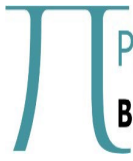




**Interventions
Alliance**
Part of the Seetec Group

**Evidence-led solutions to build
better futures and wellbeing**



Pathways to Independence
BEYOND HOMELESSNESS

The Link Project Evaluation Report

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Research and Policy Unit
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Evidence-led solutions to build better futures and wellbeing

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The research team

The research team comprised of Stacey Musimbe-Rix, currently a Researcher at HMPPS and Jess Lawrence, Researcher at Interventions Alliance. This research was conducted whilst the authors were employees of Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC) – the justice division of the Seetec Group. Following the reunification of the Probation Service in June 2021, the CRCs ceased to exist, and KSS CRC evolved into Interventions Alliance.

About Interventions Alliance

Part of the employee-owned Seetec Group, Interventions Alliance bridges the gap between social care and the criminal justice system. We aim to prevent individuals from becoming trapped in a cycle of criminality by offering evidence-led solutions that focus on three core strands: prevention; rehabilitation and recovery.

Acronyms and Terminology

Acronyms

CRC - Community Rehabilitation Company

HMIP - Her Majesty's Inspectorate of Probation

KSS CRC - Kent, Surrey & Sussex Community Rehabilitation Company

HMIP - Her Majesty's Inspectorate of Probation

NPS - National Probation Service

PTI - Pathways to Independence

P1, P2, P3 (etc.) - Participant 1, Participant 2, Participant 3 (etc.)

TP1, TP2, TP3 - Time point 1, Time point 2, Time point 3

Terminology

This report uses the term 'clients' to refer generally to the people who live within the supported accommodation under evaluation. 'Clients' is the term of choice used by Pathways to Independence.

The term 'participants' is used to refer specifically to the clients who participated in this study.

Other terms such as 'offenders' or 'ex-offenders' are sometimes used within quotes in this report. These terms are not generally used nor favoured by Pathways to Independence or Interventions Alliance (previously Kent, Surrey & Sussex CRC), but arise occasionally as legacies from when these words have been used within the wider Criminal Justice System.

1.0 Introduction

Research has shown comparatively high rates of homelessness amongst the offending population, with various studies highlighting a strong connection between homelessness and reoffending (HMIP, 2020). The impact of homelessness is magnified amongst the offending population, as settled accommodation is the foundation for other rehabilitative interventions. According to the Prisoner Crime Reduction Study, conducted with 1435 prisoners, “the majority (60%) of prisoners reported that having a place to live would help them to stop reoffending” (MoJ, 2014, p.5).

More recently, a report by Her Majesty’s Inspectorate of Probation (HMIP, 2020) followed the journeys of 116 people in the year after they were released from prison; 16% were still homeless after 12 months and 15% were in unsettled housing. Of those released into unsettled accommodation, 63% were recalled or resentenced to custody within a year, compared to 35% who had settled accommodation. Additionally, 65% of those released into unsettled accommodation had reoffended, compared to 44% who had settled accommodation.

According to Ministry of Justice (MoJ) figures, 11,435 people were released from prison into homelessness in 2018-2019 (HMIP, 2020). Organisational data for 2019 shows that 22% of service users managed by KSS CRC are homeless or in unsettled accommodation. Worryingly, this increases to 43% for those in priority groups receiving intensive multi- agency management under local Integrated Offender Management (IOM) schemes. In comparison, Shelter (2019) reports homelessness rates of 9-11% amongst the general population.

In response to the homelessness problem among the offending population locally, Pathways to Independence (PTI) – a homelessness charity based in Kent, worked in partnership with Maidstone, Canterbury and Medway Councils, and KSS CRC, with funding from Your Ambition (a Seetec Charity), to secure a total of 31 supported accommodation bed spaces, across five properties. Ten of these beds are funded by KSS CRC and available to people under their supervision, for a period of six months to one year. Those who are supervised by other probation services (NPS or other CRCs) may also gain access to Local Authority funded beds, where the Council has chosen to assist these individuals. This partnership has been named the ‘Link Project’.

The Link Project

The Link Project works with homeless clients, who are multiply disadvantaged and have complex needs relating to substance misuse, mental health, physical health and offending. The Kent County Council Homeless Connect Service is not commissioned to work with this group and many clients do not meet the Local Authority criteria for temporary accommodation, or are classed as lower priority than other disadvantaged groups. These clients also often struggle to access and sustain private rented accommodation because of multiple disadvantages - including lack of financial resources, barriers such as Disclosure and Barring Service (DBS) or credit checks, and their own support needs. Therefore, these people are at risk of homelessness and rough sleeping. Lack of stable housing also presents challenges for monitoring probation clients and public safety/risk management.

The Research Project

Following the initiation of the Link Project, the KSS CRC Research and Policy Unit was commissioned to evaluate the role of supported accommodation in reducing reoffending and improving outcomes for clients in the Link Project. The key question was, does supported accommodation help rehabilitate people on probation?

The study was a longitudinal evaluation taking place between February 2020 and March 2021. The study was broken down into three time points (TPs); at the beginning of the project (TP1), several months into the project (TP2), and finally when clients began to move on from the accommodation (TP3).

The first time point of the evaluation was initially planned to be at the beginning of the clients' journeys in February 2020. However due to contractual issues delaying the opening of the accommodation, and then further issues caused by the COVID-19 pandemic, the first time point was conducted in May 2020.

A note on the impact of COVID-19

Whilst the intention of this research was to evaluate the supported accommodation provision and assess the impact it had on clients' rehabilitation, due to the timings of the project inadvertently aligning with three major national lockdowns in the UK, this report in fact details the progression of clients through an unprecedented year of living through a pandemic and the impositions on general living that this entailed, whilst being supported by the project. As such, it is difficult in places to unpick the impacts of supported accommodation versus the impacts of various lockdowns on the outcomes from these separate but intertwined experiences. For this reason, this report addresses the various separate areas of participants' experiences, but overall must represent the impact of the year as a whole.

2.0 Methodology

2.1 Overview

This study is a mixed methods longitudinal evaluation consisting of qualitative and quantitative research elements. The study took a participatory action research approach by working collaboratively with staff at PTI and feeding information between PTI and KSS CRC. PTI staff were instrumental in the evaluation, contributing to survey design, recruiting participants, distributing and collecting surveys, as well as contributing their own data at each time point. Working in a collaborative way was beneficial for this evaluation due to the rapport that the staff have with the clients. Additionally, information of significance could be fed back to relevant stakeholders promptly.

Data was collected from clients and staff at three time points:

- Time point 1 (TP1) – May 2020
- Time point 2 (TP2) – August/September 2020
- Time point 3 (TP3) – December 2020 to February 2021

It should be noted that during TP1 the UK was still in the midst of the first national COVID-19 lockdown. At TP2 restrictions had eased somewhat but were still fairly strict and changing regularly, with the severity of restrictions varying in different areas of the country, meaning a lot of confusion and ambiguity for most people. During TP3 the country was in its third national lockdown, which included a lot of uncertainty around whether people would be allowed to travel for the Christmas period.

2.2 Evaluation Framework

The overall aim of the Link Project is to provide a safe, housing related support service. The project aims to assist those who 'fall through the gaps', due to not fitting various criteria for housing from most providers (thereby ending up sleeping rough or living in unstable

accommodation).

In order to support these clients, the project works with them to address their support needs and remove barriers, in order for them to move on and sustain their own permanent and independent accommodation.

Each client usually presents their own combination of needs, so it is hard to measure ‘hard’ outcomes to measure the project’s success. To evaluate this project, therefore, this report looks at ‘softer’ measures such as engagement with services, improvements in mental and physical health, substance misuse, living skills, relationships and offending attitudes.

2.3 Client Recruitment

Clients were recruited collaboratively with staff at PTI. Initial recruitment took place in February 2020 through the distribution of flyers and an on-site information session held by an KSS CRC researcher. Support staff at the accommodation recruited further clients during lockdown.

Nineteen clients were recruited as participants initially. All participants were on probation and supervised by KSS CRC or the NPS and resided in four supported accommodation placements in Maidstone, managed by PTI. Personal characteristics for the participants are displayed in the table below.

Gender		Religion	
Male	16	Christian	5
Female	2	No religion	13
Prefer not to say	1	Prefer not to say	1
Ethnicity		Marital Status	
White British	18	Single	13
Mixed Ethnicity	1	Divorced	2
Disability		Widowed	1
Physical disability	5	Prefer not to say	3
Mental health condition	14	Sexual Orientation	
Learning difficulties	7	Heterosexual	15
Care Leaver	2	Gay/Lesbian	1
Caring Responsibilities	3	Prefer not to say	3

2.4 Client Data Collection

Surveys were issued to participants at each time point. At the first time point, 19 participants returned surveys. At the second time point this fell to six. At the final time point, surveys were issued to clients as part of their move-out process, but due to various factors (mainly lockdown restrictions) only two clients were able to move on successfully during the allotted time and complete surveys at this stage.

The participation at TP1 was a much higher rate than anticipated, which could be attributed to the fact this was in the first national lockdown and clients were keen for something to occupy

their time. This higher than expected initial rate goes some way to explaining the attrition rate between the first and second points – the response rate at TP2 is more aligned with the initial expectations for that time. Surveys at TP3 were only given to clients who were in the process of moving out, which ultimately only amounted to two clients within the allotted timeframe. The reasons for this slow rate of move on are discussed in more depth later in the report, but essentially come down to delays caused by the COVID-19 pandemic.

PTI staff distributed paper surveys to participants, then scanned and returned them to KSS CRC for analysis. A £10 Love2Shop voucher was given to participants each time completed surveys were returned.

Surveys gathered quantitative data on a range of topics (i.e. accommodation; employment; self-care and living skills; family and friendships, substance misuse; mental health; finances, physical health, self-esteem, relationships and offending behaviour). Additional questions relating to the on-going COVID-19 pandemic captured the effect that the lockdown(s) had on these areas.

Interviews which were initially intended to be conducted with clients throughout the project were not feasible due to logistical, technological and resource restraints, compounded by the COVID-19 pandemic. Open ended questions were instead added to surveys.

2.5 Staff Data Collection

Data from PTI support staff was also collected at each time point. At the first and second time point, planned interviews again had to be substituted due to lockdown. An online survey was completed by three members of staff TP1, then two at TP2. The survey comprised of open ended questions on various topics related to the client survey topics, the impact of lockdown, as well as their own experiences of the Link Project. At TP3 an online focus group was held with three members of staff, recorded digitally, transcribed and analysed thematically.

2.6 Ethics

The project adhered to the KSS CRC Research and Policy Unit's Code of Ethics (KSS CRC, 2019). Access to data was restricted to KSS CRC research staff and stored in accordance with company policy and GDPR regulations.

Participation was voluntary for staff and clients and this was made clear in the information sheet and recruitment flyers. Informed consent was gained from participants at each time point, and participants were also given clear information on the research and their rights under GDPR regulations. Those with learning difficulties, visual impairments or whose first language was not English were given the option to complete telephone surveys, with the assistance of staff or an interpreter.

All participants were given an opportunity to ask questions directly to PTI staff or to KSS CRC research staff. All participant data was anonymised and any identifiable information has been removed from the report. All participants were assigned anonymous codes, which will be used in this report. Clients were given codes P1 to P19, with PTI staff referred to generally as 'staff members'.

3.0 Findings

3.1 Overview

From TP1 clients reflected on the holistic impact they wanted supported accommodation to have on their lives, with one stating they were *“hoping supported housing will help me get on the right path”* (P19 – TP1). By TP2 clients were reporting progress towards this. When asked what supported accommodation had helped them most with so far, P10 and P15 said gaining a sense of stability, with others writing that it had helped them *“get myself together”* (P13 – TP2) and *“getting me ready for the future”* (P17 – TP2). Finally, P2 responded that it had helped by,

“Restoring my routine!! [Very] much needed for my all round well-being! Getting help & advice, instead of muddling through, often making a hash of it.” (P2 – TP2)

The two participants at TP3 were able to move on to independent accommodation, reviewing their experience as *“very positive & encouraging”* (P2 – TP3), and saying *“I enjoyed it very much and the staff were great”* (P13 – TP3).

As can be seen from Figure 1, participants went from mostly replying with neutral to slight agreement to questions about where they saw themselves after being in supported accommodation, to agreeing either generally or strongly that they felt supported in each area since being in the project for a few months, and particularly as they were moving out.

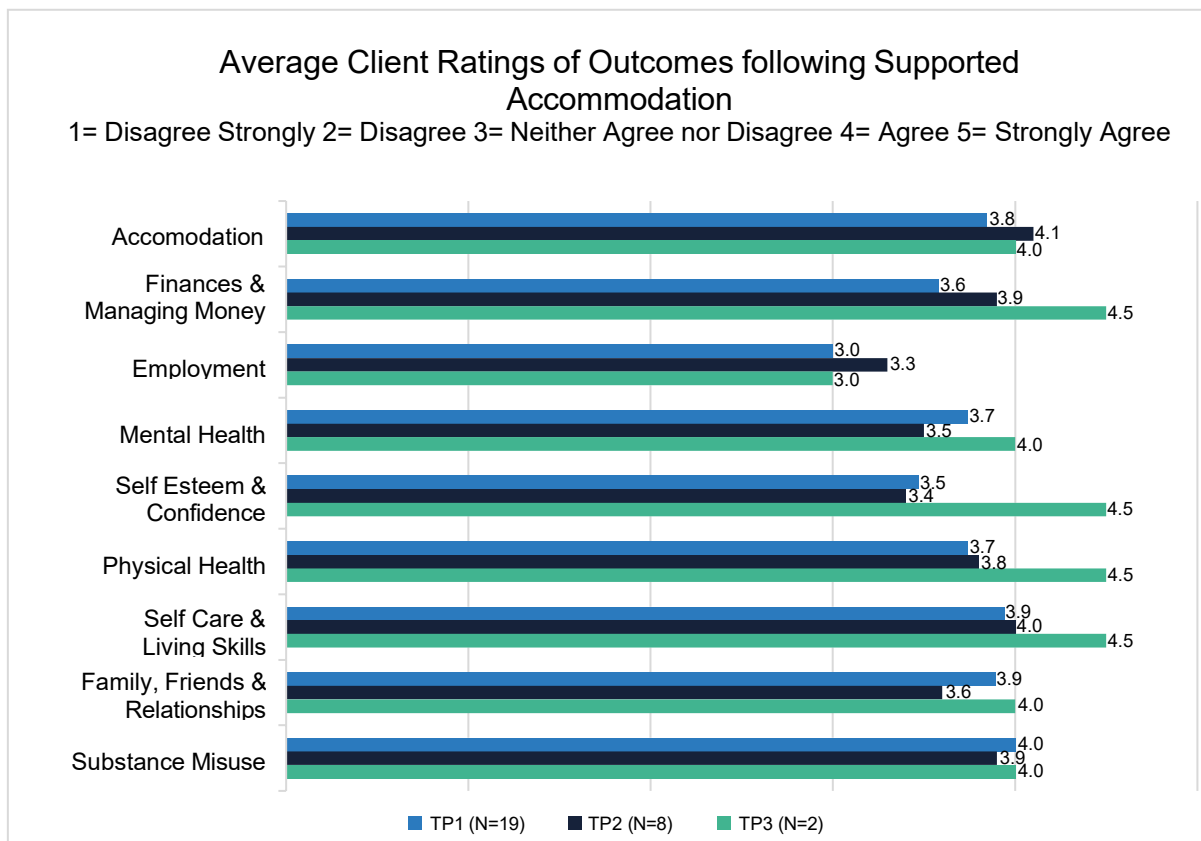


Figure 1

The emerging themes from the staff data were that supported accommodation was helping tackle reoffending and providing clients with comprehensive support to live independently. However, staff also highlighted challenges within the project including low staff numbers,

uncertainty of future funding, and the lockdown(s), which proved difficult for staff and the project.

The impact on specific areas is discussed in the following sections. It should again be noted that this report not only details the progress of clients throughout their stay in supported accommodation, it is also a report on the progression of these clients throughout a global pandemic and several national lockdowns. The impact of these two factors on clients are heavily intertwined, so will be addressed as such in the following sections where necessary.

3.2 The Impact of COVID-19

3.2.1 Closure of other agencies

Several of the most prominent issues that arose in this evaluation were direct consequences of lockdown. Namely, that other key services and partner agencies were either completely closed or resorting to reduced or remote contact. This impacted both the clients and staff members at the project in various ways.

Staff concerns were mostly practical, as one stated, *“everything seems to have shut down, but we seem to still be going”* (Staff Member – TP3). The impact of other services being either fully or partly closed during lockdowns not only impacted clients’ abilities to engage, but also meant that the work that needed to be done by these agencies was then falling to PTI staff to manage. This additional work had several implications for staff:

“In an already busy role, I have had to take on more responsibility during the Covid period. I feel this has on occasion had a negative impact on my mental health and meant that quality of service has sometimes come second to ensuring that the service continues at times” (Staff member – TP2).

Agencies that had stopped face-to-face contact but remained available remotely (such as substance misuse agencies) relied on PTI staff to,

“[...] chase down their clients, contact their clients, get their clients to contact them, facilitate meetings on Zoom or whatever, phone calls. And that’s in addition to our normal workloads” (Staff member – TP3).

The limited interactions that PTI staff were able to have with clients, compounded by the closures of partner agencies, meant that clients were not afforded the same range of opportunities as they would have done otherwise, i.e. to engage and establish rapport with staff, create and implement support plans, and progress with addressing their various needs.

“Covid 19 has had a massive effect. I feel that this has put some of the clients behind where they would have been if these services have not been externally limited for over half of the life span of the project so far” (Staff member – TP1)

“due to COVID a lot of that has been telephone appointments, which hasn’t worked for a lot of our clients. Quite often our clients don’t maintain the same phone or a phone at all, so that can be tricky” (Staff member – TP3)

At TP1, staff stressed that these issues needed *“focused attention once normality and staff provision allows”*. However, at the time of writing, ‘normality’ still seems to be a way off. Additionally, due to courts being closed, clients who had breached their licences were not going to court or being returned to prison within the usual timescales. As one staff member commented,

“Unfortunately, that in itself has led to incidents within the projects. Because really by reoffending or whatever, they were evidencing they were in crisis or not ready to be in supported accommodation. So that has an impact when they’re left in situ and not processed in a timely manner, on everybody else” (Staff member – TP3).

The lack of, or delay in, processing breaches and subsequent incidents was described as at times being *“really hard to manage”* (Staff member – TP3).

Finally, lockdown meant that other accommodation agencies and Council offices were closed or had significantly reduced services, meaning that move on from PTI was considerably harder for clients who were ready. In addition, finding emergency alternative accommodation for clients ‘at risk’ was nigh-on impossible. Staff gave an example of where an incident had occurred in the project which meant that alternative accommodation was needed for a client, however due to lockdown it was difficult to find due to hotels being closed. Sourcing this space took up vast amounts of staff time. As a result, the client in question continued to experience housing instability.

3.2.2 The overall impact of lockdown

Lockdown added to staff workloads as they supported clients to find things to occupy themselves with, as well as *“go[ing] a long way to provide clients with things needed to fulfil their basic needs; food, footwear, mobile phones, TV’s, clothes etc.”* (Staff member – TP2).

Staff reported at TP2 that clients had pushed back on visitor bans, struggled to understand or indeed believe government advice. Clients sometimes misinterpreted advice or rules as coming from PTI rather than from the government, leading to questions on their authority.

“Also down to asking them to wear masks in communal places, we’re constantly having to challenge that. But then what we have to remember is this is their home, their living environment. You or I probably wouldn’t wear a mask indoors at home, but they’re being asked to. So it’s tricky for them.” (Staff member – TP3)

The staff experiences of the lockdown sometimes provided a different focus to that of the clients. Of note were the staff discussions around increased substance misuse during lockdown – an issue that was seldom mentioned by clients. Staff reported that during lockdown there had been *“increased dependency on substances and alcohol while key services have been shut, leading to crisis, violent incidents and some reoffending”* (Staff member – TP2). Lockdown was also named as a driving force for *“fuel[ing] associations within the project that may not have happened before lockdown, [which were] not always positive”* (Staff member – TP1). These matters are considered in more detail later in this report.

3.2.3 Impact on clients

Clients were specifically asked about the impact of lockdown on their life at TP2 and TP3. Responses indicated that clients felt confused and conflicted (P2 - TP2), with impacts on their mental health (P15 – TP2; P13 – TP3). In contrast, others said that things were getting easier the more they were allowed out (P8, P18 – TP2), and that they now had more control over their life than before lockdown, having used the time to *“[get] stuff done that I need to”* (P17 – TP2).

Despite the challenges of the lockdown, staff felt that some *“clients have dealt with the challenge of Covid 19 in a good manner”* (Staff member – TP1).

3.2.4 Impact on staff

It emerged from the research that staff difficulties in relation to COVID-19, although unique to them, mirrored experiences of many key workers around the country. Staff spoke about their struggles with isolation, bereavement, as well as balancing family and work.

"[Lockdown] has at times challenged my mental health both personally but also worrying about the projects and clients and what the long term future holds" (Staff member – TP1)

"I have tried to stay focused, and at times have felt sad. I have missed my family, and friends" (Staff member – TP1)

3.2.5 Adaptations for dealing with restrictions

Staff talked about the benefits of the 'client welfare fund' which had been utilised to furnish some clients with *"tablets so they can do CBT work online, work that probation are sending, look for jobs, access housing searches"* (Staff member – TP3).

The upcoming installation of Wi-Fi across the projects was also cited as a positive development, both for the residents to be able to undertake necessary tasks independently, but also as a potential relief for staff workloads.

"It means that they're not restricted on things they need. Because everything, Universal Credit is online, everything is online. Unless staff are there at the drop of a hat, which we can't always be, that impacts them and their progression. So I think that will be really positive and they'll be able to be more independent with the Wi-Fi in place." (Staff member – TP3)

3.3 Client Experiences and Outcomes

3.3.1 Accommodation

Nine of the initial 19 participants (47%) reported being homeless prior to moving to Link Project accommodation, with 13 participants (68%) not having access to stable accommodation prior to moving into supported accommodation. One participant stated that before moving into the accommodation they were *"homeless for [a] long period due to councils not taking me cause of conviction"* (P16 – TP1).

Both clients and staff talked about the importance of finding permanent and stable accommodation. Of course, accommodation (or 'shelter') is a fundamental human need and right, but also one of the eight criminogenic factors named by the MoJ (2019). When asked what they needed most from supported accommodation, one client simply responded *"a roof over my head every night"* (P18 – TP2). In the focus group at TP3 one staff member summed up the fundamentality of accommodation, *"Even in its very basic terms, accommodation, of course it's beneficial"* (Staff member – TP3).

The results at the first time point showed that most participants expected supported accommodation would help them with finding long-term accommodation, as 14 of the 19 participants (74%) responded to the statement *"I feel I am more likely to find stable accommodation after being in supported accommodation"* with 'agree' or 'strongly agree'. Ten of the 19 participants (53%) mentioned secure or long term accommodation as one of their main hopes from living in supported accommodation. For example, *"Most important [to] find permanent housing so I can get on with my life and not risk being homeless again"* (P12 – TP1).

At TP2, when asked what more they needed from supported accommodation, six of the eight respondents (75%) said their goal was to secure further accommodation.

Both respondents at TP3, who were in the process of moving on, praised the help received in finding accommodation, saying that staff supported them all the way through and *“helped [with] phone calls, computer and viewings”* (P13 – TP3).

Although only two clients were able to move on within the duration of the evaluation, staff said there were plenty of other clients who were ready, or very nearly ready, to move on. The only thing holding them back was the lengthy process of acquiring a suitable property, further impacted by the pandemic. Staff spoke about the clients who were ready to move on with passion and pride, saying about one particular client, *“She’s come a long way, she’s turned her life around so much and she’s ready for independent living”* (Staff member – TP3).

3.3.2 Finances and managing money

At TP1, only one participant agreed that they ‘have always enough money to live on’, but 11 of the 19 participants (58%) felt that supported accommodation would help them look after their finances.

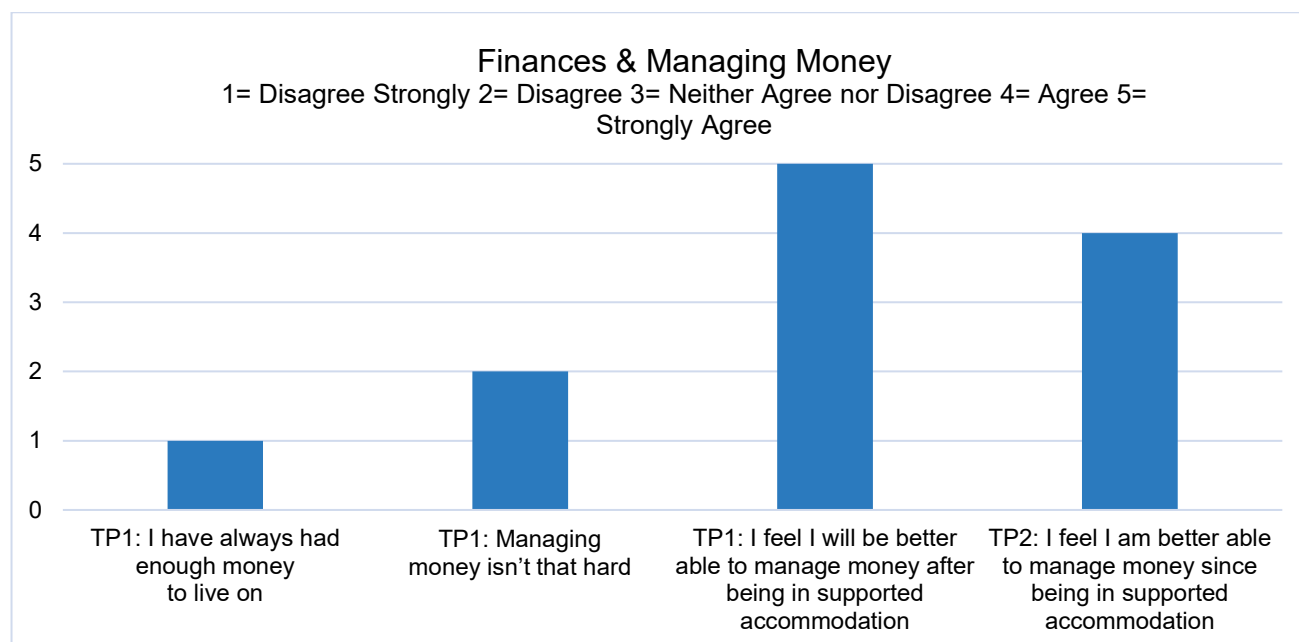


Figure 2

Figure 2 shows the poor experiences clients had previously had with managing money, but that they were optimistic about their capabilities in the future with the help of supported accommodation. As seen in Figure 1, average responses to the statement *‘I feel I [will be/am] better able to manage money since being in supported accommodation’* improved over the three time points from 3.6 to 4.5.

At the final time point, staff recounted the progress that clients had made – with one staff member giving the example of a client who had recently moved on from the accommodation:

“She’s very conscious about owing money, she doesn’t like owing money. She’s very conscious. There was a £20 deficit on her CSS charges and that really worried her, she couldn’t see where that came from, but she wanted to address it. She wanted to go into new accommodation, [...] and not have any debts behind her” (Staff member – TP3).

Although clients still struggled in part to keep on top of their finances, due to access to benefits being somewhat hindered by the pandemic and outgoings such as rent or service charges sometimes taking up the majority of what money they had coming in, staff praised the progress that clients had made in the face of such adversities.

“We’ve had people start volunteering, go into employment, access services that they weren’t before. Even just things like budgeting their money better, getting them to consistently pay their service charge and keep their responsibilities or manage for a month without a food parcel. Things like that happen a lot, which feel like really small wins, but they’re not really. They are the soft things that keep us going as staff probably.” (Staff member – TP3)

3.3.3 Employment

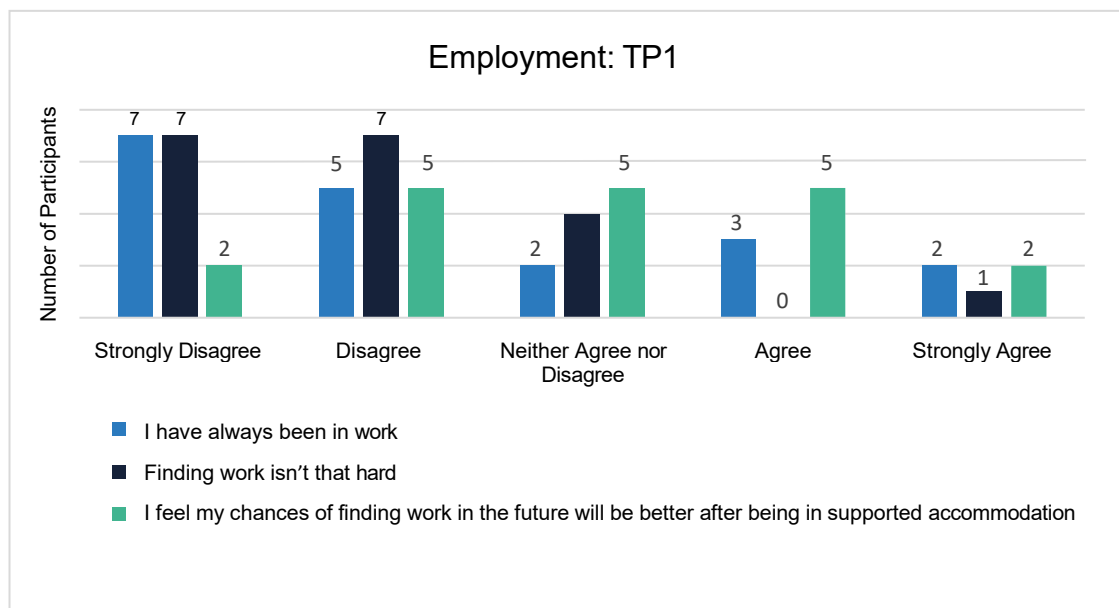


Figure 3

Initially, participants’ views on their prospects of finding employment after supported accommodation were not definitive, with seven disagreeing and seven agreeing with the statement ‘I feel my chances of finding work in the future will be better after being in supported accommodation’ (with five remaining neutral). Staff were also unsure if employment was an area that would advance during the clients’ journey in supported accommodation. This was largely because the current housing benefit system presented a barrier to finding employment for those in supported accommodation. Paid employment could result in clients losing a portion of their housing benefit, ultimately leading to shortfall in their rent. If clients were unable to cover this shortfall through their paid employment, this would put them in rent arrears and at potential risk of losing their bed space.

At TP2 this conflict looked to be coming true, as one staff member said,

“Quite a few clients have moved into employment now - this is driven by hardship and the need for purposeful activity, however the high costs of supported accommodation often leads to issues around rent” (Staff member – TP2).

Participants at TP2 concurred, reporting that finding employment was not a priority, with some also unable to work due to medical or mental health issues, or as one client reported, difficulties

due to the pandemic.

At the final time point, participants moving on from supported accommodation remained neutral in their responses to questions on employment. However, staff talked about employment (and/or volunteering) as just one facet of the catalogue of life skills that clients were gradually but steadily building up, a means for clients to fill their time, or as a way to build connections with the local area. Plans made with an organisation that helps link clients with volunteering opportunities had been hampered by the pandemic, but staff also reported that clients' improved and independent access to the internet gave them more potential to seek opportunities for themselves.

3.3.4 Mental health

National findings show us that mental health issues are common for those within the Criminal Justice System. For example, 35% of adult offenders on Community Orders have a formal diagnosis of a mental health problem (MoJ, 2018) – though the true figure for this is likely to be higher, given that many mental health issues go undiagnosed. Indeed, the equality and diversity data gathered in this study showed that 14 of the initial 19 participants declared mental health issues, equating to 73% of the sample group.

As seen in Figure 4, TP1 findings showed that most clients felt that looking after their mental health had been difficult and agreed the national lockdown affected their mental health. One staff member noted that,

“Clients have been scared, their mental health has escalated, and they have been more chaotic at times. One client has been very emotional, some clients struggle with social distancing, and rules” (Staff member – TP1).

Nevertheless, participants generally reported they felt they would be better able to look after their mental health after being in supported accommodation.

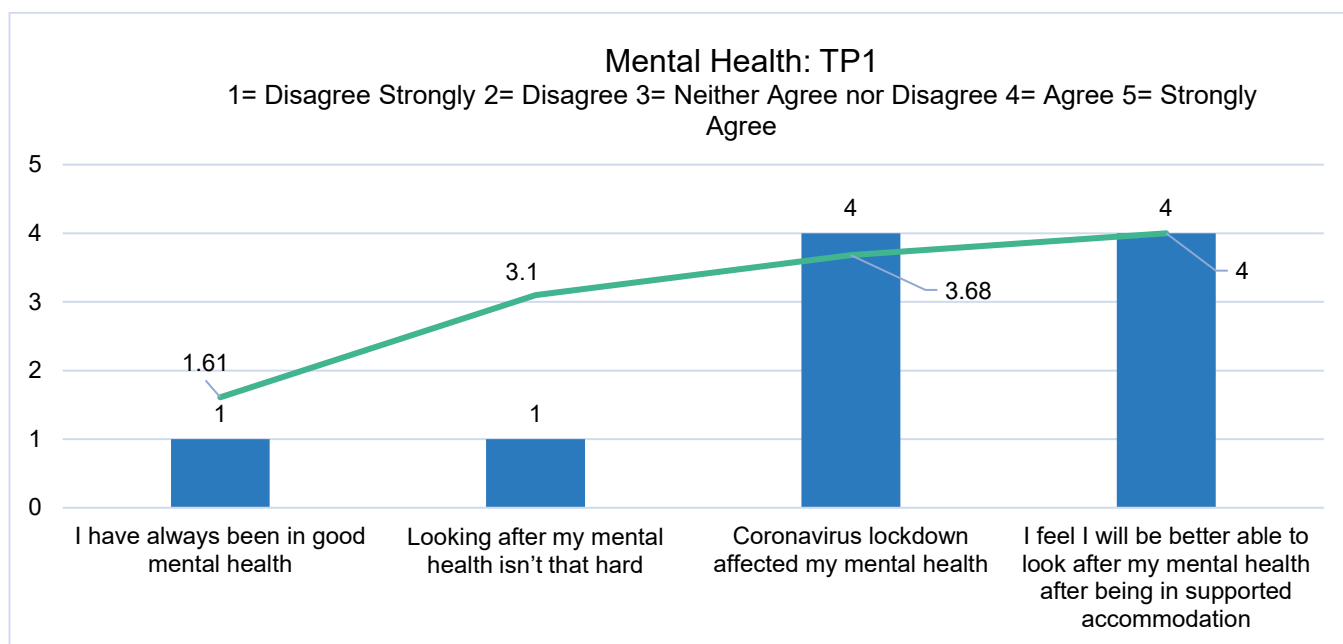


Figure 4

Some struggles were reported by staff in that clients often presented with multiple issues or needs, which meant that getting appropriate care was sometimes more difficult:

“Quite often we’ll get referrals come through for people who are displaying mental health symptoms, but not necessarily with a diagnosis or it’s [a] dual diagnosis. So professionals won’t assess or treat them because they also have an addiction. We quite often face that kind of thing and that’s really tricky” (Staff member – TP3).

However, staff also remained confident about the resources available to clients whilst waiting for treatments to start, stating that,

“We obviously signpost them to things like Mind in the local community. But also, we’ve got an in-house pathways counsellor we can refer to who can offer up to eight sessions. So we’ve made those referrals” (Staff member – TP3).

As seen in Figure 1, participants reported slightly improved confidence in their ability to manage their mental health over the three time points. Considering that most of the time participants were in supported accommodation was through various national lockdowns (which impacted the entire nation negatively, and where mental health services were sometimes harder to access), the fact that they maintained generally positive responses to the mental health questions is an achievement in itself.

By TP3, staff reported being better equipped to deal with the mental health needs of clients, by sign posting and supporting engagement with community mental health teams:

“As a team we do engage them with the community mental health teams anyway. We do get them an assessment, we do refer them to the single point of access as well. I do think if they need the support, they are getting it and I’d like to think they’re engaging in it” (Staff member – TP3).

After working with clients for a longer time, staff also felt able to identify specific triggers for individuals, sometimes being able to tackle issues before things deteriorated. For example, one staff member reported being able to see the difference in clients when medication routines were kept, or indeed broken. Staff knew their clients’ medication schedule, and if necessary could remind clients to order, collect or take medication.

3.3.5 Self-esteem and confidence

According to the TP1 survey results, participants generally reported that they felt they were confident before being in supported accommodation. Nevertheless, they also felt that supported accommodation would still improve their confidence. One participant stated that supported accommodation would help them be *“more confident doing everything myself, so I can make a success of my future”* (P6 – TP1).

At TP2 staff reported seeing *“peoples emotional and mental health improving when they realise they are safe and secure”* (Staff member – TP2). Nurturing clients and supporting them to create and sustain their own lives led to improvements overall by TP3. Indeed, Figure 1 shows that self-esteem and confidence was the most improved area for clients from TP1 to TP3.

Staff communicated the example of one client who, with the help of staff, had secured her birth certificate and a bus pass, and also registered at a GP. The confidence and sense of identity gained by achieving these goals was important in this client’s journey in turning her life around:

“All the things she needed in her life that she didn’t have, she’s got now. That’s a big thing for

her because it's like she was saying, it gives her identity” (Staff member – TP3).

This is a prime example of ‘lots of small things’ accumulating to have a bigger impact on individual clients. The staff member went on to say,

“That could be one of the reasons why they were so chaotic in the first place. Just even not having an identity and knowing, this is me, [...] Little things like that have made such a difference to people” (Staff member – TP3).

3.3.6 Physical health

Ten out of the 19 participants (53%) indicated that they disagreed/strongly disagreed with the statement ‘I have always been in good physical health’ at TP1; however six (32%) agreed and three responded neutrally. Interestingly, when asked if they had found it hard to look after their physical health during lockdown, responses were conflicting, as nine disagreed/strongly disagreed, nine agreed/strongly agreed, and one remained neutral.

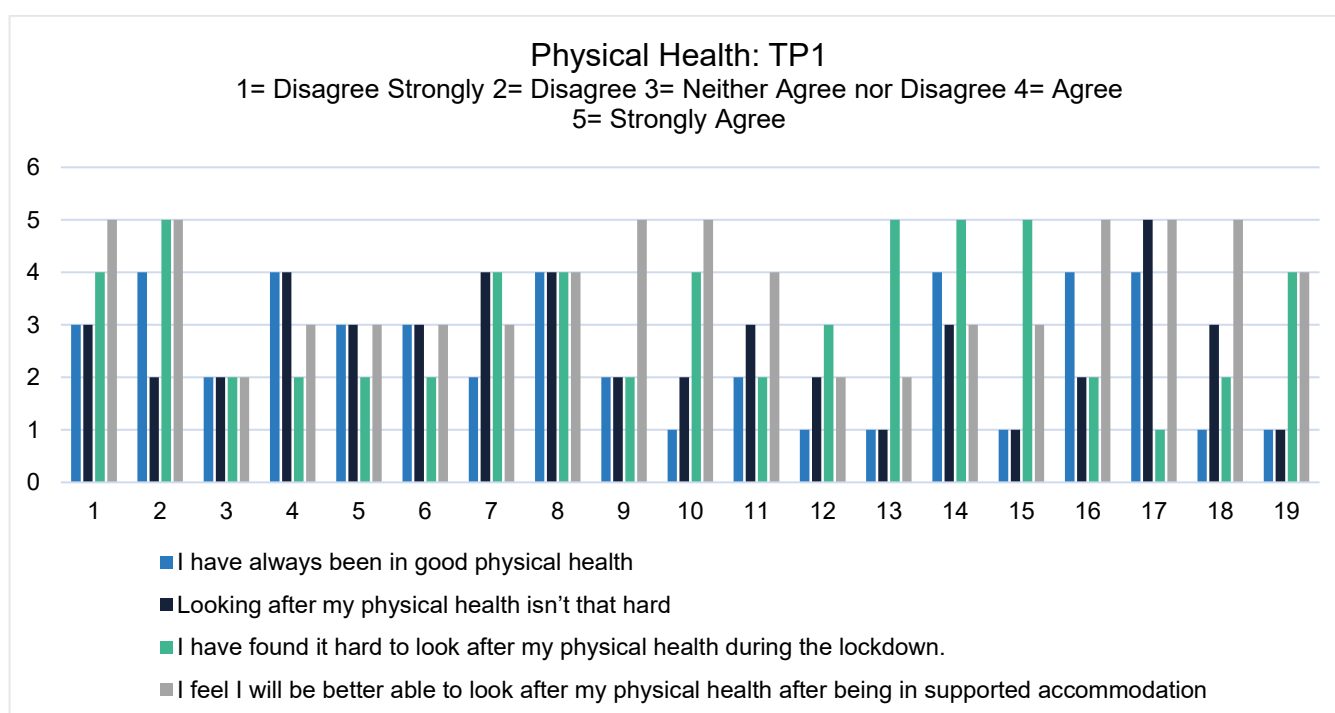


Figure 5

In terms of outlook, early results showed that most participants felt they would be better able to look after their physical health after being in supported accommodation. One participant stated that being in supported accommodation would help them with *“sorting the basics like doctors, dentists, mental health”* (P17 – TP1). Having stable accommodation meant clients were able to register for basic healthcare and substance misuse services. Moreover, support from staff increased engagement with these essential services. Both staff and participants spoke about the impact that having somewhere stable to live has had on health and service engagement.

“My health isn't very good so having nowhere to live will affect it badly” (P12 – TP1)

“Being homeless has an impact on people’s engagement with multi agency services” (Staff member – TP1)

Clients at TP2 reported that supported accommodation *“has personally made me more safe and secure and altogether different environment. More on track, off meds and general better health”*

Overall, Figure 1 shows that clients’ confidence in being able to look after their physical health grew overall through the duration of this evaluation. Staff seemed keen to further develop the services offered to clients in the future:

“From a general level of engaging them with GPs and encouraging them to have healthy lifestyles. However, this is something we would like to do more of as the project develops. Such as gym membership and fitness volunteers” (Staff member – TP2).

3.3.7 Self-care and living skills

Results from TP1 show that most clients felt able to look after themselves prior to moving into supported accommodation, although they also felt they would be better able to do so after being in supported accommodation. That said, there were also a few individuals that struggled with looking after themselves prior to moving into the accommodation.

By TP2 client survey respondents reported no problems with self-care and living skills. One participant (P2) reported that being in supported accommodation had restored their routine, which had helped their wellbeing all round.

At TP3 participants reported having much better routines and that supported accommodation had helped with paperwork, arranging and keeping appointments. Staff reported that clients were invested in keeping themselves, their belongings and their rooms clean and tidy.

“Some are so passionate about having their washing done, somewhere to do their washing. They’ve got their own laundries. Even at Link House it’s like, coming down in the middle of the night to do their washing. Its little things, living skills. They’re developing their living skills, aren’t they? [...] You see them hoovering the landing and hoovering their bedrooms, don’t you?” (Staff member – TP3)

Clients were cooking meals collectively, with a stand out example of some clients choosing to cook Christmas dinner together, given the lockdown over the Christmas period.

“Some of the clients were making Christmas dinner for other clients, which is something I wasn’t expecting to happen. [...] I even heard them planning it in the run up to Christmas, “What are you doing Christmas day because I’m making dinner?” I’ve actually heard that. Although they’ve got all these restrictions, they’ve still done some good things, regardless.” (Staff member – TP3)

3.3.8 Relationships

Family & friends

To begin with, clients reported generally poor relationships, however they maintained optimism for future outcomes. Again, it should be noted that the majority of the time, clients were living under national social distancing or lockdown regulations, so most social relationships were inherently limited. Although the quantitative data shows little improvement over the three time points (see Figure 1), the qualitative data obtained from both participants and staff paints a more positive picture.

Relationships came out as an area where the importance of accommodation provision was paramount, as it offered a stable base from which clients could start to build out and tackle other problems they faced. At TP1 staff reported that supported accommodation,

“gives clients a home with stability that they may not have had for many years and where they can begin to rebuild links with family and friends” (Staff member – TP1).

Similarly at TP2, staff said that *“clients often report improved family relationships once the pressure of homelessness has been alleviated”* (Staff member – TP2). At TP2 participants generally reported good friendships and relationships, and that they were starting to overcome issues presented by the COVID-19 pandemic.

Rebuilding relationships was also a key motivator for those who had other issues to tackle:

“Those with motivations such as family and children, who they wish to build relationships with seem to be the most determined to make changes” (Staff member – TP2).

Additionally, reconnecting with family was impacting on other areas of client rehabilitation, as demonstrated by this account of a client’s improvements by the final time point:

“Whereas he was damaging lots of property every time he got really drunk. And that costs money to keep replacing things and repairing things, which is really expensive. I do keep seeing a big difference in him as well. I think a lot of that is also because he’s re-establishing relationships with family members, so things are changing for him” (Staff member – TP3).

Relationships within supported accommodation

In terms of the relationships within the project, interactions between clients proved to have both positive and negative impacts.

As mentioned in section 3.2.1, associations between clients sometimes had a negative effect on residents’ progress, with a handful of ‘negative influences’ encouraging others to slip back into old habits. However, when these one or two clients were removed from the situation, a visible and drastic improvement was observed in those that remained:

“by just taking one person out who’s really had a negative impact on maybe the whole of Link House, that person may be a recall to prison, that’s made a big difference on other people. Maybe one person, just refocusing. It’s about having that right balance of clients in the services as well. They’re all at different stages of recovery, they’re all at different stages of offending behaviour and they’re all at different stages of being ready to change” (Staff member – TP3).

This is perhaps an anticipatable outcome for some clients. As the above comment indicates, clients are inevitably going to be at different points in their journey to rehabilitation, and those ‘negative influences’ may be found anywhere by those who go looking – which could, unfortunately, include from within supported accommodation. As touched on previously (in section 3.2.1), those clients who were influencing others were evidencing themselves as perhaps not ready to be in supported accommodation or to accept the support offered, and the removal of these clients was best for everyone involved.

The flip side of this of course, is that for clients who watched their associates move on to better things, this served as further motivation to achieve more of their own goals:

“We’ve seen a couple of those people move on to better things. It’s given the remaining ones a kick up the bum to think, “Hang on, why am I still in this situation not really enjoying my life when my mate has just got his own place?” So I think over time, although they can be negative influences on each other, if you can get one to do something positive it impacts the rest” (Staff member – TP3).

As more clients begin to reach the conclusion of their journeys and move on to independent housing, this positive effect is sure to grow amongst other clients at the projects.

Clients’ interaction with staff was also mentioned. As trust between clients and staff grew, interactions with others also improved:

“If they’re working with you, they’re seeing things happening and things are getting sorted out for them, it does make a big difference to how they interact just generally” (Staff member – TP3).

3.3.9 Substance misuse

The substance misuse questions generated thought-provoking results at TP1, showing that many clients had difficulties controlling themselves around substances prior to moving into the accommodation. Ten of the 19 participants (53%) agreed/strongly agreed that supported accommodation would help them with their substance misuse, with several outlining that one of their main motivations for going into supported accommodation was in order to tackle their substance misuse. For example, *“[My goal is] long term accommodation & to be drug free”* (P9 – TP1).

One participant noted that being in supported accommodation for just three months had already impacted their substance misuse, stating *“It’s helped me keep off the drugs and think a lot more positively, clearly”* (P4 – TP1).

Staff responses mainly centred around the fact that clients with addiction problems were common, and that addiction was tightly intertwined with other issues faced by these clients. One staff member stated that *“Link is full of clients with so much potential but addiction is often the struggle that needs intense work”* (Staff member – TP1).

The stability afforded to clients by having supported accommodation was again marked as paramount to helping clients address their problems with substance misuse. A staff member detailed, *“A large percentage of clients [have] these issues and stability enable[s] them to engage with CGL [substance misuse service] and begin to address their issues”* (Staff member – TP2).

Staff recognised the challenges faced by clients with substance misuse problems, which could sometimes be compounded by living in close proximity to others who were also struggling. In recognition of this, staff worked even harder to ensure that the right people had the right support by working closely with drug and alcohol services, as well as utilising their own knowledge and experience to create support groups within the accommodation.

“I think at times supported accommodation can by its nature be a challenging environment for residents, as they not only have to mix with other people within their client group but have negative situations to deal with i.e. other residents may not be in a positive space around their drug use for example, which can pull other residents down with them. This is one of reasons why we are creating stronger links with CGL (drug/alcohol service in Maidstone) and creating

our own substance misuse groups run by Pathways staff” (Staff member – TP2)

Substance misuse during lockdown

Positively, participants generally reported that they had not found it difficult to resist drugs and alcohol during the (first) lockdown. However, early results also showed that for some, lockdown had exacerbated difficulties with substances. This was attributed to limited staff on site; ‘peer pressure’, and reduced treatment provision (due to lockdown).

“It’s been easy to control myself, however for people who are easily misled temp accommodation isn’t good, full of people using, selling” (P16 – TP1)

This view was echoed by staff at TP1, who commented:

“The lockdown has meant clients with significant substance misuse issues have not had a period of time being supported around this area in a meaningful way” (Staff member – TP1)

“Covid 19 has had a massive effect on engaging clients with external agencies including substance abuse services and Probation. I feel that this has put some of the clients behind where they would have been” (Staff member – TP1)

Initially, staff reported *“struggling to manage increased drug use/possible supply issues in the project”* (Staff member – TP1) however they were working with the police to tackle this. Ultimately, staff reflected that the increase in substance misuse during lockdown was potentially down to a combination of factors:

“I think a lot of that also is they’re not going out because of the restrictions and things like that. Before, in the height of the pandemic they were still pushing those boundaries. Again, I’ve now seen, maybe because they’re now ready for change as well” (Staff member – TP3).

Most of the issues around increased drinking and drug use during lockdown was linked to *“a little gaggle of people who used substances or alcohol”* (Staff member – TP3), but when these clients moved on (or in some cases, returned to prison), this created a more positive space for the clients remaining.

Despite the challenges faced by clients in this area, success stories were recounted by staff at the final time point. Staff reported that they *“don’t see the clients getting as drunk as they were”* (Staff member – TP3), which could be linked to the lifting of lockdown restrictions, but also to the personal progress of clients. Some clients were observed to have entirely different outlooks and attitudes towards substance misuse:

“When she sees people outside all getting drunk and doing X, Y and Z, she now has a completely different attitude to people’s behaviours. Because she saw that’s how she was and now she’s in a different frame of mind. It’s good, really” (Staff member – TP3).

Indeed, by TP2 only half of the participants responded to the substance misuse question – two stated that they were ‘clean’, with two more responding ‘N/A’. The two clients at TP3 also reported having no outstanding substance misuse problems.

3.3.10 Offending attitudes

Notable results were also found in the offending attitudes category. The reduction in reoffending

featured very strongly as an expected outcome from the project, amongst both staff and clients.

Figure 6 shows that overall, participants remained steadfast in their assertions that they were unlikely to reoffend both within three and twelve month periods. Additionally, at TP1 most clients also reported that the lockdown did not make them feel like reoffending (averaging 1.6 on a 10 point scale). This finding coincided with the highest average rating for belief that being in supported accommodation would help with their desistance (8.3 agreement at TP1).

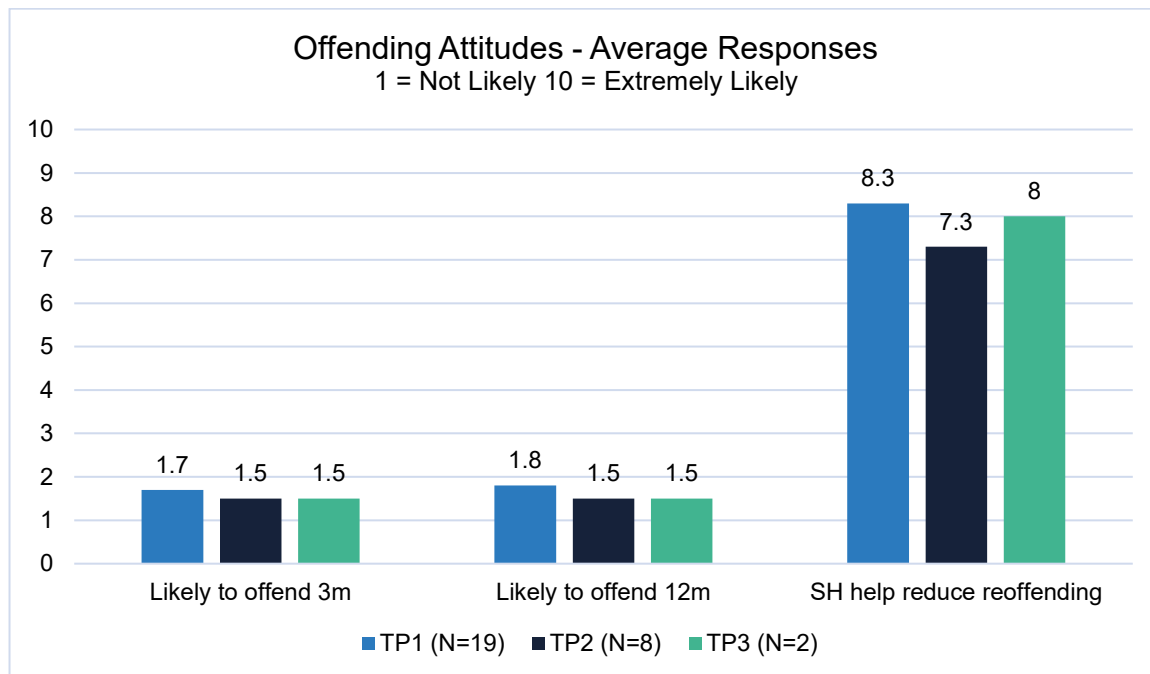


Figure 6

Although at TP2 two out of the eight participants (25%) reported reoffending since living in supported accommodation, generally, participants reported their reoffending had either reduced significantly or stopped all together. One participant confidently stated there *was “no chance on God’s green earth would I reoffend”* (P17 - TP2). Staff concurred that progress in this area had been made on the whole:

“Some CRC clients and NPS clients have been recalled but many others have stayed out of prison for the longest time” (Staff member – TP2).

Staff talked about the negative effect the behaviour of one or two people could have on the rest of the residents, particularly the impact on other clients when police involvement was necessary:

“That doesn’t help what we’re trying to do, which is to create a therapeutic, safe environment where staff feel safe and residents feel safe. That makes it feel like prison and that reverts everybody else in the project to feeling like they’re still in prison. That’s really difficult to then unpick and make people feel safe again after incidents like that happen” (Staff member – TP3).

However, on leaving the supported accommodation one participant said that supported accommodation had helped them achieve a *“completely different mind-set”* (P2 – TP3) and had also helped ensure they attended probation appointments.

Staff expressed their vehement belief that having support and accommodation was key in allowing clients to have a stable base from which they could build on their life skills and receive

therapeutic support when they felt like going back towards committing crime:

“I strongly believe that accommodation for ex-offenders is an essential specialist service. Having no supported accommodation for ex-offenders in Kent increases the risk of people reoffending and continuing to be stuck in the cycle of offending and homelessness” (Staff member – TP1).

3.4 Staff Experiences

3.4.1 Benefits of the Link Project

It was consistently clear from the data that PTI staff offered a comprehensive support package, which clients were unlikely to receive outside of supported accommodation.

“Supported accommodation gives an ex-offender a base that is safe and where they are able to discuss their personal needs with staff when they are feeling like re-offending or undertaking behaviour that may lead to re-offending. It is also an environment where they will receive a positive motivation from staff to engage with services and support to do this, which helps clients gain the confidence to make changes in their life” (Staff member – TP1)

It remained evident that supported accommodation was seen to be most effective for those clients who were ready for change. Staff stated that the need for at least a small amount of initial buy-in from the clients was imperative for the success of the intervention.

“When an individual is ready to commit to living differently, supported accommodation can offer them respite from afflictions like homelessness, and trauma. We try to provide a safe and therapeutic environment for those who want to work towards recovery, a pro criminal lifestyle and independent living.” (Staff member – TP1)

The flexibility of staff roles and responding to various and changeable needs meant that clients were supported to make significant changes that may not have been possible without the support provided to them. Examples of the benefits of this flexibility were plentiful, including the following account from early in this evaluation:

“A client who has Learning Difficulties wanted to do his CSCS Card Training. He struggles in many ways to communicate through reading and writing. He really was passionate about doing the course, and had barriers to learning. However, we overcame this barrier by myself attending the course to scribe for him all week, and by reading out all 45 questions required for him to pass the test. He passed his CSCS Course with a pass level of 39/45 questions answered correctly” (Staff member – TP1).

The staff's commitment to their clients shone through in the research and it was apparent that many clients had built a good professional relationship with staff members, which they used as a motivational factor for their rehabilitation. One client was keen for staff to see the changes he had undergone, and thanked staff:

“Hopefully the members of staff will see that a person of my past behaviour problems with authority & the police [sic]. My life is getting better & better with every day that passes. Thank you to all staff!” (P10 – TP1).

Staff echoed these testimonies and were proud of the relationships they had with clients and the progress they had made.

“In the main I think we all get on and have built really trusting rapports with our clients, which

obviously is a starting block for achieving everything else, really.” (Staff member – TP3)

Finally, the tenacity of the staff deserves a special mention. Throughout all the struggles faced by clients on their journeys to rehabilitation, and additionally through the uncertainties shared by all through a year living in a global pandemic, the staff never gave up on clients. They remained committed to being present and doing as much for the clients as they possibly could. Their belief in clients’ ability to change endured through every stress, every stumble and every hurdle faced by clients, summed up in the below quote:

“I think again it is about just not everybody is ready for change. Even if you keep going back, keep going back and going back and you still continue to show that you care, you support them, that you’re there. Even if they are chaotic and in the madness, they’ll come back eventually, when they’re ready” (Staff member – TP3).

Partnership working

Staff said that the Link Project offered an opportunity *“for us to build strong links with partnership agencies to help improve client outcomes”* (Staff member – TP1). They felt that one of the benefits of the Link Project was the opportunity it provided to ‘link’ clients up with the different agencies, which ultimately improved their chances of rehabilitation.

Despite the many challenges to partnership working presented by the pandemic, relationships with other organisations were well maintained, resulting in many positive outcomes for clients. One example was of a client who was able to move on to independent accommodation due to co-working between PTI staff and the local Council:

“We worked together to complete all the paperwork, to set up viewings and sort out of the finances. It was their links into a shared house landlord they use, that was the key to getting him the accommodation” (Staff member – TP3).

Staff reported from the outset that *“generally all partnership agencies have been very supportive of our work and responsive”* (Staff member – TP1). Relationships between agencies were usually ‘two-way streets’, with staff from several different agencies updating and helping to arrange contact with clients who were harder to reach. This meant that support could be provided to clients from multiple angles. Probation was one service who staff reported working particularly well with:

“There is also a clear and practical link between clients’ OMs [offender managers] and staff which helps reinforce the clients need to change and supports the Probation services in managing clients that otherwise are difficult to communicate with. Supported accommodation can also mediate with other services on the clients behalf and support clients through potentially tricky situations” (Staff member – TP1)

“We get a hell of a lot of feedback with probation, a lot of really good joint working” (Staff member – TP3).

The only drawback to the progress made in this area was that staff felt they wanted more time to dedicate to co-working with other agencies:

“There are so many stumbling blocks, so it is really, really tricky. We’re trying to build links where we can. But again, it’s having capacity to do that really. I think ideally Pathways would quite like a dedicated worker to try and establish those links” (Staff member – TP3).

Changes in clients

Staff recounted several examples of clients who had made significant progress over their time in supported accommodation. These clients were often described as particularly chaotic upon moving in, but now, having been supported to address their main difficulties, were much more stable and feeling ready to move on to independent accommodation. This process was described as taking place slowly but surely, though only usually for those clients who had really wanted to make these changes for themselves.

“Some of the clients I’ve got, some have been really chaotic, really off the scale to be honest. All of a sudden you start to see over a period of time, not overnight, but over a period of time things changing with clients” (Staff member – TP3)

“I can see some really good things come out with some of the clients. They have to be ready for change. It’s not going to happen the day they walk into one of the accommodations, they have to be ready for change” (Staff member – TP3)

Encouragingly, though staff described their work as quite trying at times, the changes in clients also buoyed staff morale, as the hard work they had done with the clients started to result in visible changes.

“I do see some good as well, so it’s not all negative though. It sounds it. When you see a couple of the clients we’ve got making progress, that outweighs all the negativity we’ve been feeling.” (Staff member – TP3)

“The good things we did today does make a difference to their life and their quality of life. They’re extremely grateful.” (Staff member – TP3)

Staff further confirmed that the more progress clients made overall, the less likely they were to revert to old habits or slip up in their recovery and rehabilitation:

“You do find the more they build up a life, whether it’s services in place, whether it’s family, whether it’s positive influences, fellowships, work, volunteering, the more they put into their life and gain, the less they seem to stumble because they’ve got more to lose of course, haven’t they? A roof over their head if they feel valued by others, and they’ve got quality of life” (Staff member – TP3).

3.4.2 Challenges

Staff numbers

Staff stated at TP1 that on average they provided three hours of one to one support per client. This support ranged from escorting them to appointments, to providing assistance with various administration tasks. One staff member stated *“I like to give as much time as possible to supporting my clients”* (Staff member – TP1).

Some clients with complex needs or those who are harder to engage needed more intensive support, and staff were feeling ‘stretched’ as a result. Staff felt additional resourcing was needed in order to provide effective and sustainable support.

“We have had staffing issues, we’ve had a few periods of long-term staff sickness, which has led to inconsistent support and pressure on the remaining team members” (Staff member – TP3)

The desire for more staff came up repeatedly in various ways - needing more admin support (e.g. managing and explaining the referral process, chasing information, building and maintaining relationships with other agencies), and more support staff both generally and to cover sickness (including countering the impact of the pandemic).

“There’s obviously chaos normally to deal with in the office. Plus, it’s quite often very difficult to do that for everybody that needs it. If staffing levels were different, it might have been easier. We have done it where we can.” (Staff member – TP3)

Although by TP3 the project had gained additional staff members, it was felt that there was always more to be done. It was acknowledged, however, that staffing levels were dependent on the availability of sufficient funding.

Delayed opening of the project

Initially staff expressed that the delay in opening the accommodation was a cause for concern amongst staff and clients, *“especially those who were rough sleeping over the winter months”* (Staff member – TP1). However, staff *“were able to offer outreach to the clients that had been assessed, which worked well”* (Staff member – TP1).

On reflection at TP3, staff said that they had gleaned some benefits from the delay, in that they were able to take the time to form strong team bonds before having to deal with the full force of client needs:

“We were assessing and outreaching clients for several months before we actually got hold of the building and could ask anybody to move in, so that was quite frustrating. But it gave us time to work together as a team and get to know each other a little bit more. When the project opened it’s just been a whirlwind since then” (Staff member – TP3).

Client readiness and project length

The research found that staff felt that the project goals, although encouraging, were not completely achievable within the given time frame. This was particularly the case for those clients with complex needs around mental health, substance misuse and non-engagement with services.

“Move on within 6-12 months felt unrealistic, we need longer than 6-12 months with clients to help them realistically move on to independent accommodation, and away from a life of crime” (Staff member – TP1)

“Sometimes [the goals] are very difficult to achieve/maintain for all if a client presents as chaotic or not ready to engage, but our service offers clients an opportunity to change their lives for the better” (Staff member – TP1)

For some clients, this was down to a lack of motivation or simply not being ready for change. As one staff member noted, *“there does need to be a desire to engage, even if that is only an aspiration”* (Staff member – TP1). The presence of clients who were not ready to receive the help offered by the Link Project could be attributed to a number of areas, some of which this report has already touched on (e.g. waiting for other interventions/treatments to start or rebuilding other areas of their lives first). However, one staff member raised the idea that clients were placed there because they simply had nowhere else to go:

“I’ve probably come across quite a few where services, agencies and stuff, people have, not

pressurised, but possibly pushed them because there's no other accommodation, into coming into supported accommodation when their motivation hasn't really been there" (Staff member – TP3).

Even for those who were motivated or had more straightforward needs, obtaining independent accommodation proved to take up a significant chunk of the allocated time for clients. Obtaining social housing was described as sometimes taking years to get, and clients were not keen on private rentals for several reasons (e.g. finding they were harder to obtain due to being on benefits and not having a guarantor, feeling they were at higher risk of ejection in the future). Staff at TP3 reported having to manage client expectations from the outset regarding timeframes for move-on accommodation.

3.5 The Future

Staff were very proud of the project and the achievements attained since its commencement and were keen to see the services provided extend further. However, this was hampered by precarious funding and the correlating uncertainty of the project's future.

"It is essential that such provision continues within Kent as well as being expanded so that a bigger range of clients that can access it, and/or that there is the opportunity to open more similar accommodation in other parts of the county" (Staff member – TP1)

"We've had quite a lot of high support need referrals from females, but obviously we only have a high support need project for males. [...] That's been quite a shame really because all the referrals we were getting through are of a similar ilk with similar issues, which really [are for] a higher support project, but we just don't have that" (Staff member – TP3)

"I would like to see more partners come on board to spread the cost and bring a larger range of referrals to the project" (Staff member – TP1)

Staff provided numerous ideas for ways to continue to improve the service in the future – whether that be as the country comes out of its third national lockdown, or further ahead. Suggestions ranged from practical (but financially dependent) needs such as funding for more staff and longer stays for clients, to aspirations for new and innovative interventions for clients, based in and provided by supported accommodation.

"The Maidstone project has such potential, although accommodation alone is not a magic bullet - staff need to be able to facilitate quality support, over time, and work with outside agencies to help our clients make progress - therefore we must find a way to ensure only those committed to changing their lives are accepted, we must ensure that the staff team is large enough to cope, we need longer than 6-12 months with clients to help them realistically move on to independent accommodation, and away from a life of crime." (Staff member – TP1)

At TP3 staff recounted arrangements that had been made with CGL (drugs and alcohol support), Hep-C Trust (testing workshops for clients) and Involve (wellbeing courses and links with volunteering opportunities), which were set up initially, but then hindered by lockdown. Staff were also keen to start new groups and collaborations with other agencies, such as mindfulness and first aid training.

"I think getting services to come back into the project and engage with clients quite dynamically would be good. I think if we could develop some sort of activities programme or coordinator to engage the clients, that would be great." (Staff member – TP3)

4.0 Summary and Conclusion

Revisiting project aims

This report aimed to answer the question, does supported accommodation help rehabilitate people on probation? The evaluation framework used was to assess whether improvements on 'soft' measures had been made by clients in the areas outlined in section 3.0 (accommodation; finances and managing money; employment; mental health; self-esteem and confidence; physical health; self-care and living skills; relationships; substance misuse; and offending attitudes). Supporting clients to make improvements in these areas would remove barriers they faced in relation to obtaining and sustaining permanent and independent accommodation.

Summary of findings

The findings of this evaluation show that the supported accommodation provision provided by the Link Project did indeed assist clients to make progress in several areas. Although clients did not make drastic leaps in their reported advancement in individual areas, the overall improvement means that many clients were ready to find independent accommodation by the end of their stay.

The fact that these advances were made despite persistent changes and barriers presented by COVID-19 and the various national lockdowns is commendable. As restrictions lift and services begin to re-open, this can only mean more positive outcomes for clients in the future.

Clients entered supported accommodation at different times and at different points on their journey, so the road is not always easy, and people will fluctuate depending on what else is going on in their lives (e.g. the people around them, the support they are receiving, or even the general state of the world). Supported accommodation is essentially a holistic provision, which must be flexible and responsive to client needs, though clients do need to be ready for change themselves. The stability and opportunity for routine provided by supported accommodation was key in many of the successes achieved by clients over their stay.

To summarise the findings in each area:

- Finding accommodation was the main goal for the majority of participants, however progress in this area was hampered by the long process of finding and obtaining housing, further impeded by the impact of several lockdowns.
- Many clients demonstrated improved abilities in managing their finances – being conscious of rent arrears and ensuring they had money for food before spending on other things.
- Finding employment was hindered for most due to the impact receiving a wage would have on their housing benefit, however many were looking for volunteering experience.
- Clients who presented with intersecting needs, such as addiction and mental health problems, faced additional barriers in accessing the help they needed from relevant services. The impact of the pandemic on client mental health was significant, and sometimes spilled over in to other areas of difficulties. However, there was good partnership working with community mental health services and GPs, as well as availability of in-house counselling, and these connections served to help alleviate the worst of any mental health declines presented by clients.
- Self-esteem and confidence was the most improved area for clients over the time of the evaluation. This was attributed to the culmination of lots of 'small wins' for clients.
- Support to obtain documents such as birth certificates and bus passes, and a stable base, meant clients could access help from places such as GPs and mental health or substance misuse services.
- Clients were motivated to take care of themselves. General life skills were learnt and shared

amongst residents, with key examples being that clients began to take pride in cleaning their personal and shared spaces, as well as cooking and sharing meals with each other. The establishment of routines was significant for clients who may not have been afforded the opportunity for this before.

- The alleviation of worries about accommodation meant that relationships were less strained and clients were able to repair damaged relationships with family and friends.
- The balance of clients in the project is important, as this can either help or hinder client progress – some acquaintances between clients can have a negative effect on outcomes, however one person making good progress can motivate others to engage more and make changes themselves.
- Although drug and alcohol use fluctuated for some across their stay, overall, both clients and staff reported significant progress in these areas over the time of the evaluation. Most issues arising in this area seemed to stem from the impact of lockdown, which is an exceptional circumstance and hopefully one that clients will not have to face again. The establishment of links with substance misuse services and the provision of support in this area within the project seemed to be key in clients overcoming this, one of the most prevalent issues presented by the residents at the Link Project.
- Most relevant to the research question was the finding that most clients who participated in this study reported either significantly reducing their offending or stopping all together. This could be attributed to the change in mind-set demonstrated by clients at the final time point, towards both offending and their general outlook on life, due to improvements made in all or most other areas.

Conclusion

The improvements made by clients show that their journey consists of many ‘small wins’ that amount to the indication that they are ready to move on with their lives. Although sometimes change is slow, ultimately it is in an upward trajectory, and it is likely that without support and accommodation, these outcomes would have declined. This research demonstrated that stable accommodation is the foundation on which people can start to build up other aspects of their lives.

The fact that these improvements have been made even in the unprecedented conditions of a global pandemic, is a testament to the hard work and dedication of staff and persistence of clients who have turned their lives around despite the adversity faced. Although some clients were not where staff would have expected them to be under normal circumstances, the evaluation highlighted the significant impact of the pandemic not only on the clients but on the frontline staff as well, which is important to acknowledge, as staff play an essential role in the project.

Finally, this staff member quote summaries the significance of the small but steady steps taken by clients over their stay in supported accommodation, and the pride felt by staff at seeing this progress towards rehabilitation:

“I think when you see some good results coming out of it, it does make all the difference. You know their life is just that little bit greater, a little bit easier because things are now in place that they didn’t have” (Staff member – TP3).

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