

# **West Yorkshire Finding Independence Evaluation**

***April 2016 Briefing Paper***

***Navigator Practice in the WY-FI Project***

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### Summary

This briefing paper summarises the key messages from research which has examined navigator practice with regard to engagement and relationship building. Navigators play a pivotal role in both engaging WY-FI beneficiaries and ensuring that they access the necessary support when they need it. Key findings include:

- The scale of the task facing navigators was underlined by a former 'expert-by-experience'. Engagement with support cannot be compelled and all will have different experiences and journeys towards recovery. Relapse is common and although some will make good progress; many will not; some '*get 99% of the way and then fail*'. Moreover, for the most chaotic all that can be achieved is some measure of stability.
- The way in which beneficiaries are engaged and the nature of the first conversations conducted by navigators may be crucial for subsequent experiences. The indications are that outreach work (street-based and on the premises of local service providers) has been a more prominent feature of practice in Bradford and Leeds. This is a more effective conduit to those alienated from service provision but it is often more time consuming and challenging than relying on referrals. However, outreach work in Leeds was made more challenging by the local authority's emphasis on enforcement.
- There is a high degree of consistency of approach to working with beneficiaries across the five districts. All take a client-led approach and provide tangible help through the personalisation fund (in Calderdale staff use the fund sporadically and access other sources including the Community Living Support scheme). Nevertheless, it may be that the larger teams in Leeds and Bradford are better able to effectively match navigators to beneficiaries. Navigators are also mindful that conversations are conducted in spaces conducive to clients 'opening-up'.
- Personal qualities are very important for the role but navigators are highly skilled and use many specific tools and techniques to facilitate engagement and relationship building.
- Navigators have small, albeit growing, caseloads and the time and flexibility to work with individuals over long periods to build relationships of trust. This often entails the provision of a great deal of emotional and practical support and has prompted an active debate in some teams about whether their role is better conceptualised as 'support work'. The nature of the relationships forged means that there is a fine judgement to be made between moving people on and risking relapse.
- A few have very different perceptions of the role. Some 'manipulative beneficiaries' in Wakefield were reported to regard it as a '*taxi to services*'. Similarly, a Calderdale service provider described the service as: '*like a free taxi service*' to a client.
- The work of navigators is emotionally draining with professionals having to cope with frequent rejection, challenging behaviour, setbacks and the prospect that 'success' may be barely discernible or elusive. The emotional and physical well-being of navigators emerged as a significant issue. Training and supervision play a key role in managing the considerable demands of the role.
- Sporadic engagement with support was identified as a key issue when working with those with multiple and complex needs. Nevertheless, interviewees identified both the lengths that navigators are prepared to go to maintain contact with beneficiaries and the deployment of a 'hands off' approach e.g. not requiring individuals to sign formal commitments regarding the frequency of contact as being distinctive and instrumental in facilitating client re-engagement.

## 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 use, 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 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 partnership working and ultimately achieve a 'systems change' in the way in which people with multiple and complex needs are supported. This fourth briefing paper synthesises some of the key issues emerging from a study of navigator practice.

## 2. Navigator Research

Navigators play a pivotal role in ensuring that beneficiaries access the necessary support when they need it. The approach is to befriend individuals, accompany them to appointments and 'fight their corner' to get necessary services to be delivered in a personalised and flexible fashion. The present research has focussed on the ways in which navigators understand and carry out their role. Fourteen face-to-face interviews were conducted with project managers, navigators and an expert-by experience. Key lines of enquiry have included:

- Engagement and first conversations.
- Strategies deployed to get individuals to disclose their needs.
- Differentiation and distancing from other service providers.
- Conceptualisations of the navigator role and relationships with beneficiaries.
- Beneficiary disengagement.

## 3. Engagement and first conversations

The way in which beneficiaries are engaged and the first conversations conducted by navigators may be crucial for subsequent experiences. The extent to which navigator teams have engaged in outreach work has varied. The indications are that it has been a more prominent feature of practice in Bradford and Leeds. Outreach work is a more effective conduit to those alienated from service provision but is more time consuming and challenging than relying on referrals.

### **Bradford**

Engagement takes place through a mix of referrals and outreach work (street-based and on the premises of local services). Most appointments subsequently take place at a range of locations e.g. homes, prisons, courts, day shelters and on the streets. A navigator described how they used 'unique techniques' to engage individuals e.g. approaching rough sleepers and making a direct approach: *'I've been looking for you. You're Ian'*.

Repeated visits to local services have meant that potential beneficiaries have 'got to know' navigators and will approach them for support such as housing or mental health issues. It has helped that WY-FI is based at Bridge which is already familiar to individuals and has helped to raise the profile of the project over time: *'Word spreads on the streets of Bradford like it's a fire'*.

First conversations are not structured but typically include some fact finding through questions such as: *'What brought you to Bradford? Why are you on the streets? What help do you need?'* It is important not to seek information too early as this will alienate potential beneficiaries.

Different times and venues may make initial engagement more effective e.g. it is better to speak to some individuals early in the day before they have used alcohol or drugs. Navigators may provide practical support where there are immediate needs such as clients who need basic toiletries or clothes.

### **Calderdale**

The first meeting usually occurs through referrals and initial meetings take place either at WY-FI offices or on the premises of the referral agency e.g. a breakfast club for the homeless. Navigators take a 'low key approach' during this first meeting and will tell individuals about WY-FI and how it might support them. They will not offer direct support unless there is an obvious and immediate need e.g. such as a current eviction notice. Navigators try not to 'go too deep at this stage': *'we don't want to frighten them off'*.

The second meeting is used to collect details, sign consent forms and elicit the 'bare bones' of the beneficiaries' circumstances. If clients are keen to receive support then they can be moved into pre-navigation quickly. However, in a few cases this process may take months if clients choose not to re-engage again or face barriers to engagement e.g. if there is a controlling partner.

### **Kirklees**

The nature and format of first conversations vary depending on the circumstances of the referral. Where a beneficiary has agreed to a referral, the initial engagement is more straightforward and might be jointly attended with the referring organisation. If the individual does not currently engage with any service the navigator will establish where they can be found in order to engage them although it might be necessary to return week after week to build trust. Navigators explained that it can be a long and slow process: *'Oh she's here again, she's alright. Really slowly, this is what we offer, so you think there is anything that we can help you with'*.

### **Leeds**

The first meeting is sometimes with the referral agency. However, street-based outreach work has been a key feature of navigator practice. The emphasis on enforcement can be a further complicating issue for those engaged by outreach work. In these circumstances navigators place considerable stress in conveying the message that they are not there to move people on. Navigators are keen to avoid pressurising individuals at the first meeting: *'we just say you've been referred to WY-FI because you can't work with anybody else and we're here to help you get back into services if that's what you want'*.

### **Wakefield**

Referrals are accessed from a range of organisations such as the Community Action Programme, churches, hostels and providers of supported living accommodation etc. This means that the navigators are often accompanied by another service provider representative at the first interview. Navigators explain WY-FI and the focus on individuals with multiple and complex needs. Individuals are then asked about what support they might need. It is important: *'not to push too much at first'*.

#### 4. Getting individuals to 'open-up'

There is a high degree of consistency of approach across the five districts. All take a client-led approach and provide tangible help through the personalisation fund to demonstrate good faith and ability to deliver. Nevertheless, the larger teams' in Bradford and Leeds may be better able to broker effective matches between navigators and beneficiaries. Navigators are also mindful that conversations are conducted in spaces conducive to clients 'opening-up'. This has included cafes and during car/pedestrian journeys.

##### **Bradford**

Some beneficiaries are willing to meet and talk over a coffee from the outset whilst with others it can take weeks. Having some characteristics in common can encourage beneficiaries to open up e.g. where navigators and beneficiaries are of a similar age and can share common cultural reference points. The project manager felt that having a large team (five navigators in total) meant there was a range of skills, approaches and personal characteristics such as gender which could be matched to the best needs of clients: *'Some might need soft counselling whilst others need to be told what to do'*. It also meant that navigators could ask for peer support in working with a particular challenging situation in order to avoid 'burnout'.

Navigators emphasised the importance of *'going slowly to break down walls'* and constantly reinforcing the message that: *'You just disclose what you want to disclose when you're ready'*. They avoid asking inappropriate or badly timed questions that were characteristic of other agencies e.g. housing services probing about mental health issues and medication during an initial assessment. Using the personalisation fund to buy clients some food or a cheap mobile phone to keep in touch was also seen as a useful tool for getting clients to start attending appointments on a regular basis.

##### **Calderdale**

Some individuals will readily 'open up' but this too can prove challenging: *'Some talk to you like you're a psychiatrist. It all comes out'*. In these circumstances navigators will *'make them a coffee and let them cry'* and not *'badger them with forms'* although they may try to deal with any immediate and urgent issues. A navigator observed that spending a little bit of money on 'a cup of tea and a sandwich' can help build trust and confidence with clients: *'spending a few pounds on them makes them feel a little bit important'*.

Where clients choose not to open up immediately, navigators avoid 'delving too deeply' and limit initial meetings to providing general information e.g. letting them know about night shelters or food banks. They also emphasise confidentiality and the importance of being truthful. Over time clients usually start to open up as trust and confidence builds. If this doesn't happen, navigators will often introduce them to a peer mentor as talking to someone with lived experience can help to put beneficiaries at ease. Alternatively, some beneficiaries respond better to particular navigators e.g. where there is a preferred gender and switching the lead navigator on a case does sometimes help to overcome reticence to engage.

##### **Kirklees**

Small acts can have an important impact on the relationship building process such as the removal of name badges. Language was also understood to be important with one navigator confiding that they used the same slang as beneficiaries. Navigators will also draw on shared experiences to find common ground e.g. perceptions of HMP Leeds (a navigator worked there) or familiarity with staff members from particular services. One navigator explained how this creates 'banter' which helps to make initial connections. The personalisation fund was useful in this respect but there may be a fine line between buying a beneficiary food and 'buying them' per se.

Both navigators suggested that useful information is offered during car or pedestrian journeys. The car was theorised as space that encouraged beneficiaries to talk: people are sat next to each other; it's informal; there is no eye to eye contact; it's relaxed. *'They can sit, radios on, looking out of the window and they'll say something.....you get loads, it could be the most useful time'*. It is within these interactions that where information about the person is offered without the navigator being intrusive.

### **Leeds**

Encouraging clients to 'open-up' is aided by buying them something to eat in a café which also brings both parties together in a space conducive to conversation. This also demonstrates that navigators 'will deliver'. Navigators noted that engagement is often a slow process and requires patience and persistence. *'Well sometimes you'll go and meet somebody and they'll just tell you to take a running jump, I'm not interested, if they're begging and they can get enough money for their drink and summat to eat, we get sworn at sometimes, but we don't give up, we'll go back the next day and say how are you doing, I'm so and so, can I get you a sandwich, can I get you a coffee and nine times out of ten that works'*.

Navigators are acutely aware of not pressurising individuals to engage and employ a client-led approach and wait for the client to 'take the lead'. They were mindful of the way in which they dealt with different clients and modified their communication strategies accordingly: *'for someone like J.B. who you are literally firefighting who's "f-off" constantly you tend to end up saying it to him back, it's a bit "no I've come down here again, you told me to be here and now you're telling me to f-off, why don't you", but you wouldn't be like that to a vulnerable female'*. Navigators too have different personality traits and skill sets and consequently the lead navigator seeks to match the right worker with the right person.

### **Wakefield**

Navigators are mindful that individuals have often lost faith in services which makes getting them to 'open-up' much harder. In extreme cases it was reported that it can take up to one year to build the necessary trust with individuals. The approach is to offer tangible help and support to 'build bridges'. This might include buying food, registering individuals with G.Ps; providing proof of identification etc.

## **5. Distancing from other service providers**

The focus on individuals that have often had negative experiences of existing service provision is a significant challenge for an intervention that seeks to join-up existing support. Some teams explicitly seek to distance themselves from other service providers whereas others do not.

### **Bradford**

Navigators do not differentiate WY-FI explicitly from other services. However, it was reported that beneficiaries soon realise that they are different from other practitioners in the way they operate flexibly and their willingness to maintain a relationship, even if a client fails to make appointments: *'You might make 10 appointments and only see them twice'*. They realise that WY-FI is not 'regime orientated' and this can help to maintain contact: *'People with complex needs come looking for us. Every other service may have turned their back on them'*.

### **Calderdale**

Navigators make it clear that their role is to help clients access other services rather than provide support themselves. Consequently, an active approach of distancing themselves from other providers was not adopted.

## **Kirklees**

Engagement was facilitated by the fact that navigators don't belong to any service. Navigators explain to beneficiaries that they are 'neutral' and suggest that: *'we are here for you'*. Nevertheless, they explain that services do share information and talk to each other.

## **Leeds**

Navigators seek to turn local authority enforcement to their advantage by stressing their freedom from the constraints of working to particular targets/agendas: *'All of the schemes have an agenda or belief, so CRI will leave their office knowing that they've got to move these beggars on, their outcome is to get them housed, the police or street triage workers is to move beggars on, get them out of the city centre. We don't have an agenda and it's massive I think and once people start realising that, that's when they go "ok so you're not going to....."'*

## **Wakefield**

During subsequent interactions navigators stress their independence from other service providers by emphasising the time and flexibility that they have to work with individuals. The ability to provide practical help e.g. buy beneficiaries food and *'go beyond signposting individuals to services'* is also highlighted. Furthermore, the use of peer mentor can also help to break down suspicion because: *'service users open up more'*.

## **6. Relationships with beneficiaries**

Navigators are often engaged in long-term intensive relationships with beneficiaries and provide a great deal of emotional and practical support. Consequently, there is an active debate in some teams about whether their role is better conceptualised as 'support worker'. The nature of the relationships forged means that there is fine judgement to be made between moving people on and risking relapse. Furthermore, the work of navigators is frequently emotionally draining with staff having to cope with frequent rejection, challenging behaviour, setbacks and the prospect that 'success' will be elusive. Training and vigilant supervision play a key role in managing the considerable demands of the role.

## **Bradford**

The team emphasised the importance of 'personality' and 'being yourself' in order to connect with clients: *'When I go out the main tool is my personality. That's how I click with clients'*. Relationship building was seen as an innate skill and not something which can be acquired through training. Effective navigators were also seen as those who are 'confident' and 'fearless' in engaging chaotic individuals. Listening carefully is also seen as vital in reducing the possibility of misunderstandings to emerge that could trigger aggressive behaviour. Another navigator reflected that, *'You have to deal with stuff just as it happens, think on your feet'*.

Time is critical in helping to build relationships: *'When you see people five times a week you get to talk about everything. You achieve that intimacy'*. The importance of time relates both to the amount of face-to-face contact but also a willingness to wait for clients who are very late for appointments. Consistency of support is also vital to maintaining relationships as clients often have been alienated by experiences of being discharged from other services: *'We provide that wraparound support and we're the one constant in all that complexity'*. Some have seen navigators as support workers and have to be told that their function is to help them access, rather than provide, services. This distinction is difficult to maintain in practice as navigators often fulfil a support worker role e.g. by providing food and clothing or accompanying clients to appointments.

The process of identifying priorities is largely client-led although navigators will persuade beneficiaries to reconsider priorities if they are not addressing their most significant needs: *'If*

*they have a massive hole in the groin from injecting they're not seeking help for we will get them to A&E'. Similarly, this may happen where clients have had a bad experience of housing providers yet urgently need accommodation, in which case navigators will seek to get them re-engaged with housing services.*

The team has only ever had to bar one client because of persistently disruptive behaviour. Navigators develop an awareness of how to recognise the early warning signs of, and respond to, aggression or distress: *'You start to see a pattern [of aggression building] so if I see someone about to kick off I take them outside for a cigarette'*. Taking clients to appointments meant navigators can intervene before aggression escalates and the service 'door comes down'. This can be done, for instance, by taking clients aside and challenging: *'Why are you kicking off? What benefit has that had?'* They can also draw on the reservoir of trust they have built up which makes it easy to de-escalate the situation.

Navigators are encouraged to 'debrief' with colleagues and line managers after challenging situations to minimise stress and share responsibility: *'You need to be able to offload. If you protect yourself you'll be able to work with clients more efficiently'*. In terms of safety, they have lanyards that can be used to contact emergency services and enable their whereabouts to be GPS monitored. Those interviewed had not experienced any 'out-of control' incidents. Where challenging behaviour had been experienced, this was often directed externally to other, often absent, agencies.

### **Calderdale**

Navigators were clear that the process of identifying and prioritising issues had to be client-led, even if the navigator did not always agree on what that priority should be: *'Sometimes you have to bite your tongue. You don't push housing if they want to go and see their brother.'* However, they will challenge attitudes where clients resist support that may be beneficial. The lead navigator, for instance, sought to persuade a beneficiary not to be deterred by a bad experience of accessing a substance misuse service and encouraged them to consider another service.

Time was an important factor in building trust and rapport as clients come to realise they can 'say anything' and know it won't be passed on to other agencies unless there is a risk of harm. Similarly, not 'overpromising' and delivering were seen as crucial parts of the process. There was a risk of dependency but navigators try to minimise this by encouraging clients not to gradually take more responsibility: *'Sometimes we might start off by picking clients up and taking them to appointments and bringing them back. Later we might take them but then give them the bus fare back. And finally, it will be like "We'll meet you there"'*.

It is important that relationships do not become too much like friendships for risk of overstepping professional boundaries. Navigators felt it was important to have a degree of resilience in working with clients and to 'not blame yourself' if clients' circumstances worsened. One navigator reported that it was 'hard' when a long-standing client died but reflected that they took comfort from the comments of the family who were appreciative of the support that WY-FI had provided.

There have been issues where other service providers have not fully understood the role of WY-FI. A staff member in another organisation described it as: *'like a free taxi service'* to one client. Whereas housing and homeless organisations have sometimes overstepped the mark in expecting WY-FI to pick up tasks e.g. arranging housing benefit claims that they should undertake themselves.

### **Kirklees**

Navigators are careful about maintaining professional boundaries since beneficiaries can become too familiar and might say: *'I don't know what I'd do without you'*. In response the navigator seeks to challenge such feelings of dependency by saying, for example: *'What do you mean? What would you have done today without me....?'* Another male had used terms such as



'love' and 'darling' and included kisses in text messages. This was addressed immediately and openly with the client.

Navigators suggested that they avoid dependency issues by encouraging autonomy amongst clients. Autonomy and challenge is increasingly important the longer the beneficiary has been involved with WY-FI. For example, after six months the navigator might challenge them about missing appointments and also encourage individuals to do certain things for themselves e.g. make their own way to appointments.

Navigators need to be resilient and not 'dwell on things'. Although they need to display compassion and empathy, it was also felt that they have to have realistic expectations and '*avoid taking on somebody's problems*'. Personal qualities are in some ways more important than professional expertise. Patience and the ability to 'like people' were vital qualities. '*Everybody has something disastrous about them but everyone also has good qualities and it's about pulling out those better bits and working with and enjoying that person*'.

### **Leeds**

There was no clear consensus about how to define the role: '*If we were just navigators you're navigating into services but before you're doing that, you're dealing with a lot of emotional stuff.....but this is where the problem comes, people are saying are we support workers or are we navigators?*' Some beneficiaries would describe their relationship with navigators as a friendship but this wasn't perceived negatively as long as boundaries were set. '*We've had cards and all sorts "to my friend so and so", but if they think that and that gets them to where they want to be is that a bad thing?*' However, this makes exiting beneficiaries fraught with difficulty. '*These people haven't engaged with anybody, so when they're engaging with us that's the first people they've engaged with and then we're going "right we're going to move you on"*'.

Resilience was seen as vital as the work of navigators can be emotionally draining with professionals having to cope with frequent rejection, setbacks and the prospect that 'success' with many individuals may be barely discernible or elusive. '*You really need to be mentally tough to do this kind of work cos these people are very poorly some of them, we've recently lost a beneficiary in the last few days....but then again that's where the training comes in.*' Supervision also plays a key role in managing the demands of the job.

### **Wakefield**

Staff viewed themselves as 'support workers' and acknowledged that the befriending of individuals combined with the advocacy role means that sometimes they view beneficiaries as 'friends'. '*You are meant to be impartial but you have to fight their corner*'. Another navigator explained that since they make a major personal investment in the wellbeing of individuals: '*You take on their chaos*'. The danger is that beneficiaries become reliant upon this highly unequal relationship and eschew taking any responsibility. This is minimised by getting beneficiaries to progressively take more responsibility. However, there is often a fine judgement to be made between facilitating independence and risking relapse: '*If we pull support away too quickly they may relapse*'.

The job was variously described as '*rewarding*', '*frustrating*', '*infuriating*' and '*draining*'. On the one hand, a navigator received a bunch of flowers with a note saying: '*Thank you for saving my life*'. In contrast, some beneficiaries are very manipulative and were reported to be ungrateful for the efforts made on their behalf. It is in this context that reference was made to the danger of becoming a '*taxi to services*'. Poor beneficiary behaviour can also be experienced as rejection.

## **7. Disengagement**

Disengagement was not viewed as a significant issue in most areas. Sporadic engagement was, however, much more prevalent and was frequently viewed as inevitable when working with those

with multiple and complex needs. The lengths that navigators were prepared to go to maintain contact were often viewed as a key distinguishing feature of WY-FI. Similarly, a more relaxed approach e.g. not requiring beneficiaries to sign formal commitments about the frequency of contact can be instrumental in facilitating client re-engagement.

### **Bradford**

Clients may disengage at the pre- and post MARB stage. One navigator seemed to feel that there was an element of disengagement with every client at some point, although a colleague pointed to a difference between temporary disengagement and permanent disconnection. Reasons for disengagement include relapse into damaging behaviours; moving to a different part of the country; beginning a new relationship; and being sent to prison or limited by restraining orders that prevent them coming into town. To limit the risk of disengagement clients are sometimes provided with cheap mobile phones through the personalisation fund.

Navigators will also make it clear that they can come back at any time and make concerted efforts to re-engage beneficiaries unless they repeatedly fail to turn up or make it very explicit they do not want to re-engage. They are far more persistent than other service providers who may discharge clients following three missed appointments. They can also follow clients to unique lengths such as tracking them down in prison: *'The client was like, I knew you were going to follow to me but not onto the wings. This is fantastic'*.

### **Calderdale**

Disengagement happens 'frequently' in an estimated 10-15 per cent of cases, usually before a case goes to the MARB. The main reasons are that clients move out of the area; their lives are too chaotic to maintain contact; or their main support need is met. Navigators will try to re-establish contact by ringing around local support agencies or visiting known 'haunts'. An advantage of working in Calderdale is that can be relatively easy to find clients: *'There's only a handful of places they can go to. Plus all the staff [at local services] know all about WY-FI and will call if they turn up'*.

Some people will re-engage through this process but others are 'adamant' that they don't want support. WY-FI navigators believe they are better at retaining beneficiaries with complex needs because they do not require clients to sign formal commitments e.g. around frequency of contact. This more 'hands off' approach may be more effective in gaining the trust and commitment of beneficiaries. Ensuring that people were attended to promptly when they did come to the office was seen as key to retaining clients.

### **Kirklees**

Disengagement was not viewed as a significant issue although sporadic engagement was seen as 'normal' for those with multiple and complex needs. It was suggested that those who are 'sofa surfing' are more likely to disengage as they often have to conform to the demands of the co-habiting group e.g. on the day they receive benefits they have to share the money around with their friends. Navigators also explained that paperwork and the Outcome Star can deter people. One person was reported to have disengaged for two months to avoid undertaking this task. They re-engaged once it was explained to the beneficiary that the outcomes were recorded independently by the navigator.

Where disengagement occurs navigators retain beneficiaries on their system until they see them again. They keep contacting clients when their engagement is sporadic- a lot of clients will go to the shared drop-in and navigators can keep them on their radar. To facilitate re-engagement navigators ensure that there is no pressure about reassessment appointments and diaries are kept flexible to accommodate unplanned conversations and requests for immediate support.

## **Leeds**

Engagement is often sporadic but this does not necessarily mean that beneficiaries are disengaged. The role of the navigator is to be a regular presence alongside a beneficiary, checking in with them every so often and being there when they are ready to move forward. *'It's making sure you're building that relationship and being there when they're ready to change, and if you can nudge them slightly in the right direction without really dictating to them even better'*.

Disengagement was understood to occur when a beneficiary moves out of an area or navigators haven't been able to find them for seven or eight weeks. In this situation they will be moved back into 'case building'. *'It's very rare I disengage somebody, they have to either deceased or left the area, so we don't really disengage anybody unless they've said to us do not get in touch with me again I do not want your help'*. Warning signs of disengagement might include: *'a man drinking more, using more, not turning up to appointments, not answering the door .....but again we keep trying as long as we can'*.

## **Wakefield**

Individuals not answering the door/phone or indications that drug use is spiralling out of control might precede disengagement but: *'some just disappear off the radar'*. Practice has underlined the futility of attempting to contact some individuals on the day of benefit receipt. Navigators identified three main reasons for disengagement. First, some are nomadic and move to flee violence/abuse or when they have become alienated from service providers. Second, some are repeatedly imprisoned. Finally, some lose all hope of a better future because progress can often be so slow that it is not readily apparent.

## **8. Beneficiary Perspectives**

The intention was to interview some of those that had disengaged from provision to gain their perspectives. However, this proved to be a fruitless task although we were able to interview an 'expert-by-experience'. This has underlined the scale of the task facing navigators. WY-FI has the potential to create a supportive environment around beneficiaries to facilitate recovery and relieve the pressure on other services. However, it was emphasised that the impetus for behavioural change came from within: *'The biggest cliché in recovery is also true: you can't make people give up [drug taking]'*. Furthermore, all beneficiaries will have different experiences and in their journeys towards recovery relapse is not necessarily unusual: *'A few will make good progress but many will not. A few will get 99% of the way and then fail'*. Moreover, for the most chaotic all interventions can realistically hope to achieve is some measure of stability. Facilitating access to benefits and methadone can be helpful in this respect.