New Cross Project

Final Evaluation Report
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1 EXECUTIVE SUMMARY

The evaluation of the New Cross Project combined an internal evaluation that had been ongoing since the start of the project in 2014, and was being undertaken by the New Cross Support Team, with an external evaluation commissioned from Nottingham Trent University. The external evaluation commenced in July 2015 following ethical approval from the College of Business, Law and Social Sciences Ethics Committee at the University.

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

- How the Project was situated including supports and barriers for the multi-agency team (context evaluation)
- What providing more bespoke solutions for New Cross residents looked like (input evaluation)
- Whether these bespoke solutions led to reduced demand for services and more cost-effective care delivery (outcomes for the organisation[s])
- Whether the quality of life for residents in the New Cross area improved (outcomes for New Cross residents)

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

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

Input evaluation data was also obtained from semi-structured interviews with 8 members of the New Cross Support Team and the Team Leader.

Outcome evaluation consisted of an analysis of costs on a case by case basis in addition to the in-depth interviews with residents which gave them an opportunity to explain their outcome star profiles. This allowed for a rich understanding of how residents had experienced any changes in their quality of life as reflected in their narratives. This level of understanding also helped to explain the changes in costs and demands for services.
The interviews with residents and team members were audio recorded and transcribed verbatim. The transcripts together with the detailed notes from the team observations and the notes of the stakeholder meeting were subject to thematic analysis to identify overarching themes and sub-categories (Lincoln and Guba 1985).

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

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

<table>
<thead>
<tr>
<th>Level of Evaluation</th>
<th>Key Findings</th>
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<tr>
<td>Context</td>
<td>There was clear strategic support for the New Cross Project shared between the respective agencies, including Ashfield DC, Police, Social Services, Fire and Rescue. This was evidenced by the contribution of financial support to budgets and human resources through secondments of staff to the team. Support for the Project also came from a wider network of agencies with whom the team worked for example the hoarding service. Management arrangements for team members differed with some team members being solely accountable to the Team Leader at New Cross while others retained a manager in their substantive post which made reporting requirements complex. For a minority of team members this also resulted in a degree of uncertainty about whether they would return to their substantive post in March 2016 and take the lessons learned from the multi-agency way of working in New Cross back to their respective agency or whether they would become attached to the New Cross team for a longer period. Factors which supported the New Cross Project were the leadership of the team which was considered to have organically evolved with the project, becoming more effective as the Project had developed. The person centred nature of the approach which characterised the way in which team members engaged and worked with residents was also reflected in the person centred nature of the leadership of the New Cross Support Team (the way the Team Leader worked with staff). The expertise which each team member brought from their respective agencies was highly valued by the team and the seconding agencies with almost all team members saying that they had been strongly encouraged to apply for the roles. The case lead way of working, together with what was considered to be the right mix of disciplines now that Social Services and Framework had joined the team, was key to the approach. Health was identified as a key discipline missing from the team. Barriers included tensions reflecting a perception of the different status of team members and the time needed for the team to evolve to a position where they could perform as a truly interdisciplinary team. Team members felt that some form of more formalised professional supervision could have expedited this.</td>
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Team performance at the time of the evaluation could be identified as interdisciplinary working and this had successfully evolved from the initial stages of multi-agency working. This means that there is good evidence of team members interacting to share distinct as well as overlapping areas of expertise and that the sum of the whole team’s capabilities and contribution to outcomes for New Cross residents was greater than each individual’s contributions added together. This way of working was highly valued and evidenced by the experiences of residents.

**Inputs**

From staff’s perspective a bespoke intervention was person centred and began by working with a resident’s strengths. Residents characterised bespoke interventions by the practical nature of support provided (wrote letters, debt management, got rid of rubbish, got help for domestic violence, help with employment) as well as the support to attend appointments with the resident (with CAB, GPs/doctors, job centre).

These inputs were delivered in non-judgemental ways and residents valued highly; feeling listened to and having their concerns written down and taken seriously. All 11 residents interviewed were supportive of the case lead approach which meant they only had to deal with one person. They valued the regular contact with New Cross workers either by phone, text or by going direct to the team base in Chatsworth Street.

**Outcomes (organisational)**

A summary of cost savings for the project could be understood in terms of micro and macro outcomes.

**Micro outcomes:** Analysis of the historical costs of the 16 cases fully evaluated showed the total costs saved to the public sector from these 16 cases by 2017 would be £385k. Extrapolating these savings for all 115 residents with which the team had worked since its inception the public sector saving would be in the region of £2.75m which translates to; for every £1 spent to support a New Cross resident £7 could be saved.

**Macro outcomes:** Year on year demand level comparisons show that there has been a significant initial impact upon the quality of life within the wider community of New Cross residents. Demands for services at District Council level has fallen by 7%, allied to falls in Anti-social Behaviour (17%), Serious Acquisitive Crime (34%), Violent Crime (5%) and Criminal Damage (21%). The evaluation acknowledges that the work carried out in the area has been alongside the activities of other services, yet the area has witnessed a significant change since the introduction of the New Cross Support Team.

**Outcomes (residents)**

Significant gains in terms of the quality of life for residents were evidenced by increased scores on their outcome stars particularly in the areas of family, confidence, housing/accommodation, employment and finances. Residents spoke of increased social contacts as well as improvements in relationships with family and friends. Ten out of the 11 residents interviewed described increases in their self-belief and confidence which had led to a greater taking of control of their lives in a range of areas. These gains in residents’ quality of life need to be understood in the context of ‘crises’ being experienced by all 11 of the residents before the New Cross project had intervened. Six out of the 11 talked about intending to end their life had they not received support. Two said their lives were heading towards prison, three said they were at the point of a mental health breakdown and 2 said their homelessness would have continued.
1.1 Key Recommendations

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

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

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

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

Team development and performance had evolved in line with the organic approach taken to create the service. If the team is replicated thought could be given to the balance between team members appointed as core staff and those who are seconded to the team based on this evaluation. Team leadership was regarded by staff to have achieved the right balance between the management of workloads/retaining staff accountability and allowing team members’ sufficient autonomy to undertake the case lead role based on their experience and expertise. The evolutionary and organic nature of the team’s
development offers significant learning which could usefully inform the development/expansion of the Project in future.

2 BACKGROUND

The New Cross area in the Ashfield District of Nottinghamshire covers approximately 1,200 properties. It is in the top 10% of most deprived neighbourhoods in the UK (Department for Communities & Local Government, 2015) which was why the New Cross area was chosen to be used for a pilot project in Ashfield introducing a new way of working across services.

The New Cross Project is based on a similar project and style of working that has been implemented previously by Stoke on Trent City Council. Stoke on Trent, similar to Ashfield has significantly poorer health, higher levels of teenage pregnancy and more general deprivation than other localities in England (Public Health England, 2015). In Stoke on Trent a pilot project called Rebalance Me was conducted in the north area of the city and was aimed at individuals who were making multiple and high demands on public services which were resulting in escalating costs to the public purse.

Rebalance Me involved Stoke on Trent City Council working closely together with the NHS, police, fire and voluntary sector services to provide service users\(^1\) with a single point of access for all their needs. The project aimed to reduce agencies working in silos by offering access to care through a multi-disciplinary team of partners and providers which offered a holistic approach to problem-solving for those with complex needs. The single point of access meant that service users had to tell their story only once in order to garner support rather than recount their needs multiple times to different services, each operating with different eligibility criteria for involvement.

The Rebalance Me pilot project commenced in January 2013 and since its inception has demonstrated a reduction in: police reported anti-social behaviour incidents and a reported reduction in crime (Stoke on Trent City Council, 2015). As a result of the success of the pilot a co-operative working approach, based on the principles used in the Rebalance Me pilot, is being gradually rolled out across the whole of Stoke on Trent. The multi-disciplinary working approach brings together a range of different services which are coordinated to meet a service users’ needs by a ‘key worker’. The key worker as well as meeting a service users’ needs directly, will also be able to draw upon the expertise of the multi-disciplinary team as and when appropriate (Stoke on Trent City Council, 2015).

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\(^1\) The term service user is used as a recognised term; normally used to refer to people who use health and social care services. Resident is used in this report to refer to service users who use the New Cross Project to reflect their status as denizens of the Sutton in Ashfield area in which the New Cross Project is situated.
Ashfield District Council (ADC) adopted the main principles of the approach taken by Stoke on Trent City Council when developing the New Cross Project and ADC have played a lead role in establishing the small multi agency team of staff in Sutton in Ashfield. Recruitment of staff to the team occurred through a highly selective process – either by team members being employed directly by Ashfield District Council and managed by the New Cross Support Team Leader or through secondment opportunities which have seen team members join the team on a full or part-time basis with their substantive employment contract retained by the seconding agency. These staff while accountable to the New Cross Support Team Leader for work undertaken as part of the project, retain a line manager in their employing agency and the pay and conditions of that agency.

Agencies represented within the New Cross Support Team (NCST) include but are not limited to; local authorities, social care, Police, Fire and Rescue, Job Centre Plus and housing. Representation from the agencies as reflected in the team composition has been somewhat fluid with team members leaving and joining the team from its inception in 2014 to the period during which this evaluation took place between July and December 2015.

2.1 Responding to individuals with complex needs

The Ashfield district has poorer health than the England average, life expectancy is lower than average and obesity in adults is higher than England’s average (Public Health England, 2015). In the district there are higher rates of drug misuse and long term unemployment compared to the average and 23.2% of children live in poverty (Public Health England, 2015). As one of the most deprived areas of the Ashfield district the New Cross area in particular experiences high levels of these types of problems.

At the centre of some of the problems seen in the New Cross area are so called ‘troubled families’. (Nottinghamshire & City of Nottingham Fire & Rescue Authority Community Safety Committee, 2016). Typically troubled families have complex needs reflected in the multiple sources of support they may demand from an ever shrinking array of public services (Cabinet Office Social Exclusion Task Force, 2008). The New Cross area has one of the highest numbers of troubled families in the district (Nottinghamshire County Council, 2015). Families with complex needs typically have a track record of contact with multiple agencies, such as healthcare and the Local Authority, as well as other specialist services. Agencies tend to operate using different eligibility criteria and ‘rules of engagement’. This means that these families and the services they access, traditionally report a chaotic experience of engagement typified by a lack of a coordinated response, families falling through gaps in services or being passed from one service to another and
families being ‘labelled as difficult to engage’ or requiring support beyond the ability of an individual service to provide (Cabinet Office Social Exclusion Task Force, 2008).

Whilst on the one hand it is recognised in government policy that individuals with complex needs often require input from a range of services (DH, 2015, Crane et al 2016); how to provide effective multi-disciplinary or interdisciplinary care remains a challenge – not least because these terms are rarely understood or debated and are used interchangeably simply to describe professionals working together (Bailey, 2012).

Examples of these challenges feature in a number of inquiry reports which have related to tragic deaths as in the case of eight year old Victoria Climbié in London in 2000. The inquiry reported that in the time leading up to her death; Victoria had been known to three housing authorities, four social services departments, two hospitals, the police, and a national charity (Laming, 2003). What was apparent from Victoria’s case history was the lack of co-operation and communication between these agencies and services. A silo approach between agencies had been perpetuated in Victoria’s care because of services prioritising their own needs and agenda, which only allowed information to flow freely within the service and prevented exchanges across agency boundaries (Douglas, 2009).

The Every Child Matters green paper 2003, published alongside a government driven response to Lord Laming’s report outlined how service shortfalls should be addressed to achieve a more coordinated and interdisciplinary approach (Department for Education & Skills, 2003).

Thus we know that when care needs are complex it becomes necessary for professionals to move beyond ‘many working together to many interacting to work collaboratively’ (Bailey 2012 p.5). Such collaborative interactions allow for new services and ways of responding to need to be developed and offer opportunities for a shift towards the creation of a ‘system of support’ that includes service users and their families as integral partners working with professionals, in the care delivery agenda.

Although multi and interdisciplinary working has always been encouraged in Nottinghamshire in reality it has been difficult to achieve particularly when agencies hold discreet budgets for services and set their own eligibility criteria (Nottinghamshire & City of Nottingham Fire & Rescue Authority Community Safety Committee, 2016).

Therefore, the New Cross Project was designed specifically around a multi-disciplinary team with funding contributions coming from a number of agencies to enable services to improve the ways in which they work together.

In seeking to address escalating levels of demand for services in a climate of increasing austerity and cuts to public services the New Cross Project aimed to embrace a more
systemic approach to working with residents with complex needs by moving away from traditional models of service delivery. By targeting New Cross residents the project sought to provide them with a **single point of access for services** that would in turn:

- Reduce unnecessary demand and duplication of service delivery
- Prevent individuals and families with complex needs entering further into crisis
- Support individuals and families already in crisis to ‘engage and rebalance’ their lives to be less dependent on services

In order to evaluate whether and how the New Cross Project was achieving its aims to improve the outcomes for residents as well as managing demand for services an external evaluation of the project was commissioned from the Division of Social Work and Health in the School of Social Sciences at Nottingham Trent University.

The aim of the evaluation was to provide an in-depth understanding of:

- How the Project was situated including supports and barriers for the multi-agency team
- What providing more bespoke solutions for New Cross residents looked like
- Whether these bespoke solutions led to reduced demand for services and more cost-effective care delivery
- Whether the quality of life for residents in the New Cross area was improved
3 METHODS

3.1 Evaluation design

The New Cross Support Team had already started to undertake an internal evaluation of the project at the time the external evaluation was commissioned from NTU. The internal evaluation consisted of a cost and benefit analysis of setting up the New Cross Support Team (NCST), providing the case lead service, and individual packages of care to New Cross residents. Once the New Cross Support Team began working with a resident they recorded all costs associated with the case. This enabled a direct comparison to be drawn as part of the evaluation between the historical costs of working with the resident and projected future costs. By using this approach it became possible to extrapolate costs that would have been incurred to services had the New Cross Support Team not intervened. Sixteen cases were fully evaluated in this way during the evaluation.

The changes in demand for services from a range of agencies including police, fire service and housing were also mapped across the timespan of the project. A comparison of data relating to the proportion of troubled families worked with in the geographical area covered by the New Cross Support Team area was also undertaken. This comparison was made between the start of the project in 2015 and March 2016.

Although these elements of the evaluation described above were conducted internally by the New Cross Support Team the findings are included in this report as they relate to the ‘Outcome’ level of the evaluation framework employed for the external evaluation.

The design of the evaluation framework for the external evaluation had been tried and tested previously to assess a range of similar health and social care initiatives that, like the New Cross Project, were designed to improve health and wellbeing outcomes for individuals (Bailey, 2002 & 2007, Bailey and Kerlin, 2015 & 2012, Ward and Bailey 2015).

The framework used by Bailey for the New Cross evaluation brought together levels of evaluation previously developed by Warr et al (1970) & Kirkpatrick (1994). These traditional evaluation frameworks differed in whether they predominantly assessed outcomes such as changes in individuals’ reactions or behaviour (Kirkpatrick, 1994) or focused more on the context in which interventions occurred; including an evaluation of inputs (Warr et al 1970).
By combining the levels of evaluation from both Warr et al and Kirkpatrick’s’ frameworks and refining these through previous research (Bailey and Littlechild, 2001; Bailey, 2002 & 2007) the design of the evaluation of the New Cross Project was robust, drawing from a range of evaluation data, to provide a more in-depth understanding to account for the costs and benefits identified internally. Data was gathered across four levels as follows:

**Context evaluation:** which sought to understand the context in which the New Cross project was created and developed

**Input evaluation:** which captured what inputs New Cross residents deemed important to them in terms of supporting them to achieve improved quality of life outcomes. Inputs were also captured in terms of the ‘ingredients’ of the approach taken by New Cross Support Team members as they worked with residents.

**Outcome evaluation:** focused on whether quality of life of individual residents did or did not increase from the start of the project to the time the evaluation took place, as well as capturing changes in individuals’ behaviours and staff working practices indicative of organisational change.

The strengths of the evaluation approach which brought together the internal and external evaluation data lay in its ability to understand and articulate the context in which the New Cross Support Team was operating as well as the outcomes being achieved (the key ingredients for success). This level of detail was deemed important for Commissioners who were considering how they might replicate the service in other areas.

The respective levels of the evaluation together with the range of data collection methods and analysis employed are shown in Table 1 below.
Table 1: Levels of evaluation employed and respective data sources and methods of analysis

<table>
<thead>
<tr>
<th>Level of Evaluation</th>
<th>Data Sources</th>
<th>Methods of Data Analysis</th>
</tr>
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<tbody>
<tr>
<td><strong>Context</strong></td>
<td>Qualitative data collected from: • Two observations of New Cross Support Team meetings • Stakeholder event • Interview with New Cross Support Team Leader and • Interviews with 8 New Cross staff</td>
<td>Thematic analysis</td>
</tr>
<tr>
<td><strong>Inputs</strong></td>
<td>Qualitative data collected from: • Interviews with 11 residents • Interviews with 8 New Cross staff • Interview with New Cross Support Team Leader</td>
<td>Thematic analysis</td>
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<tr>
<td><strong>Outcome - Benefits for Residents</strong></td>
<td>Quantitative data collected from: • Quality of Life Outcome Star completed at T1 at start of New Cross intervention and T2 later in the resident's journey* • Costs on a case by case basis* • Proportion of troubled families worked with* • Year on year demand level comparisons for services* Qualitative data collected from: • Interviews with 11 residents • Interviews with 8 New Cross staff</td>
<td>Descriptive statistics of costs and benefits Comparison of ratings on residents’ Outcome Stars Thematic analysis of interviews with residents</td>
</tr>
<tr>
<td><strong>Outcome - Change in Practice at Team and Organisational Levels</strong></td>
<td>Qualitative data from: • Interview with New Cross Support Team Leader • Interviews with 8 New Cross staff</td>
<td>Thematic analysis of interviews</td>
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3.2 Data collection tools

Upon receiving a new demand from a resident in the New Cross area, a case would be created and subsequently allocated to a Case Lead. Each Case Lead would, on either the first or second visit to the resident undertake a ‘Window on the World’ evaluation of the resident. This involved discussing issues such as familial history, morals, housing, safety, health, aspirations, employment, education etc. From this, the Case Lead would form an understanding of the resident’s life including and beyond the presenting issue.

Once this Window on the World discussion was complete, the Case Lead would ask the resident to score their main quality of life issues on a scale of 0 to 10.

The scores would then form an ‘Outcome Star’ (www.outcomesstar.org.uk) as a recognised, simple to use benchmarking tool for evaluating progress with residents’ self-reported quality of life across the domains listed above (see Appendix 1). The Case Lead would ask residents to re-score the Outcome Star at important milestones during the Case Lead’s intervention. This meant that Case Leads could track progress with residents’ quality of life issues as part of the evaluation.

The interview guide for residents was informed by the domains on the Outcome Star as we wanted to understand residents’ narratives to explain the rating they had given each of their quality of life domains and any changes in these from the start of the project to the time when they completed the Outcome Star as part of the evaluation. The interview questions were initially piloted with a New Cross resident and with a member of New Cross staff to check relevance, ease of understanding and to identify any areas which the finalised interview guide needed to be explore in more detail (see Appendix 2).

The interview guide for staff was informed by the observations of the two New Cross Support Team meetings, by the piloting of the interview guide for residents, and by discussions that took place during a stakeholder meeting (see Appendix 3).

The interview guide for the Team Leader was developed following the individual staff interviews. This was done to ensure that areas for discussion with the Team Leader could explore further, and from a management perspective, some of the issues staff had raised during their interviews (see Appendix 4). This iterative process was designed to ensure the validity of the data collection tools and to capture both management and
staffs’ perspectives of the context in which the team was operating as well as the inputs they were delivering and outcomes achieved with residents.

3.3 Sampling issues
The 11 New Cross residents interviewed, were sampled from the total of 115 residents who had received a service since the project commenced in 2014 and had an Outcome Star completed at the time when they began accessing a service from the New Cross Support Team (T1). The 11 residents were selected purposefully on the basis of their Outcome Star profile to include those who were considered to have ‘complex’ needs and those residents who in comparison were considered relatively ‘straightforward’.

Residents whose ‘cases’ were considered complex included residents who presented with a number of issues and needed input from several agencies which was brokered and managed by the member of staff in the New Cross Support Team with ‘Case Lead’ responsibility. Residents whose ‘cases’ were considered ‘straightforward’ included those for whom the main input was provided directly by the New Cross Support Team usually or at least managed by; a Case Lead.

The 9 staff interviewed were the total number of team members assigned to the New Cross Project at the time the external evaluation data were collected and the Team Leader. The staff group reflected those who were employed directly by ADC to work in the New Cross Support Team and those who had been seconded into the team either on a full or part time basis from their respective agencies. Some of the team members had been working in the team since the outset of the project and some had joined the team very shortly before the evaluation took place. The team composition included a mix of staff in terms of age, gender and ethnicity. Agencies represented in the team included: Police, Fire and Rescue, Housing, Social Care, Local Council, and Jobcentre.

The team meetings observed were standard weekly meetings which were structured into a discussion of issues relating to particular individual cases as well as a more general discussion about how the team was operating and any issues of note from the respective agencies.

The stakeholder meeting was convened in October 2015 to attract wider attendance from the range of agencies represented in the New Cross Support Team, as well as additional representation from other agencies with which the team worked closely (for example the Hoarding Service) and agencies in the third sector.

3.4 Data Analysis
Outcome evaluation consisted of:
• An analysis of costs on a case by case basis for the New Cross residents, particularly those considered to have complex needs and
• A numerical analysis of the Outcome Star ratings at T1 and T2.

The in-depth interviews with residents were audio recorded and transcribed verbatim. This allowed for a rich understanding of how residents had experienced any changes in their quality of life as depicted on their Outcome Star, explored in more depth in their narratives. This level of understanding also helped to explain the changes in costs and demands for services based on residents’ accounts about what was different in their lives.

The interviews with New Cross staff were also audio recorded and transcribed verbatim. The total set of interview transcripts together with the detailed notes from the team observations and the notes of the stakeholder meeting were subject to thematic analysis to identify overarching themes and sub-categories (Lincoln and Guba 1985). Direct quotes from the interviews with staff and residents are used to illustrate the themes identified in the findings section below. Interviews are not differentiated by role (to preserve anonymity) and are simply coded by number (for example I3 = Interview 3).

3.5 Ethics

Ethical approval for the evaluation was obtained from Nottingham Trent University’s Ethics Committee. Prior to obtaining ethical approval the interview guide for residents was piloted with one resident and one staff member of the New Cross Support Team. This enabled questions to be nuanced and developed further before being submitted for ethical approval.

Ethical approval was obtained for the observation of New Cross Support Team meetings on the understanding that these meetings would be used to identify the key themes that would be used in the interview guide for staff.

Consent forms and information sheets were designed separately for residents being interviewed and for staff. The information provided to residents and staff explained that all information gathered during the course of the evaluation would be kept confidential and would be anonymised if included in any evaluation reports. Given that anonymity of the Team Leader’s interview would be difficult to preserve it was agreed that permission would be sought from the Team Leader to include any directly attributable information.

Ethical approval was given on the understanding that should any concerns about staff practice or safeguarding issues in respect of residents be identified during the evaluation this would be reported back to the New Cross Team Leader for immediate action within the appropriate procedures governing the New Cross Project.
4 FINDINGS

Findings from the evaluation are presented in relation to the respective levels of the evaluation framework employed – context, inputs, outcomes for organisations and outcomes for residents. Main themes (identified in black) and sub-categories (identified in blue) are clearly interrelated and are supported by evidence emerging from the evaluation across more than one level.

Table 2: Key themes emerging from the analyses of the evaluation data

<table>
<thead>
<tr>
<th>Context</th>
<th>Inputs</th>
<th>Outcomes – Team &amp; Organisation</th>
<th>Outcomes – Residents</th>
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</thead>
<tbody>
<tr>
<td>Strategic support</td>
<td>Person centred interventions</td>
<td>Cost savings</td>
<td>Improvements in social and familial relationships</td>
</tr>
<tr>
<td>Agency engagement</td>
<td>• Engagement • Residents’ strengths</td>
<td>Defensive vs defensible practice</td>
<td>• Reducing social isolation</td>
</tr>
<tr>
<td>Management arrangements and employment practices</td>
<td>• Inputs tailored to need • Practical support • Values and principles</td>
<td></td>
<td>• Increased self-belief and self-confidence</td>
</tr>
<tr>
<td>Team leadership and Interdisciplinary working</td>
<td>Tool kit of capabilities</td>
<td></td>
<td>• Being listened to</td>
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<td>• Small steps lead to significant change</td>
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<td></td>
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<td>• Accessibility of the team</td>
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4.1 Context evaluation

There was clear strategic support for the New Cross Project shared between the respective agencies, including Ashfield District Council, Police, Social Services, Fire and Rescue. This was evidenced by the contribution of financial support directly in terms of budgets and indirectly through human resources with secondments of staff to the team. In the case of all secondees, staff had been actively encouraged by their respective agencies to apply for the roles.

“I just sort of, I went to xxxx the head of housing and just said look you know I’ve seen this I’d really like, to get involved in it and I really thought she’d say well no and she didn’t and what she said was ....it sounds like a brilliant idea and I was really hoping that somebody would show an interest. .she said I’m really glad you have”. (I6)
Representatives of the respective agencies also actively engaged with the stakeholder meeting and discussions reflected the constraints under which individual agencies were working:

"Not 'stepping outside' their own service area (may not be able to)"

"A huge cut in spending in the voluntary sector has caused community based help to become less available "

These constraints meant that broad support was articulated by agencies represented at the stakeholder meeting for a different way of working that guarded against:

"Separate services dealing with the same individual and same issues - two solutions managed by different service areas that never come together to cooperate”.

When asked, New Cross Support Team members could easily identify a range of agencies with which they worked closely and on a regular basis. These agencies offered wider support to the residents accessing the New Cross Project. The map of agencies worked with is shown in Figure 1 below. Staff names have been anonymised.

Figure 1: Map of agencies that staff reported they worked with

Management arrangements for team members differed with some team members being accountable to the Team Leader at New Cross while others retained a manager in their substantive post which made reporting requirements complex (at least one team
member said they had 3 managers). For a minority of team members this resulted in a degree of uncertainty. Team members reported being unclear about whether they would return to their substantive post in March 2016 and take the lessons learned from the multi-agency way of working in New Cross back to their respective agency or whether they would become seconded to the New Cross Support Team for a longer period. Staff expressed broad support for continuing with secondment opportunities;

"That turnover of the team you might have somebody here for a year and then have somebody else. I think that could be quite healthy as well” (14)

“I think there is the benefit to have people from different ....agencies come together. Cos they’ve got different perspective and knowledge. I suppose the concern is that if ....this became permanent posts and people haven’t got or recent links into their services, where they would lose that sort of knowledge by not having those contacts you see”. (15)

Interviews with team members highlighted the challenges and opportunities that a combination of secondments and substantive posts offered within the New Cross Support Team.

"For your secondments I think it’s really good in terms of if you second somebody like from the background that I’m from....which is not known for its data sharing and ....working with other departments, it’s very handy to have somebody like me who can get in there and get the information and you can only do that if you still work for that company” (15)

"Social care worker gets paid a heck of a lot more than you would get for this role normally but by having that secondment they still get their normal wage .....it’s a huge benefit because you wouldn’t be able to attract that type of person to this job because of the salary” (15)

"Another sort of problem in this team, we’re all paid at different rates....which doesn’t help. Some of us are managed differently to others. So er xxxx is managed by their organisation, the PCSOs were managed by their organisation..... xxxx, xxxx and xxxx I think it is are managed by xxxxx”. (17)

Secondments were also seen to benefit the seconding organisation as well as the New Cross Support Team because this gave team members the opportunity to take back what they had learned about working in the New Cross Support Team to their respective employers. However clarity was need from the outset of the secondment in terms of the exact working arrangements for the member of staff so that they were clear what was expected of them in terms of knowledge exchange.
"I think I’ve been really lucky in my mis-understanding that this is a secondment and I’m going back. So you know it didn’t raise my aspirations at all, I was always going back into my old role, with new knowledge. But I think one of the difficulties in the team has been you are on secondment, off you go, make it work and if it works you might stay there forever”. (I7)

Other contextual factors which supported the New Cross Project were the leadership of the team which was considered to support staff working autonomously and in a ‘person centred way’ with residents (see section on Inputs).

"I know xxxx trusts me that if I go out of this door at … ten in the morning and come back at four … xxx trusts that I have been out and that I have been doin’ my case work…..I really value the fact that I’m not micro-managed” (I2)

“...I think we’re given a, freer rein to try different things and not one shoe fits all if that makes sense.... and we’re not constrained neither”. (I1)

“...It’s not micro managed, it’s very loose and I think it’s very good and a very fair way of managing.....xxxx always there if you need advice on something and xxxx will always follow through on their word” (I4)

Barriers to team working included tensions reflecting different perceptions between team members as to whether everyone had equal status within the team yet ‘status’ was attributed to factors such as age and personality rather than to whether team members were seconded or directly employed by Ashfield District Council.

"I only mean it because of the varying ages of people in this team” (I1)

"Has everybody got equal status in my mind yes....but equal status is a personality thing” (I6)

Team members also reflected on the time it had taken for the team to evolve to a position where they could perform well.

"I’d say the team has had some difficulties which I’d only say is probably expected in a team ...with different professionals coming together as a group in a short period of time, trying to get us to create change in people’s lives and the community.... I think ..overall we’ve had some very positive results and I think we’ve all contributed to make that happen” (I3)

Team members felt that some form of more formalised professional supervision would have aided the team development process.
“Things like supervision, how we meet together.....having a bit more organisation... I think there should be more work done on that to start off with, cos otherwise you get into lots of unnecessary difficulties that you don’t need to” (15)

“I think it’s been difficult for everyone in the team. I think the team leader has struggled as much as the rest of us and maybe they haven’t had that guidance and support either that you know some of us haven’t” (17)

During the observation of the New Cross Support Team meetings and from the interviews with staff and residents it was apparent that the way team members worked was typical of interdisciplinary working (in terms of many interacting to work collaboratively) rather than multi-agency. There was good evidence of team members interacting within the team to share distinct as well as overlapping areas of expertise (see also section on Inputs).

“xxxx was workin’ a case and been workin’ on it for a while and xxxx asked me to go along and afterwards I says to xxxx I picked up a few, sort of, things about domestic abuse – have you thought that this could be an issue? and xxxx went why would you say that? and I says, ‘Well ...people don’t usually do that unless this and xxxx was, like, ‘Oh my God! I hadn’t even thought about it like that!’” (12)

“So I then get this case and I think I need xxxx cos xxxx does Social Services and it’s got children... I really need to speak to someone who really is in the know, how we’re gonna deal with this person who wants this child, who’s stuck with somebody who is apparently very very violent and this is all coming out” (16)

Wider working was also observed with colleagues outside the team;

“I’m gonna have to rely mostly on the professional services, through NHS, the Doctor’s surgery, and I am getting to a more comfortable state with that because the xxxx surgery – what a lovely, lovely bunch of people they are...they’ve taken the time to do a home visit with her” (11)

Working in an interdisciplinary way has meant that the sum of the team’s activities were greater than the individual contributions from team members and this was further evidenced by the experiences of residents (see section on Inputs and Outcomes – Benefits for Residents).

4.2 Inputs

From the perspective of New Cross Support Team members a bespoke intervention was ‘person centred’ which started from getting residents to engage.
“I see it as getting somebody in who wants to engage, not forcing myself on that person, if they don’t want to engage they don’t want to engage” (16)

Team members recognised residents’ strengths;

“They may not have the same type of understanding ..., but they’re not stupid ..., it’s about empowering them and helping them to understand in their way” (12)

“These two guys living next door to each other looking after each other” (16)

Team members also recognised the need to tailor their inputs to the different needs of the residents:

“Success for one person is different for another. Success could be happiness, success could be financial gain, success could mean being healthy” (13)

“Every case is individual and we can deal with it individually and in an individual way” (14)

Residents characterised bespoke interventions by the practical nature of support provided (wrote letters, debt management, got rid of rubbish, got help for domestic violence, help with employment). This was echoed in the practical solutions that team members said they used with residents (bought headphones, got gym to close fire exit to reduce noise, removed waste on land, got housing assessment re-scored) as well as the support they gave to residents to attend appointments (with CAB, GPs/doctors, job centre).

Fundamental to the way inputs were delivered were the ‘values’ and principles that underpinned team members’ interventions such as empathy and a non-judgmental approach;

“I don’t try to judge a customer on face value” (11)

“I can empathise......we’re not passin’ judgement on, on what people have done or what they’re doin’ or how they’re livin’” (12)

Team members valued being able to give residents time and to actively listen to their stories:

“I love sitting and listening to their life stories” (11)

“I think is one of the best things in this team is you’ve got time” (17)

Being listened to was highly valued by residents:

“Well they’ve [New Cross] actually sat down and actually listened to everything that we’ve got to say. Police would come in and just see what’s going off and then that’ll be it.
And these will actually sit down, write down what you’re saying and actually do summat about it” (I19)

"Nobody ever listened to me” [referring to previous services] (I16)

The inputs reported by team members resonated with the experiences of residents who valued having their concerns taken seriously and being/feeling supported whilst not being judged.

“It’s good to know that there is somebody out there to say here... here’s my hand I’m here to help. You know not to judge...which is good to know that there is people out there that don’t want to see you suffer all the time, you know genuinely ..interested in your life as a person you know your family and everything else I think which is good” (I12)

“Since I’ve had this support I’ve just been totally honest with xxxx as best I can and it’s, they’ve not judged me at all and I feel it’s easy to talk to them’ (I10)

All 11 residents interviewed were supportive of the Case Lead approach which meant they only had to deal with one person. They valued the regular contact with New Cross workers either by phone, text or by going direct to the team base in Chatsworth Street.

"I mean it was down the road from me, so if I needed anything I could literally walk down or give them a ring I had the number “(I13)

The Case Lead approach was also deemed important by team members because it meant that they were responsible for the resident’s care.

“So you make the initial contact with erm the client, you have those conversations, you identify their needs and then you, you get support from others within the team who are best able to deal with that...you keep hold of the person” (I7)

“Being a case lead is making all the key decisions...and making contact, making sure you keep in contact with the service user” (I8)

“I am responsible for my cases and the decisions I make are respected by xxx and my team members” (I2)

The person centred approach that staff used when working with residents was interestingly mirrored in the way that staff worked;

“It’s personalised in terms of every single person here does the job differently” (I9)

“I think that every member of the team here has been through such a process ... and we’ve kind of got the scrubbing brushes out and we’ve scrubbed everyone’s label off and
“I think ... I do my job in my way, xxxx 'll do it in theirs, xxxx’ll do it in theirs ....It may, it may go in a different direction” (12)

and these personalised inputs were supported by the way the team was managed and led:

“The main thing is we can do things differently, think outside the box.... and that freedom comes from the way it’s managed. I think is invaluable and that’s why this team, in my opinion, works because you’re not criteria based ....and you’re looking at the bigger picture” (14)

Staff inputs were underpinned by what emerged from the staff interviews as a “tool kit” of capabilities that team members brought to their respective roles.

Figure 2: Capabilities of New Cross Team Members

4.3 Outcomes - Residents

Significant gains in terms of the quality of life for residents were evidenced by increased scores on residents’ Outcome Stars particularly in the areas of community, health, housing, money and work as shown by the amalgamated scores for residents completing the Outcome Stars before the New Cross support team’s involvement and after.
Residents spoke of increased social contacts which served to reduce significant isolation and patterns of risky behaviour, for example activities connected with substance misuse.

"The only people I knew were people that sold [amphetamine], that sold drugs. And I was just in this big bubble“ (I10)

"I go out more now. I never used to go out before but erm I do go out quite a lot now. It’s improved a lot I’m feeling a lot better“ (I16)

“He wouldn’t go out the house at all until xxxx came round and then xxxx actually took him and said let’s go out and obviously then he went out which was lovely to see. And that hopefully will be the start of him gaining his confidence ....he was just literally becoming a recluse and obviously self-harming” (I12)

“Yeah and I never went anywhere. I couldn’t get out....because of these steps. But now I can get.... at least I can get out with the dog“ (I15)

Several residents had also rekindled positive relationships with their families:

“I see more of me kids.... it’s good. Because I know that seeing more of me kids keeps me up and not down as much” (I18)

“I’m seeing my foster parents a lot more now. Which is good they’re helping me with him [Son] as well” (I17)
“Well my family’s happier, I’m happier” (I19)

Ten out of the 11 residents interviewed described increases in their self-belief and confidence which had led to a greater taking of control of their lives in a range of areas.

“Well I’d say they’ve [New Cross] helped me to believe in myself and try the best to achieve the maximum of my potential” (I13)

“I think things have lightened up for me a little bit, things have changed for me, for the better” (I15)

“[I wasn’t expecting to be able to actually go back into college.... And I got into college and I’m really happy now “(I20)

These apparently modest gains in residents’ quality of life need to be understood in the context of ‘crises’ being experienced by all 11 of the residents before the New Cross project had intervened. Six out of the 11 talked about intending to end their life had they not received support. Two said their lives were heading towards prison, three said they were at the point of a mental health breakdown and 2 said their homelessness would have continued.

“Cos I was in a really bad, with mental health, they were gonna lock me up. I was, I thought they would, I lost the plot. Seriously, when I, I had to sign my little boy over and stuff I thought that all cars were gonna run me over” (I10)

“It was just the fact that come, beginning, I’d had enough of them dogs, I’d say I were on the verge of, I don’t know how I didn’t have a breakdown” (I14)

“I was going to kill myself... Yeah I was legitimately going to just leave Mum a letter saying I’m moving away I’m gonna go live with my girlfriend or something, one of my girlfriends, I was going to say something stupid like that and I was gonna go and end my life” (I12)

Residents described how small steps which usually began with practical support from team members enabled them in turn to make significant life changes.

“That’s what this team has helped me to do. It’s helped me to deal with stuff instead of getting into more debt, instead of getting an eviction again, cos this is like my third house in Sutton I’ve been evicted twice, and instead of not paying my rent I’ve actually set up payments now. I’m actually paying my TV licence. I’m paying all my bills” (I10)

“I just know how to do stuff for myself now. I didn’t know how to do a lot of things before but I know how to go round everything” (I13)
“I owed lots and lots of money and it was stressing me out to the point where I was seriously last night thinking of committing suicide and obviously with what other things have been going off in my head as well. Erm but thanks to xxxx it got sorted and I don’t owe that amount of money. So that’s really helped a lot” (12)

Interviews with team members reinforced residents’ testimonies. Team members reported working with residents to set realistic goals and aspirations to support residents begin to help themselves and take responsibility for their lives.

“It’s about that culture change for some individuals, ….it’s about probably getting them to realise there’s potentially other ways to live and to improve your situation and not necessarily be reliant on services helping you improve…. It’s about the individual …improving what they need to do to get to where they want to be” (13)

“Because you’ve got to get balance in this person’s life and order before you can start not only just educating them to say okay let’s not make those mistakes again but also what do you want for the future and how do you want your life to be better” (14)

Team members also stressed the need to:

"Help people to help themselves“ (16)

and develop aspirations in a person-centred way:

“We’re guided by the person themselves as well. But then also to look at their aspirations as well so we’ll deal with the immediate presenting demand and then we’ll talk to the individual about themselves and their lives and then help them to raise their aspirations, to understand that there’s more help they can have there’s more that they can do within their life” (17)

Positive outcomes for residents were maximised by the accessibility of team members:

“Yeah I mean if I needed, if I needed more, then all I got to do is ring em and they’d fit me in” (18)

“Even if it were weekends I’d text him and he’ll get it Monday” (19)

and the close proximity of the team base to where residents lived:

“I mean it was down the road from me, so if I needed anything I could literally walk down or give them a ring I had the number…. Yeah basically even if I didn’t have an appointment I could just ring them up and just tell I them what I’m doing like, what if I found a job or whatever” (13)

“Now they’re up the road it’s only, I walk up there” (17)
Residents also benefited from the single point of access and the Case Lead approach with the main benefit of this seeming to be saving residents’ time and residents not having to make multiple visits to different services.

“It’s a lot easier and I’m not having to worry about getting to one place on time, to then go to another place” (I20)

“This place has got housing person, social, social services person, fire, police. So it just gets everything done in one” (I10)

One resident expressed concerns about the service only operating 9.00 am till 5.00 pm, Monday to Friday:

“You know it’d be good if there was somebody here at night. You know like cos once they go home at 5 o’clock that’s it. And that was quite scary for me, on a weekend. I used to dread the weekend…. And when they used to go on that Friday, I was so scared and I didn’t know if I was going to make it or not” (I10)

Yet team members did report a level of flexible working based on resident need:

“I know xxxx has stayed in the office ‘til eight o’clock to make sure someone’s got somewhere and she’s sat in the office until she’s got the phone call. Xxxx’s left their phone on all weekend …. at a weekend xxxx has taken a client to a hospital because ..they needed it we all have, that is, the, I would say, that was, that’s the biggest danger of this job because we do care” (I2)

Team members also stressed the importance of the team approach so that if a Case Lead was not available residents would still receive an informed and positive response.

“Right, I’m doin’ it, I’m doin’ it.’ Knock on the door Oh, yeah, there’s no-one here that can deal with that.’ I can’t imagine what that would do to someone! So the fact that we do have such an open team that … we might not know everythin’ – I don’t know the intimate details of xxxx childhood; however, I know enough to know that she’s vulnerable and if she knocks on the door … that I need to say, ‘Are you alright, honey? D’you wanna cup of tea? ‘is everythin’ goin’ okay?” (I2)

This kind of response was demonstrated twice during one of the team observation sessions and once during an interview with a team member. On each occasion a New Cross resident knocked on the door of the team base in Chatsworth Street with a request for help which was either met immediately by the team member or the team member read a letter brought by the resident and arranged to visit them later to resolve the issue.
4.4 Outcomes – Team and organisational

A summary of cost savings for the project can be understood in terms of micro and macro outcomes.

4.4.1 Micro outcomes

Analysis of the historical costs of the 16 cases fully evaluated showed that the total costs saved to the public sector from these 16 cases by 2017 would be £385k. Extrapolating these savings for all 115 residents with which the team had worked since its inception; the public sector saving would be in the region of £2.75m which translates to; **for every £1 spent to support a New Cross resident £7 could be saved.** While this is a subjective analysis it has been tested with multiple professional colleagues for validity and generally there is an acceptance that the figures for the cost savings are quite conservative.

This conservative estimate of cost savings, is also likely given that the New Cross Support Team has worked with 38% of so called troubled families in their catchment area since the team’s inception. Had the New Cross Support Team not undertaken this work it is likely that the needs of these families may have escalated to incur further social care costs.

**Figure 4: Cost comparison with and without New Cross Support Team involvement for 16 fully costed cases, extrapolated to 2017**

![Cost Comparison Chart]

4.4.2 Macro outcomes

Year on year demand level comparisons show that there has been a significant initial impact upon the quality of life within the wider community of New Cross residents. Demands for services at District Council level has fallen by 7%, allied to falls in Anti-
social Behaviour (17%), Serious Acquisitive Crime (34%), Violent Crime (5%) and Criminal Damage (21%). The evaluation acknowledges that the work carried out in the area has been alongside the activities of other services, yet the area has witnessed a significant change since the introduction of the New Cross Support Team.

Figure 5: Pattern of demand for services comparing New Cross with Ashfield District

In terms of outcomes for the organisation team members described learning from their experiences working in the New Cross Project aided through a process of supported reflection:

“It’s more about a reflective practice...where there’s space for people to have that reflective practice” (I5).

Team members’ interviews demonstrated a move away from silo working and from ‘defensive’ practice to what is termed in the health and social care literature as ‘defensible practice’ (Carson and Bain, 2008). Defensible practice occurs when managing risk is negotiated between those using services and health and social care staff working with them. This means that positive risk taking, rather than unrealistic risk minimisation occurs, and is underpinned by sound decision making involving both parties with accepted and shared responsibility for managing risks.

This shift was particularly apparent as team members talked about residents they were working with who had very complex needs.

“I says, ‘Has anythin’ changed?’ ‘No, I still want Social Services out of my life. I want my kids to be safe.’ So I says, Oh, right I’ve noticed you’ve got a trampoline in the back garden.’ And at the time I was kind of like, ‘I hope it works’ and I says to her, ‘Have the kids been on the trampoline?’ ‘Oh, no, I don’t let them out in the back garden.’ I says,
'Oh, right!' ‘Shouldn’t have all this dog poo out there.’ I went, ‘Yeah, so?’ She went, ‘But, but they might stand in it.’ ‘Yeah, and …’ She went, ‘But then they might, like, jump on the trampoline and then, you know, they jump all over it and they might get dog poo on their hands.’ I went, ‘Yeah, so?’ ‘But once they, they start, like, chewing their fingers or something, then they’re gonna get dog poo in their mouth.’ And I says, ‘That, sweetheart, is the exact reason people are telling you, you need to pick that dog poo up and all of a sudden things started clickin’ and she was, like, ‘Ah” (I2)

“In some cases it’s worked incredibly well erm there’s some cases where, we’ve got one case where somebody’s erm had their child taken into care and we’ve worked with them to say these are the things that will stop you getting this child back and these are the things that will be healthy in potentially getting the child back and in that case this person’s wanted to change her life and wants the child back so there it really worked for that” (I4)

“I think you’ve got to have that open mindedness and certainly the people skills you’ve got to want to have that desire to talk to people and particularly often about quite uncomfortable things and if you’re not comfortable doing that then I think you’d find this job incredibly hard” (I4)

5 CONCLUSION AND RECOMMENDATIONS

The evaluation provides good evidence that the interagency approach supported at a strategic level has fostered a climate for interdisciplinary working at the team level which has moved successfully beyond many working together to many interacting to work collaboratively (Bailey, 2012).

This approach delivered through a combination of; the single point of access, in close proximity to where residents live, together with Case Lead way of working, and a highly skilled team is reaping benefits in terms of reduced demand and costs to individual services which are similarly reflected in increased quality of life for residents with complex needs.
The New Cross Support Team is simultaneously providing interventions to improve residents’ quality of life as well as preventing imminent crises thereby the cost savings being reported are likely to be an underestimate.

The person-centred, strengths based approach to working with residents is highly valued (by residents and staff) because it combines practical support with a value base of respect and non-judgemental attitudes which results in residents feeling listened to and taken seriously. This is turn supports residents to make positive changes in their lives which may begin with small steps and go onto to avert crises and reap rewards such as employment, rehousing, studying at college and debt management.

Figure 7: Key outcomes for residents and agencies
The New Cross support Team composition appears to have been highly selective with the respective agencies encouraging staff who were perceived to have the ‘right skills and qualities’ to take up the secondment positions. Thus team members brought more to the team in terms of knowledge and skills than their substantive roles might suggest and this range of experience and expertise had been acquired over careers of some years. This was of real benefit to the team and has significant implications for the recruitment and training and development of staff were the team to be replicated in future.

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

The agency make-up of the team needs to reflect the residents’ needs in the local area. Housing, police, social care and benefits staff were seen as key to the success of the New Cross project. Given the proportion of troubles families worked with by the New Cross Support Team and the safeguarding issues encountered with many residents it is perhaps not surprising that significant cost savings have been in the area of social care. This suggests that the secondment of a social work colleague into the New Cross Support Team is an effective way to manage costs and demands to social care going forward.

Health was deemed to be an important but missing discipline and staff had needed to go to some lengths to establish good relationships with the local GP surgery and relationships with mental health services remained problematic. Forging these
relationships with primary and specialist health services from the start of the project, with such support being levered at a strategic level would be helpful.

Team development and performance was supported by a ‘fluid’ leadership style that reflected a person centred approach with team members that was in turn mirrored in the way team members worked with residents. This resulted in team members doing the same job, with very likely the same outcomes but having taken an approach which reflected their individual differences, skills knowledge and capabilities as well as residents’ needs. The principles underpinning the team approach guided team members to the appropriate use ‘of boundaries’ whilst retaining a level of emotional closeness with residents that we now know to be fundamental in achieving successful engagement and intervention with people with complex needs (Ramon and Williams, 2005).

Leadership of the team was person centred which was key to supporting staff to work in a person centred way with New Cross residents. From the time of the team’s inception and during the period of the evaluation leadership of the team evolved in line with the organic approach taken to create the service. If the team is replicated thought could be given to the balance between team members appointed as core staff and those who are seconded to the team. Secondments are an effective way of managing costs particularly for social work involvement in the team and also ensure that in the Case Leads role New Cross Support Team members can lever support and access relevant information back in their seconding agencies.

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

The evaluation team would like to thank the following for their vital contributions and their generous giving of time and experience to this study. Without their contributions, the evaluation would not have been possible.

- Dominic Holland, for his assistance with transcribing the interviews
- The residents of the New Cross area and staff in the New Cross Support Team for sharing their experiences
- Stakeholders who took part at the event in October 2015
- Administrative staff at NTU for formatting reports and documents

We would also like to thank Ashfield District Council and the School of Social Sciences at NTU for making funds available to support this evaluation.
7 REFERENCES


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8 APPENDICES

In conjunction with this review there are 4 appendices:

Appendix 1
Outcome Star Scoring Sheet

Appendix 2
Interview Guide Residents

Appendix 3
Interview Guide Staff

Appendix 4
Interview Guide NCST Leader