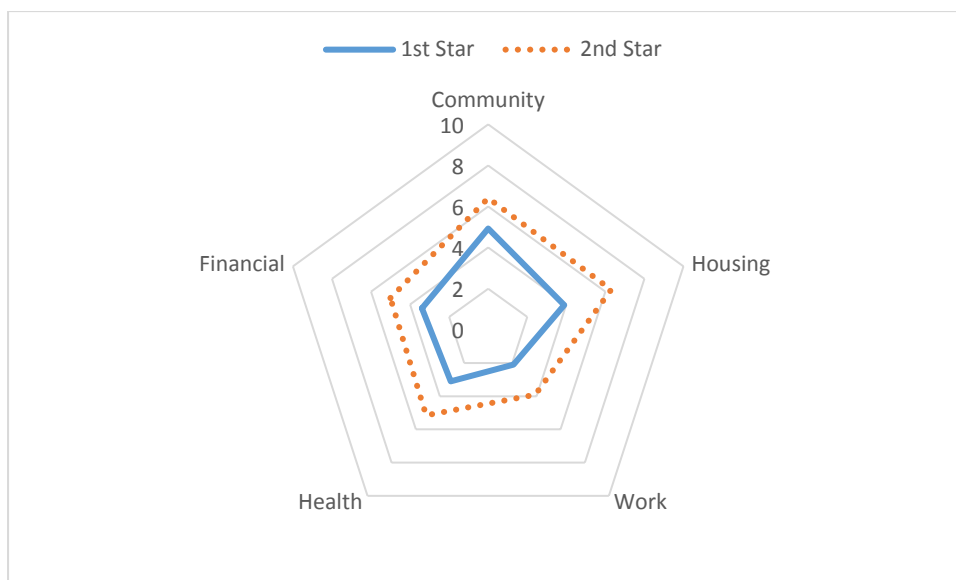Figure 3: Mean Outcome Star data for all Residents

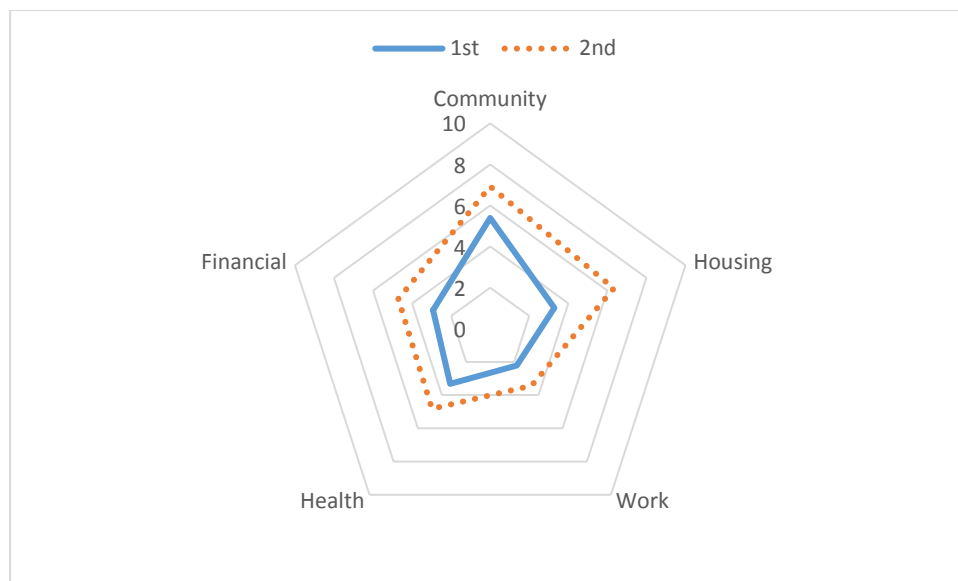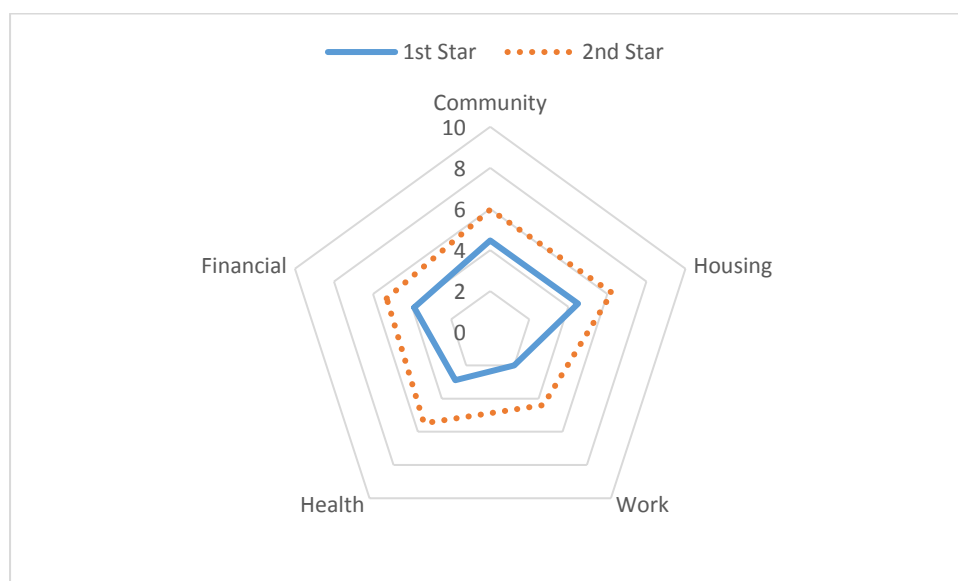Figure 4: Mean Outcome Star data for Broomhill Residents

Figure 5: Mean Outcome Star for New Cross Residents

The Outcome Star data suggest that residents in both New Cross and Broomhill have experienced significant gains in quality of life. This is shown by the Outcome Stars in Figures, 3, 4 and 5 which demonstrates that mean scores for all domains had increased at the point of completing the second Outcome Star.

By working with their Case Leads residents had been given the opportunity to take steps that enabled them to improve their lives. This was not a case of the Case Leads simply doing things for the residents but instead helping them to learn the necessary skills to be able to do things for themselves. This included giving financial support and advice on

how to manage money and budget, steps to take to get into volunteering or employment and practical steps to reduce alcohol intake or eat a healthier diet. This eventually leads to the resident becoming less reliant on the support team.

> *"She's, she's been brilliant. Just getting me on that right track. Erm and paying bills when they come through instead of ignoring them. That, that's the main thing. And I'm struggling but I'm doing it so it's brilliant". (r20)*

> *"These guys aren't just, you know, just there for a moan, they actually got me an application form to start, erm, a job that I'd really like, so they've worked together with the Jobcentre to try and better you". (r13)*

> *"****'s [Case Lead] had some very good ideas regarding my drinking because she said, she printed me off and designed a drink diary". (r40)*

> *"Erm ****'s [Case Lead] gave me a bit of advice as well about dieting and things like that so I'm trying to lose a bit of weight not just for my kids for myself as well. So I can get out a bit more". (r15)*

> *"Whereas before it was always up at the office, can you do this? I don't feel well can you do that? I don't feel right can you do that? Erm I don't want to go to the doctors on my own because I don't want to. This, that and the other….Whereas normally now it's ay'up you all right, how you doing? It's not can you do this for me and I'm struggling can you help me with this, can you help me with that. It's like when are you coming over for a cup of tea now, it's just more like friends now but I know that if I do need her she's only on the other end of the phone". (r4)*

Residents spoke of how receiving support from the teams had changed the way they thought about things and their attitude towards life. Residents seemed to be thinking more positively about things which in turn led to them taking positive steps to help themselves. Thinking differently allows residents to develop new behaviours that are more positive.

> *"And so erm ,er, ****[Case Lead] never talks defeatist he's always sure we're going to win, bosh bosh bosh them. And so erm I've got to start thinking that. And sometimes I think it and sometimes I don't". (r26)*

> *"I hate it, I hate spending money. I like to keep it in bank. It's a massive change because before we had nothing, I'd clear the bank account and think oh well, it doesn't matter, we've got four days until I get paid, it doesn't matter…. You*

know, so they've learnt you to think differently, to act differently, to get a different outcome, if that makes sense". (r13)

"They've changed all my views of everything". (r14)

*"Er I'll give it [college course] a go. It might be good. You've got to try haven't you, do you know what I mean? Like ****[Case Lead] says she only can, she hasn't got a magic wand she can't go like that, do you know what I mean? But she's been brilliant. She has. I'll give it a go. I mean she's going out her way so I've got to go out my way haven't I?". (r1)*

Residents spoke of feeling motivated to make changes and to continue taking steps forward. Residents acknowledged that they needed the support team's help and encouragement to break old habits, behaviours and ways of thinking.

*"I can sometimes sort of fall back on the old ways but if I know ****'s [Case Lead] gonna be there say Tuesday, Friday or a Thursday or a Wednesday then it, I have to do the stuff I said I was gonna do and sometimes I don't but ****[Case Lead] is the kick up the arse that I need and I need to kick myself up the arse a bit harder". (r40)*

"Well I'm just starting to feel better in myself because of the help they've given me, and you know it's helping me to do more things for myself and get off my backside. Cos I can be a lazy cow". (r39)

"So they've like picked me up and shook me. Give me a kick up bum". (r10)

The support teams had provided residents with an opportunity to improve their life. The teams also supported residents to represent themselves when dealing with professionals. For example, attending court hearings or housing meetings. The presence of a person of authority accompanying the residents provides the resident with legitimacy and encourages them to trust people in an authoritative position and find better ways to communicate.

*"Erm helping with the officialdom of getting past this, that and the other. Not past what do you call it? Dealing with those places. Dealing within those places. Is that right word? Well anyway going to the Jobcentre and those things. Erm that's helped me as well. I'm not sort of, panic attack. I get panic attacks and that doesn't help. Whereas with the medication I'm on as well and with ****[Case Lead] being able to understand and going to the doctors with me as well. She's been able to explain things, the doctor can understand. I can't, what's the word, express clearly, whatever you want to call it, cos I get muddled, confuddled, mixed up, cos I get in a panic". (r9)*

"Well she was everywhere. She would start support with me if I needed to go to hospital, she goes to court with me if I need to go to court. In fact erm… they didn't listen to me, they always made stories up and everything but when she came to court with me, she was allowed in and they seemed to listen then because somebody else is there". (r5)

All of the residents had experienced improvements in their mental health or general wellbeing. For some residents this was a reduction in alcohol and drug intake, for others it was improvements in mood, wanting to leave their house where previously they had not or feeling less anxious and worried.

"A lot of better yeah. Not on my tablets no more and I've got a hold of the depression not the depression got a hold of me. And I've got to keep it that way". (r36)

"Well I don't cry every day when I wake up cos I've woke up". (r32)

"Yeah now I'm erm… you know just taking it week by week you know and I'm, actually gets me away from being at home all the time with my dog and you know gives me the time to go out". (r27)

"I'm here, I'm breathing, I'm eating, I'm sleeping, I'm not worried so much because New Cross Team are behind me". (r26)

"It's getting better 'cause I'm not taking, erm, as much alcohol and I'm not taking no drugs so it's got a lot better". (r23)

"Erm I've even started going out a bit more. Erm cos I didn't really go out for two year. Erm I've just got to manage going places on my own. At the moment people still come with me but I'm managing". (r15)

"Erm my health, I was depressed. I was drinking erm not loads but I was drinking. Erm my mood was…Really, really low and it was that bad that I even I messaged my Mum crying and all sorts….Erm loads of improvement, I'm doing more, I've done a course with school, I've made new friends. Erm I've built my relationship back up with my sister". (r6)

"Yeah really good, off the anti-depressants, feel great. Really really good. I hold my head up high when I walk out. I speak to people now. Not, don't want to be inside anymore whereas before that was all I did. I was like a hermit. Only had to go out if I had to and then if I could send somebody else for me then I'd send them instead of me going. It just got to the point where I wouldn't leave the

house. Whereas now I'm on the garden, shops, here, there and everywhere. Going into Nottingham with the boys, Mansfield". (r4)

In particular, residents talked about improvements in their self-confidence and self-esteem. This included being more confident in going to appointments and doing things for themselves.

"So I'm okay, I've not been so nervy about things, not as bad, anyway, no way near as bad". (r28)

"Er thanks to these two [Case Leads] as well and other people who's been helping me er I feel a bit more confident in myself. Before if you'd met me before you wouldn't have seen what you seen now. I've still got a way to go but they've helped me loads". (r15)

*"****[Case Lead] did my reassessment cos I didn't have the confidence to do that but even that's now picked up that I can actually do, I filled all the paperwork in for this house on me own and it's, I've just got so much confidence in myself from their support". (r6)*

*"Well a little bit more confidence. Erm it's nice knowing ****'s [Case Lead] there if I need her. Erm I mean some appointments I've done on my own but it's nice knowing, especially like the dentist and things like that". (r25)*

Residents, particularly females, seemed to be managing a number of identities (e.g. mother, wife, and daughter) and the pressures of each identity was taking its toll on their mental health and wellbeing. Working with the teams allowed residents to regain a positive identity. Many residents discussed a sense of loss of self before the team's involvement.

*"I kind of lost myself gained quite a lot of weight and then just felt like I was too anxious to go anywhere. I'd always got a gym membership but I felt anxious to go by myself and start up and do that. Erm and plus obviously with having ****[son] erm it was like well what do I do with him. He's my priority and kind of my health wasn't". (r11)*

*"****'s [Case Lead] helped me you know be female that I lost. Er I can have a laugh at myself as well you know, I'm a little bit, slowly it's coming back and I'd lost them and it's nice to have someone as a female that you trust and as a confidant". (r9)*

"I wouldn't be able to just say one thing. There's lots of things erm finding myself again cos I felt like I'd lost myself, I didn't know where I were, who I was, and

that was just through depression. I didn't feel good enough to do anything. Finding self-respect. That's another thing cos I'd lost all faith in myself". (r4)

The support teams had been able to help residents who were at crisis point. Many of the residents had not known who turn to for help or had not had adequate help from other services.

"No first erm for like I thought when's it's ending erm it's like I'd been threatened, smash my face in, erm called me names what, people don't want me here. It's nightmare. It's like I have all this weight on my shoulders and I remember where turned a corner and I thought well where I got to go? I'd been to doctors, they can't help me. Then thought New Cross Team, try them". (r18)

"Well amazing, she's basically helped me turn everything around. With my kids being on Child Protection I was so down and that I didn't know what to do, I didn't know whether I was coming or going and then I got into, involved in the New Cross Team and everything's just turning over". (r14)

*"I was finding it really hard, it was like a week before Christmas and all. ****[son] was walking around with no clothes on. No coat or nothing like that and I had, I got in touch with that many people and not one of them listened and then I went to Broomhill and they, they helped so. Nobody else would listen do you know what I mean". (r5)*

In particular, residents spoke of how they had considered ending their life before the support team's involvement. Many residents said how the support team's intervention had prevented them from attempting suicide.

"But, that's it, that's it, if he [Case Lead] weren't there, I reckon I might have just, gone to heaven a bit sooner. You know. Probably he saved me…..They saved my life". (r26).

"Yeah. They've give me loads and loads of support. If it wasn't for these I probably wouldn't be alive. I'd have probably just ended it". (r22)

"I couldn't have cope. I really couldn't, especially this time last year. I honestly, I don't think I'd be here to be truthful I don't think I'd be here….So they have been a big help as I say without them after last year I don't think I'd be here if it weren't for them. So I applaud them". (r10)

*"There's a lot changed if it hadn't have been for ****[Case Lead] I don't think I'd have been here now actually. The boys would have been on there own". (r37)*

> *"It's hands down, cos if they wasn't there for me and I hadn't spoke to **** [Case Lead] and **** [Case Lead] that day, then I put my hands up I wouldn't be here now…. cos that was what I was aiming for. I was aiming for my mum and dad to have my two [children] and I'd be in a coffin". (r4)*

Working with the team provides residents with stability and security away from anti-social behaviour, bad associates and an unsuitable or intimidating area. The team provides the residents with reassurance and moral support during difficult points in their life. The kind of support that others may gain from their family and friends. The team provides a sense of structure to the resident's life as well as financial stability if they help the residents to gain employment.

> *"I can't really say just one thing it's been on an overall thing you know I feel as though there's somebody on my side. Erm and I'm not banging my head against a wall sort of thing so if I've got a problem I speak to them and they, they do summersaults and everything to try and get it sorted for me. You know so I just feel as though I'm not alone. Erm so they've helped me not just on one thing but cos it has, one thing can have a knock on effect to all the others so if you can get one thing right, it eases all the other bits". (r10)*

> *"My life was all right until they put ****[son] with me and left me with nothing. Do you know what I mean? So erm and obviously ever since I met ****[Case Lead] I was in really, really mess. In fact I went in shop crying me eyes out saying, asking them what sort of stuff do they do and they went all sorts of stuff do you know what I mean? It's how can I, it's like knowing that I've got someone to rely on because I haven't got no family, just me kids and that's it". (r5)*

Residents thought the teams were easy to access. Also having the option of being able to text or phone their Case Lead whenever they wanted was welcomed. The residents spoke of how the support teams were responsive and how the teams were able to respond to residents' emergencies, not leaving them waiting.

> *"It's good cos it's close by. It's in the vicinity of everywhere that you know where like most people need it the most. Erm right next to the Sure Start team is as well you know people with young families and whatever that probably need it the most. Erm I like where it's situated actually, very central isn't it?" (r33)*

> *"I've got ****'s [Case Lead] er work mobile so any problems or anything she's always there to contact erm when you've been away I've had other numbers for other people so I'll be able to contact them if necessary". (r6)*

*"****'s [Case Lead] pleasant and helpful and I know I can call her and she's helped a lot so….it's good that I can actually call **** [Case Lead] if I need to speak to her or pop in like I say". (r3)*

*"I've had ****[Case Lead] here in an emergency because I was in a bad pace. I was drinking at, what time was it, nine in the morning. Ridiculous, I was drunk at nine in the morning. I was in a pretty sorry state. Erm and she came round, she sorted me out, she put other people maybe to one side for half an hour or 45 minutes but it sorted me out". (r40)*

Residents particularly liked the idea of having someone to talk to about their problems and also general things. Many of the residents mentioned that they did not have anyone else in their life that they felt they could talk to.

*"Plus I know if I'm feeling down and I do need to talk to someone you know I can talk to ****[Case Lead] cos I don't really have people round here that I can talk to". (r39)*

*"Slightest bit of problem **** [Case Lead] and **** [Case Lead] always I can tell them anything. They're the only people I can talk to". (r23)*

*"It helps when I've got people to talk to as well. Erm I've got a partner but he doesn't really understand erm but when I talk to **** [Case Lead] and **** [Case Lead] they get it straight away. They understand me circumstances and that". (r15)*

"There's somebody always willing to talk to you and help you…. I can talk to her about anything". (r14)

All residents spoke of how the support teams were always there for them and would do everything they could do to try and help them. Residents thought that the teams were reliable and valued highly that their Case Leads would do what they said there were going to do and kept appointments.

"You can go to them whenever you want and they'll do everything in their power to try and help possible. You know they've never failed me or my family". (r36)

"I just think they're good altogether because they're there to help you. They put, you know, they put themselves out and do try and get things done". (r29)

"They're there when you need them". (r37)

*"Yeah they've been, everything I've asked of them they've done. They've gone above and beyond to support me and **** [son]". (r12)*

"Erm they, they spend with you definitely erm yeah they put time aside erm yeah when they don't really have to you know? They don't have to take me to the gym or they don't have to come with me and support me erm but they do". (r11)

"I know I can rely on her. If I need her I know she's gonna be there. She's not one of these like I'll be there and they don't turn up". (r38)

"Erm. I'd say I'd give the Broomhill team high marks cos erm they've, they do what they say they're gonna do. As long as you're gonna get involved and then you have to keep that involvement up". (r40)

Residents believed that the support teams were different to other services they had dealt with in the past. Dealing with the support teams has been a far more positive and productive experience compared to residents' involvement with other services. The support teams were described as listening to what the residents said, which residents felt other services did not do. Residents also felt the support teams were more respectful and far less judgmental than other services they had dealt with.

"Well I think they actually care. You sort of walk into a jobcentre, they don't care, they're just doing their job. This is different. They actually care about what they're doing". (r39)

"Cos they've listened to me and they help and they come out and help me do things. They actually come out and help not just say they can help and not help. I've had other agencies where they've said they can help and they've not bothered coming out or they've just said I don't meet their criteria and stuff". (r24)

"They don't just dump you and leave you and not leave you to it. She's still here and…. Social worker just come in and they left, they left, just left it open. Erm I remember SureStart they've not really done anything. Erm Women's Aid haven't really done anything, we tried to get in touch with them and still waiting. So there's only, **** [Case Lead]". (r19)

"Broomhill Team give you respect, council don't. In my eyes, and I've said it myself to the council, it just seems the case of when they want money out your pocket they'll be there but when you need something doing and it's coming out of their pocket they won't. And it's just like they just fob you off all the time with something". (r35)

"One they [New Cross] don't have a go at me. I've been through quite a bit with social services, had quite a few workers as well, and I could never connect with them because it seemed like they was having a go at me but [Case Lead] and

[Case Lead] don't. They're all right with me. I see them as a friend to be honest".
(r15)

"I don't like Social Services….I don't take a nice attitude to them. Whereas the New Cross team I do, I don't, you know, they're, they're not, they don't judge you, they listen to you, whereas I felt other people judge you before they've even heard you". (r13)

But of course you have to trust and the nearest organisation I've come to trust in 61 year…. is the New Cross erm erm, organisation. (r26)

4.4 Outcomes – Team and organisational

4.4.1 Cost savings

Cost data for 35 residents (Broomhill n = 17, New Cross n = 18) were calculated and used in the analysis. Each case was chosen based on the complexity of the demand, with transactional, escalating and complex cases incorporated into the evaluation.

For each resident their costs to 6 different services (Ashfield District Council; ADC, Police, Department of Work and Pensions; DWP, Social Care, Nottinghamshire Fire and Rescue Service; NFRS and Health) were estimated for one year both with the support teams' involvement and without the support team's involvement. The mean estimated costs are shown in Table 5 below.
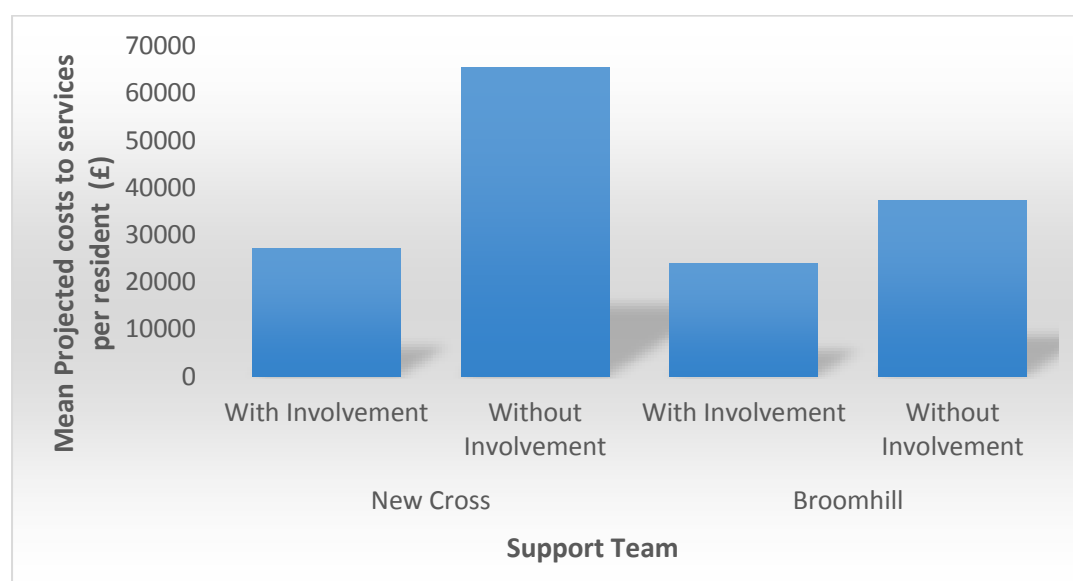
Table 5: Mean (with standard deviations) Projected Costs With and Without the Support Teams' Involvement for One Year.

	Mean projected costs per resident with Support Team involvement (£)	*Mean projected costs per resident without Support Team involvement (£)*	*Mean Saving per resident (£)*
Broomhill	**23969.31** (20356.77)	**37219.1** (29358.79)	**13249.79** (25360.29)
New Cross	**27042.07** (33135.52)	**65472.38** (56180.65)	**38430.31** (36039.08)
Overall	**25549.58** (27320.69)	**51749.36** (46786.91)	**26199.77** (33393.23)

The projected costings from both teams were analysed using a 2 (Team Involvement: With Involvement, Without Involvement) x 2 (Team: Broomhill, New Cross) mixed ANOVA with Team Involvement acting as the within participants variable and Team as

the between participants variable. The results showed that there was a significant main effect of team involvement on projected costs, $F(1,33) = 23.81$, $p < .05$, partial $\eta^2 = .42$, with projected costs for one year without team involvement being significantly higher per resident (mean = £51749.36, sd = 46786.91) than projected costs for one year with team involvement (mean = £25549.58 sd = 27320.69). There was no significant main effect of team on projected cost data, $F(1,33) = 1.85$, $p > .05$, partial $\eta^2 = .05$. However a significant interaction between team involvement and the team was found, $F(1,33) = 5.65$, $p < .05$, partial $\eta^2 = .15$. This suggests that the amount of projected savings is affected by the support team the resident is in. This is demonstrated in Figure 6 which shows that projected costs for a resident in New Cross would be higher without the team involvement than projected costs for a Broomhill resident without the team involvement.

Figure 6: Mean Projected Costs to Services With and Without Support Team Involvement

To further examine the cost data it was separated into the 6 different services that were used to calculate the total costs. The projected costs combined for residents from both support teams for the 6 different services are shown in Table 6.

Table 6: Mean (with standard deviation) Projected costs for Services With and Without the Support Teams' Involvement for One Year

Service	Mean projected costs per resident with Support Team (£)	Mean projected costs per resident without Support Team (£)	Mean Saving per resident (£)
ADC	**8043.6** (6315.41)	**11250.3** (7425.84)	**3206.7** (6191.74)
Police	**577.57** (1478.03)	**3081.54** (9545.84)	**2503.97** (8624.39)
DWP	**10542.37** (9663.16)	**15761.11** (10011.13)	**5218.74** (7701.18)
Social Care	**5863.01** (22050.36)	**17617.3** (42040.29)	**11754.29** (30571.85)
NFRS	**0.51** (3.04)	**202.57** (834.86)	**202.06** (832.74)
Health	**522.49** (987.83)	**3836.54** (4333.02)	**3314.06** (3964.74)

The cost data for each service was analysed using a paired samples t test. The results showed a significant difference in projected costs with and without the support teams' help for ADC, $t(34) = 3.06$, $p < .05$, $d = 0.52$, DWP, $t(34) = 4.01$, $p < .05$, $d = 0.68$, Social Care, $t(34) = 2.28$, $p < .05$, $d = 0.48$ and Health, $t(34) = 4.95$, $p < .05$, $d = 1.21$. The difference in projected costs was not significant for the police, $t(34) = 1.72$, $p > .05$, $d = 0.56$, and NFRS $t(34) = 1.44$, $p > .05$, $d = 0.62$.

This suggest that mean costs per resident to ADC, DWP, Social Care and Health are expected to be significantly lower with the support teams' involvement. Although NFRS and the Police are projected to have less costs from residents due to the support teams' involvement these are not significantly lower. This is demonstrated in Figure 7.

Figure 7: Mean Projected Costs for 2018 With and Without the Support Teams' Involvement
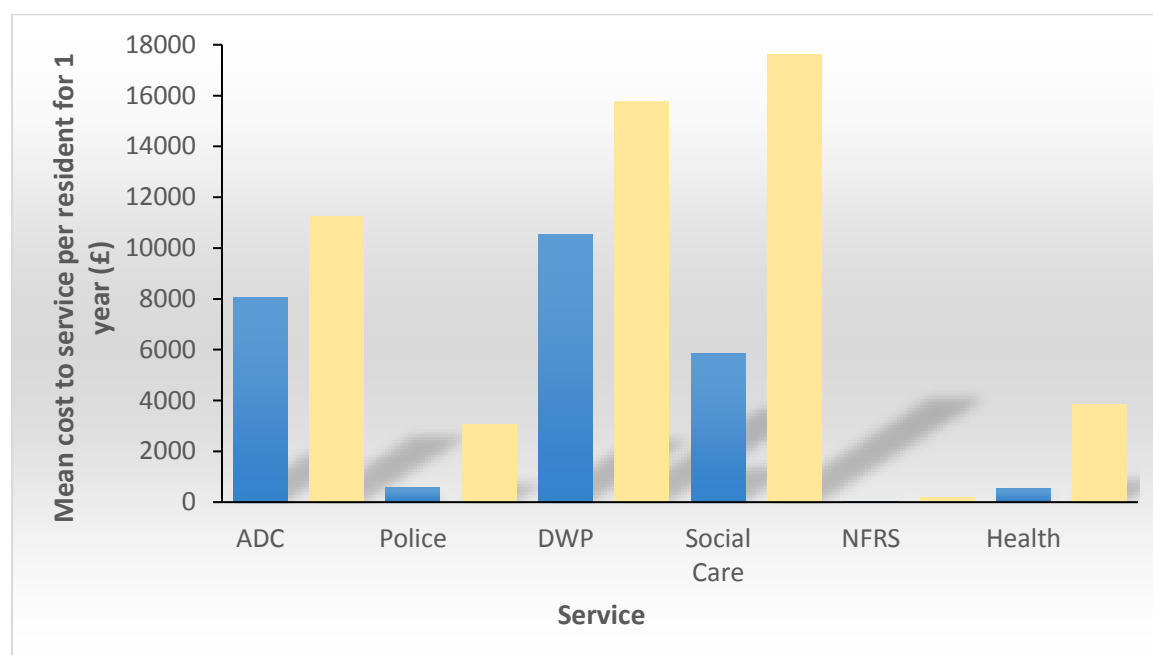
5 CONCLUSION AND RECOMMENDATIONS

The evaluation provides good evidence that the interagency approach supported at a strategic level has fostered a climate for interdisciplinary working at the team level which has moved successfully beyond many working together to many interacting to work collaboratively (Bailey, 2012). This way of working has been sustained in the NCST since 2015 and with the recruitment of new team members. Interdisciplinary working has been successfully extended to the BST.

The interagency approach delivered through a combination of; the single point of access, in close proximity to where residents live, together with Case Lead way of working, and a highly skilled team is reaping benefits in terms of reduced demand and costs to individual services which are reflected in increased quality of life for residents with complex needs. Teams are providing similar inputs to residents which in turn are significantly increasing residents' quality of life in both localities as well as reducing costs and demands on services.

Figure 8: The key ingredients of the New Cross and Broomhill Support Teams

The New Cross and Broomhill Support Teams are simultaneously providing interventions to improve residents' quality of life as well as preventing imminent crises thereby the cost savings being reported are likely to be an underestimate.

The holistic, person-centred, approach to working with residents is highly valued (by residents and staff) because it combines practical support with a value base of respect and non-judgemental attitudes which results in residents feeling listened to and taken seriously. This is turn supports residents to make positive changes in their lives to be more self-sufficient. Residents' journeys may begin with small steps and go onto to avert crises and reap rewards such as improved mental health and wellbeing, employment, rehousing, studying at college and debt management.

Figure 9: Key outcomes for residents and agencies

The support team composition has been highly selective with the respective agencies encouraging staff who were perceived to have the 'right skills and qualities' to take up the secondment positions. That both Team Leaders had experience as Case Leads in the original NCST was seen as a benefit to the service which helped to sustain the interdisciplinary way of working. All team members brought more to the team in terms of knowledge and skills than their substantive roles might suggest and this range of experience and expertise had been acquired over careers of some years. This was of real benefit to the teams and has significant implications for the retention of this workforce in the future.

Residents continue to value the ease of access to the teams including the new location of the Broomhill Team at the shopping parade and the original base for the New Cross Team in Chatsworth Street.

The agency make-up of the team continues to reflect the residents' needs in the local area but with some key omissions. Housing, police, fire and rescue and benefits staff were seen as key to the success of the support teams. However Health and Social Care were identified

as missing disciplines with the lack of social care input experienced particularly keenly since a social worker had been seconded on a part-time basis to the original NCST. Given the proportion of troubled families worked with by the support teams and the safeguarding issues encountered with many residents it is perhaps not surprising that significant cost savings are projected in the area of social care. In order to realise the full potential of interdisciplinary working resources from both Health and Social Care would be needed in going forward.

Team development and performance is supported by a 'fluid' leadership style that reflected a person-centred approach with team members that is in turn mirrored in the way team members work with residents. This results in team members doing the same job, with very likely the same outcomes but having taken an approach which reflects their individual differences, skills knowledge and capabilities as well as residents' needs. The principles underpinning the team approach guides team members to the appropriate use 'of boundaries' whilst retaining a level of emotional closeness with residents that we now know to be fundamental in achieving successful engagement and intervention with people with complex needs (Ramon & Williams, 2005).

Leadership of the teams was person-centred which was key to supporting staff to work in a person-centred way with New Cross residents. From the time of the teams' inception and throughout the first and second phase of the evaluation leadership of the team evolved in line with the organic approach taken to create and extend the service.

Team leadership was regarded by staff to have achieved the right balance between the management of workloads/retaining staff accountability and allowing team members' sufficient autonomy to undertake the case lead role based on their experience and expertise. The evolutionary and organic nature of the teams' development offers significant learning which could usefully inform the development of the Partnership Hub in Ashfield in future.

6 ACKNOWLEDGEMENTS

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8 APPENDICES

In conjunction with this review there are 5 appendices:

Appendix 1: Window on the World Guide
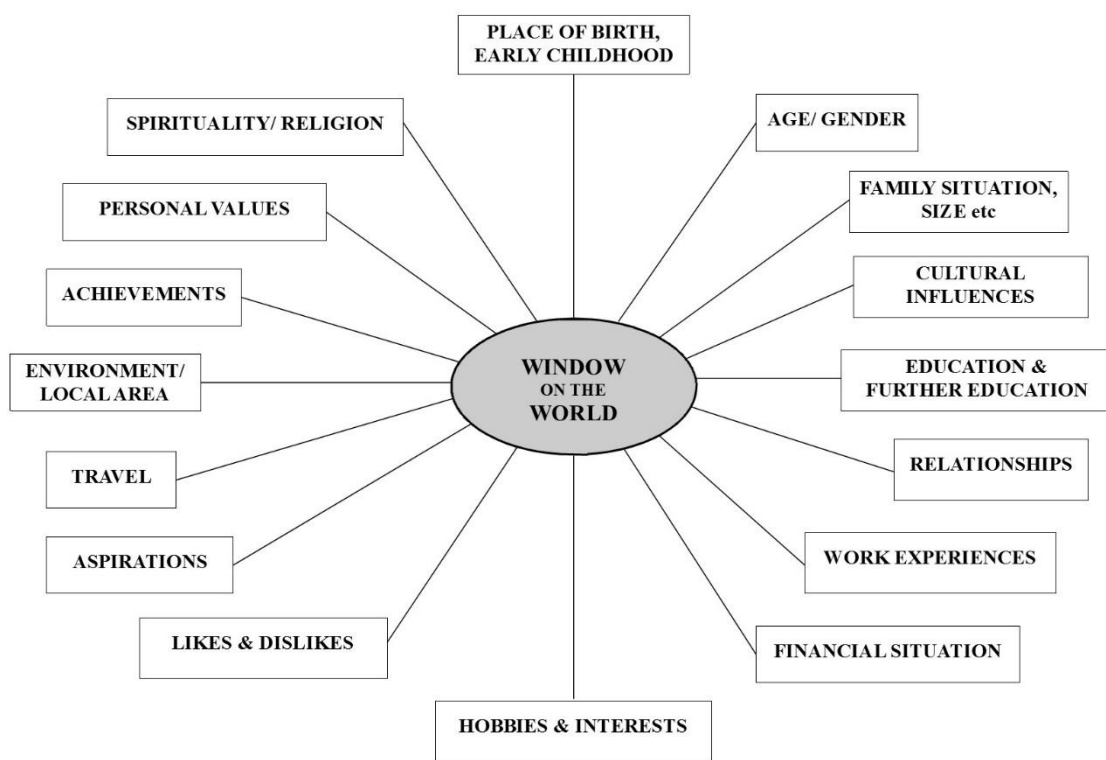
WINDOW ON THE WORLD - NEW CROSS SUPPORT TEAM (1st draft version 1) DH

Appendix 2: Outcome Star Scoring Sheet

BROOMHILL SUPPORT TEAM

RESIDENT SCORING DOCUMENT & ACTION PLAN

RESIDENT:
CASE LEAD:
DATE COMPLETED:

Completed after windows of the world discussion

PERSONAL SUBJECTS	*SCORE* 0=Poor – 10=Excellent	*NOTES* (In the resident's words)

CORE SUBJECTS	SCORE 0=Poor – 10=Excellent	NOTES (In the resident's words)
COMMUNITY		
HOUSING		
WORK		
HEALTH		
FINANCES		

My Goals	**Actions Agreed**	**Target Date**

MY LONG TERM GOALS

RESIDENT SCORING PROCESS

0	WORST	
1	VERY POOR	
2	POOR	
3	SIGNIFICANTLY BELOW AVERAGE	
4	BELOW AVERAGE	
5	AVERAGE	
6	ABOVE AVERAGE	
7	SIGNIFICANTLY ABOVE AVERAGE	
8	GOOD	Rare
9	VERY GOOD	Extremely Rare
10	BEST	Extremely Rare

GREEN	I am happy with my situation
AMBER	Improvement is required
RED	Requires a more urgent response

LIST OF PERSONAL SUBJECTS

Self-harming   Paranoia   Anti-social behaviour
Friendships

Self-Medicating   Hearing Voices   Domestic Violence   Family

Alcohol Misuse Isolation	Constant Headaches	Homelessness	
Drug Misuse Debt/Arrears	Dental/Teeth	Sofa Surfing	
Depression Management	Mobility	overcrowding	Money
Panic Attacks Management	Eyesight	Unhealthy eating	Time
Anxiety	Low Self Esteem	Weight management	Hygiene
Property concerns Parenting	Confidence	Hoarding	
Eviction welfare	Suicidal thoughts	Waste on land	Child
Childs school attendance and Interests	Smoking	Training/Education	Hobbies

Appendix 3: Interview Guide for New Cross/Broomhill Residents

(Residents have had input into the final wording and content of the guide)

Questions will focus around each resident's outcome stars. Residents will be asked why they have given the scores they did for the components on each of their outcome stars.

e.g ' Please tell us in a bit more detail why you have given a score of 5 for Housing on your outcome star? '

This will be done for each of the component of the outcome star for all the outcome stars they have completed.

Residents will also be asked**:**

Looking at your outcome star overall what do you think has changed as a result of the New Cross/Broomhill Support Team's involvement?

Why and how did you get involved with the New Cross/Broomhill Support Team to start with?

What would success of the New Cross/Broomhill Support Team mean for you?

What would it mean for you if the New Cross/Broomhill Support Team had not been successful?

Looking at your outcome star overall what has changed since you completed it the first time?'

Does this surprise you or was it what you thought would happen?

Do you believe anything has changed as a result of the New Cross/Broomhill Support Team? If so what…please explain

How have you been dealt with by services in the past?

- Do you think it is any different now?
- If so can you tell me how it is different**?**

What do you think has been the success of the New Cross/Broomhill Support Team?

Have you had enough contact with the New Cross/Broomhill Support Team?

- What ways could you contact the project?

What do you think have been the limitations/weaknesses of the New Cross/Broomhill Support Team?

Is there anything that you think the New Cross/Broomhill Support Team could have done differently?

If you had to sum up your experience of the New Cross/Broomhill Support Team in one or two sentences what would you say?

Any other comments you would like to make?

Appendix 4: Staff Interview Guide

(Developed through observations of team meetings and piloted in Stage 1)

1. Team/roles

Can you start by telling me a bit about your background/training?

How did you come to work for the New Cross/Broomhill team?

What do you think are the key skills and areas of expertise/knowledge that you bring to the team?

What do you think is different or similar in the way this team works compared with the way other teams you have worked in, have worked?

What are the principles/ethos of the approach?

- Do you think this is important and if so why?

Do you think that everyone had equal status in the team?

- Please explain your answer.

Do you think the team works well?

- Can you give me an example?

How would you sum up the case lead role?

- How many people are you case lead for?

Could anyone do the job you do in the team?

2. Approach/case lead

Engage – Rebalance- Sustain- Aspire

Can you explain this to me from your perspective?

- How would I see this approach in the work you do?
- Can you give me an example?

Tell me about the outcome star?

- How do you use it?

- Do you see any strengths/weaknesses with this tool?

Can you give me an example of a very straightforward case you have worked on?.

- What did you do?
- What skills did you use?
- Could any other team member have dealt with this?
- Would anything have been different?

Now choose one of the most complex cases you have worked on.

- What was/is your role?
- Could anyone else have taken on case lead?
- If so what would have been the same/different?

How do you know whether or not you have been successful with residents?

- What's your evidence?

3.Training and Development

Think about your own training needs. What training have you had since you started the job?

- What training/development do you think you need?

What are your career aspirations?

If you all became 'qualified' would this be better or worse for the team?

- Explain

How does leadership of the team work?

Do you think you play a leadership role?

- Explain

Your title is case lead - so what does this mean to you?

- What do you think this means to residents/people outside the team?

Which teams do you most closely work with?

If the team were recreated from scratch who would have to be in it and if so why?

Anything else you would like to add?

Team leader Interview guide

1. Background and experience

Can you start off my telling me a little bit about your background and training?

What do you think then are the key skills and areas of expertise and knowledge that you bring to the team?

2. Team approach

What do you think is different or similar in the way that this team works compared with other teams that you've perhaps worked in?

The principles, as opposed to the approach, do you think they're important and if so why?

Does everyone in the team have equal status?

Due to the secondment issue some people in the team have other managers – how does this work?

Do you think it is important that people in the team to have equal status?

Do you think the team works well?

3. Case lead role

How do you decide or how does it get decided whose case lead for who?

- How would you sum up the case lead role?

How many people would you expect a team member to be case lead for?

- Does it depends on whether they're full time, part time?

From your perspective could anybody do the job that anybody else does in the team?

- Does the disciplinary mix matter?

Thinking about the engage-rebalance-sustain-aspire, how, for somebody who isn't familiar with that, what would they see if they were seeing the team working in that way?

How has the outcome star worked?

- What do you think are the issues with it?
- Positives?

Can you give me an example of a very straightforward case that's been worked by a member of the team?

Can you give me an example of a complex case?

How do you know as a team leader whether a member of staff has been successful with a resident?

4. Training and development

Thinking about your own training and development needs now, what training have you had since you started this job?

- Are there any training and development needs that you think you have?

What about career aspirations?

Team members may be doing various qualifications and getting better trained. If they all became super qualified do you think that'd be better or worse for the team?

5. Team leadership and relationships
What would you say is your leadership style?

What do you think is different or similar about managing this sort of inter disciplinary team/multidisciplinary team, compared with single discipline?

Do you think that team members take a leadership role in the team or not?

Do you think that residents and people out there know that staff take this case lead role?

Which teams would you say outside of the team, do you work most closely with?

Which services need to be in the team and why?

Those are all the questions from me is there anything that you'd to add at this stage or anything you'd like to ask me about where we are with the evaluation?

Appendix 5: Senior Management Interview guide

1. Background and experience

Can you start off my telling me a little bit about your current role?

How has this changed since the start of the New Cross Project?

What do you think then are the key skills and areas of expertise and knowledge that you bring to the team?

Are these any different now to when you started working on the transformation agenda?

2. Team Approach

What do you think is different or similar in the way that this team works compared with other teams that you've perhaps worked in?

What do you think are the similarities and differences between Broomhill and New Cross teams?

The principles, as opposed to the approach, do you think they're important and if so why?

Does everyone in the team have equal status?

In the first stage of the evaluation the team had a mix of secondments and council employed staff. How has this changed if so how?

Do you think it is important that people in the team to have equal status?

Do you think the teams work well?

3. Case lead role
How is the Case Lead role similar to or different from the initial pilot?

How do you decide or how does it get decided whose case lead for who?

- How would you sum up the case lead role?

How many people would you expect a team member to be case lead for?

- Does it depend on whether they're full time, part time?

From your perspective could anybody do the job that anybody else does in the team?

- Does the disciplinary mix matter?

The themes that have emerged from the staff interviews are:

Being the right person for the job

Holistic approach

Helping residents to become self-sufficient

Freedom and a different way of working

Building relationships with other services

What do you think about these themes? Do they surprise you at all?

How has the outcome star worked?

- What do you think are the issues with it?
- Positives?

How do you know as a team leader whether a member of staff has been successful with a resident?

4. **Training and development**

Staff have talked about their training and development needs as part of the interview and mental health training in particular has been mentioned. What do you think about this?

What do you think are the issues with staff retention and career progression?

Both Team Leaders were Case Leads previously how do you think this has impacted on the teams?

Thinking about your own training and development needs now, what training have you had since you started this job?

- Are there any training and development needs that you think you have?

What about career aspirations?

5. **Team leadership and relationships**

What would you say is your leadership style?

What is your strategic view of the teams going forward? How does this fit with the work of the hub?

Forming external relationships has emerged as a key theme in staff interviews – how does this get sustained and supporting?

What do you think are the challenges for the teams in delivering the transformation plan?

Given xxxx's departure there is going to be a change of senior management. How do you think this might impact?

Those are all the questions from me is there anything that you'd to add at this stage or anything you'd like to ask me about where we are with the evaluation?