



Briefing: Evidence and outcomes WY-FI Project

August 2019



WY-FI Project - overall outcomes and evidence

Beneficiaries of the WY-FI Project have extremely high needs. These individuals tend to have fallen through gaps between services because no-one takes overall responsibility for helping them to break the cycle they are in. They find themselves living chaotic lives, experiencing poverty, homelessness, stigma and discrimination.

- At the end of May 2019 (5 years of WY-FI) 813 people have become beneficiaries of the WY-FI Project:
 - 97% have mental ill health needs.
 - 97% have addiction needs.
 - 81% have re-offending needs.
 - 78% have homelessness needs.
- Their needs are highly interlinked:
 - 58% have all four needs.
 - A further 38% have three needs.
- To highlight this point, of the 760 beneficiaries that have a mental health need:
 - 97% have an addiction need.
 - 77% have a homelessness need.
 - 81% have a reoffending need.

WY-FI research indicates that experiences such as homelessness are linked to increased service use. During the months leading up to an initial homelessness assessment there is evidence of increased activity in drug and alcohol services, mental health admissions and admissions to accident and emergency departments ([A&E](#))¹. “Frequent flyers” who attend A&E for alcohol-related reasons tend to experience alcohol dependence, substance use and varied health and social problems², resulting in a complex presentation of multiple inter-relating needs.

Demographics of WY-FI beneficiaries

It is important to understand the history and demographics of the beneficiaries to better understand their needs and problems when they start at the WY-FI Project.

- The majority of people are aged 35 to 44 when they start the project (average 38 years old).
- 99% of people aged 45 to 54 experience a substance misuse issue.
- The homelessness and offending needs are more prevalent for younger beneficiaries.
- People older than 65 are very uncommon, in part this could be due to decreased life expectancy. In particular it has been shown that life expectancy of homeless people is 43, nearly half the UK’s life expectancy³.
- Disabilities are prevalent within the WY-FI cohort, only 21% of beneficiaries have confirmed that they do not have a disability.
- We also know that we can draw specific links between some health issues, such as long-term physical health problems, diagnosed mental health problems and drug taking, and multiple needs. Although the definitions are not exactly comparable, the indications are that there is a higher prevalence of these issues in the WY-FI population, than among the homeless population.

¹ <https://www2.gov.scot/Topics/Statistics/Browse/Housing-Regeneration/RefTables/HealthHomelessnessDataLinkage>

² Neale, J. et al. (2016). Frequent attenders to accident and emergency departments: a qualitative study of individuals who repeatedly present with alcohol-related health conditions. National Addiction Centre, Kings College London.

³ Greenfield, P. Marsh, S. (2018). Deaths of UK homeless people more than doubles in five years. The Guardian. Available at: <https://www.theguardian.com/society/2018/apr/11/deaths-of-uk-homeless-people-more-than-double-in-five-years> [Accessed 18 March 2019]

Health issue	General population	Homeless population	WY-FI population
Long term physical health problems	28%	41%	43%
Diagnosed mental health problems	25%	45%	95% (diagnosed and undiagnosed)
Taken drugs in the past month	5%	36%	97% (all substances)

- Around 43% of WY-FI beneficiaries have been recorded as having a long term health condition. Only 27% have confirmed they do not have a long term health condition. The other 30% remains unknown.

Exclusion and no support

Beneficiaries have found it hard to get help from the available services both before and during the very early stages (first three months) of WY-FI Multiple Needs Navigator support. This could change the lives of WY-FI beneficiaries and reduce 'reactive' public service use. This is a contributory factor to high tri-morbidity rates, especially when combined with pre-existing and long-term physical ill-health issues.

- People with a mental health need are not getting the treatment that they need prior to getting a support plan agreed by the Multi-Agency Review Board. Therefore, few people are receiving the specialist treatment needed during their first three months with the project:
 - Only 7% of WY-FI beneficiaries received counselling or psychotherapy.
 - Only 16% had any contact with a community mental health team.
 - Only 12% attended a mental health outpatient appointment.
- Similarly many people are not getting help with their addiction need in the early stages of their WY-FI journey. In their first three months on the project:
 - Only 6% of beneficiaries had contact with drug and alcohol services.
 - Only 2% of beneficiaries spent some time in detox services.
 - Only 1% of beneficiaries entered residential rehabilitation.
- We also collect data on the accommodation of each WY-FI beneficiary. The data shows in the first 3 months with the project:
 - 13% slept rough during their first three months with WY-FI.
 - Only 26% have their own secure private or council tenancy.
 - 18% stayed with friends and family at some point.
 - 10% stayed in temporary accommodation.
 - 13% had at least one night in supported accommodation.

Also, it should be noted that only 45% of beneficiaries with a mental health need gained access to Mental Health In- or Out-patient services, Community Mental Health Team, Psychotherapy, Cognitive Behavioural Therapy or counselling in their completed journey with WY-FI. WY-FI evidence shows that there is still a lot to be done to enable people to access the right services for them.

What are the factors that lead to good outcomes?

The following graph shows the interconnectedness between the data in the Homelessness Outcomes Star⁴. It displays the degree of correlation between each of the variables (points of the Star). It shows that all the variables have some sort of positive correlation with each other. The graph highlights the effects of improving in any one area would have on the rest of the beneficiaries' characteristics. Interestingly the graph highlights the stronger correlations between non-service aspects of the Star such as "motivation and taking responsibility", "self-care and living skills", "social networks" and "meaningful use of time". Aspects of the Star such as "Offending" and "Managing Tenancy and Accommodation" are less strongly correlated with other outcomes, although they are areas in their own right where significant improvements are made.



Are there any differences in the types of support that are given?

We can find the types of support given to beneficiaries in the service user record, which details a range of different types of services that have been accessed by the 340 beneficiaries with consistent data records.

Planned (successful) exits by type of advice and support

Type of support	Count	Planned exit
Personalised budget	130	65%
Housing advice and information	257	58%
Money and debt advice	209	59%
Welfare rights advice	149	58%
Immigration advice	12	75%
Personal support and advice	199	58%
Addiction advice and information	256	56%
Careers advice and information	67	70%

Planned (successful) exits by mental health support

Type of support	Count	Planned exit
Counselling	75	64%
Cognitive behavioural therapy	57	63%
Psychotherapy	46	54%

⁴ Homelessness Outcomes Star (see <http://www.outcomesstar.org.uk/using-the-star/see-the-stars/homelessness-star/>) Data is gathered continuously throughout the beneficiary journey and used to measure the impact of interventions.

Planned (successful) exits by mentoring/befriending

Type of support	Count	Planned exit
Befriending	76	62%
Peer mentoring	88	60%
Other mentoring e.g. in drug/alcohol services	41	68%

Planned (successful) exits by education/training

Type of support	Count	Planned exit
Basic literacy and numeracy	40	75%
Life skills e.g. budgeting, cooking	79	67%
Behavioural training e.g. assertiveness/anger	28	71%
Educational course leading to qualification	19	84%
Work experience placement	19	84%

Planned (successful) exits by substance misuse support

Type of support	Count	Planned exit
Rehab	36	70%
Detox	46	52%
Substance misuse support worker	230	55%

Planned (successful) exits by activity type

Type of support	Count	Planned exit
Sports and fitness	48	65%
Arts, culture and libraries	65	82%
Worship and faith	51	82%

Planned (successful) exits by social care

Type of support	Count	Planned exit
Social work	54	72%
Day centre	39	62%
Occupational therapy	14	57%
Residential or nursing home	10	80%

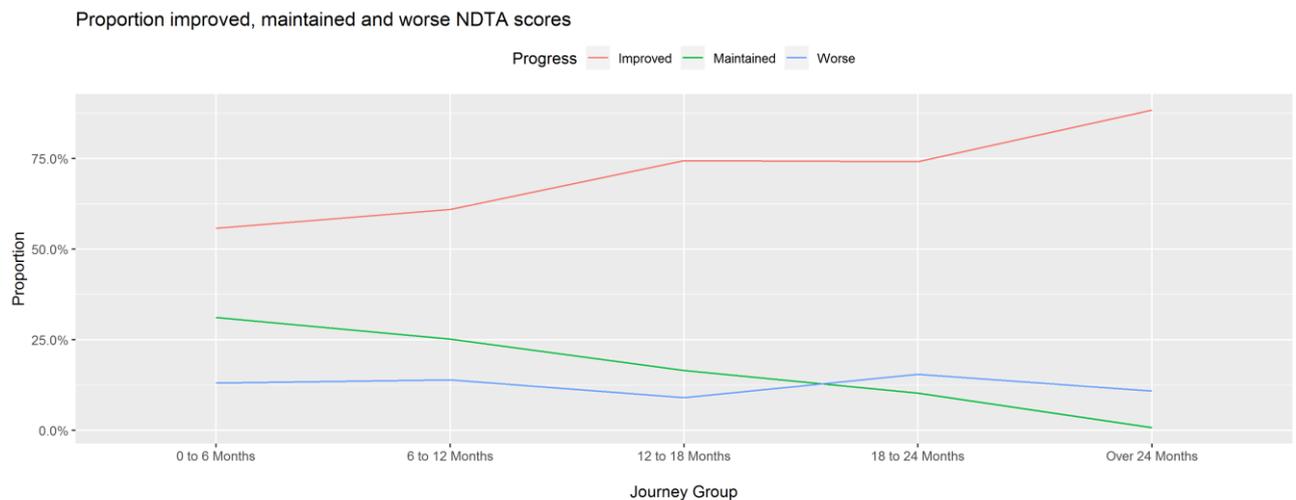
Planned (successful) exits by health related activity

Type of support	Count	Planned exit
GP	231	57%
Community nursing	54	57%
Out-patient treatment	82	61%

What the tables and grid above show is that improvements in beneficiary scores and positive outcomes are gained not in isolation, but in parallel with each other. Furthermore, the data shows that social (i.e. non-service) interventions have a beneficial role to play in achieving improvements and positive outcomes for beneficiaries. This underlines the importance of service neutral multiple needs navigators looking at the needs of the *whole* person, not just those needs that can be met by the service that employs them.

Journey length

Journey length with WY-FI is a significant factor in determining outcomes.



Proportions of NDTA⁵ progress and exit by journey length

Journey Group	Sample Size	NDTA Improved	NDTA Maintained	NDTA Worse	Exit Planned	Exit Unplanned
0 to 6 Months	61	56%	31%	13%	49%	51%
6 to 12 Months	151	61%	25%	14%	50%	50%
12 to 18 Months	133	74%	17%	9%	53%	47%
18 to 24 Months	58	74%	10%	16%	53%	47%
Over 24 Months	129	88%	1%	11%	60%	40%

The graph and table above show that improved outcomes and positive exits increase steadily the longer beneficiaries stay working with a navigator. Early indications are that these improvements continue up to 30 months of navigator support. Thereafter, the clients who remain on navigator support tend to be those who have had a setback in their journey caused by an external event (e.g. bereavement, imprisonment or eviction) or who have exceptionally high levels of need possibly requiring some sort of residential service.

The assessment and exit data shows the impact Multiple Needs Navigators have on beneficiaries' lives, over and above what can be achieved by other forms of support. The data shows that, with the support of a Multiple Needs Navigator, people experiencing extreme levels of need at the outset of their engagement with services - who have previously been perceived as 'hard to reach' or, in some cases, have been banned from services - can, in fact, be reached and can have successful outcomes.

connecting people, services and commissioners

⁵ For ongoing beneficiary assessment WY-FI Navigators use the New Directions Team Assessment (NDTA) or Chaos Index see <http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf>

Useful notes and definitions

Demonstrating impact

The WY-FI Project follows the national Fulfilling Lives methodology when demonstrating local impact. Much of the information in this briefing is based on the data captured in the first three months of a beneficiary's journey. This information is treated as a baseline. Data gathered after this three month period can then be compared to the individual or group's baseline to clearly show the impact of the WY-FI Project.

Homelessness Outcomes Star

Homelessness Outcomes Star Score is a self-assessment tool for beneficiaries to measure their distance travelled.

New Directions Team Assessment (NDTA) or Chaos Index Score

Chaos Index Score (also known as NDTA score) is an assessment undertaken by a Navigator to establish whether an individual will benefit from WY-FI support against a series of need criteria. This is repeated regularly to measure progress.

Dual diagnosis

When a person is experiencing mental ill health and addiction.

Tri-morbidity

When a person is experiencing homelessness, mental and/or physical ill health and addiction.

Other briefings in this series

- Impact on homelessness services
- Impact on addiction services
- Impact on re-offending services
- Impact on mental health services
- Impact on emergency service use
- Future demand for multiple disadvantage services

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The WY-FI Project is part of [Fulfilling Lives](#), a programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. Fulfilling Lives works with people who have first-hand experience of substance misuse, homelessness, offending, and mental ill-health to make services and support better connected, easier to access and tailored to the needs of individuals. It is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

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