Department for Communities and Local Government

Qualitative Evaluation of the London Homelessness Social Impact Bond (SIB)

Final Report

Paul Mason, Richard Lloyd, Fleur Nash

November 2017
Department for Communities and Local Government

This document/publication is also available on our website at www.gov.uk/dclg

Any enquiries regarding this document/publication should be sent to us at:

Department for Communities and Local Government
Fry Building
2 Marsham Street
London
SW1P 4DF
Telephone: 030 3444 0000

For all our latest news and updates follow us on Twitter: https://twitter.com/CommunitiesUK

November 2017

ISBN: 978-1-4098-5136-3

Contents

Acknowledgements

The evaluation team would like to thank all of the provider staff who gave their time to the evaluation and their assistance with liaising with members of the cohort to support their participation in the research reported here. We would also like to thank the cohort members who gave their time to the evaluation, some over each of the three years of data collection. Thanks are also due to contract managers at DCLG who have guided the evaluation and supported the research team throughout: Sarah Foster, Verity Morgan and Lucy Spurling. We would also like to thank all of the wider stakeholders who contributed throughout, including those agencies and government departments who were members of the evaluation steering group.

1. Introduction

The London Homelessness Social Impact Bond (SIB) was a four year programme launched in November 2012, with the core delivery period ending after three years on 31st October 2015.[1] It was designed to bring new finance and new ways of working to improve the outcomes for a cohort of rough sleepers whose needs were not being met by existing services and who were not being targeted by other interventions.
The London Homelessness SIB was the second ever SIB developed and the first to address homelessness. There are thirty two now in place in the UK, sixteen in the rest of the world (November 2015[2]) and many more under consideration or development. The first SIB, at HMP Peterborough, was discontinued due to a change in policy for offender resettlement and support.[3] Thus, the Homelessness SIB is the first in the world to complete.

In July 2013 ICF (then ICF GHK) was commissioned by the Department for Communities and Local Government (DCLG) to provide a qualitative evaluation of the SIB. An impact evaluation has been undertaken by DCLG and is reported on separately[4].
The aim of the qualitative process evaluation was:

- To provide an in-depth understanding of the merits of different aspects of the intervention design, including the role and impact of the social investment dimension and of incentivisation through a payment by results system.

There were four associated objectives, to:

- Draw out lessons from the design and implementation of the London Homelessness SIB project to inform future SIB-based interventions in England;
- Understand the role and impact of social investment on the two provider organisations and the way that they develop and deliver services for the target group;
- Identify and explore any impact that the payment by results system has on the target cohort, other rough sleepers in London not targeted by the SIB, and on the wider landscape of service provision in London in terms of both incentivised outcomes and the impact of the SIB on the patterns of working relationships across the sector; and,
- Contribute to the overall evaluation by identifying and understanding the factors relating both to the design of the intervention and other external factors that may have contributed to its success or otherwise.

The qualitative evaluation has reported at the end of each year of SIB delivery. This is the third and final report. The first report also explored the development and commissioning of

[1] There is an additional 12 month payment tail for final sustained outcomes to be recognised. It was designed to ensure the providers are incentivised to engage the target cohort until the end of the initial contract delivery period. It does not apply to rough sleeping or health.
[2] http://emmatomkinson.com/2014/02/14/social-impact-bond-sib-uk-v-world-map/ for international reference; UK reference from discussion with Cabinet Office
[3] http://www.payforsuccess.org/resources/peterborough-sib-phase-out-2015
[4] The results of the impact evaluation are published in the report 'The impact evaluation of the London Homelessness Social Impact Bond'.

the SIB. This report includes material and analysis from previous reports to provide an overview of, and learning from, the London Homelessness SIB 2012-2015.

This chapter provides an overview of the different aspects of the intervention design; Social Impact Bonds; Payment by Results; the cohort and the background to the Navigator approach of the London Homelessness SIB. It also outlines the evaluation methodology and the structure of the report.

1.1 Summary

- The London Homelessness Social Impact Bond (SIB) was a four year programme launched in November 2012, with the core intervention period ending after three years on 31st October 2015. There is an additional 12 month payment tail for final outcomes to be recognised. It was designed to bring new finance and new ways of working to improve the outcomes for a cohort of rough sleepers whose needs were not being met by existing services and who were not being targeted by other interventions. It was the second ever SIB developed.
- SIBs are a funding structure for payment by results (PbR) contracts, which enable investors to provide the upfront financing to service providers for the interventions that target a social outcome. The commissioner makes PbR payments based on the social outcomes achieved. The SIB transfers the risk of poor performance from the commissioner (government, at national or local level) to the investor; investors receive a financial return for taking this risk, as well as a social return through the outcomes achieved (a 'blended return').
- A key component of the SIB model is the PbR contract and the direct link between achievement of specified outcome metrics and the payment of providers, with linked financial return for investors. PbR aims to change the incentives for the providers of services by linking their rewards to the outcomes they achieve, promoting innovation in delivery, rather than the service specification and output model that characterises traditional public server contracting.
- SIBs are a new approach in public services in the UK and beyond. As such, learning is only recently becoming available and has been limited to design, development and early delivery.
- DCLG and the GLA began to explore the potential for a SIB in bringing new finance to address the issue of rough sleeping in London in 2011. The SIB was designed through consultation with a range of stakeholders in homelessness and rough sleeping. This development work explored the feasibility of a payment by results (PbR) approach that accessed social investment to incentivise a long-term approach to new outcomes for the cohort.
- London has a unique source of data for the homeless population, the CHAIN database. This was used to model potential cohorts for the SIB and their support needs. It found they were likely to have: complex, interrelated needs linked to drug and alcohol use, high levels of mental health problems; and around half were non-UK nationals.
- The London Homelessness SIB targeted a named, fixed cohort of 831 (subsequently revised to 830) entrenched rough sleepers in London with a personalised, flexible approach delivered by keyworkers that aimed to support them to access existing provision and achieve sustained long-term positive outcomes.

- A wide range of provision exists for rough sleepers and homeless people in London. The SIB was designed to address a gap between two key initiatives: RS205 – targeting long-term entrenched rough sleepers; and, No Second Night Out, aiming to ensure new rough sleepers receive and immediate intervention.
- The SIB intervention was designed as a 'Navigator' model, based on a review of evidence of effective practice. The Navigator would provide long-term personalised support from the street into stable accommodation or reconnection to home countries. Navigators would complement the existing landscape of provision, taking an assertive, tailored approach.
- The qualitative evaluation of the SIB is based upon 182 interviews (60 in the final year) with stakeholders from across the landscape of provision, the two providers, strategic stakeholders and members of the cohort who received support. It also draws on the performance data provided by the PbR outcome metrics.

1.2 Social Impact Bonds

The Cabinet Office describes Social Impact Bonds (SIBs) as a funding structure for payment by results (PbR) contracts, which enable investors to provide the upfront financing to service providers for the interventions that target a social outcome. The commissioner makes PbR payments based on the social outcomes achieved. If the provider does not deliver the outcomes, commissioners may not pay anything.[5] The SIB transfers the risk of poor performance from the commissioner (government, at national or local level) to the investor; investors receive a financial return for taking this risk, as well as a social return through the outcomes achieved (a 'blended return'). A SIB is intended to promote innovation as the focus is on outcomes rather than the detail of delivery, in contrast to traditional commissioning of detailed service specification. The financial returns investors receive therefore vary according to the success of achieving social outcomes. Social investors aim to achieve a blended return of financial and social outcomes.

Since the commissioning of the first SIB at HMP Peterborough in 2010, the number of SIBs has grown gradually but more recently they have increased more rapidly. At the time of writing, the Cabinet Office's Social Outcomes Fund and the Big Lottery Fund's (BLF) Commissioning Better Outcomes Fund are providing £60 million to support the development of SIBs in the UK. There are at least 16 in development internationally, learning from the UK experience to date. The Department for International Development (DfID) has an 'impact investment fund' to support international SIBs;[6] in the US, $500 million was invested in supporting the development of 'payment for success' schemes (SIBs), building on $100 million committed in 2013.[7] The Government's 2015 'Spending Review and Autumn Statement' committed over £100 million for SIBs tackling issues such as homelessness, mental health and youth unemployment,[8] reflecting the commitment

[5] Cabinet Office Centre for Social Impact Bonds. 2013. *Glossary of terms*. Available at: http://blogs.cabinetoffice.gov.uk/socialimpactbonds/2012/09/b1/
[6] http://www.theimpactprogramme.org.uk/dfid-impact-fund/
[7] http://www.whitehouse.gov/blog/2013/07/10/paying-success-innovative-approach-improve-results-and-save-money
[8] See section 11.20, https://www.gov.uk/government/publications/spending-review-and-autumn-statement-2015-documents/spending-review-and-autumn-statement-2015

made by the Conservative Party in their 2015 General Election Manifesto.[9] As the SIB market develops, investors outside of the more established social investment market are reported to be considering supporting SIBs, for instance institutional investors such as pension funds.[10]

1.3 Payment by Results

A key component of the SIB model is the PbR contract and the direct link between achievement of specified outcome metrics and the payment of providers, with linked financial return for investors. PbR aims to change the incentives for the providers of services by linking their rewards to the outcomes they achieve, rather than the service specification and output model that characterises traditional public server contracting. In SIB models, private investment is used to pay for interventions delivered by expert providers. Financial returns are paid by the public sector on the basis of the improved social outcomes the interventions achieve. If outcomes do not improve, then investors do not recover their investment and thus the investment is at risk. Improved outcomes are those that would not be achieved by existing interventions. Demonstrating this requires a baseline of expected performance or a comparison group exploring what happens without the intervention.

Social investors are motivated both by the returns they can make and by the social impact their investments can achieve. To make the investment, they must have confidence that the outcomes can be achieved through the innovation but be prepared to accept a level of risk that they will not be and thus the investment will be lost. The public sector rewards this risk when the outcomes are achieved instead of placing public funding at risk or placing the risk with the providers delivering the interventions. In this way, SIBs aim to bring new forms of finance into public sector services delivered by (primarily) voluntary and community sector (VCS) providers with the expertise to design innovative approaches.

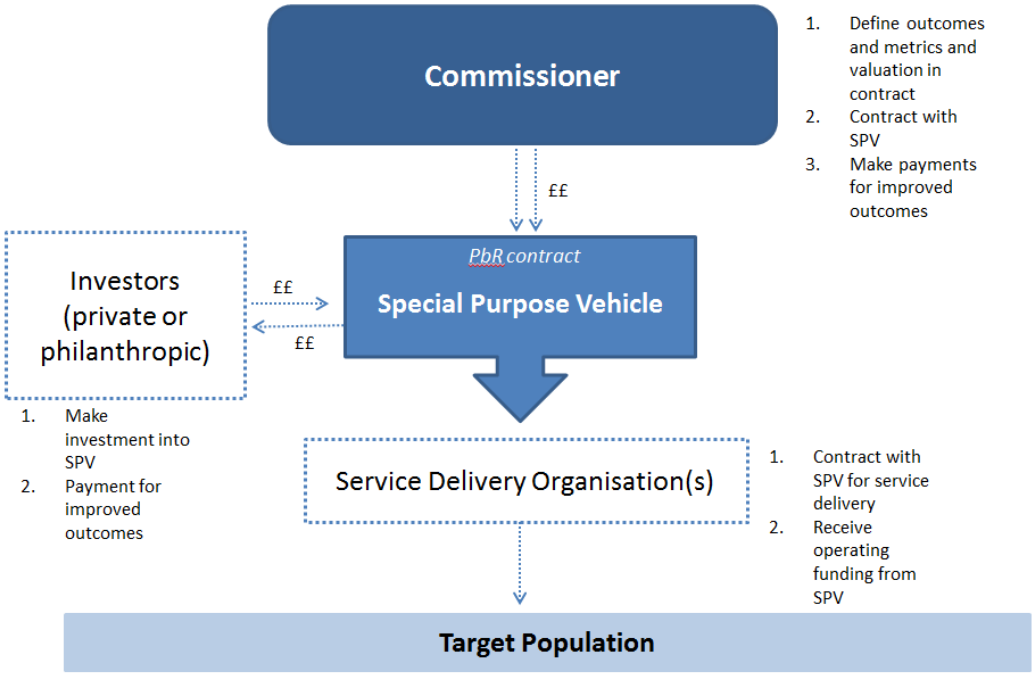
The move towards SIBs and PbR reflects the broader approach to transformation in the public sector, focusing upon achieving better outcomes in public spending through greater efficiency and innovation in delivery. The Coalition Government's Open Public Services White Paper (2011) gave a commitment to increasing the use of PbR.[11] It identified SIBs as an innovative opportunity to access new forms of external finance for the delivery of services. SIBs were described as allowing government to effectively transfer financial risk and incentivise innovation in the delivery of services. Providers are able to focus on achieving outcomes, adapting to what works, rather than strictly defined models of delivery.[12]

1.3.1. Features of Social Impact Bonds

[9] See page 48, https://s3-eu-west-1.amazonaws.com/manifesto2015/ConservativeManifesto2015.pdf
[10] http://www.pensionsage.com/pa/Pension-funds-invest-in-UKs-first-SIB-fund.php
[11] HM Government *Open Public Services White Paper* (2011). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255288/OpenPublicServices-WhitePaper.pdf
[12] McHugh, N., Sinclair, S., Roy, M., Huckfield, L. & Donaldson, C. 2013. 'Social Impact bonds: a wolf in sheep's clothing?'. *Journal of Poverty and Social Justice 21(3), p247 – 257.*

Although there are variations in SIB models, Figure 1.1 outlines a typical structure. This usually involves an investor-owned Special Purpose Vehicle (SPV)[13] which takes on the PbR contract and sub-contracts to a service provider(s) - the Service Delivery Organisation (SDO). Social investors may include private funders, foundations, trusts, social banks or philanthropic individual investors. They provide the financing required for the SDO's set-up and delivery costs, via the SPV. The SPV usually hosts a Performance Director or Board responsible for monitoring the performance of the SDO.[14] In this way, the risk in the PbR contract is transferred away from the provider, promoting the involvement of voluntary, community and independent sector (VCIS) organisations.

Figure 1.1 A standard SIB model



Source: ICF analysis

A key role in the development of a SIB is that of an intermediary.[15] The role varies with each SIB but can be categorised by three distinct functions:

- **Advisory** – advising commissioners about the structure of the SIB and the payment/ outcome metrics.
- **Corporate finance functions** – involvement with establishing the SPV and structuring 'the deal'. This could include attracting investors, undertaking due diligence and

[13] A special purpose vehicle is an off-balance sheet vehicle comprised of a legal entity created by the sponsor or originator to fulfil a temporary objective of the sponsoring firm. SPVs can be viewed as a method of disaggregating the risks of an underlying exposure held by the SPV (in this instance, a provider contract) and reallocate them to investors willing to take on those risks. (*PwC. 2011. 'Creating an understanding of Special Purpose Vehicles'.)*

[14] Social Market Foundation. 2013. '*Risky Business*'. http://www.smf.co.uk/research/public-service-reform/risky-business-social-impact-bonds-and-public-services/

[15] Disley, E., Rubin, J., Scraggs, E., Burrowes, N., Culley, D. (2011), *Lessons learned from the planning and early implementation of the Social Impact Bond at HMP Peterborough*. RAND Europe, Ministry of Justice

collecting data on service delivery organisations, and providing support during the commissioning process.

- **Performance management of the PbR contract** – this generally involves tracking the progress of the performance outcomes by the SDO and reporting back to investors.

Whilst the principles of good SIB design are well known,[16] as an emerging structure for financing public services, learning from SIBs is only recently becoming available. Learning to date has been limited to design, development and early delivery with little available from many of the SIBs in operation due to the early stage of their implementation. A 2014 review of current SIBs for the Big Lottery Fund (the only publicly available output from the Commissioning Better Outcomes Fund evaluation) found that '*there has been yet very little independent and objective evaluation of SIBs and their impact on which to base firm conclusions*.'[17] A 2015 international review of SIBs highlighted the lack of international learning and the wide variations in SIB designs with '*no deals carried out in exactly the same way.*'[18] The review echoed earlier studies in highlighting both challenges and facilitating factors in the development of SIBs:

- There is a lack of understanding amongst commissioners and providers of social investment and social investors;
- Agreeing a contract that suits all parties – commissioner, investor, provider – is difficult and costly;
- The risk of the wider policy context changing – as happened with the Peterborough SIB when the intervention trialled was superseded by a new national 'Transforming Rehabilitation' programme – is a disincentive to investors;
- Providers perceive a financial risk to themselves, despite the SIB rationale of transferring it to investors (although we know from our own work that providers do invest their own funds);
- There can be a lack of robust evidence with which to design interventions and set baselines, making the investment more risky; and
- The transaction costs for SIB development (identified as high in early literature but expected to decrease as the market matures) remain high and investors are concerned that schemes below £1 million may not be viable investments.[19]

1.4 The London Homelessness SIB

The London Homelessness SIB targeted a named, fixed cohort of 831 (subsequently revised to 830)[20] entrenched rough sleepers in London with a personalised, flexible

---

[16] One of the many available guides includes Bridges Ventures (2014), *Choosing Social Impact Bonds: A Practitioners Guide*, http://www.bridgesventures.com/wp-content/uploads/2014/12/SIB-report-SINGLES.pdf
[17] Big Lottery Fund (2014) *Social Impact Bonds: The State of Play*, http://www.biglotteryfund.org.uk/-/media/Files/Programme%20Documents/Commissioning%20Better%20Outcomes/SIBs_The%20State%20of%20Play_Full%20Report.pdf, p.68
[18] Gustafsson-Wright, E., Gardiner, S., Putcha, V. (2015) *The Potential and Limitations of Impact Bonds: Lessons from the first five years of experience worldwide*, http://www.brookings.edu/~/media/Research/Files/Reports/2015/07/social-impact-bonds-potential-limitations/Impact-Bondsweb.pdf?la=en p.27
[19] Adapted from Big Lottery Fund (2014) op.cit.
[20] A review of CHAIN data in 2014 identified that one client had duplicate records.

approach delivered by keyworkers that aimed to support them to access existing provision and achieve sustained long-term positive outcomes. This included reconnection for non-UK nationals to their home country where this was the most appropriate outcome for them (assisted voluntary repatriation, administrative removal or deportation). The funding for the SIB was provided by DCLG to the Greater London Authority (GLA), who commissioned and managed the SIB contracts.

1.4.1. Background

DCLG and the GLA began to explore the potential for a SIB in bringing new finance to address the issue of rough sleeping in London in 2011. GLA are responsible for pan-London coordination of provision to address homelessness and are commissioners of a range of key interventions. DCLG devolve funding for homelessness in London to the GLA. Analysis of the CHAIN[21] database identified a cohort of rough sleepers who were not being targeted by existing special initiatives, beyond the broader landscape of provision for rough sleepers and homelessness prevention. CHAIN monitors contacts with rough sleepers in London on behalf of the GLA.

The SIB was designed through consultation with a range of stakeholders in homelessness and rough sleeping. This began informally and was then undertaken formally as part of detailed work commissioned from social investment product experts and intermediaries Social Finance. This development work explored the feasibility of a payment by results (PbR) approach that accessed social investment to incentivise a long-term approach to new outcomes for the cohort.

Two organisations (St Mungo's[22] and Thames Reach) were contracted to deliver the SIB intervention to a matched half of the cohort (see 2.6).

1.4.2 Context

The CHAIN database indicated that there were 6,437 rough sleepers in London 2012/13.[23] Detailed analysis of CHAIN data for the planning and development of the SIB[24] identified that within this: a cohort of approximately 17% are entrenched rough sleepers; who account for 44% of 'bedded down rough sleeping contacts' – the contacts that services have with rough sleepers on the streets.

Rough sleepers are amongst the most vulnerable people in society. The issues faced by the cohort as defined above (numbering 650 during the development phase) were

---

[21] CHAIN is the 'Combined Homeless and Information Network'. The database is for organisations who work with rough sleepers in London. The system is used to help workers share information about the people that they work with, across organisations. Over 80 projects contribute. It is hosted by Broadway on behalf of the GLA (http://www.broadwaylondon.org/CHAIN.html).

[22] At the time of the second evaluation report, St Mungo's had recently merged with Broadway and were operating as 'St Mungo's Broadway'. They were referred to as such throughout. They have now reverted to 'St Mungo's'.

[23] CHAIN (2013) *Street to Home Bulletin 2012/13*, Broadway: http://www.broadwaylondon.org/CHAIN/Reports/AnnualBoroughReports.html

[24] The Young Foundation (2011) *Designing an Intervention for a Rough Sleeping Social Impact Bond: Final Report*; Social Finance & The Young Foundation (2012) *A Social Impact Bond for Entrenched Rough Sleepers: Outline Business Case*

explored in depth by the Young Foundation and Social Finance (2012) in research and analysis to support the design of the SIB:[25] It found:

- They are likely to have complex, interrelated needs linked to drug (39%) and alcohol (53%) use;
- There is a high level of mental health problems (38%);
- They are more likely to die young and 35 times more likely to commit suicide than the general population; and,
- A very significant proportion are non-UK nationals (51%).

The total cost of this defined cohort of rough-sleepers to the public purse in London was estimated to be £20,000 a year per person (excluding additional costs related to drug and alcohol abuse treatment and long-term imprisonment).

1.4.3 The SIB cohort

The cohort was rough sleepers who between July and September 2012 had been:

- Seen sleeping rough and/or have stayed in a London rough sleeping hostel in those 3 months; and,
- Seen rough sleeping at least 6 times over the last 2 years.

This provided a cohort of 831 named individuals (subsequently revised to 830, see 1.4). Analysis of CHAIN data undertaken by Social Finance for the commissioning of the SIB (updating the analysis of the initial cohort in the planning stages outlined above) showed that of these:

- 63% (529) were in Westminster;
- 49% (408) were non-UK nationals (of which 218 (53%) were from Central and Eastern Europe (26% of cohort));
- 48% (397) had a recorded alcohol support need (of which 163 (41%) have recorded 'high' need (20% of cohort));
- 29% (243) had a recorded substance misuse support need (of which 78 (32%) have a recorded 'high' need (9% of cohort)); and,
- 44% (363) had a recorded mental health support need (of which 63 (17%) have a recorded 'high' need (8% of cohort)).[26]

1.4.4 The network of provision for rough sleepers in London

A wide range of provision exists for rough sleepers and homeless people in London (151 providers operating in 2012; [27] reduced to 122 in 2014[28]). The vast majority of this is

[25] ibid
[26] '*Cohort Split' analysis, Social Finance November 2012*
[27] London Housing Federation (2012), *Atlas of Services for Homeless People in London*. http://www.lhf.org.uk/sites/all/themes/lhf/pdf/atlas_2012.pdf (the landscape of provision at the start of the SIB).

commissioned by London local authorities (London Boroughs), with the GLA having strategic responsibility for pan-London commissioning and coordination. The SIB was designed to address a gap between two key initiatives:

- **RS205** – a programme that started in May 2009 and initially focused on a cohort of 205 long-term entrenched rough sleepers with more complex needs, and has since been refreshed twice (i.e. additions to the cohort are now included);
- **No Second Night Out** – launched as a pilot in London in April 2011, and now a national approach, this programme aims to ensure that new rough sleepers do not spend a second night on the streets by providing a 24 hour assessment and reconnection service.

1.4.5 Effective provision for entrenched rough sleepers

Entrenched rough sleepers are often well-known to a range of services beyond street outreach teams, such as day centres, hostels and hospitals, and may cyclically access these services. However, many of these individuals face multiple exclusion from services, either as a result of complex support needs or because of challenging or anti-social behaviour. An additional barrier to accessing accommodation and services for this group is that they may have undiagnosed mental health problems.[29]

A review of practice evidence and sector consultation undertaken to inform the development of the SIB[30] identified that an effective intervention must:

- Be responsive to **the diversity of the cohort** and tailored to complex and specific needs, supporting access to and through specialist and more universal provision;
- Address the **overlap between rough sleeping and other social problems** and support needs, such as substance misuse, street culture activities – primarily drinking and begging – and institutional care: rough sleeping is both a symptom of – and an underlying cause of – the problems facing members of the cohort;
- Provide **personalised, holistic approaches** that promote pan-London cooperation between different local authorities and other providers including statutory agencies (such as the police and UKBA) and landlords;
- Provide support and guidance for clients in navigating their way through **bureaucratic processes**, particularly in accessing Housing Benefit;

---

[28] London Housing Federation (2014), *Atlas of Services for Homeless People in London*. http://www.lhf.org.uk/sites/default/files/files/150515%20Atlas%202014%20WEB.pdf (latest available at the time of writing).

[29] Homeless Link (2013), Working with Entrenched Rough Sleepers (Rough Sleeping Portal) [online]. Available at: http://homeless.org.uk/specialist-interventions#.UcME8ZxFqrb; Theresa McDonagh and Multiple Exclusion Homelessness Research Programme (2011) *Tackling homelessness and exclusion: Understanding complex lives,* JRF York; Lígia Teixeira (2010) *Still left out? The rough sleepers '205' initiative one year on,* Crisis; Centre for Economic and Social Exclusion (2005) *A Literature review on access to mainstream public services for homeless people*, Crisis

[30] Young Foundation (2011), *Designing an Intervention for a Rough Sleeping Social Impact Bond*, Young Foundation

- Sensitively and appropriately address the challenge of cohort members being ineligible for public funds and **not having the right to remain in the UK** and thus support reconnection, administrative removal or deportation;
- Provide **tailored accommodation pathways** and personalised support to sustain accommodation according to individual need including the use of personalised budgets;
- **Find new, effective solutions** for clients for whom rough sleeping services have not met needs;
- **Support the development of new, positive social networks** that contribute to the higher chance of sustained long-term change; and,
- **Be based upon an assertive outreach approach** that provides long-term key worker support beyond initial contact and support.

1.4.6 The London Homelessness SIB

The SIB aimed to provide personalised recovery pathways that lead to sustained outcomes by supporting the cohort through available provision. It targeted a cohort not covered by key programmes for the most challenging *long-term* entrenched sleepers or for those new to the streets. A keyworker 'Navigator' model was required.

A Navigator Model

The Young Foundation review[31] identified a 'Navigator' model as an effective approach to supporting the cohort.
The Navigator would have a budget to support a personalised approach, act as a single point of contact for the client and the services working with them.
The Navigator would be a key worker supporting the client from an individualised assessment through the network of provision necessary to address their support needs. This would be ongoing support, sustained over time to achieve long term outcomes.
An outcomes based structure would enable Navigators to take an assertive, tailored and personalised approach rather than deliver any one intervention.

In this way, the Navigators would support the cohort through the landscape of existing provision.

The two providers (St Mungo's and Thames Reach) each targeted half of the cohort. An equal split was created according to a range of support needs identified in CHAIN and by the borough where each individual was last seen.[32] Given its centrality as a location for rough sleeping (529 of the cohort of 831), the Borough of Westminster is a shared area.

The SIB aimed to achieve the following outcomes for the cohort:

- Reduced rough sleeping;

[31] Ibid,
[32] When the client with duplicate records was identified, reducing the cohort to 830, the allocation was amended to 414 St Mungo's and 416 Thames Reach.

- Sustained accommodation;
- Reconnection for those with no right to remain in the UK;
- Promote employment, education and training; and,
- Improve health and wellbeing.

These outcomes were defined with the PbR structure of the SIB. Although the delivery contracts for the SIB ended on 31st October 2015, providers will receive payments for a further 12 months for sustained (long term) outcomes. The structure of the PbR contract and how it was designed to incentivise innovation in supporting the cohort is outlined in Chapter 2.

1.5 Evaluation method

Each stage of the process evaluation has involved qualitative data collection with a wide range of stakeholders, provider staff and members of the cohort of entrenched rough sleepers in receipt of support. It also includes a review of the SIB performance data.

- The first report was based upon 73 qualitative interviews;[33] and,
- The second report drew on data from 49 qualitative interviews.[34]

There were 60 qualitative interviews undertaken in the final year, broken down across the participant groups, set out in table 1.1. The interview schedules can be found in Annex 1.

Table 1.1 Data collection for this report

Group	Stakeholders	Number of interviews
Commissioners and Strategic Stakeholders	Cabinet Office, DCLG, GLA, London boroughs	6
Providers	Senior management, project management, delivery staff (including one Navigator focus group).	16
Social Investors	Both SIBs represented	4
Provider and partner landscape	Provider organisations and partners in London: hostels; substance misuse services; Tenancy Sustainment Teams; London borough rough sleeping commissioners.	9

[33] The first report from the evaluation is available here: https://www.gov.uk/government/publications/qualitative-evaluation-of-the-london-homelessness-social-impact-bond-first-interim-report

[34] The second (interim) report from the evaluation is available here: https://www.gov.uk/government/publications/qualitative-evaluation-of-the-london-homelessness-social-impact-bond-second-interim-report

Group	Stakeholders	Number of interviews
Members of the cohort	Individuals in the cohort being supported by each provider, including a longitudinal sample (towards an overall target of 15 individuals from each provider):	*25 (7 who had participated once before;3 who had participated twice before)*
Total		**60**
Total interviews across three years of evaluation fieldwork		***182***

1.6 The structure of this report

This report provides learning from the evaluation of the three years of the SIB delivery 2012-2015. It is structured by the following chapters:

- Chapter 2: An outline of the development and commissioning of the London Homelessness SIB, including the two provider models;
- Chapters 3-7: A review of performance against each of the five SIB outcomes, including learning from effective practice; and,
- Chapter 8: Conclusion, learning points and recommendations for future SIBs and homelessness interventions.

2 The London Homelessness SIB

This chapter provides an overview of the London Homelessness SIB. It describes the two provider models; outlines the development and commissioning of the SIB; and reviews the performance of the SIB 2012-2015 including stakeholder perspectives.

2.1 Summary

Developing the London Homelessness SIB

- In PbR contracts there are two important features of the outcomes used. They must be clearly defined and have clear evidential requirements, so that commissioners can be certain that they are paying providers for outcomes that have been achieved. The SIB outcomes are:
    - Reduced rough sleeping;
    - Sustained accommodation;
    - Reconnection for those with no right to remain in the UK;
    - Promote employment, education and training; and,
    - Improve health and wellbeing.
- Payments were weighted to reflect the priorities given to the outcomes. Achieving stable accommodation for the cohort, which is sustained over time, is central and this provides the greatest financial incentive. Sustained accommodation is inherently linked to a reduction in rough sleeping, which itself is linked to reconnections for those with no right to remain in the UK. Employability and employment outcomes were expected to be appropriate for low numbers of the cohort within the SIB delivery period; health outcomes were expected to be a result of the wider support provided to stabilise individuals within the cohort.
- The core delivery period for the SIB was 1st November 2012 to 31st October 2015 (three years). The design includes an additional 12 month payment period so that sustained outcomes can continue to be claimed. It does not apply to rough sleeping or health.
- The two providers developed different structures to finance their SIB contracts. St Mungo's has established an SPV, which holds the risk. They invested their own equity in the SPV. Thames Reach has funded their intervention through social investors' unsecured loans, and in this model the risk is shared.
- Following consultations with stakeholders in London homelessness and within government, a Feasibility Study was commissioned to explore potential SIB models. A wide range of analysis and modelling was undertaken to develop the business case. The analysis identified the costs incurred by the cohort across five years to total £24million. £5million was allocated to fund the SIB. Wide ranging consultation was an important stage in developing the model.
- A competitive dialogue process was undertaken to commission the SIB. This provided the opportunity for two way clarification of performance expectations and associated metrics, including evidential requirements.

- A market information day was held to enable providers taking part in the competitive dialogue to present their models to social investors. There were mixed views of how successful this had been. It did provide links between provider and potential investors, but the opportunity for discussion was limited. The work to raise investment took place outside of the event. These discussions can be facilitated by an intermediary, with associated costs.
- Social investors are interested in social outcomes in their broadest sense, rather than being sector specific. They therefore spent a lot of time learning about the providers, their past performance, ethos and credibility. As well as being a new and innovative for commissioners and providers, the SIB was a new and innovative investment product for social investors. Investors require time for, and need to commit resources to, the due diligence necessary before making an investment and this presented a challenge within the commissioning timeline.

The providers' delivery models

- The two providers' began with broadly similar models of teams of Navigators supporting clients away from the street to sustained outcomes, but these changed. In the second year, the Thames Reach model diverged to have Navigators focused on different outcomes and allocating clients appropriately. The providers have different models for the 12 month payment tail. St Mungo's is retaining a small team of a manager and four Navigators; Thames Reach is retaining a manager and two volunteer peer mentors.

SIB performance summary

- 443 of the cohort achieved an accommodation or reconnection outcome (using the outcomes measure; this status table includes those in hostels as in accommodation, for which no payment was made). This equates to 53% of the cohort, although this rises to 71% once those disappeared or deceased are taken into account (deducted from the overall cohort).There was mixed performance across the other outcomes, with over achievement against targets for full-time employment.
- There is no data available about the health outcome. Subsequent to agreement with the Department of Health (DoH) that they would provide this data, the Health and Social Care Information Centre (HSCIC)[35] was created as non-departmental public body. They raised a data protection concern related to the consent provided by individuals to have their personal data shared for the purposes of SIB monitoring and evaluation, which was seen by HSCIC to be insufficient and the data was not provided because of this. Providers have been paid in lieu of the data being provided (discussed in Chapter 7).

Provider views

- Provider staff, from senior to front line levels, were all proud of the achievements of the SIB and the many individual success stories they were able to identify, although they would have liked to have achieved more. Both providers were able to pay investors their principal sum with interest, breaking even and thus outcomes achieved during the

[35] From summer 2016 HSCIC became known as NHS Digital.

payment tail will be retained by them for reinvestment in services (including the maintenance of small teams to support the cohort during these final months).

- The model of support, taking a long term and personalised approach that builds a trusting relationship for persistent and challenging support as discussed in previous reports, was seen to be effective. The PbR enabled a flexible delivery model, focussing on what outcomes could be achieved across the cohort.

Investor views

- Investors in both SIB contracts were happy with overall performance and thus with their return on investment. Whilst disappointed that more outcomes could not be achieved, they understood this in the context of the SIB providing learning both about these investments but also interventions aiming to achieve social outcomes with cohorts with complex needs.
- Investors shared a concern in relation to the sustainability of the outcomes achieved by the SIB. They highlighted that there were no plans to mainstream an intervention for the cohort and others with their characteristics, by the commissioners, following the end of the SIB.

Wider stakeholders

- The broadly positive views of performance expressed by providers and investors were shared by wider stakeholders. Participants in the evaluation from the GLA, DCLG, Cabinet Office and London boroughs were almost all positive about the outcomes achieved overall and in particular in relation to accommodation and employment. The Navigator model was seen as a success and the PbR model provided a flexible, outcomes focus.
- All stakeholders were frustrated about the lack of health data. It limited providers and investors understanding of the effectiveness of the intervention models. It prohibited learning about the central issue of health in homelessness. It also impacts on the ability to judge the cost effectiveness of the SIB.

SIB governance

- The SIB was overseen by a Project Board, providing strategic oversight, and a Project Group providing a forum for sharing good practice. Overall these were seen as appropriate and effective structures. There was a view from the Board that the Group had not always been able to address questions they had about delivery. There was a counter view from providers that the Board sometimes reverted to a traditional commissioner role, asking questions about delivery rather than leaving providers to focus on taking a flexible approach to achieving outcomes.

2.2 The structure of the London Homelessness SIB

There were two contracts for delivery of the SIB, awarded through a competitive open commissioning process that is explored below in section 2.4. The PbR outcomes were developed during an extensive design phase that included the analysis of the cohort characteristics and the modelling of a Navigator model as set out above in section 1.4.

In PbR contracts there are two important features of the outcomes used. They must be clearly defined and have clear evidential requirements, so that commissioners can be certain that they are paying providers for outcomes that have been achieved. The PbR outcomes for the SIB are presented in table 2.1 below and reflect five aims, set out in Chapter 1, identified during the design stage.

Table 2.1 The PbR structure

Goal	**Metric**	**Payment Mechanism**	**Proportion of allocated funding**
Reduced rough sleeping.	Reduced number of individuals rough sleeping each quarter.	Payments according to progress beyond a baseline of expected reduction.	25%
Sustained stable accommodation	Confirmed entry to non-hostel tenancy, and sustained for 12 and 18 months (with allowance for occasional rough sleeping).	Payment on entry to accommodation, and at 12 and 18 month points.	40%
Sustained reconnection.	Confirmed reconnection outside of the UK.	Payment on reconnection and at 6 month point.	25%
Employability and employment.	Sustained full-time employment. Sustained part-time employment. Sustained volunteering. Level 2 qualification achieved.	Payments when employment or volunteering sustained for 13 and 26 weeks. Payment for achievement of Level 2 qualification.	5%
Better managed health.	Reduction in Accident and Emergency episodes.	Payments for reduction in episodes against baseline.	5%

Source: GLA

The weighting of the payments reflects the priorities given to the outcomes but also their interlinked nature. Achieving stable accommodation for the cohort, which is sustained over time, is central and this provides the greatest financial incentive. Sustained accommodation is inherently linked to a reduction in rough sleeping, which itself is linked to reconnections for those with no right to remain in the UK. Employability and employment outcomes were expected to be appropriate for low numbers of the cohort within the SIB delivery period; health outcomes were expected to be a result of the wider support provided to stabilise individuals within the cohort.

The core delivery period for the SIB was 1st November 2012 to 31st October 2015 (three years). The design includes an additional 12 month payment period so that sustained

outcomes can continue to be claimed (see 2.7 for how the two providers will continue to support the cohort during this period). It does not apply to rough sleeping or health. It means that if a client:

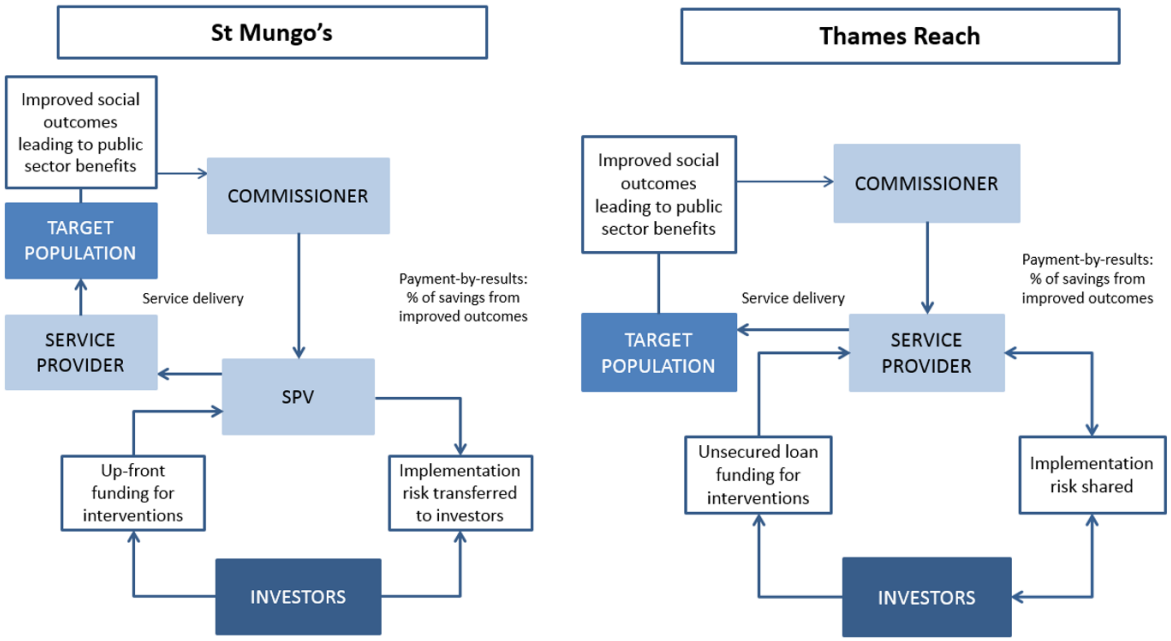
- Has achieved 12 month sustained stable accommodation they are eligible for achievement of the 18 month outcome;
- Enters accommodation any time up to the last day of the contract they are eligible for the 12 month sustained outcome (but only the 18 month one if they enter before the end of April 2015);
- Is reconnected they are eligible for the six month sustained outcome; and,
- Is in employment or volunteering they are eligible for one of the 13 or 26 week sustained outcomes.

This additional payment period – the 'payment tail' – is to ensure that the providers are incentivised to support clients into sustainable outcomes up until the end of the contracted delivery period.

2.2.1 Finance structure

The two providers developed different structures to finance their SIB contracts, as shown in Figure 2.1below. St Mungo's established an SPV, which holds the risk. Thames Reach funded their intervention through social investors' unsecured loans, and in this model the risk is shared. Both providers have also invested their own equity.

Figure 2.1 The two providers' social investment structures

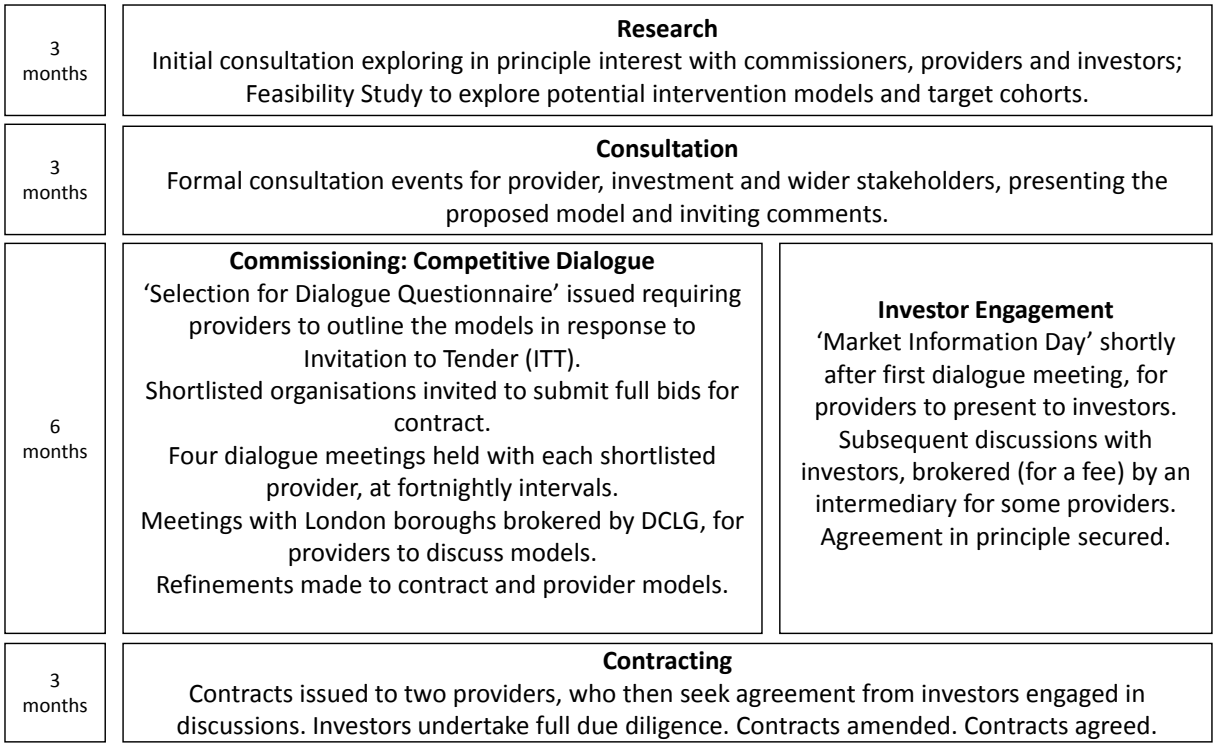


Source: DCLG and ICF

2.3 Developing the London Homelessness SIB

The origins, development and commissioning of the SIB were explored in the first report from the qualitative evaluation. This Chapter provides a summary of that analysis to support learning from the SIB in this final report.[36] Figure 2.2 presents the key stages and the time taken for each.

Figure 2.2 Key Stages in Commissioning the SIB



2.3.1. Research and consultation

The SIB emerged within DCLG in 2011 as a potential way of trialling innovation in, and bringing new finance to, provision for rough sleepers in London. This reflected the wider discussions across government about the potential of PbR and SIB structures for innovation in public services.

Informal consultations were held with stakeholders from the GLA, London borough local authorities and providers delivering contracted services for rough sleepers and homelessness support in London, to take and explore reactions to the SIB concept. There was initial interest across all these groups and the notion of a cohort of rough sleepers who fell between existing targeted provision emerged. Potential long-term outcomes for a PBR structure were also discussed. Some stakeholders expressed caution about what the detail of the PbR structure would be and how it would work in practice; for instance, about

[36] The first report from the evaluation is available here: https://www.gov.uk/government/publications/qualitative-evaluation-of-the-london-homelessness-social-impact-bond-first-interim-report. This section draws on material from a report produced for the Cabinet Office Centre for Social Impact Bonds, based on the first evaluation report, identifiying learning for future SIBs https://data.gov.uk/sib_knowledge_box/publications/learning-london-homelessness-sib

how it would be ensured that perverse incentives were avoided. Some stakeholders did not support the commissioning of a SIB for homelessness and felt that the consultation presented '*a fait accompli*' rather than an opportunity to meaningfully shape the scheme.

An outline proposal was discussed at Ministerial level in DCLG, with Her Majesty's Treasury and the Cabinet Office. The core principles of what became the SIB thus began to gather political and stakeholder backing. A potential £5million fund was identified and Social Finance (in partnership with the Young Foundation) was commissioned to develop the skeletal structure through a *Feasibility Study*.

The *Feasibility Study* included a wide-ranging consultation and evidence review to identify an effective intervention model. In the absence of a model which had been subject to robust evaluation, the review instead identified the key features of an effective intervention: a 'Navigator' model, as outlined above in section 1.4.5 and 1.4.6.

A wide range of analysis and modelling was undertaken to explore potential target groups and outcomes. Using CHAIN data, the study presented a business case that set out the average cost per cohort member across the public sector of a Navigator intervention for a set of outcomes: reduced rough sleeping; reduced temporary accommodation; reduced crime; increased employment; improved health. The analysis identified the costs incurred by the cohort across five years to total £24million and the potential for substantial savings to be made through improved outcomes. The proposed crime metric was not included in the final model, due to difficulties in identifying attribution – because of the way it is recorded, relevant crime data is not available for the cohort (crime data not recording the status of an offender as rough sleeping).

The costs per supported member of the cohort were calculated by estimating staff and other costs for delivering low and high intensity Navigator support. This gave indicative upper and lower levels of total costs – £11,600 per person, total cohort cost £7.6m (high intensity); and £5,700 per person, total cohort cost £3.7m (low intensity) – providing averages of £8,650 and £5.6m. A budget of £5m could achieve a high level of support across the cohort and therefore improved outcomes.

How outcomes payments were proportioned and why

- **25% to the rough sleeping metric** – the starting point of the outcomes pathway and allocated to reduce across time to incentivise and recognise the importance of higher achievement in the first year, reducing by year three;
- **40% to the accommodation metric** – to incentivise the achievement of sustained accommodation and in recognition of this as central to successful outcomes across other metrics and at the heart of the model of sustained recovery pathways;
- **25% to the reconnection metric** – to reflect the level of work required to achieve this outcome for an expected small number;
- **5% to the employment metric** – to reflect the low numbers likely to achieve the outcome but the high costs of supporting this; and,
- **5% to the health metric** – to reflect the nature of the outcome as a baseline metric expected to be achieved as a consequence of support, rather than the primary focus in itself for large numbers of the cohort.

Further consultation by Social Finance with DCLG and GLA was undertaken to '*sense test*' the model proposed through a series of meetings and stakeholder forums. This confirmed interest amongst providers in tendering for the contracts and that the outcome areas and payment metrics were seen to be appropriate. Providers who contributed to the evaluation explained that *'the consultation was meaningful and our concerns were listened to.'*

2.4 Commissioning the SIB: Competitive Dialogue

A formal, open, service provider seminar was held in March 2012 to begin the procurement process, with around 50 organisations in attendance. A 'Competitive Dialogue' process then followed. EU regulations[37] permit the use of a competitive dialogue procedure whereby, following an initial tender submission, the commissioner can enter into separate and confidential discussions with shortlisted providers. The use of the procedure for a service intervention of this type was new, but was seen to be important because it enabled a dialogue with providers about the complex issues in the SIB design. It was intended to ensure that viable, high quality tenders were developed, with attention focused on a shortlist with the capacity and capability to deliver the contract and achieve the expected outcomes.

Following the seminar in March 2012, a 'Selection for Dialogue Questionnaire' (SDQ) was issued. This invited outline proposals of the delivery model – an initial 'service solution' – alongside information commonly used in a Pre-Qualification Questionnaire (PQQ) to select appropriate organisations to receive the full tender.

Five shortlisted providers were engaged in the competitive dialogue. A panel from GLA and DCLG met with them to ask questions about the proposed approach and to answer questions about what was required. Subsequent competitive dialogue meetings were held after two and then four weeks, to further develop both the providers' intended models and discuss the final procurement requirements. These later meetings also explored the progress with securing social investment and the financial models providers were intending. The original timetable was amended slightly to allow more time for development between dialogue meetings.

The process produced refinements rather than substantial changes, but those involved agreed that it enabled both commissioners and providers to develop confidence: for commissioners, that high quality tenders would be submitted; and for providers, that they could develop their initial plans to meet the requirements of commissioners.

2.5 Engaging social investors

2.5.1. Market Information Day

A 'Market Information Day' for social investors was held soon after the first competitive dialogue meeting. The *Feasibility Study* had included consultation with social investors to test interest and details of the day were widely circulated. Each of the five shortlisted providers presented in turn, covering: the organisation; and, their intervention model and

[37] In the UK the 'Public Contracts Regulations 2006' enact the European Commission's 'Consolidated Directive on public procurement' (2004/18/ EC)

ability to deliver the outcomes. Each provider had a thirty minute slot to make their presentation, including time for questions from the floor.

Some of the providers who presented at the event found it disappointing, reporting that there was limited opportunity for engagement with the investors. Social investors – who both did and did not invest in the SIB – also had mixed views. They also felt that there had not been enough time to discuss providers' models. A minority thought the event was useful in providing an initial introduction to the providers and their credibility in delivering the SIB.

2.5.2. Provider-investor discussions

There were two models of negotiation between shortlisted providers and potential social investors.

One model was provider-led (three providers). Providers contacted social investors who had attended the Market Information Day, circulating their presentation and asking to meet. They also contacted investors who hadn't attended – identified through existing contacts and internet research.

In this model, providers spent time holding initial 'in principle' discussions to explore investor interest and then moving to more detailed negotiations where appropriate. This was described by providers as extremely time consuming. Following initial discussions, all investors required a wealth of information about the providers' financial standing, their track record in delivering contracts to support rough sleepers, and their planned delivery model including initial plans for outcomes over time and thus associated payments and cash-flow. Despite this detail, they remained exploratory discussions.

Social investors' interest in the SIB

All of the social investors who participated in the first year evaluation research highlighted:

- The potential strategic importance to them of the SIB – as a high profile and complex example of a new pilot product;
- The importance of the clear potential for social impact – with social outcomes the key driver in deciding whether or not to consider the suitability of a product for investment;
- The attraction of outcome based contracts in offering providers the flexibility to deliver services that they deemed to be effective – incentivising performance based on provider expertise rather than following a rigid specification; and,
- The risk and uncertainty inherent in the SIB – as with providers there were concerns about how the PbR structure would work in practice and if perverse incentives would be avoided, whether or not the models would achieve their targets and therefore the difficulty of assessing risk.

Social investors are interested in social outcomes in their broadest sense rather than being sector specific. They therefore spent a lot of time learning about the providers, their past performance, ethos and credibility. As well as being a new and innovative for commissioners and providers, the SIB was a new and innovative investment product for social investors.

The second model was that taken by one provider (St Mungo's), who agreed with Triodos Bank that they would act as an intermediary following the Market Information Day. For a fixed fee, Triodos were able to prepare the information investors required, liaise with them on St Mungo's behalf and provide a high level of support with negotiations. Investors were positive about the role Triodos played as it reduced the work that they needed to undertake.

From the outset, St Mungo's and Triodos took the decision to develop an SPV to contract and deliver the SIB. One provider ruled an SPV out on the basis of cost; while two providers intended to establish an SPV but had not secured an intermediary. A fifth provider intended to self-finance the contract. Providers found the specialist support of Social Finance to be important, for instance helping them to understand investor expectations and terminology, particularly in the early stages.

At the heart of the competitive dialogue process and the negotiation with investors was the development of providers' delivery models for the PbR structure of the SIB. Developing the PbR model involved providers working through scenarios of what different size staff teams could achieve in terms of the outcomes specified. This was complex and time consuming work. Discussions with investors involved providing models for expected, over and underachievement, and what each would mean for outcome payments and thus investor return. Although developed through consultation, the intervention, PbR structure and the focus on the cohort was new and, ultimately, the models were matters of judgement. A further complicating factor was that whilst CHAIN is a strong source of data, it is not comprehensive in terms of the PbR outcomes, and there was a degree of uncertainty about the scale of need and vulnerability of those in the final cohort (drawn at contract start date).

2.6 Commissioning the SIB

2.6.1. Contracting the SIB

The ITT was issued to the shortlisted providers, with five weeks for providers to prepare final submissions building on their competitive dialogue materials. Four tenders were received.

The tenders were judged for both the scale of outcomes that they proposed to achieve and the discount they provided on the maximum tariffs (the amount paid per outcome). This was a technical, marked assessment with scores attributed to each tender according to their ranking of higher outcomes and lower tariffs. They were also judged in qualitative terms for the credibility of their delivery model. In this way, a balance was achieved in assessing: how achievable the outcomes were in each model; the ambition of the providers to achieve outcomes; and, value for money.

A tool to support this process was provided by GLA, designed by Social Finance and building on one from the competitive dialogue. It provided a format for modelling the achievement of outcomes over time, the targets (ambition) set by the provider and the discounts on the maximum outcome tariffs set. It also required a summary of how the SIB would be financed and investments repaid. This spreadsheet calculated the cash flow that would be required to set up and fund delivery until payments were received, and the working cash flow required across the contract (including to meet finance repayments). The tool took into account both of the providers' balance sheet, including reserves, and any finance they were contributing.

2.6.2. Securing social investment

One key challenge for commissioning the SIB was the need to align the award of contract with the final investment models as closely as possible so that delivery could begin as planned on 1st November. GLA provided a standard letter of intent, devised by Social Finance, for providers to include in their tender to indicate the 'in principle' support of social investors. This was because investors were not able to commit funds until the contract(s) had been awarded. Then, investors began their full due diligence process. No two investors are alike and each has their own institutional priorities and decision-making processes, with associated timescales. This due diligence was time consuming for investors and providers, requiring a large amount of detailed review. For St Mungo's, Triodos played a crucial role in brokering these discussions and investigations.

A key area of concern with the contract was around break-clauses for poor performance. Standard contract breaks in output based delivery were not appropriate, as investors need a level of security or else their risk is increased. Additional time was taken in agreeing the contract by Thames Reach (January 2013) than by St Mungo's SPV (December 2012); the former waited until the latter's lawyers had resolved any issues with the contract so that they did not duplicate nor repeat this work. Without an intermediary, Thames Reach saved on contract value spent on core costs.

A key consideration for investors when assessing risk was the context for the SIB model:

- One aspect reported was the nature of the cohort. The cohort is by definition a heterogeneous and highly vulnerable group. The cohort increased during the process of SIB development from an initial 650 to 750 (competitive dialogue) to 831 (ITT). This increased the uncertainty for investors about the ability of providers to deliver on the outcomes proposed as the size and potential complexity of the cohort changed. The cohort was defined by having been recorded as rough sleeping meaning that some were in accommodation and others were living on the streets. Thus there was a wide variety of need and status at the time of the contract start.
- The second aspect reported was the reliance of the SIB on the existing landscape of provision. Investors were concerned about changes to this network of services that may result from welfare reform and local authority budget cuts.

2.6.3. Structuring the investment

St Mungo's SPV involved two institutional investors and two high net worth individuals. Triodos played an important role in brokering agreements with each. In addition, St Mungo's equity investment was at risk before the bond investments; in this way some of the risk is shared. The investors had the annual interest rate they have set paid quarterly, with the principal sum repaid after the end of the contract once all potential sustained outcomes have been achieved. The rate of return cannot be reported due to commercial confidentiality; but it was around the mid-point of the range of SIB rates reported elsewhere.[38] Although the rate of interest was higher than is available from a high street

[38] Big Society Capital (2013), *Social Investment Compendium: portfolio of research and intelligence on the social investment market,* p8
http://www.bigsocietycapital.com/sites/default/files/pdf/Social%20Investment%20Market%20Compendium%20Oct%202013%20small_0.pdf

bank for other products, the risk of the SIB investment, its nature as a pilot product and the high due diligence costs made this an appropriate rate of return in the view of investors:

'I don't think anyone is adequately able to price this. I think because SIBs are an untested model it's very difficult to ascertain the credit risk. […] At the moment, there is simply not enough evidence to do so.' (Investor)

Thames Reach had a mixed equity and loan structure. One potential investor withdrew very late in the process – after full due diligence – as they considered the risk too difficult to assess, making the investment unfeasible. Subsequently, a lot of late work was required to secure the full investment. Two investors provided unsecured loans at discounted rates. One investor had an additional rate of return linked to achievement of outcomes. The primary rates of interest on these loans are less than that paid by the SPV. In addition to these loans, Thames Reach secured a grant to support the reconnection outcomes. This grant was provided from a Trust with existing links with Thames Reach and to support them in achieving a successful financial model. Thames Reach's equity investment is at risk before the loans (similar to St Mungo's equity in the SPV). Because the loans are unsecured, both Thames Reach and the investors shared the overall risk.

2.7. The providers' intervention models

This section outlines the models developed by each of the providers to deliver the SIB contract. In the first year the two models were broadly similar; from the second year, the two diverged. The providers' delivery towards each of the PbR outcomes is discussed in chapters 3-7.

The two providers bid against maximum outcome tariffs. St Mungo's contract was awarded with slightly higher payments for each outcome metric (other than sustained reconnection), and with a higher staff cost, than Thames Reach. However, the total potential contract values were broadly similar (£1,969,700 if St Mungo's achieved all target outcomes and £1,927,380 if Thames Reach did).

2.7.1. St Mungo's

At St Mungo's the SIB was designed to be overseen by two managers:

- One focussed on the initial journey from the street into accommodation – the outreach activities to engage with members of the cohort and help them progress into initial and longer-term accommodation; and,
- A second focusing on sustaining clients within the accommodation, as well as providing ongoing support to help their clients' progress towards employment, where appropriate. Sustaining the accommodation requires a wide range of responsive support, including addressing health and substance misuse issues.

In practice, from the earliest stages of delivery these two roles were not kept discrete. Because Navigators support clients from first contact to sustained outcomes, in practice the managers' roles overlapped and a more shared approach was developed, with each supporting a group within the team. The team comprised 10 staff members – seven outreach/tenancy support workers (referred throughout this report as 'Navigators' in line with SIB design), each of whom had caseloads of between 30 and 40 clients; the two managers; and, an additional member of staff was responsible for the collection and

analysis of performance data, including the compilation and presentation of information to evidence the achievement of the project outcomes.

The St Mungo's team were recruited specifically for the SIB, including two specifically to work with people from outside the UK (mainly ECE countries) with language support needs. Consequently the St Mungo's team were allocated to individual clients on the basis of their areas of specialism, as well as their geographic distribution.

St Mungo's maintained this team and structure, supporting from the street (or first contact) to sustained outcomes, throughout the length of the SIB contract. In year two, an employment and training specialist was employed on a short-term contract for six months to lead a focus on these outcomes. The stability of the team was highlighted by a number of the Navigators who contributed to the evaluation as an important factor in achieving success, enabling shared learning and consistent, sustained contact with the cohort.

In the final year a small team will be maintained to support clients during the final year of outcome payments - 'the payment tail' - comprising a manager and four Navigators. Service users who contributed to the evaluation were reassured that support would be continued as they continued to stabilise.

The governance arrangements remained the same, with the SPV holding the contract for the St Mungo's SIB. The Board included the two institutional investors; and, the street services manager, Director of Operations and Director of Finance (Chair) from St Mungo's. The SPV met quarterly (previously it was every six weeks) from the second year, reflecting the maturation of the structure.

2.7.2. Thames Reach

In year one, the Thames Reach SIB team comprised seven 'Personal Navigators', a 'Reconnections Navigator' (all referred to throughout as 'Navigators'), an administrator, and a manager. Each Navigator had a caseload of between 50 and 80 clients, assigned broadly by geographic location (i.e. staff are allocated clients in one or two London Boroughs).

Unlike St Mungo's, the delivery team were drawn from existing Thames Reach staff. In common with St Mungo's they all had experience of working with rough sleepers and connections to wider provider and support networks within their respective catchments. For example, Thames Reach had a specialist reconnections team (providing the London Reconnections Service, under contract to the GLA), who could provide additional advice and support.

Thames Reach reorganised their team at the end of the first year. This was part of their service design. The number of Navigators was designed to reduce over years two and three to reflect an initial, intensive focus on supporting individuals away from the street and a greater focus on supporting those in stable accommodation in later years (whilst retaining a focus on those remaining on the street). The Thames Reach team was a lower cost one than that at St Mungo's.

In the second year, Thames Reach model was:

- A team of four Navigators and three 'assistant support workers', overseen by a manager;

- A division in the way the cohort is supported, so that two Navigators were responsible for working with rough sleepers or those in hostels and two responsible for supporting those in accommodation;
- Responsibility for the case (most often, although there was flexibility depending on the client) passed from the street Navigator to a new key worker for the remainder of the support; and,
- Assistant support workers (a lower grade than the Navigators) had a lower case load of clients in accommodation than the Navigators.

In year three this model was maintained, with the addition of 'peer mentors', ex and current service users who were trained to provide peer mentor support from the second half of year two. During the final year there had been some departures from the team of Navigators and new people brought into post. For the payment tail, support will be provided by one Navigator and two peer mentors. Some of the service users who contributed to the evaluation expressed fears about what support they would receive as the SIB was coming to an end.

The governance arrangements remained the same. For Thames Reach, the SIB contract was overseen by the Board, which has been joined by one of the institutional investors. It is the responsibility of the finance sub-committee. As reported in the second SIB evaluation report, the previous Director of Operations responsible for the SIB left and overall responsibility since sat with the Director of Finance, who was involved with the SIB development and management since the outset.

2.8. SIB performance summary

This section presents SIB data for each of the outcome metrics and then stakeholder views of overall and final year performance. The discussion of performance is based on the outcome metrics and does not take into account the results of the impact evaluation.

2.8.1. SIB performance

The performance of the SIB against the five outcomes for the three years of the delivery contract (to end of October 2015 not including the additional 12 month payment tail) is presented below in table 2.2. The table shows annual and cumulative performance; subsequent sections of this report explore each outcome in more detail and provide a further breakdown of the performance data by provider.[39] Although the report presents annual figures, for simplicity, SIB performance data was paid on a quarterly basis.

SIB performance data presented includes the targets that each provider set in their proposal for delivering the contract. The targets are important because they are fundamental to the financial model for each providers' delivery of the PbR. Nonetheless it should be borne in mind that although they represent the financial targets and the ambition of the two providers in designing their interventions, they are not performance targets set by the GLA or DCLG in commissioning the programme and on the own, cannot be used to measure the impact of the intervention. They are the basis of the financial models used to calculate a return.

[39] Quarterly SIB reporting begins in November each year to reflect the contract start date, rather than standard financial year reporting (which begins in April). The contract began on 1st November 2012.

Table 2.2 SIB Performance Years 1-3 (2012-2015)[40]

	Yr 1 Total	**Yr 2 Total**	**Yr 3 Total**	**Total**
Rough sleeping (bedded down street contact) [41]	*Yr 1 Q4*	*Yr 2 Q4*	*Yr 3 Q4*	
Baseline[42]	258	132	92	NA
Numbers rough sleeping	175	124	102	NA
Reduction achieved below the baseline	**83**	**8**	**0**	**NA**
Target reduction below baseline	121	43	40	NA
Stable Accommodation				
Target for entering stable accommodation	94	136	76	306
Entering stable accommodation achieved	***139***	***110***	***55***	***304***
Target for 12 month sustainment	NA	115	104	219
12 month sustainment achieved	***NA***	***146***	***95***	***241***
Target for 18 month sustainment	NA	41	113	154
18 month sustainment achieved	***NA***	***78***	***106***	***184***
Reconnection				
Initial reconnection target	104	50	24	178
Initial reconnection achieved	***45***	***40***	***29***	***114***
6 month sustainment target	48	70	32	150
6 month sustainment achieved	***13***	***43***	***27***	***83***
Employment				
NQF target	10	16	13	39
NQF achieved	***0***	***5***	***0***	***5***
Volunteering/self-employment 13	28	63	54	145

[40] Excludes health metric, see bullet point in summary directly below and Chapter 7 for full discussion.
[41] **The annual total for this outcome shows only the data for the final quarter.** This is because the baseline was modelled on a quarterly and not an annual basis.
[42] The baseline is the predicted, modelled, reduction developed during the feasibility and development stage, minus 5%. More detail is provided in the first evaluation report.

	Yr 1 Total	Yr 2 Total	Yr 3 Total	Total
week target				
Volunteering/self-employ 13 weeks achieved	***6***	***13***	***14***	***33***
Volunteering/self-employment 26 week target	8	25	23	56
Volunteering/self-employ 26 weeks achieved	***1***	***14***	***11***	***26***
Part time 13 weeks target	9	16	12	37
Part time 13 weeks achieved	***0***	***2***	***5***	***7***
Part time 26 weeks target	5	14	12	31
Part time 26 weeks achieved	***0***	***0***	***3***	***3***
Full time 13 weeks target	4	10	16	30
Full time 13 weeks achieved	***8***	***19***	***26***	***53***
Full time 26 weeks target	3	9	13	25
Full time 26 weeks achieved	***4***	***14***	***20***	***38***
Payments made as % against target 2012-2015[43]	***64***	***92***	***77***	***79%***

Source: GLA

Complementary data from the GLA records the status of the cohort at the end of the SIB, presented in table 2.3.

Table 2.3 SIB cohort status at end of Q12

Status	St Mungo's	Thames Reach	Combined
In accommodation	208	194	402
In institution[44]	10	10	20
Reconnected	37	61	98
Rough sleeping	45	60	105
Disappeared[45]	92	80	172
Deceased	21	10	31
Not recorded	1	1	2
Total	**414**	**416**	**830**

Source: GLA/CHAIN data

[43] Excludes health metric, see bullet point in summary directly below and Chapter 7 for full discussion.
[44] This includes being in: hospital; detention; treatment; prison.
[45] Cannot be located and no location recorded in CHAIN

The data shows that:

- 443 of the cohort achieved an accommodation or reconnection outcome (using the outcomes measure; this status table includes those in hostels as in accommodation, for which no payment was made). This equates to 53% of the cohort, although this rises to 71% once those disappeared or deceased are taken into account (deducted from the overall cohort).
- The mixed performance across the outcomes reported in the previous two yearly reports has continued in the final year. Whilst the second report showed that overall payment against target was increasing (March 2015, using data to year 2 quarter 3), this has reduced in year three. Nonetheless, overall the SIB achieved 79% of its payment target (79% of what would have been paid had all target outcomes been achieved).
- Rough sleeping by the cohort was reduced, but as with previous years this was short of the 'below the baseline target'[46]. The reduction was lower in the final year than in years one and two.
- The number of people entering stable accommodation was below target in the final year and very slightly below overall target[47]; however the numbers of sustained accommodation at both 12 and 18 months are above target, indicating a higher proportion of those entering accommodation had it sustained than was assumed in providers' target setting;
- Reconnections were above target in year three, but below overall following slow progress in year one[48];
- Over achievement of full time employment targets, continuing the performance of years one and two. Results were 77% above target for 13 week full time employment and 52% above target for 26 weeks;
- As previously reported, there is no data yet available about the health outcome. Similar data was previously provided relatively quickly and easily by the NHS Information Centre (for a different cohort) for the SIB feasibility study, and there was agreement at the outset of the SIB that it would be provided for the main cohort in the same way. However, for the main SIB, the Health and Social Care Information Centre (HSCIC)[49] subsequently required specific consent from each of the cohort before data could be shared. Providers have been paid in lieu of the data being provided, and an application to the HSCIC is in process at the time of writing. All stakeholders were frustrated about the change in approach and the consequent delay in receiving the data. (Discussed in detail in Chapter 7.)

---

[46] However, despite not meeting targets, the impact evaluation shows that the SIB had a significant positive impact on rough sleeping (albeit a different measure of rough sleeping) after one and two years following the start. Unfortunately the impact over three years could not be measured.

[47] The impact evaluation shows a significant positive impact on entry to long-term accommodation after one and two years from the start of the programme, despite some targets for this measure being missed.

[48] Despite slow progress in year one, the impact evaluation shows that the SIB had a significant positive impact on the percentage of reconnections among non-UK nationals over the two years from the start of the programme.

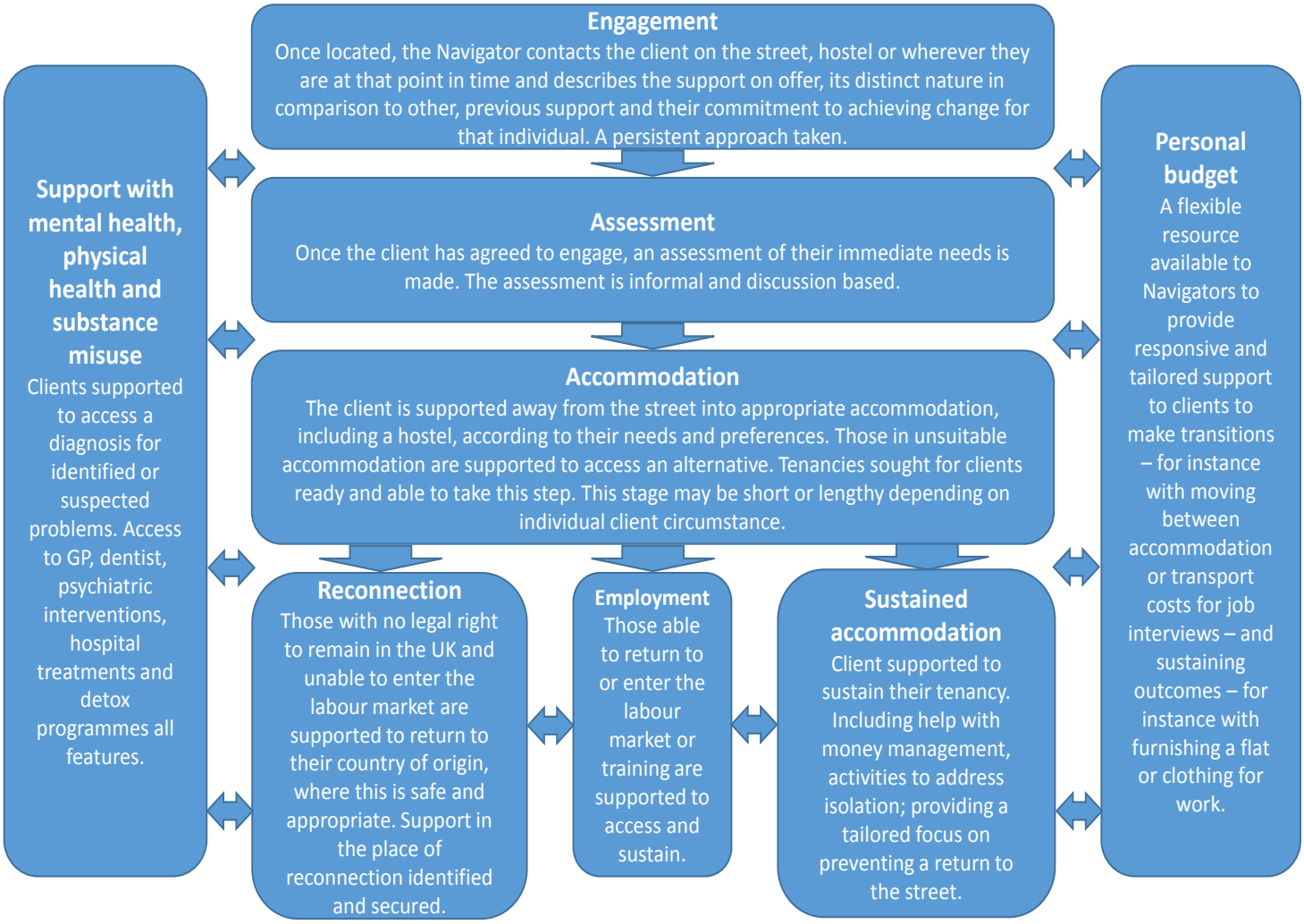
[49] The HSCIC was created as a non-departmental public body through the Health and Social Care Act 2012. From summer 2016 HSCIC became known as NHS Digital.

- The breakdown by provider (presented for each outcome in subsequent sections) shows that although the Thames Reach model differed from St Mungo's in structure during years two and three, overall there was little difference in performance between them.

2.8.2. The Navigator model in practice

Section 1.4.5 outlined the Navigator model designed during the development of the SIB. It was intended to provide a flexible, responsive pathway from the street (rough sleeping) to stable, sustained accommodation or reconnection. The diagram below illustrates how the model worked in practice.

2.8.1.1.1.1. Navigator model in practice



The PbR metrics were designed as clear, simple measures of the key outcomes represented by this pathway. Individual steps within this varied widely. Chapters 3-7 explore each of the PbR outcomes in detail and how clients were supported to achieve them. They include illustrative case studies of individual client's experiences that demonstrate the ways in which they were supported, the complexity of their circumstance and the difference made through the Navigator model.

2.8.3. Providers' views of the SIB

Provider staff, from senior to front line levels, were all proud of the achievements of the SIB and the many individual success stories they were able to identify. Both providers were able to pay investors their principle sum with interest, breaking even and thus outcomes achieved during the payment tail will be retained by them for reinvestment in services (including the maintenance of small teams to support the cohort during these final months). The model of support, taking a long term and personalised approach that builds a trusting relationship for persistent and challenging support as discussed in previous reports, was seen to be effective.

'[The SIB] is a fantastic service because we look at the person as a whole, rather than just their support needs… I was glad to be a part of it as I have seen how much the life of the clients has changed, the proof is in the pudding.' (Thames Reach Navigator)

2.8.3.1. OUTCOMES FOCUS

The PbR structure was also seen, particularly by the 'Navigators' and front line support staff, as effective. The PbR structure was reported to bring a much greater awareness of clients' needs and progression. It was reported to provide motivation and focus.

'I find it quite motivating, to have something to work towards… I feel more pushed and motivated to achieve outcomes, it's a must, whereas in [other services] it is more laidback… it helps you to be more efficient, to work towards goals and its rewarding for you, you know you're the worker that has contributed to the outcomes' (Thames Reach Navigator)

'It has made us look at clients in a different way, in how we can achieve an outcome not if we can achieve an outcome. People that would have been written off we have turned on their heads. (St Mungo's Navigator)

Nonetheless, its explicit monetary nature of the contract did not override the providers' concern to support the cohort in the most appropriate way.

'I could've got a few outcomes in the last few months but I am not going for them as the clients are not ready, and I feel totally supported by management to go down that path' (St Mungo's Navigator)

2.8.3.2. MODELS OF SUPPORT

Although proud of their achievements, both providers were disappointed not to have achieved more. In the second year report, the particularly complex needs of the cohort still rough sleeping or receiving support towards outcomes, including high levels of mental health problems, was identified as posing a challenge for the final year of delivery (a view shared across all stakeholders). This was borne out and is reflected in the lower levels of performance in the data for year three. Although there were three years of delivery, for some clients with entrenched lifestyles this was still not long enough to affect long lasting change. The cohort contains individuals with a history of non- and failed engagement with services.

Both providers had targeted their resources towards those in the cohort more likely to achieve outcomes during the final year. They reported that this did not mean that they had neglected other members of the cohort entirely. At Thames Reach, the delivery model was

one that from the outset moved resources away from the street over time to focus on accommodation and reconnection outcomes although a focus on those rough sleeping was maintained throughout. At St Mungo's, the team carried a mixed case load from street to accommodation (or reconnection). To realise sustained outcomes required a huge amount of support for the cohort and the over achievement of the accommodation outcomes reflect success in targeting resources in this way.

'Some clients are still not taking responsibility after three years and it makes you think, 'what do you want from me?' (St Mungo's Navigator)

Thames Reach use of 'peer mentors' was a feature provider staff reported as making a particularly important contribution.

'The peer mentors are so valuable, I really can't stress that enough.' (Thames Reach Navigator)

Both providers saw their models of support as effective and although there was a split in roles at Thames Reach during years two and three, the close working within the team meant that any change in key worker was carefully negotiated. None of the Thames Reach cohort who contributed to the evaluation reported any issues regarding changes of key worker.

2.8.3.3. PARTNERSHIP WORKING

The SIB intervention was designed to work with and across existing services and thus partnership and multi-agency working was central to the support model. Navigators played a co-ordinating role in bringing services and support together, advocating for their clients. This was particularly time consuming during the final year as clients requiring the most support were those with the highest levels of need and who had often taken several months to engage. The first evaluation report identified how there had been some issues in early partnership working as roles and responsibilities of the SIB and existing, partner, services were negotiated and clarified. In the main, these had been resolved but nonetheless during the third year there were still some problems in engaging services.

'Still some services look at us and think we are a credit card and it is going to take a long time shift their views.' (St Mungo's Navigator)

As previously reported, the targets set by providers were based upon estimates using data from existing and preceding services, and were part of a competitive tendering process. The SIB was an innovation with a group who had not been worked with in this way before. Thus whilst the targets were not all achieved, the overachievement of both accommodation and employment (albeit at a smaller scale) were seen as key indicators of success. The SIB itself provided learning about working with this group. It also provided learning about PbR and SIB contracts.

2.8.3.4. INVESTMENT STRUCTURES

Both providers were happy with their investment structures and reported that the PbR structure had led both to review how data is used internally across other contracts and more broadly in understanding how to deliver an approach that is outcomes-focused (as discussed in earlier reports). Active, consistent, ongoing performance management was

required to ensure progress was being achieved (and the PbR led to a much greater awareness of clients' needs and progression).

For St Mungo's, the SPV had worked well although there were questions as to whether an SPV would be required for future contracts of this size, given the initial set up costs. The SPV met quarterly and enabled investors to scrutinise performance, whilst recognising the expertise of St Mungo's as providers. Long term relationships with investors, with potential for further involvement, was one benefit of the SIB. Nonetheless, there were some tensions in managing investors' interest in the drivers of performance although overall the relationship was reported to have worked well. The fact that St Mungo's themselves had invested in the SPV was seen to temper this.

'There is a fine line between meddling and being constructive. You don't want to replicate what government departments do to manage contracts. If investors are going to do that you are wasting your time'

Thames Reach stakeholders saw their structure as enabling them to maintain greater control over the programme delivery and risk than an SPV. One investor has a place on the Board and this reflected the investment structure as coming with a broader dimension of investment in Thames Reach as an organisation, as well as for this specific SIB contract. It was reported to have fostered a close relationship with the investor for longer-term involvement and future opportunities.

2.8.3.5. PAYMENT TAIL

Both providers described the way in which support will continue during the payment tail and the importance of, and associated difficulties at times, of withdrawing support and handing clients over to alternative key workers. This is returned to in Chapter 4, when discussing the accommodation outcome.

2.8.4. Investor views of the SIB

Similarly to the providers, investors in both SIB contracts were happy with overall performance and thus with their return on investment. Whilst disappointed that more outcomes could not be achieved, they understood this in the context of the SIB providing learning both about these investments but also interventions aiming to achieve social outcomes with cohorts with complex needs. The flexibility afforded to providers in a SIB contract, being able to focus on working in the most appropriate way for individuals rather than a single intervention pathway, was a key advantage identified; as was the ability to adapt delivery, for instance St Mungo's temporary use of additional education, training and employment (ETE) expertise during the contract. Investors were happy with the resources committed by providers, the quality of their staff and the support provided to this highly vulnerable group.

2.8.4.1. THE SIB AS A LEARNING OPPORTUNITY

As the second ever SIB, for almost all the investors this was the first opportunity to learn about SIB investments. Although overall performance had not been as high as was hoped, investors had received their return and the SIB was a testbed both as a SIB and an intervention.

'*I was very much our first dip of our toes into the water in terms of Social Impact Bonds, so it was very much a learning experiences and it's been invaluable in helping us shape our analysis and assessment of future opportunities.*' (Investor)

'*It was a trailblazer and with that trailblazing status came trailblazing costs.*' (Investor)

There were two learning points identified in relation to metrics. Firstly, that the SIB demonstrated the need for a balanced range of metrics for target groups with complex needs. Secondly, the need to move beyond a review of metrics that is concerned with their having a robust and clear definition, to the need to also understand the processes that are required behind their achievement.

'I think when I am assessing a Social Impact Bond now I am less bothered about the outcome metrics themselves. What I am most interested in is how you get to those metrics. So what are the ten or fifteen steps that each delivery organisation needs to meet to get to that outcome metric… you need to make sure get that fully boxed off before you fully understand the risk around that before you invest.' (Investor)

A shared frustration concerned the lack of performance data for the health metric. Several of the investors highlighted how government departments should collaborate on SIBs where target groups' support needs and identified outcomes sit across different policy areas. A move away from single department's commissioning SIBs to joint commissioning or funding arrangements was seen to be necessary for effective sharing of outcomes and associated savings.

2.8.4.2. INVESTMENT STRUCTURES

For St Mungo's investors, the SPV was reported to have worked effectively. It provided a forum for performance review but there were, as with St Mungo's stakeholders, questions about whether this structure would be appropriate in the future.

'*It maybe needs a bank account but you don't necessarily need an entire company. You've got accountant fees, audit fees, legal fees, and all kinds of things that add to the costs of it... [with serval commissioners and or providers] I can see why you might want an SPV because it all gets a bit complicated… if it's basically just a PbR contract being taken on by an organisation and we're providing working capital for that contract then it doesn't feel like it's needed.*' (Investor)

At Thames Reach, the attendance of one investor at the Board provided reassurance that the SIB was being effectively managed and was a high level strategic priority.

2.8.4.3. SUSTAINABILITY

There was a shared concern in relation to the sustainability of the outcomes achieved by the SIB. Although these will not be known in the first instance until the end of the payment tail in October 2016, there is a longer time scale for which no data will be collected. Motivated by social outcomes as well as a financial return (a blended return), investors highlighted that there were no plans to mainstream an intervention for the cohort and others with their characteristics, by commissioners, following the end of the SIB. Investors saw SIBs as testing grounds and not as a new way of project and programme funding.

'[*Providers] can't do sixty SIBs. Their whole turnover can't be based on Social Impact Bonds. You'd have sixty different SPVs, you'd have so many boards and meetings. So it's actually quite impractical at scale but as a one-off there are definite benefits to it. The governance and the focus*.' (Investor)

Another common concern related to a core rationale for a SIB investment is that it enables commissioners to transfer risk in funding an innovation. Investors regarded the innovation to have been proven as effective and raised questions about plans to commission support services beyond the payment tail, having invested in the SIB to achieve social outcomes for this group.

'What happens next for the all the people that have been on this programme?' (Investor)

2.8.5. Wider stakeholders' views

The views of performance expressed by providers and investors were shared by wider stakeholders. Participants in the evaluation from the GLA, DCLG, Cabinet Office and London boroughs were all positive about the outcomes achieved overall and in particular in relation to accommodation and employment. These stakeholders had an overview of the SIB as a whole rather than one from the perspective of a particular provider and investment. They noted that the two providers' divergent models had achieved broadly similar outcomes. This was seen to demonstrate how the key tenets of the Navigator model could be effectively delivered through different structures when carefully managed. The outcomes focus provided by the PbR was seen as central to this – a common goal enabling provider flexibility. The SIB was seen to have highlighted the challenges of supporting this group with high and complex needs. The London boroughs cited individual '*revolving door*' cases that all previous interventions had failed to successfully engage and support but that the SIB had '*turned around*'. Thus the lack of further achievement was seen to reflect the challenges of working with the cohort and that group within it with particularly high levels of need, rather than a failure of the SIB *per se*.

2.8.5.1. SUPPORT DURING THE PAYMENT TAIL

There was also a shared concern in how the cohort would be supported during the final year payment tail. The GLA and London boroughs were directly involved in the exit plans for support that were developed by both provider. St Mungo's retention of a small team to provide ongoing support to clients who still relied upon it was welcomed, with this seen as providing additional time to withdraw from direct engagement. Thames Reach's much smaller team of a manager and two volunteers was seen as important provision but with a higher risk for the most vulnerable, with alternative key workers and support identified for a much larger proportion of their cohort than St Mungo's. All these stakeholders were clear that the achievements of the SIB will not be known for another, further year, when any differences in the effectiveness of these two approaches towards then end of year three and during the payment tail will emerge. Where the providers had worked with London boroughs to identify alternative sources of support for the cohort, this was reported to have been achieved through negotiation and agreement.

'I was very much part of the case planning and partnership for individual clients… There were individual meetings with boroughs… about which clients we were going to take back and what we would do with them and stuff like that.' (Strategic Stakeholder)

2.8.5.2. WIDER LEARNING

These stakeholders also identified the SIB as a pioneering innovation, from which there was a wide range of learning. As outlined above, this included learning about the complex needs of the cohort and ways of supporting them effectively (outcome specific learning is returned to in the following sections). Westminster City Council have commissioned three contracts in the past year that use a partial PbR to provide for an outcomes focus. They,

the GLA, DCLG and Cabinet Office also shared their learning about the need for a range of metrics for complex groups and expressed frustration at problems with cross-government information sharing, in common with the investors and providers above. The GLA and Cabinet Office both reported that future SIBs to tackle homelessness are being discussed.

2.8.5.3. PARTNERSHIP WORKING

Stakeholders from the wider provider landscape, who had worked in partnership with the SIB providers, were almost all positive about the intervention and their experiences of working together. They described how they had worked with providers to allocate individuals to themselves or the SIB on a case by case basis. Effective communication was essential to ensuring that both partners knew about the activities of the other; this had taken time to develop in some cases, noting this was in common with partnership working more widely.

'The SIB team would communicate on what was taking place, if the customer was going back to the property, if they have been seen on the streets from a street contact. The TST team would communicate if there were any tenancy issues and antisocial behaviours, or non-payment of rent.' (Wider Stakeholder, Tenancy Sustainment Team)

'We sing from the same sheet' (Wider Stakeholder, Tenancy Sustainment Team)

The partners who contributed to the evaluation, in common with the London boroughs, welcomed the SIB as bringing an extra resource to the sector and to provision for this group of high level complex needs individuals. They also saw the SIB as relieving the pressure on other services by sustaining tenancies. The SIB was able to give time to clients that more specialist providers, for example tenancy support teams, weren't able to.

'If someone goes missing, I won't be able to find them. But the SIB will know where they'll be. They'll know where their haunts are, where they hang out, and they'll find them because they have built up a relationship with these clients.' (Wider Stakeholder, Supported Housing Provider)

'*We're going to miss the SIB workers a lot. This has to do with the standard of people who are doing the jobs. If they had been less experienced and dedicated I would not have nearly as glowing. They could've been a hindrance. But they have been outstanding.*' (Wider Stakeholder, Hostel Manager)

There was a minority view that the SIB had duplicated existing work and that not enough time had been invested in the early stages of the programme in establishing clarity around roles and responsibilities. However, most stakeholders reported that early difficulties had been overcome through negotiation.

2.8.5.4. SUSTAINABILITY

However there were some concerns expressed by these providers about the sustainability of the outcomes achieved. The high quality, well-resourced support provided by the SIB was seen by some to be preferred over all other sources of support by some members of the cohort. There were concerns both that this could have created dependency upon it, when other sources of support were available; and that as the SIB withdraws some outcomes, particularly tenancies, would not be sustained. Nonetheless, services described

how the handover of clients from the providers to them had been carefully undertaken, building on the effective communication and partnership working developed.

'We sat down, most of them are known to us already because the way rough sleeping works, people are being moved through were known to us – they were being moved into flats on our patch so we knew they were there and the support workers had already had a conversation and in some cases were already joint working, and even when we hadn't had any involvement, what we found when they handed it over was the records were OK – we didn't go in and the customer said they hadn't seen anyone in months or they were living without electricity which would all be signs of failure if support were absent – but there wasn't a single one I was concerned about.' (Wider Stakeholder, Substance Misuse)

2.9. Programme governance

In addition to the internal SIB governance structures of the SPV (St Mungo's) and Board with finance sub-group (Thames Reach), the SIB was overseen by a Board and supported by a Project Group. The arrangements remained the same throughout the length of the SIB contract.

- A dedicated monitoring officer at GLA collects and verifies the evidence received for outcomes achieved (quarterly);
- A Project Board (quarterly) brings together stakeholders to review performance and address strategic issues in support of the SIB;
- A Project Group (quarterly, prior to Project Board) brings together the two providers to discuss good practice and challenges. Issues are taken forward from the Group to the Board; and,
- Quarterly monitoring meetings held by GLA with each provider to review their progress.

Overall, stakeholders who contributed to the research saw these governance arrangements as appropriate and working well. Some expressed a view that there had been too much information for the Board to consider and make sense of, with lots of data reports to review. There was also a view that whilst issues had been passed down to the Project Group for discussion, for instance a query about a way of working or progress towards particular outcomes, these had not always been satisfactorily addressed. There was a view from some provider senior stakeholders that the Board had struggled at times to take a more strategic role and had reverted to a more traditional commissioner role. This was described as asking detailed questions about delivery models rather than leaving providers with the flexibility to focus on outcomes in the way they considered to be most appropriate. To counter this, Board members described their role as a quality assurance one ensuring clients were receiving the high quality support intended.

All saw the Project Group as providing an important forum for information sharing. An openness had taken some time to develop but the providers had participated in a positive way and there were some notable times when information sharing had taken place to the benefit of the cohort; for instance, in sharing ways of working with immigration authorities.

The Board will continue to meet during the final year to review the payment tail achievements.

3 Rough Sleeping

This chapter discusses the performance of the SIB against the 'Reduced Rough Sleeping' outcome. The payment metric for this outcome was a reduction in the number of individuals sleeping rough each quarter, below a modelled baseline. This is a different metric from that used in the impact evaluation, and the discussion is based only on performance against the payment metric and targets set.

3.1 Summary

Performance

- Whilst rough sleeping among the SIB cohort reduced, performance against this metric tailed off during the third year of the SIB. Previous annual reports noted the similar performance of both providers and this has broadly continued in the final year, in terms of numbers sleeping rough. The two providers set different targets and in the first year Thames Reach achieved a higher reduction in rough sleeping, reflecting their delivery model of focusing resources on this group in the early stages and moving resources to accommodation and other outcomes in subsequent years.
- Stakeholders as well as providers described those remaining on the street as having well entrenched lifestyles, associated street networks and high barriers to engagement. This reflects the views reported in the second year evaluation report and has thus been borne out.
- One issue that impacts upon this metric is that some of the cohort, return to the streets for occasional nights or short episodes of rough sleeping whilst in accommodation. Providers view the baseline measure as failing to recognise that some clients supported away from the street and making progress in accommodation sleep out occasionally. This remains a contested issue.

Effective practice: flexibility and joint working

- The providers, and wider stakeholders and members of the cohort highlight the effectiveness of the SIB model as being one characterised by a persistent, flexible approach. This is identified as key to building the trusting relationship from which the recovery pathway away from the street can build.
- Working long and flexible hours to engage the cohort at different times of the day, learning about individuals' preferred locales and taking an assertive approach to engagement was central.
- Joint working with borough outreach teams was required, to identify and support those who rough sleep. A pan-London approach was important. A wide range of stakeholder relationships was necessary, supported by regular meetings and information sharing to develop common understandings of roles and responsibilities.

Challenges: complexity of needs, issues in partnership working and draw of the streets

- High levels of mental health problems were reported to be particularly prevalent amongst those who remained rough sleeping. Evidencing these needs to support specialist interventions was time consuming. The other, related, support need was with substance misuse (alcohol and drug dependency). Many of these clients were unwilling to confront their problems.
- As with joint working being a feature of effective practice, a lack of partnership working or issues in being able to access specialist support services was a barrier to moving some clients away from the street.
- The three years of the SIB was identified as not long enough for some clients who have entrenched rough sleeping lifestyles. The draw of street begging was a barrier to some clients being supported away from rough sleeping.

3.2 Outcome data

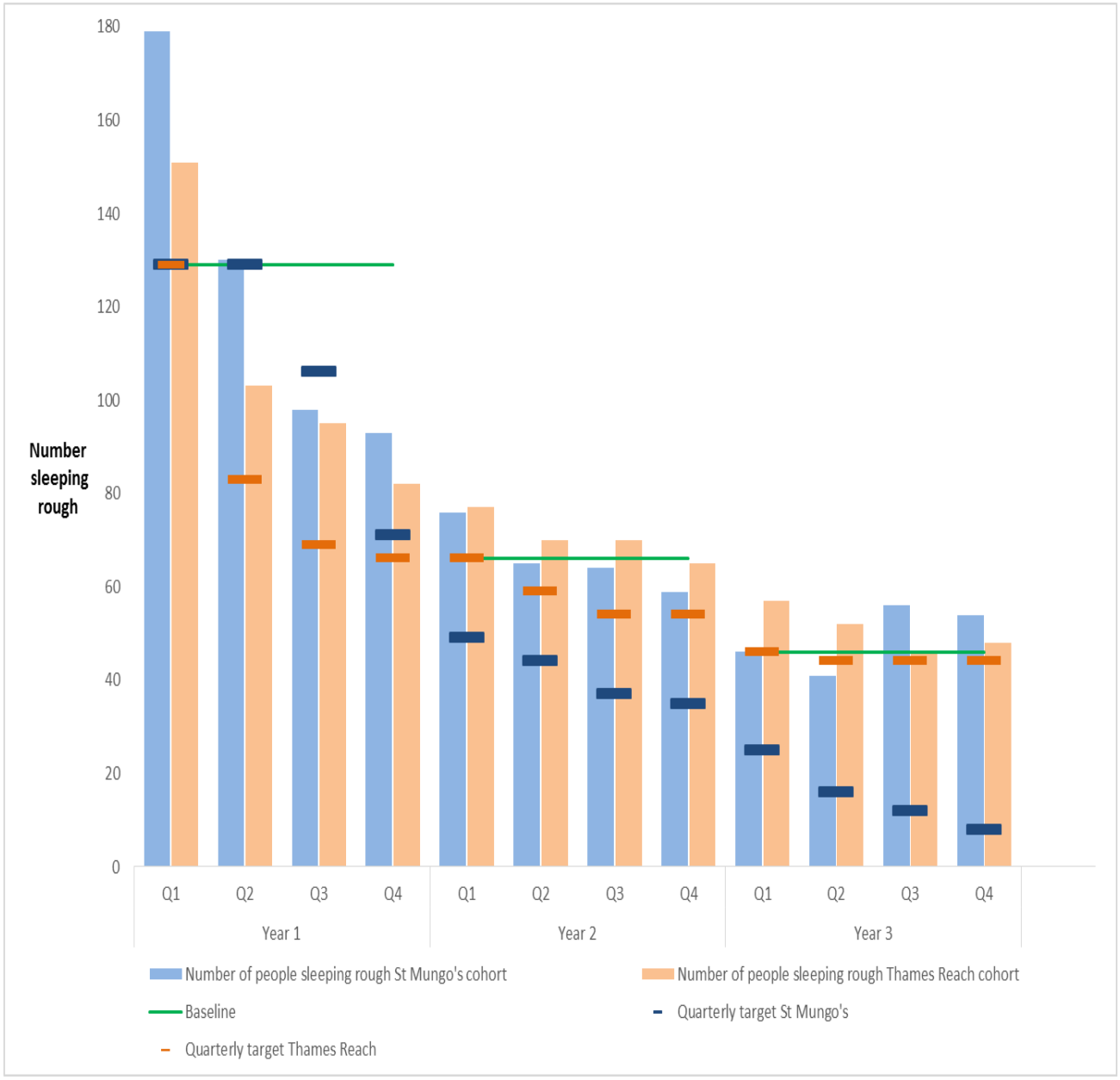
Table 3.1 presents the outcome data for the final quarter of each year, by provider. This outcome is a quarterly baseline and not a cumulative measure. The baseline is the predicted, modelled, reduction minus 5%.Therefore there were quarterly targets but not an annual baseline and target (as the baseline reduced over quarterly measurement points). Figure 3.1 presents this data in a chart.

Table 3.1 **SIB Provider Performance – Reduced Rough Sleeping**

	St Mungo's			**Thames Reach**		
	Year 1 Q4	**Year 2 Q4**	**Year 3 Q4**	**Year 1 Q4**	**Year 2 Q4**	**Year 3 Q4**
Baseline	129	66	46	129	66	46
Number rough sleeping	93	59	54	82	65	48
Reduction achieved below the baseline	36	7	0	47	1	0
Target reduction below baseline	58	31	38	63	12	2

Source: GLA

Figure 3.1 SIB Reductions in Rough Sleeping



3.2.1. Provider performance

The table shows how performance against this metric has tailed off during the third year of the SIB. Previous annual reports noted the similar performance of both providers and this has broadly continued in the final year, in terms of numbers sleeping rough. The two providers set different targets and in the first year Thames Reach achieved a higher reduction in rough sleeping, reflecting their delivery model of focusing resources on this group in the early stages and moving resources to accommodation and other outcomes in subsequent years.

'Our model was to reduce [staff] over time, because our focus was on flooding the street with staff, make those early interventions and get people off the street. And over time,

reduce it to a smaller number as we supported people off the street.' (Thames Reach, Senior Stakeholder)

As described in the preceding section reviewing the SIB's overall performance (2.7), stakeholders as well as providers described those remaining on the street as having well entrenched lifestyles, associated street networks and high barriers to engagement. This reflects the views reported in the second year evaluation report and has thus been borne out.

'*There's 12% of the cohort still rough sleeping. I think both providers have tried their hardest to chisel into that, but, after you've tried for [so long] and you're not getting anywhere, I think they've just gone 'right, well actually there's no point us continuing with the resource there, lets concentrate on the people we can get into accommodation, get into this, get into the other... There's some within that 12% that they've never managed to locate.'* (Strategic Stakeholder)

In the final year the providers have continued to seek to engage those on the street. Although there was a more explicit move away from focusing resources on this group at Thames Reach, it did not entail a complete withdrawal of support. SIB delivery staff continued to seek to engage this group and to support them towards accommodation and reconnection outcomes.

Overall, as with previous years, providers were happy with their performance in reducing rough sleeping for all but some of the most entrenched.

3.2.2. The Reduced Rough Sleeping metric

The reduced rough sleeping metric focuses on the number of individuals sleeping rough in a quarter rather than recognising a reduction in the number of times an individual is sleeping rough (which is one of the metrics used in the impact evaluation). One issue that impacts upon this metric is that some of the cohort, whilst in accommodation (including hostels), return to the streets for occasional nights or short episodes of rough sleeping (see 'challenges' below, 3.2.2); the sustained accommodation outcome makes an allowance for limited nights out. The two previous SIB evaluation reports have discussed stakeholder perspectives on the SIB metric for reducing rough sleeping.The reports discussed a view from the providers that the baseline measure does not recognise that some clients supported away from the street and making progress in accommodation sleep out occasionally (the two outcomes being '*two sides of the same coin*'). If they do and are seen by an outreach team and recorded as rough sleeping in CHAIN, then this is counted despite their overall progress (see 4.1).

The issue was raised during year one at the Project Group and Project Board and case studies developed as illustrative examples by both providers. Investors also raised concerns about the metric and whether it was appropriate, drawing on the discussions of performance that they had had with the providers as part of their reviews of performance (through governance). As a result, during year two, the Board commissioned some additional analysis of CHAIN data looking at rough sleeping for the SIB cohort and two comparator groups. This analysis was not intended to assess the impact of the SIB intervention, but to explore the appropriateness of the metric - please see the impact evaluation report for a robust assessment of impact.

As set out in Chapter 1, the SIB cohort are rough sleepers who had been:

- Seen sleeping rough and/or have stayed in a London rough sleeping hostel between July and September 2012; and,
- Seen rough sleeping at least 6 times over the last 2 years.

The comparative cohorts met the second part of the SIB definitional criteria, but are drawn from the three months 'before' and 'after' the SIB cohort was drawn on 31st October 2012.

The analysis explored the number of bedded down contacts – the number of times an individual is recorded as rough sleeping – for the cohort and for comparative cohorts. This analysis was presented in the second SIB evaluation report. It has continued throughout the final year of the SIB and the results are presented in Annex 2. The second annual evaluation report noted that the SIB cohort had a much lower ratio of bedded down contracts than the 'before', but little difference to the 'after' cohorts in the SIB second year. In the third year analysis, the SIB cohort has continued to achieve a lower ratio with the 'before' cohort and has increased the difference with the 'after' one.

A second element of additional analysis compares the percentage of the SIB cohort rough sleeping with the two comparator cohorts (as measured by the rough sleeping metric). This analysis shows the SIB as achieving: a higher reduction (although small compared to the 'before' cohort); and, the pattern of reduction is again steadier than in the comparator groups, albeit stabilising in the final year (reflecting the nature of the 'hard core' rough sleeping cohort as outlined above).

The issue of whether the selected metric is the best measure remains a contested one. The bedded down contact measure (measuring the number of times individuals' sleep rough) was considered during the development stage of the SIB as a metric for reduced rough sleeping. The reductions shown were broadly similar in the modelled cohorts; therefore the recorded rough sleeping metric was chosen as it is simpler for recording and reporting. The similarity of the patterns observed over both metrics suggest that the metric is an accurate measure of rough sleeping. Whilst a crucial measure, the 25% allocation of the overall outcomes payment compared to 40% for the accommodation metrics reflects the priority given to these as more meaningful measures of sustained outcomes away from the street in the design of the SIB. None of the evaluation participants, across the stakeholder groups, were able to suggest a viable alternative.

In terms of overall effectiveness of the SIB in reducing rough sleeping, it will only be analysis of future years' CHAIN data that can provide a conclusive finding (with one stakeholder suggesting this should be repeated in five years' time). However, the finding of the impact evaluation that the SIB intervention had a significant positive impact on reducing rough sleeping, over the first two years of delivery, should be noted.

3.3. Delivery

This section explores learning from the delivery of the SIB to achieve the outcome of reduced rough sleeping, including both features of effective practice and barriers. The focus of the final year has been working with those most entrenched rough sleepers within the cohort. As discussed in the second evaluation report, this group were identified by SIB staff (and stakeholders) as having particularly high levels of mental health and substance

misuse support needs (meaning they are more challenging and difficult to engage); and entrenched rough sleeping and associated disengagement from services, including as a result of previous negative experiences or exclusion from them. Staff described the SIB as working with clients whom other services had '*given up on'.* Although the cohort has a clear definition, it is broad and contains a wide range of individuals requiring personalised approaches. Although SIB delivery staff were able to identify some key successes in support, it had been more challenging to provide access to the support that many required. This section elaborates on the analysis presented in the second annual report, to focus on the challenges for those persistent rough sleepers engaged during the final year of support.

3.3.1. Features of effective practice

3.3.1.1. PERSISTENCE

The providers, and wider stakeholders, highlight the effectiveness of the SIB model as being one characterised by a persistent, flexible approach. This is identified as key to building the trusting relationship from which the recovery pathway away from the street can build. The focus of the final year fieldwork in exploring this outcome was primarily on the challenges posed by the remainder of the cohort rough sleeping.

Chris has received persistent support from his Navigator, who refused to give up on him

Chris is British and is in his early 50s. This is the third time that he has participated in the evaluation research. He has a history of alcohol misuse and has been admitted to hospital more than once with serious health issues. He has participated in a number of detox programmes but has always relapsed at some point after. In each wave of the evaluation, he has been living in different accommodation. He was asked to leave his last accommodation as he had a fight with a resident and slept rough in Brighton for three months. His Navigator phoned him several times as '*was worried about him'*. When he returned to London his Navigator helped him get back into a hostel and is persuading him to go to an advisory service for alcoholics. His Navigator is also helping him with his depression and with applications to work in second hand shops. He has sent three applications and is waiting to hear back.

His Navigator has '*done a hell of a lot'* for Chris. '*He doesn't give up on people, I have let him down and let myself down but he has never given up on me'.*

Working long and flexible hours to engage the cohort at different times of the day, learning about individuals' preferred locales and taking an assertive approach to engagement was central.

'I had a client who was banned from The Passage [key hostel bed provider and day centre] banned from every place, he was very aggressive, no one would work with him. Even other clients had mentioned him and said that he had cut off completely from everyone and was not engaging… I was advised for the first meeting I should go with the police… [the client] was drinking very heavily when [we] first met, in a really bad state… I thought I would never get anywhere with him as he never went to treatment… I eventually sorted [a 10 day] detox for him, he stayed sober and stayed in a dry hostel and eventually

got a clearing flat and is now working…no one ever thought that we would get him to stop drinking…it is kind of 'wow'. (St Mungo's Navigator)

3.3.1.2. JOINT WORKING

Joint working with borough outreach teams was required, to identify and support those who rough sleep. This involved joint shifts, particularly to target difficult individuals and regular meetings to share information. Clients may retain their borough outreach worker if this is most appropriate to them, for instance where a long-term relationship exists, with the SIB providing additional support and challenge.

The importance of the pan-London approach in enabling the SIB to follow clients '*who naturally wander about*' was noted. SIB workers identified the importance of maintaining a wide network of partnership relationships with stakeholders in, and gatekeepers to, hostels and other services (in addition to outreach teams) to develop joint solutions.

A shared understanding across partners of roles and responsibilities; and a willingness to work together in the interests of the client requires regular meetings and information sharing. Stakeholders identified the 'Outreach Protocol' developed by the Mayor of London's Rough Sleeping Group during 2014, in collaboration with London boroughs, voluntary sector organisations, the police and the Home Office as an outcome of the SIB. Its purpose is to ensure that different services working in varied settings operate to consistent and excellent standards.

Having good relationships with hostel providers, commissioners (who act as gatekeepers) and a range of accommodation options available are also important for moving people away from the street. Good relationships mean that the SIB Navigators and providers are 'trusted' to support the clients they refer.

3.3.2. Challenges

3.3.2.1. COMPLEXITY OF NEEDS

High levels of mental health problems were reported to be particularly prevalent amongst those who remained rough sleeping. Navigators spent a long time building trust to gather the evidence of their needs in order to demonstrate thresholds for specialist support, including a wide range of conditions such as schizophrenia and autism. Many clients had accessed support in the past but it had broken down and there was often a mistrust of services.

Jane identifies the support she has received to address her substance misuse as key to preventing a return to the streets

Jane is in her 30s and this was the first time she had participated in the evaluation research. She had been a drug addict sleeping rough for many years and had not wanted to go into a hostel for the fear of being lonely. She met her Navigator two-three years ago, who persuaded her into temporary accommodation and to attend the 12 week Westminster Drug Programme. The Navigator was different to other workers she had had contact with as they *'didn't tell her what to do, just suggested, like a friend, not like an authority figure'*. She was then supported to attend the Rise Day Programme in Southwark, where she spent three months working through the triggers of her drug abuse, *'I am lucky I got in there'*. She has now stopped using drugs and moved into her own flat in March 2015, where she is very happy, '*I don't think I could handle being homeless again, I*

would be embarrassed now, wouldn't be as easy going'. She started attending the St Mungo's Recovery College and has signed up to a photography course in Southwark.

Jane is glad that she had SIB support as '*would still be in a hostel if there had been no SIB'*.

The other, related, support need was with substance misuse (alcohol and drug dependency). With these clients the main barrier to accessing services was often their willingness to confront their substance use and take the offer of support to access treatment.

'Some of the clients have really entrenched substance misuse and being able to get them to actually agree and go to treatment is massive' (Thame Reach Navigator)

The three years of the SIB was identified as not long enough for some clients who have entrenched rough sleeping lifestyles. One challenge as the SIB comes to an end is identifying alternative key workers with the time and resources to build on the support that has been provided to date

*'I am afraid it will go back to the same [ineffective support] that it was before the SIB' (*Thames Reach Navigator).

3.3.2.2. CHALLENGES IN PARTNERSHIP WORKING

As with joint working being a feature of effective practice, a lack of partnership working or issues in being able to access support services were barriers to moving some clients away from the street. Some specialist services were reported to lack understanding of the context of rough sleeping and the characteristics of rough sleepers. The second evaluation report included an example of an individual rough sleeping for whom it had taken 18 months to identify a social worker who then liaised with the mental health team to undertake a joint visit on the streets.

'Some agencies are really busy and cases are put to the side and some have been ignored for 20 years' (St Mungo's Navigator)

3.3.2.3. DRAW OF THE STREETS

There is a social side to rough sleeping that people supported away from the street can miss. Thus, some people will still sleep out occasionally, as a social event to see friends or when away from home during the evening and as an alternative to travelling home. This might not be a barrier to reducing an individual's rough sleeping in the long term, but it was identified as a barrier to the achievement of this metric (as outlined above).

'I just had a client who wanted to spend a night out as he bumped into friends, got a bit tipsy and then crashed out and in the morning went back straightaway to his place' (St Mungo's Navigator).

A related point, emerging more clearly in the final year data collection, is the draw of street begging and how this can provide a motivation to stay rough sleeping or a draw back to it from accommodation where an individual has a place to stay. It also works against those for whom navigators were trying to achieve reconnection outcomes.

'Clients have admitted that they can beg anything from £250 a day on the streets. In their home countries they would have to work for a month to earn £200.' (Thames Reach Navigator)

4 Stable Accommodation

This chapter discusses the performance and learning from the SIB from the delivery of the 'Stable Accommodation' outcome. This outcome is an individual measure of entry into accommodation with a tenancy agreement and then sustainment of that tenancy at 12 and 18 months. The discussion focuses on performance against targets (as supposed to performance against a counterfactual - or what would have happened in the absence of the intervention – which is addressed in the impact evaluation report).

4.1 Summary

Performance

- Overall the SIB has achieved above target levels of sustained accommodation, but lower entries to stable accommodation due to lower than expected performance from Thames Reach in the second year[50] and slightly below target performance from both providers in the final year.
- Both providers were pleased with their performance against this metric, which was central to the financial viability of the SIB for them. Both they and their investors were pleased with their performance in monetary terms, but also in terms of the outcomes that this represented for the individuals within the cohort.
- High numbers of the cohort were supported into PRS accommodation. This was highlighted as a particular success by strategic stakeholders, achieved through innovative flexibility of the PbR model. There were related questions raised about the ongoing support needs of these clients beyond the SIB and during the payment tail

Effective practice: flexible, personalised support including widening networks,

[50] As previously noted, despite some shortfalls in performance against targets, the impact evaluation showed a significant positive impact of the intervention on entry into long-term accommodation over the first two years of the programme. Sustainment could not be measured.

- The personalised, flexible, resourced approach of the SIB was key to supporting the cohort into stable accommodation and to sustain it. The long-term nature of support was a central innovation and a foundation of success. Also important was the availability of a personalisation fund for resources to support sustainment.
- Being able to select appropriate accommodation for clients and having this as an immediate focus was an important feature of effective practice. This included both new routes into PRS but more traditional routes into hostel accommodation. Working in new ways included helping with the costs and activities associated with moving accommodation and essential to sustaining these outcomes.
- Staff from both providers were clear that the PbR structure had not led them to place clients in accommodation that was not suitable, as this would not be sustained.
- Navigators coordinated networks of support. As well as services this included encouraging social networks and engagement with positive activities.

Challenges: addressing complexity in the welfare system, complex support needs and working towards exit plans

- A recurring theme in provider perspectives was that some Tenancy Sustainment Teams (TSTs) or workers within them do not have the time or experience to provide this group of clients with the support that they need. The SIB was seen as being responsible for some clients rather than a partner in their support.
- Complications with the benefits system and entitlements was another key challenge, with provider staff reporting that the amount of time they spent supporting clients with these issues increasing across the latter two years of the SIB. A related issue was the disruption caused by the award of back payment for incorrect claims, successfully challenged.
- ICF undertook some analysis of CHAIN data to explore the support needs of clients for whom tenancies had broken down (entries to stable accommodation had not been sustained). It shows the higher comparative alcohol, drug and mental health needs of those who were unable to sustain their tenancies.
- Developing exit plans for those within the cohort with the most complex needs was difficult. There were concerns that some were over-reliant on the SIB for support. This included the lack of capacity within other services to provide the levels of support required by clients once the SIB came to end or drew back.
- There were particular concerns amongst wider stakeholders about clients in PRS and how they would be supported during the payment tail. It was also reported by a strategic stakeholder that there was a small number of clients who were being moved out of PRS back into hostel accommodation as their support needs were too high. It was not clear if this was both of the providers.

4.2 Outcome data

Table 4.1 presents the outcome data for each of the three years of SIB delivery, 2012-2015 by provider, including overall achievement. This outcome is an individual measure of entry into accommodation with a tenancy (as opposed to a hostel) agreement and then the sustainment of that tenancy at 12 and 18 months. Living with friends and family (own

bedroom) or in a care home (where this is for life not treatment) are also eligible outcomes. There is an allowance for the individual being recorded on CHAIN as rough sleeping two times in the first 12 months and once in the final six. This was included in the design of the SIB in recognition of the occasional ('recreational') rough sleeping expected amongst the cohort (and discussed above in relation to rough sleeping).

Table 4.1 SIB Provider Performance – Stable Accommodation

s					**each**				**Combined**
	Year 1	**Year 2**	**Year 3**	**Total**	**Year 1**	**Year 2**	**Year 3**	**Total**	**Total**
Target for entering stable accommodation	64	64	40	168	30	72	36	138	306
Entering stable accommodation achieved	*78*	*72*	*34*	*184*	*61*	*38*	*21*	*120*	*304*
Target for 12 month sustainment	N/A	55	54	109	N/A	60	50	110	219
12 month stable accommodation sustainment achieved	*N/A*	*79*	*53*	*132*	*N/A*	*67*	*42*	*109*	*241*
Target for 18 month sustainment	N/A	21	64	85	N/A	20	49	69	154
18 month stable accommodation sustainment achieved	*N/A*	*44*	*58*	*102*	*N/A*	*34*	*48*	*82*	*184*

Source: GLA

4.2.1. Provider performance

The table shows a mixed picture of performance. Overall the SIB has achieved above target levels of sustained accommodation, and very slightly below target entries to stable accommodation. There was lower than expected performance from Thames Reach in the second year and slightly below target performance from both providers in the final year. This is linked to the nature of the cohort in the final year (as discussed above in relation to rough sleeping). Overall, Thames Reach achieved lower numbers of entry into stable

accommodation than St Mungo's[51]. The final year payment tail will provide the final numbers of sustained accommodation outcomes achieved (by end of October 2016).

St Mungo's have achieved above their total targets for entry and sustainment for the SIB 2012-2015 overall. Although final year performance is below target, this offsets the notable over achievement in the first two years of delivery.

Thames Reach achieved 53% of their target entries to stable accommodation in the second year, offsetting overachievement in the first year and as with St Mungo's were below target in the final year meaning that overall they were below target for entries. They were below target in the second and third years but despite overachievement in the first year they narrowly missed their target for 12 month sustainment by less than 1%. They over-achieved in relation to their target for 18 month sustainment.

Both providers were pleased with their performance against this metric, carrying 40% of the outcome payment allocation. Achieving this outcome was thus central to the financial viability of the SIB for both providers. Both they and their investors were pleased with their performance in monetary terms, but also in terms of the outcomes that this represented for the individuals within the cohort. The outcomes reflect the achievement of the SIB in supporting entrenched rough sleepers with complex needs away from the street and into stabilised, or stabilising, lives.

'*We are very happy about the number of long-term settled accommodation outcomes we have achieved*.' (Thames Reach Senior Stakeholder)

Figure 4.1 presents an analysis undertaken by GLA for the Project Board. It shows the accommodation destination or type of tenancy for cohort. 295 of the cohort entered stable accommodation 2012-2015, and 304 achieved this overall (nine being in accommodation at the start of the SIB). This does not reflect any of the totals in the table above as clients were able to be re-registered for accommodation entry if an initial entry was not sustained (incentivising continual support within the PbR metrics).

The graph shows the high numbers of clients who entered private rented sector (PRS) accommodation and a notable number living with family and friends. The numbers in PRS was highlighted as a particular success by strategic stakeholders (although there were questions about how sustainable this might be in the longer term, returned to below).

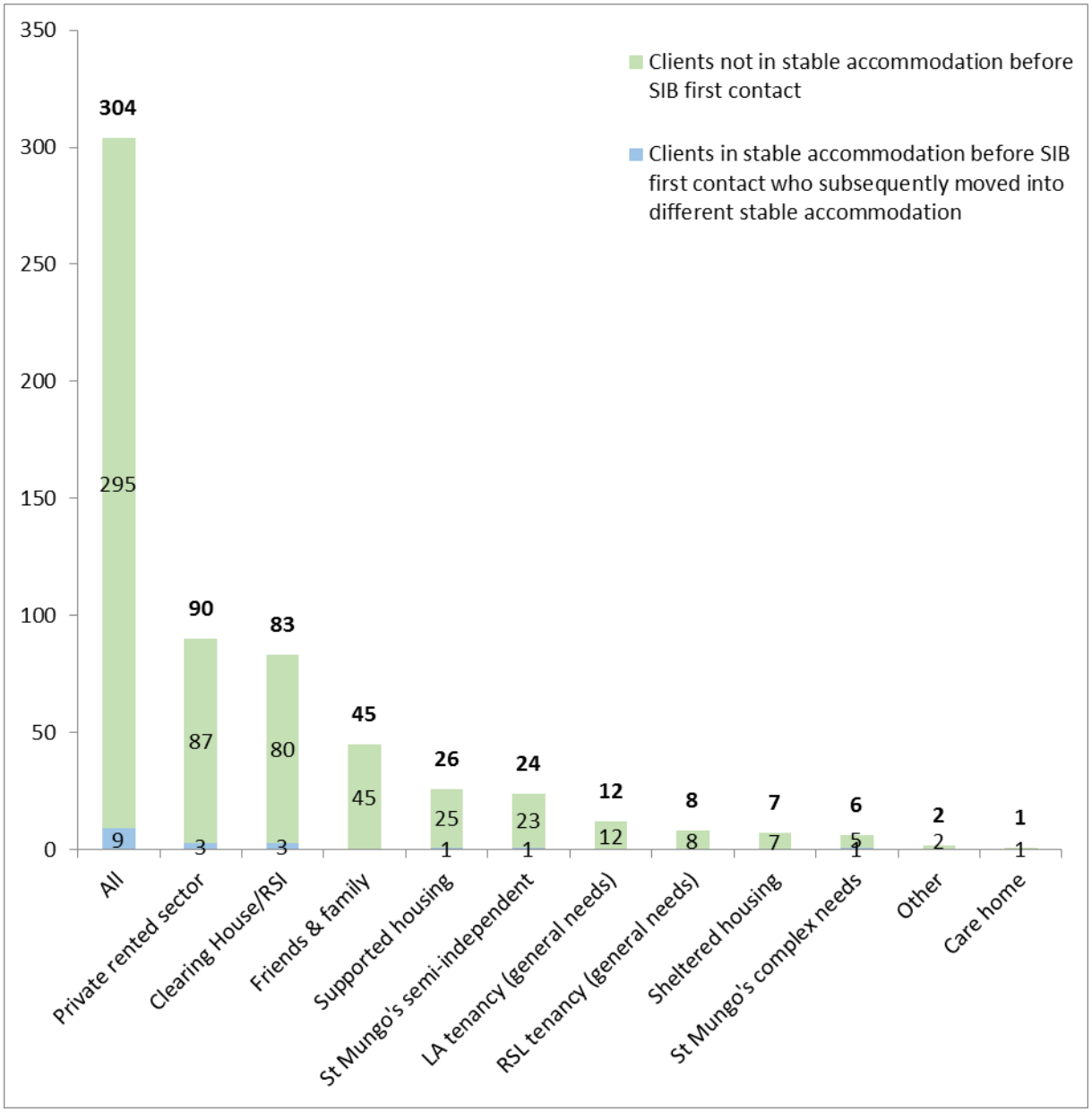
'[The providers] have achieved excellent results taking clients into PRS… we'd been trying to get certain people into accommodation and however much we tried we weren't reaching that outcome.' (London borough).

One reason identified by strategic stakeholders for the differences in performance against this metric between the two providers was that St Mungo's placed more clients in PRS than Thames Reach, with the latter making greater use of hostel beds; thus St Mungo's were seen to have been willing to take 'more risks', in terms of working outside traditional accommodation routes for the cohort, and providing a high level of support towards this.. This feature of both providers' performance also led to questions being raised about

[51] The impact evaluation assessed the impact of the intervention overall, rather than making a distinction between the two providers. It found a significant positive impact on entry into long-term accommodation over the first and second year of the programme.

ongoing support needs for these clients during the payment tail. These topics are returned to below in discussing learning for effective practice and challenges in supporting the SIB cohort.

Figure 4.1 Types of stable accommodation accessed by SIB clients 2012-2015



Source: GLA

4.3 Delivery

This section explores learning from the delivery of the SIB to achieve the stable accommodation outcome, including both features of effective practice and barriers. As with preceding sections, the discussion provides a review of learning from across the full three years of SIB delivery and additional learning from the final year, when there was both an ongoing focus of supporting the most challenging clients into accommodation and those with tenancies to sustain them.

4.3.1. Features of effective practice

4.3.1.1 FLEXIBLE MODEL OF SUPPORT

Providers, and wider stakeholders, continued to identify the personalised, flexible, resourced approach described in detail in the second evaluation report as key to supporting the cohort into stable accommodation and to sustain it. Whilst a key worker model for this group is not in itself new, the innovation was the ongoing flexible, resourced support from the street to sustained accommodation (or reconnection).

The relationship David developed with his Navigator means he has sustained a hostel place for the first time

David is in his 40s and this was the first time that he had participated in the evaluation research. He had been sleeping rough for 26 years before he met his St Mungo's Navigator. He had suffered from a number of health problems and was sectioned in 2010 in a psychiatric unit following a suicide attempt. His was initially reluctant to engage with his Navigator but gradually a relationship was built up, '*she listened, she talked to me like a human being, she won't take none of my crap'*. They used to go to the park to feed the ducks in the afternoons. His Navigator was the first worker to persuade him to take a room in a recovery hostel and helps keep him there. His Navigator supports him in attending medical appointments and got him a freedom pass in the hostel. He is hoping to stay in the hostel for at least three years before thinking about his own flat.

He wants to change his attitude to life and turn it round, '*I have come a long way, a few years ago I wouldn't have been sitting there'.*

The long term nature of the support that the SIB Navigators provide was central to the success of the SIB in both supporting entry to accommodation and to its sustainment. The model of support being from street throughout the achieved tenancy was identified as essential to providing the personalised support required by the cohort, whether they had more low level needs or higher extremely complex ones. This was achieved through both delivery models: a single key worker from St Mungo's; a key worker from the street and a transition to another for accommodation, where appropriate, at Thames Reach.

'That personal relationship is important… knowing someone is there is so important' (St Mungo's Navigator)

The model provided the flexibility to allocate resources appropriately so that those with higher needs could receive more intensive support. The ability of navigators to draw on a personalisation fund, an allocation of resources to be used flexibly to support clients into and in accommodation was another important feature.

'We spend huge amounts of money on some clients and nothing on others. And that is how it should be, as people need different things.' (St Mungo's Navigator)

The PbR structure enabled providers to work flexibly, without consulting the commissioner (as would be the case with delivery-based, traditional contracts). Key to achieving this outcome was the ability of the providers to place clients in a range of accommodation outside of traditional housing pathways, with accommodation as an immediate focus. As presented in figure 4.1 above, extensive use was made of PRS tenancies. Nonetheless,

extensive use was made of the established pathway from street to hostel for many clients who, once stabilised, were supported into a tenancy. Providers highlighted that despite this flexibility, there was a shortage of appropriate provision for clients with high levels of complex needs. Whilst able to be flexible this was still within the context of the established structure and system for homelessness, which is characterised by hostel accommodation so that alternatives for those for whom hostels are not suitable (for instance having broken down repeatedly in the past) were limited.

'The flexibility has allowed us to sustain numerous people in accommodation that we [traditionally] would not have been able to, because we've been able to set them up right in the first place.' (St Mungo's Navigator)

Working in new ways included paying for and assisting clients with their move from a hostel to a tenancy accommodation. Moving is stressful and takes organisation.

'We literally move people and all their belongings. It is really important but we forget that until we are moving ourselves, it is stressful and difficult.' (St Mungo's Navigator)

Much of the available accommodation was reported to be unfurnished or with minimal furnishings and the SIB was able to provide clients with the basics they needed. SIB workers could also apply for grants, which could be supplemented with SIB resources.

'Without the SIB money and us applying for local support payments the clients would just be moved to empty flats without carpets, without beds, without anything… I can't imagine how clients without our support can move' (St Mungo's Navigator)

4.3.1.2 PERSONALISED SUPPORT

Staff from both providers were clear that the PbR structure had not led them to place clients in accommodation that was not suitable, but to adapt the support they provided to individual need.

'We have never referred someone to into accommodation who wasn't ready as they are not going to sustain it and then you are back to square one… we look at the person as a whole.. We don't want to push the clients into a situation where they might relapse.' (Thames Reach Navigator).

A central theme to supporting the sustainment of accommodation was doing '*whatever it takes*' to support clients in accommodation. This includes a wide range of formal and informal support, including attending appointments and advocating with benefit claims, to visiting clients on a regular basis to provide ongoing contact and cleaning accommodation that clients were struggling to maintain, before the situation got worse and threatened the tenancy.

'This year we had a client who had been in accommodation for four months, she then committed quite a serious offence in Manchester where she was remanded… The courts didn't want to release her back into Manchester… So we agreed to drive up there and be there at the court so if she got released we could drive her straight back to her flat in London. She had never had anyone be there at the court for her or anyone that believes in her. The judge said that if no one is here to pick her up she is going to prison for three years but if someone is here to pick her up then 'I am minded to release her under your

treatment or something'… he has the power to do that. So we went up to collect her all the way from Manchester. Other services would not have had the resources to do that sort of thing. At the time she wanted to go to prison but now she is grateful [we helped her] and is doing better and volunteering.' (St Mungo's Navigator)
Encouraging and supporting clients to access positive activities, pursuing interests and developing hobbies was another feature of support to sustain tenancies and support a new lifestyle away from the street. Thames Reach developed a peer mentor scheme where trained volunteers were matched with clients, to meet with them informally, build friendships and support confidence away from a reliance on the Navigator and towards self-reliance and accessing other services.

'Volunteers have been really important in the way the service was run' (Thames Reach Navigator)

'I can share experiences with the clients as I was homeless myself so can understand the causes… If I can't build relationships with my clients then it wouldn't work as everything is based on trust.´ (Thames Reach Volunteer Mentor)

4.3.1.3 WIDENING SUPPORT NETWORKS

Another important feature identified by providers and wider stakeholders was the role SIB navigators played in coordinating a wider network of support. Bringing different agencies together, acting as a central point of information and coordination, supported the holistic approach of the SIB in addressing clients' needs.

'We convene lots of different agencies, and act as someone who forces someone to take responsibility and start acting on behalf of a client… It is important to involve the client in these meetings… eventually it then sinks in that these people aren't going to leave them alone, and do care.' (Thames Reach Navigator)

4.3.2. Challenges

A challenge identified in previous evaluation reports and continuing in the final year was the relationship with some Tenancy Sustainment Teams (TSTs). A recurring theme was that some teams or workers within them do not have the time or experience to provide this group of clients with the support that they need. Rather than working together, with the SIB as an extra resource, some TSTs were reported to see clients as the SIB's sole responsibility enabling the TST to focus on others but at the expense of SIB clients.

'Some clients call [the TST office] for support and they don't know who the TST worker is for that client.' (St Mungo's Navigator)

4.3.2.1. COMPLEXITIES OF WELFARE SUPPORT

Complications with the benefits system and entitlements was another key challenge, with provider staff reporting that the amount of time they spent supporting clients with these issues increasing across the latter two years of the SIB. Examples were provided of clients being sanctioned for missing appointments at Jobcentre Plus. Reasons for missed appointments included the client being in hospital or treatment, or as a result of their chaotic lifestyle. There was a reported failure of Jobcentre Plus to understand these issues and make allowances for them. With clients moving across boroughs to new tenancies some were required to travel large distances to attend appointments. Examples were given of housing benefit being stopped and clients accruing rent arrears without being

aware of the sanction (as payments are made directly to the landlord). In these instances Navigators spent time: discovering what had caused the sanction; advocating on behalf of the client; providing funding to address debts and provide for living costs; supporting clients to move from Jobseekers Allowance (JSA) to Employment and Support Allowance (ESA), which is the benefit for those who are ill and disabled, where this was more appropriate and there was a basis for the assessment to be challenged. There was also a reported challenge in the cap placed on the level of housing benefit, limiting the rent that could be paid and thus the accommodation options available.

A related issue was the disruption caused by the award of back payment for incorrect claims that had been successfully challenged. The sudden award of a significant sum of money presented a risk for clients who were still stabilising away from substance misuse issues.

'We are not alone in seeing tenancies break down because people [suddenly] get too much money… We had to go to the cashpoint with a client at the weekend and make sure she took out a bit of money and gave the rest to us so that she isn't tempted.' (St Mungo's Navigator)

4.3.2.2. COMPLEX SUPPORT NEEDS AND ENTRENCHED LIFESTYLES

Although one advantage of the SIB model was the Navigators ability to do '*whatever it takes*' to support a client to sustain a tenancy, this in itself is inherently challenging.

'[Challenges include] the state of the property, rogue landlords, and clients getting itchy feet and difficulties in sustaining bills and benefit claims' (Thames Reach Navigator)

Although Navigators worked to maintain contact with their clients, there were instances where they were withdrawing support to promote independence and/or relying on the TST to provide support, when issues would arise without them knowing and a crisis would develop before they were able to intervene.

'Clients need to tell us about problems before it hits crisis point. We try to persuade clients to use our service before it is too late… they usually don't want to let us down but we tell them not to let themselves down and to use us.' (Thames Reach Navigator)

As outlined in the discussion of the rough sleeping outcome (3.2), some of the cohort in accommodation were known to have returned to the streets for occasional nights out. Although presenting a risk to some clients' recovery pathways, providers stressed that it is important to recognise that for some, rough sleeping has a social side that people can miss.

'The no nights out thing is a bit difficult. Quite a lot of our clients come in and might go out just because they need to get out, even though we've maintained their accommodation. Some clients spend a couple of weeks out.' (System Stakeholder, Hostel Manager)

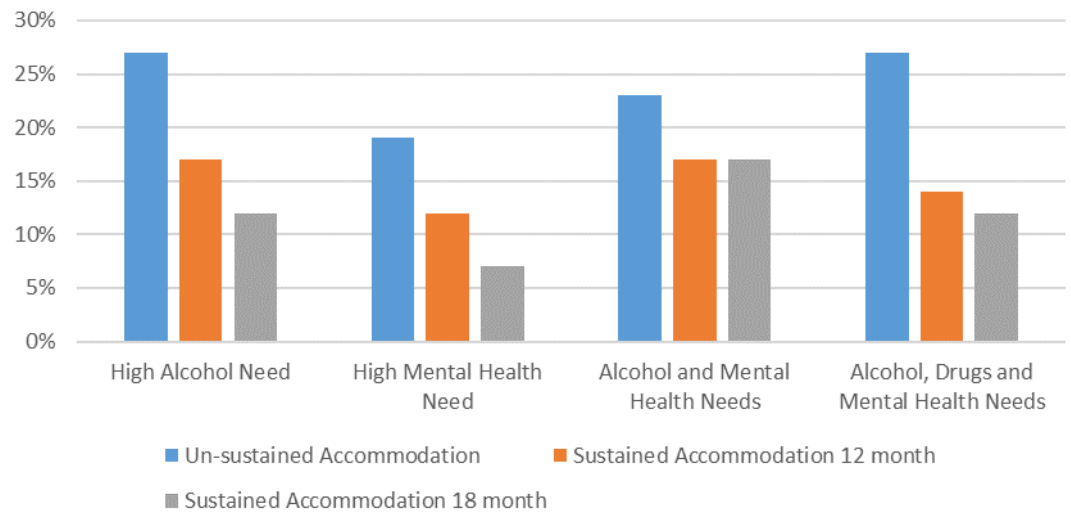
Some tenancies were sustained although this could have affected the outcome being recorded as such. One Navigator explained that being able to continue with occasional rough sleeping was important for some clients in agreeing to move into accommodation.

'You don't want to scare [the client] off… one way of getting people in is you have to say it is OK to sleep out occasionally. Some clients have such a long history of rough sleeping,

there are always going to be people who do it occasionally, especially when it is nice weather.' (St Mungo's Navigator)

To explore the characteristics of those who sustained accommodation and those who did not, ICF analysed CHAIN data provided via the GLA to explore the support needs of clients for whom tenancies had broken down (entries to stable accommodation had not been sustained). There were 26 of the cohort for whom tenancies had not been sustained. Figure 4.2 shows the support needs for high and combined needs as recorded in CHAIN for clients who did and did not sustain accommodation. It shows the higher comparative needs of those who were unable to sustain their tenancies. The topics of mental health and substance misuse needs amongst the cohort are returned to in the chapter discussing the health outcome (7).

Figure 4.1 Support needs for clients who did and did not sustain accommodation outcomes



4.3.2.3. REDUCING SUPPORT AND EXIT PLANS

In the second evaluation report, providers and wider stakeholders identified the challenge of developing exit plans for the SIB cohort as support came to an end at the end of the third year. In section 2.7 above, the plans to retain staff teams (a small team at St Mungo's and a smaller one at Thames Reach) was outlined. One aim of the SIB was to support clients to independence, including being able to engage with existing services outside of the SIB.

'Since the beginning I was trying to build [clients] up for the fact that the SIB was coming to an end and at one point and that they would have to support themselves… teach them how to support themselves and what to do in order to maintain their benefits and housing.' (Thames Reach Navigator)

However, there were questions raised both by provider staff and by wider stakeholders about the potential over-reliance amongst the cohort upon their Navigators for support.

Withdrawing support was reported to be more difficult than had been envisaged for some clients. Their lack of trust of other services, previous negative experiences and the limited capacity of other agencies to provide the level of support some still required during the third year of support were all highlighted as challenges. Relatedly, some clients only had experience of central London services and would return from their outer borough located (or even further afield) accommodation to access these. This presented a challenge to their stabilisation as they could meet old acquaintances and some vulnerable clients could *'fall back into their old ways'* quite easily and quickly.

The support Duncan received with his substance misuse and mental health problems was the foundation for sustaining his tenancy

Duncan is in his early 50s and this is the first time he has taken part in the evaluation research. He has a history of heroin addiction and *'mental health issues'* namely severe depression. He had been sleeping rough for a number of years before attempting to '*clean up'* two and a half years ago. He found his own accommodation and tried to stop his addiction but ended up returning back to the streets, '*the streets are a safe place where there's no responsibility'*. His Thames Reach Navigator helped him get back into accommodation and to go rehab. His is now clean and has been living in a rented flat for two years. The flat is privately rented and he is concerned that he can be thrown out at any time. His Navigator supported him in maintaining accommodation by helping with electricity bills and constantly checking on him when he hadn't left the house for three months. He has attended a Structured Day Programme in Ealing that showed him different activities to keep him occupied so that he '*didn't slip back into his old ways'*.

He would like to try education but right now is more focused on '*keeping my sanity, keeping myself together, finding a way of dealing with life on life's terms*'.

SIB providers had developed an exit plan for each of the clients they worked with (including those in accommodation), which was reviewed by the Project Board. These plans were negotiated with partners such as TSTs and substance misuse services, as well as the London boroughs where clients were located. This was reported by all partners as being undertaken sensitively and appropriately. However there were concerns amongst the providers and wider stakeholders about the high support needs that remained amongst the cohort and the ability of existing services to provide the levels of support that might be required.

'There are some clients that need a little bit more time and are not quite ready to move on to the next stage. That part worries me of who [the clients] are going to be handed over to as there is basically not a lot to hand them over to.' (St Mungo's Navigator)

'Before the service has ended we have given clients back to other mainstream services and they haven't always been pleased about that. They don't want the load.' (Thames Reach Navigator)

There were particular concerns amongst wider stakeholders about clients in PRS. The retention of a small team by St Mungo's was seen as an attempt to help address this and extend the withdrawal of support into the payment tail; whereas Thames Reach were reported to have begun the process earlier. It was also reported by a strategic stakeholder

that there was a small number of clients who were being moved out of PRS back into hostel accommodation as their support needs were too high for it to be sustained without intensive support. It was not clear if this was both of the providers.

Although this risk is identified for some within the cohort, the providers are committed to achieving sustained outcomes during the payment tail and to tailoring their ongoing support and the exit plans accordingly. In addition, many of the clients are living independently through the support of the SIB.

'It is really worth acknowledging that there are a significant amount of clients that we have been working with that we don't have to hand over to anyone and are actually in tenancies and have been there eighteen months, have worked really well and have not drawn to an organic conclusion.' (St Mungo's Navigator)

5 Reconnection

This chapter discusses the performance of the SIB against the 'Reconnection' outcome. This outcome is an individual measure of reconnection to the home country for non-UK nationals without a right to reside in the UK; or for those with a right to remain but who volunteer to be reconnected. The discussion focuses on performance against targets. For an assessment of impact, please see the impact evaluation report.

5.1 Summary

Performance

- Thames Reach achieved higher levels of outcomes than St Mungo's. However, Thames Reach set more ambitious targets and as a percentage of their target, the performance of the providers is broadly similar. St Mungo's achieved 66% of their initial reconnections target and Thames Reach 63%[52]; St Mungo's achieved 56% of their sustainment target and Thames Reach 55%.
- Overall, providers were happy with their achievement against this outcome. A key learning point was that there was higher levels of complex needs and entrenched rough sleeping amongst the cohort compared to the clients for the existing London Reconnections service.
- Changes to benefit entitlement for non-UK nationals did not have the effect of driving increased performance in the way that was expected. In part this was due to the complexity of cases and the process of developing a case for reconnection.

Effective practice: Personalised support and partnership working

- Both providers described the need to develop a long-term, trusting relationship with this group of the cohort in order to establish individual needs and appropriate support pathways on a case-by-case basis. Having Navigators (or support staff) who could speak native languages was an important feature.
- Partnerships with the UK Visas and Immigration (UKBI) and Border Force (formerly the UK Border Agency (UKBA)) were essential and took time to develop. There were not always shared understandings of what action was in the best interests of the client.
- Clients' substance and mental health issues needed to be addressed as the foundation for reconnection support. This also required effective partnership working.
- Partnerships with services in clients' home countries supported reconnection. The personalisation fund of both providers enabled tailored packages of home country support to be resourced.

[52] The impact evaluation found the SIB intervention had a significant positive impact on initial reconnections among non-UK nationals (considering the results of the two providers together). The impact on reconnections overall (including reconnections among both UK and non-UK nationals) and their sustainment was also considered and a more mixed picture was found in this respect, which may not be surprising given that the SIB did not include targets for reconnections among UK nationals.

Challenges: complexity of needs and issues with the benefits system

- The complexity of clients' cases was a key challenge identified. Clients were described as having '*very complex immigration issues'* across each of the three years, which took time and specialist support to address.
- Although changes to benefit entitlement were a persuasive incentive for some clients to consider and engage with reconnection, it created stress and uncertainty for those already in accommodation.
- The money available to those who choose to street beg was a barrier to encouraging reconnection in the best long-term interests of these clients.

5.2 Outcome data

Table 5.1 presents the outcome data for each of the three years of SIB delivery 2012-2015, by provider and including overall achievement. This outcome is an individual measure of reconnection to the home country for non-UK nationals without a right to reside in the UK; or for those with a right to remain but who volunteer to be reconnected. Non-UK nationals can remain in the UK if they work or if they can claim asylum. The reconnection outcome payments are the second highest available at 25%, after 'stable accommodation' and equal to 'reduced rough sleeping'.

Payment is made on evidence of reconnection – travel documentation, documentary proof of stable accommodation in the home country – with sustained reconnection being evidenced by their being no recorded bedded down street contact (rough sleeping) on CHAIN in the next six months. Due to problems faced by the providers in obtaining sufficient reconnection evidence – proof of accommodation in particular – the evidencing requirements were changed during year one to enable providers to claim both outcomes, and receive payments, when sustained reconnection was evidenced via CHAIN (as outlined in the first evaluation report).

Table 5.1 SIB Provider Performance – Reconnection

	St Mungo's				**Thames Reach**				**Combined**
	Year 1	**Year 2**	**Year 3**	**Total**	**Year 1**	**Year 2**	**Year 3**	**Total**	**Total**
Initial reconnection target	40	22	12	74	64	28	12	104	178
Initial reconnection achieved	*15*	*21*	*13*	*49*	*30*	*19*	*16*	*65*	*114*
6 month sustainment target	18	28	16	62	30	42	16	88	150
6 month sustainment target achieved	*2*	*25*	*8*	*35*	*11*	*18*	*19*	*48*	*83*

Source: GLA

5.2.1. Provider performance

The table shows that across all of these outcomes, Thames Reach achieved higher levels of outcomes than St Mungo's. However, Thames Reach set more ambitious targets and as a percentage of their target, the performance of the providers is broadly similar. St Mungo's achieved 66% of their initial reconnections target and Thames Reach 63%; St Mungo's achieved 56% of their sustainment target and Thames Reach 55%.

Overall, providers were pleased with their performance against this outcome. As previously reported, Thames Reach based their higher targets on the experience of providing the London Reconnection Service under contract to the GLA. They identified a key learning point from their work to achieve the SIB outcome as discovering the higher levels of complex needs and entrenched rough sleeping amongst the cohort compared to the clients for that service. At the time of the last evaluation report (year two), both providers expected performance against this outcome to improve due to then recent changes in the benefits regime. These meant that individuals from the European Economic Area (EEA) can only claim housing benefit in specific circumstances. It built on an earlier change to entitlement to JSA, which can now only be claimed after three months residence in the UK actively searching for work or working. It is then only available for six months. These changes were expected to increase the outcomes under this measure, as they provide a compelling reason for non-UK nationals who cannot claim asylum to return to their home country. This change was reported to have some early impacts during the latter half of year 2. But they were not fully borne out. In part, this was due to the complexity of cases and the process of developing the case for reconnection or for challenging reconnection decisions where it was not deemed appropriate for the client. The long term nature of the process is returned to below.

5.3. Delivery

This section explores learning from the delivery of the SIB to achieve the reconnection outcome, including both features of effective practice and barriers. As with sections exploring learning for effective practice towards other outcomes, the discussion here develops from a summary of findings from the two previous evaluation reports.

5.3.1. Features of effective practice

5.3.1.1. PERSONALISED SUPPORT

Both providers described the need to develop a long-term, trusting relationship with this group of the cohort in order to establish individual needs and appropriate support pathways. Having Navigators (or support staff) who could speak native languages was an important feature of this. It was important to adapt support on a case-by-case basis. For clients with a suspicion of mainstream and immigration services, who they were remaining hidden from and/or refusing to engage, the approach of the SIB was a key aspect of effective support.

'We work with human beings and everyone is different. You have to assess what they want.' (Thames Reach Navigator)

5.3.1.2. PARTNERSHIPS AND SUPPORT IN HOME COUNTRIES

Partnerships are essential for work towards this outcome, particularly with the UK Visas and Immigration (UKBI) and Border Force (formerly the UK Border Agency (UKBA)). Developing effective relationships with these agencies had taken time for both providers, including Thames Reach - despite their existing London Reconnections provision. In part this was due to changes in personnel and structures when the UKBA was reformed. A stakeholder from UKBA who contributed to an earlier phase of the evaluation explained that they were led by the SIB worker's assessment. They would also let the SIB Navigator lead the contact with the client to ensure that they're ready to engage with UKBA at the appropriate time. This was their way of working with all referring agencies but considered the approach of the SIB to an entrenched group who had resisted previous support to be effective.

'[Over time clients] know that you are not linked to the border agencies and that you are on their side to support them, so they trust you.' (St Mungo's Navigator)

SIB providers described the need to work with a wide range of agencies to support this group within the cohort. Key provision was in relation to substance misuse. For example, one Thames Reach Navigator described the use of Thames Reach internal 'detox' service. Clients could be supported through this and when stable and exiting can be supported to reconnect to their home country.

Partnerships were also essential with support services in these clients' home countries. At St Mungo's, a Polish Navigator had been to Poland to make links with services there, to establish what was available to support rough sleepers and those with substance misuse and mental health problems. They had made a DVD that included interviews with people who had returned there. This was used to promote a return amongst appropriate members of the cohort, to reassure them of the support available and to demonstrate the change that there has been in recent years, since they left for the UK. In this final stage of the evaluation both providers continued to cite examples of ensuring support services were in place for the clients that were reconnected so that there was a high quality, supported reconnection that therefore had a higher chance of being sustained. Examples from across the evaluation research include:

- St Mungo's: a client from South Africa who had been rough sleeping for 7 years. The SIB Navigator found him a hostel and connected him to range of support services there. He is now stable and looking for work.
- Thames Reach: paying for medical insurance so that a client could access medical services and substance misuse and alcohol recover services in their home country.

Some of this group of the cohort were successfully supported into employment. This is retuned to in the discussion of the employment outcome in the following chapter (6).

5.3.2. Challenges

5.3.2.1. COMPLEXITY OF NEEDS

The complexity of clients' cases was a key challenge identified. Clients were described as having '*very complex immigration issues'* across each of the three years, which took time and specialist support to address. St Mungo's described working with their own Street Legal team to access specialist assistance. As the SIB progressed, the clients who were being supported towards this outcome were increasingly challenging cases. Although

having Navigators who could speak native languages was a feature of effective support, there was still a deep seated mistrust of services promoting reconnection, including the SIB.

'At the start we targeted clients that were more responsive and reception to reconnection. In this last year we worked with clients that really didn't want to engage and hear about reconnection.' (Thames Reach Navigator).

5.3.2.2. BENEFITS SYSTEM AND FINANCIAL DISINCENTIVES

Although changes to benefit entitlement were a persuasive incentive for some clients to consider and engage with reconnection, it brought perverse outcomes for some. Some clients were in stable accommodation at the time of the change. They were likely to lose their JSA and thus housing benefit. Others could not be accommodated whilst being supported and their needs assessed as landlords were reluctant to take them, even when they're in receipt of ESA, due to concerns over future rent payments. Therefore, for some supported to sustain accommodation, the changes to benefits created a risk of them returning to the street and disengaging from support.

'Lots of clients have lost benefits and gone back on the streets… They don't understand why this happened and are [mistakenly] hoping to get back on the benefits system.' (Thames Reach Navigator)

Another barrier to successfully engaging clients to achieve reconnection was reported to be the large amounts of money that some were able to make street begging (as described above at 3.3.2).

'[These clients] don't want to go home. [They can't work], it would be hard to beg and they wouldn't get much money.' (Thames Reach Navigator)

5.3.2.3. PARTNERSHIPS

As with other elements of the SIB delivery, whilst partnership working was key to effective practice, difficulties in achieving joint working with shared understandings was a challenge to achieving reconnection outcomes. Although close work with the UK border agencies was often successful, there were instances cited where relationships with them and others were problematic. For instance, St Mungo's staff gave examples of individuals with no recourse to public funds who had been accommodated within the organisation's own housing provision so that they did not contribute to the rough sleeping count.

'*We don't think it is beneficial for a client to stay on the streets while they are applying [for asylum], but other agencies think that is best.*' (St Mungo's Navigator)

6 Employment

This chapter discusses the performance of and learning from the SIB in relation to the 'Employment' outcome. The employment outcome is an individual measure, with a range of outcomes to reflect both full and part-time work as well as training and volunteering.

6.1 Summary

Performance

- The final year of the SIB has repeated the mixed performance of previous years, as discussed in the previous two evaluation reports. The design of the PbR was intended to reflect that for the majority of the cohort, employment outcomes would be longer term aims than could be achieved through the SIB.
- There were: higher than expected full-time work outcomes and an over achievement against targets for 13 week sustainment of full-time employment by 52%; lower than expected numbers entering part-time work – with full time work seen as more viable and attractive for those ready to enter the labour market; low numbers who achieved the qualification outcome – with the level of qualification required seen as too high for the cohort; lower than target volunteering outcomes – with reportedly larger numbers of clients volunteering below the eight hours required by the metric.
- The over-achievement of full-time employment outcomes was identified as a key success of the SIB by all stakeholders who contributed to the evaluation.

Effective practice: tailored, appropriate provision and financial and emotional support

- Moving people into training, volunteering or employment must be supported in a way that is tailored to the individual client. The relationship that Navigators develop with their client, from rough sleeping (or first engagement) and away from the streets into stable accommodation is the core of support model and the basis from which other outcomes can build. For those who are ready to move towards these outcomes, the placement itself must be appropriate. Wide partnership work was required. Appropriate opportunities did not always qualify for the PbR metric.
- The funds available to Navigators for personalised support were an important feature of successful practice identified by providers, in common with delivery for other outcomes. Navigators also provided a wide range of informal support, for instance with money management to sustain tenancies.
- As discussed in the previous two evaluation reports, providers found it was easier to secure employment outcomes for some clients from Central and Eastern Europe, particularly in the earlier stages. They were closer to the labour market with less entrenched rough sleeping lifestyles and lower levels of drug, alcohol and mental health needs.

Challenges: complexity of need and financial disincentives

- The complexity of clients' needs was the central barrier to achieving employment, training and volunteering outcomes for the cohort. Substance misuse problems were core barriers to clients being ready to progress. These issues had to be addressed, with clients engaging with and responding to interventions at different times and a different pace. Challenging entrenched lifestyles has to be carefully undertaken.
- For clients ready to think about a move to employment their high rents, particularly in PRS, acted as a barrier to work. There were also problems with the transition from benefits to work. Zero-hours contracts were offered to some seeking work and these did not provide the security required.

6.2 Outcome data

Table 6.1 presents the outcome data for each of the three years of the SIB 2012-2015, by provider and including the overall achievement. This is an individual measure, with a range of outcomes within the overall 'employment' heading to reflect both full and part-time work as well as training and volunteering.

Table 6.1 SIB Performance – Employment

	St Mungo's				**Thames Reach**				**Combined**
	Year 1	**Year 2**	**Year 3**	**Total**	**Year 1**	**Year 2**	**Year 3**	**Total**	**Total**
NQF target	2	8	5	15	8	8	8	24	39
NQF achieved	*0*	*3*	*0*	*3*	*0*	*2*	*0*	*2*	*5*
Volunteering/ self-employed 13 weeks target	13	43	34	90	15	20	20	55	145
Volunteering/ self-employed 13 weeks achieved	*5*	*10*	*7*	*22*	*1*	*3*	*7*	*11*	*33*
Volunteering/ self-employed 26 weeks target	0	11	11	22	8	14	12	34	56
Volunteering/ self-employed 26 weeks achieved	*1*	*10*	*5*	*16*	*0*	*4*	*6*	*10*	*26*
Part time work 13 weeks target	3	8	4	15	6	8	8	22	37

	St Mungo's				Thames Reach				Combined
	Year 1	**Year 2**	**Year 3**	**Total**	**Year 1**	**Year 2**	**Year 3**	**Total**	**Total**
Part time 13 weeks achieved	*0*	*1*	*1*	*2*	*0*	*1*	*4*	*5*	*7*
Part time work 26 weeks target	1	6	4	11	4	8	8	20	31
Part time work 26 weeks achieved	*0*	*0*	*0*	*0*	*0*	*0*	*3*	*3*	*3*
Full time work 13 weeks target	3	4	8	15	1	6	8	15	30
Full time work 13 weeks achieved	*5*	*14*	*13*	*32*	*3*	*5*	*13*	*21*	*63*
Full time work 26 weeks target	2	4	5	11	1	5	8	14	25
Full time work 26 weeks achieved	*4*	*9*	*10*	*23*	*0*	*5*	*10*	*15*	*38*

Source: GLA

6.2.1. Provider performance

The final year of the SIB has repeated the mixed performance of previous years, as discussed in the previous two evaluation reports. The 5% of outcome payment allocation to this outcome was in recognition during the design stage that for the majority of the cohort, employment outcomes would be longer terms aims than could be achieved through the SIB.

- Low numbers achieving target level qualifications, with no further outcomes in the third year;
    - As previously reported, this metric is seen by providers, and recognised by wider stakeholders, as having been set at too high a level for the cohort for whom much lower, basic skills and employability support was identified as more appropriate.
- Lower than target achievement of volunteering outcomes, with St Mungo's recording higher numbers than Thames Reach overall but a mixed picture across the three years and Thames Reach increasing their outcomes year on year.
    - Volunteering outcomes were reported to be harder to achieve than expected because of the design of the metric. It required eight hours of voluntary work to

be achieved each week. Higher numbers of people were reported to be volunteering below this level.

- Lower than expected part-time employment outcomes, with slightly improved performance by Thames Reach in the second and third years.
    - Providers reported that for those within the cohort that were able to enter the labour market, full time work was more desirable due to the higher incomes available.
- Higher than expected full-time work outcomes for both providers and an overall overachievement by 52%. St Mungo's had a higher achievement in the second year but third year performance was similar.
    - The learning from this achieving these outcomes forms the main body of the discussion below.

All stakeholders, including investors, were happy with the achievement of the employment outcomes and identified the learning outlined above in relation to each. Although the 5% allocation did not provide a key incentive for performance, the sustained employment outcomes were seen by all of a reflection of the SIB providers' commitment to achieve the best outcomes for their clients and supporting stable, sustained pathways away from the street. A notable exception was one investor who questioned whether employment outcomes could have been higher if more specialist employment support was included within the intervention model. This would have required a deviation from the street-recovery pathway at the heart of the Navigator model.

6.3. Delivery

This section explores learning from the delivery of the SIB to achieve the employment outcomes, including both features of effective practice and barriers. As with previous discussions of learning from delivery, it builds upon the learning identified in the previous evaluation reports.

6.3.1. Features of effective practice

6.3.1.1. APPROPRIATE PROVISION

Moving people into training, volunteering or employment must be supported in a way that is tailored to the individual client. The relationship that Navigators developed with their client, from rough sleeping (or first engagement) and away from the streets into stable accommodation was the core of support model and the basis from which other outcomes can build. Clients' aspirations and skills were assessed and they were supported according to their abilities and needs. Clients must be stable before progress to these outcomes can be made (although assessments may take place earlier, setting longer-term aspirations). As with other aspects of the SIB, mental health and substance misuse issues were the key barriers to this outcome. Stability does not necessarily mean a stable tenancy (stable accommodation in the PbR metrics). One hostel provider gave an example of a client accommodated there.

'We have one client, who was sleeping rough for 10 years, accepting no help, relationships with no-one, but the SIB workers persuaded him to come in. It was the sensitivity with which they worked… and really that there was no time limit means that this client is now in, working and paying full rent and, very slowly, getting ready to move out.' (Hostel Manager)

Fiona has moved out of a hostel after five years and begun an apprenticeship with her Navigator's support

Fiona is in her early 20s and this is the first time that she has participated in the evaluation research. Before meeting her St Mungo's Navigator, she had been living in a hostel for five years, and did not know how to move. Her Navigator helped her apply for housing by *'constantly hassling'* the authority about benefits. Now she is living in her own flat, which has a two year lease. Her Navigator helped her enrol onto the Fresh Life chef course, run by the Beyond Food Foundation. This is a six month apprenticeship, followed by seven months in a restaurant.

Fiona would like run her own restaurant one day. Her navigator '*helped get confidence back'* in herself.

For those ready to move towards training, volunteering or employment the placement itself must be appropriate. As with other areas of delivery, providers described the need for a range of options to be available so that each client's pathway is tailored to them. Both providers have their own in-house provision (St Mungo's Broadway 'Recovery College'; Thames Reach 'Employment Academy'), which was used extensively for those for whom it was appropriate. Wider partnership work was also required. Providers described a wide range of organisations delivering employability support, which they supported clients to attend. Local, accessible, supportive provision was required. Both providers also supported SIB clients to access internal volunteering opportunities. There were a range of examples of employability support being provided and of opportunities being accessed by the cohort that were not recognised within the metrics.

'I have a client who has been doing a six month chef trainee course. It would be nice if there was an acknowledgement for him of the all the hard work he has put in, even though it is not a paid outcome' (St Mungo's Navigator)

6.3.1.2. PARTNERSHIP WORKING

St Mungo's Broadway developed a partnership with Crisis Skylight, a specialist centre providing social engagement and employability support for homeless and vulnerable people. It was reported that this was not as successful as was hoped, with only a small number of clients finding it suitable for them. Thames Reach developed a partnership with McKinsey and Co., the global management consultancy. McKinsey provided a five day course for 40 'work ready' clients that included a residential weekend, CV and IT workshops, team building exercises and workplace visits. They provided opportunities for volunteering with them and with organisations in their supply chain. They also provided 'buddies' to support clients in their move to work. There were mixed views of how successful this had been. Some Navigators thought it had been a useful introduction for clients but that few had been ready to take full advantage of the offer. Others cited examples where it had been a positive step towards longer-term employment outcomes, broadening their perspectives.

During the second year, St Mungo's employed a dedicated 'Employment and Training' worker for six months, who '*acted as a catalyst*' for this outcome by providing a dedicated focus on partnerships, opportunities and identifying and supporting clients' needs. As the work progressed, the worker began to take on more of a typical Navigator role, given the holistic nature of the support model and the post was thus not continued as an additional

Navigator role was not required. This counters the view of the investor included above as to whether more specialist support within SIB teams would drive additional outcomes.

6.3.1.3. TAILORED FINANCIAL AND EMOTIONAL SUPPORT

The personalisation funds available to Navigators for tailored support were an important feature of successful practice identified by providers, in common with delivery for other outcomes. To support volunteering, training and employment Navigators provided for the costs of qualifications, equipment, clothing, travel and other items. They offered practical and emotional support by accompanying clients to interviews, keeping in contact during placements or new positions and support with money management to sustain tenancies and build capacity for independent living. They were also able to provide for rent once benefits stop to fill the gap between then and the first pay-check being received.

Fred was supported to access a range of volunteering opportunities and is now in work

Fred is British and in his late forties. At the time of the first wave of research his Thames Reach Navigators had helped him move into a flat where he has remained. He had also taken part in work experience at McKinsey Company that his Navigator had facilitated. At the second wave of research he had been completing his Diploma in Health and Social Care level 2 and volunteering with the Thames Reach London field rescue team. As a result of his work, he was awarded volunteer of the year. In the most recent research evaluation he had completed his level 2 Health and Social Care diploma and had a paid job as a relief sleepover support worker in some of the Thames Reach hostels.

He is optimistic about finding more secure employment in the future, *'my main focus is about working as I can pay my rent*'. He considers himself as independent but knows he can turn to Thames Reach should he need it.

6.3.1.4. LESS ENTRENCHED ROUGH SLEEPING

As discussed in the previous two evaluation reports, providers found it was easier to secure employment outcomes for some clients from Central and Eastern Europe, particularly in the earlier stages. These were clients who came to the UK to work, lost their jobs and became homeless; and, whilst long-term rough sleepers they did not have the same barriers to work as their UK counterparts who tend to have become homeless due to substance misuse and mental health problems (albeit often related to losing employment). These European clients were found to (often) be closer to the labour market in terms of recent experience and skills and with less complex barriers (tri-morbidity of co-occurring psychiatric, substance misuse and medical illness).

'I have some [EU] clients that have been working for two years now and are earning really good money.' (Thames Reach Navigator)

With these and some of the UK nationals in the client group, construction skills were identified as key to their ability to return to work. It was also reported that for a small number of the cohort, the withdrawal of benefit entitlement outlined in section 5.2.1 related to reconnection provided the driver to accept the offer of support to address their problems (primarily with alcohol) and move towards employment.

6.3.2. Challenges

6.3.2.1. COMPLEXITY OF NEED

The complexity of clients' needs was the central barrier to achieving employment, training and volunteering outcomes for the cohort. Substance misuse problems were core barriers to clients being ready to progress. These issues had to be addressed, with clients engaging with and responding to interventions at different times and a different pace. As outlined above, the early stages of the SIB were spent stabilising clients. Many clients were still working towards recovery at the end of the final year. The search for work itself can be challenging and risk already fragile confidence.

'It didn't make sense at the beginning to try and get clients into employment… [and now] we don't want to push them into a situation where they may relapse.' (Thames Reach Navigator)

Provider staff described how the cohort, and UK nationals in particular, had mostly been out of work for many years if they had worked at all prior to receiving SIB support and a lifestyle without paid employment had become entrenched. Challenging this had to be done carefully, utilising the relationship Navigators had built with their clients over time. Some Navigators also related this to the wider landscape of provision, which is not focused upon supporting employment for rough sleepers and those moving away from the street.

'It is not a thing that they have been forced to confront and with many of our clients this has taken a long time and our workers are putting it to them for the first time.' (St Mungo's Navigator)

6.3.2.2. HIGH RENT AND LOW PAY

For clients ready to think about a move to employment their high rents, particularly in PRS, acted as a barrier to work due to the relatively low levels of salary available to them in entry level work.

'A lot of my clients are worried about moving from benefits to work as they're nervous about losing property and benefits' (Thames Reach Peer Mentor)

There were also problems with the transition from benefits to work that the support from the SIB was not always able to adequately address for clients.

'[One challenge is] trying to encourage someone into work who has been on benefits for many years and then everything with their benefits gets messed up.' (Thames Reach Navigator)

The second evaluation report described how many clients had been offered zero-hours contracts, which are too insecure and work against a stable long-term pathway. The failure to find meaningful employment was described as a risk to clients' recovery, leading to a return to problem behaviours including drinking '*and then they're back to square one*' (St Mungo's Navigator).

As with the discussions above relating to rough sleeping, accommodation and reconnection, the amount of money available to those who choose street begging was one

potential challenge to achieving employment and progression outcomes for the cohort. Nonetheless, this was usually a barrier earlier in the support pathway.

Felipe's example shows how pathways to employment are complex

Felipe is a 59 year old male and this is the second time that he has taken part in the evaluation research. He had come to the UK to find work but ended up sleeping on the streets for 14 years in London. His Thames Reach Navigator helped him get into a hostel and finally into a flat, where he has been living for the past year and a half. His Navigator put him in contact with CRISIS and he has partaken in many different skills courses, such as IT, hygiene, numeracy, literacy, and music. He has gained a CSC construction card and has undertaken training offered by McKinsey on CVs. He tried to sit his business course exam but did not have the right candidate number so was unsuccessful. He is continuing to seek work and training and has been attending Prospects through the job centre. He has had several job interviews but so far has been unsuccessful.

He would not have had the opportunity to engage in these activities if it wasn't for the support of Thames Reach '*if it wasn't for them I would still be sleeping on the streets*'.

7 Health

This chapter discusses the performance of the SIB against the 'Health' outcome. This outcome review differs from the previous ones because there is currently no data available about performance.

7.1 Summary

Performance

- There is no data available for this outcome. Similar data was previously provided relatively quickly and easily by the NHS Information Centre (for a different cohort) for the SIB feasibility study, and there was agreement at the outset of the SIB that it would be provided for the main cohort in the same way. However, for the main SIB, the Health and Social Care Information Centre (HSCIC)[53] subsequently required specific consent from each of the cohort before data could be shared. At the request of the Project Board, providers sought to gain consent from clients but this was gained from circa 80 in total. This is not enough for robust conclusions to be made, should the data be collected. Providers were paid for their targeted performance.
- Whilst payment eased investor and provider concerns about cash flow and return, they were concerned that their actual performance was unknown both in the round – did the SIB achieve this health outcome – and year on year, as amendments to delivery could not be made in response to performance data.
- There was surprise across all stakeholders that the data agreement reached had not been '*watertight*' despite this being understood as the case at the time of commissioning. They key learning point identified by all was that data sharing must be resolved for future SIBs; which should involve multiple departments sharing funding and outcome data.

The health metric

- There was a widespread view across provider staff that the metric itself – designed to reflect less chaotic use of health services and the savings associated with reduced A&E admissions – was not an accurate reflection of the work undertaken to improve the cohort's health and wellbeing.
- They identified this as support to: address substance misuse; address mental health; address physical health including life limiting conditions and impairments; access and register with GPs; receive dental treatment; take physical exercise; enter care homes; receive appropriate end of life care so that clients died in the location, and with the support, of their choice. They suggested a more balanced metric that recognised recovery pathways would have been a more appropriate measure.

[53] The HSCIC replaced the NHS Information Centre and was created as a non-departmental public body through the Health and Social Care Act 2012. From summer 2016 HSCIC became known as NHS Digital.

Effective practice: partnerships and co-ordinated care

- Inherent in the design of the SIB intervention and associated metrics is the rationale that health and wellbeing is expected to improve through the holistic support provided to clients. Addressing these needs was the foundation for the 'recovery journey' to successful, sustained outcomes.
- The assertive, persistent approach of the SIB Navigators was a central feature of engaging clients. This was highlighted by partners from the wider provider landscape, who worked with the Navigators to provide specialist interventions. This made their own support more effective.
- One feature of SIB support identified by both providers and their partners was a care coordination role that Navigators took in bringing together networks of provision for their clients. Performing this role, which was missing in support for the cohort, was an important innovation.
- An achievement identified by the providers and their partners was success in gaining diagnosis of long-standing mental health problems.
- By supporting clients to address their needs and away from the street, providers were confident that their support had reduced A&E admissions.

Challenges: availability of provision and lack of understanding of homelessness

- The availability of specialist provision was highlighted throughout the three years of the evaluation as the key challenge in addressing clients' health and wellbeing needs. Mental health services in particular were identified as struggling for resources.
- Mainstream services and hospitals in particular, in contrast to VCIS specialist provision, were identified as commonly failing to understand homelessness and the issues faced and presented by homeless people.
- As with support towards other outcomes, there were instances where partner services saw clients as the responsibility of the Navigators rather than the SIB as additional and complementary support. Exit planning for clients who were still receiving support for substance misuse and mental health problems was an issue being carefully handled by both providers.

7.2 Outcome data

The health outcome is a measure of reductions in cohort hospital accident and emergency department (A&E) admissions from the baseline at the start of the SIB contract. At the end of the first year, a problem emerged with accessing the data that had been agreed prior to the commissioning of the SIB. The Project Board agreed to GLA paying the providers for the first year outcomes at the level they would have received if they had achieved their targets. It was anticipated that when data became available, payments for second and then third year health or other outcomes would have any difference between achievement and what has been paid deducted, should achievement be less. The issue was not resolved by the end of year two nor by the end of year three (this outcome is not included

in the payment tail) and providers were paid for both years according to the targets that they set.

Similar data was previously provided relatively quickly and easily by the NHS Information Centre (for a different cohort) for the SIB feasibility study, and there was agreement at the outset of the SIB that it would be provided for the main cohort in the same way. However, for the main SIB, the Health and Social Care Information Centre (HSCIC)[54] subsequently required specific consent from each of the cohort before data could be shared. Providers have been paid in lieu of the data being provided, and an application to the HSCIC is in process at the time of writing. As outlined above in 2.8, all stakeholders were frustrated about the change in approach and the consequent delay in receiving the data.

DCLG and GLA described the intransience of the situation and how efforts were made to resolve this issue at senior levels of DCLG, the GLA and HSCIC, with legal teams on all sides working to secure agreement. All of the stakeholders who contributed to the evaluation expressed deep dissatisfaction that despite these high level attempts to resolve the issue it had not been possible to do so. Following discussions at the Project Board and between the GLA and providers, the two organisations sought retrospective consent that met the HSCIC criteria from clients but it had only been possible to secure this from circa 80 of the cohort. This is, however, not a sufficient number for a statistically robust assessment of performance across the entire project.

Whilst investors and providers were happy to have been paid each year in line with their targeted performance, easing concerns about cash flow and return, they were concerned that their actual performance was unknown both in the round – did the SIB achieve this health outcome – and year on year, as amendments to delivery could not be made in response to performance data.

'*We have five metrics, and one of them is null and void.*' (Thames Reach Senior Stakeholder)

One investor explained that the discussions around the levels of payment had been complicated by some differences of agreement between them and the GLA relating to the detail of the contract. The GLA officers who had been involved in commissioning and contracting the SIB had since moved on and there were some disagreements over the intentions of particular phrasing. Nonetheless, the discussions had taken place amicably and were resolved with good will on all sides.

There was surprise across all stakeholders that the data agreement reached had not been '*watertight*' despite this being understood as the case at the time of commissioning. The key learning point identified by all was that data sharing must be resolved for future SIBs. Consent for data sharing that meets HSCIC requirements from those taking part in a SIB must be agreed and included at the point when metrics are designed. In this instance, agreement had been reached and the requirement subsequently changed. This may be a unique instance and future SIBs can include a consent requirement that meets the HSCIC standard. Notwithstanding, as discussed above, those interviewed for this project were surprised that government remains unable to share data across departments and its

[54] The HSCIC replaced the NHS Information Centre and was created as a non-departmental public body through the Health and Social Care Act 2012. From summer 2016 HSCIC became known as NHS Digital.

agencies and made the suggestion that future SIBs should involve multiple departments sharing funding and outcome data. There was also frustration amongst the providers and wider stakeholders that the lack of data limited the learning available from the SIB given that homelessness and health are inherently related. This included understanding the ultimate cost effectiveness of the SIB, given the high costs associated with A&E admissions.

7.2.1. The health outcome metric

Notwithstanding the lack of data available for it, there was a widespread view across provider staff that the metric itself was not an accurate reflection of the work undertaken to improve the cohort's health and wellbeing. The design of the metric was intended to reflect better management of health and less chaotic use of health services and the associated costs of A&E admissions.

Although the providers were confident that the SIB intervention, including successful reconnections, had led to reduced A&E admissions and associated cost savings, they viewed the metric as failing to recognise the wider elements of supporting health and wellbeing and associated positive outcomes for clients. Addressing physical and mental health was the foundation of achieving the SIB outcomes.

'With a lot of my clients, the majority of my work is getting them to address their substance issues, because that is the first layer to it all. And there is no evidencing of that.' (St Mungo's Navigator)

They identified this as support to: address substance misuse; address mental health; address physical health including life limiting conditions and impairments; access and register with GPs; receive dental treatment; take physical exercise; enter care homes; receive appropriate end of life care so that clients died in the location, and with the support, of their choice.

Providers shared the view that a more balanced metric allowing for recognition of recovery pathways would enable the wide range of work undertaken to support clients' health to be recognised in monetary terms within PbR. However, it was recognised that an alternative would be difficult to achieve in practice in terms of a consistent measure for a varied cohort.

'*For people who go to meetings that is just as big an achievement as going to work, going each day and showing real commitment. You don't get payments for that.*' (Thames Reach Navigator)

7.3 Delivery

This section discusses learning about effective practice to achieve this outcome. As with previous outcome delivery reviews above, it draws on findings provided in the past two evaluation reports to review effective practice and challenges across the three years of the SIB 2012-2015.

7.3.1. Features of effective practice

Inherent in the design of the SIB intervention and associated metrics is the rationale that health and wellbeing is expected to improve through the holistic support provided to

clients. As indicated throughout the analysis presented above, support to address clients' health – mental and physical health, including that associated with substance misuse – is a feature of effective support across the SIB outcomes. This is expressed by St Mungo's as '*the recovery journey*' for all clients.

'People are not going to be able to sustain their accommodation if we are not able to help with their health.' (St Mungo's Navigator)

7.3.1.1 PARTNERSHIPS AND CO-ORDINATED CARE

To achieve this, Navigators maintained links with a wide range of providers so that their clients were supported to access appropriate interventions (as outlined at 7.2.1 above). In the early stages of support, this included supporting clients to access the Dr Hickey GP surgery in Westminster, which only treats homeless people and working in partnership with StreetMed (street based health services, previously available pan-London).

Tom's Navigator supported him through a typically complex recovery pathway

Tom is a British male and this is the first time that he has taken part in the evaluation research. He has a history of sleeping rough, drug use, and, has spent a number of times in prison. He appears to have a history of mental distress possibly as a consequence of a traumatic childhood/early adulthood, and came to London to get away from a bad family context. His Navigator was his first contact in London and has been working with him for two and a half years. Over this time he has been in and out of accommodation and prison. The last time he was in prison his Navigator maintained regular contact and met him at the gates when he was released. His Navigator helped him get back into temporary accommodation and accompanies him to all his doctor and probation appointments, *'he sort of pushed me in that direction as I'm very lazy when it comes to doing things like that'*. He is now on Suboxone. His Navigator gives him both practical and emotional support, '*he is a good person to talk to really, on a level. He puts his heart and soul into his work'.*

Tom is worried about his Navigator's job coming to an end and '*hopes to find someone like [Navigator] who is going to be there for me like a mentor*'.

The assertive, persistent approach of the SIB Navigators was a central feature of engaging clients, as has been clear throughout the preceding sections. This was highlighted by partners from the wider provider landscape, who worked with the Navigators to provide specialist interventions. This made their own support more effective.

'Other services were not assertive with the SIB clients.' (Substance Misuse Service Provider)

Another feature of SIB support identified by both providers and their partners was the care coordination role that Navigators took in bringing together networks of provision for their clients (see also 4.3.1). Being able to take this assertive approach with other agencies as well as with clients was an important innovation.

'The main impact has been [the SIB] acting as a bridge across services and creating care coordination for clients.' (Substance Misuse Service Provider)

Another achievement of the SIB identified by providers and their partners was success in gaining diagnosis of long standing mental health problems and resultant support, notwithstanding the difficulties in achieving this (see for instance 3.3.2).

'I've had a few clients without diagnosis but with very clear mental health problems and it worked really well engaging them throughout rehab and getting them diagnoses after twenty years. After all that time, it gets them on the system.' (St Mungo's Navigator)

In providing an effective source of support that moved clients forward on a recovery pathway from the street, Navigators were confident that their support had reduced A&E admissions.

*'I have a client who every three or four months would admit himself to A and E because of his mental health state. He had been diagnosed since he was seventeen but there has been no support in the hostel, mostly because of the language barrier. When he felt a bit panicky about benefits he would go to A and E. Now it has been two years without an A and E admission. It is just because I am able to work with his mental health team and his GP. He is not really receiving that support in the hostel. Without my support there'd have been nobody to support him.' (*St Mungo's Navigator)

'When [client] was too tired of drinking and stressed out, he was using hospitals like a hostel. He would go to A and E, get admitted for a few days, get detoxification medication and then went out strong and straight away went to buy his substances and start over.' (Thames Reach Navigator)

7.3.2. Challenges

7.3.2.1. AVAILABILITY OF SPECIALIST PROVISION

Beyond the challenges of supporting a cohort characterised by high levels of complex needs and a history of disengagement and entrenched lifestyles, as had been discussed throughout, the availability of specialist provision was highlighted throughout the three years of the evaluation as the key challenge in addressing clients' health and wellbeing needs. Mental health services in particular were identified as struggling for resources and being limited in their capacity to work with Navigators and their clients.

7.3.1.2 LACK OF UNDERSTANDING OF HOMELESSNESS

Mainstream services, in contrast to VCIS specialist provision, were identified as commonly failing to understand homelessness and the issues faced and presented by homeless people. This was described by providers particularly in relation to hospitals. A Navigator from St Mungo's explained that they had given presentations in hospitals to raise awareness of homelessness, the costs of being sectioned or readmitted, and the work of the SIB in supporting care pathways to try and influence their policy and practice.

'The hospitals don't necessarily look at the bigger picture with regards to funding costs and that kind of thing...one client was in hospital for five or six weeks, it was quite serious. In that time he had been detoxed, he was on a maintenance script, all the right work had been put into place, I had been doing interventions with him, it was perfect. And basically against what we had agreed and against everything that had been drawn up, they discharged him on a Friday afternoon without a script, on a bank holiday, without letting

me or any homeless team know. So when I caught up with the guy on the Tuesday he was literally half dead again and so I had to get him straight back in an ambulance and straight back into hospital. So that blows our A and E stuff. It's frustrating and upsetting, I had to get someone to break the door down to get in and if I hadn't caught up with him in the next hour or so who knows what would have been? He is now back in hospital again and back in the same position. So this time I have spoken to the matron again and explained what happened last time and told her what we need to try and do differently. The last couple of months could have been so different down to one small factor and it is frustrating to watch all your hard work go down the toilet because not everyone is one the same page.' (St Mungo's Navigator)

As with support towards other outcomes, there were instances where partner services saw clients as the responsibility of the Navigators rather than the SIB as additional and complementary support.

Exit planning for clients who were still receiving support for substance misuse and mental health problems was an issue being carefully handled by both providers. As St Mungo's the retention of a small team for the payment tail did not negate the need for more specialist services to take lead responsibility where clients were in treatment settings, as opposed to in tenancies where their support would be focused. For them and Thames Reach, there was a worry amongst the Navigators that their clients would not receive the support through and beyond treatment that they had been able to provide.

8 Conclusions and Recommendations

This report has presented a detailed review of the London Homelessness SIB, from design and commissioning to the end of the three years of contracted delivery (end of October 2015). The SIB includes an additional 12 month payment tail at the conclusion of which the final outcomes achieved by the SIB will be known.

This final chapter provides a summary of the key findings of the report, conclusions from the learning points to emerge and recommendations for future SIB and PbR interventions.

8.1 Evaluation aim and objectives

The aim of the qualitative process evaluation was:

- To provide an in-depth understanding of the merits of different aspects of the intervention design, including the role and impact of the social investment dimension and of incentivisation through a payment by results system.

There were four associated objectives, to:

- Draw out lessons from the design and implementation of the London Homelessness SIB project to inform future SIB-based interventions in England;
- Understand the role and impact of social investment on the two provider organisations and the way that they develop and deliver services for the target group;
- Identify and explore any impact that the payment by results system has on the target cohort, other rough sleepers in London not targeted by the SIB, and on the wider landscape of service provision in London in terms of both incentivised outcomes and the impact of the SIB on the patterns of working relationships across the sector; and,
- Contribute to the overall evaluation by identifying and understanding the factors relating both to the design of the intervention and other external factors that may have contributed to its success or otherwise.

This section explores the findings of the evaluation 2012-2015 including the previous two evaluation reports in relation to each objective, using an associated set of headings.

8.2 Lessons from the evaluation

8.2.1. Lessons for the design and implementation of future SIBs

8.2.1.1 THE IMPORTANCE OF CONSULTATION

It was important that the SIB was developed from its earliest stages through consultation with a wide range of stakeholders – this ensured there was market interest and supported the development of a viable model. The SIB was seen by all stakeholders including investors to demonstrate that SIBs can be designed and delivered for highly vulnerable groups with complex needs where a balanced approach to PbR metrics can be designed.

The design of the SIB was underpinned by detailed research and analysis. The development of outcome measures, metrics and the evidential requirements requires a complex interplay of evidence, modelling and judgement. Detailed data analysis is

required but the necessary data is not always available, for instance relating to past achievement on which to base predictions about performance or estimates of costs and cost savings. Given the desire for innovative practice, such a context is likely to be common for SIBs. 'Sense checking' through market engagement with different stakeholders can help address evidential limits. There is a cost associated with this process that is necessary for developing a product for the investment market.

8.2.1.2 THE NATURE OF JUDGEMENTS OF RISK

The SIB was a complex model of multiple outcomes for a complex and vulnerable group. Despite the detailed development work, there were limits to the evidence base and informed judgements were the basis for commissioners, providers and investors in reaching final decisions.

Social investors are motivated by the potential for both social outcomes and the returns that their investment can achieve (a 'blended return'). A higher assessment of risk brings a higher cost, and investors make individual judgments. The process of assessment and agreement can be facilitated by an intermediary, at a cost.

A lack of comprehensive data to model SIB interventions increases the investment risk associated with them. Neither providers nor social investors are homogenous groups with shared priorities and concerns. The level of risk will always be considered too high for some investors; and, there is not a consensus about an appropriate level of investment cost.

8.2.1.3 RESOURCES REQUIRED TO BRING A SIB TO CONTRACTING

The development of the SIB required a high level of investment from all stakeholders – DCLG in developing the model; GLA in developing and undertaking a new commissioning structure; providers in developing a tender for a PbR contract (including within the commissioning structure); providers and investors in negotiating and agreeing investment.

'Competitive dialogue' provided an appropriate process for commissioning a SIB. It allowed for an open tender, enabling the market to respond to commissioner's requirements, but provided a structure for a short-list of credible providers to be engaged.

8.2.1.4 SIBS WITHIN INVESTMENT AND CONTRACT PORTFOLIOS

The SIB offered a strategic opportunity for providers and investors to learn from involvement in one of the earliest SIBs, and this was a key driver for their involvement. As the market matures this motivation may decrease. However, a more mature market should also bring down transaction costs – those associated with securing investment, establishing investment and performance management structures, and contracting – with greater learning about what works, reducing risk.

Neither investors nor providers considered the SIB contracts to be of high worth in revenue terms – both manage a portfolio of higher value investments or contracts. Investors understood the SIB as being intended to enable commissioners to transfer risk in funding an innovation away from commissioners. They regarded the innovation to have been proven as effective and raised questions about how the interventions could be mainstreamed by commissioners having invested in the SIB to achieve social outcomes

for the target group. Thus the sustainment of the outcomes is seen to be at risk and potentially undermining the purpose of the SIB investments.

8.2.1.5 A VARIETY OF INVESTMENT STRUCTURES

The two providers each had a different investment structure. St Mungo's SPV was seen to have been an effective mechanism for managing the investment and the performance of the SIB intervention. However, it was resource intensive. Thames Reach investors were happy without this additional structure, with one investor taking a place on the Board of the organisation**.** A learning point from investors involved was that SPVs are more appropriate for more complex investments, with more investors and multiple provider contracts.

Both providers invested their own equity in the SIB. This enabled them to share the risk, with this equity at risk before the investment bonds. Investors prefer to share the risks associated with 100% PbR contracts and ideally would like a structure where commissioners also share the risk, given the uncertainty inherent in SIBs as providing innovative interventions.

The failure for health data to be provided, despite agreement being reached prior to the beginning of the SIB, was a source of frustration for all stakeholders in the SIB. Investors argued that government must resolve issues with data sharing across government departments and agencies for future SIBs targeting groups whose outcomes, and associated costs, sit across different areas of government policy and funding.

8.2.2. Learning about the role and impact of social investment on provider organisations

8.2.2.1 A FOCUS ON PERFORMANCE MANAGEMENT

Social investors' key role in working with the two provider organisations was in overseeing the performance management of the SIB contract. For those investing in St Mungo's, this was a more active role through the structure of the SPV. Results were reported to them on an initial monthly and then quarterly basis. There was active and ongoing review and collective discussion with St Mungo's of performance. Overall investors were happy with the provider's performance and thus there were minimal interventions in St Mungo's own close performance management of the contract. Yet there were some tensions when this had taken place, with the potential for the SPV to assume a function of traditional commissioners in closely scrutinising delivery.

For those investing in Thames Reach, one investor had a place as an observer on the organisation's Board. This provided greater certainty for the other investor about the performance management of the SIB. All investors received a quarterly performance update. As with St Mungo's, there were also limited interventions from investors in terms of requesting or seeing as necessary any changes to the delivery model.

8.2.2.2 A MORE STRATEGIC ROLE

The impact on the organisations from the involvement of social investors was limited. Both organisations are large, stable and successful providers of key homelessness support services across London. Both had learnt how to effectively manage PbR contracts and the demands of data collection, review and analysis in supporting outcomes based working. It

had led both organisations to reflect on how they could use data in existing and future contracts, as well as internally, to understand the outcomes for their clients and how support could more effectively achieve them. But this is perhaps more an impact of the PbR contract itself than of investors' involvement, although the two are closely related in a SIB. Investors themselves raised questions about whether the SIB was targeted at organisations who could most benefit from their involvement in terms of performance and financial management.

There was a broader role, more explicit from the outset in the Thames Reach SIB, of investors as a strategic partner to the providers**.** Thames Reach investors described their investment as being in the organisation itself, as well as the SIB, through their loan investment. The place of one investor as an observer on the Board supported the development of a relationship (building on a nascent one prior to the SIB investment) between them as investors and the Charity. For St Mungo's and their investors, the SIB also provided a forum for a relationship to develop based on a mutual understanding of each others' aims, priorities and functions as organisations. The impact of this role was that the providers and investors were working together to identify other opportunities for investment, both SIB investment opportunities (such as DCLG's 2014 Fair Chance Fund SIB programme) but also the broader potential for direct investment in the organisations themselves to support growth.

8.2.3. Learning about the Navigator model as an effective intervention

The evidence from the evaluation is conclusive that the Navigator intervention model is effective in supporting entrenched rough sleepers with high levels of complex needs. The two providers had different cost models for their teams, with a lower cost team at Thames Reach, with broadly similar outcomes achieved up to the start of the payment tail. Building on the evidence review that informed the design of the SIB (1.4.5), key features of effective provision are:

- A relational and non-judgemental approach that is persistent and builds trust;
- A long-term approach that extends from initial street contact to sustained outcomes, across the full pathway of support (that is usually split across different organisations).
- Support that can be split across different roles if this is carefully negotiated on a case by case basis;
- Support that is provided in home languages and culturally sensitive;
- A focus upon a personalised package of flexible and responsive support tailored to individual circumstance and need;
- An immediate focus upon securing appropriate accommodation (including but not limited to traditional hostel beds) and providing practical and emotional support to sustain this;
- A focus upon supporting clients to access existing provision, including advocating for and coordinating appropriate support;
- Effective partnership working – both in identifying key partners and in building positive relationships with those who are receptive and resistant to joint working;
- Flexible funding that can be used to purchase goods and services quickly and according to individual need; and,

- Delivery by skilled, motivated practitioners.

The approach enables a heterogeneous cohort to be supported towards common outcomes. However, not all of such a diverse cohort can achieve outcomes. Substance misuse and mental health problems are particular barriers to progression. Three years may not be long enough to support those with the most complex needs to stable, sustained outcomes.

8.2.4. Learning about the impact of a PbR structure on delivery of the intervention

8.2.4.1 SUPPORTING INNOVATIVE, FLEXIBLE DELIVERY

The PbR structure supported a flexible approach to delivery of a tailored, personalised intervention. It incentivised an outcomes rather than a structured, generic delivery model based on set progression stages and routinised pathways. It promoted innovation, enabling different models of support to be developed and providers to use their resources flexibly, for instance using volunteer peer mentors. It made Navigators more aware of problems and meant they could focus on the issues facing clients – the case studies throughout show how different problems/outcomes are inter-linked and tackled in a holistic way. It also provided additional motivation for Navigators.

The PbR model delivered stable accommodation outcomes for 443 of the cohort. This equates to 53% of the cohort, although this rises to 71% once those disappeared or deceased are taken into account (deducted from the overall cohort). The SIB achieved higher than expected numbers of people in full time employment. It did not reduce rough sleeping below the baseline target (the modelled baseline minus 5%); however the impact evaluation shows that it did reduce rough sleeping by more than would have been achieved without the SIB.

8.2.4.2 INCENTIVISING AN OUTCOMES FOCUS

The PbR structure incentivised the providers to work with all of the cohort throughout the three years of the delivery contract. The ethos of the organisations and commitment of their staff to the cohort and the achievement of outcomes for them was a contributing factor. Although there was no evidence of ‘cherry picking’ – working only with the most straightforward clients – which is a concern with PbR contracts, the providers were required to make judgements about where to target their resources in order to maximise the outcomes achieved from their investment. There is evidence that the PbR structure led to attempts to engage each individual but as delivery progressed there remained a ‘hard-core’ of persistent rough sleepers with complex mental health and substance misuse problems and with particularly entrenched lifestyles who could not be effectively engaged within the three year timescale.

The incentives structure of the PbR appears to have been appropriate in emphasising the central role of stable accommodation as the basis of wider improved outcomes and associated cost savings. Nonetheless, some accommodation outcomes may be at risk given reported risk of dependency upon the SIB Navigators for the support required to sustain them. It was reported that some clients in PRS have been moved to hostels

towards the end of the SIB. The PbR may have incentivised some accommodation outcomes to be achieved that cannot be sustained without SIB support. This may be due to a lack of mainstream or other services across the landscape of provision for clients who are not yet resilient enough to progress without ongoing support. The report has shown the importance of hostel accommodation for some within the cohort and how this in itself could provide for stabilisation, with the right support. But this was not included in the metric. The two providers are resourcing different levels of support for the 12 month payment tail to continue to work with clients, with differing levels of reliance on wider services. Analysis of the characteristics of those 26 individuals who failed to sustain accommodation outcomes suggests those with the highest substance misuse and mental health needs are least likely to remain in their tenancy. Final data at the end of the payment tail will indicate the success of the SIB in achieving sustained outcomes and reducing levels of need amongst those with tenancies.

The lower proportions of outcome payment for rough sleeping, health and employment do not appear to have dis-incentivised work towards these outcomes. Reducing rough sleeping and improving physical and mental health and wellbeing are central tenets of achieving sustained accommodation and reconnection outcomes.

The PbR metrics did not capture all of the work undertaken by Navigators to achieve health or employment outcomes. Alternative metrics with lower thresholds for progression in employability may have been more appropriate. Similarly, metrics that reflected recovery pathways, perhaps using a tariff approach according to assessed levels of need, may have been a more appropriate measure of improvements in health and wellbeing. However the evidence of work that was not captured by the metrics (and over achievement of full time employment outcomes) demonstrates that there were no perverse incentives to move away from supporting clients in these domains.

8.2.5. The impact of the SIB on other rough sleepers in London

There were apprehensions at the outset of the SIB that it could have a negative impact on rough sleepers not in the cohort, by taking resources away from them as the SIB cohort were supported across the wider landscape of provision**.** The evaluation includes perspectives from a wider range of providers in the wider provider landscape as well as strategic stakeholders. It was the participants in the research who were able to comment on the impact of the PbR on rough sleepers in London who were not in the cohort.

Stakeholders who contributed to the evaluation saw the SIB as a valuable additional resource for rough sleeping in London. It enabled other services to focus their resources more effectively, freeing up capacity for work with those outside of the cohort.

There are also examples of learning from the SIB that can be expected to bring benefits for this wider group. This includes a new ‘Outreach Protocol’ developed by the Mayor of London’s Rough Sleeping Group during 2014, which aims to ensure that different services working in varied settings operate to consistent and excellent standards. Other improved outcomes are expected through the impact on the provider landscape, returned to below.

8.2.6. The impact of the SIB on the wider landscape of provision

As stated in the section above, at the start of the SIB there were some concerns that it would have a negative impact upon the wider landscape of provision by taking focus and resources away from others and towards the SIB cohort. As noted above, stakeholders

from the wider landscape who contributed to the evaluation saw the SIB as providing additional resource to supporting rough sleepers in London, and thus freeing up capacity within existing services to work with those outside the cohort.

Nonetheless the SIB created demands upon a wide range of partner agencies and a wide range of relationships were required to be built and maintained. These relationships were described by partners who contributed to the evaluation as creating shared learning about what works, or providing confirmation of existing models of good practice. The SIB also led the two providers to promote awareness amongst mainstream services about the issues involved in homelessness and facing homelessness people, including those at risk of homelessness. The evaluation has not established the extent to which learning within these services has been implemented more widely or how likely it is to be sustained. Case co-ordination was one important function of the PbR, bringing services together and advocating for joint working in the interests of the client. It is expected that the need for joint working and information sharing will be recognised much more widely in the future, supporting shared learning.

One impact from the SIB has been the learning by commissioners of services about PbR and outcome based contracts. Both the GLA and Westminster City Council have commissioned services with PbR elements within them, as a result of their involvement with the SIB. None of these contracts are 100% PbR, with 10-15% of the contract value dependent upon specified outcomes being delivered (and thus are not being commissioned as requiring SIB investment). Both they and others expect an element of PbR to be used in a much wider set of contracts in the future, providing flexibility in delivery models and incentivising outcomes over adherence to delivery models. This learning about PbR commissioning and contract management can be expected to have a lasting impact on services in the future. The two SIB providers have gained advantage in the market in terms of experience of tendering for and delivering SIB and/or PbR contracts.

The learning from the SIB at GLA, within government and the commitment in the 2015 Spending Review and Autumn Statement to develop more SIBs, including in homelessness, could also bring a lasting impact on the wider landscape of provision.

8.2.7. The importance of external, contextual factors in SIB performance

The availability of appropriate accommodation was a key factor in supporting the cohort to stable tenancies. The providers made extensive use of PRS, providing high levels of support in order to make this accommodation habitable (providing and supporting grant applications for furniture, white goods, kitchen equipment) and to sustain tenancies (emotional and practical support). The lack of appropriate housing outside of hostels, single bed flats and supported housing for those with high levels of complex needs, were particular gaps in provision that were identified.

The changes to benefit entitlement that took place during the SIB as part of the government's welfare reform agenda was another factor. The changes to entitlement for non-UK nationals provided a motivation for some to be reconnected in their best long-term interests. It also provided an incentive for a number to address any substance misuse issues and accept the offer of support into employment. However for others it led to a disengagement with support and to 'disappear', potentially to other areas of the UK. The cap on housing benefit further limited the accommodation options available to those moving away from the street or hostel accommodation. The complexities of the benefits

system, including appeals, took a significant amount of Navigator resource to address, limiting the time for other activities.

The availability of specialist provision was also highlighted throughout the three years of the evaluation as the key challenge in addressing clients' health and wellbeing needs. Mental health services in particular were identified as struggling for resources and being limited in their capacity to work with Navigators and their clients.

The ability of those who choose to engage in street begging to raise reportedly large amounts a day was a barrier to supporting some of the cohort. For this group, entrenched lifestyles and mind-sets were difficult to challenge and transform within the timescale of the SIB.

8.3 Recommendations

This final section presents recommendations for different audiences from learning about: designing and commissioning effective SIB interventions; designing and commissioning effective PbR contracts; and, effective provision for rough sleepers.

8.3.1. Recommendations for SIB interventions

- When commissioning SIB interventions, commitments should be made to how successful models will be sustained beyond the contracted period. SIBs are a structure to transfer risk of failure from commissioner to social investors. When concepts and models are proven they should be sustainable, building on outcomes already achieved. SIB models should give consideration to how their impact will be established and the veracity of this as evidence of effectiveness for sustaining interventions agreed. The provider market can only deliver SIBs within a wider portfolio of contracts.
- SIBs are one form of social investment. Social investors are attracted by the social impacts as well as the returns that improved outcomes provide in SIB investments. Commissioners should consider the ways in which investors can be engaged in the development of SIB structures, so that risks that may impact upon investment can be identified and addressed; or, allow sufficient time for due diligence and investors' different decision making processes to be followed.
- Specialist support is required to build capacity and facilitate SIB investments. Although an intermediary body may not be necessary, financial modelling tools, contract and other templates are all important. Guidance on what investors require in due diligence would help providers prepare. Until SIBs are a more mature product, specialist support will be required and this brings a cost. A wide range of proven PbR models are required before these are established, with robust metrics that reduce risk and associated costs.
- An SPV is not always necessary, including where there are not multiple provider contracts to be held; where the contract value does not justify the transaction costs. SIB commissioning should be open to different investment structures, as this facilitates the involvement of a wide range of social investors and different ways of accounting for and addressing risk.
- SIBs must be well researched and robustly designed. But the limits of available data for innovation mean that they must also be developed through stakeholder consultation. Evidence available through 'what works' reviews and outcome banks such as that

produced by the Cabinet Office[55] will assist and should be the starting point for SIB feasibility studies. These will help to reduce costs but nonetheless costs will remain and should be factored into value for money calculations so that the true cost of SIBs is understood.

- 'Competitive dialogue' offers an appropriate process for commissioning a SIB. It allows an open tender, enabling the market to respond to commissioners requirements, but provides a structure for a short-list of credible providers to be engaged. Consideration should be given to awarding contracts prior to investment being brokered, so that investors can be certain of what they are investing in and more efficient provider-investor negotiation facilitated.
- SIB commissioning should consider the purpose of working with the VCIS. Where this is to involve single or a small number of large, stable organisations due to their track record of performance and expertise in engaging a target group, SPV structures are unlikely to be necessary or provide value for money. Instead they may achieve 'leakage' of social investment as costs are taken away from the delivery of interventions. Where the purpose is to involve smaller, less experienced organisations or to achieve multi-faceted models of support that require a range of providers, SPV structures are appropriate. Large organisations may be able to take the full risk of a 100% PbR SIB contract without social investment, and this may provide greater value for money.
- An SPV has the potential to assume the functions of traditional commissioners in closely scrutinising performance and intervening in delivery. Whilst this transfers roles and responsibilities from commissioners, who move to an outcome monitoring and payment function, this could undermine the rationale of a SIB to give freedom to providers and make involvement in SIBs unattractive to them. Provider investment in an SPV mitigates this as the risk is shared.

8.3.2. Recommendations for PbR contracts

- The design of a PbR model is dependent upon high quality data, which is not always available. To account for this, rigorous research should be accompanied by meaningful stakeholder consultation. In modelling PbR, commissioner and provider decisions about what can be achieved will ultimately be a matter of judgement without a robust evidence base from tested interventions. As a result, the assessment of risk is complex and some of the risk should be shared with the commissioner if a wide range of providers are to consider PbR viable. Incentivising an outcomes focus may not necessarily require a 100% PbR structure.
- PbR brings new roles for commissioners and can mean a heavy administrative burden. At the GLA one officer was responsible for monitoring and reporting on the SIB (£5m over three years); another was responsible for all other homelessness services (£42m over five years). These resource implications should be taken into account when planning PbR within or without SIBs. Before paying for outcomes, commissioners must have absolute confidence that they have been achieved. Attributable outcomes must be clearly defined and evidence requirements as simple as possible. Commissioners

[55] The 'Unit Cost Database' was launched in February 2014 and contains the costs associated with over 600 outcomes, http://data.gov.uk/sib_knowledge_box/toolkit

should prepare for their role by ensuring sufficient capacity for monitoring and providing supportive governance that is responsive to learning.

- PbR governance should recognise that metrics may need to be adapted once delivery begins, particularly where designs are new. Keeping metrics under review and having structures for open dialogue with providers and investors will ensure that final outcome metrics are robust and give commissioners confidence whilst being achievable for providers to demonstrate.

8.3.3. Recommendations for effective provision for entrenched rough sleepers

- The CHAIN database is a unique source of data about rough sleeping in London with similar datasets unlikely to be available in other areas of the UK (or beyond). Commissioners of rough sleeping services should consider what data is available to support PbR outcome metrics for homelessness interventions which do not necessarily rely on measures of rough sleeping, or consider developing a system like CHAIN. In London, consideration could be given to an alternative metric given the social side of sleeping out for entrenched rough sleepers.
- The Navigator intervention model is effective in supporting rough sleepers and the homeless with the most complex needs. However, for the most entrenched, three years may not be sufficient to achieve sustained outcomes and a longer timescale should be considered.
- Mainstream services should be targeted for awareness raising about the particular needs of homeless people and the issues of homelessness. Care pathways should be developed that take account of the factors facing the homeless as a group and the individuals within homeless populations. Mental health trusts, hospital trusts and social care departments all have a key role to play in addressing the needs of this group and supporting improved, sustained outcomes.

8.3.4. Recommendations for SIBs targeting homelessness

- There is an appetite amongst providers, investors and commissioners for SIBs targeting homelessness. The reasons for this are: because of the potential for social outcomes to be achieved for this highly vulnerable group; the potential for high costs savings to the public purse that are associated with these outcomes; the flexibility for intervention delivery that a SIB (PbR structure) enables.
- **The recommendations made above in relation to SIBs, PbR and interventions for homelessness should be considered, in particular**:
    - The Navigator model of a well-resourced, personalised approach is effective;
    - Partnership working will be essential for an effective approach and thus early work with partners to clarify roles will be important;
    - Three years may not be sufficient for achieving outcomes for the most entrenched and disengaged and this should be considered in designing interventions;
    - Consideration should be given to the cohort defined – in this SIB the cohort was broad and heterogeneous and a more tightly defined cohort could focus support on the most entrenched;

- Commissioners outside London should consider what data is available for defining target groups or cohorts;
- Commitments to sustaining proven interventions beyond the SIB should be made;
- The provider market for the SIB delivery should be engaged in consultations for SIB design and the nature of the market considered in commissioning (the size of organisations, their appetite for risk and appropriate contracting and investment structures);
- Investors should be engaged at the design stage so that key issues can be identified and addressed;
- Consideration should be given to awarding contracts prior to providers' investment negotiations so that investors can focus their resources on those who they know will deliver the SIB, reducing associated transaction costs and leakage;
- Commissioning should be open to a range of different investment structures. SPVs should not be prioritised in contract award and consideration to providers placing their own equity at risk without the involvement of investors, according to contract value.

- To ensure maximum learning from the London Homelessness SIB, the final outcome data for the SIB, at the completion of the payment tail, should be made available and the final impact of the programme assessed.

Annex 1 Interview topic guides

London Homelessness SIB Evaluation
Topic Guide: SIB Investors

Interviewer:

Organisation:

Interviewee:

Date:

This topic guide provides key questions and associated prompts. It should be tailored to the interviewee drawing on what we already know about them and their investment. It should build on the previous interview(s) with the investor – if there is a new officer participating on behalf of the organisation then refer back to the facts of the investment and any issues identified by the previous participant.

The interview should be a conversation with a purpose.

Introduction

- Introduce yourself and the evaluation.
- Explain that the evaluation is non-attributable.
- Ask for consent to record the interview.
- Outline the content of the interview.

Background and Role

This section is about the social investor's background and previous/ any other social investment. This will build on/confirm what is known from previous interviews.

- Confirm interviewee's job title, role and responsibilities
    - From the last interview/gather for new interviewees
- Organisational / Individual background
    - Ask if anything has changed since the last discussion:
        - Aim of organisation
        - Core activities – i.e. investment philosophy/ what do they do?
        - Organisation type – e.g. legal structure, bank, foundation, SIFI with own funds/managed funds, CSR arm, etc.
        - Organisation size
- The SIB as part of their portfolio:
    - Has the level of their investments (SIB and other investments) changed over the past year?
    - Have the forms of investments made changed over the past year?
    - For the past year:
      a) how many investments were made?
      b) what was the total value?
      c) spread of investments – SIBs, secured lending, equity, grant.

      AIM: understand / see how important SIB is in their portfolio and how this has changed over the lifetime of the SIB
    - How does the SIB fit into the portfolio trend i.e. are SIB investments growing; are SIBs maturing as a product?
    - *Link to how the market and their involvement has changed over the course of the SIB – are SIBs still a 'pilot product'?*

Performance of the SIB

This section explores both the final year of delivery and overall performance.

Compare with previous interview in terms of: satisfaction with governance, provider, performance.

- How happy are you with the (actual and expected) performance of the SIB in the final year?
- How happy are you with the (actual and expected) performance overall?

Involvement and communication with the providers

- What is the current level of your involvement with the SIB?
    - What's your current level of engagement with the provider?
    - What's your current level of engagement with management / Board?

  - Has this changed in any way?
- Is the governance (Board, SPV) working well?
  - Is it working as intended?
  - Have there been any issues that have been difficult to resolve?

- Have you engaged with the provider/kept up to date with progress and performance outside of the formal governance?
  - Have you received regular updates on progress? If so, how often?
  - Have you visited the provider?
  - Have there been established processes in place for communication?
  - Has there been any changes in the frequency of the updates?
- Are your expectations being met in terms of your on-going involvement?
- Have you engaged with DCLG and/or GLA?
  - How, why?
  - Experiences and views?

Performance against outcomes

- Performance against the outcomes has been variable.
  - Are you happy with the performance of the provider?
  - Views on progress against each of the outcomes?
  - Has the investor made any interventions in light of performance?
  - Do you think the intervention – the navigator model – is effective?
- Have amendments been required for the final year of delivery?
  - To reach particular groups within the cohort?
  - To achieve particular outcomes?

- Have your expectations been met in terms of your investment?
  - Are there any concerns about the expected return in light of performance?
  - Do you think the return will be of a similar size to what was initially thought and forecasted?
  - If this has changed, why?
- The health metric data has not been available
  - What is your view of this?
  - Have you been involved in discussions to address the situation?
  - Are you happy with how the challenge has been addressed?

- Are your processes for overseeing performance similar to other investments you have made?

Final reflections

This section will conclude and summarise the investors overall reflection of the SIB, and the investment process.

- Has your experience of the SIB influenced any investment decisions or involvement in any other investments (for instance, their governance arrangements)?
- Has your experience of the SIB influenced your (or your organisations) overall views on SIBs?
    - Do you think they offer opportunity in other policy areas?
    - Do you think they are sufficiently attractive for investors?
    - Have you invested in, or will you invest in, other, SIBs?
        - Based on your experience, is there anything you would do differently/any additional considerations for the decision making process?
- What has been key learning from the past year, and overall?
    - Overall drivers
    - Overall barriers and challenges
    - Satisfaction with the outcome
- What one thing would support an investment decision of similar style in the future? What one thing would act as a barrier?
- Would you invest in another SIB focused on rough sleeping?
    - How important was this social outcome in relation to the financial return?
- Anything further to add?
- Any questions?

Thank for time and close

London Homelessness SIB Evaluation

Topic Guide: SIB Providers – Senior Staff
Interviewer:

Interviewee:

Date:

This topic guide provides key questions and associated prompts. It should be tailored to the interviewee drawing on what we already know about their model (of delivery and investment) and the performance of the SIB to date.

The interview should be a *conversation with a purpose*.

Background

This interview will build on the previous ones conducted with this stakeholder or their equivalent in the first and second rounds of the evaluation research.

The purpose of the third stage of the evaluation is to explore progress in the third and final year, overall achievements and final learning from the programme as a whole.

The key areas to explore are:

- Interviewee's role in relation to the SIB;
- The delivery of the SIB intervention, and exit strategies in the final year – successes and challenges;
- Payment by results – delivering an outcomes based contract and working with social investment;
- Programme governance – managing the SIB;
- Overall learning.

Overall, the evaluation is seeking to (taken from the proposal):

- Draw out lessons from the design and implementation of the London Homelessness SIB project to inform future SIB-based interventions in England;
- Understand the role and impact of social finance on the two provider organisations and the way that they develop and deliver services for the target group;
- Identify and explore any impact that the payment by results system has on the target cohort, other rough sleepers in London not targeted by the SIB, and on the wider landscape of service provision in London in terms of both incentivised outcomes and the impact of the SIB on the patterns of working relationships across the sector; and
- Contribute to the overall evaluation by identifying and understanding the factors relating both to the design of the intervention and other external factors which may have contributed to its success or otherwise.

The questions should be tailored to the interviewee and what we know about the

provider and their investment and delivery models.

Remember that the evaluation reports have been published and presented at a GLA celebratory event, and the interviewee may wish to offer a view on the content.

Ensure you have the latest monitoring information with you to refer to.

Introduction

Introduce yourself and the evaluation – make reference to your previous interview(s) with them/colleagues.

Outline the content of the interview.

Explain that the discussion is non-attributable.

Ask for consent to record the interview.

Background and Role

This section is about the interviewee's role in the organisation and in relation to the SIB (confirm from previous discussions; update for new participants).

- Job title, role and responsibilities?
- Role in relation to the SIB?
- When did they become involved in the SIB?
- Ask if there have been any significant changes to the SIB model since the second year visit and report?
  - Were these to address any particular issues in the final year?
    - Issues that were expected (for instance, the need to reduce staff towards the end of the contract)
    - Issues that emerged (for instance, the need to focus on a particular client group or outcome)
    - In response to investor concerns?

Ask for an outline of what has changed – for example:

- Staff numbers and structure
- Delivery pathways and delivery model
- Targeting of the cohort – any new sub-groups targeted/change of emphasis in targeting
- Partnership – any new partners involved/previous partners less engaged

St Mungo's

- Has the merger with Broadway, recent at the time of the last research stage, made any difference to the delivery of the SIB?

In what ways?

Thames Reach

At the last round of the research, Thames Reach had amended their model to split responsibility for the cohort between staff focusing on the street and in accommodation, with assistant support workers. Establish that this has remained for the final year, to be explored during the interview.

Progress with Delivery

This section is about the intervention model the provider has delivered and the progress in the final year. Not everyone at this level will have that close to the model of delivery, but they should be aware of progress and successes and challenges. Tailor the questions accordingly.

Make reference to the latest monitoring data for performance against the outcomes.

- You explained that there have been no significant changes to the delivery model/there have been significant changes to the delivery model.
    - Overall, how do you view the final year of the SIB?
        - *Note that you'll be exploring the progress towards the outcomes in turn and picking up on these issues in the discussion.*
    - Have there been any particular successes or challenges?
        - *Exit strategies for staff and clients are a key issue to explore – this can be explored in outline here but in more detail through the outcomes themselves and returned to later.*
- I'd like to ask you about achievement of the SIB outcomes this year and overall
    - What is your view of progress against the **reduced rough sleeping** outcome?
        - Progress this year?
        - Achievement overall?
        - What are the challenges?
        - What has worked well so far?
        - What are the barriers?
        - Key partnerships?

    - What is your view of progress against the **accommodation** outcome?
        - Progress this year?
        - Achievement overall?
        - What are the challenges?
        - What has worked well so far?
        - What are the barriers?
        - Key partnerships?

- What is your view of progress against the **reconnection** outcome?
  - Progress this year?
  - Have the benefit entitlement changes proved the driver for this outcome that was expected at the last evaluation stage?
  - Achievement overall?
  - What are the challenges?
  - What has worked well so far?
  - What are the barriers?
  - Key partnerships?

- What is your view of progress against the **employment** outcome?
  - Progress this year?
  - Achievement overall?
  - What are the challenges?
  - What has worked well so far?
  - What are the barriers?
  - Key partnerships?

- We know that there has been an ongoing problem with data for the health outcome payments. But we know you have been working towards improving health and wellbeing to achieve this.
- What is your view of progress against **health** outcome?
  - Progress to date?
  - What are the challenges?
  - What has worked well so far?
  - What are the barriers?
  - Key partnerships?
  - Do you have a view on what might achievement be?
  - Has the lack of data caused any problems?

- Have any partnerships been particularly important?
  - In this final year; overall?
  - What are the features that make them work well?
  - Have there been any challenges and how were they overcome?
  - Have outcome payments been shared with any partners?
    - All, some?

        - Proportion?
        - Why/why not?
- Have any partnerships broken down?
    - Why?
    - Steps taken to address?
    - Alternatives developed?

- Are there any services that were available/that were worked with that are now no longer available?
    - What, why and implications?

- How has delivery been amended during the final year of the SIB?
  - To target, engage and support the remaining cohort?
  - To scale down staffing and resources towards the end of the contract?
    - What were the changes and why?
    - What were the impacts?

Delivering Payment by Results (PbR)

Explain that you would now like to explore the implications for the provider of the payment by results (PbR) model. Tailor the questions to the performance data and the previous discussion.

- Overall, performance against the targets set for the programme is variable. Progress against some outcomes is stronger than others. Some outcomes bring higher payments than others.
  - What are the financial implications for the provider of the performance in the final year?
    - Link to progress with outcomes previously discussed and any amendments made in the final year
- On the basis of expected performance, will the provider: break-even; lose money; make a profit?
- Have any issues been raised with GLA/DCLG?
  - What were they?
  - Have they been addressed?
  - Are there any problematic areas within the metrics – evidence, payment?
- Overall, what has been the experience of delivering the PbR contract?

Project governance

Explain that now you would like to explore the governance for the SIB and the role of the investors.

Thames Reach

- Has the SIB remained managed through the Board and Finance Sub-Group?
  - If it has changed, why and how? Implications?
  - If it is the same, have there been any concerns at either level?
  - How often and how has performance been reviewed?

- What is the view of the SIB at the Board?

- What is the view of the SIB at the Finance Sub-Committee?

- Are investors actively involved in SIB management/governance outside of the Board? If so, how and have there been any benefits?

- What are the investors' views of performance to date?
  - Reflect back on the issues with any outcomes
  - Are there differences amongst the investors?
  - How have investors made their views known?
  - Have investors made any intervention?
    - What, when, why?
- Are there any benefits or disadvantages to working with social investment?
- Have the governance arrangements put in place by the GLA worked well?

St Mungo's Broadway

- Does the SPV still meet every quarterly? with informal meetings in between?
  - Any changes?
  - Is it functioning well?

- What is the view of the SIB performance at the SPV?

- Have there been any concerns – at St Mungo's Broadway; at the SPV?

- Are investors actively involved in SIB management/governance outside of the SPV? If so, how and have there been any benefits?

- What are the investors' views of performance to date?
  - Reflect back on the issues with any outcomes
  - Are there differences amongst the investors?
  - How have investors made their views known?
  - Have investors made any intervention?
  - What, when, why?

- Are there any benefits or disadvantages to working with social investment?

- Have the governance arrangements put in place by the GLA worked well?

Learning from the SIB

This section is about the learning that has taken place during this final year and overall. Use this final section to wrap-up and to get clarification and detail from any aspects that haven't been covered.

- Looking back across the SIB in the round:
  - What has worked well?
  - What is key to any success?
  - What has worked less well?
  - With hindsight, is there anything that you would have done differently?

- Has the PBR focus on outcomes influenced the way in which support is delivered?
  - Focusing on particular cohort members?
  - Focusing on particular issues or needs?
  - Focusing on particular pathways?
  - Focusing on particular outcomes?

- Has the PBR focus on outcomes changed the way in which performance is monitored and managed?
  - Has data collection improved?
  - Has the governance worked well?

- Has the involvement of social investment influenced the provision?
  - Performance management and monitoring?

  - A focus on any particular outcome(s)
  - Caseloads, targeting or any aspect of delivery?

- Has the PbR focus influenced your/the organisations view of delivering outcome based contracts?
  - Would you tender for PbR contracts in the future?
  - Are PbR contracts good for the sector?
  - Would you tender for a SIB in the future?
  - What proportion of payment is most appropriate for the outcomes element in PbR contracts (as opposed to a SIB where it is 100%)?

- **The SIB is intended to sit across existing provision.**
- **Are you aware of any issues that the SIB has presented for the wider landscape of provision for homeless people and rough sleepers in London?**
  - Any issues stemming from the partnerships discussed earlier?
  - Any issues between SIB providers and others?
  - Any concerns raised at pan-London or other stakeholder events?
  - Any negative impacts on relationships for joint working outside of the SIB?

- Looking forward:
  - What do you expect to have achieved by the end of the contract?
  - What are the longer term prospects for the cohort as support withdraws?
  - How is learning from the SIB being taken forward?

- **Is there anything that you would like to add?**
- **Is there anything that you would like to ask?**
- **Thank you for your time.**

London Homelessness SIB Evaluation

Topic Guide: SIB Providers – Managers and Front-line Practitioners

Interviewer:

Interviewee:

Date:

This topic guide provides key questions and associated prompts. It should be tailored to the interviewee drawing on what we already know about their model (of delivery and investment) and performance to date.

The interview should be a *conversation with a purpose*.

Background

This interview will build on the previous ones conducted with this stakeholder or their equivalent in the first and second rounds of the evaluation research.

The purpose of the third stage of the evaluation is to explore progress in the third and final year, overall achievements and final learning from the programme as a whole.

The key areas to explore are:

- Interviewee's role in relation to the SIB;
- The delivery of the SIB intervention, and exit strategies in the final year – successes and challenges;
- Payment by results – delivering an outcomes based contract;
- Programme governance – managing the SIB;
- Overall learning.

Overall, the evaluation is seeking to (taken from the proposal):

- Draw out lessons from the design and implementation of the London Homelessness SIB project to inform future SIB-based interventions in England;
- Understand the role and impact of social finance on the two provider organisations and the way that they develop and deliver services for the target group;
- Identify and explore any impact that the payment by results system has on the target cohort, other rough sleepers in London not targeted by the SIB, and on the wider landscape of service provision in London in terms of both incentivised outcomes and the impact of the SIB on the patterns of working relationships across the sector; and
- Contribute to the overall evaluation by identifying and understanding the factors relating both to the design of the intervention and other external factors which may have contributed to its success or otherwise.

The questions should be tailored to the interviewee and what we know about the

provider and their investment and delivery models.

Remember that the evaluation reports have been published and presented at a GLA celebratory event, and the interviewee may wish to offer a view on the content.

Ensure you have the latest monitoring information with you to refer to.

Introduction

Introduce yourself and the evaluation – make reference to your previous interview(s) with them/colleagues.

Outline the content of the interview.

Explain that the evaluation non-attributable.

Ask for consent to record the interview.

Background and Role

This section is about the interviewee's role in the organisation and in relation to the SIB (confirm from previous discussions; update for new participants).

- Job title, role and responsibilities?
- Role in relation to the SIB (if different)?
- For new people
  - When did they become involved in the SIB?
  - Any previous work with PBR or SIB.

- Ask if there have been any significant changes to the SIB model since the second year visit and report?

  These points can then be explored more fully in the discussion.

  - Identify *in outline* what has changed – for example:
    - Staff numbers and structure – any changes and implications
    - Delivery pathways and delivery model – what changed, why and implications
    - Targeting of the cohort – any new sub-groups targeted/change of emphasis in targeting
    - Partnership – any new partners involved/previous partners less engaged

St Mungo's

- Has the merger with Broadway, recent at the time of the last research stage, made any difference to the delivery of the SIB?
  - In what ways?

Thames Reach

At the last round of the research, Thames Reach had amended their model to split responsibility for the cohort between staff focusing on the street and in accommodation, with assistant support workers. Establish that this has remained for the final year, to be explored during the interview.

Progress with Delivery
This section is about the intervention model the provider has delivered and progress in the final year. This should be the main focus of the interviews with these stakeholders.

- You explained that there have been no significant changes to the delivery model/there have been significant changes to the delivery model.
  - Overall, how do you view the final year of the SIB?
    - *Note that you'll be exploring the progress towards the outcomes in turn and picking up on these issues in the discussion.*
  - Have there been any particular successes or challenges?
    - *Exit strategies for staff and clients are a key issue to explore – this can be explored in outline here but in more detail through the outcomes themselves and returned to later.*

- What is the staff team structure?
  - Team, roles and responsibilities
  - Any changes from last visit? – staff numbers, roles, skills, etc (link back to overview)

- I'd like to ask you about progress towards each of the SIB outcomes

  (Explore how the outcomes relate to each other – the pathway; explore how barriers are identified and addressed; explore any issues with sub groups within the cohort)
  - What is your view of progress against the **reduced rough sleeping** outcome?
    - Progress this year?
    - Achievement overall?
    - What are the challenges?
    - What has worked well so far?
    - What are the barriers?
    - Key partnerships?

  - What is your view of progress against the **accommodation** outcome?
  - **Probe *I* distinguish between *entering* accommodation and *sustaining* accommodation**

- Progress to date? Progress this year?
- Achievement overall?
- What are the challenges?
- What has worked well so far –identify key successful approaches?
- What are the barriers?
- Key partnerships?

– What is your view of progress against the **reconnection** outcome?
– **Probe/distinguish between *achieving initial* reconnection and *sustaining* reconnection**
  - Progress this year?

    - Have the benefit entitlement changes proved the driver for this outcome that was expected at the last evaluation stage?
  - Achievement overall?
  - What are the challenges?
  - What has worked well so far – identify key successful approaches?
  - What are the barriers?
  - Key partnerships?

– What is your view of progress against the **employment** outcome?
– **Probe/distinguish between *achieving* and *sustaining* employment**
  - Progress this year?
  - Achievement overall?
  - What are the challenges?
  - What has worked well so far – identify key successful approaches?
  - What are the barriers?
  - Key partnerships?

– We know that there has been an ongoing problem with data for the health outcome payments. But we know you have been working towards improving health and wellbeing to achieve this.
– What is your view of progress against **health** outcome?
  - What are the issues to be addressed in improving health?
  - Progress to date?
  - How has the SIB supported improvements in mental/physical health beyond the A&E outcome target?
  - How has this supported the achievement of the other outcomes?

    - What are the challenges?
    - What has worked well so far?
    - What are the barriers?
    - Key partnerships?

  - Has the lack of data caused any problems?

- Are there wider outcomes that are not captured within the PbR metrics?
  - Key ones and examples of them?
- Has progress against any outcome prompted any changes in the way that the cohort is targeted or supported?
  - How have they worked with cohort in the final year?
    - How has this changed as the end of the year has approached?
    - Have there been changes in the way any subgroup have been targeted or supported?
  - Have there been any new pathways or any new features of provision (new services, new referral routes, new partner inputs etc)?
- What have the exit plans been for the cohort?
  - Have partnerships with other services supported the successful exit strategies of clients from the SIB?
  - Which?
  - How?
  -
- Has the SIB enabled discretionary funds to be used to support a personalised approach?
  - How extensive has this method been used?
  - Have limits been set by investors or GLA / DLCG?
  - How have investors responded to this?

- Which partnerships are particularly important?
  - What are the features that make them work well?
  - Have there been any challenges and how were they overcome?
  - Are outcome payments shared with any partners?
    - All, some?
    - Proportion?
    - Why/why not?

- Have any new partnerships been developed?
  - Why? In response to any issues?
  - How developed – any challenges or facilitating factors?

- Have any partnerships broken down?
  - Why?
  - Steps taken to address?
  - Alternatives developed?

- Are there any services that were available/that were worked with that are now no longer available?
  - What, why and implications?

- Have there been any changes in policy or provision that have impacted upon the SIB?
  - Cuts to any services?
  - Changes to any services?
  - New services, regulations, requirements?
  - Impacts from welfare reform?

Learning from the SIB

This section is about the learning that the interviewee identifies.

Much of this may have been covered. Use this final section to wrap-up and to get clarification if required.

- Has the PBR focus on outcomes influenced the way in which support is delivered?
  - Focusing on particular cohort members?
  - Focusing on particular issues or needs?
  - Focusing on particular pathways?
  - Focusing on particular outcomes?

- Has the PBR focus on outcomes changed the way in which performance is monitored and managed?
  - Has data collection improved?
  - Have the monitoring requirements increased?
  - Is the interviewee involved with SIB governance – internal; external (with GLA)?
    - Has this worked well?

    - How has this influenced delivery?

- Has the involvement of social investment influenced the provision?
  - Performance management and monitoring?
  - A focus on any particular outcome(s)
  - Caseloads, targeting or any aspect of delivery?

- Looking back across the SIB in the round:
  - What has worked well in this final year? What is key to any success?
  - What has worked less in this final year?
  - What has worked well overall?
  - What has worked less well overall?
  - Would any additional or different support have made a difference?
  - With hindsight, is there anything you would do differently?

- More broadly, do you think the SIB has had an impact on the wider landscape of provision?
  - Any impacts upon other services?
  - Any impacts upon other rough sleepers (not targeted by the SIB)?
- Looking forward:
  - What do you expect to have achieved by the end of the contract?
  - What are the longer term prospects for the cohort as support withdraws?
  - How is learning from the SIB being taken forward?
- **Is there anything that you would like to add?**
- **Is there anything that you would like to ask?**
- **Thank you for your time.**

London Homelessness SIB Evaluation

Topic Guide: Wider Landscape Stakeholders

Interviewer:

Interviewee:

Date:
This topic guide provides key questions and associated prompts. It should be tailored to the interviewee.

The interview should be a *conversation with a purpose*.

Background

Interviews with wider stakeholders in the SIB explore:

- Their views of the SIB intervention model
- The way in which they and their organisations work with the provider(s)
- and their views on the wider impact of the SIB on the landscape of provision.

Not everyone will be able to answer each question.

The evaluation is seeking to (taken from the proposal):

- Draw out lessons from the design and implementation of the London Homelessness SIB project to inform future SIB-based interventions in England;
- Understand the role and impact of social finance on the two provider organisations and the way that they develop and deliver services for the target group;
- Identify and explore any impact that the payment by results system has on the target cohort, other rough sleepers in London not targeted by the SIB, and on the wider landscape of service provision in London in terms of both incentivised outcomes and the impact of the SIB on the patterns of working relationships across the sector; and
- Contribute to the overall evaluation by identifying and understanding the factors relating both to the design of the intervention and other external factors which may have contributed to its success or otherwise.

The questions should be tailored to the interviewee and what we know about their engagement with providers and/or stake in the programme.

Introduction
Introduce yourself and the evaluation.

Describe the purpose of the interview and the topics that you'd like to explore.

Explain that the evaluation is non-attributable.

Ask for consent to record the interview.

Background and Role

This section is about the interviewee's organisation, their role and any links with the SIB. *Build on and update from any previous interviews*.

- Organisation and outline of services provided?
- Job title, role and responsibilities?
- Outline of their and their organisation's relationship to the SIB (Street Impact (St.M) and Ace (TR)):
  - How they work with the client group – cohort or wider group; provision; outcomes.
  - If work with the cohort – detail of this.
  - Any work with the SIB provider in partnership – *including work with them prior to the SIB*.
  - Commissioner of services – how the SIB relates to services they commission.

Development of the SIB

For those interviewees who have not participated in the previous stages fieldwork, this section is about any involvement the interviewee had in, and their awareness of, the development of the SIB.

- When did you first hear about the SIB, and how?
- What was your initial view?
  - Concern?
  - Great opportunity for additional resources?
  - Interest?
  - Have your views changed over time? – describe.
- Were you involved in the consultations undertaken with stakeholders for the development of the SIB?
  - Views of the process?
- What is your view of the PBR approach at the heart of the SIB model?
  - View on PBR as an outcomes focused approach – good for the sector, for this client group?
  - View on this PBR?
  - View on the PBR outcomes?
    - Are these the right outcomes?
    - What is missing?
  - Are any outcomes likely to be particularly difficult to achieve?
  - Are any outcomes overly straightforward/not challenging enough?
- Do you have a view on the role of social investment?
  - Advantages or disadvantages to providers from social investment models?

- Advantages or disadvantages to social investors entering the area of homelessness provision?
- Does social investment or SIB models offer opportunities or threats for the sector, and for you as a provider?

The SIB Interventions

This section is about the SIB interventions and how it relates to the interviewee's work. Explore commonality and difference if they work with both providers.

- At the heart of the SIB model is the intention to work across existing provision.

  Revisit and explore what was outlined at the start of the interview about how the interviewee and their organisation's relationship to the SIB:

  - How they work with the client group – cohort or wider group; provision; outcomes.
  - How they work with the SIB provider(s) – what this has involved; what have been the advantages and disadvantages?

- What is your view of the (two) provider model(s)?
  - Strong features / advantages
  - Any weaknesses / disadvantages
  - *If aware of both providers' models, how do they compare?*

- Do you work in partnership with either provider? *Compare the two providers*
  - What does working together involve? (Including any payment for services provided)
  - Have there been any changes to the way the organisation and the provider work together?

  - Has this been a natural progression from previous joint working or is it something new that is required by the SIB and with new relationships and new ways of working to be developed?
    - Formal partnership
    - Informal partnership – joint working
    - Information sharing
    - Joint planning
    - Spot purchasing

  - Are any outcome payments shared?
    - Expectations – past and present?
    - Advantages and disadvantages?

- Are you aware of how the (two) provider(s) have performed in terms of achieving the PbR outcomes?
  - Views on performance across different outcome domains.

- How does the work of the SIB have any impact upon your work?
  - Does it have positive effects (and why)?
    - freeing up capacity
    - freeing up resources
    - additional resources
    - supports existing work
  - Does it have any negative effects (and why)?
    - taking capacity
    - changing focus
    - requiring resources
- Has SIB caused you to change your service?
  - New ways of working?
  - New wider partnerships?
  - New models of delivery?
- Has the SIB been good for partnership working, or has it had a negative impact:
  - Upon relations between either SIB provider and the organisation?
  - Upon relations between the organisation and other providers?

Final Reflections

This section closes the interview.

- Has the SIB been a good thing for homeless people and rough sleepers in London?
  - Why, why not?
- Has the SIB been a good thing for the homelessness sector/local authorities/those supporting the homeless in London?
  - Why, why not?
- From your perspective, what do you think has worked well about either of the SIB models to date?
- Is there anything that hasn't worked well?
- What challenges have been overcome?
- What are the challenges ahead?
- **Is there anything that you would like to add?**
- **Is there anything that you would like to ask?**
- **Thank you for your time.**

London Homelessness SIB Evaluation

Topic guide: first contact interviews with service users

This topic guide is to be used with service users who have not taken part in the evaluation in previous rounds of research.

The participants are likely to have been in receipt of support for a good portion of the past three years; or, they may have been part of the cohort that took time to engage. The interview will need to be tailored accordingly. The guide is broadly similar to the one for those we have spoken to before, with additional questions at the outset to explore how and when they were engaged.

The interviews will be 'a conversation with a purpose', with a series of core questions and prompts that should be tailored according the circumstances of each individual and the services they have received. Please note that:

- The guide is not intended to be used verbatim, and should be tailored to any information collected from the service user's navigator and in light of an opening discussion to identify their circumstances.
- During the interview you should be focused on the person and the conversation, rather than referring to this document.
- Remember to use the language of each service – use the local name for the project, the name of the person who is working with them, etc; use the language of service use – ask about them using the service, receiving support or help, talk about the key worker and their work with them.
- *For this final stage of fieldwork the sustainment, or otherwise, of long term outcomes is a key focus.*
- *In addition – how service users have been supported to the end of the programme is important – what do they expect for the future now that the programme is coming to an end?*

Introduction

- Introduce yourself and the evaluation, using the information sheet as a guide. Explain that you are a researcher and that you have been asked to find out what people think of the support they've had from [*Provider*]. [*Provider*] is receiving funding from the government to support people who are rough sleeping. [*Provider*] wants to provide the best service it can and knowing what people think is very important.
- Explain that there is a voucher for them as a 'thank you' for taking part, which we'll give to them at the end.
- Have they talked to the support worker about the work? Have they seen the information sheet? Have they got any questions?
- Ask for consent to record the interview. Explain that all interviews will be anonymised and no-one will be named in reports. Explain that they can ask for the recorder to be stopped at any time and that they can change their mind about taking part any time during or after the interview.

- Explain that the interview is confidential. The only time confidentiality won't be kept is if there is evidence of likely or actual harm to them or to another person.
- But, stress that we don't aim to ask any uncomfortable or intrusive questions. And if there is anything that we ask that they don't want to answer, then they don't have to.
- Outline the interview – we'll start by asking how they came into contact with [*navigator],* what support they've received, and their views on what is positive and what is negative about the support they've had. We are interested in how it compares to other support they've had in the past. Ask 'does that sound OK?'.
- Start the recorder and say 'this is X with X', state the date and location of interview, 'and can you just confirm that you're happy to be recorded?'

Background

- When did you first came into contact with [*navigator*] (or whomever contacted them from the SIB provider)
- Confirm what is known about their background
  - You were sleeping rough/had been for X before engaged by *navigator*
  - You were in hostel/had been for X
  - You were in a different type of accommodation (type)/had been for X

- Ask for an outline of how their [*navigator*] has been working with them, for how long.
- Explain that you would like to try and start at the beginning. What happened when [*navigator*] first made contact?
  - Where were you?
  - Did you already know them?
  - What did they say to you about what they're offering?
  - What was your initial reaction?
  - Had you already heard of [*SIB*]? What had you heard, what did you think about what you'd heard?
  - Had you already heard of [*Provider*]? What had you heard, any previous engagement with services or support? What did you think of them?
  - Were there any reasons why or anything going on which meant you didn't want to work with them?

Working with [*navigator*]

- What happened when [*navigator*] first made contact?
  - Introductory chat and arrangement for meeting up?
  - Initial assessment? – what, how?
  - Any choice about engaging?
  - Initial or immediate action? What, why?

- What happened next?
  - If didn't want to work with them – what was going on? How was this addressed?

- How did [*navigator*] work with you to identify what help you would like?
    - Views of the assessment, approach, done with/done to?
- What was identified as issues to help you with?
- What was identified as next steps? Immediate, medium term
- Did you identify what you'd like to get out of the support [*navigator*] can provide? What was it?

- What support has [*navigator*] been providing you with?
    - What support and why? *Picking up on substance misuse and mental health*
    - Broad timeline of when support was provided.
    - What has been achieved, what progress has been made?
    - What has only just started?

- Anything you'd like support with, that they can't help with?
    - What support, and why?

Accommodation

- Where are you living now?
    - How happy are you with your accommodation?
- *Explore how stable the accommodation has been and any journeys into and out of different accommodation.*
- What support has [your navigator] given you with moving into and keeping your accommodation (explore concrete examples)?
    - Practical support
    - Emotional support
    - Provision of household items/other things purchased
- Have you had any nights sleeping out?
    - How often?
    - Why? Who with?
    - Does [navigator] know about it? What happened?
        - When and how did they find out about it?
        - Did they provide support to stop it becoming more frequent?
        - Did they understand it was a one-off/infrequent?
        - Were they understanding?
    - Has it affected anything about your accommodation?
    - Was there a cause that required support; and did you receive it?

- What has been the most important thing about the support you have received with accommodation?
- Are you planning to stay in this accommodation?
  - For how long?
  - If planning to move – why, where?
  - Any support required?
  - Any support expected?

Work

- Are you in work (paid/voluntary), education or training?
  - Explore the journey into work (paid/voluntary), education or training:
    - How suitable opportunities were identified – what was appropriate for the interviewee? What was available for the interviewee?
    - Preparatory work – practical (including things purchased by the navigator), emotional, introductory activities (formal or informal sessions)
    - Support into the opportunity
    - Support to sustain the opportunity – day-to-day; any events that put it at risk
    - Internal (support needs) and external (placement) factors?
  - What is the best thing about being in work (paid/voluntary), education or training?
    - In general?
    - For this opportunity?
  - Is there anything you don't like about being in work (paid/voluntary), education or training?
    - In general?
    - For this opportunity?
- Have you considered any (other) work (paid/voluntary), education or training?
  - Explore:
    - What has been considered?
    - What has been applied for?
    - Any tasters/ introductory or preparatory sessions
    - What support has been provided – practical; emotional

- *If any work or training has been entered but broken down*
  - What caused it to end? (internal (support needs) or external (placement) factors)
  - What support was provided?
  - What helped and didn't help sustain it?

- Planning to re-enter work or training?
    - What has been the most important thing about the support you have received with work and training?
    - What are your plans for the future in terms of (this) employment/training/volunteering?
- Stay in this employment, move on in the longer term, etc?
- Any support needed; any support expected?

Reconnection
If non-UK national

- Have you considered leaving the UK and returning to your home country?
    - Has this been raised by the navigator? When?
    - What did you think of the suggestion? Why?
- Would you like to return to your home country?
    - What would need to happen for you to be able to return?
- Are you planning to return to your home country?
    - Is [your navigator] supporting you to return home?
        - What is involved?
        - When do you plan to return?
        - What needs to be in place for it to happen?
        - Do you think you'll come back to the UK in the future?
        - Is there anything you're worried about?
- What has been the most important thing about the support with reconnection you have received?
- Was reconnection suggested earlier but is only now being considered? What made the difference?

Other support

- As well as the things we've talked about, what else has [your navigator] helped you with?
    - Relationships with family and friends?
    - Help with alcohol or drugs?
    - Mental health?
    - Physical health?
    - Buying things needed?
    - Sign posting to other services?
    - Accompanying to other services?
    - Anything else?

  - Is there anything that you would have liked help with that you haven't received?
  - What has been good about the help you've received?
  - Is there anything that you haven't liked about the help you've received?

The SIB compared

- Have you received support from other services, or from family and friends?
  - Whom, why, when?
- Is the support from the navigator different to other support you've received?
  - What makes it different?
  - Is it better, worse?
- Do you have any friends who are also being supported by [*SIB*] or [*SIB*]?
  - What do they think of it? Why?
  - Have they engaged – why, why not?
- Do you have friends who aren't being supported by [*SIB*] or [*SIB*]?
  - Have they heard about it?
  - Have you told them about it?
  - What do they think of it?
  - Is the fact that only some people can access it a problem?

Overall reflections

- Looking forward to the next six months, what do you hope to achieve? (e.g. move into permanent accommodation, find a job, etc)
- What do you think have been the main impacts of the [support of the navigator] for you so far?
- Where do you think you would be now if it was not for the help of [your navigator]?
- Now that the programme is coming to an end, has your [navigator] talked to you about alternative sources of support? (other support from provider, support from partner agencies, no/little support now needed).
  - What?
  - Why?
  - When?
    - If not, why not? Unmet needs, limits on what can be provided, not sure as too early, cautious based on previous experience?
- Is there anything you'd like to add?
- Any questions for me?

Thank for time and close.

London Homelessness SIB Evaluation – Year 3 Fieldwork

Topic guide: follow-up interviews with service users

This topic guide is to be used with service users who participated in the initial / second wave service user interviews, to identify progress made, issues encountered and their continued engagement with the SIB and their key worker (the 'navigator').

As with the initial interviews, there will be a discussion with the 'navigator' prior to the second interviews to establish what progress an individual has made, collect any new information on their situation and identify the continuing support they have received. As before, the interview will last no longer than an hour (and may well be shorter).

The interviews will be 'a conversation with a purpose', with a series of core questions and prompts that should be tailored according the circumstances of each individual and the services they have received. Please note that:

- The guide is not intended to be used verbatim, and should be tailored on the basis of the previous interview and any new information collected from the service user's navigator.
- During the interview you should be focused on the person and the conversation, rather than referring to this document. You only use this guide, or notes based upon it in light of discussions with the navigator, as an aide memoire.
- Remember to use the language of each service – use the local name for the project, the name of the person who is working with them, etc; use the language of service use – ask about them using the service, receiving support or help, talk about the key worker and their work with them. Don't ask them about being a 'beneficiary' and don't use common terms such as 'targeted', 'assessed' or 'engaging'.
- *For this final stage of fieldwork the sustainment, or otherwise, of long term outcomes is a key focus.*
- *In addition – how service users have been supported to the end of the programme is important – what do they expect for the future now that the programme is coming to an end?*

Introduction

- Re-introduce yourself and the evaluation, reminding the user of their previous interview (and date) and using the revised information sheet as a guide. Explain the purpose of the interview, that you are a researcher and that you have been asked to find out what people think of the support they've had from [*Provider*]. Explain that we are particularly interested to find out how their lives have changed since the first/second interview, and if they are still receiving support from their provider.
- Explain that, as in the first/second interview, there is a voucher for them as a 'thank you' for taking part, which they will receive at the end of the interview.
- Although follow-up interviews, establish if they have talked to the key worker about the study, have they seen the information sheet and ask whether they have any questions?
- Ask for consent to **participate in and to** record the interview. Explain that all interviews will be anonymised and no-one will be named in reports. Explain that they

can ask for the recorder to be stopped at any time and that they can change their mind about taking part any time during or after the interview.

- Explain that the interview is confidential. The only time confidentiality won't be kept is if there is evidence of likely or actual harm to them or to another person.
- But, stress that we don't aim to ask any uncomfortable or intrusive questions. And if there is anything that we ask that they don't want to answer, then they don't have to.
- Outline the interview – we'll start by recapping what was happening last time we spoke; then explore where they are living now, if they're thinking about work or training, and what help they've had or not had. Ask 'does that sound OK?'
- Ask explicitly if they understand all the above and are happy to be interviewed. Any questions before start?
- Start the recorder and say 'this is X with X', state the date and location of interview, 'and can you just confirm that you're happy to be recorded?'

Introduction

- Review the main areas covered in the previous interview, i.e:
  - They had been sleeping rough/were in a hostel/were in other accommodation for X before being engaged by provider
  - You met [*your key worker*] who told you about the SIB
  - When we spoke last you had received [summary of support/services received]
  - And you were expecting to [move into hostel/other accommodation, receive some training, start to look for work, etc – from Looking Ahead piece]

Progress since last interview

- I want to ask you about what has happened since we last spoke.

If there has been a change of navigator, explore that in relation to whichever outcome or pathway it occurred during (i.e. if during sustaining accommodation or moving into work).

Accommodation

  - Where are you living now?
    - As before?
    - New accommodation?
    - New type of accommodation (tenancy); new place of accommodation (as before but new place)?
    - How happy are you with your accommodation?
  - *If there has been a journey in and out of accommodation, explore it and tailor the questions below to this or to a stable accommodation status since the last interview.*

- What is the next stage with the accommodation – staying, moving on? Why?
- What support has [your navigator] given you with moving into/ and keeping your accommodation (explore concrete examples)?
    - Practical support
    - Emotional support
    - Provision of household items/other things purchased
- Have you had any nights sleeping out?
    - How often?
    - Why? Who with?
    - Does [navigator] know about it? What happened?
        - When and how did they find out about it?
        - Did they provide support to stop it becoming more frequent?
        - Did they understand it was a one-off/infrequent?
        - Were they understanding?
    - Has it affected anything about your accommodation?
    - Was there a cause that required support; and did you receive it?
- What has been the most important thing about the support you have received with accommodation?
- What difference do you think [your navigator] has made to what has happened with your accommodation since we last met?

Work

- Are you in work (paid/voluntary), education or training?
    - Explore the journey into work (paid/voluntary), education or training:

      – How suitable opportunities were identified – what was appropriate for the interviewee? What was available for the interviewee?

      – Preparatory work – practical (including things purchased by the navigator), emotional, introductory activities (formal or informal sessions)

      – Support into the opportunity

      – Support to sustain the opportunity – day-to-day; any events that put it at risk

      – Internal (support needs) and external (placement) factors?
    - What is the best thing about being in work (paid/voluntary), education or training?

      – In general?

      – For this opportunity?
    - Is there anything you don't like about being in work (paid/voluntary), education or training?

      – In general?

– For this opportunity?

- Have you considered any (other) work (paid/voluntary), education or training?
  - Explore:
    - What has been considered?
    - What has been applied for?
    - Any tasters/ introductory or preparatory sessions
    - What support has been provided – practical; emotional

- *If any work or training has been entered but broken down*
  - What caused it to end? (internal (support needs) or external (placement) factors)
  - What support was provided?
  - What helped and didn't help sustain it?
  - Planning to re-enter work or training?

- What has been the most important thing about the support you have received with work and training?
- What difference do you think [your navigator] has made to what has happened with work and training since we last met?

Reconnection
If non-UK national

- Have you considered leaving the UK and returning to your home country?
  - Has this been raised by the navigator? When?
  - What did you think of the suggestion? Why?
- Would you like to return to your home country?
  - What would need to happen for you to be able to return?
- Are you planning to return to your home country?
  - Is [your navigator] supporting you to return home?
    - What is involved?
    - When do you plan to return?
    - What needs to be in place for it to happen?
    - Do you think you'll come back to the UK in the future?
    - Is there anything you're worried about?
- What has been the most important thing about the support with reconnection you have received?

- What difference do you think [your navigator] has made to what has happened with reconnection since we last met?
    - Was reconnection suggested earlier but is only now being considered? What made the difference?

Other support

- As well as the things we've talked about, what else has [your navigator] helped you with?
    - Relationships with family and friends?
    - Help with alcohol or drugs?
    - Mental health?
    - Physical health?
    - Buying things needed?
    - Sign posting to other services?
    - Accompanying to other services?
    - Anything else?

- Is there anything that you would have liked help with that you haven't received?
- What has been good about the help you've received?
- Is there anything that you haven't liked about the help you've received?

The SIB compared

- Have you received support from other services, or from family and friends?
    - Whom, why, when?

- Is the support from the navigator different to other support you've received?
    - What makes it different?
    - Is it better, worse?

- Do you have any friends who are also being supported by [*SIB*] or [*SIB*]?
    - What do they think of it? Why?
    - Have they engaged – why, why not?

- Do you have friends who aren't being supported by [*SIB*] or [*SIB*]?
    - Have they heard about it?
    - Have you told them about it?
    - What do they think of it?
    - Is the fact that only some people can access it a problem?

Overall reflections

- Looking forward to the next six months, what do you hope to achieve? (e.g. move into permanent accommodation, find a job, etc)
- What do you think have been the main impacts of the [support of the navigator] for you so far?
- Where do you think you would be now if it was not for the help of [your navigator]?
- Looking ahead, do you feel that [navigator] support will make a (any further) difference for you?
  - What?
  - Why?
  - When?
    - If not, why not? Unmet needs, limits on what can be provided, not sure as too early, cautious based on previous experience?
- Is there anything you'd like to add?
- Any questions for me?

Annex 2 The Reduced Rough Sleeping metric

This Annex presents analysis exploring rough sleeping by the SIB cohort with two comparators. It was commissioned by the Project Board and is discussed in Chapter 3. The SIB cohort are rough sleepers who had been:

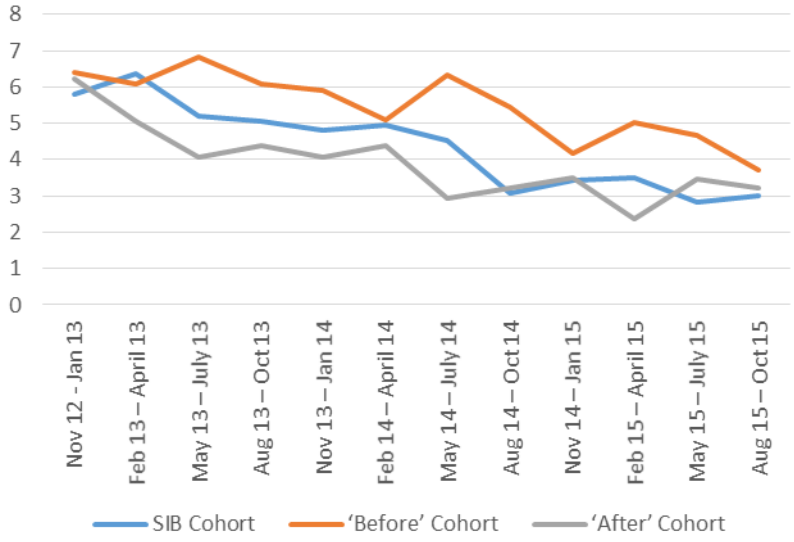
- Seen sleeping rough and/or have stayed in a London rough sleeping hostel between July and September 2012; and,
- Seen rough sleeping at least 6 times over the last 2 years.

The comparative cohorts met the second part of the SIB definitional criteria, but are drawn from the three months 'before' and 'after' the SIB cohort was drawn on 31st October 2012. The analysis was commissioned in order to explore concerns over the appropriateness of the metric used for outcome payments - focused on the numbers of individuals sleeping rough, rather than the number of times individuals sleep rough.

The first part of the analysis explores the number of bedded down contacts – the number of times an individual is recorded as rough sleeping – for the cohort and for comparative cohorts. This analysis is presented in Figure A1.1.

The second annual evaluation report noted that the SIB cohort had a much lower ratio of bedded down contracts than the 'before', but little difference to the 'after' cohorts. The SIB cohort has continued to achieve a lower ratio with the 'before' cohort and has increased the difference with the 'after' one. The figures demonstrate the complex nature of the problem with drops and rises across all groups, although the SIB cohort data suggests a more steady reduction until the final quarter.

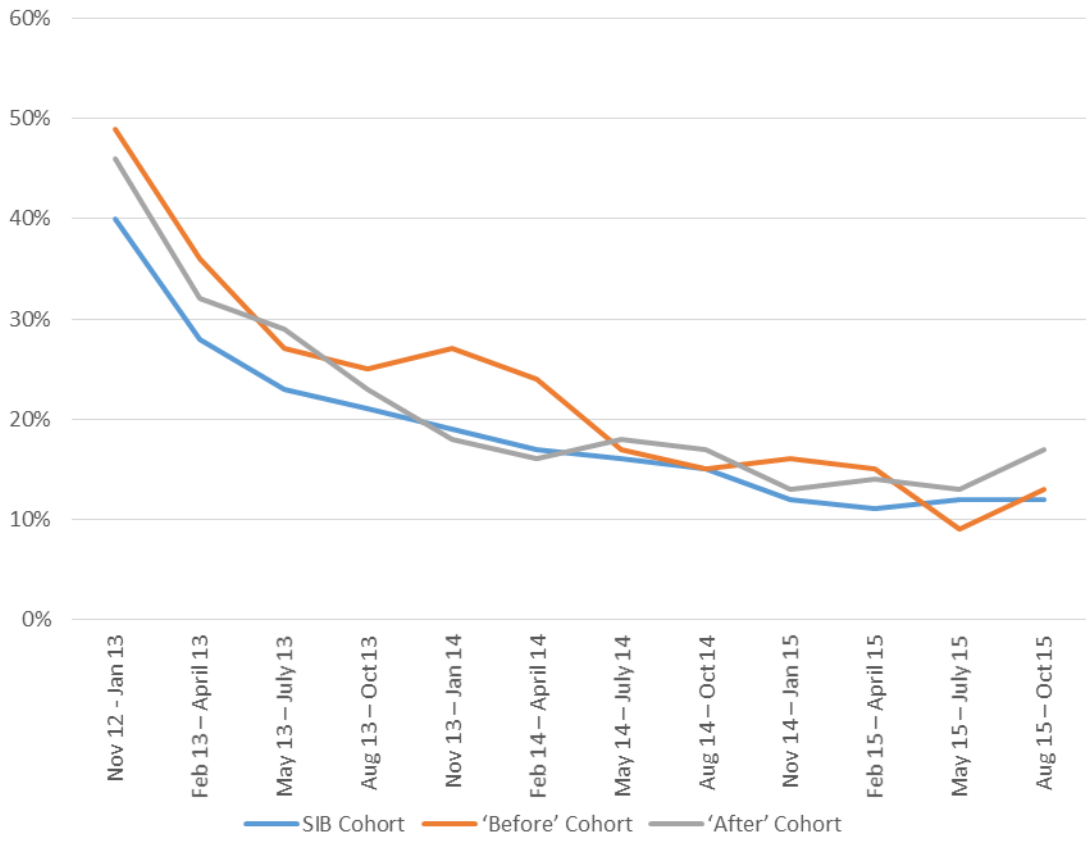
Figure A2.1 SIB and comparison cohorts ratio of bedded down contacts 2012-2015



Source: Project Board data

A second element of this additional analysis views the percentage of the SIB cohort rough sleeping with the two comparator cohorts. It is presented below in Figure A1.2. This analysis also shows the SIB as achieving a higher reduction. Although the difference with the 'before' cohort is small (12% SIB, 13% 'before' cohort) the pattern of reduction is again steadier than in the comparator groups, albeit stabilising in the final year (reflecting the nature of the 'hard core' rough sleeping cohort as outlined above).

Figure A2.2 Percentage of SIB and comparator cohorts rough sleeping 2012-2015



Source: Project Board data

The broad conclusion was that the measure is appropriate given the similar patterns shown by the two metrics.