MEAM

MEAM Approach evaluation: year 2 report methodology annex

July 2019

CordisBright

COMMUNITY FUND

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1   Role of the expert research group

1.1   Overview

Throughout year 2 we collaborated with an expert research group to:

- Design the evaluation research tools.

- Carry out in-depth fieldwork in five local areas.

- Analyse the qualitative data collected during the fieldwork.

In this section we describe the role of the expert research group and how we worked with them to co-produce these elements of the evaluation.

1.2   Recruitment

We asked MEAM Approach network areas to suggest people locally who have lived experience of multiple disadvantage and who might be interested in being part of the evaluation expert research group. Through MEAM we also recruited people with lived experience to the group from other local areas (for example the Fulfilling Lives areas).

The expert research group consisted of eight experts by experience, who were based across England. Some had been involved in co-production and peer research previously, whereas others were new to co-production and/or research and evaluation.

The costs of all accommodation, travel and sustenance for the expert research group members were covered during the training and research days. In addition, expert researchers were given a high street voucher as a small token of thanks for each day they participated in training or research.

1.3   Research methods training

In September 2018 we delivered two days of research methods training to the group. The training covered an introduction to evaluation and to the MEAM Approach evaluation, research ethics, interview skills and interview analysis. It also provided the first opportunity for the research team to get to know each other and the Cordis Bright evaluation team, and to hear from MEAM.

1.4   Research tool design

In a workshop in October 2018 we co-designed the two key qualitative research tools for the evaluation with the evaluation group: the local area staff interview topic guides and the client interview topic guides. The workshop was built around identifying the key areas of focus (linked to theory of change developed during the scoping phase of the evaluation) and developing questions with the group

that would help us understand these areas of focus. A long list of questions was developed during the workshop, which was then refined by the Cordis Bright research team and shared with MEAM for further suggestions and amendments. A further version was then shared with the research group via email for agreement.

During the workshop we also collected feedback from the research group regarding the case study template, client information sheet and client consent form, which had been pre-drafted by Cordis Bright. As with the topic guides, amendments were shared with MEAM and a final version again shared with the research group via email for agreement.

1.5   Fieldwork

The Cordis Bright and expert by experience research team conducted three days of fieldwork in each of five local areas in January and February 2019. A minimum of five client interviews and five local staff interviews were conducted in each of the five sites. The expert by experience and Cordis Bright researchers worked in pairs to conduct the interviews, with expert researchers leading the interviews where they felt comfortable to do so and the Cordis Bright researchers providing support. (See section 2.5 for more information on the fieldwork itself.)

Interviews with clients were recorded using a dictaphone and transcripts produced. Interviews with local staff were recorded using written notes.

1.6   Interview analysis

Cordis Bright facilitated three analysis workshops with experts by experience, using the interview transcripts and notes. The purpose of these sessions was for the experts to identify recurring themes or important ideas discussed by both clients and staff, and for these ideas to be incorporated into the report.

1.6.1   Method

The first workshop involved experts analysing transcripts from client interviews. Five experts attended, and were divided into two groups, with each group analysing two unique transcripts over the course of the day. Experts read the transcripts, highlighting quotes, themes, and ideas which were recurrent or seen to be important. These were fed back to the wider group, in order to understand which ideas featured across all four transcripts.

The second workshop involved experts analysing notes taken by Cordis Bright researchers during interviews with staff. Three experts attended, and were given three sets of notes to analyse. As with the staff interviews, feedback from each set of notes was recorded, and common themes and ideas were noted.

And the end of the second workshop, time was taken to reflect on both client and staff interviews in order to understand any feedback which was consistent across both.

The third workshop focused on sense testing the key findings from all interview analysis, in order to further refine these as needed. The findings from the workshops are summarised below.

1.6.2 Findings

The following themes and ideas were highlighted, and have been organised in line with the theory of change. Areas which were prominent in both client and staff interviews are identified in bold

1.6.3 Services/systems and the people in them work better for and with people facing multiple disadvantage

- Designated MEAM support workers being flexible in order to be accessible to clients

- **Examples of increased flexibility across services, in particular when they were challenged by a MEAM support worker**

- **Systemic barriers to flexibility among some services, in particular mental health services and the lack of dual diagnosis provision**

- The importance of services that are bespoke and built around the client's wants and needs

- Examples of meaningful involvement of experts by experience in feeding back to services

- The importance and success of multi-agency working, in particular information sharing, and the role of MEAM in cementing best practice in this regard

- The role of MEAM support workers in educating other services around best practice when working with people facing multiple disadvantage

- The importance of engaging with clients as early as possible e.g. whilst they're still in prison

- Increased willingness among clients to engage after seeing positive results

- Rebuilding trust in services taking time due to historic experiences and frustrations

1.6.4 People facing multiple disadvantage achieve their goals and improve their lives

- **Positive outcomes for clients, in particular surrounding accommodation (maintained tenancies), reduced offending, and less contact with emergency services**

- **Clients building better relationships with others, for example their families**

- **Clients building better relationships with services and establishing trust through their key worker**

- The importance of housing as a route to achieving other goals

1.6.5 Systems and people supporting people facing multiple disadvantage use resources efficiently and avoid unnecessary costs

- The recognition that meaningful culture change takes time, often years, to realise

- Concerns from staff around funding cuts

- Confidence in the MEAM Approach delivering cost savings in the long run, but some uncertainty around whether expecting short-term cost savings is reasonable. This was partially explained as clients who had not previously been engaging with services could need to re-engage with a number of services or programmes as part of their recovery.

1.6.6 Roll-out of the MEAM Approach

- Staff would like more opportunities to meet with other areas to share problems and solutions e.g. an open event where staff can set the agenda around the problems they are facing.

- Staff would like greater support with self-promotion, in particular evidencing the benefits of their work

2 Evaluation methodology

2.1 Overview of methodology

Figure 1 provides an overview of the methodology used in the year 2 evaluation. A more detailed description of each method is included in sections 2.2 to 2.8.

The evaluation aims to explore the implementation and impact of local work in 26 MEAM Approach areas. This work is varied and innovative, involving multi-agency and multi-stakeholder approaches which seek to promote systems change in a highly complex environment. The evaluation aimed to take account of this complexity by taking a collaborative approach to developing and delivering the evaluation. In practice, this meant that we worked collaboratively with MEAM, local areas and experts by experience to:

- Determine the evaluation questions.

- Develop an evaluation framework which outlined how we would address the key evaluation questions.

- Implement the evaluation methods.

It also meant that we designed, discussed, agreed and finalised all evaluation approaches and tools with key stakeholders (including the expert research group) before they were used in the field.

Figure 1: Summary of year 2 evaluation methodology

2.2 Limitations

Although the evaluation seeks to be as robust as possible within the resources available, there are nevertheless some key challenges and limitations to the evaluation. The chief of these are:

- **The roll-out of the MEAM Approach and local work relating to it is a large-scale and complex programme taking place across a high number of different sites.** This means that within the resource for the evaluation it is not possible to focus in detail on all local variations in implementation and impact. However, the evaluation seeks to focus on key stakeholders' priorities in terms of evaluation questions and areas of interest. We also utilised a mixed multi-method approach so that we are able to triangulate findings to make sense of complexity.

- **Attributing impact to the MEAM Approach and local work relating to it is challenging because:**

  - It takes time for impact to be achieved and to become evident in programmes with a focus on system change. This makes it difficult to assess impact at this stage, particularly because local interventions developed using the MEAM Approach have only been introduced recently in a number of local areas.
  - It was not possible to use Randomised Control Trials or Quasi-Experimental evaluation approaches within this evaluation. These are generally acknowledged as strong methods in attributing impact to specific programmes and to ruling out the influence of other factors on outcomes. However, using a mixed multi-method approach allows us to make judgements concerning attribution and also emerging areas of impact and good practice. Over time, we also intend to make reference to findings from the 'control group' of local areas developed as part of the Fulfilling Lives evaluation, being delivered by CFE Research, and to explore whether there are links between local area's fidelity to the MEAM Approach elements and the outcomes they are achieving.

- **Gaps in data collected under the common data framework (CDF) reduce the number of clients and range of indicators about which we hold robust data.** This makes it more difficult:

  - To comment on outcomes by considering client-level change over time.
  - To be confident that the outcomes for clients about whom data is available are representative of the outcomes for all clients supported by interventions developed using the MEAM Approach.

  This is the first year of data collection under the CDF and we appreciate that local areas have dedicated significant time and effort to setting up and beginning data collection. We hope to be able to work with local areas in future years of the evaluation to build on the size and robustness of the available dataset, as well as the proportion of clients about whom data is

available to the evaluation. This should also enable us to conduct an economic evaluation in future years.

- **Much of the focus of this year's evaluation report is on the impact of the MEAM Approach on clients rather than systems.** Systems change and culture change are an important focus for MEAM Approach areas, but there is a recognition that this work is long-term and that the impacts of it will not be seen at this stage of the evaluation. As such, the evaluation will place more focus on the impact on local systems in years 3, 4 and 5. Likewise, this year's report primarily focuses on whether positive outcomes are being achieved, as opposed to how or why the MEAM Approach is effective. Enquiry into how and why the MEAM Approach is working (or is not working) will be more highly prioritised in future years of the evaluation.

2.3   Common data framework (CDF)

2.3.1   Data collection

The approach to collecting data to support the evaluation of the MEAM Approach is deliberately aligned to that of the Fulfilling Lives evaluation, but has been adjusted to reflect the reality that MEAM Approach areas generally do not have specific funding and do not have the resources that Fulfilling Lives partnerships have to collect and collate data. For these reasons we designed a common data framework (CDF) that includes a smaller number of variables, focusing on those that the evaluation team and MEAM Approach areas agreed were the most important for measuring the impact of the work.

Local areas in the MEAM Approach network are asked to submit client level data to the evaluation on a quarterly basis, using a spreadsheet designed by the evaluation team. The data are anonymised using unique reference numbers for each client before being shared with Cordis Bright.

This data is collected for all clients who are being supported by interventions developed using the MEAM Approach, *and who consent to their data being collected from partner organisations and shared with the evaluation*. The cohort of clients for whom we have CDF data is therefore a subset of all the clients being supported across the MEAM Approach network. In future evaluation reports we will seek to report the proportion of clients who are giving consent for involvement in the evaluation when compared to the total number supported.

Clients who were receiving support from interventions developed using the MEAM Approach prior to April 2017 (i.e. before the launch of the current MEAM Approach network) are also not included in the evaluation cohort.

The following data are requested for eligible clients via the CDF:

Figure 2: Client-level data requested via the CDF

Data type	Details
Client personal details	Includes a range of demographic information plus support start date and accommodation at start date. Just one entry required per client (at the beginning of their support).
Client outcomes	These are measured via: • The Homelessness Outcomes Star (this is the principal measure); and • The New Directions Team Assessment (this is a secondary measure – areas are asked to prioritise the use of Homelessness Outcomes Star). Areas are asked to collect client outcomes measures once per client per quarter, and also when the client experiences a significant change in circumstance.
Client service use prior to support	The client's use of a number of key services is requested for each client for the 12 months preceding the start of their support by interventions developed using the MEAM Approach. This data is ideally administrative data from health and police partners, however, we also accept self-reported data. The types of service use data included in the CDF are: • Accident & Emergency department attendances • Non-elective acute hospital admissions • Mental health inpatient admissions • Nights in different types of accommodation (and nights not in accommodation). • Arrests • Nights in prison We focused on these because: • They are most likely to have been impacted by interventions developed using the MEAM Approach. • These are 'undesirable' events, in the sense that it is neither good for the individual nor good for the public purse for people to be going to A&E,

Data type	Details
	having an emergency admission and getting arrested. • Local areas and MEAM staff felt that these were useful things to focus on when seeking to understand changes in a client's use of services. This is supported by findings from previous MEAM Approach evaluations.
Client service use during and post support	Use of the same key services is then requested on a quarterly basis for clients once they have started receiving support. Quarterly data is also requested regarding the client's accommodation status at the end of the quarter and frequency of contact with interventions developed using the MEAM Approach.

2.3.2 About the tools

What is the Homelessness Outcomes Star?

The Homelessness Outcomes Star is a tool designed for use with people with housing and other needs. It forms part of a range of tools provided by Triangle Consulting[1].

It is used to identify and focus on outcomes areas where a person would like to see improvement and/or may benefit from improvement, and to measure, track and support progress towards these goals. Ideally it is completed collaboratively by the key worker and the client. However, in circumstances where the client is not engaged or does not wish to complete the Star, the key worker may complete the Star themselves.

The Star looks at ten areas of a person's life, with each area being scored from 1 to 10 on the 'Ladder of Change' scale. As the client progresses scores increase. Scores relate to one of the five stages on the Journey of Change: Stuck (a score of 1 to 2), Accepting help (3 or 4), Believing (5 or 6), Learning (7 or 8), and Self-reliance (9 or 10).

What is the New Directions Team Assessment (NDTA)?

The New Directions Team Assessment (NDTA) was originally developed by the South West London and St George's Mental Health Trust for assessing adults facing chronic exclusion and is widely used by organisations working with people with multiple needs. It is usually completed by a client's coordinator.

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[1] For more information, please see: http://www.outcomesstar.org.uk/

On the NDTA, people are scored against ten categories representing different dimensions of multiple need; these include engagement with frontline services, self-harm, risk to and from others, stress, social effectiveness, alcohol/drug abuse, impulse control and housing. The NDTA is scored out of a maximum score of 48. Two categories (Risk from Others, and Risk to Others) have a higher weighting and are scored on a scale of 0 to 8, whilst the remaining categories are scored on a scale of 0 to 4. After the initial assessment reviews are carried out quarterly where this is possible. A reduction in score indicates a decline in the indicators of multiple needs and represents positive progress.

2.3.3 Data analysis

Data received

Data was received from 14 of the MEAM Approach network areas for 373 clients[2]. However, the quality and completeness of data received varied greatly between areas and clients, and across the different data types. As such, we were only able to include a small proportion of these 373 clients in our various analyses, as detailed in the following sections.

Figure 3 below presents a summary of the valid sample size for each element of the outcomes and service use evaluation, based on the client level data collected via the CDF. We also express the valid sample size as a proportion of the maximum sample size that would have been possible for this analysis, given the support start date for each of the 373 clients in the dataset (i.e. if we had been working with a set of perfect data).

Figure 4 summarises the number of clients for whom we received service use data for the 12 months preceding their support start date. We were unable to use this data in this year's analysis, as explained in the service use evaluation section.

Figure 5 summarises the data received and the data included in each analysis, broken down by network areas.

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[2] There are currently 26 areas in the network. Of these, six areas newly joined the network in November 2018, and as such their data is not included in the year 2 evaluation report. Of the remaining 20 areas, 17 were delivering interventions developed using the MEAM Approach in year 2. One further area left the network during year 2 but had been submitting client-level data to the evaluation prior to leaving and therefore is included in the analysis in this report. There are therefore 18 areas from which the evaluation could have received.

Figure 3: Valid sample sizes for the outcomes and service use evaluation

Type of data / analysis	Time-related criteria to be eligible for analysis	Total no. eligible clients	Valid sample size for analysis	Valid sample as % of eligible clients
Homelessness Outcomes Stars – change over time between first and last Star	-	373	66	18%
NDTA – change over time between first and last NDTA	-	373	87	23%
Accommodation – change over time between first and last quarter	Clients must have been supported for 2 quarters or more	246[3]	116	47%
Change in no. A&E attendance between first and fourth quarters of support	Clients must have been supported for 4 quarters or more	176[4]	44	25%
Change in no. non-elective admissions between first and fourth quarters of support	Clients must have been supported for 4 quarters or more	176[4]	61	35%
Change in no. mental health admissions	Clients must have been supported for	176[4]	61	35%

[3] This is an upper limit estimation. This total includes 48 clients for whom the most recent service use data precedes quarter 8 and who were not reported as having ended support in previous quarters. It also includes 81 clients for whom no service use or support status was reported. For these two groups of clients support is assumed to be ongoing at the end of quarter 8 and the duration of support is calculated up to end of quarter 8.

[4] This is an upper limit estimation. This total includes 32 clients for whom the most recent service use data precedes quarter 8 and who were not reported as having ended support in previous quarters. It also includes 58 clients for whom no service use or support status was reported. For these two groups of clients support is assumed to be ongoing at the end of quarter 8 and the duration of support is calculated up to end of quarter 8.

Type of data / analysis	Time-related criteria to be eligible for analysis	Total no. eligible clients	Valid sample size for analysis	Valid sample as % of eligible clients
between first and fourth quarters of support	4 quarters or more			
Change in no. arrests between first and fourth quarters of support	Clients must have been supported for 4 quarters or more	176[4]	59	34%
Change in no. nights in prison between first and fourth quarters of support	Clients must have been supported for 4 quarters or more	176[4]	58	33%

Figure 4: Number and proportion of clients for whom service use data was provided for the 12 months preceding start of support (N=373)

Service	Valid sample	Valid sample as % of all clients
A&E	125	34%
Non elective admissions	125	34%
Mental health admissions	121	32%
Arrests	204	55%
Nights in prison	189	51%

Figure 5: Client-level data submitted and included in year 2 report analysis, by network area

Area[5]	Delivery status	Clients in support at year 2 end	Number of clients in analysis…								
			With any data	HOS	NDTA	Accom.	A&E	NEL acute admx.	MH admx.	Arrests	Prison nights
Local area C	Delivering	23	25	20	17	19	21	21	21	22	22
Local area F	Delivering	13	13								
Local area B	Delivering	16	27	16	2						
Local area A	Delivering	30	20		12	7				7	7
Local area G	Not delivering	-	-	-	-	-	-	-	-	-	-
Local area H	Delivering	no data									
Local area I	Delivering	~78[6]	78								
Local area J	Delivering	12	12		10	11					

[5] There are currently 26 areas in the network. Of these, six areas newly joined the network in November 2018, and as such their data is not included in the year 2 evaluation report. Of the remaining 20 areas, 17 were delivering interventions developed using the MEAM Approach in year 2. One further area left the network during year 2 but had been submitting client-level data to the evaluation prior to leaving and therefore is included in the analysis in this report. There are therefore 18 areas from which the evaluation could have received data.

Area[5]	Delivery status	Clients in support at year 2 end	Number of clients in analysis…								
			With any data	HOS	NDTA	Accom.	A&E	NEL acute admx.	MH admx.	Arrests	Prison nights
Local area D	Delivering	23	18		8	11	9	9	9	9	8
Local area K	Project closed	~26[6]	32			25					
Local area L	Delivering	21	25	18		15		12	12		
Local area M	Delivering	9	11			6	2	7	7	9	9
Local area N	Delivering	14	59	4	12						
Local area O	Not delivering	-	-	-	-	-	-	-	-	-	-
Local area P	Delivering	12	13	3							
Local area Q	Delivering	4									
Local area R	Delivering	31	9	5	4	7					

[6] No end of year snapshot data was provided for these areas. Instead, the best available alternative data was used to make an estimation of the number of clients being supported by areas at the end of year 2 quarter 4. Local area I's estimation was based on the total number of clients for whom any data was returned to us. Local area K's estimation was based on the number of "ongoing" cases at the end of year 2 quarter 3 (the last quarter for which the area provided data). Local area E's estimation was based on the caseload snapshot at the end of year 2 quarter 3.

Area[5]	Delivery status	Clients in support at year 2 end	Number of clients in analysis…								
			With any data	HOS	NDTA	Accom.	A&E	NEL acute admx.	MH admx.	Arrests	Prison nights
Local area S	Delivering	no data									
Local area T	Not delivering	-	-	-	-	-	-	-	-	-	-
Local area E	Delivering	~12[6]									
Local area U	Delivering	36	31		22	15	12	12	12	12	12
Total	**-**	**~360**	**373**	**66**	**87**	**116**	**44**	**61**	**61**	**59**	**58**

Homelessness Outcomes Star

Defining a sample for measuring change over time

In order to measure the distance travelled along the Journey of Change, we were only able to include clients in this analysis who had had two complete recorded entries of Homelessness Outcomes Stars. The final sample size of clients for the Outcomes Stars analysis was 66.

In this year's report we measure change over time by comparing the average scores recorded at clients' first Star (time 1) against the scores recorded at clients' most recent Star (time 2). Other approaches to change over time analysis were considered, but this approach was determined to be the most appropriate for this early stage of the evaluation as it maximises the size and breadth of the sample from within a small dataset. These alternative approaches are discussed in more detail below.

Description of the sample

The valid sample (66) was far smaller than the overall cohort of clients for whom at least some data (whether it be it outcomes, service usage or demographic data) (373). It was therefore important to explore the extent to which the valid sample for this component of the analysis was representative of the wider cohort of clients being supported by interventions developed using the MEAM Approach and who have consented for their data to be shared with the evaluation.

The largest variations in the Outcomes Stars sample compared to the overall cohort were as follows:

- Clients were from six out of the 14 local areas in the overall cohort.

- 74% of the Outcomes Stars sample were men, compared to 68% of all clients.

- 95% of the Outcomes Stars sample were White British, compared to 92% of all clients.

- The average age of clients in the Outcomes Stars sample was 43, compared to 38 for all clients.

Other approaches considered / limitations

Baseline date criteria

We considered introducing a baseline date criteria[7], whereby only clients with a time 1 Star that was completed within the first two months of engagement or up to one month in advance of their engagement with support would be included. However, this would have reduced our sample size to 42. Instead, we have

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[7] This is the baseline criteria used by CFE in the Fulfilling Lives evaluation.

simply used the client's first recorded Star as their time 1 score so as to maximise the size and breadth of the sample.

Figure 6 shows the average time 1 (baseline) and time 2 Star scores for the sample of 42 clients with a valid baseline score. It shows that, when compared to the average scores of the sample without baseline date criteria (see Figure 7), these clients on average have lower time 1 scores across most categories, but that they had achieved a similar level of outcomes by time 2.

Figure 6: Average Outcomes Star score between time 1 and time 2, with baseline date criteria applied (N=42)
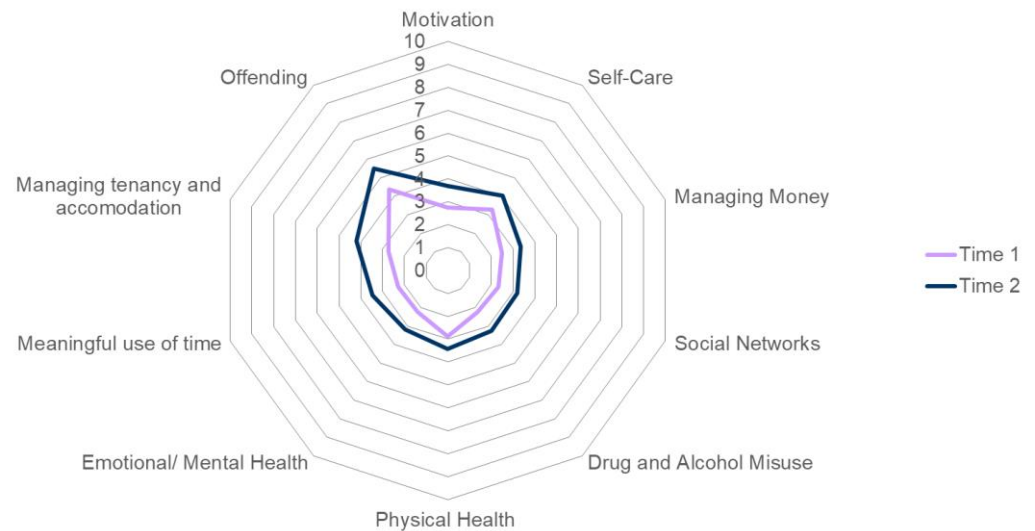
Figure 7: Average Outcomes Star scores at time 1 and time 2 (N=66)
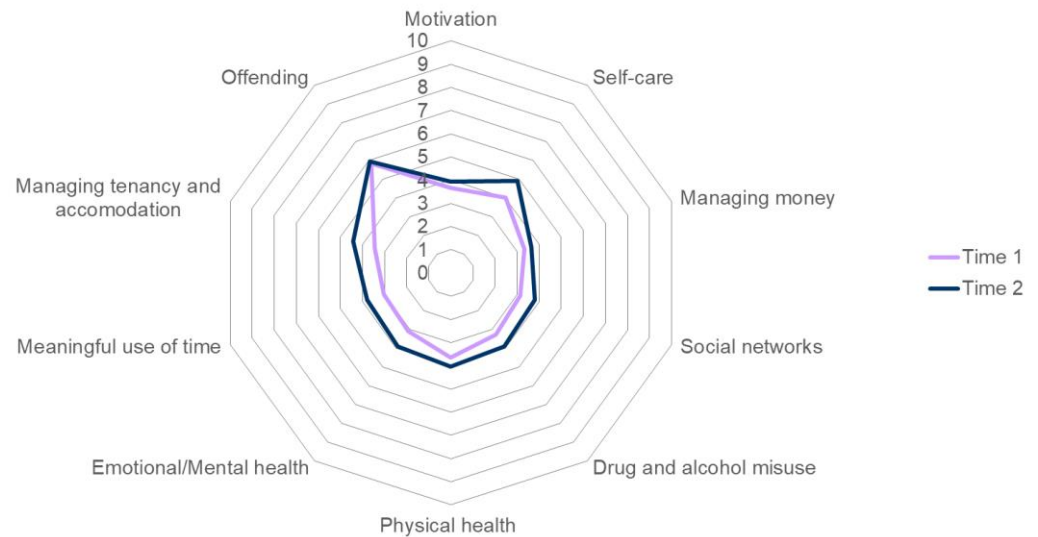
Fixed time periods between time 1 and time 2 scores

Another filter we considered applying was a fixed amount of time between the time 1 and time 2 scores. However, this would have also significantly reduced our sample size and thus our ability to analyse the data. We looked at the correlation between the length of time between stars and the average change across all areas. As shown in Figure 8, there was little to no correlation between the amount of time between the two scores and the extent of improvement made by clients.

Figure 8: The correlation between the average size of change made across all areas and the length of time between time 1 and time 2 Outcomes Stars (N=66)
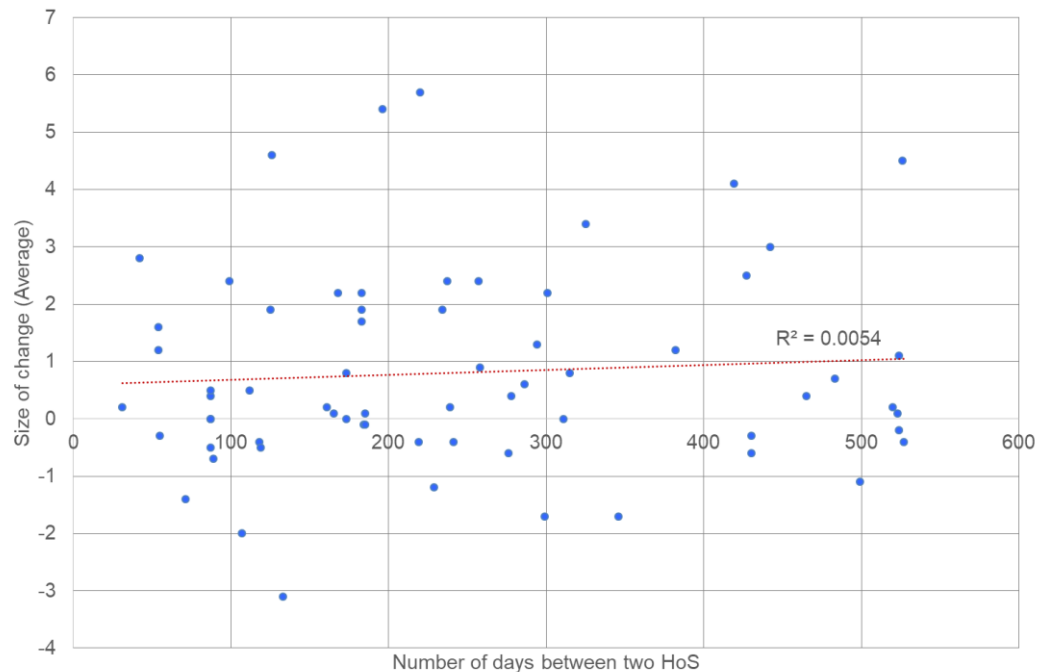
NDTA

Defining a sample for measuring change over time

As with Homelessness Outcomes Stars, we measure change over time by comparing the average scores recorded at clients' first NDTA entry (time 1) against the scores recorded at clients' most recent NDTA entry (time 2). Within the data there was a valid sample of 87 clients with two complete NDTA entries.

Description of the sample

As with the Stars, the valid sample (87) was much smaller than the overall cohort sample size (373). We compared the demographic profile of the NDTA sample to that of the overall cohort to check how representative the NDTA sample was of the wider cohort. The NDTA sample data was more closely aligned to the overall cohort than the Outcomes Stars sample:

- Clients were from eight out of the 14 possible local areas.

- 65% of the NDTA sample clients were men, compared to 68% of all clients.

- 89% of the NDTA sample clients were White British, compared to 92% of all clients.

- The average age of the NDTA sample clients was 38, the same as it was for all clients.

Other approaches considered / limitations

Baseline date criteria

As with the Homelessness Outcomes Stars, we considered introducing the baseline date criteria. However, this would have reduced the sample size to 57 and therefore it was decided, as with Homelessness Outcomes Stars, to simply include clients' first NDTA score as their time 1 score so as to maximise breadth and width of the sample at this stage of the evaluation.

Figure 9 shows the NDTA averages for the time 1 and time 2 scores for the sample of 57 clients with a time 1 score that meets the baseline date criteria. When compared with Figure 10, it shows that both samples reported similar average scores at both time 1 and time 2. The main differences were across social effectiveness, impulse control, and alcohol and drug use, where the smaller sample (clients with time 1 scores matching the baseline date criteria) scored slightly better on average by at time 2.

Figure 9: Average NDTA scores at time 1 and time 2 (for clients with a time 1 entry that meets the baseline date criteria (N=57)
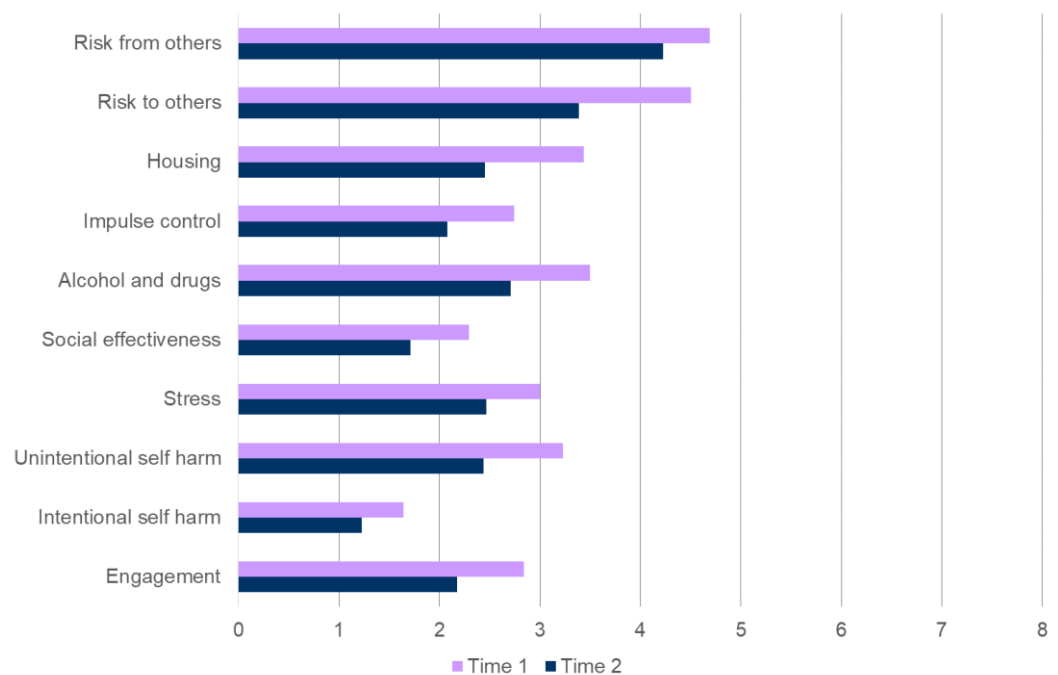
Figure 10: Average NDTA scores at time 1 and time 2 (N=87)
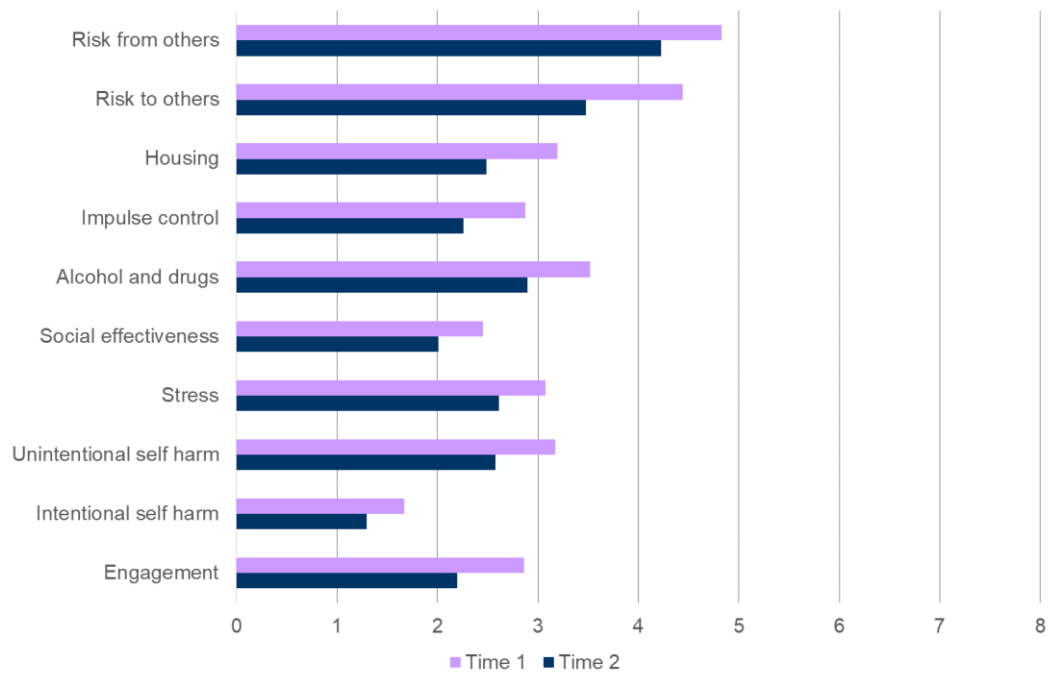
Fixed time periods between time 1 and time 2 scores

Again, as with the Outcomes Stars, we applied no rule to determine the length of time between the time 1 and time 2 scores. There was a stronger correlation between the time 1 to time 2 time period and the average improvement in overall score with the NDTA than with the Outcomes Stars data, as shown by the R^2 in Figure 11). While this should be factored in as a limitation to this approach, the correlation is still low.

Figure 11: The correlation between the average size of change made across all areas and the length of time between two NDTA entries (N=87)
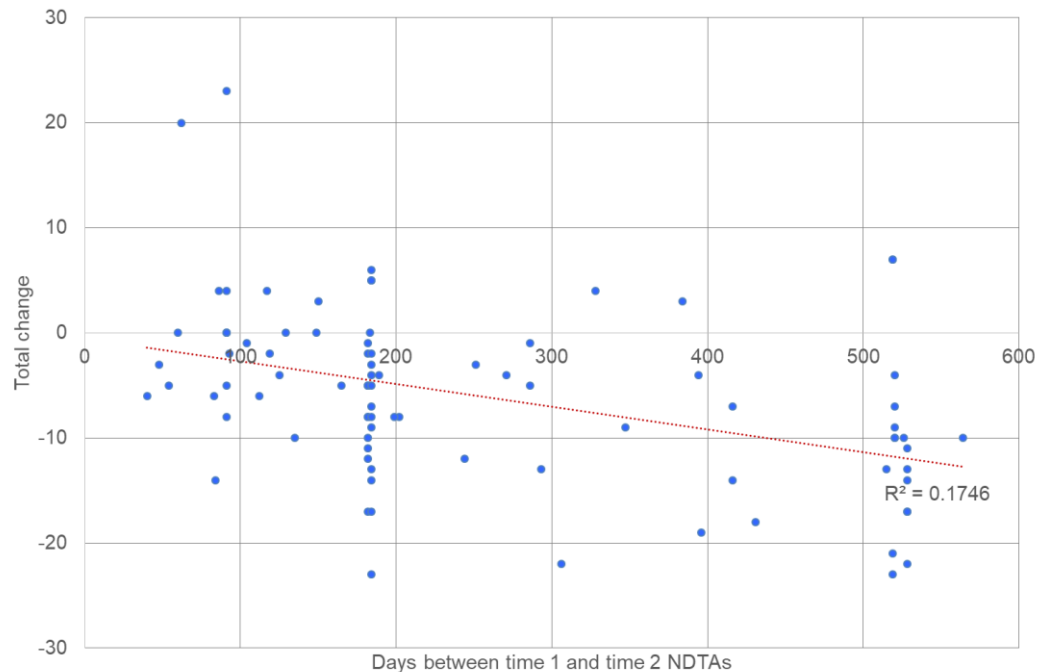
Accommodation data

Defining a sample for change over time

As with the Outcomes Star and NDTA samples, the sample of clients included in the accommodation analysis includes only clients for whom we had at least two quarters' worth of accommodation data. As with the outcome measures above, in order to assess change over time, we compare the clients' first available quarter of data (time 1) with their most recent quarter of data (time 2) within years 1 and 2 of the evaluation.

In addition, some clients were removed from the sample on the following grounds:

- Removing clients for whom we don't have a complete set of start and end data.

- If total number of days recorded per quarter exceeded 92, or equalled zero. (Clients with a recorded number of nights between 1 and 92 in a quarter were included, assuming that other nights will have been spent in accommodation types outside of our given categories, or in services such as A&E (which is covered in the service use analysis). All quarterly proportions reported in the report are calculated using a base of 92 nights per quarter.

This resulted in a valid sample of 116 clients.

Statistical significance

Changes in the distribution of accommodation types between a client's initial accommodation at start of support and their accommodation at the end of the most recent quarter of data were tested for significance using chi-square goodness of fit test with a dichotomous variable (i.e. we collapsed accommodation categories into two categories: the accommodation type of interest and all other accommodation types). We found the increase in supported accommodation (licence) and decrease in rough sleeping to be statistically significant to the 99% confidence level. [8]

Other approaches considered / limitations

For the same reasons as described in the above sections on the Homelessness Outcomes Stars and NDTA analysis, it was decided there would be no baseline date applied to the first quarter accommodation data and that there would be no fixed time period between the first and second quarters of accommodation data included in the accommodation analysis.

Service use data analysis

Alignment with the Fulfilling Lives national evaluation methodology

As noted in section 2.3.1, we have chosen to align our approach to service use data with the evaluation of the Fulfilling Lives programme, but with a smaller number of service use variables. The Fulfilling Lives programme has been running for five years, since 2014.

The Fulfilling Lives national evaluation team from CFE Research and Sheffield University has recently published a briefing setting out findings on reductions in service use and costs across all 12 Fulfilling Lives projects[9]. As the report notes: *not all people with multiple needs are frequent users of emergency services or are involved with the criminal justice system – but some are, and this kind of avoidable use of public services can be costly. Difficulty in accessing services such as mental health, housing and rehab means people often turn to emergency and crisis services.*

In common with the MEAM Approach, one of the aims of the Fulfilling Lives programme has been to help clients to reduce their use of these types of services, working alongside mainstream services to better co-ordinate the

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[8] There are low numbers of clients in some accommodation types at either one or both points in time. However, the chi-square test is less accurate for datasets where the frequency of some categories is less than 5. For example, this is the case for the change in supported accommodation (licence). For this reason we have only reported findings that are statistically significant to the 99% confidence level. For more information on using chi-square with small samples without applying Yates' correction for continuity see here: Larntz, K. (1978). Small sample comparisons of exact levels for chi-square goodness of fit statistics. Journal of the American Statistical Association, 73, 253-263

[9] CFE Research and Sheffield University (April 2019) *Why we need to invest in multiple needs* https://mcnevaluation.co.uk/wpfb-file/why-we-need-to-invest-in-multiple-needs-briefing-pdf/

support that people receive, and thereby to reduce costs to the public purse. To measure the extent to which this is happening, local Fulfilling Lives partnerships submitted anonymised data to CFE on the use of a range of services by clients who have consented to share this information. The data from local partnerships comes from the following sources:

- Administrative sources, e.g. hospital records
- Informal reporting by project workers
- Self-report by beneficiary

To show the baseline position the CFE team used data from the first quarter of each beneficiary's engagement with the programme. To show how service use changed over time the team compared data for the first and fourth quarters of each beneficiary's engagement. 1,665 beneficiaries had been on the programme for four quarters or more and had provided informed consent for their data to be shared with the national evaluation team.

The CFE analysis found that when people first join the Fulfilling Lives programme they are each using, on average, public services costing over £6,370 per quarter, or £25,480 per year. This is an underestimate, as it does not include all types of interactions with public services, such as ambulance call-outs or prescription costs, or the cost of delivering support programmes such as Fulfilling Lives. In addition, these costs do not consider the societal costs associated with, for example, crime and anti-social behaviour.

Nationally, CFE's analysis found that the average value of reduced service use per Fulfilling Lives client per year was **£2,156** (comprising a reduction in A&E attendances, arrests, police cautions, evictions, rough sleeping and temporary accommodation).

Time period for analysis

At the time of writing this report MEAM Approach areas had submitted client data to Cordis Bright over the four quarters of year 2. Some areas had only recently started working directly with clients and could not report data for all four quarters. Others were able to supply data for all four quarters and some areas were even able to submit data for quarters in year 1. For consistency with the approach taken by the CFE team and to ensure we would have a sample containing sufficient numbers of people whose service use data had been reported for at least a year, we chose to compare service use in a client's first quarter (the quarter that a client first started receiving support from interventions developed using the MEAM Approach[10]) with service use for those same people in the fourth quarter of their involvement. In future years we would hope to be able to compare service use over a longer period before and after involvement with interventions developed using the MEAM Approach.

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[10] This is based on the first quarter of service use data that we have available for each client.

Sample characteristics and data received

We were able to identify 77 people who had been supported by interventions developed using the MEAM Approach areas for at least four quarters and for whom service use data had been reported for the first and last of the four quarters via the common data framework.

Figure 12 contains a breakdown of the sample of people for whom we had a first and fourth quarter of service use data, by MEAM Approach area and by gender. The sample is 71% men and 29% women, relatively close to the whole sample of clients (which was 68% and 32% respectively).

Figure 12: Gender and geographic spread of clients for whom first and fourth quarter service use data was submitted

Area	Total number of clients	Female	Male	Not known
Local area C	22	7	15	
Local area L	15	3	12	
Local area A	10	2	7	1
Local area U	12	3	9	
Local area D	9	5	4	
Local area M	9	1	8	
Grand Total	**77**	**21**	**55**	**1**

The age breakdown of the sample (n=77) is shown in Figure 13.

Figure 13: Age breakdown of clients for whom first and fourth quarter service use data was submitted
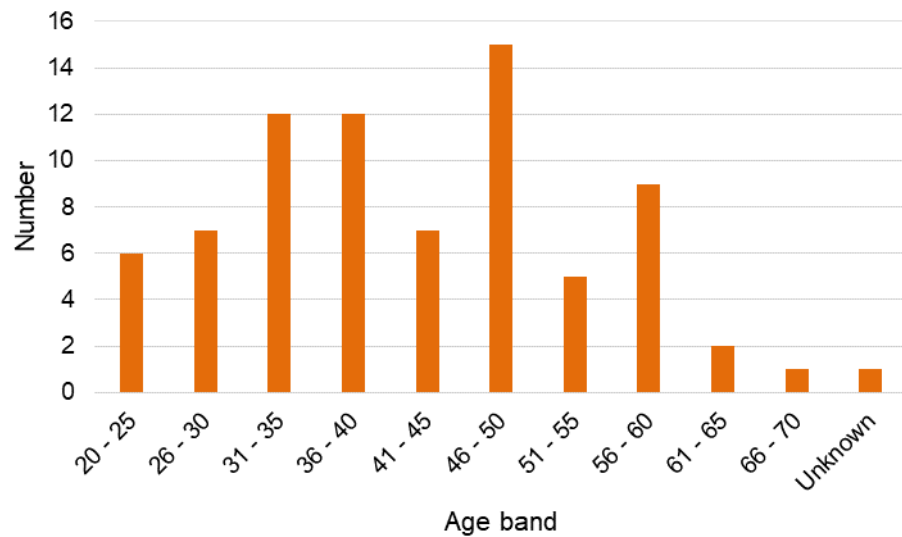
Analysis of service use data

Figure 14 shows the change in use of services from quarter 1 of involvement to quarter 4. The difference in sample sizes for different types of service use data is due to the fact that we excluded people for whom no data was provided for the service in question. So, for example, we received data on use of A&E for the first and fourth quarters for 44 people. We received no data for the remaining 33 people out of our sample of 77 for whom we received some service use data.

Figure 14: Change in use of services from quarter 1 of involvement with MEAM to quarter 4

	Sample size (number for whom we received data)		Total number of interactions		Mean use per client		% clients with at least 1 interaction	
	Q1	Q4	Q1	Q4	Q1	Q4	Q1	Q4
A&E	44	44	58	40	1.3	0.9	20%	34%
Non elective acute admissions	61	61	51	62	0.8	1.0	18%	13%
Mental health admissions	61	61	115	86	1.9	1.4	7%	8%
Arrests	59	59	30	33	0.5	0.6	29%	32%
Prison	58	58	468	556	8.1	9.6	26%	26%

Statistical significance

We found no statistical difference[11] at the 95% confidence level between use of all services in quarters 1 and 4. The absence of statistical significance is likely to be linked to the small sample sizes for each type of service use.

Economic evaluation

From the year 3 report onwards we anticipate being able to include an economic evaluation as well as an outcomes evaluation. This will be based on the client-level service use data collected via the CDF. We intend to work with CFE Research to ensure that our evaluation findings are comparable with the national evaluation of the Fulfilling Lives programme. For example, this is likely to include categorising data in the same way and using the same unit costs when calculating the economic costs of service use.

2.4   Local area programme lead interviews

Telephone interviews with local area programme leads were conducted throughout December 2018. A total of 20 interviews took place, involving either one or two members of staff from local areas. There were three areas where we were unable to speak to members of staff: Sunderland, Slough, and Plymouth.

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[11] Based on paired t-test

The interviews were guided by a topic guide which had been co-produced by Cordis Bright and the expert research group and then further revised and agreed through discussion with the MEAM central team.

2.5 In-depth field work in five local areas

In addition to interviews conducted over the phone, deep dive site visits were conducted with five local areas, which we have denoted throughout the year 2 report and this annex as Areas A, B, C, D and E. These visits were run by Cordis Bright and the expert research group, and facilitated by leads in local areas.

Across the five local areas we interviewed 27 clients and 29 staff members, as summarised in Figure 15.

Client interviews were recorded and transcribed. Clients were provided with a high street shopping voucher as a thank you for their time and participation.

Figure 15: Consultation conducted during local area site visits

Local area	Stakeholder group	Role/sector	Number
A	Client		6
	Staff	Social worker	1
		Housing	3
		Police officer	1
		Coordinator	1
		Total	**6**
B	Client		7
	Staff	Coordinator	2
		Local service manager	2
		Drug and alcohol worker	1
		Total	**5**
C	Client		5
	Staff	Coordinator	3
		Police officer	1
		Probation	1
		Housing	1
		Local service manager	1

Local area	Stakeholder group	Role/sector	Number
		Total	7
D	Client		3
	Staff	Coordinator	3
		Public health worker	1
		Drug and alcohol worker	1
		Total	5
E	Client		6
	Staff	Coordinator	2
		Police officer	1
		Drug and alcohol worker	1
		Social worker	1
		Homeless service worker	1
		Total	6

2.6   Consultation with MEAM staff

In December 2018 we consulted with eight members of the MEAM staff team, including central management colleagues as well as regional partnership managers in the local networks team. This consultation was carried out over three telephone interviews and one focus group with six members of MEAM staff (one member of staff participated in one interview and one focus group).

2.7   E-survey of staff in local areas

We conducted an E-survey of staff in local areas. Local leads distributed the survey to staff in both operational and strategic roles who might be involved or have insight into interventions developed using the MEAM Approach and/or into how wider services are working with people facing multiple disadvantage.

In total we received 211 responses from 19 local areas.

The primary functions of the E-survey were:

- Capturing data about the attitudes and beliefs of people working in the local areas in relation to valuing people with lived experience, partnership working and coordination between agencies, flexibility, person-centred support and other elements which might act as enablers to providing better support and services for people facing multiple disadvantage.

- Capturing data about the extent to which staff working with people facing multiple disadvantage feel that they are given appropriate autonomy, support and supervision and have job wellbeing and satisfaction.

Responses to the E-survey were anonymous but respondents were asked to indicate their local area so that we could understand the extent to which each local area is represented by E-survey respondents.

The survey combined three well-established validated scales designed to measure cultural values embodied by the MEAM Approach. These scales are:

- **The Person-Centred Care Assessment Tool or 'P-CAT'**[12].Developed by researchers from Umea University, the Australian Institute for Primary Care and Ageing and the Australian Centre for Evidence Based Aged Care this tool was initially developed as a self-reporting scale for nurses working with older patient population. However, since its initial development, elements of the scale have been adapted to measure individualised care in a wider variety of settings.[13] The development of the tool was informed by research literature, interviews with professionals, older patients in residential facilities and their families. The scale is open access and free to use. We take 6 items relevant to interventions developed using the MEAM approach from the 13-item scale.

- **The Interagency Collaboration Activities Scale or 'IACAS'**[14] Developed by researchers at the Florida Mental Health Institute, the IACAS is a validated scale used to measure interagency collaborative activities in relation to: finances and physical resources, programme development and evaluation, client services, and collaborative policies. The scale is open access and free to use. We take 10 items relevant to interventions developed using the MEAM approach from the 17-item scale.

- **The Attitudes Related to Trauma-Informed Care (ARTIC) Scale**.[15] The ARTIC scale is a validated measure of professional attitudes towards trauma-informed care, developed by researchers at Tulane University. The scale includes over 45 items relating to trauma-informed care. We have selected a subset of 11 measures relating to four areas: flexibility, risk-taking, client empathy, and system-level support for frontline professionals, as these were not fully captured by the other two validated scales.

2.8   Case studies

Each local area which was involved in the MEAM Approach network at the start of year 2 was asked to provide us with two anonymised case studies focusing on people who have been supported by interventions developed using the MEAM Approach, using a template developed for the evaluation. They were ideally

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[12] http://arrow.latrobe.edu.au:8080/vital/access/manager/Repository/latrobe:35130 Last accessed 03/08/2018.
[13] https://www.health.org.uk/sites/health/files/HelpingMeasurePersonCentredCare.pdf Last accessed 03/08/2018.
[14] http://rtckids.fmhi.usf.edu/rtcpubs/study01/CollaborationScaleVersion6.pdf Last accessed 03/08/2018.
[15] http://traumaticstressinstitute.org/artic-scale/ Last accessed 03/08/2018.

asked to include one case study focusing on someone who has had a positive experience and achieved goals and one case study focusing on someone who may not have been supported as effectively, whose story might highlight challenges and learning for the MEAM Approach and people working with it.

The case study template was designed to be completed ideally by a practitioner and the person who is the focus of the case study. However, during the scoping phase some local area staff highlighted that it may not always be feasible or appropriate to develop case studies with clients and we therefore recognise that some case studies may have been completed by practitioners without the involvement of the person who is the focus of the case study.

In total we received 18 case studies from nine local areas. However, three of these case studies (all from the same local area) were not submitted using the case study template designed for the evaluation. Of the remaining 15 case studies, 11 described predominantly positive experiences, one described a mixed experience, and one a negative experience. Two case studies were submitted regarding clients who had started their support very recently, and for whom it was therefore too early to say whether the experience and outcomes achieved had been positive or negative.

3 Common data framework analysis

3.1 Overview

In this section we present analysis of the client level data collected via the CDF, according to the methodology described in the section above.

3.2 Overall profile of the cohort

Important note on the profile of the cohort

This section describes the profile of the cohort of clients *for whom data was shared with evaluators*. It therefore does not describe the profile of the whole cohort of clients supported by interventions developed using the MEAM Approach; there are clients whose data was not shared with evaluators because they had not given their explicit consent for data sharing.

We do not assume that the profile of the clients in the evaluation cohort is similar to that of the whole cohort supported by interventions. In future years of the evaluation we will work with local areas to a.) increase the proportion of clients for whom data is shared with evaluators and b.) understand whether there are particular characteristics or experiences which make it less likely for clients to consent to their data being shared with evaluators. This will hopefully enable us to comment with more confidence on the representativeness of the profile of the evaluation cohort.

The diversity of the current evaluation cohort is relatively limited. In particular, it includes only small proportions of clients whose ethnicity is anything other than white British and/or whose sexuality is anything other than heterosexual.

If the profile of the evaluation cohort is similar to that of the whole cohort supported by interventions, this suggests that local areas in the MEAM Approach network may need to consider whether there are clients with particular ethnicities, identities or characteristics (or experiences relating to these) who are current disproportionately unlikely to access support.

If the profile of the evaluation cohort is *not* similar to that of the whole cohort supported by interventions, it will be important to consider any findings on service use and outcomes in the context of these differences.

3.2.1 Size and location of cohort

We received data on 373 clients[16], from 14 different MEAM Approach network areas.

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[16] This data was of varying quality. For example, for some clients we only received a start date and unique identifier number. See section 0 for an overview of data quality.

3.2.2   Age

The age of clients for whom ages were provided ranged from 18 to 72, with a mean age of 38 years (N=359).

3.2.3   Gender

Of the 360 clients for whom a gender was reported, 32% identified as female and 68% male. Two clients identified as transgender.

3.2.4   Ethnicity

Figure 16: Ethnicity of the cohort

Ethnicity	Count	%
British [English, Welsh, Scottish, Northern Irish]	266	92%
Caribbean	9	3%
Any other white background	3	1%
Irish	3	1%
African	2	1%
Any other Black / African / Caribbean background	2	1%
Any other mixed / multiple ethnic background	2	1%
White and Black Caribbean	2	1%
White and Black African	1	0%
Valid total	**290**	**100%**
Unstated/not known	83	
Grand Total	**373**	

3.2.5   Nationality

Of the 282 clients for whom a nationality was reported, 277 (98%) had UK nationality. The remaining five clients came from Jamaica, Kenya, Poland and Uganda.

3.2.6   Sexual orientation

Figure 17: Sexual orientation of the cohort

Sexual orientation	Count	%
Heterosexual	275	95%
Bisexual	7	2%
Gay	3	1%
Other	2	1%
Lesbian	1	0%
Valid total	**288**	**100%**
Unstated/not known	85	
Grand Total	**373**	

3.2.7   Initial accommodation

Figure 18: Clients' accommodation at the beginning of their engagement

Accommodation grouping	Accommodation type	Count	%
Rough sleeping	Rough sleeping	195	53%
Friends and family	Living with family/friends	32	9%
In accommodation (temporary or license i.e. no tenancy agreement)	Night shelter	1	0%
	B&B/private hostel	18	5%
	Emergency or assessment bed within a service	30	8%
	Supported accommodation (licence)	10	3%
In accommodation (long-term supported, with tenancy agreement)	Supported accommodation (tenancy)	21	6%
In accommodation (own or shared	Own tenancy (social housing)	30	8%
	Own tenancy (private rented)	8	2%

Accommodation grouping	Accommodation type	Count	%
tenancy, with or without floating support)	Own tenancy (owner occupier)	0	0%
	Shared tenancy	2	1%
Prison	Prison	16	4%
Other	Other	5	1%
	Valid total	**368**	**100%**
	Unstated/not known	5	
	Grand Total	**373**	

3.2.8   Status

Of the 373 clients, 64 clients had ended their support with the interventions developed using the MEAM Approach (either through death, moving away, disengagement or a movement towards independence). For 225 clients, the support was ongoing at the time of their most recent service use return. However, for 53 out of these 225 clients the most recent service use return received by the evaluation was prior to year 2 quarter 4, meaning that the status of these 53 clients at the end of year 2 is unknown.

For the remaining 84 clients no service use data was ever reported and therefore their status is also unknown.

3.2.9   Duration of support

The length of time for which clients had been supported ranges from 0 months to 23 months, with a mean of 8.2 months of support (N=282).[17]

3.3   Homelessness Outcomes Star

See Figure 7 for a radar chart demonstrating average first and most recent Star scores for the clients for whom paired data was available (N=66).

Figure 19 to Figure 22 below present the first and most recent Star scores in greater detail according to the Homelessness Outcomes Star Journey of Change, and analyse the change experienced by clients between their first and last Stars.

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[17] We refer to this as the minimum length of time because service use returns were not submitted for all clients in the final quarter of year 2. In this case, the duration of support has been calculated based on their most recently submitted service use return.

Figure 19: Proportion of clients at stage of the Journey of Change at time 1 (%) (N=66. Darker cell shading indicates areas with higher proportions of clients. Lighter cell shading indicates areas with lower proportions of clients)

Area	First outcome star (% of clients within threshold)				
	Stuck	Accepting Help	Believing	Learning	Self-reliance
Motivation	45%	30%	11%	9%	5%
Self-care	41%	27%	12%	11%	9%
Managing money	59%	27%	5%	6%	3%
Social networks	52%	30%	12%	6%	0%
Drug and alcohol misuse	56%	26%	8%	6%	5%
Physical health	41%	30%	17%	8%	5%
Emotional/ Mental health	58%	29%	3%	11%	0%
Meaningful use of time	52%	29%	14%	6%	0%
Managing tenancy and accommodation	53%	23%	11%	6%	8%
Offending	29%	21%	15%	9%	26%

Figure 20: Proportion of clients at each stage of the Journey of Change at time 2 (%) (N=66) and percentage difference to time 1. Darker cell shading indicates areas with higher proportions of clients. Lighter cell shading indicates areas with lower proportions of clients)

Area	Second Outcome Star (% of clients) / Percentage difference to time 1									
	Stuck		Accepting Help		Believing		Learning		Self-reliance	
Motivation	33%	-12%	32%	+2%	20%	+9%	9%	0%	6%	+1%
Self-care	27%	-14%	32%	+5%	18%	+6%	14%	+3%	9%	0%
Managing money	42%	-17%	29%	+2%	15%	+10%	11%	+5%	3%	0%
Social networks	38%	-14%	35%	+5%	11%	-1%	15%	+9%	2%	+2%
Drug and alcohol misuse	38%	-18%	29%	+3%	20%	+12%	9%	+3%	5%	0%
Physical health	35%	-6%	32%	+2%	17%	0%	12%	+4%	5%	0%
Emotional/ Mental health	35%	-23%	35%	+6%	18%	+15%	11%	0%	2%	+2%
Meaningful use of time	41%	-11%	24%	-5%	21%	+7%	11%	+5%	3%	+3%
Managing tenancy and accommodation	32%	-21%	26%	+3%	17%	+6%	15%	+9%	11%	+3%
Offending	18%	-11%	21%	0%	12%	-3%	15%	+6%	33%	+7%

Figure 21: Proportion of clients moving between Journey of Change stages between time 1 and time 2, and the average size of change (N=66. Darker cell shading indicates areas with higher proportions of clients or larger sizes of change. Lighter cell shading indicates areas with lower proportions of clients or smaller sizes of change)

Area	Moved forwards		Stayed the same	Moved backwards	
	% of clients	Average size of change	% of clients	% of clients	Average size of change
Motivation	36%	2.5	42%	21%	-1.9
Self-care	44%	2.5	33%	23%	-2.8
Managing money	36%	2.8	45%	18%	-1.7
Social networks	38%	2.5	47%	15%	-1.9
Drug and alcohol misuse	38%	2.8	47%	15%	-2.1
Physical health	35%	2.1	45%	20%	-2.5
Emotional/ Mental health	44%	2.5	41%	15%	-2.2
Meaningful use of time	36%	2.2	50%	14%	-2.0
Managing tenancy and accommodation	45%	3.3	33%	21%	-2.6
Offending	38%	3.2	42%	20%	-2.3

Figure 22: Proportion of clients who moved out of being stuck or moved into being stuck between time 1 and time 2 (N=66. Darker cell shading indicates areas with higher proportions of clients. Lighter cell shading indicates areas with lower proportions of clients)

Area	Number of clients who were stuck at time 1	Of those, percentage who moved out of being stuck by time 2	Number of clients who were not stuck at time 1	Of those, percentage who moved into being stuck at time 2 (%)
Motivation	30	47%	36	17%
Self-care	27	63%	39	21%
Managing money	39	46%	27	26%
Social networks	34	50%	32	25%
Drug and alcohol misuse	37	49%	29	21%
Physical health	27	48%	39	23%
Emotional/ Mental health	38	53%	28	18%
Meaningful use of time	34	38%	32	19%
Managing tenancy and accommodation	35	60%	31	23%
Offending	19	68%	47	13%

3.4 NDTA

See Figure 10 for a chart demonstrating average first and most recent NDTA scores for the clients for whom paired data was available (N=87).

Figure 23 to Figure 25 below present the first and most recent assessments of these clients in greater detail, and analyse the change experienced by clients between the two assessments.

Figure 23: Proportion of clients who returned each score for their time 1 NDTA (%) (N=87. Darker cell shading indicates areas with higher proportions of clients. Lighter cell shading indicates areas with lower proportions of clients)

Area	Score (% of clients)				
	0	2	4	6	8
Risk to others	6%	29%	22%	24%	20%
Risk from others	5%	24%	23%	20%	29%
	0	1	2	3	4
Engagement	0%	9%	22%	41%	28%
Self-harm (intentional)	14%	34%	26%	21%	5%
Self-harm (Unintentional)	0%	8%	15%	29%	48%
Stress	0%	9%	16%	32%	43%
Social effectiveness	0%	17%	38%	26%	18%
Alcohol and drugs	0%	3%	6%	26%	64%
Impulse control	2%	14%	15%	33%	36%
Housing	0%	13%	11%	16%	60%

Figure 24: Proportion of clients who returned each score for their time 2 NDTA, and the difference between the two returns (%) (N=87. Darker cell shading indicates areas with higher proportions of clients. Lighter cell shading indicates areas with lower proportions of clients)

Area	Score (% of clients) / Percentage difference between first and second stars									
	0		2		4		6		8	
Risk to others	17%	+11%	36%	+7%	15%	-7%	21%	-3%	11%	-8%
Risk from others	9%	+5%	30%	+6%	22%	-1%	16%	-3%	23%	-6%
	0		1		2		3		4	
Engagement	7%	+7%	22%	+13%	28%	+6%	31%	-10%	13%	-15%
Self-harm (intentional)	25%	+11%	36%	+1%	23%	-3%	15%	-6%	1%	-3%
Self-harm (Unintentional)	2%	+2%	16%	+8%	28%	+13%	28%	-1%	26%	-22%
Stress	3%	+3%	11%	+2%	28%	+11%	36%	+3%	22%	-21%
Social effectiveness	7%	+7%	28%	+10%	33%	-5%	21%	-6%	11%	-7%
Alcohol and drugs	5%	+5%	10%	+7%	20%	+14%	21%	-6%	45%	-20%
Impulse control	8%	+6%	25%	+11%	18%	+3%	28%	-6%	21%	-15%
Housing	3%	+3%	20%	+7%	28%	+16%	22%	+6%	28%	-32%

Figure 25: Proportion of clients who made positive progress, regressed, or stayed the same between NDTA at time 1 and time 2, and the average size of change (N=87. Darker cell shading indicates areas with higher proportions of clients or larger sizes of change. Lighter cell shading indicates areas with lower proportions of clients or smaller sizes of change)

Area	Made positive progress		Stayed the same	Regressed	
	% of clients	Average size of change	% of clients	% of clients	Average size of change
Risk to others	49%	-2.8	34%	16%	2.4
Risk from others	41%	-2.8	43%	16%	3.4
Engagement	52%	-1.6	36%	13%	1.3
Self-harm (intentional)	40%	-1.3	48%	11%	1.2
Self-harm (Unintentional)	52%	-1.4	37%	11%	1.3
Stress	48%	-1.4	34%	17%	1.3
Social effectiveness	47%	-1.3	39%	14%	1.3
Alcohol and drugs	44%	-1.7	47%	9%	1.5
Impulse control	46%	-1.6	44%	10%	1.3
Housing	46%	-1.9	44%	10%	1.4

3.5   Accommodation

The figures below present information regarding clients' accommodation during their first and most recent quarter of support, for the 116 clients for whom we have paired data. This analysis only includes nights spent in the types of accommodation listed in Figure 18.

Figure 26: Number of different types of accommodation accessed during first and most recent quarters of data (N=116)

Number of types of accommodation used	Number of clients		
	First quarter	Most recent quarter	Net change
1	61%	69%	+8%
2	29%	24%	-5%
3	9%	6%	-3%
4	1%	1%	0%
Average number of types of accommodation	1.49	1.39	-0.10

Figure 27: Client accommodation at beginning of support period and at end of most recent quarter, and the net change (N=116) [18]

Accommodation grouping[19]	Accommodation type	Proportion of clients		
		Initial accomm.	Most recent accomm.	Net change
Rough sleeping	Rough sleeping	49%	9%	-41%
Family and friends	Living with family/friends	10%	6%	-4%
In accommodation (temporary or license i.e. no tenancy agreement)	Night shelter	1%	2%	1%
	B&B/private hostel	4%	4%	0%
	Emergency or assessment bed within a service	7%	2%	-5%
	Supported accommodation (licence)	2%	41%	39%
In accommodation (long-term supported, with tenancy agreement)	Supported accommodation (tenancy)	5%	3%	-3%
In accommodation (own or shared tenancy, with or without floating support)	Own tenancy (social housing)	13%	18%	5%
	Own tenancy (private rented)	3%	9%	7%
	Own tenancy (owner occupier)	0%	0%	0%
	Shared tenancy	1%	1%	0%
Prison	Prison	4%	4%	0%
Other	Other	1%	2%	1%
Not given	Not given	1%	0%	-1%

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[18] The average gap between clients' initial accommodation (reported at start of support) and most recent accommodation (at the end of the most recent quarter of data returned to the evaluation) was 14 months.

[19] These groupings have been agreed with CFE Research to ensure that future analyses of accommodation use within the national MEAM Approach and national Fulfilling Lives evaluation are comparable.

Figure 28: Proportion and amount of time spent in different types of accommodation during first most recent quarter, and the difference between quarters (N=116. Darker cell shading indicates areas with higher proportions of time or higher average numbers of nights. Lighter cell shading indicates areas with lower proportions of time or higher average numbers of nights)

Type of accommodation	Proportion of time spent			Average number of nights spent		
	First quarter	Most recent quarter	Net change	First quarter	Most recent quarter	Net change
Supported accommodation (licence)	25%	30%	5%	23.2	28.2	5
Rough sleeping	24%	11%	-13%	21.9	10.6	-11.3
Own tenancy (social housing)	12%	17%	5%	11	15.9	4.9
Living with family/friends	10%	5%	-5%	9.3	4.9	-4.4
Emergency or assessment bed within a service	6%	3%	-3%	5.1	2.5	-2.6
Own tenancy (private rented)	6%	7%	1%	5.6	6.6	1
B&B/private Hostel	2%	2%	0%	1.8	2.3	0.5
Supported accommodation (tenancy)	2%	4%	2%	1.9	3.7	1.7
Shared tenancy	1%	1%	0%	0.7	0.8	0.1
Night shelter	0%	2%	2%	0	2.2	2.2
Own tenancy (Owner occupier)	0%	0%	0%	0	0	0

3.6   Service use

The table below shows the frequency with which clients were in contact with the interventions developed using the MEAM Approach during their first and most recent quarter of available data (N=116).

For analysis of clients' use of health and criminal justice services, see the service use analysis presented in section 5.2 in the main report.

Figure 29: Frequency of contact with interventions developed using the MEAM Approach (N=116)

Frequency of contact	First quarter	Most recent quarter
Once per week	15%	22%
2-3 times per week	44%	28%
4 or more times per week	5%	9%
Less than once per week but at least once per fortnight	15%	16%
Less than once per fortnight but at least once per month	11%	10%
Less than once per month	10%	13%
Blank	0%	1%
Total	**100%**	**100%**

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