

West Yorkshire Finding Independence Evaluation

Briefing Paper

Multi Agency Review Boards Beneficiary Interviews

December 2016

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Summary

This briefing paper summarises the key messages from research conducted to give an up-to-date picture of the operation and effectiveness of the Multi-Agency Review Boards (MARBs) and an in-depth study of the experiences and views of beneficiaries.

MARB Research

The membership and core purpose of MARBs have remained broadly the same. However, implementation continues to highlight different issues for the five districts. Calderdale & Kirklees both reported enduring problems getting beneficiaries into mental health support. The pressure to move individuals into the navigation process has been reduced which has allowed more time to review cases in navigation in Bradford. Whereas in Calderdale there has been a tendency to ration WY-FI provision due to the reluctance of some service providers to accept clients for navigation if they are already engaging with services. High referral levels and unmanageable caseloads were identified as a key issue in Leeds which has been partly resolved by tightening referral criteria. There is growing evidence of 'service flex' across all districts. The Leeds MARB is expanding its remit and will be used as the referral route for the Housing First Sex Worker project and will include young people on a trial basis.

Beneficiary Research

Most interviewees had some contact with services prior to referral but this was often sporadic and they were often viewed as highly vulnerable and/or at risk of disengaging. Beneficiary motivations for becoming involved in WY-FI have included a mixture of 'push' and 'pull' factors. Some had been ready to engage with support but felt that local services were unable to offer the kind of assistance they need. The personality of the navigator is an important factor in whether individuals will accept support. Where beneficiaries were supported by navigators with lived experience, building relationships of trust was facilitated through a sense of shared histories and experiences. They also acted as role models and were a living embodiment that change was possible. Nevertheless, one interviewee suggested that familiarity with the same 'world' and potentially the same people was a concern.

All beneficiaries felt that their lives had improved, sometimes significantly, since working with WY-FI. The process of change was largely ascribed to the navigation process. However, it appears that it was often the relationship itself that had precipitated improvements in the lives of beneficiaries. A more positive outlook and sense of well-being was derived from having someone in their lives that they could rely on and who 'cared'. Consequently, even where current circumstances were still defined by multiple adversities, beneficiaries were more likely to trust professionals and were more confident about their future prospects. A few had become involved in a range of local community projects and expressed a desire to help others with multiple and complex needs.

1. Introduction

The West Yorkshire Finding Independence (WY-FI) project is part of the Big Lottery Fund's Fulfilling Lives programme which aims to improve the stability, confidence and capability of people with multiple and complex needs to lead better lives as a result of timely, supportive and co-ordinated services. The intention is that beneficiaries spend less time in prison, reduce drug abuse, are in stable accommodation and have better mental health. £112 million has been invested in 12 projects over an eight year period. Each has a Voluntary and Community Sector (VCS) lead organisation with a strong track record of supporting those with those with multiple and complex needs.

DISC is the lead organisation for the West Yorkshire Finding Independence (WY-FI) project and has been awarded nearly £10 million to improve working and ultimately achieve a 'systems change' in the way people with multiple and complex needs are supported. This fifth briefing paper synthesises some of the key issues emerging from an update of research into the operation of Multi-Agency Review Boards (MARBs) and a beneficiary study.

2. MARB update

The MARBs play a pivotal role in improving the co-ordination of multiple service providers and ensuring services are delivered to clients in a personalised and flexible fashion. During 2015 CRESR conducted research which explored the operation and effectiveness of the five MARBs which cover very different landscapes of delivery. Table 1 summarises some of the key developments over the past year. This is based upon interviews with the MARB chairs in each locality to explore changes to:

- membership;
- core purpose;
- impact on service delivery and organisations.

Bradford

All the 'right people' attend the MARB. A prescribing service internal to the lead partner, a leaving prostitution service and, perhaps most significantly, additional representation from Mental Health Services have become involved over the last year. The attendance of a manager of a district-wide crisis line team which provides support to those experiencing a mental health crisis has facilitated greater flexing of services since previously clients had to be '*virtually suicidal*' before they were referred. Alcohol services have also started to send a more senior representative which has enhanced their presence on the MARB.

The MARB continues to fulfil an operational role but there is now less pressure on moving clients into navigation since the team successfully requested that clients in the pre-navigation phase now count as outputs. This has allowed more time to be spent reviewing cases in the navigation phase. The MARB is viewed as highly successful as evidenced by the 10-12 'amazing' cases that have been seen through to a close. However, a key challenge remains regarding the most appropriate response to those individuals that have been on the caseload for two years and still do not fully engage. A number of examples of 'service flex' arising from the MARB were highlighted:

- The Innovation Fund has been used to create a **Housing Navigator** post whose function is to sign-up landlords to provide tenancies for WY-FI clients.

- The manager of the crisis health team has offered to **accompany navigators to assess individuals who are homeless** and living on the streets.
- **Prescribing services will now reduce the number of appointments usually required to determine if clients are for a 'script'** if WY-FI has confirmed its appropriateness.

Some of the 'service flex' brought about by the MARB may be leading to **organisational change**. In particular, the strong partnership developed with mental health services have meant that the WY-FI team now have direct links with named members of staff to discuss clients. This circumvents previous processes whereby referrals would have required a full assessment with a high chance of clients being turned down for not meeting stringent thresholds. This cultural change has been brought about by the attendance of senior managers who have subsequently directed operational staff to flex services. Consequently, change has become embedded within institutional processes rather than the practices of a few individuals.

Calderdale

There have been a couple of changes to the MARB over the past year. First, the attendance of the **South West Yorkshire Foundation Trust mental health service** has been secured following an appeal to the Chief Executives of the local Clinical Commission Groups. Second, the **Community Rehabilitation Company** has left the MARB following a change of personnel. This is, however, not seen as a significant issue as the lead partner runs its own offender service and has good links with the Probation Service.

The MARB continues to function well; facilitated by the small size of the district which means that there are a small number of agencies with a long history of working together. A key emerging issue is a tendency to **ration provision** by refusing to accept clients for navigation if they are already engaging with services. This may reflect defensiveness amongst some providers about their inability to provide all the support that is needed. Yet some clients are at risk of relapse if WY-FI support is withdrawn. The Chair intends to address this issue by reviewing the terms of reference so all agencies are clear regarding the circumstances WY-FI should offer support.

Despite the attendance of mental health services a lack of dual diagnosis service coupled with the stringent eligibility criteria means that many clients are ineligible for mental health support. This may be addressed by the creation of a **strategic post** to influence mental health services at an operational and strategic level. The **Homelessness Services Team** has showed a greater willingness to flex services to support clients. In one case they put up a £1,000 bond to encourage a landlord to house a client. The chair reported that **organisational cultures** are changing as services better respond to those with multiple and complex needs. However, this was ascribed to the growing vulnerability of clients which is forcing service providers to change the way they work.

Kirklees

The membership is broadly the same, although Stonham House which operates a homeless hostel, has joined. Getting a **mental health representative** with the necessary seniority remains a key issue. Most WY-FI clients have had relatively low mental health needs but there have been four cases that would have benefitted from an input from someone with the power to initiate a degree of 'flex'. They have, for example, struggled to gain a mental health assessment of a beneficiary that would not consent.

The MARB approves referrals for **case management** but this is often a routine process. Previously only the lead navigator attended, now others do so where their cases are being discussed. The inclusion of the **GP** continues to secure a number of benefits including:

- helping others understand the client group and the complexity of their physical and mental health needs;
- helping to find ways of managing beneficiary behaviour e.g. through changes in medication which also contributes to risk minimisation;
- facilitating easy access to a local surgery for those who have difficulty accessing mainstream health services.

There has been a **shift in attitudes** to individuals with multiple and complex needs. Housing Solutions have, for example, become more proactive with regard to the client group. It was reported that although there was a lot of inter-agency working the need for the MARB had not diminished. A dynamic policy context was deemed to be putting increasing pressure on agencies to innovate, adapt and find solutions with fewer resources. Key changes identified included welfare reforms, the changing structure of substance misuse services, the reorganisation of the probation service, public spending cuts and reduced Integrated Offender Management Resources (IOM) resources. The MARB is viewed as a forum that may stimulate innovation.

Leeds

The membership is broadly the same but there have been a few changes. The police representative no longer attends but this was not particularly problematic as good information exchange processes have been established. They are seeking to get additional probation representation, ideally someone who deals with high-tariff offenders. A mental health professional from the court assessment and advice team sometimes attends as does a clinical psychologist who is based at HMP Leeds. The interviewee reported that the only service that is not currently engaged is **adult social care**.

During the summer concerns were expressed about the **high number of referrals**, long waiting lists and rising navigator caseloads (up to 18/20 per navigator). A discussion was initiated between the two most frequent referrers, the Probation Service and Forward Leeds, which led to the **tightening of referral criteria**. It was reported that the agencies are now referring 3-4 clients each month and consequently navigator caseloads have fallen to more manageable levels i.e. 8-12 per navigator.

The MARB continues to function well with many regular attendees who continue to find it provides a *'safe and friendly atmosphere for information-sharing'*. It has a high profile and is currently **expanding its remit**. It will be used as the referral route for the housing first **sex worker project** and, potentially, taking on the 'managed approach case conferencing' (regarding sex workers in the 'managed area'). **Young people** have also been accepted onto the caseload on a trial basis as MARB members have argued that they have a number of chaotic young people who fit the WY-FI profile. This represents a potentially significant shift in focus. The view was expressed that 'systems change' is gradually occurring in Leeds and is evidenced by organisations increasingly working together with a navigator-type model to manage people with multiple and complex needs.

Wakefield

The attendance of the **Probation Service** has become more erratic over the past year primarily due to staff changes rather than a diminishing commitment to the MARB. This was not deemed to be a particular concern because the Police Service was often

able to provide an appropriate input into MARB discussions. However, **substance misuse services** are still not represented which has been an ongoing concern.

The MARB retains an operational focus but a recent development has been the **delivery of training exercises** to attendees including topics such as Diversity Issues and the Right to Public Funds. The project has become *'a victim of our own success'* given its ability to work with the most difficult cases but this makes moving individuals on very difficult. *'The biggest challenge is to get through the caseload as the level of complexity [in beneficiary lives] is very high'*. Moving the MARB meetings to **bi-monthly** has reduced the time demands placed on key attendees but has meant less time for sharing information and preparing reports. Consequently, the potential of undertaking 'virtual MARB meetings' may be explored in the future. *'We are thinking this through'*.

Co-working has meant that several service providers have 'flexed' their provision to meet the needs of those with multiple and complex needs. Wakefield District Housing has, for example, been increasingly willing to accommodate the client group which has allowed them to access a wider variety of properties. Similarly, GPs are more understanding of beneficiaries missing appointments and are more reluctant to strike them off. Nevertheless, the extent to which these flexibilities are being **routinised** and are having a lasting impact on organisational cultures is not clear.

Table 1: MARB developments

District	Membership	Emerging Issues	Impact
Bradford	New representation from prescribing service (lead partner), exiting prostitution service and the district-wide mental health crisis team.	Less pressure on moving clients into navigation since those in the pre-navigation phase now counted as outputs. This has allowed more time to review cases in navigation.	Growing evidence of 'service flex' and organisational cultural change. The attendance of senior staff has embedded change within institutional processes.
Calderdale	New representation from the South West Yorkshire Foundation Trust mental health service. No longer representation from the Community Rehabilitation Company.	Some reluctance to progress clients into navigation if they are engaging in services. An inability to get clients into mental health support may be addressed by the creation of a strategic post.	Some evidence of organisational cultural change but this was ascribed to the growing vulnerability of service users.
Kirklees	Membership is broadly the same, although Stonham House which operates a homeless hostel, has joined.	Getting mental health representation remains an issue.	A challenging policy and financial context is putting increasing pressure on service providers to innovate. The MARB is viewed as a forum that may stimulate innovation.
Leeds	Membership is broadly the same. Adult social care is the only service that is not currently engaged.	High referrals from two organisations led to long waiting lists and rising navigator caseloads (up to 18-20 per person). Discussions have led to a tightening of referral	The MARB has a high profile and is expanding its remit. It will be used as the referral route for the Housing First Sex Worker Project and young people have been accepted onto

		criteria and more manageable caseloads (8-12 per person).	the caseload on a trial basis. 'Systems change' is occurring as evidenced by providers increasingly working together with a navigator-type model.
Wakefield	Membership is the same although the attendance of the Probation Service has become more sporadic. Disquiet about a perceived lack of BME beneficiaries has led to the delivery of Diversity training.	The MARB has filled a 'real gap' but has become a 'victim of its own success' in working with the most vulnerable. Bi-monthly meetings have successfully reduced the time demands on key attendees but have meant less time for sharing information and preparing reports.	Wakefield District Housing are now willing to accommodate the client group and GPs have become more understanding of those with multiple and complex needs. However, it is debatable whether service changes are becoming routinised and leading to a lasting impact on organisational cultures.

3. Beneficiary research

CRESR have undertaken nine face-to-face interviews with beneficiaries to explore their experiences and canvass their views of WY-FI support. The highly vulnerable nature of some individuals was reflected in long-term experiences of victimisation, insecurity and risk. This meant that the interviews had to be conducted with great care and sensitivity. In some cases navigators were also present to provide reassurance to beneficiaries about the process and a couple of interviews were not recorded. The interviews were arranged around four key themes:

- situation at referral;
- relationships with the navigator;
- other agencies;
- impact and change.

Situation at referral

Most of those interviewed had some contact with services prior to referral but this was often sporadic and they were often viewed as highly vulnerable and/or at risk of disengaging. Some struggled to recall their circumstances at referral because of the complexity and severity of their addictions and physical or mental health problems. Reflecting the WY-FI referral criteria, beneficiaries invariably had long-term and serious **drug or alcohol use** and **mental health problems** (including depression and schizophrenia that had required in-patient psychiatric treatment) some of which were linked to drug addiction. One interviewee has severe depression, has suffered a nervous breakdown and, in common with some other beneficiaries, tried to commit suicide on a number of occasions. Many had a history of **offending** and had spent time in prison. At the time they were interviewed, a number of beneficiaries were sustaining a tenancy although **housing** was often unsuitable in some respects such as a broken boiler, lack of cooking facilities or utilities being cut off for a long period of time; some were in temporary accommodation and most had histories of homelessness.

Some reported that the severity of their interacting needs left them fearful of leaving the house. Beneficiaries had **traumatic personal stories** and were often **isolated**,

estranged from family and other support networks: *“I just feel that no one cares...I don't have any support. I am on my own”*. When she was younger, one interviewee had been forced into street sex work and had been raped. In later years all her four children had been taken into care and she had life-limiting health problems resulting from drug and alcohol addiction, and most of her fingers had been amputated due to gangrene. Another beneficiary in his late twenties who has a severe form of ADHD has a history of being bullied and **exploited** by those in his social network. After being a victim of street robbery, two men have moved into his flat with the pretence that they are offering him protection:

“they use me for my money, they take my money off me...I'm getting used and abused. I get paid tomorrow and I can guarantee that half that money won't be mine, I'll have to give that out....I want my life back. I want to be feeling safe again. I've been robbed, I've been mugged, I've had everything taken from me and they still want more...It makes me quite ill because I've not got a safe place anymore”.

Service engagement was frequently haphazard and was not getting beneficiaries anywhere. Interviewees often found it very difficult to keep appointments due to the chaotic nature of their lives and because of the practicalities of getting to appointments without transport or money for to pay for public transport. A female alcohol and heroin addict was, for example, well known to local service providers and was refusing to have treatment for a leg ulcer resulting from intravenous drug use and at imminent risk of disengaging from drug and alcohol support. In contrast, a heroin addict for over 20 years had never engaged with drug services: *“I've no support networks and I've slipped through the cracks in the support networks that are out there in the NHS”*.

Beneficiary motivations for becoming involved in the project have included both **'push' and 'pull' factors**. Push factors have included the prospect of being incarcerated, the need to attend as part of a Community Rehabilitation Order or losing limbs due to drug use. Pull factors have included the personality of navigators, and the desire to change or combat social isolation. A highly vulnerable man was, for example, suffering from acute anxiety and panic attacks; was unable to leave his property; was 'binge-drinking'; and had suffered a serious physical assault. He had been physically-abused by his father as a child. Chronic low self-esteem meant that he was simply unable to ask for help and acknowledged that he was 'struggling'.

Some had been ready to engage with support for a long time but felt that there had **not been a service able to offer them the kind of assistance** they needed. Indeed, many beneficiaries described being in need of help at the point they were referred to WY-FI: *“...I was absolutely flat on the floor...I've been there loads of times, I'm well practiced at it and the more that you're on the floor the more that your problems are a mountain and you don't want to face them. You give up, you completely give up and you've nowt to live for. You've got so many negatives in your life and in your past...”*

Navigator relationships

The **personality of the navigator** is an important determining factor in whether individuals accept help and support. Beneficiaries frequently highlighted difficult relationships with local service providers and some found it hard to trust professionals. Some reported that a key reason why they were not progressing was due to personality clashes with front-line staff. By contrast, beneficiaries had developed strong relationships with navigators which were frequently likened to **friendships**. Humour and being personable were all identified as playing a key role in building rapport and trust. Some

beneficiaries drew a distinction between the way in which navigators and staff from others services engage with them:

“he treats me as a person, a normal person. He treats me as a friend. I like it because I’m treated normally, not treated like I’m fucked in the head, like talked down to, talked to like a child and it’s frustrating because I’m not stupid. I do daft things but I’m not a child.. [navigator] talks to me with respect and I talk to him with respect”.

Where beneficiaries are supported by **navigators with life experience**, building relationships of trust was facilitated through the sense of shared histories and experiences: *“it makes life easier when you’re working together...we finish each other’s sentences”*. Although these experiences were said to provide a point of contact with beneficiaries, one interviewee suggested that familiarity with the same 'world' and potentially the same people was a concern. Navigators with life experience also acted as role models for beneficiaries, a living embodiment that change was possible: *“I’ve been in your situation and if we get you on your feet there’s nothing stopping you doing my job”*.

A key attraction of WY-FI is the large amount of **time** that navigators are able to spend with beneficiaries together with the flexible nature of the support provided. This is vital in establishing relationships of trust which can be a long-term process, something acknowledged by both navigators and beneficiaries. A vulnerable young man reported being 'terrified' at first and it was only the persistence of the navigator that slowly convinced him to become involved. His first meeting consisted of talking about his dog during a walk around his local community and the relationship has evolved from this point. Beneficiaries frequently highlighted the lack of time that they had with other service providers. It is in this context that a key advantage of the navigator relationship was its **reliability** and **longevity**:

“I always know she is there”;

“We’ll pull you up, we’ll get you sorted and we won’t just drop you. We’ll be with you so many years...then once we know that you’re alright, then we’ll let you fly”

Relationships with navigators are further strengthened by the wide range of **emotional, financial and practical support** that they offer beneficiaries which can make a significant difference to their lives. A navigator likened her role to: *“taking the everyday stresses away”*. Support has included: helping individuals to navigate the benefits system and claim more appropriate benefits such as Employment and Support Allowance (ESA) and Personal Independence Payments; secure access to housing; supporting attendance at services, such as doctors; dealing with daily correspondence; liaison and advocacy with other agencies on behalf of beneficiaries; escorting to a range of local support services.

In one locality, the navigator is resident in the same in community as many of his clients and this **local embeddedness** is seen to enhance the service WY-FI offers. The navigator grew up locally and knows some beneficiaries from childhood. The project manager observed that his visibility in the area, and willingness to engage with beneficiaries and those in their wider support network, is seen as a real strength of the service. It also secures practical benefits, with the neighbours of one beneficiary approaching the navigator as and when they have concerns about his well-being.

Beneficiaries were universally positive about the support received from navigators, although some made minor suggestions for how the service could be improved. One beneficiary reflected that navigators would benefit from 'a bit more training' around mental health issues. They felt that navigators were already highly caring, empathetic and non-

judgmental but this role could be strengthened with a deeper understanding of the mental health challenges they experienced.

The Personalisation Fund

Beneficiaries are overwhelmingly drawn from impoverished communities where the effects of poverty are compounded by additional social and family factors. Management information shows that Personalisation Fund payments have ranged from £45 to £600 and have primarily been accommodation-related e.g. for the payment of bonds and deposits; payment of rent arrears and advances; funds for emergency accommodation; repairs and removal costs. Some provision has also been made to pay for furniture, furnishings and kitchen equipment etc. Interviewees were not always aware of the existence of the Fund but those that had benefitted prized such funding for its ability to **avert particular financial crises**. In addition to larger purchases, navigators often buy beneficiaries meals/drinks although were conscious of not wanting to be perceived as a 'meal ticket'.

Other agencies

Navigators have been able to help beneficiaries **sustain or improve key relationships with other service providers**. They spend a great deal of time ensuring beneficiaries attend key appointments to manage physical and mental health problems as well as drug abuse that beneficiaries may not otherwise have attended: *'I wouldn't have made it to appointments without my navigator [taking me by car]. I don't like buses, I get edgy and paranoid.'* Reminding beneficiaries of appointments and getting them there was viewed as vital for helping them address their needs and achieve stability. This, together with their advocacy role, means that navigators help beneficiaries establish better relationships with services, sometimes maintaining relationships that have been at danger of terminating through a clash of personalities. Navigator support helped one interviewee to **better communicate and articulate his needs** during appointments:

"I have a problem with trusting people. I trust [navigator]. Means I can go into meetings and appointments with someone I trust and have them on my side and help me get my words out and my point of view across...I don't tend to say the right thing or mean it as it comes out".

Beneficiaries also reported that the service they received improved and **professionals were more attentive** when navigators were present: *'Doctors go a little bit above and beyond what they normally do. They don't treat you like a total waste of time'*.

More generally, individuals have been provided with emotional and moral support which might take the form of 'chats' over a cup of coffee or in response to requests for help in times of crisis. **Navigators have also introduced beneficiaries to services that they were not already in contract with or helped them navigate bureaucratic processes**. For one young man this has included Mindfulness Therapy to help him cope with an anxiety disorder. In this case the navigator has had to play a strong advocacy role because he is simply incapable of asking for help or navigating bureaucratic processes such as form filling. Navigators have also helped beneficiaries negotiate the bureaucracy involved in making **benefit claims**. It was, for example, reported that making a claim for **Employment and Support Allowance (ESA)** required filling in a 52 page application form. This support was highly valued with one beneficiary describing help to secure ESA as well as negotiate debt after WY-FI had put him in touch with the CAB as a *'life saver'*.

Whilst often valuing the support received from other services, some beneficiaries noted that other medical or recovery-based agencies tended to treat the *symptoms* of their

addictions rather than seek to identify and address **underlying causes**. One described a consultant psychiatrist she sees as 'just giving me tablets', whilst another reflected that: *'WY-FI offer more tailored support, not just around the addiction. [The Recovery Service], focus on the addiction, not the person but my breakdown came first and then the drink. [The Recovery Service] treat the symptom not the cause'*.

Impact and change

Beneficiaries report that navigation fills an important gap in local service provision. All beneficiaries felt that their lives had improved, sometimes significantly, since working with WY-FI. The process of change was largely ascribed to the **navigation process**. More than one beneficiary reported that without such support the consequences might have been devastating:

"I would have topped myself";

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

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

Although positive changes were often attributed to the help provided by a navigator, it was often the **relationship itself** that had precipitated improvements and/or stability in the lives of beneficiaries. Many described an improved sense of well-being derived from having somebody in their lives that they could access when they need support, could rely on and who 'cared': *"I feel like I've got someone who genuinely cares. He's got my interests at heart."* In turn, this helped them to cope in times of crisis and difficulty:

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

For the **most vulnerable** all that can be achieved is a measure of stability in their lives and they will continue to have a need for highly intensive support beyond the piloting period. This was acknowledged by both beneficiaries and navigators: *"I won't stop until I want to stop. Nobody can make me. They can talk and talk until the cows come home and I won't do it...drink makes me confident"*. A highly vulnerable young man was, for example, embarking on a long-term process of change and was at continuing risk of falling between the cracks between services. His aspiration was simply: *"To walk around with a smile on my face"*. A key milestone was his first unaccompanied bus ride. This has been followed by stopping binge-drinking and attending mental health support sessions. Another beneficiary who had been using crack and heroin and was frequently exploited financially by friends reported a change in her willingness to leave home through the navigator's support: *'I wasn't leaving home because of anxiety, but the [navigator's] help is making me feel more confident and comfortable'*.

Support has provided an **important level of stability** particularly in relation to drug use through accessing or maintaining treatment which, in some cases, had led to the reduction in the use of some substances. However there was still many issues to be resolved before the withdrawal of support could be contemplated. Beneficiaries also valued the opportunity to build a relationship with another adult outside their existing

social networks that were dominated by other vulnerable individuals in similar circumstances: *"It's good just to talk to someone. All my friends are alcoholics, junkies. It's good to have a normal conversation. No begging"*. This said, managing without the support of a navigator was something that could be envisaged in the future: *"hopefully in the next year or so I'll be able to stand on my own two feet and tell [navigator] I'm alright and stable enough and thanks for your help but I don't need you anymore"; "I'd be stuck, I wouldn't know which way to turn if I didn't have her. She's there for me...I'd be lost without her."*

For others the process of change can be more rapid. An interviewee reported that: *"I have now got a more positive outlook on life"*. This has been translated into a desire to help others facing similar experiences. She has recently helped to raise money for a local community project and expressed a desire to become a Peer Mentor. However, her navigator reported detoxification meant that she was now more anxious. Nevertheless, the beneficiary identified a range of positive impacts including:

- Sustaining a tenancy for 4 years (the longest ever period).
- Completing a detoxification process.
- Physical and mental health improvements.
- Better familial relationships which mean she now sees her daughter every week.
- Helping to conduct peer research for WY-FI
- The adoption of more appropriate behaviour with professionals. She was previously confrontational (*"outgoing and gobby"*) but is now: *"confident in the right way"*.

Another beneficiary who had been supported to reduce alcohol use, engage consistently with recovery services, deal with benefit and debt issues, overcome anxieties about leaving the house, and encouraged to start running a regular art workshop as a talented artist, reported that: *'WY-FI support you with self-worth. I feel like the world is a brighter place. A year ago I wouldn't leave the house. Now I do. A year ago I wouldn't look after myself. Now I do.'*

In some cases, positive change was **fragile**, with events threatening to undermine, or at least, slow down progress made towards more stable lives. For one beneficiary, a recurring and as yet undiagnosed health condition had knocked his growing confidence. Another was nervous about the imminent release from prison of a friend's partner who had exploited her financially in the past. There was a sense, however, that these concerns could be shared with, and supported by, navigators who were able to help them manage any turbulence in recovery pathways.

Beneficiaries often reported that working with a navigator had helped them to **trust people more** primarily because the relationship had improved their **confidence** and **self-esteem**. The development of more **positive outlooks** had led some to become involved in local community projects including fund-raising activities and helping at community allotments etc. An increased sense of well-being also enabled them to feel that doors were open to them in the future. Even where current circumstances were still defined by multiple adversities, beneficiaries could see a future that might be better. A few reported that they had **more choices** in other areas of their lives such as volunteering opportunities and access to specific counselling/training activities. One beneficiary had also taken up a new hobby, nail sculpting, through a class offered on the premises where WY-FI operates. Another had been supported to access space in an art studio to follow a talent in art.

Some beneficiaries reflected that, despite their best efforts, there were limits to the extent to which navigators could facilitate access to some services. In one case, there was difficulties getting a GP appointment because of high demand, whilst efforts to secure support from a Community Psychiatric [Practice] Nurse had not been successful: *'We were fobbed off. I'm not seen as enough of a priority despite attempting suicide'*.

4. Navigator perspectives

Some referrals have not been ready to engage with support. It was reported that some individuals: *'enjoyed chaos or cannot see beyond it'*. In these cases navigators have encountered **poor behaviour** ranging from viewing WY-FI as a 'taxi service' to aggression. A few have been disruptive when their needs have not been met. When challenged about their confrontational stance towards front-line staff some individuals have responded: *'It's what they get paid for'*.

A key advantage over much current provision is that low caseloads allow navigators the **time** to build relationships of trust with beneficiaries. The importance of navigators using **'neutral spaces'** to get to know beneficiaries was highlighted. A navigator acknowledged that for some: *'This building [their base] is regarded as the nick'*. Car journeys were highlighted by two navigators as providing vital opportunities that enable conversation and, in turn, encouraging beneficiaries to 'open up'.

Navigators reported using the **Personalisation Fund** to meet particular emergencies such as helping with rent and household utility bills. This support has generally been made in the early stages and was viewed by some as a means of facilitating trust with beneficiaries. **Peer mentor support** has been made available in some cases. A key advantage is that some service users view navigators as authority figures and are more likely to open-up to those that have 'walked in their shoes'. However, this approach is not appropriate for all beneficiaries with some reported to be mistrustful of peer mentors. This highlights the importance of the **matching process** between professionals and service users.

The **emotional impact** on navigators can be high and was underlined by the recent death of a beneficiary in Wakefield. A navigator observed that: *"You cannot take it home with you, you need to switch off."* The utility of talking issues through with other team members was highlighted by many staff. The discussions in the PDG were also reported to be useful for talking about particular problems with colleagues in other districts and sharing best practice. Consequently, interviewees felt that the ongoing need for the emotional support of front-line staff militated against replicating the approach in future models of provision with single area-based navigators.

Navigators are becoming involved in **long-term intensive relationships**. A navigator reported: *"We're liaising for them in every area of their life"*. All beneficiaries will have different experiences and journeys towards recovery and relapse is common. For the most vulnerable all that can be achieved is a measure of stability. Facilitating access to appropriate benefits and methadone can be helpful in this respect. The prospect of moving individuals on from the navigator caseload is fraught with difficulty because the most vulnerable will have a long-term need for intensive support. A navigator reported: *'The design of WY-FI is good but what comes after?'*

Calderdale have sought to address this directly by establishing a **'Parking Bay'** to help clients manage the transition from full navigation to leaving the service. Navigators reduce the level of support but continue to offer ad-hoc support when needed and can put clients back into navigation if their circumstances change. Beneficiaries are seen as ready for

the Parking Bay when levels of chaos have lessened and they are clearly engaged with services and able to attend appointments without navigator support. The project will end support completely after 4-5 months of hardly hearing from beneficiaries as they become more independent.

5. Conclusions

It is important that WY-FI practice is continually improved in the light of emerging evidence. The present research has highlighted three key areas where improvements can be made:

- The navigator role can be strengthened by the provision of **mental health training** so that staff are able to develop a deeper understanding of the challenges faced by many beneficiaries.
- Navigators are becoming involved in long-term intensive relationships with beneficiaries and it is often the relationship itself (which is frequently likened to a friendship) that is the key to unlocking improvements in the lives of participants. Consequently, the **emotional impact on navigators** of poor behaviour, relapse and beneficiary deaths can be very high. It is vital that front-line staff have the time and freedom to talk through these issues with other team members. Furthermore, the project should develop a **culture of sharing 'good practice'** in this regard across West Yorkshire. The PDG may provide an appropriate forum.
- A key strength of WY-FI is that navigators have the **necessary time** to work long-term with those with multiple and complex needs. At the same time navigators must progress caseloads by **moving clients on**. This may be difficult due to the focus on the most difficult cases; the strong relationships forged with beneficiaries; and the danger of relapse. It is recommended that the districts begin to share their experiences in this regard with a view to identifying 'good practice'. A '**Parking Bay**' has, for example, been established in Calderdale to help clients manage the transition from full navigation to leaving the service (see above). In addition, the national evaluation of the programme will also explore how and when projects decide it is appropriate to stop working with beneficiaries. The national evaluators also plan to investigate what a 'successful move on' looks like in practice.