

Building Connections

Golden Key Local Evaluation Phase 2 Report



Acknowledgements

This independent, local evaluation of Golden Key (GK) has been conducted by a multi-disciplinary team, led by Anita Gulati and Richard Bolden at the University of the West of England, with contributions from Roz Gasper, Beth Isaac, Richard Kimberlee, Chris Pawson, Anthony Plumridge, Elliot Stern and Irmgard Tischner.

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A project such as this is inevitably a collective effort, enriched through the diversity of perspectives and insights this brings. We hope that you will find this report an accurate account of progress and learning so far, and a valuable opportunity to reflect on your own experience to support the next phase of Golden Key. Should you wish to discuss any aspect of this report, the evaluation process and/or your experience of Golden Key please email Beth.Isaac@uwe.ac.uk.

Glossary of terms and abbreviations

BME	Black and minority ethnic
DHI	Developing Health and Independence
GK	Golden Key
IF Group	Independent Futures Group
MEAM	Making Every Adult Matter
MCN	Multiple Complex Needs
NDT	New Directions Team
PB	Golden Key Partnership Board
PWMCN	People with Multiple and Complex Needs
PIE	Psychologically Informed Environments
SCT	Golden Key Service Coordinator Team
SCG	Golden Key Systems Change Group
TYSO	Tell Your Story Once
UWE	University of the West of England

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1. EXECUTIVE SUMMARY

- 1. This report summarises findings from Phase 2 of the UWE Local Evaluation of Golden Key (GK) in Bristol (March 2016 to Feb 2017).** GK is one of 12 Big Lottery funded *Fulfilling Lives* partnerships across the UK, where local organisations are working together to improve services for people with multiple and complex needs. This is a formative evaluation that will inform learning about how, when and why change happens for individuals, groups and organisations across the City. We will be supporting the initiative throughout its 8-year duration, engaging with different stakeholders to capture a diverse range of perspectives and experiences to produce a multi-faceted understanding of the issues and to stimulate reflection and learning amongst partners.
- 2. This phase of the evaluation has focused primarily on the client experience pathway,** including the experiences of GK clients, Service Co-ordinators, and members of the Independent Futures (IF) Group (experts by experience). Within this report, the '*Key findings*' sections include insights from our evaluation research, as well as our analysis of client demographics and assessment scores. '*Activity progress summary*' sections provide a brief update on other aspects of GK's work, such as the systems change strategy and approach, and are informed by GK documents and meetings.
- 3. The Service Coordinator Team (SCT) bring considerable skills and expertise to the role, which supports their effective practice and operation as a high-performing and engaged team with a deeply embedded culture of learning.** SCT members report feeling well supported through psychologically informed structures and processes. Whilst passionate about their role and environment, however, several are unsure about progression pathways within GK and a number have pursued career development opportunities elsewhere in the sector.
- 4. There are some practical challenges to the provision of consistent support to GK clients.** This is linked not only to staff absences and departures in the SCT but also the unpredictable and changing nature of client needs. The nature and size of caseloads varies, with many Service Coordinators reporting that their workload is challenging to manage, and several feeling overwhelmed at times. Although this is not an uncommon situation for staff working with people with complex multiple needs it does illustrate the time and resilience needed when working with such clients.
- 5. The GK Service Coordinator approach is characterised by developing a genuine trusting relationship with clients,** being client-led, non-judgemental, working holistically, providing consistent reliable personal and emotional support and building a psychologically informed understanding of client needs. Whilst this approach appears to be effective, maintaining professional boundaries and managing dependency can be challenging at times. In order to ensure the team remain focussed on systems change requires (i) a thorough understanding of Service Coordinator activity in their role supporting clients and (ii) consolidating the team's learning to share more widely beyond the team.
- 6. Clients we interviewed who were engaged with GK were almost entirely and overwhelmingly positive about GK's role in their life** and most saw positive change as a combined result of GK's support and their own endeavours. When first engaging with GK, clients appreciated and were reassured by the fact that GK is a new and long-term service

especially for people like them. There is more to be learnt about the experience of and support for those clients who are less, or not at all, engaged with GK.

7. **Service Coordinators are achieving some 'flex' in services for their individual clients.** Gaining this flexible response from services relies on a good understanding of the client's needs, strong partnership engagement and commitment to GK, and building good relationships with other service professionals. Service coordination played an important role for the clients we spoke with, in supporting their engagement with services that meet their needs and experiencing more 'joined up' support.
8. **Service Coordinators express excitement and commitment to catalysing wider systems change.** This involvement, however, may prove difficult to sustain alongside a demanding caseload of clients with chaotic lives and unpredictable needs/demands. There is a risk that Service Coordinators may become demotivated if they continue to feel disconnected from what else is going on in the wider GK partnership and unable to prioritise systems change activity alongside their day-to-day client work.
9. **Data from Outcome Star and NDT assessment tools indicates that clients are progressing in key areas such as addictions, housing and offending.** Analysis highlighted some differences between clients who joined GK during the earlier and later stages of the program, which could be explored further. Whilst the Outcomes Star and NDT assessments provide useful insights, however, they do not fully account for a client's engagement with GK. Considerable data validity concerns (including assessments with/without the client present; timing differences between assessments; data variations related to engagement levels) merit attention in order to ensure a consistent and reliable evidence base for GK over time, to inform both the local and national evaluations.
10. **The availability of small personal budgets is appreciated by clients and considered valuable by Service Coordinators in engaging clients to move forwards.** However, in some situations Service Coordinators found them difficult to manage due to practical and ethical concerns around managing client expectations. As a pilot initiative, there may be value in reviewing how this money is allocated and administered over time to support client's needs, in order to maximise outcomes for both the individuals involved and the wider GK initiative.
11. **The 'voice of lived experience' is mainly expressed through the Independent Futures (IF) Group. Members are represented on all GK forums and report a genuine sense of equity and influence.** At the time of interviews (Spring 2016), a number of IF Group members saw their role as 'scrutineer', holding the programme to account. However, emerging evidence suggests that this perspective has since evolved and that the IF Group are now primarily focused on their role supporting and enabling GK to achieve its objectives. IF Group members make consistent and valuable contributions to shaping GK and the strong democratic and egalitarian ethos within the group offers a good example of collaborative, shared leadership. The approach of the IF Group differs to that of traditional organisations and these differences are not always considered fully. We suggest exploring how their contribution and learning can be celebrated and communicated more widely, not only in Bristol but also across the national *Fulfilling Lives* initiative.
12. **Throughout the past year increasing attention has been given to GK's systems change activity.** A 'System Change Strategy' has been written and disseminated, along with an associated action plan. The strategy identifies key activities that will contribute towards

'transactional' and 'transformational' systems change in Bristol. Over 40 people from across the GK partnership have participated in training workshops on systems thinking and there is emerging evidence that some are now using this to inform their ways of working. Whilst this is promising, there may be value in strengthening connections between different aspects of the systems change strategy and of ensuring that ambitions for 'transformational' change are not diverted by day-to-day activities. Working through the 'theory of change' is a suggested strategic planning exercise to facilitate clear articulation of underpinning assumptions and of mapping an agreed pathway towards change for GK.

13. **Findings from this phase of the evaluation will be shared with key stakeholders and used to inform the next phase of GK activity.** We anticipate that the next phase of the local evaluation will involve exploring how GK is facilitating and enabling systems change (including the role of PIE and innovation pilots), capturing evidence of impact (including economic and social return on investment), and engaging with partner organisations (police, health, council, voluntary sector, etc.) to gain their perspectives on the contribution of GK.

2. INTRODUCTION

2.1 Background to Golden Key

The *Bristol Golden Key* (GK) programme is one of 12 *Fulfilling Lives* initiatives across the UK funded by the Big Lottery Fund to help improve services for people with multiple and complex needs (PWMCN), including: homelessness, criminal offending, long-term mental health problems and substance misuse. The core elements of the GK programme include:

- (i) A team of 'Service Coordinators' who work engaging PWMCN 'clients' with services to support their needs effectively and improve their outcomes;
- (ii) Activities to advance Psychologically Informed Environments (PIE) as a mechanism for improving support to PWMCN;
- (iii) Service user involvement - including a Peer Mentoring support service for PWMCN and a group of experts by experience (the IF Group) shaping GK structures, processes and priorities;
- (iv) Activities to improve PWMCN's experience of assessments;
- (v) A number of innovation pilots and;
- (vi) A citywide partnership leading a programme of activities for long-term systems change.

"Our target clients experience a challenging mix of homelessness, long term mental health problems, dependency on drugs and/or alcohol and offending behaviour. Our aim is to find new ways to break this cycle of deprivation and dependency and create new, positive, futures for those with the most complex needs."

JOHN SIMPSON, INDEPENDENT CHAIR OF THE GK PARTNERSHIP BOARD

2.2 About the local evaluation

The local evaluation, detailed in this document, complements the overall national evaluation (conducted by CFE Research with the University of Sheffield) of the *Fulfilling Lives: Supporting people with multiple needs* initiative. The local evaluation is not intended to duplicate the work of the national evaluators, but seeks to support and catalyse further learning and change in Bristol.

As a formative evaluation, the approach aims to support learning and development in a shifting complex environment through engagement with a wide range of stakeholders alongside regular feedback and debate. This evaluation is influenced by 'realist' approaches in that we seek to understand *how* and *why* particular interventions produce impacts, and reveal unanticipated and unintended consequences of particular interventions (neither assuming 'success' or 'failure'). Rather than looking for a single account or explanation we aim to capture multiple perspectives and acknowledge differing experiences.

2.2.1 Evaluation aims

This is a long-term evaluation that aims to capture developments in services and outcomes for the target population, as well as evidence of systemic change in the provision of services and client empowerment, over the eight years of the GK initiative. The evaluation is guided by an evaluation framework (see Appendix 1: Golden Key Local Evaluation Framework), designed to

guide the evaluation at a high level to identify how behaviours, processes, outcomes and impacts develop in relation to three main pathways:

1. **Client experience and well-being:** GK client journey including their experience of services, individual wellbeing outcomes, and evidence of systematic learning from experience.
2. **Systems change amongst service providers and key stakeholders:** Organisational and institutional development of the GK system in terms of staff capacities; organisational learning, management and leadership, and coordination among partners - for people with multiple and complex needs.
3. **Citywide engagement and change:** Citywide change at a community, cultural, economic, policy and commissioning level - for people with multiple complex needs.

Given the complexity and duration of this initiative we fully expect GK to develop and transform over time. Accordingly, the evaluation framework and activities are reviewed at regular intervals in discussion with the GK Evaluation Advisory Group.

2.2.2 Focus and scope of Phase 2 of the local evaluation

This second phase of evaluative activity (from March 2016 to February 2017) has focused primarily on the 'client pathway', following the Phase one evaluation, which focused on the set-up and initiation phases of GK¹. The innovation pilots and Psychologically Informed Environment (PIE) do not feature strongly in this report as much of this work is still in development. Later phases of the evaluation will include an economic and social return on investment analyses.

More detailed discussion papers have been produced during this phase of the evaluation to highlight the experiences of the IF Group, Service Coordinator Team and GK clients (please contact us or the GK Programme Team for further details). The GK Peer Mentoring service (run by Developing Health & Independence - DHI) is outside the scope of the Local Evaluation, however, given the links to other aspects of the programme we have referred to this where relevant.

2.2.3 Evaluation research limitations

It is worth noting that evaluation, like all social research, is subject to a number of limitations that may affect the generalisability and/or accuracy of findings. In particular, resource constraints mean that we have been selective in how many people and organisations we have engaged with, the kinds of questions we have asked and the analyses we have conducted. All of the findings reported in this document are based on a sub-sample of respondents and hence, whilst we have tried our best to give an accurate account, inevitably some voices and perspectives are not included.

Findings will be influenced by the context in which they are collected. We have tried to indicate *where* and *when* particular sources of evidence were obtained, as well as *who* was

¹ UWE Local Evaluation Team (2016), *Reaching out: Golden Key Phase One Local Evaluation Report*. Available online at: <http://www.goldenkeybristol.org.uk/reaching-out-golden-key-local-evaluation-report>. Last accessed 11 March 2017.

involved. Please consider the potential implications of this when reviewing findings, as well as that some aspects of the research (e.g. IF Group interviews) were conducted several months ago and the situation may have moved on considerably since then.

There are also challenges in terms of our access to GK clients and partners – specifically the principle of voluntary participation means that we have spoken to people who are willing to engage with the evaluation, but not those who are too busy, chaotic or unwilling to share their experiences, or who simply fall outside the sampling frame for this project (e.g. non-GK clients). This suggests that our findings may have a tendency towards the perspectives of those people who are positively disposed towards GK, although it should be noted that evaluation can also be used as a forum for those who are less satisfied to vent their frustration or anger. We have, of course, tried our best to present a balanced set of findings although in this context it is difficult to know how representative they are of the wider population.

Finally, there is an inherent tension between the ‘formative’ developmental nature of our role as evaluators, supporting and facilitating learning, and the ‘summative’ evaluative nature of the role, where we are expected to make an assessment of progress against objectives. A complex evaluation such as this has multiple stakeholders, with differing agendas and interests. In such a situation, our independence is essential, yet so too is our ability to interact and engage with a diverse range of partners in a variety of ways. Our own professional and reflective practice is important in managing these tensions and challenges, as is the diversity within our own team. It is important to note that where possible we engage directly with a range of stakeholders in addition to the GK Programme Team.

2.3 Phase 2 evaluation methodology and evidence

The Phase 2 evaluation has involved a number of complementary research activities as outlined below. For several of these strands of work, a stand-alone discussion paper has been produced and shared with relevant parties. In this end-of-phase evaluation report we have triangulated findings to provide a more integrated perspective on GK activities and progress.

- **9 semi-structured interviews with GK clients** conducted during the autumn of 2016 as part of participative peer research where the design, interviews and analysis were conducted by members of the IF Group and UWE Evaluation Team together (included 5 x ½ day research development workshops). Further detailed information about this research can be found in the *‘Peer Evaluation Research – Client experience discussion paper’*.
- **13 semi-structured, in depth interviews with the Service Coordinator Team** conducted during the autumn of 2016. Further detailed information about this research can be found in the *Service Coordinator Team approach and practice discussion paper*.
- **7 interviews with IF group members** conducted during early 2016 with 2 follow-up focus group sessions to explore emerging themes and subsequent consultation on the report (summarised in the *Lived Experience - IF Group Discussion Paper*)
- **Quantitative analysis of GK demographics and outcomes data** based on the NDT and Outcomes Star assessments collected by SCT members through the CFE national evaluation reporting process.
- **Participant observation at around 20 key GK meetings, training and events** throughout 2016 (including, Partnership Board, Systems Change Group, Programme Team, IF Group meetings, National Expert Citizens Group, Frontline Forum event,

Systems Change Visioning events, Homelessness Breakfast Debate, Systems Thinking training, etc.).

- **Review of documents from other Fulfilling Lives local evaluations** to learn from other programmes.
- **Review of GK programme documentation** (minutes, reports, and other programme communications).
- **Phase 1 evaluation ½ day workshop** in April 2016 with 20 attendees from the IF Group and Service Coordinator Team plus a member of the GK Programme Team, facilitated by 2 members of the UWE Local Evaluation Team.
- **Service Coordinator ½ day workshop in January 2017** with 12 members of the Service Coordinator Team to explore emerging themes from their interviews.
- **Phase 1 evaluation session at Partnership Board** to explore emerging themes from Phase 1 of the evaluation.
- **Informal conversations and observations.**

2.4 Report structure

In addition to the executive summary, introduction and next steps this report includes three main sections – client experience and wellbeing, lived experience and service user involvement, and systems change. This report includes:

- **‘Key findings’:** given this phase of the evaluation has focused on client experience and well-being, the bulk of our research findings are included in the first two sections. Empirical findings are summarised in *‘Key findings’* sections and these include anonymised quotes from our interviews to illustrate key points.
- **‘Activity progress summary’:** the remaining sections and the whole third section on Systems Change, are based on a review of key documents and evaluation team fieldwork (e.g. workshops, meetings, events, etc.), presented as a *‘Activity progress summary’*. These are areas where we expect further research will be needed in subsequent phases of the evaluation.
- **‘Suggestions for action’:** throughout the report we have included *‘Suggestions for action’*, which are based on our own interpretations of the findings and which merit discussion and consideration from relevant GK partners.

3. CLIENT EXPERIENCE & WELLBEING

This section outlines evaluation findings related to the 'client experience and well-being' pathway of the evaluation framework (the focus of this evaluation phase). Key findings primarily draw on research interviews with all 13 members (as Autumn 2016) of the Service Coordinator Team (including Team Manager and Psychologist) and peer research interviews with 9 clients who were engaged with their GK Service Coordinator (unfortunately, we were not able to access any disengaged clients through this research which is a significant limitation that the evaluation plans to address in future). Insights are complemented by attendance at meetings/events, document analyses, and other fieldwork experiences (see section 2.3 for complete details of research activities).

Key anticipated activities and outcomes for this pathway are summarised below.

Anticipated SCT approach to client practice:

- SCT approach to client work is person centred and strengths based:
- Service Coordinator develops a trusting relationship with clients
- Service Coordinator understands client's individual needs/ priorities
- Clients are empowered to lead their journey
- Solutions and services are found/tailored for client's needs rather than the system's capabilities.
- SCT have a consistent approach to client work that is tolerant of set-backs and relapses.

Anticipated other SCT activity :

- SCT are psychologically informed in their client work with a Psychologist supporting the development of the service delivery model.
- A total of 300 clients are recruited over 8 years (150 clients at a time) with 11 Coordinators working a caseload of 13 clients each and 1 Senior Service Coordinator with 6 clients.
- Assertive outreach identifies and engages 'hidden' clients in minority communities
- SCT have a learning approach
- Data collection and learning of client experience provides evidence for change
- Improved staff well-being & skills within team

Anticipated role of SCT to engage clients with services:

- Service Coordinators navigate and coordinate services for clients (not duplicating existing staff roles at other agencies), providing a single point of contact for clients and services.
- Service Coordinators use advocacy, knowledge, and skills to facilitate client's access to and engagement with services.
- Service Coordinators work across normal service boundaries (normal handover points) with a systems wide approach and are 'service neutral' (not attached to particular agencies).

Anticipated client outcomes:

- Improved client self determination
- Improved mental health and emotional well-being
- Progress on recovery pathway with addictions and/or offending
- Improved and stable housing
- Improved social networks and relationships
- Hopes and aspirations are developed
- Improved physical health
- Improved access to appropriate services
- Involvement with meaningful activities and employment

Figure 1: Overview of client pathway anticipated activity and related client outcomes

3.1 Key findings: Service Coordinator Team

3.1.1 About the Service Coordinator Team

All individuals within the Service Coordinator Team (SCT) bring a vast range of skills and depth of relevant expertise to their work, which supports their effective practice and operation as a high-performing and engaged team. Most members enjoyed frequent opportunities to be consulted in decision-making within the team and co-create change.

“I’ve worked in lots of teams, nice people like fluffy places but there’s something about like the set-up of this team that just feels like it’s different, it’s really kind of considered and always changing as well... it’s a very dynamic team but that’s really nice and I feel like we’re kind of brought in on all the different like decisions.” **GK**
SERVICE COORDINATOR

In terms of their attraction to and motivation in the role, members of the team revealed a deep passion for the systems change element of the role and most felt privileged to be able to work with clients in this way (particularly where it was desired but not possible in previous roles). Service Coordinators reflected a deeply embedded culture of learning throughout our interviews and observations. However, whilst passionate about their current role and environment, most Service Coordinators struggled to see a clear and compelling development pathway for their career at GK and four Service Coordinators have left the team since launch.

3.1.2 Service Coordinator Team and systems change activity

For most Service Coordinators, the systems change activity was perceived as connecting to the ‘bigger picture’ of client work. Nearly all Service Coordinators were excited about their changing role in systems change and moving forward with training/workshops. This is potentially due to the great synergy between Service Coordinator’s ways of working and those skills and approaches that systems change theory considers critically important to systems thinking. In particular:

- Learning approach
- Changing perspectives (zooming in to client detail/ zooming out to bigger picture)
- Working collaboratively (including situations where people have differing objectives)
- Ability to see from other people’s perspectives
- Understanding varied mechanisms, actors and relationships within the system²

Where Service Coordinator’s potential contribution and ability to fulfil their potential may be limited by their available time and commitments to clients, this presents a risk of demotivation and dis-engagement for Service Coordinators in addition to risking successful systems change for GK.

² For a good explanation of systems thinking, including these principles, please watch at the following video by Peter Senge: <http://tiny.cc/SystemsThinking>

3.1.3 Support for the Service Coordinator Team

Overall, Service Coordinators felt they were very well supported in their roles and the range of support, both informal and formal was valued extremely highly. Formal support included clinical supervision and reflective practice groups facilitated by the GK Psychologist, line management meetings, team meetings, working groups, and peer supervision sessions. Whilst all Service Coordinators recognised the importance and value given to supervision and reflective practice, some found it difficult on occasions to prioritise these sessions whilst “firefighting” for clients. Peer supervision sessions were considered to contribute to the strong team relationships that enable colleagues to informally support each other effectively. The Team Manager and Psychologist provide fundamental guidance in shaping the Service Coordinator’s approach into practice. Both were highly respected, and singled out for appreciation by many for the ‘open door nature’ of their support.

3.1.4 Service Coordinator Team caseloads

The nature (both in terms of support clients required and their level of engagement) and size of caseloads varied widely between Service Coordinators and over time. Some variation also related to the particular specialties of Service Coordinators and the nature of the support that corresponding specialist services offered (e.g. for women or young people). Several Service Coordinators mentioned feeling like some clients on their caseload had a lower threshold of need than other ‘typical’ multiple and complex needs (MCN) clients.

Whilst several Service Coordinators found their caseloads manageable, most felt the volume of their caseload was somewhat challenging to manage in the available time and several reported feeling overwhelmed at times.

“It’s challenging, I quite often check in with my manager or with my other team members if I’m feeling quite overwhelmed by the work load... beginning of the end of weeks are hard because people have crisis around weekends ... I do way more hours than I should do every week.” GK SERVICE COORDINATOR

In such cases Service Coordinators felt their emotional capacity and ability to ‘step back’ was affected. Several Service Coordinators expressed anxiety about how their clients and colleagues would be affected if they left GK and many desired more time to dedicate to proactive and creative approaches to their client work and to focus on systems change activity.

“It’s been really good doing the system change stuff... and that keeps me kind of grounded in the programme side of it rather than the client facing side of it... sometimes you can’t see the wood for the trees, sometimes when someone’s been on the phone a lot in one day, sometimes it’s hard to just find the time even to step back and see the wider picture.” GK SERVICE COORDINATOR

During the time from GK’s initiation until January 2017, there have been periods when the team has been under-resourced due to staff absences (including three Service Coordinators and the Deputy Service Coordinator leaving the team). Staff turnover (not unusual in this sector) presents a challenge given GK’s emphasis on providing consistent long-term support to

clients, via a designated Service Coordinator who knows them and their situation, with whom they have developed a trusting relationship. This requires sophisticated resourcing and contingency planning in order to ensure continuity of service and to reduce the likelihood of clients disengaging. The unpredictable and varying nature of client needs over time indicates a need for flexibility in Service Coordinator workloads in order to ensure they have sufficient time to support clients facing unexpected crises/difficulties. One explanation that could be explored in relation to systems change is that where Service Coordinators are moving into roles with leadership aspects and more responsibility, this could be a sign of other service's aspirations to replicate elements of the GK approach.

3.1.5 Developing and sharing learning of multiple complex needs

Service Coordinators described a wide variety of well-functioning structures and practices within the team to facilitate learning, sharing skills and knowledge internally. These included: team meetings, peer supervision, reflective practice, backup/second working on clients, good colleague relationships, working groups. Some Service Coordinators commented on particular learning emerging around particular groups of GK clients, as outlined below.

“I think there’s a different way in which female clients work with professionals particularly when they’re in crisis... like my guys when they’re in crisis they tend to disappear... they’re harder to find, and they don’t necessarily take you into the eye of the storm.” GK SERVICE COORDINATOR

In terms of sharing learning outside the team, each individual Service Coordinator is assigned a special area of focus (housing/homelessness, mental health, physical health, drugs/alcohol, offending/rehabilitation, women, young people in transition, etc.). The choice of specialism was influenced by factors such as: secondments, degree of connectivity to related services, personal interest, and caseload. Several Service Coordinators said it was sometimes a challenge to connect with organisations where there are differing levels of awareness and engagement (e.g. where there is no senior leader represented on the Partnership Board or if the organisation is very large).

Golden Key aims to reach out to PWMCN who have particular needs or experience particular barriers accessing services to better understand their requirements. The SCT has recently been exploring this area with MEAM (Making Every Adult Matter), producing a more detailed review and set of recommendations that include what alternative organisations and groups may support further understanding³. During our interviews, Service Coordinators identified a number of hard-to-reach client groups who are not currently that engaged with GK, including people with MCN who are:

- not engaging with some services due to their geographical location
- in the Somalian communities in Bristol
- in Romany Gypsy communities in Bristol

³ Golden Key (2016) *Golden Key Quarterly Report Quarter 2: October-December 2016* (Appendix F, p50). Sourced from 07-02-2017 Partnership Board meeting supplementary papers.

- unlikely to engage with some services due to cultural values (e.g. taboos around mental health - not necessarily BME based)
- not within the GK selection criteria but would nonetheless benefit from a dedicated service coordinator.

It remains unclear though, as suggested in the Phase one local evaluation report, whether it is possible that individuals with *severe* multiple and complex needs could be ‘hidden’ from services given that the likelihood they would be in touch with services such as police, emergency health and probation.

3.1.6 Service Coordinators and the wider partnership

Those Service Coordinators spending regularly allocated time (e.g. weekly) with their seconding partner reported feeling more embedded in these organisations. Secondees have an alternative pathway for raising issues with the Partnership Board and reported sometimes hearing about GK developments via these channels other than the SCT or Programme Team.

“Sometimes I’ve felt distant from what the programme team are doing... I’ve had a couple of times when people have said ‘oh yeah I’ve spoken to so and so and they’ve done this and this’... maybe it’s a bit of arrogance or something on my part but I’ve thought ‘oh I didn’t know that, why didn’t I know that?’ and sometimes I feel like I’m a little cog in a bigger kind of machine and I feel a bit disconnected from some things.” **GK SERVICE COORDINATOR**

The team have previously given feedback around their desire for a better understanding of GK’s activities, to improve communications and connection with the Programme Team and other GK activities, this is still considered an area where attention is necessary. A member of the Programme Team recently began to regularly attend Service Coordinator Team meetings to improve communication between the teams and this was perceived by most Service Coordinators as a positive step towards addressing their feedback. Most Service Coordinators were aware of the citywide change initiatives but felt somewhat disconnected from this work.

3.1.7 Suggestions for action

- Consider structures for developing, capturing and sharing learning about specialist groups. This could include supporting Service Coordinators with: *planning objectives and activity, data analysis, focused research activity, joining up with equivalent Fulfilling Lives specialists, collaborating within the team on specialist areas, identifying & learning from interesting research & practice nationally/internationally, capturing and sharing learning through specialist case studies, online/print articles, meeting with other professionals, leveraging secondment partnerships, attending other services team meetings, etc.*
- Gain insight into why Service Coordinators have left the team and consider how to support career progression and compensation for Service Coordinators within GK.
- Review expectations around Service Coordinator activities and caseloads. Consider whether the role includes sufficient flexibility to support Service Coordinator’s coping with the chaotic nature of GK client work and involvement with other activities.
- Develop Service Coordinator Team resource management capacity areas: succession planning, contingency planning, recruitment strategies

- Further activity is needed to confirm whether there are other potential client groups who are experiencing barriers to accessing services (*one option is using a ‘strengths based’ approach to this exploration, e.g. looking at what different resources/ strengths particular groups access which may meet their needs differently*).
- Consider investing in communications and engagement training for key members of staff to develop understanding of how communications practices can contribute to GK’s effective stakeholder engagement (likely to be critical to systems change).

3.2 Key findings: approach to initial client engagement

3.2.1 Service Coordinators approach to initial client engagement

Service Coordinators described a fairly consistent approach across the team to initial engagement with clients, with some variability shaped by client needs. The following were considered priority activities by Service Coordinators during the initial engagement process:

- Getting to know the client – investing time and energy to build trust, to understand the client’s character and needs.
- Enabling clients to decide what they would like to work on and the pace of the support.
- Understanding the existing landscape of previous and current service engagement (through the client, the referring service worker, and other professionals).
- Managing client’s expectations of what they can expect from Golden Key – programme features and the nature of support.
- Understanding any risks to working with the client.
- Gaining consent from the client to working with GK and contacting other named services on behalf of the client whilst avoiding too much paperwork.

Initial engagement often requires great patience and perseverance and subsequent breakthroughs by Service Coordinators in engaging clients were described with pride as accomplishments in their professional role. Most Service Coordinators had a number of clients on their caseload who were not actively engaged with GK for various reasons and available time was raised as one barrier to developing engagement with some clients (e.g. those outside the area, out of contact, in prison, etc.).

3.2.2 Client’s experiences of initial engagement with GK

Client interviews indicated that, when first engaging with GK, they understood primarily that it was a **new** and **long-term** service **especially for people like them**. These features (particularly the long term element) offered reassurance, reducing the perceived risk of engagement.

“One of the things that I remember that particularly made me think well this would be really good was that they said GK was a longer term thing, we’ll work with you for 5 years or something. That for me was a really positive point because, I was really up for that because I’d worked with most agencies before, I’d been with some of them 2 or 3 times and stuff always, it always got messed up, probably my fault, sometimes not my fault but it’s always stopping and starting.” **GK CLIENT**

Many clients we interviewed were already at a particularly low point in their lives when they first engaged with GK.

“I'd stopped engaging with everyone really, and everything had got, the worst, my life had fallen apart and I was not doing anything about it.” GK CLIENT

Whilst many clients we spoke to often went into initial engagement meetings feeling anxious and/or apprehensive, their experiences engaging with Service Coordinators were positive, and the initial meetings felt relaxed and easy to clients.

“I came out of the first meeting on the assessment and everything with a thought, ‘you know what, this might work’. I got the impression they was taking what I was telling them very serious and they had a bit of an insight and understanding and I thought well this is definitely worth going to the next meeting.” GK CLIENT

3.2.3 Suggestions for action

- Use the client’s perspective of GK’s important positive characteristics to inform any communications about GK to clients at critical points when engaging new clients.
- Focus on developing ways of engaging those clients who are less engaged or disengaged.

3.3 Key findings: GK approach to client support

3.3.1 Understanding the Service Coordinator’s approach with clients

A number of consistent themes emerged from discussions with Service Coordinators about their approach to working with clients and descriptions of particular client cases. These themes correspond with the anticipated approach set out in the original GK business plan and SCT interviews highlighted how the team has developed a greater understanding of these through their working practice. The main themes that emerged are as follows:

- Developing a **trusting relationship** with clients – being seen to be ‘genuine’.
- **Client led** – letting clients go at their own pace, focussing on their needs rather than service provider assessments/targets, flexible support adjusted to client’s needs.
- **Non-judgemental and accepting of setbacks** - understanding everyone is doing the best they can, given their circumstances.
- **Holistic** – across services and other personal aspects.
- **Consistent/reliable support** - not letting client down.
- **Psychologically informed** - valuing clinical supervision & other previous experience.
- **Learning approach.**

The SCT Manager and GK Psychologist provide fundamental guidance in shaping the Service Coordinator’s approach into practice that is integral to the team’s functioning.

3.3.2 Understanding the client’s experience of the GK approach

Client interviews provided a complementary account that highlights a number of distinctive characteristics of GK.

Strong trusting relationships: Clients described strong trusting relationships with their Service Coordinators. Key contributing factors were clients liking and respecting their Service Coordinator, also finding them genuine, consistent, reliable, accessible and responsive to their needs (especially in crisis).

“I feel that I've been listened to, I feel that they're [Service Coordinator] there when I need them the most... I bonded very quickly, built up the trust very quickly. As I say, I think the consistency was part of that, and I felt that this is a person who is not going to let me down.” GK CLIENT

“Maybe it's just the person I've found to work with, I get on with them very well and I trust them completely and they know about all the stuff that's gone on.... one of the ways that I built up trust with him because he always took me seriously and never led me to think is this person just going through the motions but really they don't like me as a person and they think I'm attention seeking or just trying to get, lying about stuff, I hate that.” GK CLIENT

Holistic, independent of services, positive and flexible: Clients we spoke with who were fully engaged with GK, described their Service Coordinator's support in ways reflective of an approach that was: holistic (across all services and client's personal life), independent of services - on the client's side, pro-active, positive and flexible - depending on the client's needs.

“My GK worker oversees all of that and because they can work with different agencies, so to me they feel separate which is good because if I've got problems with something or there's something I don't understand or things, they can interact with all of those different agencies... they seem to work with everyone and be involved with everything... they always seem to be able to say yes to help me, there doesn't seem to be a barrier or problem to anything.” GK CLIENT

Highly valued personal and emotional support: Most clients we interviewed described appreciating the personal and emotional support that Service Coordinators provided. This included practical personal support (e.g. moving house, domestic matters) and emotional support ranging from having someone to talk things over with to a more therapeutic role.

“They're constantly there if you need help, and he was there.... you know, through all the crap, which really helps you know because you feel that there's always an avenue even if it's just to vent about it, there's someone there on your side, it's a good thing.” GK CLIENT

Practical challenges to the provision of consistent support: One client described some gaps in support during a period when he transitioned between Service Coordinators (due to a Service

Coordinator leaving) and was not happy with his first replacement. Clients described a range of situations regarding their relationships with GK Service Coordinators beyond their assigned worker. Several clients were working closely with two Service Coordinators, whilst others were unaware if they had any second/backup worker assigned. Five clients commented on knowing their Service Coordinator was busy, although these individuals also emphasised they were overwhelmingly satisfied with their support from GK. This was brought up as a suggested area for improvement by several clients, although it may be possible that Service Coordinators are using their availability as a way of managing client expectations as the client progresses and requires less support.

These practical challenges must be considered as a potential risk to the client relationship given its centrality to the GK approach. Primarily this concerns people leaving the team but also time pressures and the changing nature of support may have an unintended impact on the client relationship. During an evaluation workshop to discuss emerging themes, Service Coordinators noted the challenges of finding the right balance of support for each client. Service Coordinators reflected on their experience with some clients, where increasing the level of support resulted in escalating the amount of support a client felt was needed, without necessarily providing additional benefit to the client.

Clients struggled to suggest potential improvements to GK: When asked to highlight the positive elements of GK, clients pointed to the: longevity, independence from other services, consistency and the personal budget. When asked to highlight negative elements of GK and suggestions for improvement, clients struggled to find anything (other than expansion to support more people) and some voiced concerns about the future point when GK support would end. Suggestions included weekend support and clients being able to refer their peers to GK.

“It's just a good thing, I can't really find a negative thing really about it... I think mainly that I think it's the right answer, people need more of this, what I've been getting.” GK CLIENT

3.3.3 Suggestions for action

- Capture the developing GK model and corresponding guiding principles that are being used with engaged GK clients. This could then contribute to: (i) building Service Coordinator's independence in decision making and balancing levels of client support, (ii) systems change work, and (iii) sharing the team's practice with others.
- Look at ways of best safeguarding the client relationship from potential risks, particularly around workload management, sustaining continuity of Service Coordinator support and managing client expectations around changing levels of support.

3.4 Key findings: SCT support to engage clients with services

3.4.1 Understanding the Service Coordinator role

Service Coordinators all described their role as being hugely varied due to the holistic support that can cover all areas of client's life, sometimes requiring both intense personal and emotional support. It was apparent that the role demands investment of considerable 'emotional labour'. Maintaining professional boundaries and managing dependency were

sometimes areas found to be challenging and there were some differences of opinion amongst team members on how this tension should be approached. The fine line between the benefits of security in the relationships of Service Coordinators and their clients, and the potential for dependency was a significant concern for some of the team.

“I’ve got two or three people who I think are more reliant on me at the moment than I would like to be longer term... I’m struggling to move them forward, so I’m trying to build their relationships with other people [service workers] but maybe other people don’t have the luxury of the time and flexibility that I’ve had and the kind of support, psychological support.” **GK SERVICE COORDINATOR**

To some extent Service Coordinators countered this with reference to GK’s longevity. However the literature in the area strongly suggests that failing to respond to this early may prove a significant risk⁴. Furthermore, given the working models of relationships that many GK clients draw on, and the importance of security in their relationships, this is a particularly salient concern^{5 6}. In light of the potential issues this raises for clients, and the concerns of Service Coordinators, it is recommended that the team reflect on this and discuss strategies for collectively addressing any concerns going forward.

Nearly all Service Coordinators conceived of their client work falling into two main categories:

1. **Support work:** Personal support, crisis management, filling gaps in services and social support networks.
2. **Co-ordination:** Facilitating and coordinating access to the right services to get client’s needs met.

Most Service Coordinators envisioned that generally a client would require ‘*Support work*’ at the start of their GK journey but then as they progressed, there would be a move towards more ‘*Co-ordination*’ activities. Service Coordinators generally reflected that they considered the support work less desirable and the coordination activity more desirable. However, this view was not fully reflected in how Service Coordinators described the activities that are considered appropriate as clients progressed. For example, ‘*Support work*’ may include meeting immediate basic needs such as buying dry/functional clothes but also extended to areas of fulfilment such as developing coping strategies for anger management, aspirations, and life planning. Equally, ‘*Coordination*’ can involve basic elements such as logistically supporting clients to attend appointments but also extends to highly complex coordination/navigation of multiple services.

⁴ Mallinckrodt, B. (2010). *The psychotherapy relationship as attachment: Evidence and implications*. Journal of Personal and Social Relationships, 27, 262–270.

⁵ Parr, S. (2015). *Conceptualising ‘The Relationship’ in Intensive Key Worker Support as a Therapeutic Medium*, Journal of Social Work Practice, 30:1, 25-42.

⁶ Vetere, A. & Stratton, P. (2016). *Interacting Selves: Systemic Solutions for Personal and Professional Development in Counselling and Psychotherapy*. Routledge: UK.

Service Coordinators who had been in the team for over a year mentioned how the role had changed over time and variations between clients was also highlighted. The changing nature of support was attributed to:

- refining the ‘GK approach’ with clients and services over time
- Reducing focus on engagement activity as GK partner’s awareness and understanding grew
- increasing caseloads (as clients became engaged) resulting in less available time per client
- client’s progression leading to reduced need for support
- access to partner agency’s support for the client (e.g. some clients could access more holistic personal support from other partner organisations, or had additional support as care leavers).

Some Service Coordinators found it challenging to manage client’s expectations of their role given these changes over time, combined with their responsive changes in support as the client progressed.

3.4.2 Client’s experience of engaging with services

Client interviews revealed a recurring theme of feeling ‘let down’ by services. This included various and systematic ways that client’s expectations of support were not met, negative experiences through assessments, and some specific traumatic incidents.

Most clients, however, indicated that their experiences of services had improved since engagement with GK. Their Service Coordinator gave them confidence to engage with services and increased client’s trust that services would meet their needs more effectively.

[*“Yeah, I believe definitely that I’m being listened to, that my needs are being listened to a lot more.” GK CLIENT*]

[*“I get on with everyone that I work with now, it’s just part of different situations... I’m trusting again organisations and people in authority, not authority, you know keyworkers stuff like that.” GK CLIENT*]

Exploring client’s current experience of services revealed some important elements of Service Coordinator support activity that clients particularly appreciated, such as:

- Extensive knowledge of services to navigate and signpost effectively.
- Good communication skills and knowing the client enables Service Coordinators to ensure other professionals understand and respond to the client’s needs effectively.
- Coordination activity to ‘join-up’ services, keeping everyone informed (e.g. update meetings, calls and round robin emails).
- Advocacy and negotiation on behalf of the client
- Supporting clients through the assessment process to improve the experience

“Then everyone knows which page you're on and I know what page I'm on... Things can get on top of me if everyone's not on the same page and in the past it can bog me down... and then I'll kind of avoid, I might lose my script, I might not go to probation, miss appointments and then that's the way it is... I'll be like if you can't take time to even phone that person up and ask that person what's going on for me and you want me to tell you again then I gets hostile and I don't wanna know, then I don't move on... you know, so it [the way it works with GK] is better.” GK CLIENT

“If I've had things like PIP [Personal Independence Payments] interviews, they've helped me with that, they've just been there as reassurance for me... prompting me and helping me answer questions I would most probably get stressed and I would forget to ask or forget to tell.” GK CLIENT

3.4.3 Service Coordinator's navigation/ coordination of services

When Service Coordinators described their day-to-day work to engage clients with services they described how this often creates some 'flexing' of services for individual clients. Some underlying factors identified that support this activity were:

- Strong partnership engagement and GK activity to build awareness & engagement (pre-launch & ongoing).
- Services taking GK and their clients seriously with professionals often making an extra effort to support GK.
- Service Coordinators building networks of strong relationships through working with individual professionals and the team's secondments.
- Good understanding of individual client's needs.

“I have pretty good relationships with pretty much all of them [service workers] I work with I think, we have the odd disagreement, well we do have disagreements but we can talk about it, there's no shut doors on those conversations.” GK SERVICE COORDINATOR

Some identified mechanisms through which Service Coordinators achieve flex in the system included:

- Service Coordinators maintaining dialogue with other professionals about individual clients. Keeping services updated can mean that other professionals can understand the importance of an opportunity and implications of missing it
- The existence of the Service Coordinator can change other professional's expectations of client's behaviour and expected outcomes, this gives services greater confidence to take risks in supporting a client that they might otherwise choose to avoid.
- Using an understanding of both the client and services to advocate and negotiate with services on behalf of the client.

Some examples from Service Coordinators are outlined below.

*“For one client it was getting to a point of being able to talk to the mental health services and letting him tell his story... what he’s been saying is ‘I don’t have schizophrenia, I don’t have **this** problem’ but what they were listening to was, ‘I don’t have **any** problem’... now they’re going to change his diagnosis from schizophrenia to bi-polar so next time they’re not going to prescribe him and overdose him on medication when he doesn’t really need it.”* **GK SERVICE COORDINATOR**

“I’ve got a guy who’s in a hostel, he came from rough sleeping for about a year... he should have been there for 9 months, he’s been there for 13 months so I’ve been going to his key worker and developing a relationship with them... and then working with them to present to the manager about can you keep this guy a bit longer... you know we really want this to be sustainable for this person otherwise you’re just going to see them back again in 9 months and you don’t want that... the worker has said it’s made them think a little bit more about some other clients they’ve got.” **GK SERVICE COORDINATOR**

Service Coordinator’s described their experiences with GK partners that informed their belief that other service professionals are more aware and engaged with GK because they have seen the benefits of the Service Coordinator role for clients and themselves.

3.4.4 *Suggestions for action*

- Service Coordinators may find it useful as part of their systems change activity to look at different ways of conceiving their role and capturing the nature of their support activities in the context of planning for a future where GK is no longer needed or Big Lottery funding is no longer available.
- Find opportunities to consolidate and share learning from Service Coordinator’s providing personal and emotional support for clients with MCN (including understanding the GK Psychologist’s role/expertise), particularly in relation to managing professional boundaries and dependency.

3.5 **Key findings: how clients perceive their life has changed since joining GK**

Clients we interviewed were almost entirely and overwhelmingly positive about GK’s role in their life, all except one client perceived positive change as a combined result of GK’s support and their own endeavours.

“Golden Key has made a massive difference to my life, I'm in a lot better place now than I was 6 months down the line. Definitely, as I said before, the statistics about suicide from 2015 to 2016, one relapse in this period, from considering 6 times last year, is a lot of difference. That must be showing that I have a lot more morale and want to live more. Obviously there's other things that comes into play with that, you know about being supported and things like that but they are the key workers on that.” GK CLIENT

“Since I've been with GK, that's the longest I've been out of jail... longest was a month before, and now I've been out a year.... and I've come back with negative drug tests and all that... I'm not really sure what the difference is but it's a big difference.” GK CLIENT

“I didn't realise since I come off them [tablets prescribed for mental health] how many years I'd been on them, I'd been on them 30 years, one lot, 30 years... So like my mood is like really good at the moment and it's the first time it's been good in I can't remember since when, I'm content... now I'm happy and I've got a really good relationship with my son, I didn't see him for 9 years.” GK CLIENT

Some clients talked about feeling lonely at times and wanting to find positive activities to structure their time and positive people to spend time with.

“I really feel like I haven't got no friends though... I can honestly say, I haven't got one friend... I tend to, like, be around people that, you know, are just out there and will always be there, and I can go there and they'll be there but then they'll always treat me like shit.” GK CLIENT

3.5.1 Suggestions for action

- Focus on finding positive activities and meaningful uses of time through identifying gaps and exploring possible new initiatives.
- Understand client's experiences of loneliness in more depth, particularly how this influences their journey and whether further specific support would help clients progress.
- Find ways of capturing, sharing and celebrating client's successes (for both clients & GK)

3.6 Key findings: use of personal budgets, perspectives and challenges

3.6.1 Client's experience of personal budgets

GK clients have access to an annual £500 'personal budget' for the first three years of the GK journey that aims to: empower client's choice in taking small steps forward, remove barriers to accessing services, avoid escalation of crises and improve self-esteem through meaningful activities. All clients we interviewed through the peer research described their access to and

own use of their personal budget positively. Clients felt supported and empowered by their Service Coordinators in their spending choices.

“I’m getting a metal detector next week which gives me something to do instead of shoplifting... I’d always wanted to get in on it and everything... so it’s a good thing.” GK CLIENT

“The nice thing is about the money... and that has been really nice to know that’s there... they’ve never tried to hold it back from me, you know I’ve never been like saying, can I get some glasses and they’ve said, well really you should get this instead... so I’ve never had to feel bad about asking for stuff.” GK CLIENT

Several clients, however, had an unclear or inaccurate understanding of their Personal Budget:

“I don’t know the ins and outs, I know they’re not supposed to tell you how much it is and it’s only for something that can improve your life so, so when I have spent it on stuff to improve my life, I certainly wanted to make sure that it is something that would improve my life.” GK CLIENT

“Some of the bonus points of it are... they have a £300 a year spending allowance.” GK CLIENT

3.6.2 Service Coordinator’s experience of personal budgets

Service Coordinators gave a range of examples of how clients had used their personal budgets. The benefits described (as follows) were few in number but are considered significant by Service Coordinators in leveraging the client’s progress:

- Some clients have used their personal budget to change their lives significantly for the better (e.g. driving lessons, courses, connectivity with family).
- Can be a powerful engagement tool and support development of trusting relationships with the Service Coordinators
- Supports meeting basic (but very important!) practical needs that are a barrier to client’s progression.

“I think the main benefit for a lot of my clients has just been having more contact with family I think... which has been really nice ... either trains to places or getting phones helping them to do that.” GK SERVICE COORDINATOR

Whilst all Service Coordinators acknowledged and appreciated the benefits of personal budgets, they also found them challenging to manage due to a range of practical and ethical concerns summarised as follows:

- Time consuming to administrate.
- Challenges of managing client’s expectations around how it is spent (e.g. you can’t have food but you can have a phone).

- Managing personal opinions or client’s choice of spending and feeling accountable if the item does not lead to successful outcomes.
- Some clients are extremely demanding if they know the amount of money available (especially clients with learning difficulties or severe addictions) and Service Coordinators may feel compelled to not disclose the full extent of personal budgets.
- Other GK stakeholders challenge their spending choices without understanding context.
- The money can change the dynamic and power of the relationship with the client and sometimes feels like buying trust.
- A concern that timescales may not meet client expectations and future needs.

These concerns may be challenging for Service Coordinator’s handling of personal budgets but these did not emerge at all as concerns of the clients we interviewed.

“99% of the guys that I work with, they’ll use it to its best potential, this is only 2 guys that I can’t work like that with because I know damn well that if I give you a phone, you’re going to sell it because your drug use is now so prolific you can’t help yourself and then I’m just giving you another means to end your life a little bit quicker, which I really feel uncomfortable with so I’m you know I am having to lie to these guys which I don’t really like about where the money comes from, how much it is.” GK SERVICE COORDINATOR

3.6.3 Suggestions for action

- Continue conversations with clients, experts by experience and other key stakeholders to clarify the principles and purpose of the personal budget - to guide both Service Coordinators and clients.
- Consider piloting alternative ways of structuring the personal budget based on learning gained so far from the use of personal budget in practice. Arrangements other than ‘one big pot’ over 3 years may better suit clients at different stages of their journey.
- Support SCT to share examples of how personal budgets are being used and any lessons on good/bad practice.

3.7 Key findings: analysis of quantitative client outcomes and demographic data

Previous research findings across the domains of mental health, substance misuse and desistance from crime highlight the considerable time and effort required for people with multiple complex needs to make progress in their recovery to build sustainable fulfilling lives. Furthermore, when we consider client’s progress in this context, we should expect that: *“the process involves setbacks, lapses, and trying again”*⁷.

⁷ Lucy Terry & Vicki Cardwell for Lankelly Chase (2015). *Understanding the whole person: Part one of a series of literature reviews on severe and multiple disadvantage*. Available online at: <http://lankellychase.org.uk/wp-content/uploads/2015/12/Understanding-the-whole-person-Part-One.pdf>. Last accessed 11 March 2017.

Data examined includes demographic, Outcomes Star and NDT client data contained in the eight quarterly data submissions to the CFE National Evaluation Team over two years from Sept 2014 to Sept 2016 including data for 110 clients.

3.7.1 Client engagement and disengagement

Whilst the CFE data returns detail 110 clients, only one GK client is recorded as disengaged (due to death). This is significantly different to the situation across all *Fulfilling Lives* programmes, which suggests that around 25% of beneficiaries have left the programme mainly due to disengagement⁸. The Service Coordinator Team is considering ways to record the level of engagement with GK for each client to determine through monitoring and evaluation data whether a client is actively engaged. Understanding engagement and support levels allows us to see whether the Outcomes Star and NDT data is more often recorded for engaged clients. This data on engagement is critical to understanding the impact of GK support and will be a priority for the next evaluation phase.

The number of clients recorded in the CFE data return for September 2016 was 110. This is, less than the initial expectations indicated in the business plan of supporting 150 clients at any one time.

3.7.2 Demographic profile of GK clients

GK's client selection has been partially guided by the aim of learning more about the experiences of specific groups of people with multiple complex needs (e.g. women, young people in transition) and also influenced by the partner organisations who refer clients. Therefore it should not be expected that the demographic profile should be representative of the citywide or national population of people with multiple complex needs. Several Service Coordinators suggested there was a low representation of LGBT in GK's client profile, however, we did not have data from GK or the local profile of MCN to verify if this is the case. Basic demographic information is summarised below to give an indication of the profile of GK's client base.

- GK have maintained a fairly even gender split. This reflects an intentional bias to support the programme's learning rather than mirroring the national profile of people with multiple complex needs where research suggests that around 80% are male⁹.
- At 22.8% (excluding clients with ethnicity unknown), GK clients have a higher proportion of BME than Bristol as a whole (overall BME proportion in Bristol reported at 16%¹⁰).

While there are a large proportion of clients whose disability status is unknown, we observed that of all those clients whose status is known, 44% (31 clients) are recorded

⁸ CFE (2016: 19). *Fulfilling Lives: Supporting people with multiple needs Annual report of the national evaluation 2016*. Available online at: <http://tiny.cc/FFevaluation2016>. Last accessed 11 March 2017.

⁹ Lankelly Chase with Heriot-Watt University (2015). *Hard Edges: mapping severe and multiple disadvantage*. Available online at: <http://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf>. Last accessed 11 March 2017.

¹⁰ Bristol City Council (July 2016). *The Population of Bristol*. Available online at: <http://tiny.cc/BristolPopulation>. Last accessed 11 March 2017.

as having a (self-assessed) disability or long-term sickness compared with 18% of the general UK population¹¹.

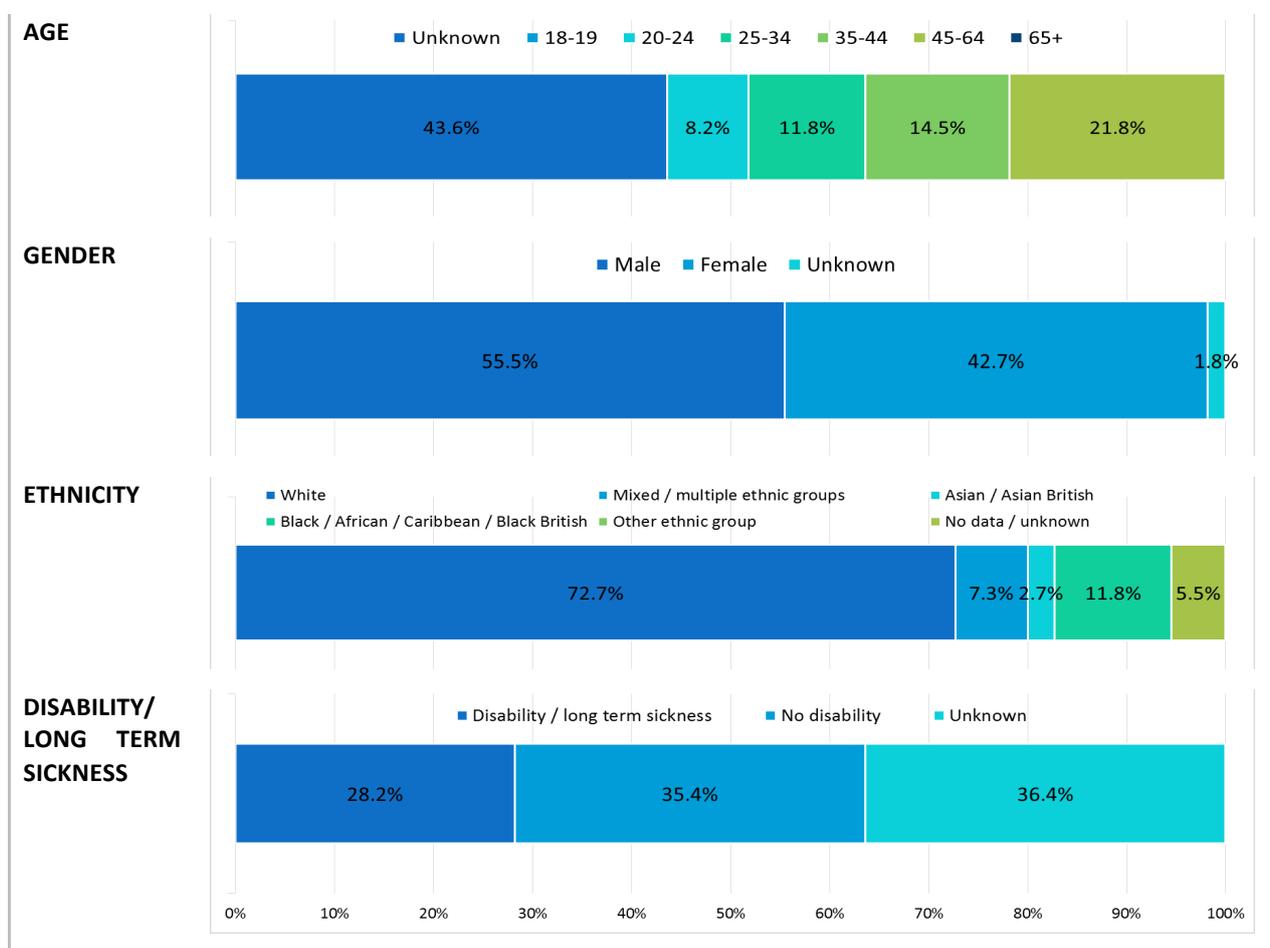


Figure 2: Summary of GK client demographics

3.7.3 Profile of GK client's identified needs

The GK client profile in terms of needs is comparable to the profile of the wider Fulfilling Lives programme (CFE 2016)¹², although GK have over double the proportion of clients with one and two needs¹³. This is likely to be due to the proportion of clients accepted to enable learning around specialist groups.

¹¹ Office for National Statistics (2013). *Disability in England and Wales: 2011 and comparison with 2001 ONS*. Available online at <http://tiny.cc/ons2013>. Last accessed 11 March 2017.

¹² CFE (2016: 11: figure 3), *Fulfilling Lives: Supporting people with multiple needs Annual report of the national evaluation 2016*. Available online at: <http://tiny.cc/FEvaluation2016> Last accessed 11 March 2017.

¹³ Some clients had changes recorded in their profile of needs across the different quarters of CFE submissions. This data should record a client's need profile at the point of joining GK (and does not reflect change over time) so any anomalies in the data were cross referenced against the client's Inform notes to check this was the case.

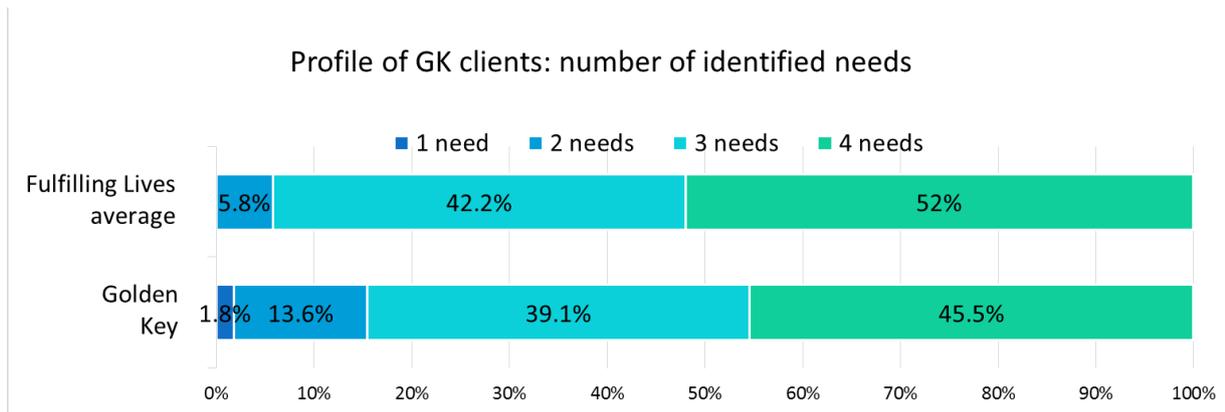


Figure 3: Profile of GK clients by number of identified needs

The overall profile of needs is not largely dissimilar to the Fulfilling Lives average beneficiary profile across mental health, offending and substance misuse. GK clients have a slightly higher incidence of mental health and slightly lower substance and alcohol misuse, whilst there is a lower (over 11%) incidence of homelessness. It is unclear why there is lower homelessness in GK clients and this merits further investigation. There is a very high incidence of PWMCN who need mental health support, in line with a characteristic of PWMCN recognised in previous research¹⁴.

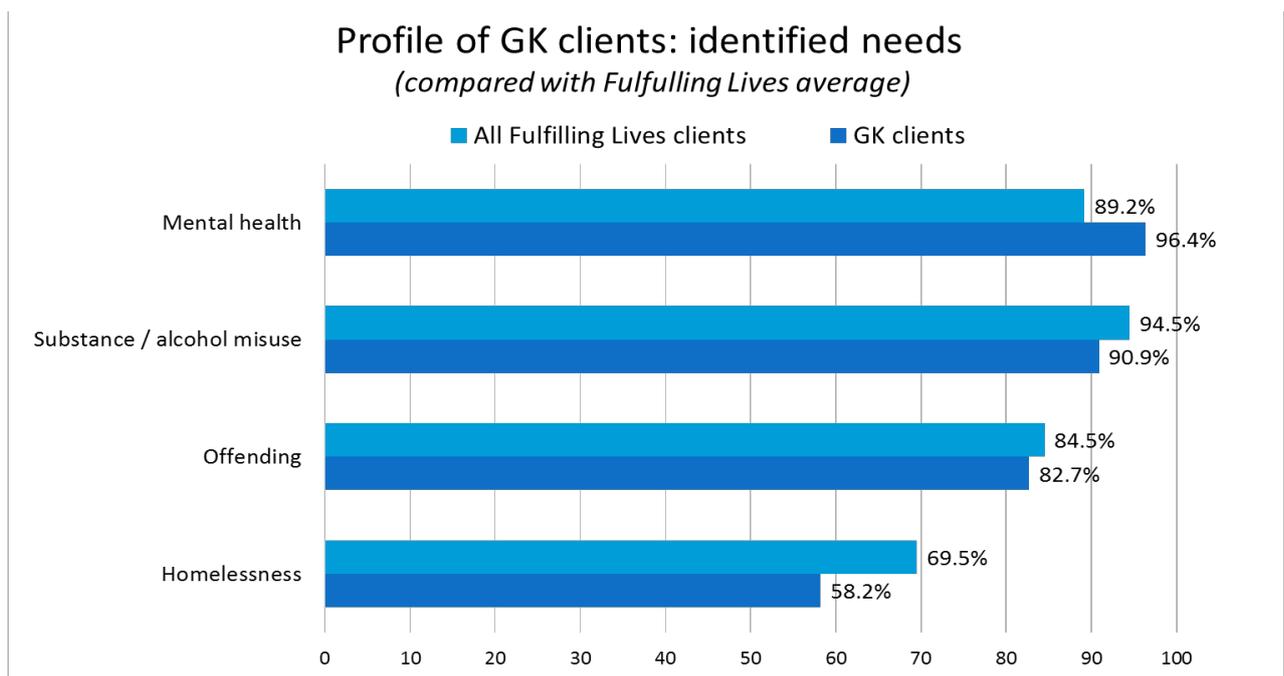


Figure 4: Profile of GK clients by identified needs compared with Fulfilling Lives average

¹⁴ Lankelly Chase with Heriot-Watt University (2015). *Hard Edges: mapping severe and multiple disadvantage*. Available online at: <http://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf>. Last accessed 11 March 2017.

The chart below shows the profile of GK clients categorised by the quarter of their starting date with GK. There has been a considerable variation of the identified need profile of accepted clients over the two years of GK. This highlights that there was a noticeably higher incidence of homelessness in clients joining during the first quarter of GK. Other variations across quarters are likely to be due to the programme’s changing emphases on engaging different partners, sample size, and varying focus on gaining referrals from specialist groups of clients (e.g. young people, women, BME).

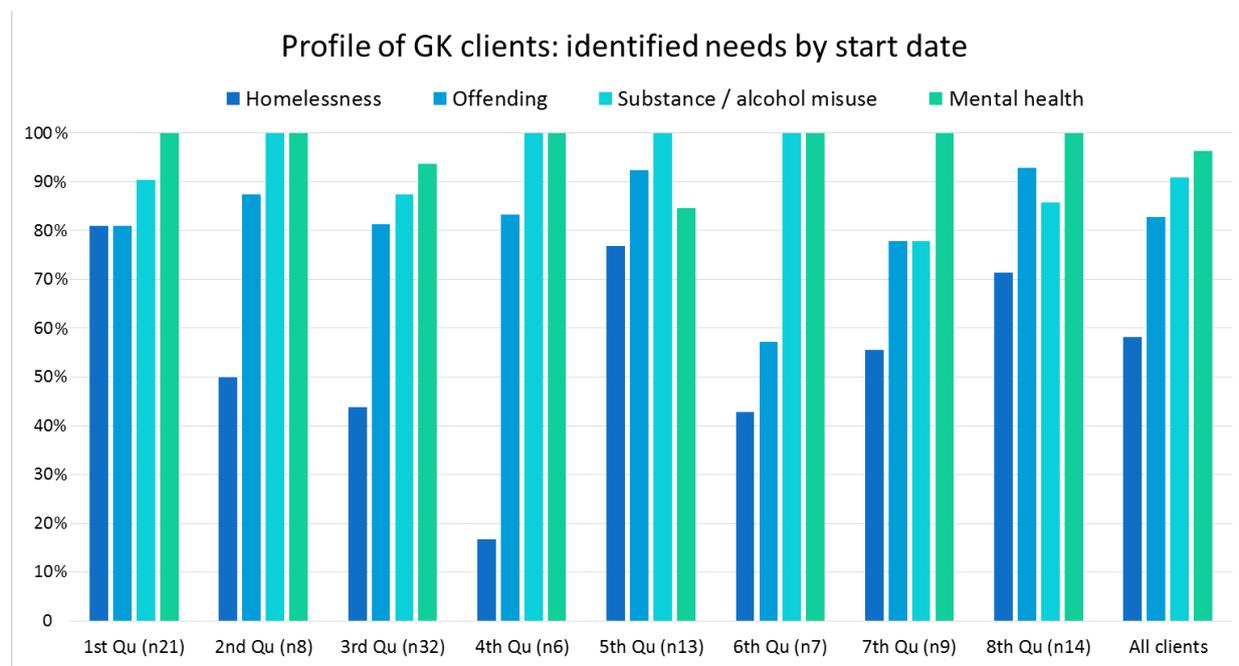


Figure 5: Profile of GK clients identified needs by GK start date

3.7.4 Tracking client’s progress through Outcome Star and NDT assessments

The Outcome Star and NDT tools were selected by CFE (national Fulfilling Lives evaluator) who provide guidance in their use as data collection tools, as summarised in Figure 6.

Given the way assessments are completed, GK only has a very small sample of clients who have regular assessment data at comparable points in time. Therefore, we have chosen to use averages (mean) of clients grouped by the length of time they have been supported by GK and include any clients who have an assessment completed for that stage in their GK journey (journey stage). **So, the “1st quarter” includes all GK clients who have been with GK for 1-3 months and have the relevant assessment completed, the “2nd quarter” includes all GK clients who have been with GK for 4-6 months and have the relevant assessment completed, etc.** This allows us one way of evaluating whether and how the overall group of clients with GK support have progressed over time.

Homelessness Outcome Star

This is a tool for supporting and measuring change when working with people who are homeless. It consists of self-assessment on a scale of one to ten for ten different issues including offending, managing money and physical health. An increase in the score indicates progress towards self-reliance (so high scores are good).

The Star is completed by beneficiaries with support from key workers within two months of them engaging with projects, and then at six monthly intervals thereafter.

For more information see www.outcomesstar.org.uk/homelessness/

NDT assessment (formerly the Chaos Index):

A tool for assessing beneficiary need. It focuses on behaviour across a range of areas to build up a holistic picture of need rather than the traditional demonstration of serious need in a specific area only (for example, mental health). It also explicitly measures involvement with other services, which is not routinely used as a measure of service eligibility otherwise. The result is an index, which identifies chaotic people with multiple needs who, despite being ineligible for a range of services, require targeted support.

The NDT assessment covers ten areas including engagement with services, self-harm and risk to self and others. Each item in the assessment is rated on a 5-point scale with 0 being a low score and 4 being the highest score; there are two areas where the score counts double (0 is the lowest score and 8 is the highest). Low scores denote lower needs (so low NDT assessment scores are good). The NDT assessment is completed by key workers as soon as possible after the service user engages with projects and then at six monthly intervals.

For more information see: <http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf>

Figure 6: Summary of Outcomes Star and NDT assessment tools from CFE (see footnote 8, p26)

3.7.5 Limitations of outcomes data and approach to analysis

Tracking progress of people with multiple and complex needs is challenging given the nature of the complexity involved and inter-dependent elements of personal, socio-economic and local contexts. Thus, some caution is advised when interpreting the change data presented here and a number of particular limitations outlined below should also be considered.

Limitations of data collection and assessment tools:

- The first data collection point for assessments is not a reliable baseline. Most (but not all) clients have an NDT assessment at the point of joining GK, but many do not have Outcome Star assessments at this point. Recorded start dates may also not accurately document the point when a client first engages with GK.
- It is not always possible to complete assessments at alternate quarters as prescribed (e.g. one quarter is NDT, the next Outcome Star, etc.).
- A client's levels of engagement and support are likely to have an interaction with the likelihood of a client to have assessments completed but this relationship is not currently understood.
- Data may be biased by whether Service Coordinators complete Outcome Star assessments with clients or not. Service Coordinators felt that their Outcome Star

ratings were skewed towards reporting positive progress when the client was present during assessments.

- Periodic 3-6 month assessments struggle to adequately account for the chaotic nature of MCN client's lives.
- Several Service Coordinators felt the design of the NDT may be positively biased towards males.
- Outcome Star and NDT tools have not been validated specifically for people with multiple complex needs to track longer term progress.

Limitations of analysis approach:

- The 'cohort' of individuals included in the data for a given journey stage varies from one quarter to another so we are not comparing data from the same people, or the same number of people across quarters.
- Assessments are completed at different points throughout the quarter (i.e. a client who has been with GK for 2 months 29 days from their first quarter with GK could effectively be compared with a client in their second quarter with GK who has been with GK for 3 months 1 day).
- The analysis does not completely account for the varying profile of GK clients over time.
- Average scores may hide important variations between clients and trends within the group.
- Outliers and different client profiles joining GK at different times may skew mean average scores, particularly in smaller samples.
- Inferential statistical analysis/tests have not been completed to validate the significance of findings.

3.7.6 Outcome star tracking

The Outcome Star data including all possible client data over client's first 18 months with GK¹⁵ shows that **clients made the most positive progress in 'Offending', while clients also improved in both 'Drug & alcohol misuse' and 'Managing tenancy & accommodation'**. Other areas showed very small movements forwards or backwards. Movement in all areas appears somewhat chaotic in that we see both backwards and forwards movements over the period.

Understanding these Outcome Star and NDT charts...

Positive progress in an area of the client's life is shown by lines moving further outwards on the chart. We've also made the line colours darker the longer the client has been with GK. Where clients have improved during their time with GK, then the lines get darker and move further out on the chart (i.e. as offending in the chart below).

¹⁵ Further data was excluded due to smaller sample sizes.

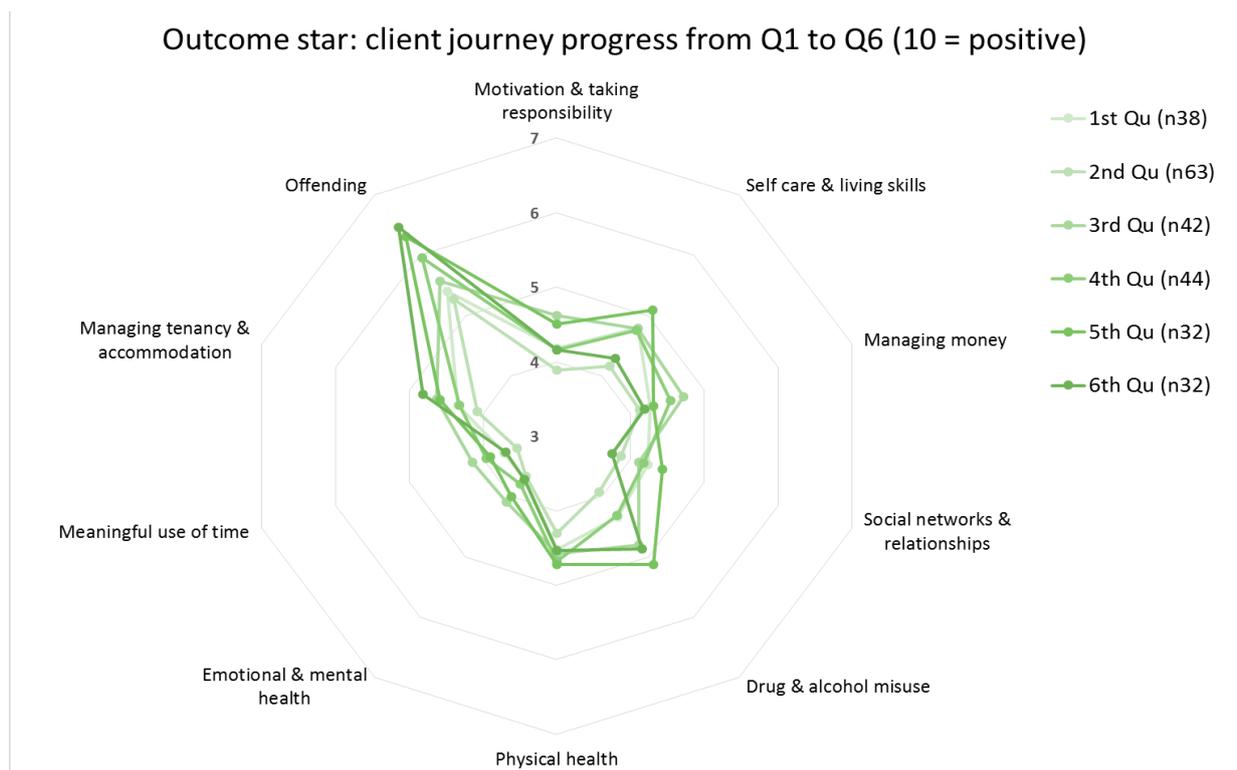


Figure 7: Outcomes Star progress for client’s GK journeys from Q1 to Q6

The table below shows change in average Outcomes Star assessment scores between the 1st quarter (0-3 months) and 6th quarter (16-18 months) with GK. An increasing positive value denotes improvement as indicated by the colour highlights.

Motivation & taking responsibility	Self care & living skills	Managing money	Social networks & relationships	Drug & alcohol misuse	Physical health	Emotional & mental health	Meaningful use of time	Managing tenancy & accom.	Offending
-0.03	-0.50	-0.08	-0.49	0.53	0.00	0.01	-0.02	0.47	1.06

Figure 8 : Change in average Outcomes Star scores for client’s GK journeys from Q1 to Q6

The NDT assessment scores for client’s first 18 months journey with GK show positive progress on every measure of between 0.5 to 1 on an (adjusted¹⁶) NDT 4 point scale. There are some smaller shifts backwards and forwards¹⁷ during the period.

¹⁶ NDT scores for ‘Risk to others’ and ‘Risk from others’ are recorded on an 8 point scale but have been converted to a 4 point scale for ease of comparison with all other NDT measures that are recorded on a 4 point scale.

¹⁷ NDT chart axes have been reversed, so that positive progress is always indicated by movement outwards on both the Outcomes Star and NDT charts.

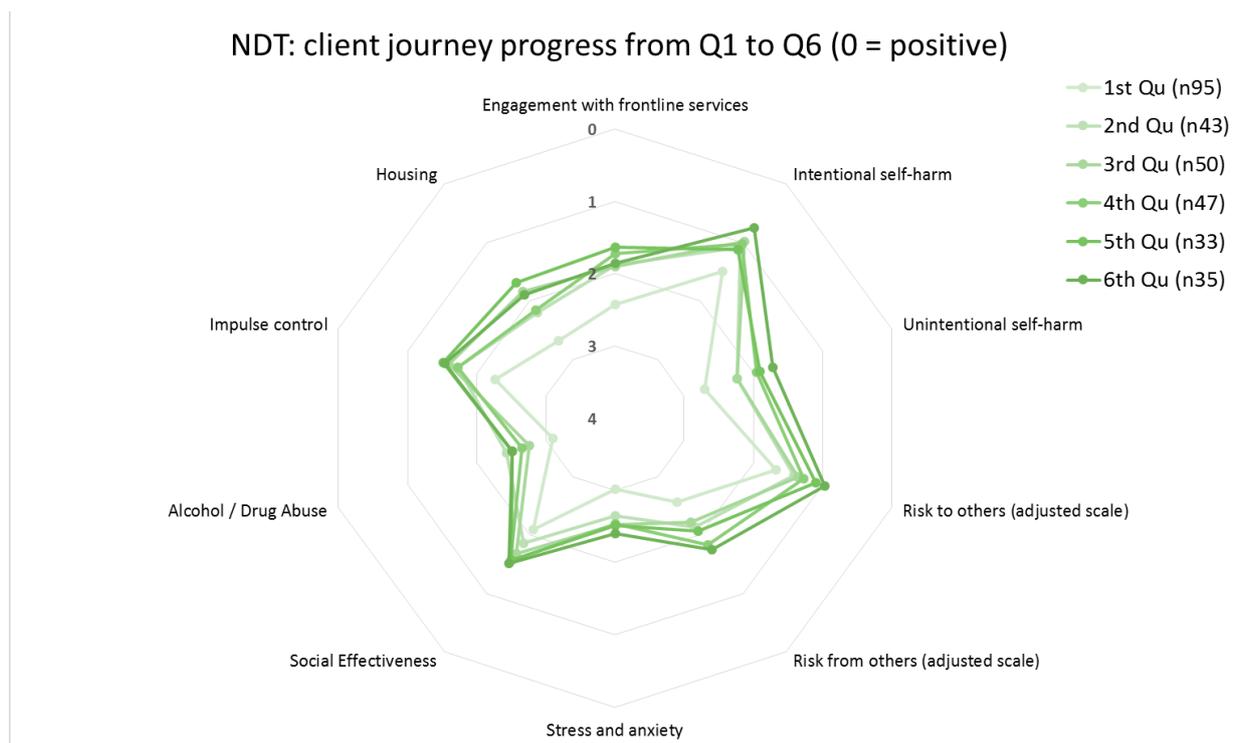


Figure 9: NDT progress for client's GK journeys from Q1 to Q6

The table below shows change in average NDT assessment scores between 1st quarter (0-3 months) with GK and 6th quarter (16-18 months) with GK. An increasing negative value denotes improvement as indicated by the colour highlights.

Engagement with frontline services	Intentional self-harm	Unintentional self-harm	Risk to others (adjusted scale)	Risk from others (adjusted scale)	Stress and anxiety	Social Effectiveness	Alcohol / Drug Abuse	Impulse control	Housing
-0.57	-0.75	-0.99	-0.70	-0.82	-0.62	-0.58	-0.59	-0.72	-0.80

Figure 10: Change in average NDT scores for client's GK journeys from Q1 to Q6

It was suggested during the Service Coordinator Team interviews that clients from GK's first 6 months of referrals were considered to have the most severe multiple and complex needs. We can also see from the chart showing 'Profile of needs by start date' that these clients had higher incidences of homelessness and higher average first NDT scores than found for the average of client's joining GK subsequently. These clients were therefore analysed separately. Future evaluation analyses will aim to provide further insight when more data is available.

The data was separated into clients who joined GK during the first 6 months ('Early joiners' from October 2014 – March 2015¹⁸), with those who joined after the first 6 months ('Later joiners' from April 2015-September 2016). There are some differences indicated from the Outcome Star scores :

¹⁸ As Outcome Stars were not generally recorded in a client's first quarter at that stage, the first point of Outcome Star Assessment was in the second quarter of the 'Early joiners' journey with GK.

- Both groups have made progress around ‘Offending’, although the ‘Later joiners’ progressed substantially further in less time (2.3 points on average in 18 months compared with ‘Early joiners’ 1.2 points in 2 years).
- Later joiners’ have on average made positive progress in ‘Drug and alcohol misuse’ (2.3) and ‘Managing tenancy & accommodation’ (1.4) and also show positive progress in all other areas apart from ‘Self care & living skills’.
- ‘Early joiners’ have also made positive progress over their 2 years with GK in areas of ‘Managing Money, ‘Physical health’ and ‘Social networks & relationships’ with a slight regression in ‘Emotional & mental health’ and little progress in the other areas.

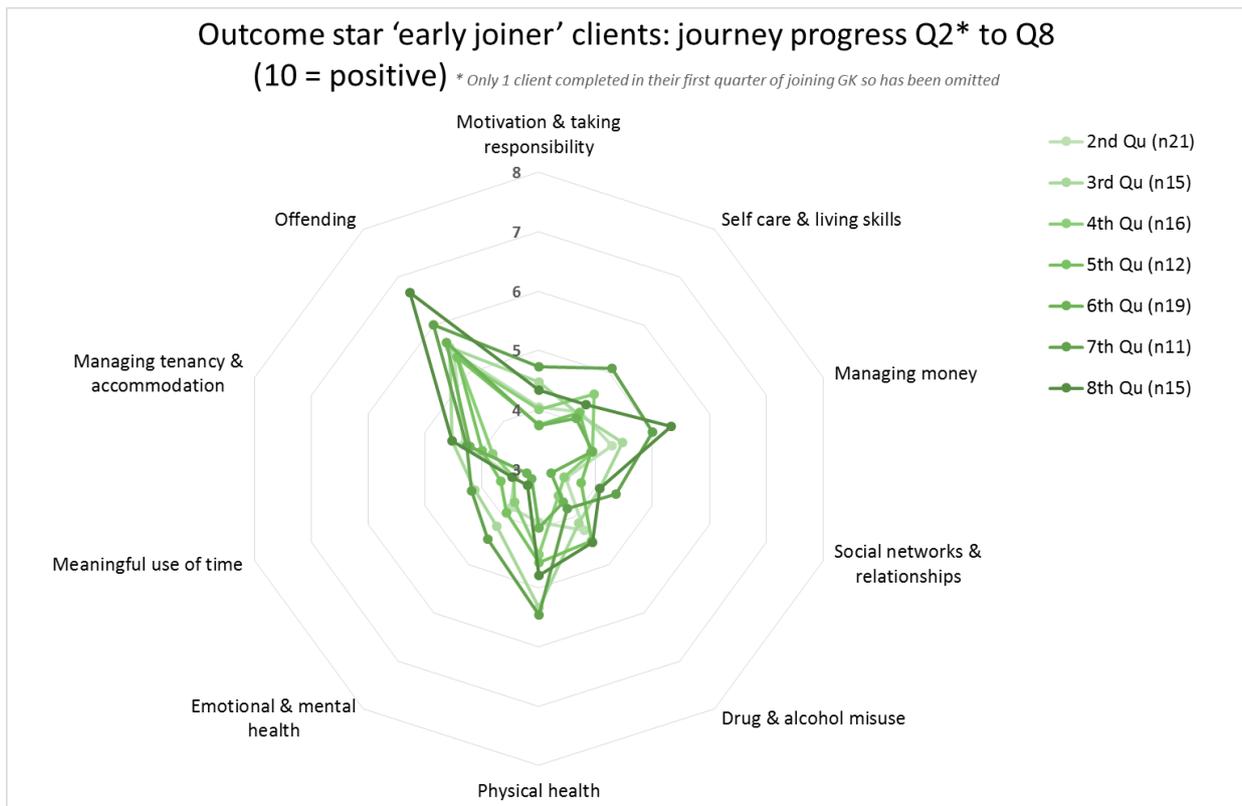


Figure 11: Outcomes Star progress for ‘early joiner’ client’s GK journeys from Q2 to Q8

The table below shows change in average Outcome Star assessment scores for the ‘early joiner’ clients between 2nd quarter¹⁹ (4-6 months) with GK and 8th quarter (22 months to 2 years) with GK. An increasing positive value denotes improvement as indicated by the colour highlights.

Motivation & taking responsibility	Self care & living skills	Managing money	Social networks & relationships	Drug & alcohol misuse	Physical health	Emotional & mental health	Meaningful use of time	Managing tenancy & accommodation	Offending
0.29	0.14	1.05	0.59	0.25	0.90	-0.48	0.04	0.20	1.24

Figure 12: Change in average Outcomes Star scores for ‘early joiner’ client’s GK journeys from Q1 to Q8

¹⁹ Only one assessment was completed for early joiner clients in their 1st quarter so this has been excluded.

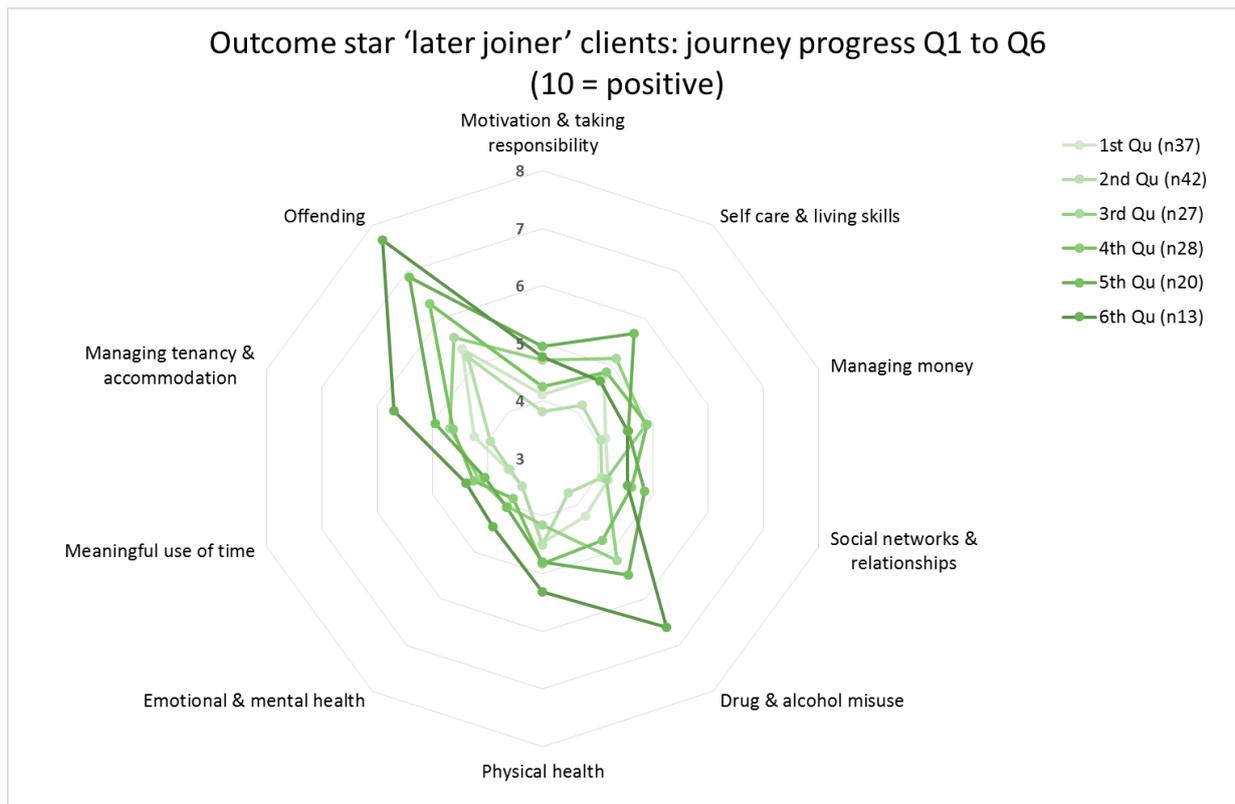


Figure 13: Outcomes Star progress for 'later joiner' client's GK journeys from Q1 to Q6

The table below shows change in average Outcome Star assessment scores for the 'later joiner' clients between 1st quarter (1-3 months) with GK and 6th quarter (16-18 months) with GK. An increasing positive value denotes improvement as indicated by the colour highlights.

Motivation & taking responsibility	Self care & living skills	Managing money	Social networks & relationships	Drug & alcohol misuse	Physical health	Emotional & mental health	Meaningful use of time	Managing tenancy & accommodation	Offending
0.66	-0.12	0.40	0.35	2.37	0.85	0.87	0.76	1.45	2.33

Figure 14: Change in average Outcomes Star scores for 'later joiner' client's GK journeys from Q1 to Q6

NDT scores of 'Early joiners' and 'Later joiners' show positive progress across all areas though there are also some differences:

- 'Early joiners' were more 'chaotic' in that they had higher (less positive) average scores across their first NDT assessment in at the start of their GK journey than 'Later joiners'.
- Whilst both groups show positive and reasonably consistent progression on average across all areas, there appears to be some regression in the later quarters. Previous research using a different edition of the Outcome Star conducted by St Mungos, found that "Positive outcomes peak at 6 -12 months, longer stays can be associated with a

decline in progress and an increase in mental health problems. Clients with multiple needs were most likely to slip backwards substantially.”²⁰

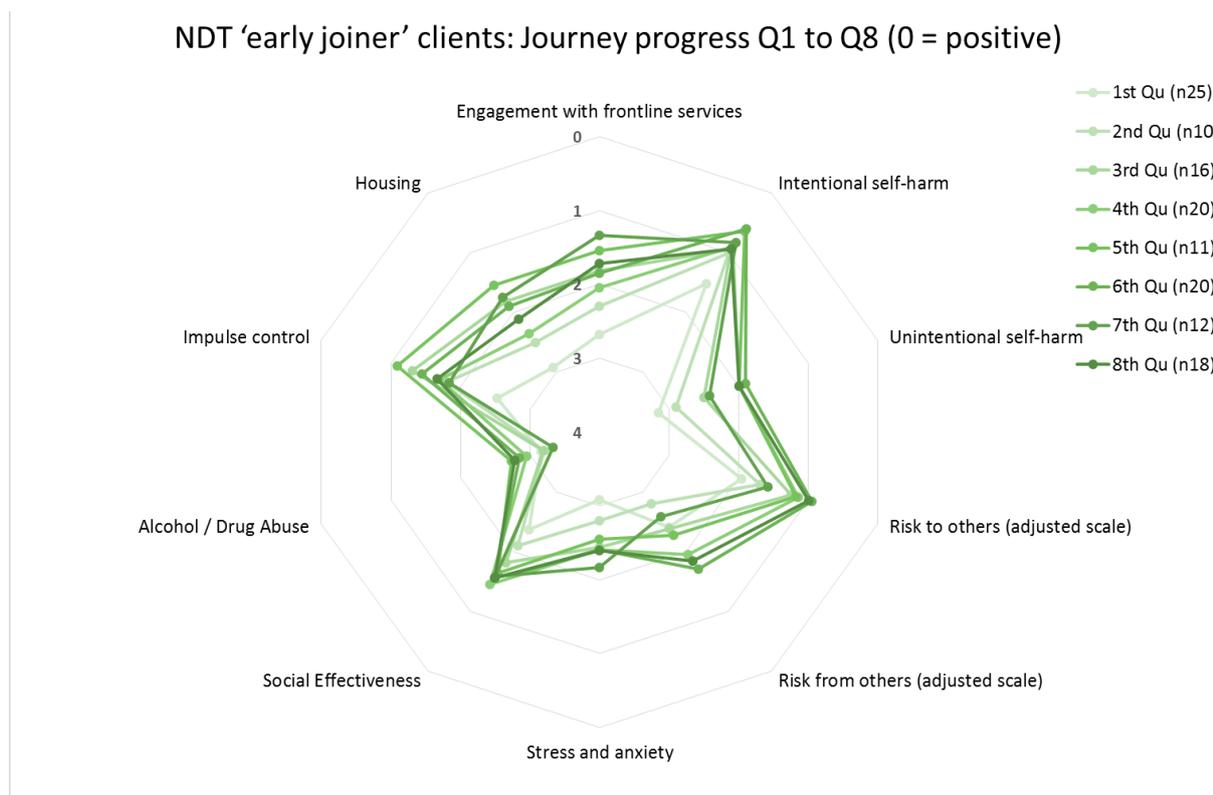


Figure 15: NDT progress for 'early joiner' client's GK journeys from Q1 to Q8

The table below shows change in average NDT assessment scores for the 'early joiner' clients between 1st quarter (1-3 months) with GK and 8th quarter (22 months – 2 years) with GK. An increasing negative value denotes improvement as indicated by the colour highlights.

Engagement with frontline services	Intentional self-harm	Unintentional self-harm	Risk to others (adjusted scale)	Risk from others (adjusted scale)	Stress & anxiety	Social Effectiveness	Alcohol / Drug Abuse	Impulse control	Housing
-0.96	-0.58	-1.16	-0.96	-0.57	-0.69	-0.80	-0.38	-0.85	-0.81

Figure 16: Change in average NDT scores for 'early joiner' client's GK journeys from Q1 to Q8

²⁰St Mungos (2008, p2). *First research results from the Outcomes Star*. Available from: <http://tiny.cc/SM-outcomes-star>, Last accessed March 11 2017.

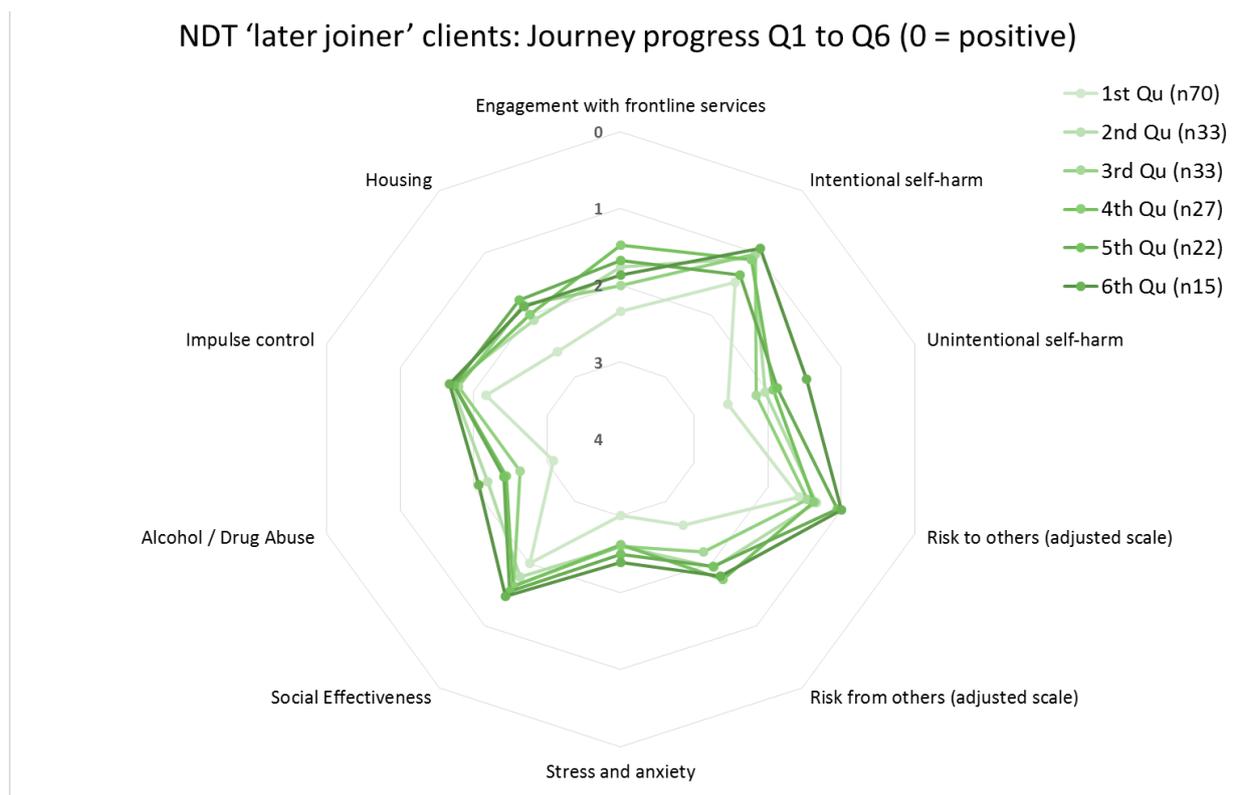


Figure 17: NDT progress for 'later joiner' clients' GK journeys from Q1 to Q6

The table below shows change in average NDT assessment scores for the 'later joiner' clients between 1st quarter (1-3 months) with GK and 6th quarter (16-18 months) with GK. An increasing negative value denotes improvement as indicated by the colour highlights.

Engagement with frontline services	Intentional self-harm	Unintentional self-harm	Risk to others (adjusted scale)	Risk from others (adjusted scale)	Stress and anxiety	Social Effectiveness	Alcohol / Drug Abuse	Impulse control	Housing
-0.48	-0.55	-1.08	-0.57	-0.81	-0.60	-0.53	-1.02	-0.50	-0.73

Figure 18: Change in average NDT scores for 'later joiner' clients' GK journeys from Q1 to Q6

3.7.7 Suggestions for action

- Further investigate how to measure and track client's differing levels of engagement with GK and support received to allow different ways of understanding the relationship between client's progress and GK support (this could potentially be supported by the evaluation activity in phase 3).
- Explore whether it would improve consistency and data collection to record Outcome Star data for the CFE data submission quarterly without the client present. Service Coordinators may still wish to use the tool as a valuable resource to support the client in collaboratively reviewing and planning their journey/progress.
- Explore Service Coordinators concerns around NDT/Outcome Star assessments and consider developing a set of measures that the team feel confident to use for internal monitoring and comparison of how different groups progress.
- Explore through further qualitative and quantitative analysis if, why and how clients may be regressing in their outcome assessments later in their journey. Monitor client's

progress around this time carefully as more data becomes available.

- Consider periodic levelling activities for SCT around NDT/Outcome Star assessment scoring to ensure consistent data recording within the team.
- Ensure that demographic biases in the GK client base are considered when GK data is referred to in relation to planning systems change activity.
- Capture data systematically about the specific nature of client's disabilities and health conditions.
- Clarify the approach to recording start dates and LGBT and approach consistently across all SCT. Consider updating existing data-set.
- Develop ways of recording levels of engagement and disengagement with GK that can be used in ongoing internal monitoring (the tier system used in the Service Coordinator Team to support caseload management could offer a suitable basis) and would be also beneficial for future evaluation analysis.

3.8 Activity progress summary: Psychologically Informed Environments

Golden Key (GK) aims to embrace new psychological thinking for the benefit of partners and their clients, and it aspires to an alignment of every element of the project to the principles of a psychologically informed environments (PIE) approach. This includes encouraging an increased focus on managing relationships, improving reflective practice across the partnership, and improving environments for clients.

Over the last 18 months, GK has continued to develop a broader understanding of PIE across the partnership through the development and delivery of PIE training for partners. However, a number of individual GK partners had already developed their own individual PIE strategies, and therefore much of the practice experienced by staff and clients across the partnership is already 'psychologically informed'. In order to harness and share the existing psychological informed practice, GK has also initiated a cross-partnership PIE group. This cross-partnership group is led by the GK psychologist and is currently developing an overarching PIE framework and strategy to further develop psychologically informed work across the partnership. The PIE framework will be co-produced collaboratively by members of the PIE group, IF group, clients and GK staff. It is intended that this is launched by the end of March 2017 with a planned showcase at a GK PIE event in June 2017.

At the point that the GK PIE framework and strategy is finalised, it is envisaged that specific indicators of successful deployment and outcomes will become clearer. At that time an additional framework of PIE evaluation activity will be developed for approval by the GK Evaluation Advisory Group. However, given the aims of GK to develop PIE practice across the partnership over the course of the project, the evaluation team have already begun the process of capturing baseline data from which PIE developments can be tracked. Specifically, a measure developed by Dr Chris Pawson and Maria King at UWE has been adapted for use with GK in consultation with the GK PIE group. The GK version of this measure is currently being validated with the assistance of three members of the partnership. It is hoped that we will be in a position to invite all GK partners to use the measure in 2017, and then to annually plot changes and facilitate discussion about the continuing emergence and evolution of psychologically informed work across the partnership.

3.9 Activity progress summary: other GK initiatives and pilots

3.9.1 *Tell Your Story Once (now 'Trusted Assessments')*

Work led by the GK Programme Team has been ongoing to develop a single 'trusted assessment' between GK Partners and improve the client's experience of assessments to gain access to services. The 'Tell Your Story Once' proposition has become part of the GK Compact and Manifesto for Change (see Systems Change section 5.1.6). The local evaluation team expect to focus on this activity during the next phase of the evaluation as it develops further.

3.9.2 *Full Personal Budgets innovation pilot*

GK are currently in the early stages of designing and scoping this innovation pilot although there are some concerns about commitment of available funds from enough stakeholders to enable this to be a comprehensive full personal budget pilot (i.e. covering client's varying needs from potential services). A feasibility study has been commissioned and completed by SITRA which supports developing GK's understanding of previous similar initiatives. The latest GK report²¹ proposes that this innovation pilot is re-designed as a small pilot (reduced scale) focusing on social care. The local evaluation team anticipate becoming more involved in this activity during subsequent phases as activity moves into the advanced planning stage.

3.9.3 *Multi-Disciplinary Teams innovation pilot*

A consultation event took place in November 2016 attended by members from the SCT, the Programme team and four potential MDT participants from three GK partners. The pilot plans to launch in February with two representatives from key services co-located with the Service Coordinator Team. The local evaluation team expect to focus on this pilot during the next phase of the evaluation as it develops further.

3.9.4 *New innovation pilots*

New pilots are being scoped as part of the GK programme, including a 'Personality Disordered Pilot'. The next phase of the evaluation expects to focus on these emerging activities.

3.9.5 *Suggestions for action*

- Review PIE and innovation pilot activity in the context of the wider systems change activities and clarify the contribution of these activities to the desired systems change impact.

²¹ Golden Key Partnership Board documents - Agenda item 1 (07.02.2017, p11), *Golden Key quarter 2 report - Oct-Dec 2016*. Available from Golden Key Programme Team on request or via Golden Keyring online document store.

4. LIVED EXPERIENCE AND SERVICE USER INVOLVEMENT

This section explores the ways in which Golden Key is incorporating insights from lived experience and service user involvement. It draws largely on the IF Group and SCT interviews.

4.1 Overview of the role of lived experience and service user involvement in GK.

The voice of lived experience is expected to inform GK in a number of ways, including:

- **IF Group:** The facilitation, development and support of an ‘experts by experience’ advisory group (the IF group) who bring lived experience of MCN to contribute to the strategic direction and practices of GK and partnership organisations.
- **Peer support:** Clients are supported by Peer Mentor volunteers who are expected to be involved from the start of a client’s engagement with GK. Peer Mentors bring their own lived experiences of MCN to provide a positive role model who can befriend, encourage and support GK clients. A key element here is inspiring GK clients to see that change is possible to help develop their hopes and aspirations. Peer Mentor volunteer roles and Peer Mentor paid co-ordinator roles are expected to provide a development pathway that contributes to a target of 25% of Service Coordinator posts being held by people with lived experience by year six.
- **Client Service User involvement:** Client-led work that respects the agency of GK clients and retains the GK ethos of ‘walking alongside the client’ with opportunities where possible for service user involvement.

4.2 Key findings: the IF Group experience

“You’re giving an opportunity to people that have considered themselves down and outs and going nowhere their entire lives to change the world.” IF GROUP MEMBER

A detailed discussion paper is available from Golden Key on request with full details of this research, designed to stimulate discussion within the GK partnership. The most prominent over-arching themes are summarised below:

- IF group members report pride in their role and a sense of ownership of the broader GK project. Given the range and scope of GK, there are very few areas where members do not feel consulted or ‘listened to’.

“I cannot say that I ever really felt like a token gesture “service user group”... Independent Futures (IF) has always felt like an equal partner in this Golden Key project.” IF GROUP MEMBER

- The fundamental role of the IF Group in relation to the broader GK programme has been interpreted in various ways by members, including their role as a ‘scrutineer’. This may have shaped some of the differences in views around priorities and activities within the group, and caused tensions with other GK partners. It is now widely understood that their main role is to support programme development and learning.
- IF group members experience a parity of esteem in their membership of the broader GK partnership.

- At times the strong democratic and egalitarian ethos within the IF group gives rise to preferred practices that are not always well aligned with the structures and approaches of other GK partners.
- Over the duration of the programme to date the IF group have been characterised by their high levels of engagement, strong cohesion and effective functioning. However, recent tensions between individuals have caused some temporary disruption to how the group functions.
- The strong sense of purpose and social bonds experienced by the IF group appear to play an important role in members' continued recovery.

“They got to know me and my story they wrapped themselves around me. IF group is like a family, it’s a support network for people within the IF group.” IF GROUP MEMBER

- The vulnerabilities of other group members, and risk of relapse, are sometimes experienced as a risk to recovery. The proximity of members and clients on the road to recovery also provides some significant potential challenges to members of the IF group.

“It was very hard for someone else and that is a problem you have when someone’s issues are playing up, it can have a very negative effect on other people in the group.” IF GROUP MEMBER

- The shared experiences of IF group members and the GK client group are doubtless key to their considerable impact and value to the programme.
- Commitment within the IF group to the GK project remains high. To maintain engagement on such a long project, it may pay to focus on key milestones and the celebration of achievements.

“We’ve not really celebrated our successes in a real way, there’s never been like someone in this group’s got a plaque or a you and a picture taken saying oh thanks for the two and half, well four years... celebrating our successes in a real way. You know ‘cos that helps with your self-esteem.” IF GROUP MEMBER

4.3 Key findings: Service Coordinator’s perspective on service user involvement

Interviews with Service Coordinators provided further insight into their perspective on lived experience and service user involvement. The SCT facilitated an open coffee morning in November 2015 as a space to engage with GK clients for feedback and provide an opportunity for clients to understand more about GK. All team members talked about this with pride reflecting a positive and proactive approach to service user involvement in this area. Several SCT members have lived experience of multiple complex need issues themselves and, whilst this may not be something they would seek to publicise, it is potentially another valuable source of lived experience to inform GK.

Most Service Coordinators were less clear about the role of IF Group involvement in their own client practice and generally saw the IF Group input as most suitable for the strategic level in the GK Partnership. There have been some indications of slightly strained relations between

Service Coordinators and the IF Group although Service Coordinators were positive about recent experiences of an IF Group member regularly spending time with their team towards the end of 2016. This may be combined with the increasing move away from the IF Group perceiving themselves as ‘scrutineers’ holding the GK team to account. Several Service Coordinators expressed being unclear about the pathway for current clients to join the IF Group, whether it was appropriate and if so, at what stage of their recovery journey.

4.4 Key findings: Peer Mentoring support for clients

Whilst formal evaluation of the Peer Mentoring service is outside the scope of the UWE Local Evaluation, during our interviews with Service Coordinators and clients, both groups discussed their experiences of the GK Peer Mentoring service run by Developing Health & Independence (DHI). Key themes emerging from these two areas of evaluation research are summarised here. As of February 2017 the Peer Mentoring service supported 7 of GK’s 110 clients with 6 active Peer Mentors. There are 16 potential Peer Mentors in training and 11 Peer Mentors are in the processes of being matched and arranging to meet new clients.

The Peer Mentoring service was launched to GK clients in Spring 2016, with Service Coordinators submitting referral forms to DHI and supporting initial arrangements for client-mentor meetings. Most Service Coordinators perceived that the referral process involved their judgement as to whether a client would benefit from Peer Mentor support. This resulted in Service Coordinators essentially being situated in a gatekeeper role and may have contributed towards the low numbers of client referrals in the early months of the service.

The referral process has recently been developed to involve Service Coordinators presenting three client cases each month to DHI. Service Coordinators appreciated that this provided an opportunity to share client cases and discuss together whether a Peer Mentor was a possibility. Many Service Coordinators were positive about this improved approach and talked about putting the decision in their client’s hands with DHI responsible for logistical arrangements.

“We were originally told like try and choose clients who are quite stable and then I get into a set questions in my mind about well is this person stable, they’re in a bit of stability at the moment but how long is that going to last and then all of a sudden there’s lots of questions that lead me to then think well maybe it’s not the right time for that person to be referred...there was a push recently to just say, just go and take some people to DHI, give it a crack and see what happens and you know that feels much healthier.”

GK SERVICE COORDINATOR

Service Coordinators recognised the challenges of providing peer support to GK clients and this may have influenced their initial decisions about referrals. Some Service Coordinators had previous negative experiences of other peer support initiatives in earlier roles and mentioned feeling unclear initially exactly how the GK service would work. There were concerns about ensuring the client felt in control and not pressured to have a Peer Mentor and also around the challenges of matching clients. Several Service Coordinators had concerns around Peer Mentors being able to provide the consistency and approach to support that clients expected

from GK. Limited Service Coordinator involvement in the development of the GK Peer Mentoring service may have contributed to their operational concerns.

“... because of the chaotic nature I think I’ve had about 5 [clients matched with GK peer mentors] guys but when we get to the point of meeting, the [GK client] guys go back in jail, they go back into hospital or they go missing and that’s just its nature.” **GK SERVICE COORDINATOR**

Three clients that we interviewed had met their Peer Mentor relatively recently and reported positive experiences, though it is too early to identify outcomes at this stage.

“I met her Thursday last week, and she walked me up to get my prescription... and we just walked and talked, and then we stopped down there and had a cup of tea... she would have spent as long as I needed or as short as I needed but she was there.... It was nice because that morning, I felt like shit... and then, I walked out the door and I seen her... and we started walking and I was glad I done it... because I do that every day, go up and get my script... and I suppose like it's nice being able to think, on a Thursday I've got someone who will walk with me... but it was absolutely fine, and I feel like I've known her for a long time... and it feels... comfortable, yeah.” **GK CLIENT**

Three clients we spoke with did not perceive the Peer Mentoring service as suitable for them due to their own character or the particular nature of their needs. Several of the clients we spoke with were unclear around the term and role of a Peer Mentor.

The role of the Peer Mentors has evolved since the GK Business Plan was written in several ways. It has not been possible to support all (or a majority) GK clients as was envisioned with a Peer Mentor. There is less integration than was imagined originally between the support of the Service Coordinators and the Peer Mentors from the start of client’s engagement with GK and throughout the journey. Given that Service Coordinators thus far have joined the team with an existing expert professional level of experience and skills, it is unclear whether a Peer Mentor could progress into the current form of a Service Coordinator role as was anticipated.

4.5 Suggestions for action

- Provide opportunities to formally recognise and celebrate the contribution of the IF Group annually.
- Co-produce the IF group’s agenda for the next 12-24 months with other key stakeholders and clarify the extent of the IF Group’s role (both in relation to the partnership but also around direct involvement with GK clients).
- Explore mechanisms for formalised support of IF group members to support their needs (e.g. regular debriefing sessions, reflective practice sessions).
- Consider ways that the GK Partnership can work with the IF group and Peer Mentors to devise mutually beneficial formalised development opportunities.

- Explore how the significant expertise of Service Coordinators working with PWMCN can contribute to developing the Peer Mentor's skills and role supporting GK clients.
- Develop understanding and ways of pro-actively addressing situations where conflicts of interest can arise for professionals between prioritising the needs of clients and peer based volunteers/workers.
- Based on learning thus far, review the expected proportion and nature of clients for whom direct one-to-one Peer Support is appropriate/viable. Consider other ways of facilitating peer support that could meet the original aims of the programme (*e.g. other group activities with GK clients, less formal one-to-one relationships, Peer Mentors support Service Coordinators engaging disengaged clients*). Consolidate and share learning from Peer Mentoring service to understand the benefits for clients and peer mentors.

5. SYSTEMS CHANGE

Phase 2 of the evaluation has focused primarily on the client pathway. Research activities in this phase have not extended to capturing the range of stakeholder perspectives across the partnership and/or the system as a whole. There is evidence of activity towards systems change described in this section that will become increasingly important as the initiative proceeds. Understanding emerging indicators and outcomes as a result of GK's systems change activity is expected to be prioritised throughout the next phase of the local evaluation. We have noted the importance of understanding the perspectives of other front line practitioners who are working with the Service Coordinators and GK clients.

This section summarises Golden Key (GK) system change activity from March 2016 to February 2017. Document analyses are complemented where possible with insights from attendance at meetings/events, research interviews (clients, Service Coordinator Team, and the IF Group), and other fieldwork experiences (see section 2.3 for complete details of research activities).

5.1 Activity progress summary: Golden Key System Change Strategy

This year showed a marked shift in the attention and priority given to establishing a viable and sustainable approach to systems change within Golden Key. Whilst much of Phase 1 focussed on setting up the GK infrastructure, building the partnership and recruiting clients the project is now very much into the delivery and system change phase.

A draft of the GK System Change Strategy was approved by the Partnership Board in December 2015, incorporating feedback from the System Change event in November 2015. The strategy articulates an initial theory change for how GK will facilitate both **transactional** (incremental improvements to existing systems) and **transformational** (significant, often disruptive, change leading to new or reconfigured systems) change and comprises seven main areas as illustrated below.



Figure 19: GK System Change Strategy²²

These areas were identified following a workshop led by MEAM (Making Every Adult Matter) and are underpinned by a Systems Change Action Plan, designed to leave a lasting legacy of system change in Bristol. Key commitments outlined within the System Change Strategy are shown below.

- We will further build our shared vision and a shared narrative
- We will understand the dynamics of the system
- We will build our capacity to secure system change
- We will map the system - using the client journey
- We will influence the system
- We will identify realistic priorities
- We will be specific
- We will identify levers for influence
- We will look for unintended consequences
- We will identify key decision makers
- We will innovate and capture our learning to inform our priorities
- We will manage blocks and barriers
- We will focus on longer term change
- We will focus on strategic priorities

²² Golden Key Partnership Board documents (10th May 2016), Agenda item: 5.1

- We will work with other Bristol strategic programmes
- We will work with national partners
- We will evaluate outcomes and impact
- We will communicate our learning

Figure 20 : Commitments in GK System Change Strategy²³

Discussion of systems change and implementation of the strategy were key agenda items at the May and July 2016 PB meetings and scheduled as a regular item throughout the remainder of the year.

We will now outline key developments and activity in 2016 in relation to each strand of the System Change Strategy.

5.1.1 Vision

The System Change Strategy, launched in early 2016, (re)articulates the GK vision and priorities around creating lasting improvements in services and support for people with multiple complex needs in Bristol. A number of related activities and interventions, that operationalise and implement this strategy, are outlined below.

a) Future vision events

In April 2016, a ‘visioning’ workshop, facilitated by Martin Sandbrook (from Schumacher Institute and Pale Blue Dot), was held where participants considered the lasting legacy of GK. The invitation described this as *“an opportunity for us to step forward to a date in the future, to describe a working and effective system, as it relates to social exclusion in Bristol”*.

The event was attended by 13 people (including IF group members, PB members and GK staff), who worked in three groups on two ‘future-based visioning’ tasks:

1. Imagining we were in the year 2020, that GK was a success and to describe how things now were.
2. Reflecting on ‘how did we do it’ – looking back and thinking about how these successes were achieved and the barriers overcome.

Many similarities were noted between groups on each task and activity 2 led to some practical suggestions for action – such as lobbying for a ‘zero tolerance’ approach to homelessness with the two main candidates for Bristol Mayor (elected on 5 May 2016); an activity that was duly approved by the GK PB and taken forward by the Second Step CEO Aileen Edwards.

A follow-up future vision workshop was held in July 2016. This event was attended by 13 people and built on from the outcomes of the previous event.

Following both events the facilitator, produced a visual map of the 2020 vision (Appendix 2: GK 2020 Vision) that included descriptions of GK outcomes in the following areas: offending; skills/employment; housing; drugs and alcohol; mental health; children, families and

²³ Golden Key Partnership Board documents (10th May, 2016), Agenda item: 5.1

relationships; physical health; money; co-ownership; and environment. These will provide a useful benchmark for assessing system change activities and outcomes over the coming years.

b) Homelessness call to action

Through discussions at both the PB meetings and future-vision events, tackling homelessness was prioritised as a key pillar to turning around the lives of people with multiple complex needs. This was something that the IF Group and others strongly championed on the basis that without stable accommodation it is unlikely that someone will be able to address other complex needs (addictions, mental health, criminal offending, etc.) in a sustainable way.

As indicated above, following the first Future Vision event a strategy was developed for engaging with Mayoral candidates on this issue. This, in turn, was followed by a number of other system change initiatives throughout the year focused on homelessness.

- GK statement on homelessness (Summer 2016)
- GK homelessness call to action event (attended by 90+ individuals from a range of statutory and voluntary sector organisations including but also extending beyond the GK Partnership) and subsequent presentation at launch of City Office (Sept 2016)
- Active engagement in the Bristol Mayor’s ‘100 Beds in 100 Days’ challenge to reduce the number of rough sleepers over winter²⁴ (from Dec 2016-March 2017)
- Part funding a Project Manager post to drive the project forward.

Together these show good evidence of the increasingly central role that GK is playing in informing and shaping the debate on homelessness in Bristol and its potential to influence citywide change via the Mayor’s City Office.

“Homelessness is a major issue in Bristol and is the first focus of our new City Office. Partners across Bristol recognise that it is not acceptable to leave people sleeping on the streets and that no-one should have to spend a second night on the street... This is a complex problem and the solutions have to reflect this. We are working extremely hard with all our partners to get people off the streets as quickly as possible, and at the same time we are looking to bring forward long term solutions to make a real difference.”

MARVIN REES, MAYOR OF BRISTOL²⁵

The GK Programme Manager has visited a ‘housing first’ project in Lille, France to explore the potential of this approach and the potential for learning from elsewhere, and a pilot is planned for next year.

²⁴ Guardian online (25th January 2017), *Bristol launches 'spectrum of activity' to tackle homelessness*. Available at: <http://tiny.cc/Guardian250117>. Last accessed 11 March 2017.

²⁵ Bristol City Council Newsroom online (December 2016). Available at: http://news.bristol.gov.uk/annual_rough_sleeper_count_figure_announced. Last accessed 11 March 2017

5.1.2 Levers for change

Key to the GK approach to system change is making best use of the available 'levers for change'. This requires adopting a systems thinking perspective, whereby influence is mobilised through emergent processes²⁶. To cultivate a strong and consistent understanding of these ideas across the partnership Martin Sandbrook was commissioned to run workshops with a number of different groups, including the PB, Systems Change Group and SCT.

This work aimed to build a consistent understanding of systems change beyond the GK core team. Interviews with the SCT (Autumn 2016) demonstrate a genuine commitment to their role in system change and an early indication that this training has developed their understanding and capacity for initiating and facilitating system change.

To further assist in the identification of levers for change, GK initiated reviews of:

- a) **The local and national context:** initially a verbal update of key issues affecting different parts of the system at the May 2016 PB, with a more detailed commissioned report – conducted by an external consultant²⁷.
- b) **Key stakeholders/champions in the Bristol area:** a review of GK champions and key influencers was conducted as part of the Systems Change Implementation Plan and discussed at the PB, with responsibility allocated to each board member to engage with a different contact.
- c) **PB membership:** the GK PB Chair conducted an independent review with each board member and invited a review of membership of the board to ensure that there was genuine commitment and appropriate representation from key stakeholders and influencers.

5.1.3 Innovation pilots

The GK System Change Strategy positions the Innovation Pilots as opportunities for embedding change through the trialling of different approaches to the provision of support to people with multiple complex needs. The initial proposal outlined the following areas for project innovation:

- Service pilots: Full personal budget; Multi-disciplinary team; Social Impact Bonds
- Innovation pilots: Physical and mental Health; Meaningful Activities; Family and Friends; Staff Support
- Telling Your Story Once
- Arts Strategy
- PIE Strategy
- Business Strategy.

²⁶ For an explanation of 'levers for change' or 'leverage points' see:

<http://donellameadows.org/archives/leverage-points-places-to-intervene-in-a-system/>

²⁷ Sarah Minns for Golden Key (Dec 2016). *Agenda 4.3 - External Environment Update*. Sourced from 13-12-2016 Partnership Board meeting supplementary papers.

Through the project inception and development phase these ideas have evolved and developed as outlined briefly in section 3.9. A more detailed analysis of these elements will be a focus of future phases of the local evaluation.

5.1.4 *Blocks and barriers*

Until July 2016, Service Coordinators recorded 'blocks and barriers' (B&B) to client's engagement with services which generated large volumes of data to better understand the client's experience. This process was put in place in order to capture evidence of the practical challenges faced by clients and services and to support systems change activity on the ground. In April 2016, Otsuka Health Solutions (a consultancy firm) was engaged by GK to conduct a review of the process and provide recommendations on next steps.

Otsuka recommended that GK pause the B&B data collection to analyse data more comprehensively and refocused Service Coordinators on more forwards looking, solutions focused activity, which moves towards developing and supporting pilots. GK have responded to the Otsuka recommendations, and following Martin Sandbrook's two day Systems Thinking training, Service Coordinators are now engaging with regular systems change workshops facilitated by Otsuka. This represents a fundamental shift in approach so the Service Coordinators are envisioned more as systems change catalysts rather than data collectors – as borne out in the SCT interviews.

At this stage, it would be beneficial for key stakeholders to clarify together how the different strands of systems change activity are connected and ensure that endeavours are focused towards achieving common systems change outcomes. There is also an important challenge of ensuring GK's strategy enables activity in different areas to move beyond transactional to transformational change. This has been recognised as a risk factor by GK and the situation is being monitored.

5.1.5 *System leadership*

The focus on system leadership relates particularly to developing skills and awareness for mobilising system-wide change. In 2016 progress has been made primarily in terms of training and development activity as outlined above.

As indicated under the point on Leverage Points Martin Sandbrook (of Schumacher Institute and Pale Blue Dot) was commissioned to run training sessions on systems thinking for a number of groups, including the Partnership Board, Systems Change Group, Service Coordinator Team, DHI Peer Mentoring Coordinators, and the Programme Team. From September-November 2016, 3 x 2 day System Thinking training workshops were held, attended by a total of around 40 people. The sessions covered fundamental philosophy and theory of systems thinking and participants were encouraged to complete their own '*action experiment*' to further develop their understanding and gain experiential practice of systems thinking.

In terms of preparing for wider-scale system change in Bristol and beyond GK has been working with the Mayor's City Office and other partners in the city (including CCG, police, council, health, etc.) to put together a systems leadership programme for people across the region. A dedicated person has been recruited to help scope and initiate the programme and a series of meetings conducted with partners since Autumn 2016. A draft programme has been developed, with a planned launch in Spring 2017. This initiative has the potential for strengthening partnerships and mobilising transformational systems change.

GK is also supporting Common Purpose in hosting experiential learning sessions on their flagship leadership programmes from 2017.

5.1.6 Compact

The GK compact is intended to offer a framework outlining the principles, values and approach of GK partners that can be used to foster wider engagement. A sub-group has been working on this throughout the year and following the PB in December 2015 attention was given to the role of the 'trusted assessment' process whereby partners would potentially share assessment information about service users. This activity has now been renamed **Manifesto for change** to indicate its broader focus.

Another key element aiming to drive systems change within service providers is the work on Psychologically Informed Environments (PIE) – see section 3.8 for further details of activity.

5.1.7 Evaluation review points

A final area outlined in the GK System Change Strategy relates to how evaluation evidence is used to support and inform the initiative.

Following delivery of the Phase 1 evaluation report dissemination workshops were held with (a) members of the SCT and IF Group, (b) Systems Change Group, and (c) Partnership Board. Whilst these were moderately helpful to disseminate evaluation findings, the sense (from both GK and the evaluation team) was that a more active, ongoing process of evaluation feedback and engagement would better support GK's learning.

This has been addressed by structuring the evaluation in more focused pieces of research, which output standalone 'discussion papers' to stimulate discussion and engage key stakeholders. These aim to facilitate more collaborative working and more responsive evaluation contribution to GK's learning particularly for key stakeholders closest to the programme.

The evaluation framework will continue to be reviewed throughout the initiative and priorities agreed in conjunction with the Evaluation Advisory Group and other key stakeholders.

5.2 Activity progress summary: Systems Change Group

The GK Systems Change Group (SCG) has continued to meet monthly throughout most of 2016 with membership and attendance remaining reasonably stable. 14 representatives from the Systems Change Group attended Martin Sandbrook's two day Systems Thinking course during the Autumn 2016.

Primarily the SCG's activity has been focused on identifying existing blocks and barriers that are raised at the monthly meetings by group members. The group then explore their understanding of these through discussion, and agree next steps to gain further insight and/or raise with relevant stakeholders. The main blocks, barriers and other areas that have been explored through discussion at the SCG:

- Complaints management at service providers
- Inconsistent risk assessments between organisations
- Service User involvement practices
- Women with complex needs going through the menopause

- Lack of appropriate housing in the local area
- Changes to council policy where housing will no longer be provided for rough sleepers without a local connection where they have been in Bristol for 6 months.
- Councils new proposed model for housing pathways in Bristol
- Employment barriers experienced by people with a history of convictions.
- Women being recalled to prison for lack of engagement with services
- Dual diagnosis
- Emerging issues around changing patterns of drug use
- Dynamics of gang affiliations and geographical service provision in Bristol
- DWP benefit back-payments causing detrimental effects for PWMCN
- The impact of introducing joint accounts through new Universal Credit benefits payments

The GK Programme Team maintains ‘action logs’ of items raised and some time is spent at meetings returning to open actions and discussing how to progress these. On occasion, discussions may lead to group members or the Programme Team undertaking further activity as part of their role in the stakeholder organisation. Some items are subsequently escalated to the Partnership Board, Fulfilling Lives National SCG, and other stakeholder organisations.

5.3 Suggestions for action

- Further develop the pathway to systems change, for example through developing a ‘theory of change’ that underpins systems change strategy and use this to inform decisions around priorities and allocation of resources.
- Review System Change Strategy and Leverage Points with key partners at regular intervals to ensure opportunities for influence are not missed.
- Explore opportunities for wider engagement in systems change training for all GK partners.
- Ensure GK contribution to citywide initiatives such as ‘100 Beds in 100 Days’ is effectively captured and communicated.
- Explore how the 2020 Vision can continue to inform and shape system change activity, including the articulation of a long-term vision/approach that all partners can engage with.
- Consider how the Manifesto for Change (formerly GK Compact) can be used to inspire and engage individuals, groups and organisations within and beyond the GK partnership to collaborate effectively to accomplish inclusive and enduring change for people with multiple complex needs.
- Regularly review the relative balance between ‘transactional’ and ‘transformational’ systems change activity and the extent to which GK is positioned to leave a lasting legacy beyond the period of Big Lottery Funding. This may involve deeper analysis of the principles and assumptions underpinning the GK approach to system change – e.g. from a technical to living systems approach.
- Consider whether frontline workers, such as GK Service Coordinators and some members of the Systems Change Group, can use their practical knowledge of how the system works to inform and drive further systems change work (beyond the identification of ‘blocks and barriers’ for transactional change).
- Explore how examples of good practice and/or lessons learnt can be communicated and

discussed within and beyond the GK partnership.

- Extend the work of the Partnership Board in identifying key stakeholders and influencers to develop an action plan and targets around engaging champions, policy makers and decision makers (e.g. commissioners) within and beyond the city.
- Review how the various GK groups (SCT, Systems Change, Programme Team, Partnership Board, IF Group, etc.) engage and interact with one another to ensure that appropriate communication channels (vertical and horizontal) are in place.
- Use the outcomes of the Phase 2 evaluation to inform priorities for the next phase of work. Review membership of the Evaluation Advisory Group to ensure it meets the profile and priorities of the wider GK partnership.

6. CONCLUSIONS

This report has summarised learning and insights from Phase 2 of the Golden Key local evaluation (March 2016-February 2017). The main focus this year has been on exploring the client pathway, through peer-research interviews with GK clients, interviews with GK service coordinators and interviews with the Independent Futures (IF) Group to learn from their experiences of living and working with multiple and complex needs. Alongside this we have analysed data from the NDT and Outcomes Star assessments, that capture client progress on a number of dimensions, and reviewed GK documentation and discussions from key groups such as the Partnership Board and Systems Change Group.

Overall, findings indicate that GK is having a positive effect on the lives of those clients who engage with Service Coordinators, though at this stage we cannot say whether these effects will be long lasting. Fundamentally, this phase of the local evaluation has revealed the significance of building strong, trusting relationships between GK clients and their nominated Service Coordinator, and the factors that are required to support this approach.

The Service Coordinator Team comprises individuals with a range of expertise and skills, who feel well supported through psychologically informed structures and processes. Service Coordinators consider resources, such as the personal budgets, useful in moving clients forwards although there can be practical challenges around their administration that may require a review of how they are managed at different stages in the client recovery journey. Opportunities exist for sharing learning and insights more widely both within the SCT and across the GK partnership.

The Service Coordinator Team's role in systems change, alongside that of service coordination, whilst appealing can be difficult to sustain with increasing caseloads and unpredictable client demands. Unclear pathways for career progression, combined with a sense of disconnection from the wider GK initiative, may have contributed to the departure of a number of Service Coordinators and poses a threat to the GK model if continuity of support cannot be guaranteed for clients.

Data from Outcome Star and NDT assessment tools indicates that clients are progressing in key areas such as addictions, housing and offending. There is, however, some doubt over the quality of this evidence due to a range of data collection concerns. It is important to review these, and other data collection processes, to ensure a consistent and reliable evidence base for GK over time, to inform both the local and national evaluations.

As in Phase 1 of the evaluation, the IF Group has played a central role in bringing the 'voice of lived experience' into GK. Members make a consistent and valuable contribution to shaping GK, despite their own personal challenges and occasional interpersonal tensions. The IF Group are represented on all of the main GK planning and decision-making groups and report a genuine sense of equity and influence. The strong democratic and egalitarian ethos within the IF group is reflected in some different ways of working to that in many organisations, but represents a good example of collaborative, shared leadership. A collaborative approach is important to facilitate learning for all stakeholders around service user involvement. There is considerable knowledge and expertise within the IF Group and we suggest exploring how their contribution and learning can be celebrated and communicated not only within Golden Key but also across the wider *Fulfilling Lives* initiative.

Whilst systems change has not been a primary focus of this phase of the evaluation, throughout the year the GK partnership have given significant attention to this area of activity and progressed various initiatives. A 'System Change Strategy' has been written and disseminated, along with an associated action plan. The strategy identifies key activities that will contribute towards 'transactional' and 'transformational' systems change in Bristol. Over 40 people from across the GK partnership have participated in training workshops on systems thinking and there are emerging indicators that some are now using this to inform their ways of working. Whilst this is promising, there may be value in strengthening connections between different aspects of the systems change strategy and of ensuring that ambitions for 'transformational' change are not diverted by day-to-day activities. Working through the 'theory of change' is a suggested strategic planning exercise to facilitate clear articulation of underpinning assumptions and map a pathway towards change for GK.

Findings from this phase of the evaluation will be shared with key stakeholders and used to inform the next phase of GK activity. We anticipate that the next phase of the local evaluation will involve exploring how GK is facilitating and enabling systems change (including the role of PIE and innovation pilots), capturing evidence of impact (including economic and social return on investment), and engaging with partner organisations (police, health, council, voluntary sector, etc.) to gain their perspectives on the contribution of GK.

7. NEXT STEPS

The outcomes of this phase of the evaluation will be fed back via the Evaluation Advisory Group and then taken to relevant groups for dissemination, discussion and/or action. We will review the findings and progress of the evaluation against the evaluation framework in order to draw up a more detailed plan for Phase 3 of the research. At this stage we anticipate a more detailed focus on:

- System change activity – including clarifying the pathway to change and interim indicators and outcomes.
- Engagement with GK partners - including their experience of supporting GK clients and working with Service Coordinators
- Programme impacts – including economic and social return on investment
- Innovation pilots – including multi-disciplinary team and full-personal budgets.

As ever, we welcome feedback on this report and would be pleased to discuss your own experience of GK. Please contact beth.isaac@uwe.ac.uk.

8. APPENDICES

8.1 Appendix 1: Golden Key Local Evaluation Framework

Pathway	Behaviours	Processes	Outcomes	Impacts
<i>Client experience and wellbeing</i>	<ul style="list-style-type: none"> • New staff skills • New roles e.g. peer support/IF • New forms of coordination 	<ul style="list-style-type: none"> • Psychologically Informed Environment • Personal budgets • Telling your story website • Peer learning 	<ul style="list-style-type: none"> • Client trust and confidence • Greater learning and sense of control • Greater capabilities • New ways of accessing services • Client involvement in planning and delivery 	<ul style="list-style-type: none"> • Changes in life choices • More self determination • Fewer crises • Access to housing • Access to employment routes • Better physical and mental health • Access to benefits and safe income
<i>Systems change amongst providers and key stakeholders</i>	<ul style="list-style-type: none"> • Strategic management, Improved coordination • Appropriate leadership • Suitable resourcing • Action learning 	<ul style="list-style-type: none"> • New work practices • Staff development and training • Skilled and committed staff – less burnout • Multi-disciplinary teams 	<ul style="list-style-type: none"> • New commissioning priorities • Interagency coordination • Effective staff and management cadre • More efficient and collaborative agencies • Improved understanding of needs and behaviours building on PIE 	<ul style="list-style-type: none"> • More accessible and responsive services • Public finance costs reduced – A&E, Courts etc • New systems established & embedded • GK model disseminates & becomes the 'standard'
<i>Citywide engagement and change</i>	<ul style="list-style-type: none"> • Recruit community and business champions • Political champion/s • Strategic engagement of Board • Active peer engagement 	<ul style="list-style-type: none"> • Stereotypes challenged • Key city stakeholders on board • Volunteer engagement 	<ul style="list-style-type: none"> • New social & support networks • New patterns of resourcing and investment – e.g. in housing • New economic activities emerge 	<ul style="list-style-type: none"> • City wide responsiveness to multiple/complex needs • New assets and capabilities • Embedded cultural change • New forms of economic activity • New 'multiple needs' policies & commissioning practices in place

Figure 21: GK Local Evaluation Framework, Table 1 indicative pathways to change (May 2015, p7)

8.2 Appendix 2: GK 2020 Vision

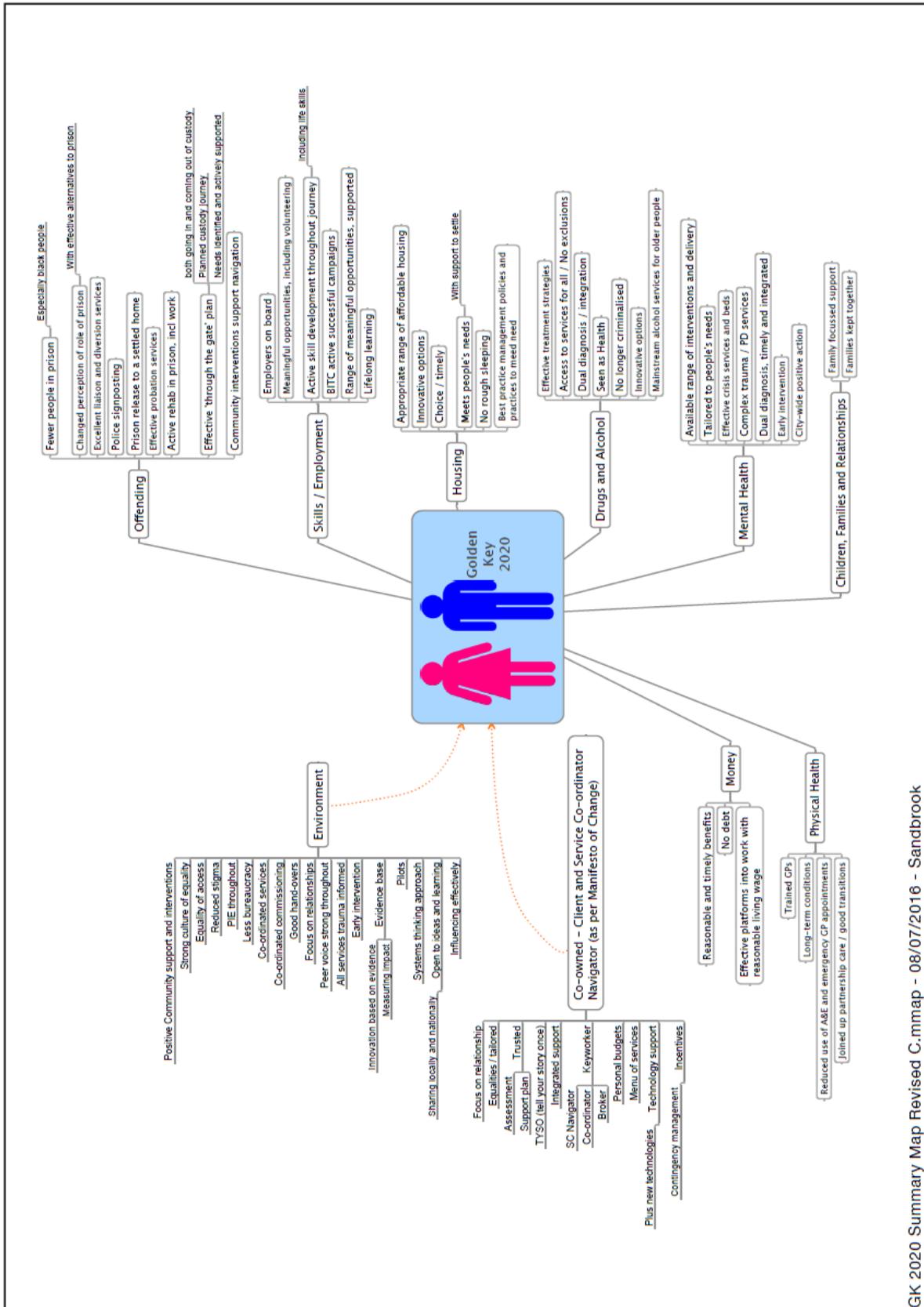


Figure 22: Summary of output from GK's future visioning events in 2016 captured by the facilitator

