

The evaluation of the New Cross Project was commissioned from Nottingham Trent University and commenced in July 2015 following ethical approval from the College of Business, Law and Social Sciences Ethics Committee at the University.

The evaluation design was based upon a previously tried and tested framework (Bailey, 2002 & 2007, Bailey and Kerlin, 2015 & 2012, Ward and Bailey 2015) that combined the collection of qualitative and quantitative data to enable an in-depth understanding of:

- how the Project is situated including supports and barriers for the multi-agency team (context evaluation)
- what providing more bespoke solutions for New Cross residents looks like (input evaluation)
- whether these bespoke solutions lead to reduced demand for services and more cost-effective care delivery (outcomes for the organisation[s])
- whether the quality of life for residents (evidence of progress) in the New Cross area is improved (outcomes for New Cross residents)

Context evaluation data consisted of observations of all/part of 2 New Cross team meetings, which informed the design of the interview schedule for team members. Nine team members were interviewed including the Team Leader. Feedback was collated and thematically analysed from a stakeholder meeting which took place in Kirkby-in-Ashfield in October 2015.

Input evaluation consisted of 11 in-depth interviews with New Cross residents sampled on the basis of their outcome star profiles to reflect complex and less complex cases. The interview questions were initially piloted with a New Cross resident to check relevance, ease of understanding and completeness. The initial interview schedule was modified based on the resident's feedback. Additional information was gleaned from the 9 interviews with team members.

Outcome evaluation consisted of an analysis of costs on a case by case basis in addition to the in-depth interviews with residents which gave them an opportunity to explain their outcome star profiles. This allowed for a rich understanding of how residents had experienced any changes in their quality of life as reflected in their narratives. This level of understanding also helped to explain the changes in costs and demands for services.

The interviews with residents and team members were audio recorded and transcribed verbatim. The transcripts together with the detailed notes from the team observations and the notes of the stakeholder meeting were subject to thematic analysis to identify overarching themes and sub-categories (Lincoln and Guba 1985).

The strength of the evaluation approach lies in its ability to understand and articulate the context in which the New Cross team is operating as well as the outcomes being achieved (the key ingredients for success). This becomes important for Commissioners seeking to replicate the service in other areas.

Key findings for each level of the evaluation are summarised below:

Level of Evaluation	Key Findings
Context	There was clear strategic support for the New Cross Project shared between the respective agencies, including Ashfield DC, Police, Social Services, Fire and Rescue. This was evidenced by the contribution of financial support to budgets and human resources through secondments of staff to the team. Support for the Project also came from a wider network of agencies with whom the team worked for example the hoarding service.

	<p>Management arrangements for team members differed with some team members being solely accountable to the Team Leader at New Cross while others retained a manager in their substantive post which made reporting requirements complex. For a minority of team members this also resulted in a degree of uncertainty about whether they would return to their substantive post in March 2016 and take the lessons learned from the multi-agency way of working in New Cross back to their respective agency or whether they would become attached to the New Cross team for a longer period.</p> <p>Factors which supported the New Cross Project were the leadership of the team which was considered to have organically evolved with the project, becoming more effective as the Project had developed. The expertise which each team member brought from their respective agencies was highly valued by the team and the seconding agencies with almost all team members saying that they had been strongly encouraged to apply for the roles. The case lead way of working, together with what was considered to be the right mix of disciplines now that Social Services and Framework had joined the team, was key to the approach. Health was identified as a key discipline missing from the team.</p> <p>Barriers included tensions reflecting a perception of the different status of team members and the time needed for the team to evolve to a position where they could perform as a truly interdisciplinary team. Team members felt that some form of more formalised professional supervision could have expedited this. Team performance at the time of the evaluation could be identified as interdisciplinary working and this had successfully evolved from the initial stages of multi-agency working. This means that there is good evidence of team members interacting to share distinct as well as overlapping areas of expertise and that the sum of the whole team's capabilities and contribution to outcomes for New Cross residents was greater than each individual's contributions added together. This way of working was highly valued and evidenced by the experiences of residents.</p>
Inputs	<p>From staff's perspective a bespoke intervention was person centred and began by working with a resident's strengths. Residents characterised bespoke interventions by the practical nature of support provided (wrote letters, debt management, got rid of rubbish, got help for domestic violence, help with employment) as well as the support to attend appointments with the resident (with CAB, GPs/doctors, job centre). These inputs were delivered in non-judgemental ways and residents valued highly; feeling listened to and having their concerns written down and taken seriously. All 11 residents interviewed were supportive of the case lead approach which meant they only had to deal with one person. They valued the regular contact with New Cross workers either by phone, text or by going direct to the team base in Chatsworth Street.</p>
Outcomes (organisational)	<p>A summary of cost savings for the project can be understood in terms of micro and macro outcomes.</p> <p><u>Micro outcomes:</u> The team has worked with 115 residents to varying levels of intensity. Of these, the team has fully costed 16 cases. This includes actual cost of service provision at each property from when the resident moved into the New Cross area, and any demand received since the New Cross Support Team's involvement began.</p> <p>From this initial 16 case evaluation, the costing process highlighted projected savings of £384,000 to the services involved in each case, including Social Care, Health, Police, Fire and Rescue and Council services. The projected savings of all 115 cases, based upon the initial evaluation, is estimated at £2.74m</p>

	<p><u>Macro outcomes:</u> Year on year demand level comparisons show that there has been a significant initial impact upon the wider community of New Cross. District Council demand has fallen by 7%, allied to falls in Anti Social Behaviour (17%), Serious Acquisitive Crime (34%), Violent Crime (5%) and criminal damage (21%). The evaluation acknowledges that the work carried out in the area has been alongside the activities of other services, yet the area has witnessed a significant change since the introduction of the team.</p>
<p>Outcomes (residents)</p>	<p>Significant gains in terms of the quality of life for residents were evidenced by increased scores on their outcome stars particularly in the areas of family, confidence, housing/accommodation, employment and finances. Residents spoke of increased social contacts as well as improvements in relationships with family and friends. Ten out of the 11 residents interviewed described increases in their self-belief and confidence which had led to a greater taking of control of their lives in a range of areas. These gains in residents' quality of life need to be understood in the context of 'crises' being experienced by all 11 of the residents before the New Cross project had intervened. Six out of the 11 talked about intending to end their life had they not received support. Two said their lives were heading towards prison, three said they were at the point of a mental health breakdown and 2 said their homelessness would have continued.</p>

Key Recommendations

The evaluation provides good evidence that the interagency approach at a strategic and team level is reaping benefits in terms of reduced demand and costs to individual services which are similarly reflected in increased quality of life for residents with complex needs. The New Cross team is simultaneously providing interventions to improve residents' quality of life as well as preventing imminent crises thereby the cost savings being reported are likely to be an underestimate. The person-centred, strengths based approach to working with residents is highly valued (by residents and staff) because it combines practical support with a value base of residents feeling listened to and taken seriously.

The team composition appears to have been highly selective with the respective agencies encouraging staff who were perceived to have the 'right skills and qualities' to take up the secondment positions. Thus team members brought more to the team in terms of knowledge and skills than their substantive roles might suggest and this range of experience and expertise had been acquired over careers of some years. This was of real benefit to the team and has significant implications for the recruitment and training and development of staff were the team to be replicated in future.

Residents valued the ease of access to the team particularly the base in Chatsworth Street. One option to consider for a second team might be a peripatetic team base (rather like a mobile police incident room or breast screening unit) if the approach is to be taken to other areas.

The agency make-up of the team needs to reflect the residents' needs in the local area. Housing, police, social care and benefits staff were seen as key to the success of the New Cross project. Health was deemed to be an important but missing discipline and staff had needed to go to some lengths to establish good relationships with the local GP surgery and relationships with mental health services remained problematic. Forging these relationships with primary and specialist health services from the start of the project, with such support being levered at a strategic level would be helpful.

Team development and performance had evolved in line with the organic approach taken to create the service. If the team is replicated thought could be given to the balance between team members appointed

as core staff and those who are seconded to the team based on this evaluation. Team leadership was regarded by staff to have achieved the right balance between the management of workloads/retaining staff accountability and allowing team members sufficient autonomy to undertake the case lead role based on their experience and expertise. The evolutionary and organic nature of the team's development offers significant learning which could usefully inform the development/expansion of the Project in future.

References

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