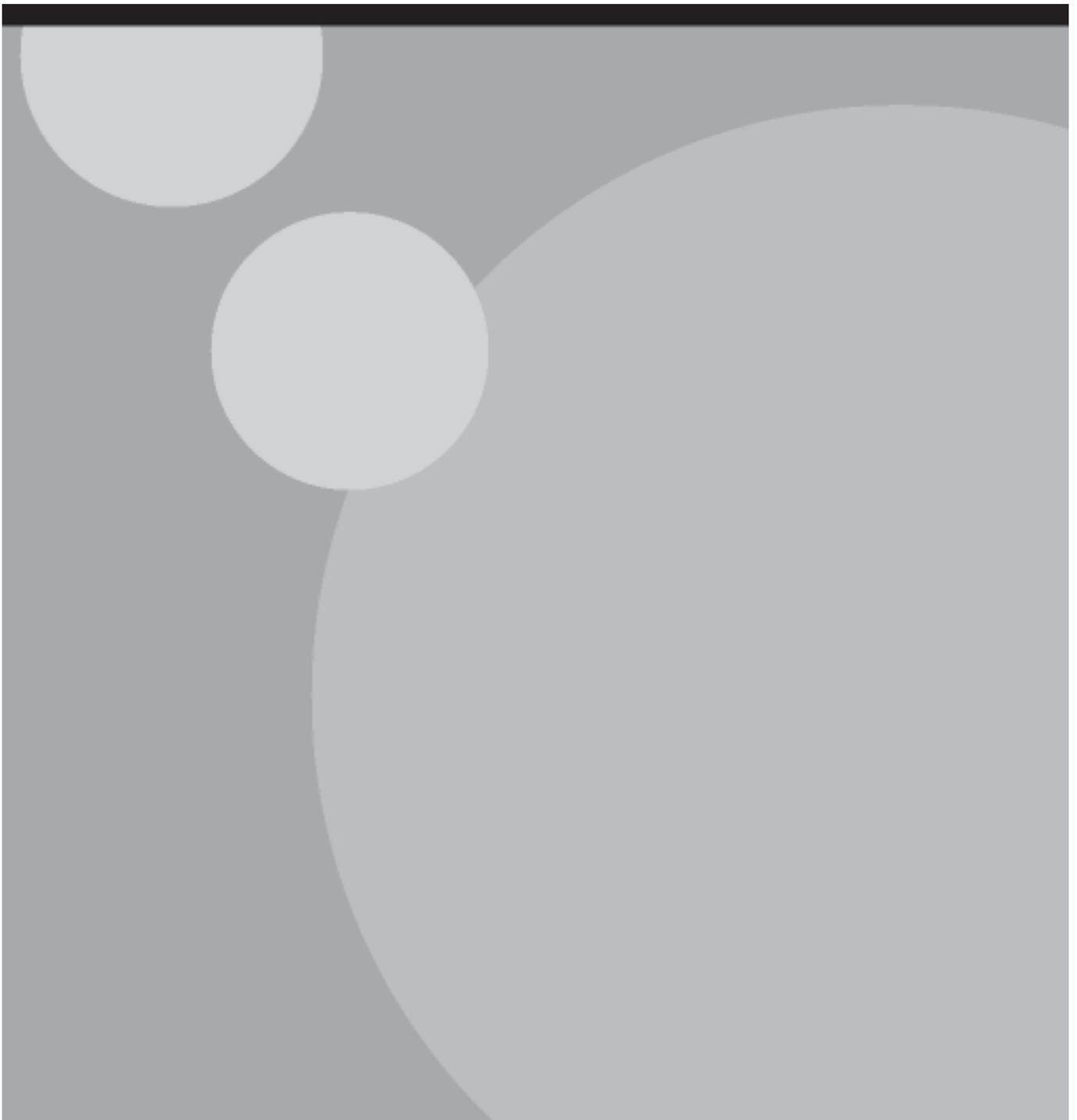


Adults facing Chronic Exclusion Programme: Evaluation findings

Summary





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Summary

The Adults facing Chronic Exclusion pilots provide front line services to individuals with complex needs (and which are not conventionally met by statutory services) with the aim of improving local delivery while reducing the total cost of providing support. Each pilot has a different service delivery model; however, all are based on the idea that an effective response to chaos and entrenched deprivation is a consistent, trusted adult who can advocate between local services and service users.

The findings of the three-year, independent evaluation by Matrix include:

- The client group comprised some of the most chaotic or isolated individuals in a local community, who were hard to reach and difficult to engage. Seven clients at one Adults facing Chronic Exclusion site have a total of 79 years of care, hospital and prison between them, yet the oldest is only 40 and three are still in their 20s.
- The work of the pilots was not expensive and most of the expense was attributable to members of staff working one to one with clients or in group work.
- The pilot workers often worked as consistent trusted adults. They worked effectively with the most chaotic and isolated adults to assist them in navigating the local services and move between transition points in their lives. The pilots were effective in bringing about better outcomes for the individuals, particularly in terms of health.
- The consistency of the pilot workers was beneficial in persuading local services to engage with the client group, even in circumstances where clients had been previously barred or not engaged. The pilots were effective at bringing about changes in local service delivery by ensuring that services were open to all.
- Although the work of the pilots saw an increase in expenditure on these adults, expenditure was on beneficial services that were good for the clients – health and accommodation – or those that helped to stabilise the client, such as benefits.
- It is reasonable to assume that the longer the pilots work with the clients, the more effective the pilots will be seen to be.

Specific findings

1) Client group

There are no demographic similarities shared between people with multiple needs and chaotic lives. Common qualities are:

- a risk to themselves (neglect, self-harm) or to others (crime, anti-social behaviour)
- a lack of resilience or the inability to bounce back from traumatic events or cope with life due to illness, disability or lack of emotional development¹
- a lack of positive relationships in their personal lives or with local services, due to poor social skills, abusive and exploitative relationships.

The clients tended to lack relationships with other adults that were marked by a high degree of consistency (acting in a consistent manner) and trust (being trusted to act in the best interests of the client). The role of the consistent, trusted adult was often filled by the workers in the pilots themselves.

2) Costs

The pilot interventions are comparatively inexpensive.

Hourly staff costs

Pilot	Avg. Hourly Cost of Staff
Tyneside Cyrenians	£ 10.03
MCCH Pathways	£ 10.35
Fairbridge	£ 11.55
Link Worker MK	£ 13.73
NOAH	£ 15.08
Calderdale Maze Project	£ 16.88
Forensic Therapies	£ 16.92
Inside, Outside	£ 17.30
St Mungo's	£ 19.91
Thames Reach	£ 22.70
South West London	£ 24.18

NB – the costliest pilot is the only one which uses NHS staff and this reflects the price of NHS management costs.

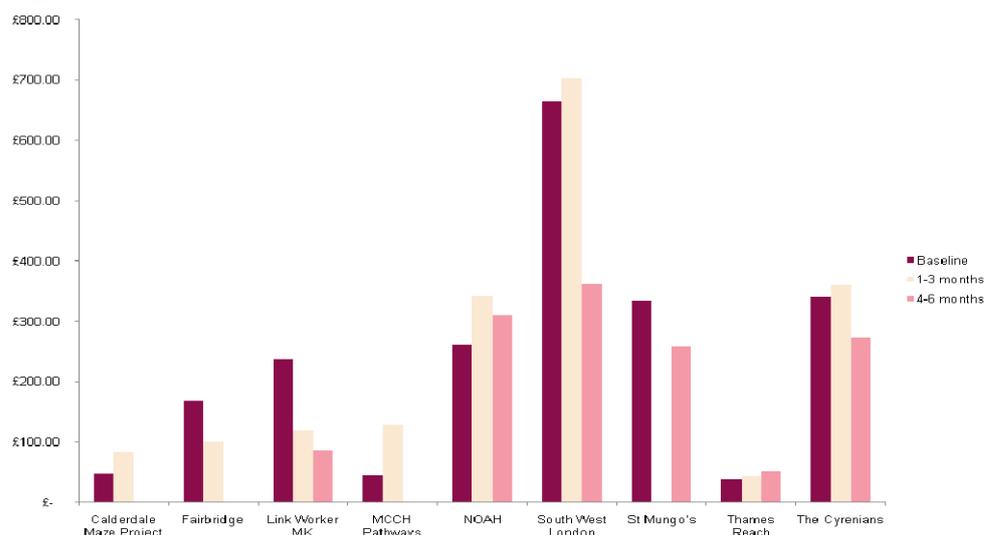
¹ The pilots explained that resilience was not an absolute concept and when resilience might appear weak, within the clients' context these behaviours are crucial to coping.

3) Pilot outcomes

Use of health services

Across the Adults facing Chronic Exclusion programme, the cost to the health service of the clients was £216 per month before the programme (n=376). This increased to £245 three months later (n=295) and then reduced to £178 after six months (n=205). The cost of health service figures for each pilot are set out in Figure 1 below.

Figure 1: Cost of health service use after six months



Examination of the overall reduction in the cost of health services reveals that it is accounted by four changes:

- 1) After three months there was an overall decrease in accident and emergency (A&E) attendances across all pilots. This was particularly pronounced at four pilots – Link Worker, NOAH, South West London, and St. Mungo's.
- 2) There was also a decrease in ambulance journeys at those four pilots.
- 3) Those four pilots – plus two other pilots (MCCH and Thames Reach) - experienced a decrease in visits to GPs.
- 4) There was an increase in outpatient appointments after three months, especially at Link Worker, South West London, St Mungo's and Thames Reach.

Accommodation

After three and six months, the accommodation status improved for clients at NOAH and The Cyrenians, largely because workers were quickly able to secure access to a hostel or accommodation for homeless clients soon after engagement. At the remaining pilots, accommodation status remained stable between three and six months. Of those pilots, clients of MCCH, Link Worker, Fairbridge, Thames Reach and Calderdale tended to be living in good accommodation at the point they engaged with the pilots, whereas clients of

South West London and St Mungo's were stabilised in temporary accommodation. Stabilising a client in accommodation was not only an important goal in itself, but overall, the pilots maintained that a stable accommodation assisted clients to access better health services.

Employment

Overall, a quarter of the projects – Thames Reach, MCCH and Link Worker – were found to influence their clients' employment status.² This included finding voluntary work, which was seen as a precursor to paid employment. At both Link Worker and MCCH improvements were due to clients becoming volunteers. At Thames Reach, 19 per cent of 73 clients moved from unemployment to employment within nine months. (43 per cent had been unemployed for between 5 and 25 years.)

4) Cost-effectiveness

The pilots reduced the cost of healthcare, but this was outweighed by increased accommodation and benefits costs. Helping someone progress from rough sleeping, addiction and chaos into a sustainable tenancy is a brilliant outcome. However, it pushes the cost-benefit of the Adults facing Chronic Exclusion programme into the red.

Health

Overall, *the pilots achieved cost savings to the health service of £19 and the overall value to the health of the clients was £77 per month.* Set against that, the best performing pilot on this score was Link Worker which achieved cost savings to health services of £149 per client per month and improved health in its clients valued at £198 per client per month. The other pilots to reduce costs to health services were MCCH (£17 per client per month) and Cyrenians (£71 per client per month).

Accommodation

Overall, the cost of accommodation rose across all the pilots and was valued on average at £154, but this reflects the high costs of accommodation that relates to this outcome. Further, *there is an assumption a person sleeping rough is a nil cost to the public purse, but in reality lack of accommodation might bring greater health and crime costs to society.*³

Crime

One pilot, the Cyrenians collected self-reported data on crime. Their data suggest that the cost of crime was £4,597 per client at the start of the pilot. This decreased to £2,090 after three months and rose to £3,275 after six. This implies a cost saving of £1,322 after six months with the total cost savings on crime by clients of £715 per month per client. The reasons for this reduction are not clear although it is consistent with the achievements in improved accommodation and health services.

² This was statistically significant at the level of $p < 0.05$

³ These costs were not included in the economic impact analysis.

Economic impacts of the pilots after six months

Positive results indicate a cost saving or benefit. Negative results indicate greater expenditure or a cost. The prison pilots are in italics.

Pilot	Cash savings				Health State	Total	
	Health services	Children in care	Accommodation	Benefits	Monetary value of health state improvements	Cash saving	Economic Impacts
<i>Forensic Therapies Inside, Outside</i>	N/A	N/A	N/A	N/A	£378	£0	£378
Link Worker MK	£149	-£5	-£82	-£100	£198	-£39	£159
MCCH Pathways	£17	£-	-£12	-£31	£136	-£26	£110
St Mungo's	£12	-£4	-£53	£3	£140	-£42	£98
Thames Reach	-£12	-£3	-£17	-£86	-£12	-£117	-£130
Calderdale Maze Project	-£37	-£37	£51	-£114	£0	-£137	-£137
South West London	-£28	-£8	-£156	-£4	-£69	-£196	-£265
NOAH	-£128	-£37	-£110	-£145	£79	-£421	-£343
Fairbridge	-£163	-£13	£19	-£73	-£194	-£230	-£424
The Cyrenians	£71	£1	-£641	-£38	£136	-£607	-£471
Total	£19	£7	-£154	-£58	£77	-£186	-£110
Total exc. prison pilots	£19	£6	-£154	-£58	£40	-£188	-£148

Cost benefit of the pilots after six months

Prison based pilots in italics

Pilot	Spending	Cost Effectiveness 1	Cost Effectiveness 2
	Total spending per active Client	Spending minus total cash savings	Spending minus economic impacts
<i>Forensic Therapies Inside, Outside</i>	£260	£260	-£118
St. Mungo's	£310	£352	£212
Thames Reach	£151	£268	£281
Link Worker MK	£615	£654	£456
Calderdale Maze Project	£676	£813	£813
The Cyrenians	£468	£1,075	£939
NOAH	£695	£1,116	£1,038
South West London	£883	£1,079	£1,148
MCCH Pathways	£1,511	£1,537	£1,401
Fairbridge	£1,516	£1,746	£1,940

The results set out above describe the short term investment in the client group, namely, improved accommodation, increased benefit receipts, and the better use of non emergency health services. Whilst these are ostensibly 'good' outcomes, none of the pilots have been strictly cost beneficial. However, the analysis only compares input and impacts after six months. This limited period underestimates the total impact of the pilots as the impact over a longer term is likely to last longer than the inputs. While it is not possible to estimate how much longer this will be, it is quite clear that for most pilots the impacts only have to be twice or three times as long as the intervention time to make them cost effective.

Future funding

The following pilots have secured continuation funding:

- South West London and St Georges will receive Department of Health funding until 2011 (potentially 2012). In addition, Cabinet Office has announced the formation of a Community Interest Company to deliver pan-London support services to people with multiple disadvantages based on the South West London Chaos Index Model.
- NOAH – Luton Borough Council agreed to match fund the Scheme until 2011.
- Forensic Therapies – HMP Holloway want to continue the service post-April 2011 (although there is a tendering process to see who will run it).
- Milton Keynes Link Worker Plus – funded until April 2011, with funders currently being confirmed for 2011 onwards.
- Tyneside Cyrenians – mainstream funding from local authority and Primary Care Trust.
- Turning Point – Connected Care service has been commissioned in Bolton by the local authority.

Conclusion

The schemes achieve positive housing, health and well-being outcomes with people who have led lives of entrenched deprivation, abuse and neglect where all other services have had to, with regret, terminate engagement. The variety of approaches are all based on the theory of providing a consistent, trusted adult to mediate between services and clients. Cost benefit for health is positive overall, but the positive outcome of securing accommodation and benefits for homeless people result in an overall net cost to the Exchequer. However, the costs of providing services are, on average, £16 an hour. By leveraging in volunteers, minimising administration and offering face-to-face, flexible support, the pilots demonstrate that long term, positive outcomes can be secured for this client group, at half the cost per hour of a social worker.