Golden Key Local Evaluation

Phase 5 Full Report

Bristol Leadership and Change Centre
Bristol Business School
July 2022

Foreword

Golden Key is a Bristol based initiative which focuses on people with multiple and complex needs. Our clients experience a challenging mix of homelessness, long term mental health problems, dependency on drugs and/or alcohol and offending behaviour. Golden Key received £10million of funding from the National Lottery Fulfilling Lives programme between 2014 and 2022. Its aim was to create new, positive, futures for those with the most complex needs by transforming the services they receive. We warmly recognise and thank the National Lottery for their generosity and for the well-pitched support they have provided throughout the programme.

Golden Key is not an organisation. Rather, it is a partnership made up of service commissioners, service providers and people with lived experience. Throughout our work we placed a strong emphasis on continual learning. We benefitted enormously from having the University of the West of England (UWE) as our independent evaluator and committed partner. UWE worked with us in an intelligent, insightful and flexible way. Their continual feedback assisted us in three distinct ways. First, it gave us the confidence to evolve our practice in light of evidence of impact; secondly to be clear about what we have achieved; and, finally, to assist us in leaving a tangible legacy which will benefit our clients for years to come. This final evaluation report summarises UWE's findings in an accessible and authoritative way. On behalf of the Golden Key Partnership Board, I would like to warmly and formally thank the UWE team for their work.

We are particularly proud of the finding that most clients – especially those whose need was greatest - experienced positive life changes which they felt Golden Key had substantially contributed to. We are pleased that UWE found that the voice of lived experience consistently shaped the design and delivery of Golden Key and that the range and depth of our system change work, including our focus on equality, diversity and inclusion, was influential.

Golden Key's legacy has been secured, not least by the creation and existence of a substantial, diverse, influential and committed community of practice. UWE are an important member of this community and play a key role within it. I warmly thank all the hundreds of people who have contributed to Golden Key's work.

John Simpson

Independent Chair of the Golden Key Partnership Board

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The evaluation research reported in this document was completed by a multi-disciplinary team at the University of the West of England (UWE), comprising:

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Further information

For further information on Golden Key and findings from earlier phases of the local evaluation please visit: https://www.goldenkeybristol.org.uk/what-are-we-learning

Should you wish to discuss any aspect of this report, the evaluation process and/or your experience of Golden Key please contact Richard.Bolden@uwe.ac.uk.

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1 Executive Summary and Recommendations

1.1 About Phase 5 of the local evaluation

1. **This final local evaluation report marks the culmination of an intensive eight-years following the work of Golden Key (GK) to transform services for people in Bristol with severe and multiple disadvantage**. Previous phases of the local evaluation have explored systems change (phases 3 and 4), the client experience (phase 2), and development of the partnership (phase 1). This last phase (phase 5) has focused particularly on:

    - **Understanding the change experienced by clients through GK's support**
    - **Capturing GK's learning of person-centred and trauma informed client support approaches**
    - **Reviewing how the voice of lived experience has contributed to GK**

2. **The evaluation takes a complexity sensitive approach where we explore which client groups have improved most from GK's support and consider *how* change has taken place for clients through GK's support, accounting for the context of individual client's lives.** The local evaluation has lacked comparative (counterfactual) data and had challenges accessing other observable service user data. This makes it difficult to conclude what might have happened without GK and draw conclusions about changes in service use for the whole client population. Client outcomes data analysis covers up to March 2020, which does not explore the impact of the pandemic. The evaluation draws on a range of evidence to triangulate findings, and these local findings complement the national level Fulfilling Lives programme evaluation being conducted by CFE Research.

3. **Any evaluation of interventions supporting people with severe and multiple disadvantage must take account of the extreme and persistent challenges of achieving change with this population.** Shifts in outcomes are likely to require transformational personal change in individual's life-long patterns of unhealthy behaviours, beliefs, and relationships, whilst also facing psychological issues caused by deep childhood trauma that is common to this population. When we consider this context, achieving any persistent change is a significant accomplishment - it is not surprising it can take some time and a lot of work to get there.

1.2 Phase 5 findings

1.2.1 How have clients' lives changed through the support of GK?

1. **Around two thirds of GK's clients' lives have improved since working with GK.** 65% of GK clients saw improved outcomes between their first and last total Homelessness Outcomes Star scores (assessed by GK's Service Coordinators). In most areas, the change signifies moving one area forwards in the Journey of Change stages that the Outcome Star tool (scored 0-10) is based on, with most changes increasing the average score between 0.8 and 1.3 points. Positively, those scores are triangulated with similar change of 71% clients who saw improvements in their New Directions Team (NDT) assessment scores. The NDT assesses more observable behaviour changes whereas the Outcome Star assessment focuses on an individuals' readiness to change.

2. Looking at clients' onward destinations when GK support had ended (excluding clients still supported in March 2020), **59% of closed client cases were recorded as having moved on to positive**

destinations which is higher than the overall Fulfilling Lives programme proportions. The average length of engagement was 3 years, 1 month, though over half of GK's clients engaged for 3 ½ - 5 years.

3. **Most GK clients we interviewed had experienced positive life changes which they felt GK had substantially contributed towards.** Three of these clients described moving stories of significant life transformation which they felt they could not have achieved without GK support.

4. **Around a third of clients supported by GK have not seen measurable change as assessed through the Outcome Star and NDT tools.** The onward destinations for 91 closed cases suggests that a proportion of these clients who have not seen positive change have either received long term prison sentences (4.4% of closed cases), deceased (11%), or disengaged from GK without moving on to further support (16.5%).

5. **Clients who had a very high level of need in the Outcome Star assessment total scores when they joined GK and those with a dual diagnosis (i.e. high needs in mental health and addictions) saw higher levels of change than other groups we looked at and when compared with the average changes for the total population.** Conversely, those 49 clients (around one third) with the lowest level of need at the start saw very little change in their overall average outcomes, with a small decline in several Outcome Star areas. The most positive average change for the whole client sample in the Outcome Star scores was seen in the 'Offending' and 'Managing tenancy & accommodation' areas.

1.2.2 How has GK's approach supported change?

1. **Overall, the experience of clients reflected the highly person-centred approach (prioritised client relationship, flexible and responsive support, client led) which Service Coordinators described in terms of both principles and practice.** Clients nearly all felt GK's support was positively different to other services in how their Service Coordinator cared about them and their progress. Clients we interviewed emphasised the importance of their relationships with their Service Coordinator and there were some indications of therapeutic value in client's lives. Relationship endings during the points of transition between workers and ending support have caused some challenges, which is concerning given the client population's vulnerability.

2. **Clients particularly valued GK's holistic approach with emotional and practical support, along with support to access and engage with services. We found that the practical support was often critical in removing barriers to positive life change which helped the client progress.** The personal budget was a key resource to facilitate clients' progress in areas where it would have been otherwise difficult and particularly where clients were 'stuck'.

3. **There has been considerable learning within the Service Coordinator Team in developing the GK approach to supporting clients in person-centred and trauma informed ways. The evaluation has captured key elements of the approach and practice through this report.** For each area, real examples have been captured from Service Coordinators to demonstrate what it means in practice in supporting clients.

4. **This report shares the key organisation and individual level enablers to providing this approach which can help services in future developing support for service users with multiple complex needs.** The evaluation has also captured the enabling factors at an organisational level and enabling factors for individual staff capability – both of which have been critical to underpin GK's approach to person-centred and trauma informed practice.

1.2.3 What has been the role and impact of lived experience in GK?

1. **The local evaluation activity has identified many examples of where lived experience shaped the design and delivery of the programme, predominantly through the Independent Futures (IF) group.** We found strong evidence of the IF group's influence on GK operationally, and involvement with the wider Fulfilling lives programme. However, we struggled to find clear examples of where lived experience involvement could be tracked through to improved GK client outcomes, though it's possible that more in-depth focused research could uncover further impact.

2. **Dedicated workshops and consultation meetings were more likely to be effective channels for capturing lived experience expertise - particularly compared with large senior leadership meetings.** This builds on evaluation findings in phases 3 and 4 that stakeholders valued lived experience stories in GK meetings, which brought powerful humanised context whether brought by lived experience members or frontline staff.

1.3 Recommendations and conclusions

There are number of recommendations and conclusions arising from this phase of the local evaluation, including:

1. **Share GK's learning on the person centred and trauma informed approach with other services, along with an understanding of the organisational and individual level enablers which GK have found are critical to support working with multiple complex needs service users.** There are important implications for organisational support structures, commissioning, staff support and recruitment. Demands on workers supporting GK clients have been significant and should not be underestimated. The enablers that have supported GK staff to work with GK clients are critical to the person-centred approach and protecting the resilience of highly skilled staff to avoid burnout, which in turn protects the client relationship and longevity of client support.

2. **Future support for service provision for people with severe and multiple disadvantage in Bristol must plan for some clients who have long-term support requirements, to avoid operational issues with provision which can only support a small group of fixed long-term clients.** Our findings suggest there are a group of GK clients who require long-term ongoing support from a role such as a Service Coordinator, or these clients need an alternative support approach to progress more rapidly into other support. Without addressing this issue, the risk is that there are unrealistic expectations about overall client caseloads over time and undue resource and emotional pressures on staff.

3. **Implications about who has benefitted most from GK's support should be considered by future initiatives when making targeted recruitment choices about who can benefit from limited resources.** Our findings suggest clients with certain characteristics have been more likely to benefit from GK's support (particularly those with high needs overall and those with high needs dual diagnosis). Meanwhile those clients (roughly one third) with the lowest level of need saw almost no change and even worsened in some Outcome Star areas.

4. **Further consideration needs to be given to proactively managing tricky but somewhat predictable circumstances around transitions and endings.** For example, planning to deal with temporary or permanent unanticipated staff departures, new pandemic restrictions, service endings in a way which carefully protects clients. Although we draw on a small sample of clients, we have seriously highlighted the issues we found through the interviews in clients' negative experiences of transitions and endings. Developing a trusting relationship brings responsibilities when working with clients who are often vulnerable. It may be worth considering how ALL clients can give negative feedback or

request a different worker without jeopardising their support or their current support relationship, whilst being mindful of the relational challenges of working with this group.

5. **Future initiatives should consider how services can be supported to identify and respond rapidly to clients' 'windows of opportunity'.** The evaluation found that Service Coordinators' spotting and responding to 'windows of opportunity' was a key mechanism through which they were able to engage and support clients to improve their lives. Long-term and proactive engagement approaches allowed workers to spot these often time limited 'windows' where a client who has previously not engaged, or refused particular support, may be willing or able to engage due to a change in themselves or their situation (e.g. during crisis, when sober).

6. **Further consideration and guidance should be produced for workers managing relationship boundaries with their clients to consistently protect both the worker and the client.** Service Coordinators have developed huge expertise in this area dealing with client dependency, but we recognise this is highly challenging, especially where the fundamental support approach demands a trusting relationship, worker autonomy, high levels of responsiveness, and flexibility to provide support across a client's life. We observed that the Service Coordinator /client relationship shares aspects of many different personal *and* professional roles such as: counsellor, coach, personal assistant, project manager, friend and mentor. Yet, as a sign of the complexity in managing these relationship boundaries, no single word in English describes the relationship adequately! Guidance may also consider the necessary organisational and individual support structures to protect those boundaries.

7. **When providing personal budgets, share clear and open principles on acceptable use consistently with clients.** This is not an advocacy for fixed rules as it seems appropriate to assess use on a case-by-case basis to account for the client's context as GK have done using some core principles underpinning their decisions. Being open and clear with clients about the principles for personal budget use decisions can further support an empowering person centred approach and avoid clients' perceptions that its use is inconsistent or unfair when comparing different uses over time and between clients.

8. **Future evaluation of similar initiatives should seek to produce or access a joined-up service use dataset ideally including counterfactual comparison data.** Throughout the evaluation, there have been substantial challenges accessing reliable data on client's service use (i.e. criminal justice, police, addictions support, and mental health support records) which has restricted the evaluation in understanding how changes in client's lives have impacted on service use. This is particularly important as changes can cause positive and negative consequences beyond the immediate or expected effects. More objective service use measures are also a priority to understand changes in areas where interviewed clients are less forthcoming due to sensitivities and social norms (health, addictions, offending). Reduced crisis service use data (i.e. police, emergency services) are important early indicators to understand if/where negative service use is reducing. Therefore, we recommend that service use data for offending and health areas should be prioritised for future initiatives.

2 Methodology for the Phase 5 Evaluation

Evaluation background…

The local evaluation of Golden Key, (GK), undertaken by a team at the University of the West of England (UWE). The evaluation takes a formative approach which aims to support learning and development in a shifting complex environment. **As the final phase of the research, particular attention has been given to the impact of GK activities on client outcomes and endeavouring to capture learning about specific ways in which person centred and trauma informed services have been developed and delivered**.

Evaluation objectives…

The Phase 5 local evaluation of GK was framed around four main objectives:

1. Understand whether and how outcomes have changed for GK clients;
2. Understand the mechanisms for client support to improve clients' outcomes and what enables these;
3. Capture learning on GK's approach to person centred and trauma informed support; and
4. Understand how service users were engaged with shaping services and the impact of that involvement on other severe and multiple disadvantaged service users.

Beyond the reporting, this phase of the evaluation also aims to support sharing findings and learning through the transition beyond GK to Changing Futures and related initiatives.

Evaluation approach…

To address the evaluation objectives, a mixed methods design was used that triangulated insights from a range of sources, including: (1) semi-structured interviews with 11 GK clients; (2) two half-day workshops with activities and three 45min focus group discussions with members of the GK Service Coordinator Team; (3) analysis of outcomes star and NDT data for 154 GK clients; (4) a desk review of evidence on how the voice of lived experience has informed GK ways of working and the impact of services. In addition, a review of frameworks and evidence on the GK approach to system change was completed in order to create a practical tool, as well as participant observation in GK meetings and events to build relationships and inform our knowledge of the wider context of the programme.

Sampling for each aspect of the Phase 5 evaluation was conducted to ensure **diversity of representation and a safe and confidential space** where participants could express their views and experiences of Golden Key.

Whilst we are confident that this report provides a balanced review of the impact, outcomes and process of GK it should be interpreted within the context of severe and multiple disadvantage services and support in Bristol during the time frame of the evaluation. There are also a number of limitations to the methodology that should be considered, including sampling size and representativeness, use of self-report data, data quality, and demographics and reporting.

2.1 About Golden Key

Golden Key (GK) is an eight-year project that aims to unlock access to services for people with severe and multiple disadvantage (also referred to as 'multiple disadvantage' or 'multiple complex needs', including homelessness, mental health problems, drug/alcohol dependency and criminal offending behaviour (see section 1.5 for further details on the client population). Golden Key is a partnership of statutory and not-for-profit agencies across Bristol (including the NHS, police, probation, City Council, Second Step, Bristol Drugs Project, St Mungo's and 1625ip). Partners aim to find new approaches to service delivery and mobilising systems change to ensure a lasting legacy for the city and its most vulnerable residents. Golden Key is funded through the National Lottery Community Fund Fulfilling Lives initiative.

2.2 About the Local evaluation of GK

The local evaluation of Golden Key, undertaken by a team at the University of the West of England (UWE), has taken a formative approach which aimed to support learning and development in a shifting complex environment. This report summarises findings, insights and recommendations from Phase 5 of the local evaluation[1], which ran from May 2021 to June 2022. The evaluation is influenced by 'realist' principles whereby we seek to understand the *mechanisms* through which interventions produce *outcomes* within particular *contexts*. As appropriate for evaluating change within complex environments, we aimed to capture multiple perspectives, experiences and outcomes, as outlined in the local evaluation framework (see appendix).

2.2.1 Evaluation objectives

Particular attention in this final stage of the evaluation has been given to the impact of GK activities on client and service user outcomes. As the programme funding ends, we have also attempted to capture learning about specific ways in which person centred and trauma informed services have been developed and delivered. The evaluation objectives and activities were developed through close consultation with key stakeholders.

The Phase 5 local evaluation objectives and key research questions were as follows:

1. Understand whether and how outcomes have changed for GK clients

a) How have clients' lives, outcomes, and service use changed through GK's support?
b) How do intersections of specific client characteristics, needs and different support approaches relate to changes in client outcomes and service use?
c) What do clients see as important indicators of positive change in their lives?

2. Understand mechanisms for client support to improve clients' outcomes and what enables these

a) What do clients think and feel makes GK's support different?
b) What are the different approaches to direct client support which GK has taken to support positive changes for clients?
c) What are the key elements of each of the identified GK's client support approaches that have supported positive changes for clients?
d) What has enabled those identified key elements of the client support approach in the organisation, programme, or wider system?

[1] Evaluation reports from previous phases are available at https://www.goldenkeybristol.org.uk/impact-evaluation-reports

e) Whether and how the Service Coordinator Team has enabled more joined up services for improved client outcomes?

3. Capture learning on GK's approach to person centred and trauma informed support

a) What does 'trauma informed' and 'person centred' mean in practice within Service Coordinator Team's client support and work with service staff?
b) How do clients experience GK's 'trauma informed' and 'person centred' client support?

4. Understand how service users have been engaged with the design and delivery of services and whether this has contributed to changes for those experiencing severe and multiple disadvantage

a) How have service users been engaged in the design and delivery of GK?
b) How has GK facilitated service users to engage in the design and delivery of other services?
c) How and why has GK's approach to service user involvement changed during the programme?
d) How has the service user involvement supported improved outcomes for GK clients and other people experiencing severe and multiple disadvantage?

This final phase of the evaluation also aimed to support sharing findings and learning through the transition beyond GK to Changing Futures[2] and related initiatives.

2.2.2 Evaluation design and methodology

In order to address the questions outlined above a mixed methods design was used that triangulated insights from a range of data sources, as summarised below.

1. **Client interviews:** Semi-structured interviews with 11 clients to capture their experiences of GK, evidence of impact and insights into the person-centred and trauma-informed aspects of the work.

2. **Focus groups/workshops with members of the GK Service Coordinator Team:** Two workshop sessions with GK's Service Coordinator Team, including focus group discussions, to capture insights into their approach to person centred and trauma informed services.

3. **Analysis of GK client outcomes data:** Analysis of Homelessness Outcomes Star and New Directions Team (NDT) outcomes data for 154 clients, to assess how GK support has impacted clients.

4. **Desk review of role of lived experience in the design, delivery and impact of services:** A review of evidence on how the voice of lived experience has informed GK ways of working, the impact on services and service users. Particular attention was given to engagement of the Independent Futures (IF) group and reviewing relevant papers from key groups and events for evidence of impact/outcomes.

5. **Review of frameworks and evidence on GK approach to system change:** A review of evidence from earlier phases of the evaluation was conducted alongside insights from the GK Learning Team and relevant other groups which draws together learning to develop a system change tool. This aims to support practitioners working in the area of severe and multiple disadvantage.

[2] Changing Futures is a 3-year programme - funded by the Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government as well as the National Lottery Community Fund - which aims to improve outcomes for adults experiencing multiple disadvantage. Bristol is one of 15 local partnerships across England that has received funding and builds substantially on the legacy of Golden Key.

6. **Participant observation in GK meetings and events:** As with earlier phases, members of the local evaluation team have consistently attended GK Partnership Board (PB) meetings and actively engaged with GK and partners through the Evaluation Advisory Group (EAG), monthly progress reports, and other key forums, as well as attending (and on occasion presenting at) GK dissemination and engagement events. Whilst this has not been treated as a source of evidence in itself, it has supported positive stakeholder relationships conducive to open learning and ensured the evaluation team have a greater appreciation of the wider context and its impact on GK progress and outcomes.

Caveats and limitations that should be taken into consideration when interpreting findings are given alongside the overview of each methodological approach, as detailed in subsequent sections of this chapter. Whilst we are confident that this report provides a balanced review of the outcomes, impact and process of GK it should be interpreted within the context of severe and multiple disadvantage services and support in Bristol during the time frame of the evaluation.

2.2.3 Research ethics, equality, diversity and inclusion

The research proposal was independently scrutinised and approved by the Faculty Research Ethics Committee at Bristol Business School and the work was overseen by the GK Evaluation Advisory Group, with regular reporting to the GK Partnership Board. In keeping with standards of good practice the research adheres to principles of voluntary participation, informed consent, right to withdraw, confidentiality and secure data storage.

Given the significance of equality, diversity and inclusion (EDI) within the GK programme as a whole[3], and in terms of capturing and exploring the full range of client experiences, particular care has been taken to ensure that the evaluation research was open and inclusive. People with lived experience of multiple complex needs were directly involved in the design of the client interviews and in collating insights on how lived experience has informed and impacted on GK since its inception. Care has also been taken to ensure a diverse sample (where possible) for the interviews, focus groups and analysis of outcomes data. Attention has also been given to creating safe and confidential spaces where participants could express their views and experiences of Golden Key and ensuring that appropriate support channels were in place should the research trigger negative emotions/experiences for any participant. Sampling for each aspect of the Phase 5 evaluation was conducted to ensure diversity of representation where possible, and to ensure a safe and confidential space where participants could express their views and experiences of Golden Key.

Throughout the analysis, interpretation and reporting of findings that underpin this phase of the evaluation we have looked for evidence of patterns/trends within and between demographic categories (including gender, race, disability, sexual orientation and age). Where differences have been noted these are mentioned in the text, but only where sample sizes are sufficiently large to make generalisations and/or report findings without compromising the confidentiality of respondents.

2.2.4 Evaluation research limitations

There are a number of important limitations to this research, as described in the subsequent sections, that should be taken into consideration when interpreting the data and generalising findings. These include, but are not limited to:

- **Sampling size and representativeness**: for the client interviews, to overcome challenges accessing this population, sampling was supported by the Service Coordinator Team and was

[3] See https://www.goldenkeybristol.org.uk/edi for further details.

dependent on accurate contact details for clients. This means that it was not possible to ensure a larger and ideal representative sample. There was a tendency towards clients who were more stable, more recently engaged, and those with positive support relationships. There is a relatively small sample size which limits the capacity to generalise to the GK client population as a whole and beyond to other service users.

- **Self-report data**: the client interviews and Service Coordinator Team focus groups are based on self-report data, which may be affected by participant recall and/or bias.
- **Data quality**: the analysis of outcomes data is based on assessments and information collected by Service Coordinators over time during their support activity with clients. Despite efforts to ensure the accuracy of this data, there may be bias between Service Coordinator assessments, infrequency of assessments and support activity logging differences which impact the analyses.
- **Demographics and reporting**: whilst we have endeavoured to highlight trends and patterns within the GK population, due to confidentiality it is not possible to report full demographic details for each participant as this would compromise confidentiality. This means that some patterns of difference – particularly around ethnicity and other protected characteristics – are not able to be reported.

Whilst we are confident that this report provides a balanced review of the impact, outcomes and process of GK it should be interpreted within the current context of severe and multiple disadvantage services and support in Bristol during the time frame of the evaluation. Further details describing the demographic and need characteristics of the GK population can be found in Chapter 6, the client outcomes data analysis.

2.3 Methodology for client voice interviews

2.3.1 Aims and objectives

The purpose of this evaluation activity was to understand:

A. **How are clients' lives different because of Golden Key?**
B. **How have clients experienced Golden Key's support?**

A secondary aim of the client interviews was also to gain insights into:

C. **How were principles and practice of GK's person-centred and trauma-informed approach reflected in the client's experience.**

2.3.2 Approach and methodology

The research process built on the approach used during Phase 2 of the local evaluation[4]. Adopting a participative 'peer research' approach we collaborated with four Independent Futures group members (with similar lived experience to GK clients and including one ex-GK client), to design the client research. These individuals met with the research team in-person and online to develop the project, including short workshops to explore the potential for creative and more participative approaches (e.g., photography, video, walking interviews), and to develop peer-research skills. Due to a local spike in Covid-19 infections at the time of data collection it was decided to opt for a more traditional approach, where research team members interviewed clients directly (either in person or by telephone) using an interview schedule

[4] More information on the approach to the phase 2 local evaluation peer research can be found in the phase 2 report 'Golden Key evaluation phase 2: Building Connections', UWE (2017) available at: https://uwe-repository.worktribe.com/output/888673

developed in collaboration with the peer researchers (see appendix) and piloted with members of the Independent Futures group.

A total of 11 semi-structured client interviews, lasting between 20-45 minutes, were conducted by four members of the research team during January and February 2022. Of these, 3 were conducted in person and 8 by telephone.

2.3.3 Sampling and client access

The target population included a total of 154 former and existing GK clients. To identify a viable sample, we asked Service Coordinators to invite clients who were still being supported by GK and if they were interested, to collect contact details which were then followed up by the research team. GK provided client contact information and all former GK clients were sent a text message introducing the research. Subsequently all functioning contact numbers were followed up with a phone call by a member of the UWE research team, with voicemails left if unanswered. Clients were offered a £20 supermarket voucher of their choice as a thank you for their participation.

Overall, our sample of interviewed clients was skewed towards clients who had lower number of needs (i.e. potentially lower complexity), younger ages, more diverse ethnicities and a higher proportion of female clients than the overall GK client population.

- **Needs & complexity:** Participants had varying levels of needs and complexity – ranging from one to four needs (the four needs are: addictions, mental health, offending and homelessness). Overall, our sample of interviewed clients had lower numbers of needs at the start than GK's overall population as shown below.

Figure 1: Comparison of number of needs at start between interview sample and all GK clients

No. of needs at start	Interview sample 11 clients	All GK clients
Up to two	36.4%	19.8%
Three	27.3%	34%
Four	36.4%	46.1%

- **Gender:** Of those interviewed 4 identified as male and 7 as female. With 63% identifying as female, our interview sample has over-represented females than the overall GK client population where 42% identify as female
- **Age:** The average age was 34.5 years. Four were aged between 18-30, one as 31-34, 5 as 35-44 and 1 as 45-54 years. Our sample is younger than the overall GK client population whose average age is 42.
- **Ethnicity:** Our interview sample has more diverse ethnicities with only 36% White British compared with the overall GK client population where 61% are White British. 4 clients were White British, 3 Black British African, and 4 were of mixed or other ethnicities.
- **Support provision:** Clients also varied in in terms of the support provision; overall length of support (shown below), intensity of support, and when the support was provided.

Figure 2: Length of GK support for interview sample

	Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5+ years
Interview sample	1	1	2	3	1	3

2.3.4 Data analysis and limitations

A UWE researcher analysed all interview transcripts in Nvivo initially using an inductive coding approach and then additionally with a top-down approach using a framework based on our evaluation objectives. The client interview data was also analysed with a top-down approach using the 6 areas of 'person-centred' and 'trauma informed' approaches (as outlined in Chapter 4) to understand client experience in relation to these areas. Emerging themes and findings were developed which the UWE research team then met to discuss and refine further interpretation. Due to timing and practical constraints it was not possible to include Independent Futures group members in the analysis or reporting stages, mainly due to coordination issues during the pandemic.

The findings from this part of the research are reported in Chapter 3. When interpreting findings it is important to note that:

- We have a small sample size (n=11 of 154), which is unlikely to reflect the views and experiences of the whole GK client population.
- Though clients gave their views on whether they felt the changes were due to GK's support, there was no comparison group. This means we have limited ability to establish a causal relationship between GK support and client outcomes (vs those who did not receive support).
- Our recruitment method by phone (mostly mobiles) meant that we were unable to contact clients who either did not have a phone or had changed numbers (who may be those with more complex needs).
- There is a potential bias towards clients with more recent engagement with GK as they are most likely to have up to date contact numbers and/or be nominated by Service Coordinators.
- For obvious reasons we were unable to speak with clients who had disengaged for negative reasons (e.g. prison, death).
- The ability of interviewees to recall details may have been affected by the passage of time, something that is likely to be compounded by substance misuse and poor mental health.
- The brevity of interviews limited how deeply clients' experiences could be explored.
- Due to confidentiality arrangements we have been unable to report details that could potentially identify individual clients. This has a particular impact on our ability to comment on patterns/experiences from groups with low levels of representation.

These factors suggest that caution should be taken in generalising findings to the wider population of GK clients and beyond. However, this research enables the evaluation to gain insight into clients' views of GK, the change they experienced, and identify common themes in how the support contributed to change while accounting for context of each client's case. Despite these limitations the importance of the client's voice in the evaluation should not be understated.

2.4 Methodology for Service Coordinator workshops / focus groups

2.4.1 Aims and objectives

The purpose of this evaluation activity was to better understand aspects of **how client support contributes to GK clients' outcomes and what enables the approach**. Key questions included:

- **What are the key elements of a 'person-centred' and 'trauma informed' approach in practice?**
- **What has enabled GK's delivery in these areas?**

This research aimed to avoid exploring these approaches in an abstract or theoretical sense and to focus on how they are applied in practice.

2.4.2 Approach and methodology

The group agreed Chatham House[5] rules for sharing workshop discussions. Seven GK staff were involved in total, though not all team members could attend every session. Three group sessions were held in total between November 2021 and January 2022, with GK's Service Coordinator Team. Workshop one explored the key elements of person-centred and trauma informed support and what they mean in practice, through capturing Service Coordinator's activities in specific client cases. This approach aimed to avoid simply exploring the approaches in an abstract or theoretical sense. Workshop two focused on what enables Service Coordinators to deliver that support approach, referring back to the output from the first workshop. We also facilitated a 45-minute group face-to-face discussion (December 2021) to discuss staff support.

Session one: Face to face workshop and focus group discussions

This workshop was designed to understand what 'person-centred' and 'trauma informed' approaches mean in practice within Service Coordinator's client support activity. To root the exploration in specific case practice, we asked Service Coordinators to think in advance about two client cases: (a) their most progressive and (b) most challenging client. We asked them to think specifically about what happened when they first engaged the client and during another particular point or experience in their support journey.

The first half-day face to face workshop was held with 5 members of the GK Service Coordinator Team (SCT) in November 2021. Participants were asked questions to prompt reflection on the following for each of their chosen case clients (most progressive and most challenging):

I. *what was **person-centred** about their work at **initial engagement** and during the **specific support experience**?*
II. *what was **trauma informed** about their work at **initial engagement** and during the **specific support experience**?*

Service Coordinators captured their responses to each question on post-it notes which were then collated. The group spent time reviewing all responses to each question before moving on to the next question. Over 200 post-it notes were recorded covering specific practice related to the questions. Two 25-minute focus group discussions were then run within the session (audio recorded), covering the reflections for the person-centred and trauma informed areas.

Session two: Face to face focus group discussion

A 45-minute group face-to-face discussion was run in December 2021 to initially discuss staff support within the Service Coordinator Team, with two Operational Managers and three team members.

Session three: Online workshop and focus group discussions

In January 2022, a second half day online workshop was run with six members of GK's Service Coordinator Team (five Service Coordinators and one Team Manager). An iteration of the evaluation findings from the previous first workshop and follow-up discussion was presented and for each area, asking members to individually think about what enabled them to work in that way:

I. What do you need to be able to do this/these things?
II. What or who has helped you do this kind of work/activity?

[5] When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed.

III. What learning or barriers have been overcome?

Responses were captured and 'liked' using the online meeting software comments function. After the group had viewed all responses, each of the approach areas were discussed. Responses were synthesised and informed the enablers section in the report.

2.4.3 Data analysis and limitations

Findings from this part of the evaluation are reported in Chapter 4, with additional reflections on how these principles were experienced by clients reported in the GK clients interview analysis in Chapter 3.

A UWE researcher analysed the post-it notes and focus group transcripts in Nvivo using an inductive coding approach. The resulting coding themes were used to identify the elements/areas and inform the 'what this means' sections that describe the approach. The post-it notes describing actual practice informed the 'what does it look like in practice' sections. No difference was noted between the most challenging or most progressive client types.

The client interview data was analysed with a top-down approach using the areas of 'person-centred' and 'trauma informed' approaches (identified from the Service Coordinator Team workshops) to understand the client experience in relation to these areas (these findings are included in Chapter 3).

Caveats and limitations from this part of the research include:

a) This work was only conducted with people who were members of the Service Coordinator Team between Nov 2021-Jan 2022 and hence does not capture the views of those who were involved in earlier stages of GK but have since moved on.
b) The findings are based on self-report, within a group environment, and hence may be impacted by social desirability and/or recall bias.
c) The approach of the SCT evolved significantly through the course of GK. These findings report understandings/approaches that existed in Autumn/Winter 21/22 rather than at some other stage in the initiative.
d) The focus group approach collates shared perspectives on the issues and hence may neglect/under-estimate individual differences in how Service Coordinators interpreted and enacted these practices.
e) Other than by triangulating findings from this part of the evaluation with the client interviews it is not possible to be sure of the extent to which the rhetoric matches the reality of what SCT members did in practice.

Despite these caveats/limitations it is felt that this part of the report provides a valuable and reasonable robust account of the GK approach to person centred and trauma informed support. The content of this analysis (Chapter 4) has been checked for accuracy by members of the GK Programme Team as well as the person responsible for the SCT at that stage.

2.5 Methodology for desk review of service user involvement

2.5.1 Aims and objectives

The purpose of this evaluation activity was to better understand how Golden Key (GK) has facilitated lived experience to shape the programme, and beyond GK to shape wider services. We aimed to capture GK's learning about developing the approach to lived experience involvement during the programme. We began with four overarching questions:

1. How have service users been engaged in the design and delivery of GK?
2. How has GK facilitated service users to engage in the design and delivery of other services?
3. How and why has GK's approach to service user involvement changed during the programme?

4. Has the service user involvement supported improved outcomes for GK clients and other people experiencing severe and multiple disadvantage?

2.5.2 Methodology and approach

The nature and impact of lived experience involvement was explored through a combination of inductive ethnography through researchers' attendance at a range of GK meetings, and semi-structured interviews and focus groups. Interviews were conducted with Independent Futures (IF) Group members (n=8) and GK staff (n=12). GK staff interviewees included the GK project manager, members of the GK service coordinator team, and project psychologist. Interviews (n=8) were also conducted with GK partners, and these included three senior managers, and five client facing support workers. The evidence from interviews was then also triangulated with a desk-based review of programme documentation. The reviewed documentation included reports produced by Golden Key, internal reporting documents produced by the IF group, Programme Board minutes, and records of action experiments and systems change activities.

2.5.3 Data analysis and limitations

Interviews ranged in length from 24 minutes to 87 minutes with a mean length of 54 minutes. They were all analysed separately by stakeholder group (i.e. GK staff, GK partners, experts by experience), and initial themes were identified using thematic analysis (Braun & Clark, 2006). IF Group interviewees were then invited to return to one of two follow-up focus groups to explore and sense check themes identified by researchers. The focus groups both consisted of three IF Group members, and served to explore participants' response to initial interpretations of the data and allow for further elucidation of central organising concepts and sub-themes. The documentary analysis drew on an ethnographic content analysis approach (Altheide, 1987) which explored meeting minutes and policy documents, and then sought to verify outcomes through triangulation with documents from subsequent meetings, or the accounts of IF group members. The conclusions of the documentary analysis were also reviewed by members of the GK delivery team to ensure that interpretation of meeting documents was accurate.

As with other areas of the evaluation, there are a number of limitations and caveats that should be taken into consideration when interpreting findings, including:

- Primary documentary data were dependent on the accuracy of minutes and the record of meetings provided to us
- At times there were challenges to confirming whether specific actions were directly associated with the input of services users, or merely temporal coincidences
- This also makes firm conclusions about the longer-term impact of service user involvement on the client experience more difficult

Despite these limitations, we are confident that we found strong evidence of service user involvement in the early design of the project, and engagement with a range of project meetings throughout. Furthermore, the post-analysis sense checking procedures with the GK delivery team and IF group increase the validity of our conclusions.

2.6 Methodology for client outcomes data analysis

2.6.1 Aims and objectives

The main purpose of this evaluation data analysis was to understand **whether and how outcomes have changed for Golden Key (GK) clients**. We wanted to explore to what extent clients' lives have changed; which client groups appeared to find different levels of change in different life areas; and how severe and multiple disadvantage clients engaged with GK. More specifically:

- How have clients' lives, outcomes, and service use changed through GK's support?
- How do intersections of specific client characteristics, needs and different support approaches relate to changes in client outcomes and service use?
- Whether and how has Service Coordinator Team coordination of more joined up services led to better client outcomes?

2.6.2 Approach and methodology

The analysis covers five areas:

- describing the demographic and needs profile of GK clients;
- analysis of the onward destinations data for clients whose support ended;
- analysis of the first and last Outcome Star and NDT assessment scores collected by GK for all clients;
- exploring differences in Outcome Star change between different client groups; and
- analysis of how long clients engaged with GK's support.

The analysis drew on quantitative data captured by GK to monitor client outcomes. Two primary measures were used:

- **Homelessness Outcomes Star:** which includes ratings on 10 areas - Offending, Managing tenancy & accommodation, Managing money, Motivation & taking responsibility, Emotional & mental health, Social networks & relationships, Meaningful use of time, Drug & alcohol misuse, Self-care & living skills, and Physical health.
- **New Directions Team (NDT) assessment:** which includes ratings on 10 behavioural indicators - Housing, Unintentional self-harm, Impulse control, Stress and anxiety, Alcohol / Drug Abuse, Engagement with frontline services, Intentional self-harm, Social Effectiveness, Risk to others, and Risk from others.

As with other Fulfilling Lives projects, each of these measures was completed by GK Service Coordinators on a quarterly basis for each of their clients where possible and reported to the national evaluator. Given the disruptive impact of the Covid-19 pandemic we only included data from November 2014 to end of March 2020. During this period 227 clients had been supported by GK, of whom 73 were excluded from the analysis who had received support from specific pilot projects (e.g. Housing First, Winter Pressures, the Call-in), leaving a total population of 154 clients for the analysis.

An anonymised client dataset was extracted from the InForm database by a Golden key analyst in August 2021 and provided securely to the UWE team. The Outcome Star change analysis included those clients with at least two Outcome Star readings (n=141) to compare first and last recorded scores. The analysis was completed using a combination of Excel and SPSS

2.6.3 Identifying client cohorts to understand variability

Given the diversity of the GK client population in terms of their experiences and outcomes, we wanted to explore whether and how different client groups responded to GK's support, to explore any differences in change outcomes. To best support learning, our approach aimed to examine how GK's observations about which clients tended to engage and benefit more from GK, were reflected in the client outcomes data. We worked with the Service Coordinator team to understand some characteristics which were believed to indicate that clients might be more or less likely to engage with GK, and to benefit from GK's support.

Cohorts of interest were limited by data availability and reliability. Therefore, we were not able to explore some groups of interest, for example, different approaches within GK over time, or the following alternative groups with complex needs: long term rough sleepers, young men from minority ethnic

groups, asylum seekers, women and domestic abuse, people perceived as high risk by services. Selection was also informed by the future direction of support for multiple complex needs in Bristol, though data was particularly limited for those areas.

For each cohort, we have grouped the available client sample by particular characteristics to explore differences between the groups. To define the groups within each cohort, we have made use of available data, which are by no means perfect. Full details for how clients were grouped within each cohort, demographic breakdowns and onward destination comparisons are available in the Technical Annexe which accompanies this report. The following client cohorts of interest were finally selected, as summarised in the table below.

Cohort	Approach to identifying groups within the cohort
1: Overall level of need at start (i.e. indicating complexity)	To categorise the groups, a proxy measure was developed which calculated a single score, based on the client's first Outcome Star assessment, which was used to categorise client's level of need when they joined GK as those with the highest, medium and lowest levels of need.
2: Level of engagement with GK	To categorise the groups, we used data from Service Coordinator Team logs of the number of support activity 'actions' with each of their clients, where the client was present/involved (excluding actions without the client there). The activity may have been in any format (e.g. face to face, phone, email, written/letter, mobile/SMS message). The client sample was grouped as those with the highest, medium and lowest number of activities.
3: Level of joint GK and other service involvement	To categorise the groups, we used data from Service Coordinator Team logs of the number of 'actions' where other agencies, services or professionals were involved (included those with or without the client there). This does not include other service support activity where GK have not been involved. The client sample was grouped as those with the highest, medium and lowest levels of service engagement with GK.
4: Prior engagement with services	To categorise the groups, we used the clients' first NDT assessment scores for 'engagement with frontline services'. There was a relationship between level of prior engagement and the level of need when clients joined GK. Clients who had high levels of prior engagement with services had lower levels of need at their first Outcome Star assessment, and vice versa.
5: Onward destination	To categorise the groups, we used the onwards destinations reasons collected by GK for all closed client cases. It is possible that the approach to closing cases may have changed during the programme, particularly towards the end.
6: Dual diagnosis (substance misuse and mental health needs)	To identify these clients, we used clients first Outcome Star assessment scores. Those in the dual diagnosis group had who scored 1 or 2 (the 'stuck' stage in the 'journey of change') at the first assessment for 'Drug and alcohol misuse' and 'Emotional and mental health'.

2.6.4 Limitations

As with other areas of the evaluation, there are a number of limitations and caveats that should be taken into consideration when interpreting findings, including:

a) In comparing the first and last outcome star score for each client we can only identify general trends at two fixed points in time, rather than any variations during the period in which support was provided.
b) The approach of the SCT evolved significantly through the course of GK. The evaluation was not able to access data that allowed us to identify different approaches taken.
c) Start dates are broadly accurate although when a client is added onto the system (recorded as the start date) may not be the date of first (attempted) contact with the client. End dates may be misleading as different approaches to closing cases have been taken during the project's lifespan.
d) Recorded 'actions' in engagement data do not account for the time spent or intensity of that engagement. Data about whether the 'action' involved the client and or service professional was missing from the initial first c18 months of the project.
e) The analysis is looking at the impact on outcomes of the Service Coordinator Team approach with GK clients. It does not reflect the total impact of the team or GK on people with severe and multiple disadvantage in Bristol as some direct client facing support projects are excluded.
f) We are unable to report on analysis of some sub-groups as low client numbers could breach confidentiality.
g) Due to the lack of a comparison group it is not possible to confirm the causal impact of GK in comparison to no or alternative interventions.
h) NDT and Outcome Star analysis are based on Service Coordinator assessments of client progress and therefore involve some degree of subjectivity. Though we have been advised benchmarking exercises have taken place across the Fulfilling Lives programme and within GK.

Despite these caveats, the analysis reveals a number significant trends within the data that indicate positive changed outcomes clients have experienced while being supported by GK.

3 Client Voice Interviews

Evaluation approach…

The purpose of this evaluation research was to understand clients' perspectives on how their lives are different *because of* Golden Key, and how clients have experienced GK's support. We also explored how principles and practice of GK's person-centred and trauma-informed approach (see Chapter 4) were reflected in the client's experience. The research was designed in collaboration with GK's lived experience group. These findings should be interpreted in the context of the well documented challenges of services engaging and supporting change with this population. These findings build on Phase 2 evaluation research with clients and Service Coordinators.

Four UWE researchers conducted 11 semi-structured interviews between 20-45 minutes with GK clients during January and February 2022. There are important limitations to this research, so caution should be taken in transferring findings to the wider population of GK clients and beyond. We have a small sample size (n=11 of 154) which is not fully representative of all GK clients. There is no comparison group to see what would happen without GK, which means the research has limited ability to establish GK as being the cause of change. However, this research enables insight into clients' views of GK, the change they experienced, and common themes in how the support contributed to change whilst accounting each client's context.

Learning…

Most clients (8 of 11) experienced positive life changes which they felt GK had substantially contributed towards. Three clients highlighted how GK had helped them completely turn their lives around and a further five gave examples of how GK had been beneficial to them and/or their lives. Two clients felt that change in their life was very slow or difficult to determine and one felt that they had not benefited or seen positive change. Clients reported the important role of their GK support in positive change across nearly all life areas except offending and physical health.

Clients particularly valued GK's emotional support, practical support (which often removed barriers to positive life change), along with support to access and engage with services. The personal budget was a key resource to facilitate clients' progress in areas where it would have been otherwise difficult. Client's nearly all felt GK's support was different in a good way, particularly in how their Service Coordinator cared about them and their progress.

Challenges exist for relationship endings during points of transition between workers, and when ending support, which is concerning given the client population's vulnerability. Service Coordinators have drawn on considerable skill and experience in building trust whilst navigating challenges around dependency in their client relationships. However, questions remain about managing endings and wider expectations that all clients *can* positively transition away to other currently available support.

Overall, the experience of clients reflected the highly person-centred approach which Service Coordinators described in terms of both principles and practice. Nearly all clients we interviewed indicated that they had developed a positive trusting relationship with their Service Coordinator(s) during their GK support which they valued positively. The vast majority also described support which was highly flexible and responsive during most of their experience, though some issues arose during the pandemic. Nearly all clients indicated that the support was client led.

3.1 How were our interviewees' lives different through GK's support?

Three clients we spoke to had experienced transformational life change which they themselves attributed substantially to Golden Key's support and we were able to understand and connect how the different areas of support activity from GK had contributed to help the client to improve their life. These clients told moving stories of their lives being completely turned around and described the sustained and comprehensive role the Service Coordinator support had played in their change.

> *"Before Golden Key I was totally chaotic, didn't go to appointments, couldn't be stable on my methadone, I was just in town, never turned up for appointments, never worked with any professionals….I got clean now, I didn't think I would ever get clean but now I been clean and I've been clean since I come to the refuge…I don't think we would have got there if it weren't for [Service Coordinator name] helping me as much as they did…. And I don't think, if I didn't have [Service Coordinator name], none of this would be here, none of this would have happened…. don't get me wrong, it took me quite a number of years to get better but now the outcome now … that is just amazing, and I couldn't have done it without [Service Coordinator name]."* ***GK client***

Five clients felt that GK had been highly beneficial to them and/or their lives and were able to provide multiple different example areas of their lives which had seen significant positive change since receiving GK's support. In the majority of the examples, we were able to understand and connect *how* the different areas of support from GK had helped the client to improve their life.

> *"So [Service Coordinator name] had a massive impact on me personally, they helped me with a lot of things … and had I not had that stable sort of support and foundation and just quite practical help, I wouldn't necessarily have got onto my degree, I wouldn't have necessarily got my job."* ***GK client***

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Two clients felt that change in their life was very slow or difficult to determine. Both clients very much appreciated GK's support and said they felt it was helpful. One client did not feel that their life had changed. Both of these clients had been supported by GK for over five years.

> *"Golden Key was like, kind of helpful, and kind of not, yeah… And how my life is now is, well, it's not the greatest at the moment, because I feel like I need still more support. I'm not saying I want support for the rest of my life until I'm dead, but I feel like some of the support I've got now is okay, but not enough."* ***GK client***

One client did not feel that they had benefited or seen positive change at all. This client had received very minimal support from GK, though we could not understand why this was the case.

> *"[Service Coordinator name], they were very nice, easy to talk to, you know, easy to get along with you know, but, yeah the organisation itself, nothing just seemed to get done… my personal experience was I didn't get nothing from them."* ***GK client***

It is not possible to say with certainty from our research whether this change represents a 'good' outcome in terms of the overall programme of support as we don't have a robust comparison (counterfactual) to understand what would have happened without GK's support. However, we can report that the majority of clients we spoke with themselves believed that GK played an integral role in their change and/or gave us specific examples which demonstrated GK's role in their change. One client reflected on their own role and motivation in their transformative change.

> *"Obviously you gotta wanna do it as well … you've got to wanna do the work, and not a lot of people out there, you know not everyone out there can do the work"* ***GK client***

3.2 What did we learn about change in different life areas?

3.2.1 Housing

Five clients we interviewed had been homeless or in unstable accommodation at the start of their support and were now in stable accommodation. Three of these clients talked about GK's support in helping their housing situation. These clients appreciated the signposting and advocacy their Service Coordinator provided whilst working with Bristol Housing services. One client thought it was helpful having the Service Coordinator working together with their social worker to find stable housing, so the process was not overwhelming. Two clients' housing situations could not be substantially progressed due to immigration restrictions.

3.2.2 Mental health, taking responsibility and self-care

Nearly all of the clients we interviewed were assessed with mental health needs at the start of their support and talked about their relationship with their Service Coordinator having brought something positive to their life. Clients who did feel that their lives had changed for the better since working with GK, told us of quite significant improvements to their mental health.

> *"I'm starting to feel more like not self-harming, I was suicidal because there's my case going through the system. It started with [Service Coordinator name], it didn't start with no one else…. just like keeping myself strong like going to a gym, and going running, you know, stopping smoking."* ***GK client***
>
> *"I'm sort of dealing with my demons now, instead of trying to just mask them, trying to silence …like I'm sort of facing them head on and ready to change… I'm just ready to work on myself, instead of covering up with drugs and alcohol. And I don't wake up in the morning feeling like crap."* ***GK client***

Two asylum seeker clients were depressed before they were supported by GK, they both felt GK's support had helped them feel better. One who had previously been having suicidal thoughts felt the Service Coordinator's positive approach had helped them be able to see a positive future for themselves and see the good in the world. Two clients said that important indicator for them of the positive changes GK had helped bring about was that they were no longer self-harming. One of these clients said this was due to how their Service Coordinator's support reduced their anxiety and increased their confidence in being able to cope with whatever life might throw at them.

Through the clients' descriptions it was possible to see examples of how the Service Coordinator relationship supported improvements in mental health. In some cases, this was just by being there for personal and emotional support, but there were also many examples of very practical support where

Service Coordinators identified (with the client), actions which would directly or indirectly tackle areas that were negatively affecting mental health.

Four clients highlighted a positive difference in their ability to take responsibility and be independent, which was linked with the personal and practical support Service Coordinators provided.

> *"Now I'm sat here over a year and a half clean, in my own house, not been on the streets, paying all my bills, which I never thought I would do."* ***GK Client***
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> *"I've given up like, the lifestyle... I'm a lot more well now basically. Even down to like dress and appearance, I'm in a completely different place from where I was at, and I'm pretty much still going with it… I'm doing a lot of voluntary nowadays, and a lot of that was from giving up my drinking and stuff. I've changed like my views on things you know… a lot of what it is, a bit of a mix of everything and it's like a ripple effect that's sort of like benefited me in other areas."* ***GK Client***

3.2.3 Addictions

This was an area less frequently raised by clients, perhaps due to perceived stigma, so the Service Coordinator's role was largely unclear other than referrals to specialist support agencies. Of the three clients whose lives had transformed, two moved from heavy long term substance abuse to being completely clean, and another younger client had also stopped using drugs as part of their recovery. One client said that GK helped them access specialist drug support services where their level of use would normally not have been eligible for support, and this helped them understand why they were using and find alternative ways to meet those needs. One long term client discussed their Service Coordinator helping with their difficult decision about whether and when it would be right to access detox and helping with the practicalities of accessing their 'script'.

3.2.4 Offending

Of the four main 'needs' areas, this was the least discussed topic, again perhaps due to perceived stigma. Only one client described changes in relation to criminal justice, and this involved the Service Coordinator playing an advocacy role, helping the client be clearer about their rights and feeling confident to handle interactions with the police in ways which helped avoid the situation being escalated to court.

3.2.5 Managing money

Two clients talked about how Service Coordinators supported them to claim benefits which they had not previously accessed. The Service Coordinator supported their clients through the process, helping to understand eligibility, dealing with application paperwork, providing advocacy and emotional support during the process.

> *"So you know PIP [state benefit] for example that I'm getting, I remember that I'd been trying to claim for it and I didn't get it. So what was really helpful, I don't know if any other services would do this, but what was really helpful is that [Service Coordinator name], had to write a letter to explain… and then when I went for the assessment I felt really nervous, and the guy he was touching on issues which were not relevant, he kept saying 'how many times a day do you think of dying and when does it happen?'. And [Service Coordinator name] said 'that's just irrelevant, you shouldn't be saying that, that was really good of them helping me."* ***GK client***

3.2.6 Meaningful use of time

Two of the younger clients we interviewed had made positive progress with returning to education. One was able to use their personal budget to buy a laptop which enabled them to access online counselling and education. Another was supported by their Service Coordinator with volunteering job applications, which led to a paid role, which enabled the client to access a degree in their chosen career. No other clients we spoke with mentioned changes related to education. One of the clients whose life was transformed talked about now doing some voluntary work, but no other clients mentioned employment. One client told us that their Service Coordinator supported them to do some creative home crafting activities which they enjoyed.

3.2.7 Relationships

Three clients talked about how the changes in their life had supported improved relationships with family members, including one client's relationship with their daughter, and another client's partner. One client highlighted how their Service Coordinator had put a lot of effort into facilitating improved family relationships but it wasn't possible to resolve the issues. In this case though, the support work still contributed to the client being able to move positively forwards, as the quote below explains.

> *"[Service Coordinator name] was so willing and determined to try and make things better with my family, because things weren't working. It just kind of showed me that regardless of how much effort I want to put into my family, you know, this is the pushback I'm gonna get. And [Service Coordinator name] got that pushback too, and they're coming from an unbiased place. So I was like, if I can't get that, if they can't get that, then it's just unobtainable, and that's another reason why I was like, I need to be independent."* ***GK client***

3.2.8 What we didn't hear from clients

Obviously, the scope of what clients didn't say is huge, but there were some more noticeable absences. As mentioned above, most clients did not discuss much detail of their change journey around substance misuse and offending although our data reflects the majority had needs in those areas when they joined GK. In contrast to clients talking about changes in their mental health, we heard very little about changes in physical health.

3.3 What did we learn about how GK's support improved clients' lives?

We aimed to understand not only whether our interviewed clients experienced change through GK's support but how the support facilitated that change. This focus aims to draw out the role of GK's support when clients experienced change, to better understand the relationship between GK's support and subsequent change.

From the client interviews, it was clear that support activity can look very different across different clients, as we would expect from a person-centred approach. We identified some activities that were common to how Service Coordinators provided support which clients drew our attention to when talking about their support:

3.3.1 GK provided emotional and personal support to most clients

Emotional and personal support provided by Service Coordinators was very much valued by clients and in some cases had clearly contributed substantially to their improved mental health. The research team felt

the support was functioning as a therapeutic relationship for some clients, whilst it also seemed in many cases to have a life coaching element. Perhaps reflective of the personalised support, many clients were keen to express their gratitude and thanks for the support their Service Coordinator had provided.

It was clear that on the whole Service Coordinators did build positive trusting relationships with their clients. Clients commonly referred to their Service Coordinator as 'like a friend', or some compared them to a close family member (e.g. brother, uncle). Many of the clients we spoke with told us they appreciated having someone 'on their side', knowing they would be there when they needed them, and nearly all clients felt they knew the Service Coordinator cared about them and wanted them to do well.

> *"It was just a big help, a big support in a time of need. And without them being able to show me where to go, or to put me in contact with people that could help, yeah, I don't know where I would be right now… I remember there was a time when I left my house, and I got to the end of the street and ended up hiding behind the bin, and I was just frozen, in fear. And I called them, and she actually gave me advice on how to get back home. Like I think back on it now, I was always quite overwhelmed, and putting that on somebody else can be quite overwhelming. But they never gave off the impression that I was too much, and I think that is really important as well."* ***GK client***
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> *"Emotionally as I said, for anything I need him, he was there for me… we talk man to man me and him."* **GK client**

3.3.2 GK provided holistic support across a client's whole life, towards harm reduction and recovery

Support activities ranged across the expected areas (housing, offending, addictions, mental health) but also covered areas which traditional support services would not generally cover. The lack of restrictions on which areas could be supported by GK, partly enabled their support to undertake more unusual 'practical enabling actions' which facilitated the client's progress. When highlighting what was different to other services, some clients highlighted how GK covered everything, like an umbrella.

> *"They helped me with my dog actually, when I was sleeping rough on the streets and all that, they helped me getting my dog into local foster place…and then just like going up to see him."* ***GK client***

When clients talked about their support, it was clear that the Service Coordinator had worked with the client (i.e. client led) to identify areas where activity would directly improve their life. This then often led to very practical support actions.

> *"It seems like all the things that I'm saying there, how they were helpful with, were quite practical things. Yes, they are practical things, yet they've had this sort of lasting impact on my life, because I'm now soon to be a qualified nurse. And I wasn't in any position to be doing that, even when I was doing my voluntary roles seven plus years ago. So that was a major deal."* ***GK client***

Frequently, Service Coordinator's support activity involved 'practical enabling actions', actions that often seemed quite straightforward but addressed an important barrier in an area where the client was stuck, which helped the client move forwards in multiple different life areas. For example:

GK supports driving lessons through personal budget > pass driving test > become mobile and independent > get out more/not stuck at home > young kids more easily entertained > parenting is easier > social relationships developed > access social support through relationships > feel less alone > gaining independence helps move on emotionally from frustration at lack of family's support > improved mental health > feel empowered and able to cope with single parenting.

3.3.3 Personal budgets were key to facilitating clients' progress

Some of the Service Coordinator's actions which supported a client's progress, were only possible due to the availability and flexibility of the personal budget. This resource was critical to facilitate the systemic approach to finding 'practical enabling actions'. Some examples we heard from clients of where GK's support helped the client progress, would have been difficult or impossible without the personal budget.

> *"I was like, I want to get back into education, I want to be able to do things for myself again, but I don't know how I'm going to get to classes. And even if I do get to classes, you know, I don't know how I'm going to find the time to do things at home. I didn't have a computer, so I was like, you know, there's no way I'm gonna be able to spend evenings in the library and things like that. And [Service Coordinator name] was like, well, we can support you with that and get you a laptop and then you can do classes from home. There's no way I would have been able to afford a laptop, so they actually like put the funds through to get me my own laptop, not having to borrow, it's my laptop. So I was able to do my [NHS online mental wellbeing support service] CBT cognitive behavioural therapy. So it meant that I was able to get you know mental health support at home. But without it, you know, I would have to rely on my phone. So the laptop meant that I was really able to just focus and I got a lot out of it and since then, I've not really had to be on my medication. I was on like really strong anti-depressants and stuff like that, and I've not been on that for a while now."* **GK Client**

3.3.4 GK helped clients get the support they needed from services

A substantial amount of the Service Coordinator support activity involved helping the client to engage with services to get the support they wanted and/or needed. Service Coordinators gained a good understanding of the clients' needs through their relationship and were able to draw on that in conversations with services. The support activity involved activity with the client alone, with services alone and also working together. From the client's perspective, advocacy was described as *"fighting my corner", "standing up for me", "helping me get my point across".* Service Coordinators varied the support activity during the client's support journey and/or process of engagement with different services as described in the table below (also see related insights related to trauma informed support in Chapter 4, section 3.3 and 3.4).

Stage of service access	Service Coordinator activity with the client	Service Coordinator activity with services
Before engagement	• Understanding clients' needs, particularly understanding barriers to engagement in the past and preferred ways of working with services • Signposting – drawing on Service Coordinator knowledge of services to help clients understand available services, their offering, and eligibility • Exploring options, finding more information if needed • Reaching decisions together	• Gathering information about a service
Initial engagement	• Prepare client to work with service • Positive risk management	• Advocacy for clients' service access and get suitable support to meet needs • Coordinate and prepare service to work with client • Positive risk management
Throughout service engagement	• Support client to work with service(s) • Positive risk management	• Coordinate and support service to work with client • Advocacy to get the best support for the client • Supporting multiple services to work together providing joined up support • Positive risk management

3.4 What clients highlighted was different about GK to other services

People who experience Severe Multiple Disadvantage (SMD) have often had long term 'revolving door' experiences of services where they are unable for various reasons, to get the support they need. We wanted to understand whether and how GK's clients perceived the support as being different to other services. Our interviewees nearly all felt GK's support was different in a good way, though there were a range of responses around how that positive difference was perceived, as follows:

- Clients felt their Service Coordinator actually cared about them and their progress, where it was seen more as 'just a job' or tick box support for workers in other services.
- GK being 'for the client', in that they cover everything and help get the client's points across.
- GK helped when no-one else did.
- GK had more resources in terms of how much time Service Coordinators could spend with clients and the personal budget.
- GK was seen as more flexible and responsive than other agencies, for example, having a contact who would answer the phone and return calls was highlighted as a difference.
- The persistence to engage the client.

3.5 Challenges

3.5.1 Endings: transitions between workers and disengagement

Four clients we spoke with, either mentioned a positive experience of transitioning away from GK's support or did not mention the ending. Three of these clients were those who had experienced transformational life change and were overwhelmingly positive about GK's role in their lives.

> *"I can't actually remember the moment when [Service Coordinator name] stopped working with me."* ***GK client***

Three clients we spoke with (who were no longer supported) described the end of their support from GK as a time where they felt they had a negative experience of the support. Several clients had a perception that the disengagement was unplanned, due to staff sickness, and/or the pandemic.

> *"You know, when we did end, it's really funny, because when we did that end, we were supposed to have a last meet up on Zoom. And it never happened, and I never heard from them and I was like, I guess that's over then."* ***GK client***
>
> *"I had to call up to find out that they were no longer necessarily giving me a service, but I could call if I needed support. But then even that, that was left very vague. Okay, so if I call and need support, so I just call and speak to someone on duty? Do you even have duty? Okay, so who do I speak to, just some random person on the other end of the phone that I have no connection with?"* ***GK client***
>
> *"It's like they're a friend to me, and they walk out on me, this friend. I never know who's gonna help me out, even now some of the things I do, I struggle to read but when [Service Coordinator name] was there, they did for me every letter… so I just struggle on somehow slowly somehow."* **GK client**

One client's support ended at a point where the Service Coordinator left GK, and they had been quite upset by this. The client in this case felt that they had been de-prioritised due to lack of resources and some agreed actions were not completed leading to them feeling let down by their Service Coordinator. Two clients described the approach to withdrawing support which left an impression that it did not take the usual thoughtful and collaborative approach, which they found distressing. One of these clients was worried about what would happen if they needed support in future and was unclear as to what their situation would be if they did. However, the two clients who were most disturbed by GK's approach to withdrawing support both also said at the point where support changed, they had already improved their situation substantially. One of these clients said they found the withdrawal of support was a "*launchpad*" for them to take ownership and further gain independence which perhaps indicates they were ready to cope on their own.

Whatever the cause of the disruption was, the result was three clients who had experiences which were not positive or desirable, which indicates an opportunity to improve clients experience of ending the support relationship. Consideration should be given in future to managing tricky circumstances (e.g. unanticipated temporary or permanent staff departures, pandemic restrictions) in a proactive and planned way to protect these vulnerable clients.

The end of GK and transition of SMD support in Bristol to Changing Futures has meant that some of GK's still active clients have had their support migrated elsewhere or withdrawn. We conducted our interviews towards the last stage of GK's work to manage planned endings with their clients, therefore the clients who were still being supported were likely to have ongoing substantial needs. Three of the clients we interviewed who were still being supported were very worried about what would happen when GK ended, and to some extent this dominated their thoughts during the interviews.

> *"…and just being worried that they'll be gone, and they worked with me for a while, and all of a sudden they'll be gone again like, you know."* **GK client**
>
> *"The government don't give money to [Service Coordinator name] because when they said that last time; oh the funding is cut off, I went depressed, I start feeling depressed. I say why the government is gonna cut it off. Because I know they are a nice person, if something happened to me now, they're not going to be there."* **GK client**

3.5.2 Trusting relationships, person-centred support and dependency

For some clients, GK has clearly been able to engage the client, build a trusting relationship and leverage that relationship to overcome challenges and engage the client with other services which support their needs. As the evaluation team understand it, the ideal is that the support from services then helps the client to move forwards over time, with declining GK support until GK support is no longer needed. However, some clients have remained with GK over a long period 5 years+ and have required continuing support despite other services becoming engaged. There are some important questions about the extent to which for these clients, GK has provided a long-term ongoing support service. To describe GK as other than a service, risks misinterpreting the long-term complex support needs of some, along with the continuing challenges for services to support people with severe and multiple disadvantage. This could lead to unrealistic expectations about overall client caseloads over time and further pressures on staff.

The model approach we have captured through the evaluation, is underpinned by the trusting relationship and taking a holistic person-centred approach. Although clients were careful to not call their Service Coordinator their friend, many described them as *"…like a friend".* Clients talked of the attachment they had for their Service Coordinator, and GK's approach is in many ways reliant on clients developing that trust and a certain degree of dependency in the relationship. The nature of the approach calls for extreme care and consideration with this vulnerable group in managing relationship endings in the points of transition between workers and ending support.

GK have challenged professional boundaries in how they have approached support activity. The approach can cause some professionals to feel uncomfortable as it carries complex challenges for both the client and the professional in managing risks and boundaries, Service Coordinators have drawn on considerable skill and experience in navigating these challenges in the context of each client's context and needs.

3.5.3 Managing clients' expectations for using the personal budget

Whilst clients appreciated GK's ability to support their needs with access to funds, personal budget use was raised by several clients as an area where they felt unclear about the rules about how this could be used and there were some misconceptions which also previously emerged from previous evaluation research in phase 2. One client said they didn't understand why or agree that the personal budget could be used to buy a pair of shoes but not for other basic needs like food or a tent if they were street homeless or struggling to eat. Several clients' perceptions were that other GK clients' use of the funds was abuse of the personal budget, while their own sometimes unusual uses were valid.

GK have principles which underpin decisions about the use of personal budget which are assessed on a case by case basis to account for the client's context. There is an opportunity here to be open and clear with clients about the principles for personal budget use. This could avoid clients perceptions that its use is inconsistent when comparing different uses over time and between clients.

3.6 Clients' experience of GK's person-centred support

In Chapter 4 we explore what person centred and trauma informed support looks like in practice and what enables GK to deliver support in those ways. The client interview data was analysed to understand how clients experienced person-centred and trauma informed support, though questions were not asked specifically to explore this area during the interview.

Little emerged on the trauma informed side which the research team felt was due to this approach being largely invisible from the client perspective within their interactions with their Service Coordinator (e.g. is a Service Coordinator empathetic with a client because they are drawing on their understanding of theories of relationships and behaviour patterns, or because of the worker's own personal traits, or other life experiences?). Many of the examples given by Service Coordinators of being 'trauma informed' in practice (in Chapter 4), concerned activity which would have been directly with service professionals.

Findings around how clients experienced person-centred support are described below.

3.6.1 Clients' experience of their Service Coordinator relationship(s)

Nearly all clients we interviewed indicated that they had developed a positive trusting relationship with their Service Coordinator(s) during their GK support.

> *"She was empathetic, understanding, non judgemental, they cared, compassionate… It didn't feel like it was just a job to her…it felt like she actually cared."* ***GK client***
>
> *"Whenever I had a breakdown, they'd be the first person I call" "And you need to know that somebody cares. Yeah. And that's, that was the biggest thing about working with [SC] is that you knew they cared."* ***GK client***
>
> *"…they met me, you know, on the level where I was at basically, they met me at my level… you know they basically just like treated me like equal and that was probably one of the biggest things… it was just like the basically like the understanding and all that"* ***GK client***
>
> *"They stayed and continued until they got my attention and you get a worker and you don't have to worry about, like, getting different workers or this and that, you stay with the one for seven years … and they can help you for a lot for seven years, I reckon it's brilliant Golden Key…[Service coordinator name] made it joyful like, so I used to *like* meeting up"* ***GK client***

One client who had been supported for over 7 years by a number of different Service Coordinators, had a negative experience with one particular worker but good relationships with the others.

I've just got whoever has come up with really… To be honest, I found some difficult, and I found some amazing, and then their heart's in the right job… there's a couple of them, I think just left you high and dry and was in it to win it... then sometimes, all you want to do is not go to appointments … You don't really want to be around that person, because you know there's something coming which is not very good for you. I've got to give [Service Coordinator name] their due. They've been absolutely brilliant … I just think they'd like to see me do alright standing on my own two again… 100%. I do trust them." ***GK client***

One client who had not received much support did not seem to have developed a trusting relationship with a Service Coordinator.

3.6.2 Clients' experience of flexible and responsive support

The vast majority of clients we interviewed described support which seemed highly flexible and responsive support during most of their experience. Clients also appreciated the responsiveness of their Service Coordinator, who would return calls promptly and respond in times of crisis. Clients and researchers both noted how unusually holistic the support was in extending across the client's lives.

"They were always on call whenever I needed them. They were always at the end of the phone. Like, no matter when you called them, if they were in an appointment, they get straight back to you after the appointment….and then they'd give you like, 10-15 minutes of their time, even if they were really busy." ***GK client***

"For every appointment I've got, he is with me. For every problem I'll call him, he is there to help me out…. Any time I need him, he is there for me." ***GK client***

"So yeah, they'll come out, they will see me on a weekly basis… they're doing anything that they can I think of, to help me at their end…." ***GK client***

Four clients talked about issues they had experienced when transitioning between Service Coordinators and/or during the pandemic which indicated some occasions during that time where the support was not as responsive to their needs as it was previously.

"But when the lockdown hit, you know, there was a lot of like miscommunication …they would be, you know, busy with other things. And, you know, it's like our support kind of dropped off…. towards the end of the pandemic, they were a lot better." ***GK client***

3.6.3 Clients' experience of support being 'client led'

Nearly all clients gave an indication through their interviews that the support was client led. We did not explicitly ask all clients about whether they felt they were directing the support, but this was mentioned directly by around half of clients we interviewed and indicated indirectly by all but one remaining clients.

"You know, I didn't feel like she was trying to come into my life and just be like, okay, this isn't right, we need to fix that. She focused on the things that I needed and the things that I wanted and she made that her priority in our work instead of what she, kind of like, you know, the rulebook of how things need to be done." ***GK client***

*"They just worked with me and everything that I've asked them to do, well not anything, but yeah the majority of whatever I asked them to work with, they've basically been alongside me****." GK client***

4 Learning From Golden Key's Support Model

Evaluation approach…

The purpose of this evaluation research was to understand what 'person-centred' and 'trauma informed' elements of client support mean in GK's practice, and additionally what enables the delivery of that support approach by the Service Coordinator Team who provide support to clients.

UWE facilitated two half-day face to face workshop sessions (November 2021 and January 2022), with GK's Service Coordinator Team, including focus group discussions with frontline staff and managers. Workshop one explored the key elements of person-centred and trauma informed support and what they mean in practice, through capturing Service Coordinator's activities in specific client cases. This approach aimed to avoid simply exploring the approaches in an abstract or theoretical sense. Workshop two focused on what enables Service Coordinators to deliver that support approach, referring back to the output from the first workshop. We also facilitated a 45-minute group face-to-face discussion (December 2021) to discuss staff support.

Learning…

The evaluation identified **three key areas in which Service Coordinators conceived of their practice as person-centred**, as follows:

1. **Client relationship is prioritised**
2. **Flexible and responsive support**
3. **Client led with worker collaboration**

For each area, we describe what it means in principle and practice with real practice examples drawn from Service Coordinator's client support.

Three key areas where Service Coordinators felt their practice was most influenced by being trauma informed were identified, as follows:

1. **Understanding how trauma affects the client/ their behaviour**
2. **Using that understanding to prepare and help services to be trauma informed in their support**
3. **Using that understanding to prepare and help clients to work with services**

A number of enabling factors were identified at the organisational level and for support staff capabilities, which underpinned GK's approach to person-centred and trauma informed practice.

4.1 What is GK's model of person-centred support

4.1.1 3 key elements of GK's approach to person-centred support

Through the Service Coordinator Team workshops, the evaluation identified three key elements in which Service Coordinators conceived of their practice as person-centred, as follows:

1. Client relationship is prioritised
2. Flexible and responsive support
3. Client led with worker collaboration

Figure 3 Three key elements of person-centred practice the evaluation identified with Service Coordinators

For each area, we worked with the Service Coordinator Team to develop an understanding of:

- What does it mean?
- What does it look like in practice?

The following sections cover each of the three elements in more detail.

> *"To be truly person-centred is to really recognise what is relative, and the concept of relative recovery."* ***Service Coordinator Team member***

4.1.2 Person-centred element 1: The client relationship is prioritised

What does it mean to prioritise the client relationship?

- Ensure sufficient time/investment in understanding clients' needs and preferences
- Invest in building the client's trust in the relationship (particularly at the start)
- Listen to clients without an agenda or preconceived aim, other than understanding them
- Aim to understand previous barriers to service engagement and negative experiences
- Be responsive to cues of how to best communicate with clients as the relationship builds
- Worker should be reliable, consistent and persistent; 'predictability breeds trust'

What does it look like in practice supporting clients?

- Meet regularly, keep showing up even where it seems client is not ready to engage
- Go for a 'coffee' with no agenda or offer to drive to appointment in order to talk on the way
- Allow space for client to 'rant' and let off steam
- Being extremely patient, playing the 'long game'
- Identify opportunities for personal budget to build engagement /trust
- Spend time during meetups to actively listen to clients' problems, views and needs without trying to achieve a particular recovery outcome
- Avoid assuming knowledge of the client and relying on info/reports from other services
- Spend time during meetups to understand past experiences of services and how client responded
- Communicate in a way that makes sense for the client, using language the client can relate to
- Worker does as promised and communicates carefully so clients expectations are realistic

4.1.3 Person-centred element 2: Flexible and responsive support

What does it mean to provide flexible and responsive support?

- Be adaptive and flexible to meet the client's needs over time
- Continuously self-evaluate approach, considering alternative /creative approaches if existing approach is not working
- Consider a range of possible contact methods and support approaches (timing/location/frequency) that suit clients
- Worker should be contactable and responsive
- Support recognises and responds to 'windows of opportunity' rapidly
- Worker does what has been agreed (client expectations are managed so this is realistic)
- Assertive and persistent approaches to engagement with no penalties for disengagement

What does it look like in practice supporting clients?

- Arrange support session frequency to meet the client needs, and check in to see if it is OK
- Remind client about appointments so they are aware
- Consider meet-up locations, days and times carefully, to suit client and help them feel comfortable and safe (Café? Near/at home? Open space? Drop-in? Fast food restaurants? Journey/walk? Community space? Mobility/travel considerations?)
- Daily welfare 'check-ins' during difficult times
- Let clients know they can contact worker outside the agreed meeting times if needed
- Picking up the phone, returning phone calls ASAP if unanswered, keeping client well updated
- Accept that sometimes clients may be in a bad place and need to cancel sessions
- Talk to the client about their preferred contact method and frequency
- Being there when client needs support more intensively as needed – e.g. through traumatic life incidents/crises
- Dropping by a clients' house/hangouts every day or at different times to catch them once
- Investing considerable time to resolve specific problems the client has identified positively
- Advocate/negotiate with other services to gain flexibility for clients

4.1.4 Person-centred element 3: Support is client led with worker collaboration (towards harm reduction and recovery)

What does it mean when support is client led with worker collaboration?

- Client is supported to set the focus and pace wherever possible
- Worker supports client to understand choices and empowers their decision making
- Worker takes a collaborative co-creation approach of working alongside the client - doing with not 'to' or 'for'
- Worker carefully avoids colluding with risky (often normalised) client behaviours
- Client is supported to overcome challenges, focusing on their strengths
- Support is non-judgemental in approach
- Worker believes and acts that the client is the expert in their own journey and experiences

What does it look like in practice supporting clients?

- Spending time sorting out what is important to the client, setting goals with the client and focusing resource to progress those goals
- Support sessions and pace of progress are within timescales the client is comfortable with
- Promote/find choices for the client throughout all interactions regardless of the work
- Take a collaborative co-creation approach of doing with, not to or for
- Respect clients' choices and withhold judgement (e.g. about what to focus on, through crises, whether and when to engage with support)
- Support the client to be confident being 'in the room' with services and help them have a voice to express their needs
- Consulting with the client about what is working during engagement, and asking the client to help direct the worker when supporting a particular issue (e.g. on pace and activity).

4.2 Complexities in providing person-centred support

Through the focus group discussions, a number of complexities and challenges emerged to taking a person-centred approach, with broad consensus within the group. These are summarised below (in no particular order).

4.2.1 Managing dependency

Service Coordinators discussed that a concern in their client support was how to build a trusting relationship whilst avoiding the long-term dependency that could negatively affect the client's engagement with other services. The level of trust and understanding between the Service Coordinator and the client may be one of the only positive relationships in a client's life. The person-centred approach can mean that support is focused on any aspect of a client's life, which can involve providing a high level of personal and practical support depending on a client's needs.

> *"Over dependency becomes an issue because you're ultimately trying to improve engagement with the system, but because of that very new emphasis on trust, emphasis on relationship, with needs being met psychologically based on adverse childhood experiences, attachment…but then it's apparent that we've just stopped some of those engaging with*

services because they're over dependent on your relationship, so that's another thing about the dependence that's become a thing..." ***Service Coordinator Team member***

4.2.2 Building relationships and understanding needs for clients who have very high substance misuse, heightened emotional states, or learning difficulties

Service Coordinators highlighted that building a relationship with clients can be more challenging when it takes time to find ways to communicate effectively with the client, or the client is not able to express their needs. They agreed that this was more often the case with clients who: sustain very high drug/alcohol use, or are frequently in heightened emotional states, or those with learning difficulties, particularly ADHD (attention deficit hyperactivity disorder) or autism. Building relationships with these clients requires a highly skilled and adaptive communicator and often takes longer. There can also be challenges here related to judging a clients' mental capacity to make their own decisions about their safety and managing related safeguarding action.

4.2.3 Finding 'windows of opportunity'

Service Coordinators used the term 'window of opportunity' within the team. This refers to points (often time limited) where a client who has previously not engaged, or refused particular support, may be willing/able to engage due to a change in themselves or their situation (e.g. during crisis, before benefits due when sober, wanting to rebuild a family relationship). Service Coordinators are consistently trying over time to identify and act on windows of opportunity. The personal budget has been frequently used as an important resource when there is a window of opportunity to ensure the Service Coordinators can deliver rapidly to support the client, and build trust in the relationship. The ability for Service Coordinators to respond quickly to 'windows of opportunity' is one reason why Service Coordinators believe a responsive approach is suitable for GK clients.

4.2.4 Being client led but offering constructive challenge

Through the focus group discussions, it emerged that while the concept of being client led sits at the heart of the person-centred support approach, this doesn't translate into Service Coordinators always doing exactly as the client wants without challenge. Service Coordinators felt that having a good understanding of the client and a relationship where the client trusts that the Service Coordinator cares about them, their well-being and recovery, underpinned the Service Coordinator's ability to challenge clients' choices. In some extreme cases this might mean a Service Coordinator would need to initially assess whether a client has the mental capacity to make their own decisions about their care or treatment.

Much like coaching, a Service Coordinator may help clients to break down the steps involved to get to a goal and help better understand what it might be like to achieve the goal to inform the client's choices. Service Coordinators also bring their own understanding of the client and their own experiences to conversations with clients. For example, if a client was saying they wanted to take a direction which the Service Coordinator felt could have a high chance of failure, be emotionally destabilising, or lead to unmet basic needs (safety, shelter, food), they would raise these concerns with the client and challenge their choice.

Service Coordinators agreed that they aim to work collaboratively, with the client in the driving seat so if the client wanted to proceed after discussion, they would generally support them to progress as best they could and try to ensure the client could learn from whatever happened.

4.2.5 Managing risks and safeguarding

Through discussion in the workshops, it became clear that Service Coordinators feel they are commonly dealing with high-risk situations where the client is unsafe, and these can become normalised in their roles. They are also working closely with clients that have experienced trauma who often have an altered sense of what is safe. It can be extremely challenging for Service Coordinators to judge safeguarding decisions, and particularly where they must also balance taking a non-judgemental client led approach. This area is frequently brought to reflective practice sessions.

> *"I think it's hard, particularly because of trauma, a lot of people that I work with have a very altered sense of what a threat is. And my understanding of that is often quite different often to theirs, and so I'm trying to understand why they feel safer being with this perpetrator rather than that one, it is really really challenging. Particularly when I just want them to be away from all of them, and be in a safehouse or be somewhere safe. Where my client would potentially be like 'this is OK because it's not as bad as that'..."* ***Service Coordinator Team member***

Service Coordinators approach risk management by taking a dynamic and relative ("nuanced") approach, responding proportionately for each client, responding where they observe changes in client behaviour patterns and using positive risk taking approaches. The group felt that this can mean in some cases that there is a higher tolerance for risky behaviours than statutory services might accept.

> *"The team needed to hold a 'positive risk taking, harm reduction and trauma informed mindset' to enable engagement… a risk adverse approach could act as a barrier to building positive relationships with clients. This approach shows a higher risk tolerance and therefore a lower risk reporting rate in comparison to a service working with people who present with less risky behaviour. The comparatively lower risk recording rate was relevant to the cohort needs. This approach had no effect on serious incident and statutory safeguarding reporting, and all standard processes were adhered to accordingly..."* ***Service Coordinator Team manager***

The team felt that standard levels used within some organisational risk reporting systems were not feasible to administer for the high level of risk common for their clients. Service Coordinators also escalate risk through statutory processes (e.g. formal safeguarding processes, multi-agency risk assessment conferences). However, Service Coordinators report that with some clients, processes can still often leave GK mainly holding the risk management.

4.2.6 Supporting recovery but avoiding collusion with risky behaviours

Service Coordinators used the phrase "collaboration not collusion" to refer to how they managed the balance between empowering a client's choices towards harm reduction and recovery whilst avoiding collusion with their risky behaviours. They discussed the challenges of being client led and providing intensive support for clients with risky behaviour. For example, a client experiencing domestic violence may normalise the situation in terms of their own safety and prioritise other needs, while the Service Coordinator is trying to withhold judgement, empower the client's choice, manage risks, and provide personal support to the client.

The team described examples of how the "collaboration not collusion" principle helped them to shape the boundaries of their client support activity and manage client expectations (e.g. *if you do this behaviour, I will have to walk away today)*. Other challenges were highlighted for individual support workers around sustaining a non-judgmental approach whilst having clear boundaries.

4.2.7 Providing unusual and alternative support

Being client led can lead to some quite unusual support activities which can challenge Service Coordinator's ideas about what support should look like.

> *"[Client name] was the perfect example of this. I was being very client led with him, and there were times where we were chasing round Broadmead looking for a button for his coat. And I'm thinking, but we need to get your housing things sorted, that's the priority. But for him in that moment in time, he was very clear, 'No, I need to replace a button on my coat'.* ***Service Coordinator Team member***

4.3 What is GK's model of trauma informed support?

4.3.1 3 key areas of GK's approach to trauma informed support

Through the Service Coordinator Team workshops, three key areas were identified where Service Coordinators felt their practice was most influenced by being trauma informed, as follows:

- Understanding how trauma affects the client/ their behaviour
- Using that understanding to prepare and help services to be trauma informed in their support
- Using that understanding to prepare and help clients to work with services

For each area, we have worked with the Service Coordinator Team to develop an understanding of:

- What does it mean?
- What does it look like in practice?

The following sections cover each of these areas in more detail.

4.3.2 Trauma informed area 1: Understand how trauma affects the client and their behaviour

What does it mean to understand how trauma affects the client and their behaviour?

- Recognise the value of understanding the client and their background holistically/ systemically
- Draw on psychological theories and professional experience to make sense of behaviour
- Use insights as a foundation for support work
- Expect relationship 'rupture' and be prepared to repair relationships
- In an established relationship, initiate conversations which help client de-escalate and reflect on triggers and causes for their behaviour

What does it look like in practice supporting clients?

- Try to understand challenging behaviour and what is going on for the client
- Differentiate and recognise when someone may react in a certain way due to their experiences of complex trauma, with support from psychologist through clinical supervision
- Develop psychological formulations, with support from psychologist through clinical supervision
- Make time /space to repair the relationship the next day/as needed with a client after an outburst or verbal abuse
- Be prepared to expect some non-engagement, boundary pushing, and challenging behaviours
- Being forgiving and patient with challenging client behaviours (have a thick skin!), allowing for emotional instability, don't take it personally or react to it directly
- Providing consistency in the relationship; being there each day/ week in the same place/time
- Being mindful of the language used to avoid triggering distress
- Understand the past trauma and acknowledge the client thoughts/ needs, but never directly addressing trauma, allowing it to be disclosed naturally
- Looking at cycles of abuse and understanding how clients may be re-affirming/ re-producing patterns of behaviours.
- Avoid interpreting responses as attention seeking or inappropriate anger (and therefore requiring anger management)
- Ask client questions about their behaviour/responses, when their anxiety isn't heightened - identifying what clients are doing and discussing with them can empower them
- Turn off call waiting to avoid triggering client when they call many times and thinks they are being ignored)

4.3.3 Trauma informed element 2: Prepare and help services to be trauma informed in their support

What does it mean to prepare and help services to be trauma informed in their support?

- Advocate so client can access support, services are flexible, and meet clients' needs
- Prepare service to work with client before support
- Support service to work with client during support
- Support multiple services to work together to support the client in joined up way

What does it look like in practice supporting clients?

- Asking other services to be flexible to better meet client needs, explaining why this is important (e.g. explain client's anxiety and persuade to not block client if they miss a session)
- Build relationships with professionals to gain flexibility and help them support client
- Reassure professionals that the client may sound aggressive but is just anxious
- Prepare services to act ready for a window of opportunity (e.g. client is sober for a few days)
- Help service understand the client's needs, triggers and how client behaviours are related to the client's past trauma/cycle of abuse in preparation for engagement
- Prepare workers to not make conversation about sensitive topics (e.g. family, history)
- Using appropriate inclusive, positive, and strengths based language which is not stigmatising

- Challenging negative language about the client (e.g. they are chaotic, making unwise choices, don't want support, attention seeking, manipulative)
- Constructive discussion and challenge with other professionals to help reflect on their understanding/assumptions and work out challenges together (explore understanding, try to reframe assumptions and change mindsets)
- Communicate with professionals to join up provision within/ between services
- Offering additional capacity to enable the service to take a more assertive approach (e.g. joint working, shared assessments).
- Continued translation of service/client communication, being a 'broker' or 'mediator' who speaks both the service and clients' language

4.3.4 Trauma informed element 3: Prepare and help clients to work with services

What does it mean to prepare and help clients to work with services?

- Understand the complexity of the service landscape from the client's perspective
- Help client understand what to expect and prepare them to engage with a service
- Negotiate permission to advocate for the client with service(s)
- Support client to work with service(s)

What does it look like in practice supporting clients?

- Slowly explaining and introducing local services so client can get their head around it
- Helping client understand how support will be provided, describe the process and what can be expected
- Manage situations to avoid escalation and emotional responses which lead to disengagement during support, develop plans together to deal with tricky situations or emotional responses
- Translation for client, explaining jargon clearly (e.g. medicalised, specialist terms)
- Gaining consent to make referrals and share information with a service on behalf of the client to smooth assessment processes to avoid the assessment putting client off
- Making 'in person' introductions between a client and local service professionals
- Explaining the client's legal / statutory / service rights relevant to their situation
- Allowing time for briefing and debriefing to support clients to understand what is happening
- Recognise blocks and barriers within the system so the client views them as system problems rather than problems in themselves or responses to them personally

4.4 What enables GK's model of person-centred and trauma informed practice?

4.4.1 Organisational enablers to person-centred and trauma informed practice

Through the Service Coordinator Team workshops, we identified a number of factors at the organisational level, which underpinned and enabled GK's approach to person-centred and trauma informed practice (grouped together as many were shared or enabled by each other). These are as follows:

Organisational enablers to person-centred and trauma informed practice	Enabling role/rationale
• **Staff have flexibility and autonomy in how they approach their client support to respond to individual's needs** • **Small caseload allocation with generous resourcing**	The ability of staff to respond to each client's individual needs relies on staff having a high level of autonomy and flexibility to shape the approach they think will work best for each client. To provide responsive support, caseloads need to allow for rapid and extreme changes in support needs which are common with clients. Service Coordinators need to be able to respond quickly to 'windows of opportunity' which can lead to breakthroughs with client relationships and/or their service engagement.
• **Staff well-being is prioritised in decision making and processes** • **Organisation has processes to support staff with vicarious trauma (e.g. time off, rapid debriefing after incidents, training staff how to recognise in themselves)** • **Monthly supervision with experienced clinical psychologist** • **Regular management support supervision with line manager** • **Clinical psychologist and team manager are supportive and nurturing** • **Access to immediate incident support and debriefing** • **Flexible staff working patterns** • **Compensation (i.e. salary, benefits) reflective of skill and role demands**	Taking a flexible and responsive approach to client support requires organisational processes in place which are fair, trusting, and sustainable for staff to maintain their work life balance (e.g. clients may have crises 24/7 and staff can take time back if needed). This also supports staff well-being and resilience. The Service Coordinator role is highly demanding at the best of times and client support can involve staff being in situations where they experience vicarious trauma, abuse and emotionally demanding situations. To avoid burn out, staff well-being needs to be prioritised with organisational processes in place to recognise issues, protect and support staff. Support from a clinical psychologist aims to protect staff well-being, helps develop understanding of clients (and formulations) and supports a trauma informed approach.
• **Peer support available from other team members, including access to varied specialist expertise** • **Shared in-person team working spaces**	Colleagues who have shared experiences, are valuable to support each other personally and professionally in this demanding role. Staff have accessed important support ad-hoc from colleagues in the shared physical office (more so outside the pandemic). Service Coordinators work with clients who have very varied needs. While not everyone needs to be an expert in every area, staff have found it valuable to have specialist expertise within the team to refer to.
• **A learning culture is prioritised, particularly opportunities for learning from both failures and successes**	GK clients have complex needs which can mean they get 'stuck' where the system is not able to support them through the normal routes. A learning mindset and openness to challenge is important to support

• **Monthly facilitated reflective practice sessions with around 5 people** • **Flat non-hierarchical communication and openness to challenge**	staff development and experimentation to find different solutions for clients that work for them. The Service Coordinator team has found regular reflective practice sessions protect space for reflection which is key to learning. It is helpful to ensure each group has some very experienced staff attending.
• **Engagement expectations, key performance measures, and client progress goals do not drive client support** • **Minimal affiliations with other services**	Any organisational goals and affiliations can drive support in ways which mean that choices are made that are not directed by the client's choices and best interests. Clients who have repeatedly been let down by or refused access to services, can feel more able and willing to engage with GK where there are fewer expectations as they see less risk of failure, disappointment and/or rejection. Clients have also told the evaluation they like GK is 'for them' and independent of other services.
• **Personal budget availability (or a fund serving a similar purpose)**	When GK clients are 'stuck' (i.e. have needs which cannot be met by services), the personal budget can be used for a quick intervention that helps 'unstick' the situation. Its use can enable more flexible support and can help build trust in the relationship.
• **Risk management approach (assessment and mitigation) is strongly informed by each client's individual context and positive risk taking**	When risk management is considered at organisational level, it can lead to an aversion to taking risks which can lead to GK clients getting 'stuck'. Service Coordinators report that finding ways to move forwards through 'positive risk taking' is an important tactic to 'unstick' clients.
• **Training in particularly relevant psychological theories and resources.** • **Training in strengths-based practice** • **Positive strengths-based language dictionary/glossary**	Service Coordinators have found training to understand particular relevant psychological theories has helped them take a trauma informed support approach with clients. Members highlighted training in cycle/stages of change, formulations, relationships/attachment theories, psychologically informed environments, trauma informed care, Knowledge and Understanding Framework – KUF.

4.4.2 Staff capability enablers to person-centred and trauma informed practice

Through the Service Coordinator Team workshops, factors were identified at the level of individual capabilities and skills for the Service Coordinator client support staff, which underpinned and enabled GK's approach to person-centred and trauma informed practice, as follows:

Staff capability and skills enablers to person-centred and trauma informed practice	Enabling role/rationale
• **Listening skills** • **Empathy / Compassion (understand other perspectives)** • **Patience / Consistency** • **Non-judgemental** • **Resilience** • **Life experience ('being street-wise') which gives confidence to build relationships with diverse range of GK clients** • **Assertiveness**	A number of core characteristics and skills were identified as underpinning the ability to build and sustain relationships with GK clients whilst maintaining professional boundaries.
• **Verbal communication skills**	Verbal communication, particularly the ability to speak and build rapport with people from a wide range of backgrounds is important for communicating effectively with clients and professionals.
• **Coaching skills**	A particular skillset commonly used in coaching appeared important to the role; the ability to set goals, understand options, support decision-making and planning, encouraging. When Service Coordinators are supporting clients in a client led way, there are many similarities with the approach and skills required for effective coaching to empower the client to move forwards in their areas they choose.
• **Understanding psychological theories,**	Service Coordinators have found their understanding of psychological theories helps them to build client relationships and take a trauma informed support approach with clients. Members highlighted training in cycle/stages of change, formulations, relationships/attachment theories, psychologically informed environments, trauma informed care, Knowledge and Understanding Framework – KUF.
• **Collaborative approach** • **Building supportive and nurturing working relationships within/ outside GK**	Much of the Service Coordinator's activity requires working collaboratively with clients to be client led, and with service professionals to join up services and help support the client together. Service Coordinators create reflective spaces for and with professionals, where they try to make sense of the trauma, and 'sit with the complexity', working through things together
• **Constructively challenging** • **Openness – being curious and transparent**	These behaviours underpin a learning mindset and support a non-confrontational way of working with clients and service professionals.

• **Thinking systemically** • **Creative thinking, experimentation to work in different ways**	The Service Coordinator role supporting clients is for the whole person, not bounded to a particular need area. Thinking systemically to understand the connections between client experiences/behaviours/problems, with wider contextual factors can help to identify different creative solutions for the client to move forwards. Thinking creatively is useful to generate alternative ways to help a client progress.
• **Broad knowledge across Severe Multiple Disadvantage (SMD) services of access, provision, and legal considerations** • **Specialism in particular area(s) of SMD subject and/or service knowledge**	Service Coordinators draw on a broad knowledge of services accessed by SMD services users to support clients and services to engage with each other. Specialist knowledge can support particular GK clients and also contribute towards the team knowledge pool which strengthens the overall team approach.
• **Independent travel (car/bike)** • **Willing to work flexible working patterns**	Service Coordinators need to be flexible and be able to travel independently to support the client flexibly.
• **Commitment to social justice**	Service Coordinators share a belief in the importance of their client (and systems change) work contributing to a social justice agenda and tackling structural inequalities. Members bring different commitments to the team which helps build their overall understanding of different perspectives (e.g. stigmatised or minority communities).

5 Role and Impact of Lived Experience in Golden Key

Evaluation approach…

The purpose of this evaluation activity was to better understand how Golden Key (GK) has facilitated lived experience to shape the programme, and beyond GK to shape wider services. We aimed to capture GK's learning about developing the approach to lived experience involvement during the programme.

The nature and impact of lived experience involvement was explored by researchers' attendance at a range of GK meetings, and using existing local evaluation interview data collected between 2015-2021 (with experts by experience group members, GK staff and stakeholders). Finally, the evidence from interviews was triangulated with a desk-based review of programme documentation.

Learning…

The local evaluation activity identified multiple examples where lived experience shaped the design and delivery of the programme. From the earliest stages of the programme the lived experience voice shaped Golden Key strategy and vision, personnel, and client selection.

The Independent Futures (IF) group were the predominant voice of lived experience in the early stages of the programme, and particularly in relation to strategic design. We also found evidence of their influence on GK partners and delivery of the programme.

The influence of the IF group appears to have been increased by the provision of additional support, and the IF group were provided opportunities to feed in at a strategic level on the Partnership Board. However, dedicated workshops and consultation meetings were likely more effective channels for capturing lived experience expertise - particularly compared with the competing voices of a Partnership Board that increased in size over the course of the programme.

While we found evidence of the IF group's influence on operational aspects of the programme, it is less clear to what extent these directly influenced client outcomes. However, it is clear that the GK infrastructure evolved in ways which enabled lived experience insights to be shared and, on many occasions, assimilated into design and delivery.

5.1 How lived experience shaped GK's design and delivery

5.1.1 Lived experience involvement in funding bid development

From the earliest stages of Golden Key, lived experience was instrumental in several key areas of programme design and delivery. Experts by experience were involved in the formulation of the initial bid through the involvement of a Citizens with Experience Advisory group (CEAG), and this was commended by the Big Lottery as a key strength of the Bristol Fulfilling Lives project. In the early stages of the GK programme, we also found evidence of lived experience input being sought on strategic developments in multiple areas, primarily the business plan and GK vision.

In April 2013 several members of the CEAG re-branded as the 'Investing in Futures' (IF) group, which was then re-named as 'Independent Futures'. This group would go on to become the key formal source of lived experience for the remainder of Golden Key. Experts by experience were instrumental in the choice of name and branding of 'Golden Key', as the Partnership Board (the strategic multi-partner and stakeholder leadership board) began to develop, and the programme began to forge its own identity.

5.1.2 Lived experience involvement in GK's strategic leadership

We found evidence of IF group members' involvement with a range of workstreams and sub-groups, and attendance at a range of associated meetings, including:

- GK Partnership Board
- GK Creative Solutions Board
- GK Audit, Legacy and Sustainability Committee
- GK Equality Diversity and Inclusion Committee and workstream
- Housing First Board (merged to Audit, Legacy & Sustainability Committee in May 21)
- GK System Change Group
- GK Transition & Legacy Group (merged to Audit, Legacy & Sustainability Committee May 21)
- GK Evaluation Advisory Group
- Change for Good Steering Group
- Livelihood Programme Group
- Homelessness Prevention Board

> *"…we are getting our voices out there and they are listening and it is working"* ***Independent Futures group member***
>
> *"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"* ***Independent Futures group member***

The contribution of experts by experience was evident in the planning stages of the programme, and in the first year of the programme when key issues around decisions were being discussed, experts by experience frequently made up a substantial proportion of the Partnership Board. For the first three years of the programme, there was evidence of at least 2 (and often 3 or 4) experts by experience present at Partnership Board meetings. During an initial discussion of the Terms of Reference of the Partnership Board, the IF group were specifically invited to consider how the terms might reflect an evolving role for them and the lived experience voice.

Experts by experience were involved in the development of both the GK Business Plan and Vision document through their involvement in the Partnership Board. However, the IF Group were also explicitly

asked to contribute to these work streams through auditing the Business Plan and Vision documents for language accessibility. Similarly, we found evidence that the IF group had been involved in working with the GK partnership and Service Coordinator team to develop the client complaints handling process.

> *"I mean, obviously you know about us being on the commission board so we go to the commissioners meetings, to the Golden Key so I mean we're really involved now and it's really, it's like at last we are there with them and it's nice; it's a really nice feeling."*
> ***Independent Futures group member***

There was evidence of consultation with the IF group within the contexts and meetings outlined above, but also evidence of specific consultation workshops with the IF group around particular strategic areas early in the programme. These additional and specific forum for input appeared to pay dividends in capturing the lived experience voice. An example of this was around the development of the Vision and Mission statement. Similarly, the Equality & Diversity Strategy and Action Plan where an additional dedicated workshop in collaboration with SARI (Stand Against Racist Incidents) was held. The IF group noted that there were several areas where their comments were incorporated to the Equality & Diversity Strategy – including the importance of monitoring impact for different groups. We found evidence that the IF group alerted the Partnership Board to the importance of monitoring outcomes for LGBT clients.

As GK developed, the Partnership Board ensured that feedback and updates from members of the IF group were included as a standing item. A further sign of the early commitment to the IF group from the Partnership Board was the inclusion of IF members to the required quoracy. There is evidence in the first 2-3 years of the programme, of questions being raised by the IF group and potentially shaping the programme. For example, an IF member asking whether representation on the Partnership Board for young people was needed. Although not taken forward, this query posed by the IF group was followed up for discussion and did give rise to a pilot piece of work looking at supporting young people.

It is important to note that we also found evidence of IF group requests for additions to key strategic documents being noted and actioned. An example of this was the IF group's request to include reference to a zero tolerance for homelessness in the GK position statement. The Partnership Board was also responsive to the IF group's request to limit the use of acronyms in documents. A less positive example was the request from the IF group that the GK programme and partners change their terminology from 'service user' to 'client'. We found evidence that the Partnership Board acknowledged the potential issues with the term service user and began to use the term 'client', but the use of this term persisted in some forums.

5.1.3 Lived experience involvement in GK's recruitment and procurement

Throughout the duration of the programme, we found evidence of experts by experience involvement in the development of several GK job descriptions. IF group members received training in staff recruitment and most members of the group were involved on staff interview panels during the programme. Their involvement was sought on appointments to positions related to the IF group, but also the secondments to the service coordinator team, and the appointment of the Independent Chair for the GK Partnership Board – as well as roles within GK partner organisations.

Lived experience was also evident in several of the procurement processes, including the development of the brief for communications and evaluation partners, peer mentoring and volunteer coordination. IF members reported that this involvement gave IF members an understanding of the process, but also a sense that their voice was important in decision making.

5.1.4 Lived experience involvement in GK's client selection

The IF group requested to be involved in client selection, and two experts by experience from the group sat on the referral selection panel. We found evidence that the IF group were particularly keen to ensure that diverse groups traditionally invisible to services were selected for GK support. It is not clear to what extent it was as a response to the lived experience voice pressing for this inclusivity, but the GK partnership did subsequently engage in identification of clients through assertive outreach with partners such as St Mungo's and Bristol Drug Project (BDP). Golden Key also worked in partnership with specialist agencies in Bristol, including Bristol Refugee Rights and Bristol Hospitality Network, to identify and start to tackle the blocks and barriers that asylum seekers with overlapping complexity face in Bristol.

The IF group were also keen to ensure that clients who they felt would gain most from GK's support would not be precluded due to an invisible need on one criterion. There were key discussions around the definition of clients and criteria for referral. For example, the IF group were evidently instrumental in flagging that clients with complex needs may appear to not meet the criteria of needs in at least 3 areas, but those with undiagnosed mental health conditions (or reticence to disclose due to stigmatisation), could then potentially be excluded. It is not clear to what extent this ultimately influenced the selection criteria, but we found evidence of the IF group concerns around this issue being discussed at the GK Partnership Board.

5.1.5 Lived experience involvement in GK's client support

We found evidence that IF group input developed into areas of innovation, including shaping the use of personal budgets for clients. We also found examples where lived experience perspectives were instrumental in guiding the development of initiatives. For example, IF group members' experiences of the repetition of their story, and its re-traumatizing effect, played a significant part in attempts to develop a central initiative (Tell Your Story Once).

> *"Let's face it not many people can be, you know, talking about rape or domestic violence or things like that, or emotional abuse or anything like that, must be very hard to sit and tell someone once, let alone every service you go to for support."* ***Independent Futures group member***

Tell Your Story Once was first proposed in 2014, and although it experienced significant obstacles due to data sharing restrictions, the Partnership Board continued to persevere with it. This led to work developing a Trusted Assessment approach and to some extent tackles the issue which was raised by experts by experience.

> *"I think the trusted assessment is so important because that's come from clients you know, that's come from the IF group and I think and the IF group is another thing that is a really good positive aspect of it."* **GK Service Coordinator**

As the sections above illustrate, the views of experts by experience were sought and incorporated into the design and delivery of Golden Key in a range of ways. This included members of the Partnership Board meeting with clients. However, the lived experience voice provided was predominantly that of the IF group. The researchers found much less evidence of activities and structures to gain Golden Key clients' views until the latter stages of the programme. This was a potentially missed opportunity, and was reflected in interview comments from both IF and SCT members.

> *"I think that like we do better than some places but in other areas … we're like in the same situation as a lot of other organisations, it's not really good enough I would say. In terms of client voice I think we need to work harder to get client voice involved because often we go to the Independent Futures and peer mentors which is really valuable voices to be included but we need clients as well because it's a very different experience and its very different voice from someone who's living something now."* **GK Service Coordinator**

GK developed a Peer Mentoring service, which was eagerly anticipated by the IF Group as a means of further incorporating the voice of lived experience into Service Coordinator-client relationships. Additionally, both the IF Group facilitator and SCT Managers were keen to broaden the client voice in GK's work with clients to include transitioning GK clients into the IF Group. Unfortunately, this did not happen, and this was attributed to a failure on the part of an external contractor. Despite initial Peer Mentoring initiatives not providing the anticipated opportunities, in 2019 the successful Emergency Accommodation Team initiative (set up to house people who were homeless or at risk of homelessness during the Covid-19 pandemic) did include peer mentoring. We found very little evidence of client-peer mentoring, nor client-IF group interactions. That said, this was not for wont of trying on the part of the GK Programme Team, and there were a number of other ways in which client-IF group interactions were facilitated. Furthermore, experts by experience did subsequently join the service coordinator team in paid roles.

The SCT worked hard to organise a 'drop-in' sessions for GK Clients, and a social Brunch Club where they could meet IF Group members and peer mentors from a South-West service provider, 'Developing Health and Independence' (DHI). Furthermore, we found evidence of more direct influence of the IF Group on operational processes when they began to work more closely with the Service Coordinator Team. Examples included input to client recruitment, and have also advice provided to the SCT on their consent processes. Both of which represent direct opportunities for lived experience to improve outcomes.

Finally, we found evidence that even if the lived experience of clients was not formally or directly sought, it may still have been heard. Interviews with Service Coordinators revealed that their work with clients served to inform the programme via feedback loops. The person-centred trust and understanding the Service Coordinators developed (as reflected in both SCT and client interviews) also provided them with insights which facilitated advocacy for their client (preparing their client and services for more effective engagement), but also contributed to reflective practice discussions and team meetings where the service could be influenced by the understandings developed by the SCT.

5.1.6 Lived experience involvement in the 'Creative Solutions Board'

One mechanism by which the IF group members appear to have impacted GK client support is through their involvement with the Creative Solutions Board (CSB). Established in August 2019, the CSB consisted of key stakeholders and IF group members who may be able to:

- meet and discuss in detail, individuals where the current response is not working and creatively action/plan a different solution, with the person at the centre
- use this individual learning to inform how the whole system might need to change and flex to deliver better outcomes

In short, IF Group members sat on this group and provided lived experience insights into the strengths and weaknesses of services, and the interface between them. In turn this contributed to the Board's understanding of client perceptions and experiences.

5.2 GK's support for lived experience involvement to shape other local services

We found evidence of the lived experience voice reaching across the GK partnership. IF group members delivered presentations to partners, served on their interview panels, and addressed the wider partnership at a range of events, e.g. delivering presentations to partners about co-production, and a key note at the GK Homelessness Call to Action event.

> *"When I talk to my team and other colleagues that commission mental health services, they're very aware of what's happening, they're certainly aware of the IF group and that work and they talk about it a lot."* **Service Manager, GK Partner**

The IF group were also active in promoting and supporting the work of GK partners, and advising on city-wide initiatives aimed at raising awareness of the issues confronting people with severe and multiple disadvantage. These included:

- Consultations with Avon and Somerset Police, providing advice on the issue of failures to turn up to court. IF group feedback contributed to a change in the way court summons letters are worded and designed.
- Advice provided to the Bristol Royal Infirmary support team steering group.
- Working closely with a range of GK partners on several homelessness initiatives, including 'Bristol Homelessness Week', St Mungo's 'Wooly Hat Day' and 'The Big Sleep Out'.
- Feeding in to the development of the Bristol Recovery Forum set up by Avon & Wiltshire Partnership NHS trust (AWP).
- Evaluating the lived experience involvement of tenders submitted to Bristol City Council by organisations wanting to provide residential rehabilitation services.
- Working with Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) on their mental health strategy (2019), providing client insights, which led to the concept of My Team Around Me (a key element of the Changing Futures programme) evolving.

A feature emerging from our interviews with IF group members, and from various meeting minutes, was the aspiration for the group to ensure diversity in its membership. Specific requests were made for partners' support in recruiting women, people from ethnic minority groups, and particularly Eastern European experts by experience. There is evidence of partners suggesting groups that IF could connect with. The IF group created a presentation to give to various client populations, other organisations and staff groups with the aim of promoting the IF group and to encourage links and involvement. We found evidence of partners inviting the group to their organisations to give presentations.

We also found several references to the aim to forge links between the IF groups and various lived experience groups and fora affiliated to GK partners in order to disseminate GK's learning in service user involvement. This linkage is also referenced in relation to ensuring the lived experience voice from across the partnership that was captured by the IF group was diversified. It is not clear to what extent these links were made, and therefore whether the IF group input reflected the lived experience of its members, or a wider voice.

5.3 How lived experience involvement brought client stories to life for GK's partnership

> *"I've had um people get in touch from attending System Change Group about involving IF in their particular task or project. The IF group have been really helpful about reminding people that they are you know these are services for people and that the people that use them need to you know benefit from them and there needs to be positive feedback, but that's not really a new thing but just sort of (.....) flows and focus, so I think again what Golden Keys done is just raise some of the profile again of things."* **GK Service Coordinator**

IF group members reported that they felt a key contribution they made in discussions and meetings with partners was to '*personalise*' and '*humanise*' the clients. In presentations to partners the IF group flagged the importance of seeing clients as individuals on individual journeys. Client experience was brought to life for the Partnership Board through the experiences of IF group members. From the start of GK, we found examples of IF group members being provided with opportunities for GK's partner services to be sensitised to the stories of individual clients through experts by experience. For example, there is evidence of IF group members providing insights from their own experience in Partnership Board meetings. IF group members also strongly advocated for the continued use of case study examples to illustrate blocks and barriers in the systems change work, and ensure that client stories were accessible to service providers. We found evidence that this translated into the use of case study presentations at Partnership Board meetings.

IF members interviewed clients and captured client stories and experiences which were then fed back into the Partnership Board. Furthermore, the IF group also launched an initiative to capture the stories of those in Bristol with lived experience of homelessness, mental health problems, offending behaviour and drug and alcohol addiction recovery. The IF group set up the initiative with a social media app ('audioBoom') with the aim of enabling more experts by experience to share their stories with the Partnership Board. It is unclear how this developed or where it was used by GK, however, there was also a collaborative art-based project with Creativity Works which captured client journeys visually.

5.3.1 Lived experience involvement supported GK's systems change activity understanding systemic blocks and barriers

IF group members provided useful insights into the challenges facing clients, and client perceptions of Golden Key. There is evidence of the IF group flagging geographical and transport challenges to partners and advising the Partnership Board on this issue. We found evidence that this prompted a review and discussion of how outreach should be approached.

The lived experience of the IF group helped highlight to partners that the legacy of previous service experiences may lead to clients' reticence and potential reluctance to engage about GK. We found evidence that the IF group specifically urged GK to engage in a public relations campaign to ensure clients understood exactly what GK was, and how GK was different to other services they may have encountered previously (e.g. a more long term approach). The IF group also flagged early that there was a risk of GK client status being seen as stigmatising. The Partnership Board responded with suggestion of recruiting 'Community Champions', and this included the suggestion that IF group members should be included as potential members. Although these posts were not pursued, the IF group were central to the formation and work of GK's Communications Panel, and the subsequent communications strategy that the panel developed.

The IF group were also involved in the review of GK client pathways and experiences. They actively sought out the opportunity to feed into the identification of challenges facing the GK clients at the earliest possible opportunity. This translated into contributions to the processing of blocks and barriers. Although this ultimately proved to produce an overwhelming amount of data, this group (with the help of an external consultant) were able to identify key areas for the partners to focus on to unlock client pathways (e.g. the need for 'Interagency communications' and further 'Staff training'). Experts by experience from the IF group played a key part in identifying, processing and making sense of these blocks and barriers.

5.3.2 Lived experience involvement helped to develop a more psychologically informed partnership

IF group members also played a key role in the work of the GK Psychologically Informed Environment (PIE) group. IF group members contributed to the GK PIE strategy, and were instrumental in encouraging the partners to continue to view clients and their recovery in person centred ways. This included ensuring that GK's partners retained a view of progress as relative to the individual client's needs, rather than aligned to external drivers or expectations of progress that are not linked to the individual client or realistic progress.

The IF Group also worked with the local evaluation team to develop a PIE audit tool and highlighted areas of best PIE practice in Bristol. This contribution identified opportunities for specific partners (e.g. AWP, 1625ip) to share their practice at a city-wide Golden Key 'PIE shop' event in 2017 to increase partners knowledge of PIE and celebrate best practice. This event also included members of the IF group leading a session presenting PIE from a lived experience perspective. Feedback demonstrated that this session served to provide a crucial perspective as to what PIE principles ought to look like in practice for the development of Bristol as a more PIE city.

5.3.3 Lived experience involvement beyond local services: Fulfilling Lives wider programme, national policy, and local evaluation

The voice of lived experience provided by the IF group was not limited to the GK programme in terms of its contribution. IF members presented at the National Expert Citizen's Group (Fulfilling Lives national lived experience group) and involvement in these events was seen as a significant opportunity for them to raise the profile of their work, and communicate the voice of lived experience. One of the IF group members was elected as Chair of the National Expert Citizen's Group during the programme, and conducted peer research with the national evaluator (CFE) on the role of lived experience in recruitment.

Early in the Fulfilling Lives programme, the National Expert Citizen's Group meetings provided contextual reference points that highlighted several strengths of the IF group and its work, including the diversity of their membership, and the extent of their involvement. However, toward the end of 2014 it also served to flag a comparative shortcoming. After a National Expert Citizen's Group event, IF noted that they felt they had not had the impact other lived experience groups across Fulfilling Lives had had. This coincided with the group stating to the Partnership Board that they felt they needed to adopt a more critical eye and create some distance between IF and Golden Key. IF members instigated a National Communications Strategy for BIG (Now National Lottery Community Fund) Fulfilling Lives projects regarding Women's homelessness and addiction, and also contributed to national campaigning and research work of the Revolving Doors agency. In March 2016 IF members attended a meeting with Home Office representatives and Public Health England to discuss the National Drug Strategy Review. IF group members provided input on their experiences of drug services and how they felt they could be improved.

As the programme developed, the IF Group began to receive independent commissioned work e.g. advising a charity on how better to include people with lived experience. IF group members also

contributed to two collaborative peer research with GK clients in 2016 and 2021, conducted by the local evaluators.

5.4 GK's learning: Developing GK's approach to lived experience involvement

> *"I think the IF group is the other thing that I would highlight really that um that's gone through different kind of phases and um and I think, I just think it's been, I've been really you know I've been really impressed with um the way they've, the group has been sort of encouraged to be involved at different times."* **Service Manager, GK Partner**

5.4.1 Improved support for experts by experience within GK

The Partnership Board regularly acknowledged the contribution of the IF group, and IF members were very keen to share their own experiences and also celebrate how far they progressed. IF members worked closely with a charity (Creativity Works) on their business plan, and their work with an artist to communicate their stories more creatively was heralded a success. The IF group felt that this was a very important part of ensuring their stories and the lived experience voice were heard (e.g. on the event 'Vision Day'). The programme went on to explore ways in which this could be further embraced through seeking support from a collaborative storyteller through a bid to 'Awards for All'; and funding was also sought to support lived experience stories through arts-based methods, but the bids were not successful.

We found significant evidence that the GK Programme Team and Partnership Board were committed to providing support for the IF group. Second Step sought extra funding to support training for the group, and there were several offers of support from partner representatives on the Partnership Board to help prepare for Partnership Board meetings. However, the initial model of support which involved the deployment of an independent agency to support IF was piloted but was not successful. In late 2016 IF group members raised concerns that they felt there was a reduction in support available, and that the IF group coordinator role had been scaled back. In response to these concerns raised by the IF group, and their persistent concerns around the perceived distance between themselves and clients, the GK Partnership Board actioned a number of significant changes. In late 2016 two IF group members began shadowing roles within the GK team, one with operational focus working with the Service Coordinator Team, and the other on strategic and system change work. Furthermore, GK staff began working alongside IF Café Connect, and a dedicated staff member was identified with the role of strengthening day to day communications. Closer relationships being developed with the Service Coordinator Team, and staff within GK, appears to have signalled a positive change in how the IF group perceived both their support – and in turn more effective ways of working.

There was also evidence that the Partnership Board responded to interim conclusions from the local evaluation team. Through the duration of the programme, important learning took place in terms of how best to support experts by experience. Several key challenges emerged for the IF group, including managing the responsibility they felt for representing the wider client voice, and safeguarding and supporting experts by experience who are themselves on a recovery journey. We found evidence that staff from the lead agency engaged with a range of recommendations from the research, and began to develop a GK Client Voice and Co-Production strategy in 2017.

5.5 Changes to lived experience Partnership Board contributions

As the Partnership Board membership increased and attendance improved, the Board minutes indicate an apparent reduction of input from the IF group. While the IF group often made up almost half of the Partnership Board in 2013 and 2014, and there were regular references to IF member input and comment in the minutes, this reduced significantly in the latter stages of the project. There was also less evidence of the specific consultation workshops that appeared to prove useful in eliciting lived experience voice in the earlier stages of the programme. It may be that this is related to our finding that in mid-2015 a member of the IF group specifically requested that the GK Independent Chair explicitly elicit responses from IF group more often at the Partnership Board. We also found that as the Partnership Board increased in size, IF members reported they needed further support to represent their views at the Board. It is important to note that there is also evidence of the Board recognising this.

Partners explicitly acknowledged challenges to retaining lived experience voice, including the potential for: i) the power differential to become increased, and ii) the pace with which the programme was developing to become overwhelming. We found evidence of partners offering to assist in helping IF members prepare for Board meetings, and inviting IF members to suggest any further training they may need. Shortly after this invitation, we noted that IF members attended training provided by MEAM (Making Every Adult Matter) and Systems Change provided by the National Lottery. However, it appears that as the Partnership Board grew, there was a reduction in the perceived potential for experts by experience to feed in to, and have an impact on, the business of the Partnership Board. There also appears to have been a gradual decline in dedicated lived experience consultation workshops in the latter stages of the project. Both of which indicate the potential for reduced IF group impact over time. That said, it is important to note that it was the Partnership Board that highlighted these concerns, rather than the IF Group – and the Board retained IF Group consultation on the agenda of meetings throughout the project. Also, there are a range of potential explanations for this, including the changing membership of the IF Group as members developed skills and gained employment or entered further study. The successes and progression of IF members created a fluidity to the group, and resulted in changes in the IF Group representatives on the Programme Board (which can influence agency as new members develop an understanding of their role).

6 Client Outcomes Data Analysis to Assess Change

Evaluation approach…

The main purpose of this evaluation data analysis was to understand whether and how outcomes have changed for Golden Key (GK) clients. We wanted to explore to what extent clients' lives have changed; which client groups appeared to find different levels of change in different life areas; and how severe and multiple disadvantage clients engaged with GK.

The analysis covers five areas: (1) describing the demographic and needs profile of GK clients; (2) analysis of the onward destinations data for clients whose support ended; (3) analysis of the first and last Outcome Star and NDT assessment scores collected by GK for all clients; (4) exploring differences in Outcome Star change between different client groups; and (5) analysis of how long clients engaged with GK's support.

Up the end of March 2020, a total of 227 individuals had been supported by GK. 73 of these were excluded from the sample as they had received support from specific pilot projects that were different to the main approach (e.g. Housing First, Winter Pressures, the Call-in), so this analysis is based on 154 GK clients. These findings should be read in the context of the well documented challenges in services engaging and supporting change with this population, which can be slow with many set-backs.

Learning…

Client outcomes between first and last Outcome Star assessment for the whole client group on average had improved in every Outcome Star area. Whilst change is relatively small, we should not underestimate the significance of such positive progression due to nature of this population's needs. In most areas, the change signifies moving one area forwards in the Journey of Change stages that the Outcome Star tool is based on, with the majority of changes increasing the average score between 0.8 and 1.3. **The most positive average change is seen in the 'Offending' area and 'Managing tenancy & accommodation'**.

Similar to the Outcome Star changes, client outcomes between first and last NDT assessment for the whole client group on average had improved in every NDT assessment area. The areas with the most positive change are the client's risk to others, their own safety, and their housing situation. **Although we see overall improvements, there is a lot of variation within the *average* assessment score changes; just under two thirds (65%) of clients improved their total Outcome Star scores while around one third of clients saw their scores worsen** between their first and last Outcome Star assessments. For the NDT assessments, 71% clients saw improved scores and 26% saw their scores worsen between the first and last assessment.

Clients who had a very high level of need in the Outcome Star assessment when they joined GK and those with a dual diagnosis (i.e. mental health and addictions) saw higher levels of change than other groups we looked at and when compared with the average changes for the total population. Dual diagnosis clients saw relatively high levels of change for the 'Drug & alcohol misuse' area. Clients who had been engaged well with other services before joining GK (recorded via the NDT assessment) saw higher levels of change on average in most of their outcomes than many of the other cohort groups. Within 'Emotional and mental health', and 'Offending' Outcome Star scores, those clients who had previously engaged well with services saw less change than the other cohort groups.

Those with the lowest level of need at the start saw very little change in their overall average outcomes, with a small decline in several Outcome Star areas. The onward destinations for 91 closed cases suggests that a proportion of clients who have not seen positive change have either received long term prison sentences (4.4% of closed cases), deceased (11%), or disengaged from GK without moving on to further support (16.5%).

59% of closed client cases were recorded as having moved on to positive destinations and just under one third (32%) recorded as having negative onward destinations. Just under 60% (91) of GK clients were no longer being supported by GK in March 2020 (i.e. cases closed) for a range of reasons. A higher proportion of GK's female clients were still engaged with the project than males. Further gender and ethnicity differences were noted in onward destinations, mainly that while male clients were slightly more likely to no longer require support (positive), a higher proportion disengaged from GK or went to prison. GK's white clients were more likely than other ethnicities to end support due to prison or death, and were less likely to have positively moved on to support from other services. GK compares very well with more positive onward destinations than the overall wider Fulfilling Lives programme, although direct comparison with other projects is difficult due to varying approaches to eligibility and case closure.

The average length of engagement was 3 years, 1 month (including clients still being supported at the end of March 2020), though over half of GK's clients engaged for between 41-60 months (3 ½ - 5 years). As might be expected, there was a very high variation in the support length for GK clients, with the least being 1 months' support and the most being 4 years 6 months.

6.1 Understanding GK client profile

Data on needs and demographic detail is recorded by GK at the start of engagement. To understand the profile of Golden Key (GK) clients, we have explored:

- The demographic profile of GK clients in terms of age, gender, ethnicity and disability.
- The number of needs in four key need areas - homelessness, mental health, substance/alcohol misuse and offending - as an indicator of complexity.
- Comparisons with the CFE Research national evaluation analysis in 2019[6] that covered all the people with severe and multiple disadvantage who were directly supported by the Fulfilling Lives programme (including GK)

6.1.1 Client demographic profile at start

To summarise findings across the demographic areas:

- **Age:** The average age of GK clients was 42, ranging from 23 to 68 years. The majority were between the ages of 35-44. The average age of the GK client cohort is four years older than the wider Fulfilling Lives programme average, where most beneficiaries are aged between 30 and 50 years old and the average age is 38.
- **Gender:** The total sample contains more male clients than female, with nearly 58% male. GK's clients contain a higher proportion of female clients (42%) than the national programme

[6] Fulfilling lives comparative data taken from 'Understanding multiple needs - Briefing Two', CFE Research, 2019. Accessed December 2021 at: https://bit.ly/3L9lHIE and related method notes at https://bit.ly/3FFXxUV

population where 35% of beneficiaries are female, likely due to a conscious strategy to recruit more female clients.

- **Ethnicity:** The majority of clients identified as White: British (61%). The next largest ethnicity group was 'Black/Black British: African' at 9.1%. GK's sample was more ethnically diverse than the national programme's population profile where 85% were White: British, , likely due to a conscious strategy to recruit more diverse clients..
- **Disability:** 40.9% of GK clients were recorded with a disability which matches the national programme population at 41% (this may be inaccurate due to the prevalence of physical and mental health issues which are not formally diagnosed as a disability).

Basic demographic information is summarised in the Technical Annexe which accompanies this report, fully detailing the age range, gender, ethnicity, and disability information of GK clients.

6.1.2 Engaged client needs profile at start

Some clients were recruited for special interest to enable GK's learning around particular experiences and issues (e.g. transgender, particular ethnicities, care leaver transitions). Therefore, against the original 'number of needs' Fulfilling Lives eligibility criteria, in this data restricted to the four needs, these 'special interest' clients can appear to be less 'complex' with a lower number of needs.

Figure 4 shows that just over 80% of GK clients would be considered to have 'severe and multiple disadvantage' by the programme definition of having 3 or 4 needs. This is lower than the Fulfilling Lives programme overall, where 94.5% of clients were classified as having 3 or 4 needs. Consequently, under 20% of GK clients have one or two needs, compared with just 5.5% across the Fulfilling Lives programme as a whole.

Figure 4: Clients' number of needs profile compared with Fulfilling Lives 2019 programme data

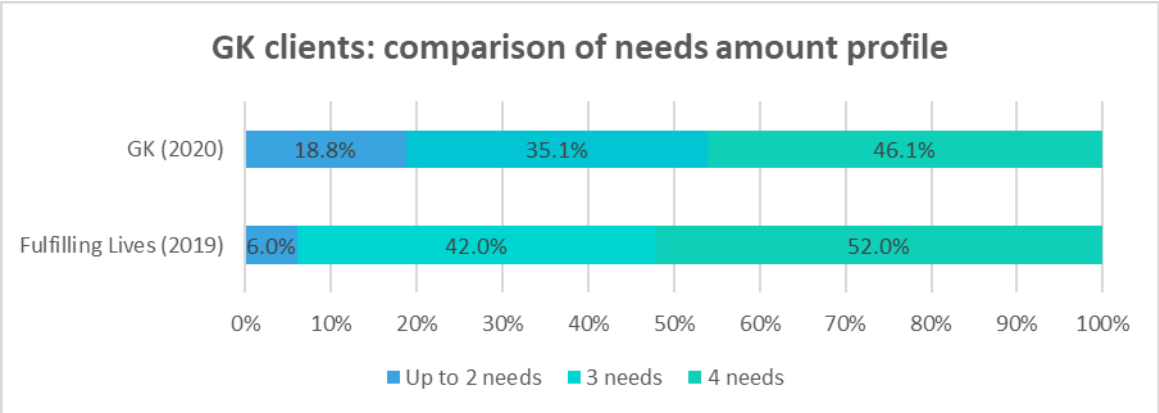
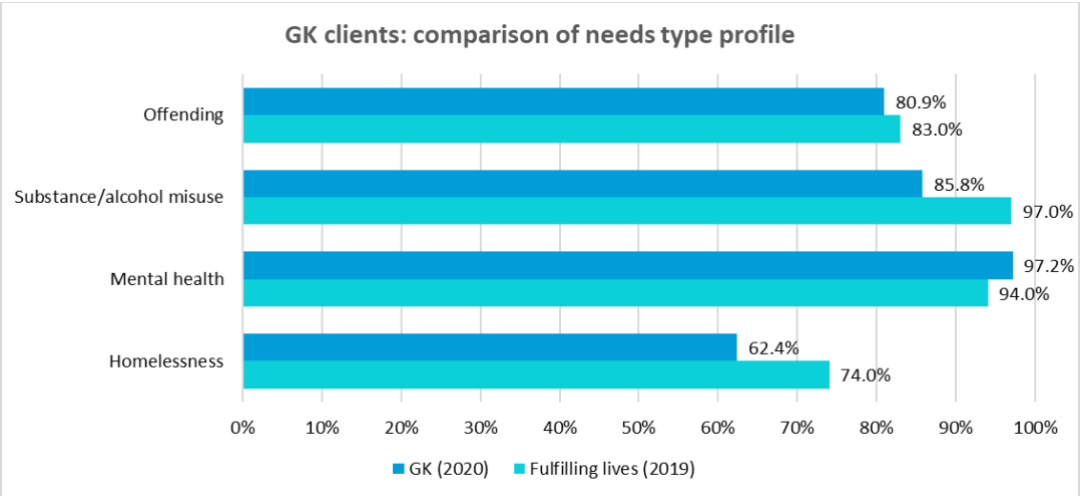


Figure 5 shows the proportion of GK clients who were reported to have each of the need areas. Nearly all were reported to have mental health needs and just under two thirds were recorded as experiencing homelessness at the start. 80.9% of GK's clients had a history of offending and 85.8% of misusing substances. A similar proportion of GK clients had mental health and offending needs as the Fulfilling Lives programme population. A lower proportion of GK clients than the Fulfilling Lives programme population were experiencing homelessness at the start or had substance and alcohol misuse needs. GK's needs type profile has remained broadly similar to the profile from the 2017 local evaluation report[7] (prior to Bristol's Housing First initiation). The most noticeable change being that the proportion of clients with substance/alcohol misuse needs has declined slightly in the 2020 sample.

[7] 'Building connections: Golden key local evaluation phase 2 report', 2017. Available from https://uwe-repository.worktribe.com/output/888673 (accessed January 2022).

Figure 5: GK clients' type of needs profile compared with Fulfilling Lives 2019 programme data



6.2 Total client caseload and onward destinations

This section explores the total client caseload and the recorded onward destinations of clients (i.e. what happens when GFK is no longer supporting them). Direct comparisons with other Fulfilling Lives projects must take account that other projects may have different approaches to client support and tracking.

6.2.1 Total client caseload

Up to the end of March 2020, 227 individuals with severe and multiple disadvantage were supported by GK, lower than the originally anticipated 300 individuals (as agreed subsequently with the funder). We excluded 73 individuals who had received support from specific pilot projects (e.g. Housing First, Winter Pressures, the Call-in) where support was different from the main approach, leaving a total population of 154 clients for the analysis.

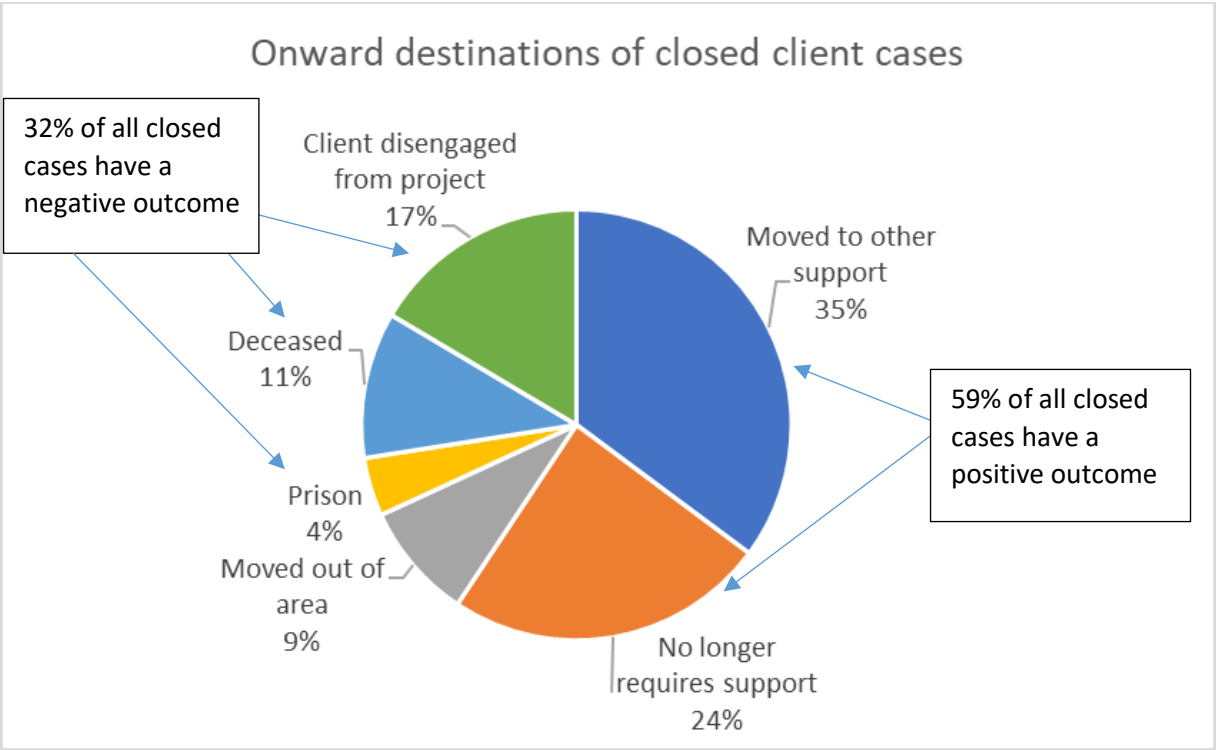
6.2.2 Onward destinations (closed cases): when GK support ends

When client cases are closed by GK, their Service Coordinator logs the 'reason' for closing the case which captures the onward destination of the client, as shown below. Clients with whom GK had lost contact were also categorised as disengaged. As GK's approach is to provide flexible and responsive support for as long as the client needs it (within the project lifespan), and often employ long-term proactive engagement methods. It is possible that some clients who have not yet engaged, or who are receiving minimal/no support, may not be formally closed on the system immediately.

At the end of March 2020, 63 of the 154 clients (40.9%) in our sample were recorded as still actively engaged with support from GK, and 91 closed client cases who were no longer receiving GK's support.

Figure 6 shows the onward destinations of the 91 closed client cases.

Figure 6: Recorded onward destinations of 91 closed client cases (excluding 63 clients still engaged)



In summary:

- 59% of closed client cases were recorded as having moved on to positive destinations; clients categorised as no longer requiring support, or no longer needing GK's help to get support from other services. This is higher than the national programme rate of 36.5%[8] (see Figure 7, though we must be mindful different projects take different approaches to tracking and eligibility).
- Just under one third (32%) of closed client cases were recorded as having moved on to negative destinations, compared with 47% for the national programme. This includes clients who had sadly died, went to prison, or had disengaged. 8.8% had moved out of the area.

Figure 7: Comparison of recorded GK and wider Fulfilling Lives onward destinations of closed cases

Destination	GK %	FL comparison %
No longer requires support	24.2%	24.5%
Moved to other support	35.2%	12%
Moved out of area	8.8%	11%
Prison	4.4%	7%
Deceased	11.0%	8%
Client disengaged from project	16.5%	32%
Hospital	0%	1%
Excluded from the project	0%	2%
Unknown	0%	2.5%

[8] Fulfilling lives comparative data taken from 'Understanding multiple needs - Briefing Two' and related method notes, CFE Research, 2019: https://bit.ly/3FFsd8S

Figure 8: Recorded destinations of GK all clients sample (clients still engaged and closed cases)

Destination	Number	Total %
Still engaged with the project	*63*	*40.9%*
No longer requires support	22	14.3%
Moved to other support (not funded through project)	32	20.8%
Prison	4	2.6%
Moved out of area	8	5.2%
Deceased	10	6.5%
Client disengaged from project	15	9.7%
Total	**154**	**100%**

A comparison of gender and ethnicity differences (see Technical Annexe for full detail) found that a higher proportion of GK's female clients were still engaged with the project than males, while male clients were more likely to no longer require support or to have disengaged from GK. All cases closed due to the client being imprisoned, were male. A higher proportion of GK's non-white clients moved on to other support or moved away from Bristol. GK's white clients were more likely to have their support ended due to prison or death.

6.3 Client outcomes – Homelessness Outcome Star

This section explores changes in Homelessness Outcome Star assessment scores for clients. This is based on reported quarterly data collected between November 2014 and March 2020. GK Service Coordinators aimed to complete Outcome Star assessments for each client quarterly, though they were sometimes completed more or less frequently depending on circumstances.

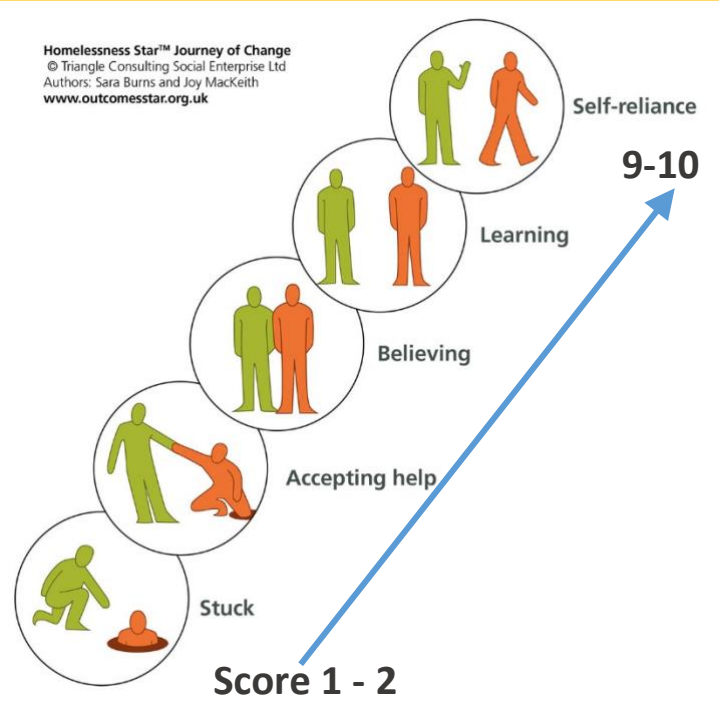
6.3.1 What is the Homelessness Outcome Star?

The Homelessness Outcome Star is a tool for supporting and measuring change when working with people who are homeless. Clients are assessed by their Support Worker quarterly on a scale of 1 - 10 across ten different life areas. A maximum score of 100 is possible but generally, aggregated totals are not used in Outcome Star assessment (unlike NDT scores).

High and increasing scores are positive as they indicate progress towards self-reliance.

Journey of change stage	Score
Stuck	1 - 2
Accepting help	3 - 4
Believing	5 - 6
Learning	7 - 8
Self-reliant	9 - 10

The 10-point scale is based on the 'journey of change' model, where different scores indicate a different stage in the beneficiary's change journey. For more information see www.outcomesstar.org.uk/homelessness/



6.3.2 Analysis of client's reported Outcome Star change

The analysis in this section illustrates the average scores for 141 clients with at least two homelessness Outcome Star readings, comparing within participants the first and last recorded scores as repeated measures (calculated using a paired samples t-test for means). This approach is not perfect as it does not account for the variation within client's progress and clients' recovery is often not a linear journey. However, overall, we would expect to see average scores showing improvements for this cohort size if progress is positive.

Figure 9 and Figure 10 show that client outcomes for the whole client group on average, have improved in every Outcome Star area. In eight out of the total ten areas, the change signifies moving one area forwards in the Journey of Change stages (e.g. from 3-4 score 'accepting help' to 5-6 score 'believing'). The average overall change is improving just under one score (0.9), although the majority of changes are between 1.3 and 0.8. The most positive change is seen in the 'Offending' area and 'Managing tenancy & accommodation'.

Figure 9: Table showing changes in clients' first/last recorded Outcome Star scores (ordered from most to least change, coloured cells indicate 'journey of change' stage as shown in section 6.3.1).

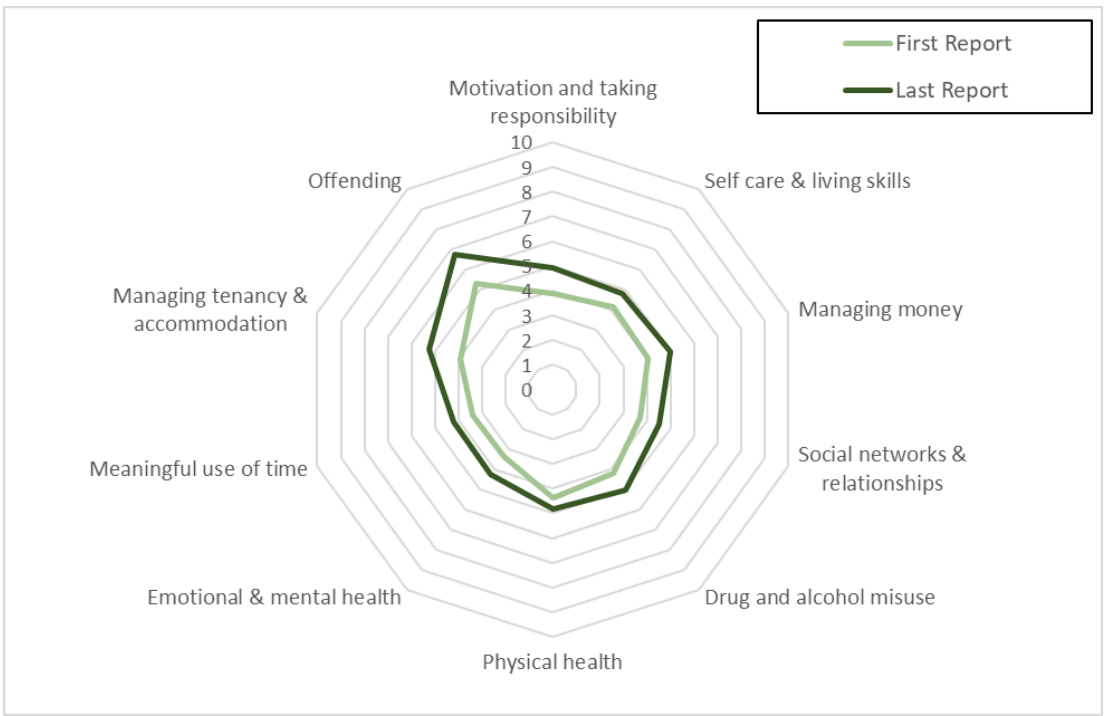
Outcome Star area	Direction of change	First recorded mean score	Last recorded mean score	Change	p-value*
Offending	IMPROVED	5.3	6.8	**+1.4**	<0.05
Managing tenancy & accomm.	IMPROVED	3.9	5.2	**+1.3**	<0.05
Managing money	IMPROVED	4.0	5.0	**+1.0**	<0.05
Motivation & taking responsibility	IMPROVED	3.9	4.9	**+1.0**	<0.05
Emotional & mental health	IMPROVED	3.4	4.2	**+0.9**	<0.05
Social networks & relationships	IMPROVED	3.7	4.5	**+0.8**	<0.05
Meaningful use of time	IMPROVED	3.4	4.2	**+0.8**	<0.05
Drug & alcohol misuse	IMPROVED	4.2	5.0	**+0.8**	<0.05
Self-care & living skills	IMPROVED	4.1	4.8	**+0.7**	<0.05
Physical health	IMPROVED	4.4	4.8	**+0.4**	<0.05
OS total score (max 100)	IMPROVED	40.3	**49.5**	**+9.2**	

**If the p-value is less than 0.05, we can be reasonably confident that the result is statistically significant at the 95% confidence level.*

Understanding Outcome Star 'spider' charts…

Positive progress is shown by lines moving further outwards on the chart. The first Outcome Star is a lighter line on the chart so clients have improved if we see the darker line moving outwards.

Figure 10: First and last mean scores for Outcome Star areas (n=141)



6.3.3 Exploring variability within the Outcomes Star areas

Figure 9 in the above section and Figure 11 below show that there is a large amount of variation, in that while overall average scores improved within each Outcome Star area, some clients do not see improvements. Hence, whilst nearly two thirds of GK clients improved their total Outcome Star scores, one third saw their scores worsen between their first and last Outcome Star assessments.

Figure 11: Proportions of clients whose total Outcomes Star scores have improved or worsened (n=141)

	Improved	Worsened	Stayed the same
Changes in total Outcomes Star scores	65.2% (n=92)	33.3% (n=47)	1.4% (n=2)

Figure 12 shows the proportion of clients whose scores improved or worsened in each area. The area the most clients (62%) saw improvements was in managing tenancy and accommodation. We can see that over half of clients are improving their lives in managing money, motivation and taking responsibility, social networks and relationships, offending, and meaningful use of time. Half of GK clients saw improvements in their emotional and mental health. Just under half of clients (45%) saw improvements in their drug and alcohol misuse, and physical health.

Figure 12: Proportions of clients whose Outcomes Star scores have improved or worsened in each area (ordered by the area most clients saw improvement in)*

Outcome Star area	Improved	Worsened	Stayed the same
Managing tenancy & accommodation	62%	27%	11%
Managing money	56%	28%	16%
Motivation & taking responsibility	56%	30%	14%
Social networks & relationships	55%	25%	20%
Self-care & living skills	55%	30%	15%
Offending	54%	21%	25%
Meaningful use of time	52%	26%	22%
Emotional & mental health	50%	28%	22%
Drug & alcohol misuse	45%	23%	31%
Physical health	45%	34%	21%

**Due to rounding, percentages may not add up to 100%.*

6.4 Client outcomes - NDT assessments

This section explores changes in NDT assessment scores for clients who had at least two NDT scores. This is based on reported quarterly data collected between November 2014 and March 2020. GK Service Coordinators aimed to complete NDT assessments for each client quarterly, though they were sometimes completed more or less frequently depending on circumstances.

In considering differences between the findings in the Outcome Star and NDT, it is worth noting that although there is crossover, the two tools are measuring some different areas. The Outcome Star focuses on shifts in the beneficiary's mindset towards change, while the NDT assessments are based on observable behaviours.

6.4.1 What is the New Direction Team assessment (NDT)?

NDT assessment (formerly 'Chaos Index') is an assessment tool focusing on observable behaviours across ten areas, to assess needs holistically. It also includes an assessment of engagement with other services.

Each area of the assessment is rated on a 5-point scale and eight areas convert into scores between 0 – 4. Two areas (risk to others, risk from others) are weighted through being scored 0 – 8 and scored in increments of 2 (e.g., 0, 2, 4, 6, or 8). If using for an assessment process, scores for all areas are added together to reach a final assessment score out of a total of 48 which can be used to determine eligibility.

Low and decreasing scores are positive, indicating lower needs.

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

6.4.2 Assessing changes in client outcomes using NDT assessment data

The analysis in this section illustrates the average scores for 145 clients with at least two NDT assessments, comparing within participants the first and last recorded scores as repeated measures (calculated using a paired samples t-test for means). This approach is not perfect as it does not account for the variation within client's progress and clients' recovery is often not a linear journey. However, overall, we would expect to see average scores improving for this cohort size if progress is positive.

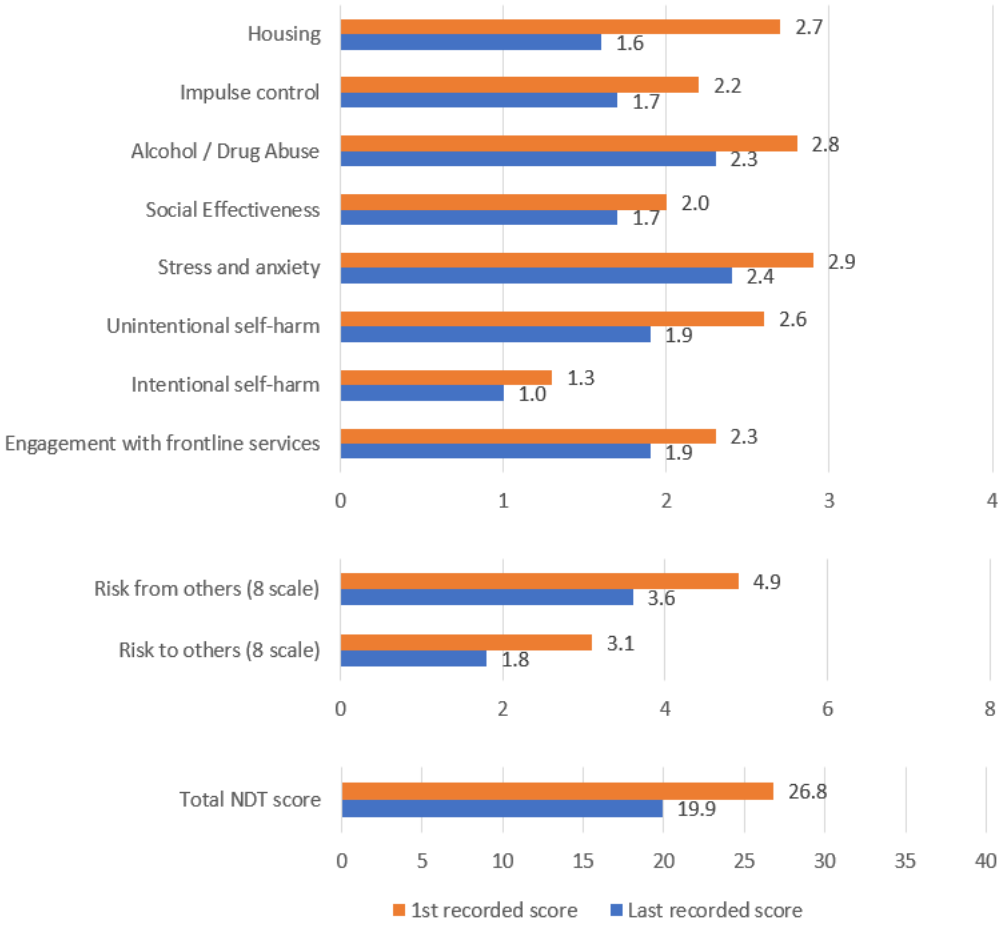
Figure 13 and Figure 14 below show that client outcomes for the whole client group on average have improved across every NDT assessment area. The areas with the most positive change are related to the client's risk to others, their own safety, and their housing situation.

Figure 13: Table showing changes in clients' first/last recorded NDT scores.

NDT Component	Direction of change	1st recorded mean score	Last recorded mean score	Change	p-value*
Housing	IMPROVED	2.7	1.6	**-1.1**	<0.05
Unintentional self-harm	IMPROVED	2.6	1.9	**-0.7**	<0.05
Impulse control	IMPROVED	2.2	1.7	**-0.5**	<0.05
Stress and anxiety	IMPROVED	2.9	2.4	**-0.5**	<0.05
Alcohol / Drug Abuse	IMPROVED	2.8	2.3	**-0.5**	<0.05
Engagement with frontline services	IMPROVED	2.3	1.9	**-0.4**	<0.05
Intentional self-harm	IMPROVED	1.3	1.0	**-0.3**	<0.05
Social Effectiveness	IMPROVED	2.0	1.7	**-0.3**	<0.05
Risk to others (8 scale)	IMPROVED	3.1	1.8	**-1.3**	<0.05
Risk from others (8 scale)	IMPROVED	4.9	3.6	**-1.3**	<0.05
NDT total score (max 48)	**IMPROVED**	**26.8**	**19.9**	**-6.9**	<0.001

**If the p-value is less than 0.05, we can be reasonably confident that the result is statistically significant at the 95% confidence level.*

Figure 14: Comparison chart of average first and last recorded NDT scores for clients with at least two assessments



Similar to the Outcome Star assessment scores, Figure 15 shows there is a great amount of variability within the data, with 71% clients improving their total NDT assessment scores and 26% with worsening scores.

Figure 15: Proportions of clients whose total NDT assessment scores have improved or worsened (n=145)

	Improved	Worsened	Stayed the same
Changes in total NDT Scores	71% (n=103)	26% (n=38)	3% (n=4)

Figure 16 shows the variability within each NDT assessment area and indicates that 'housing' was the area where the most clients (60%) saw improvements, with over 50% of clients also seeing improvements in 'unintentional self-harm' and 'risk from others'. Just under half of clients saw improvements to their 'impulse control', 'engagement with frontline services', 'stress and anxiety' and 'risk to others'.

Figure 16: Proportions of change by NDT assessment area averages (sorted by most improvement)

NDT Indicator	Improved	Worsened	Stayed the same
Housing	60%	26%	14%
Unintentional self-harm	58%	27%	15%
Risk from others (8 scale)	53%	26%	21%
Impulse control	48%	32%	21%
Engagement with frontline services	48%	30%	21%
Stress and anxiety	46%	34%	19%
Risk to others (8 scale)	46%	38%	16%
Alcohol / Drug Abuse	39%	46%	16%
Intentional self-harm	39%	39%	22%
Social Effectiveness	38%	41%	21%

**Due to rounding, percentages may not add up to 100%.*

6.5 Exploring variability: cohorts of interest

Given the diversity of the GK client population in terms of their experiences and outcomes, we wanted to explore whether and how different client groups responded to GK's support, to explore any differences in change outcomes. To best support learning, our approach aimed to examine how GK's observations about which clients tended to engage and benefit more from GK, were reflected in the client outcomes data. We worked with the Service Coordinator team to understand some characteristics which were believed to indicate that clients might be more or less likely to engage with GK, and to benefit from GK's support.

Cohorts of interest were limited by data availability and reliability. Therefore, we were not able to explore some groups of interest, for example, different approaches within GK over time, or the following alternative groups with complex needs: long term rough sleepers, young men from minority ethnic groups, asylum seekers, women and domestic abuse, people perceived as high risk by services. Selection was also informed by the future direction of support for multiple complex needs in Bristol, though data was particularly limited for those areas.

The following client cohorts of interest were finally selected, based on data availability.

- **COHORT 1:** Overall level of need at start (i.e. indicating complexity)
- **COHORT 2:** Level of engagement with GK
- **COHORT 3:** Level of joint GK and other service involvement
- **COHORT 4:** Prior engagement with services
- **COHORT 5:** Onward destinations (when GK support ends)
- **COHORT 6:** Dual diagnosis: drug/alcohol misuse & mental health needs

For each cohort, we have grouped the available client sample by particular characteristics to explore differences between the groups. To define the groups within each cohort, we have made use of available data, which are by no means perfect. Full details for how clients were grouped within each cohort, demographic breakdowns and onward destination comparisons are available in the Technical Annexe which accompanies this report.

We explored differences in each cohort groups' Outcome Star score changes and demographic characteristics (gender, age, ethnicity, disability), although it was not possible to compare across many ethnicity groups due to small numbers.

6.5.1 Cohort 1: Overall level of client's need at start

We wanted to explore whether clients with different levels of need when they joined GK (i.e. level of complexity), saw different change outcomes. To categorise the groups, a proxy measure was developed which calculated a single score, based on the client's first Outcome Star assessment, which was used to categorise client's level of need when they joined GK as those with the highest, medium and lowest levels of need.

Broadly, the demographic characteristics are similar across the three levels of need groups. However, there are substantially more men in the high-level need group than women and a higher proportion of other ethnicities in the medium level of need group.

Cohort 1: Differences in Outcome Star changes between the cohort groups

Cohort 1 showed the most striking and consistent pattern of change between the groups, and from all the six cohorts. Those clients with the highest level of need when they joined GK saw the highest level of progress across all the six cohorts (similar to 'cohort 6: dual diagnosis' clients), with improved outcomes in nearly all Outcome Star areas. Conversely, those with the lowest level of need at the start saw very little change in their overall average outcomes, the least change across all the six cohorts, with a small decline in four Outcome Star areas ('Motivation & taking responsibility', 'Emotional & mental health', 'Self-care' & living skills', and 'Physical health').

6.5.2 Cohort 2: level of engagement with GK

We wanted to explore whether clients who experienced more support (i.e. are more engaged), saw differences in levels of changed outcomes. To categorise the groups, we used data from Service Coordinator Team logs of the number of support activity 'actions' with each of their clients, where the client was present/involved (excluding actions without the client there). The activity may have been in any format (e.g. face to face, phone, email, written/letter, mobile/SMS message). The client sample was grouped as those with the highest, medium and lowest number of activities.

There was a lower proportion of clients with disabilities in the group who had the highest engagement with GK, compared with the low and medium engagement groups, and the overall GK sample (though disability is likely to be an underestimate). The group with the lowest level of engagement had a higher proportion of White British and Black British African clients than the other groups and the overall GK client population.

Cohort 2: Differences in Outcome Star changes between the cohort groups

The pattern of change here between the groups within the cohort is not particularly consistent or striking, though there are some points to note:

- Those in the groups with medium and high levels of engagement made more progress in the 'Offending' Outcome Star area than the low engagement group and the overall GK sample (+1.9 and +1.8 compared with +1.2).
- Clients in the medium engagement group saw more progress in 'Managing Money' than the low engagers, high engagers, and the overall GK sample (+1.6 change, compared with +0.8, +1.1, and +1.0 respectively).
- Clients in the medium engagement group slightly worsened (-0.1) in the 'Self-care & living skills' area (the only area across cohort 2 which saw a worsened negative change score).

6.5.3 Cohort 3: Level of engagement with joint GK and other service support

We wanted to explore whether clients who experienced more support involvement with other services and GK together, responded differently to GKs support. To categorise the groups, we used data from Service Coordinator Team logs of the number of 'actions' where other agencies, services or professionals were involved (included those with or without the client there). This does not include other service support activity where GK have not been involved. The client sample was grouped as those with the highest, medium and lowest levels of service engagement with GK.

Male clients had slightly lower amounts of support activity which involved GK working with other services than female clients. The average ages and age ranges were broadly similar between the groups, the highest joint support group being slightly older. There was a higher proportion of clients with disabilities in the group with high joint support activity than the other groups and the overall GK client population.

Cohort 3: Differences in Outcome Star changes between the cohort groups

The pattern of change here between the groups within the cohort is not particularly consistent or striking, though there are some points to note:

- Those clients who had a medium and high level of joint GK/service activity showed no progress in 'Offending' compared with +1.3 positive change in the group who had the lowest level of joint activity.
- Those in the group with the lowest level of joint support activity made positive progress in 'Motivation & taking responsibility' and 'Self-care & living skills'.
- Clients in the medium joint support activity group slightly worsened (-0.2) in the 'Drug & alcohol misuse' area. This was the only area across cohort 3 which saw a worsened negative change score and the least change across all the groups and all the cohorts.
- However, clients in the medium joint support activity group showed more positive progress (+1.6) in their 'Emotional & mental health' than the other two groups.

6.5.4 Cohort 4: Prior engagement with services

We wanted to explore whether clients who had higher or lower engagement with services prior to joining GK, responded differently to GKs support and saw differences in levels of changed outcomes. To categorise the groups, we used the clients' first NDT assessment scores for 'engagement with frontline services'. There was a relationship between level of prior engagement and the level of need when clients joined GK. Clients who had high levels of prior engagement with services had lower levels of need at their first Outcome Star assessment, and vice versa.

There was a higher proportion of female clients within the group who had lower levels of prior engagement with services, than the other two groups. The average ages and age ranges were similar between the groups. There was a higher proportion of clients with disabilities in the group with high levels of prior engagement with services.

Cohort 4: Differences in Outcome Star change between the cohort groups

Overall, this cohort had a reasonably clear pattern that clients who have been most engaged with services prior to GK, saw higher levels of change on average in most of their outcomes than the other two groups and across all of the other cohorts. At the level of each Outcome Star area, this was substantially the case for: 'Managing tenancy and accommodation', 'Motivation & taking responsibility', 'Managing money', 'Drug and alcohol misuse', 'Physical health', 'Self-care & living skills'. However, in 'Emotional and mental health', and 'Offending', clients with high prior engagement with services saw less change than the other cohort groups.

6.5.5 Cohort 5: Onward destination

We wanted to explore how clients with different onward destinations, responded differently to GKs support and saw differences in levels of changed outcomes. To categorise the groups, we used the onwards destinations reasons collected by GK for all closed client cases. It is possible that the approach to closing cases may have changed during the programme, particularly towards the end.

The gender, ethnicity, disability, average age and ranges were similar between the cohort groups. A slightly higher percentage of female clients were still engaged and receiving than the overall GK client population.

Cohort 5: Differences in Outcome Star changes between the cohort groups

Overall, this cohort had a reasonably clear pattern showing clients who were still engaged had broadly higher levels of change than clients who had ended support (with the exception being 'Offending' and 'Meaningful use of time'). Unsurprisingly, clients who had ended support for positive reasons saw higher levels of positive change in nearly all areas over those whose support had ended for negative or other reasons (with the exception being 'Managing Money'). Those who ended their journey with GK for negative or other reasons see very little change in their overall average outcomes, this group saw the second least change across all the six cohorts (lowest overall level of need at start saw the least change).

6.5.6 Cohort 6: Dual diagnosis (substance misuse and mental health needs)

We wanted to explore how clients' who had a dual diagnosis of both substance misuse and mental health needs, responded differently to GKs support and saw differences in levels of changed outcomes. To identify these clients, we used clients first Outcome Star assessment scores. Those in the dual diagnosis group had who scored 1 or 2 (the 'stuck' stage in the 'journey of change') at the first assessment for 'Drug and alcohol misuse' and 'Emotional and mental health'.

Clients in the dual diagnosis group were more likely to be male, with 71% male, where only 54% of the remaining sample were male. Clients in the dual diagnosis group were more likely to be from non-white ethnic groups compared with the remaining sample. The average age was 42 for both groups with a similar proportion of people with disabilities. Unsurprisingly, 71% (n=22) of the dual diagnosis group were also identified in the group (from cohort 1) who had the highest overall level of need when they joined GK, and none were in the lowest need group.

Cohort 6: Differences in Outcome Star changes between the cohort groups

Overall, this cohort had a reasonably clear pattern showing that clients in the dual diagnosis group have made the highest level of overall progress across all of the six cohorts (similar to high overall need at start cohort 1 clients). This was particularly striking for the 'Drug & alcohol misuse' area which showed the highest level of change at +2.6 across all Outcome Star areas and all six cohort groups. Dual diagnosis clients also saw relatively very high levels of change for 'Emotional & mental health', 'Offending', 'Motivation & taking responsibility' and 'Managing tenancy & accommodation'.

6.6 How long do clients engage with GK Support?

To explore how GK clients had engaged with GK's support, we used data (taken up to the end of March 2020) that GK had recorded in their client management database (In-Form). Service Coordinators have added details into the system when they engaged the client or performed a support action on behalf of a client, including the amount of time spent, who was involved in the action (client, professional, etc), and the communication method/type (email, SMS, phone, in person, etc.). In total, Service Coordinators had

supported the 141 clients through a total of 38,912 actions. Of which 21,896 involved another service professional, and 18,052 with the client directly involved (i.e. attending). The average number of actions per client case where the client was directly involved was 136, the average was 158 actions completed involving a professional.

Whilst formal start and end dates are recorded on the system, we are aware that engagement does not always start immediately when a client is recruited. We have used the dates from the first and last actions to determine engagement length, and this includes clients who are still receiving support.

6.6.1 Support engagement periods (up to end of March 2020)

Figure 17 shows the very high variation in the support length for GK clients, with the least being 1 months' support and the most being 4 years 6 months (54 months). The average length of engagement, including clients still being supported March 2020 was 3 years, 1 month (37 months), though as Figure 18 shows, over half of GK's clients engaged for between 41-60 months (3 ½ - 5 years).

Figure 17: GK client engagement length in months (between first and last support action)

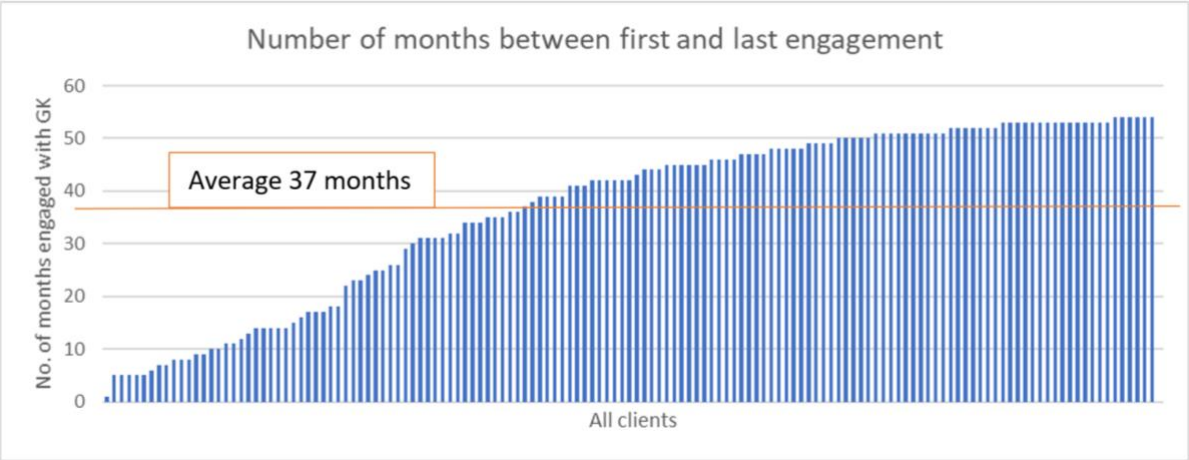
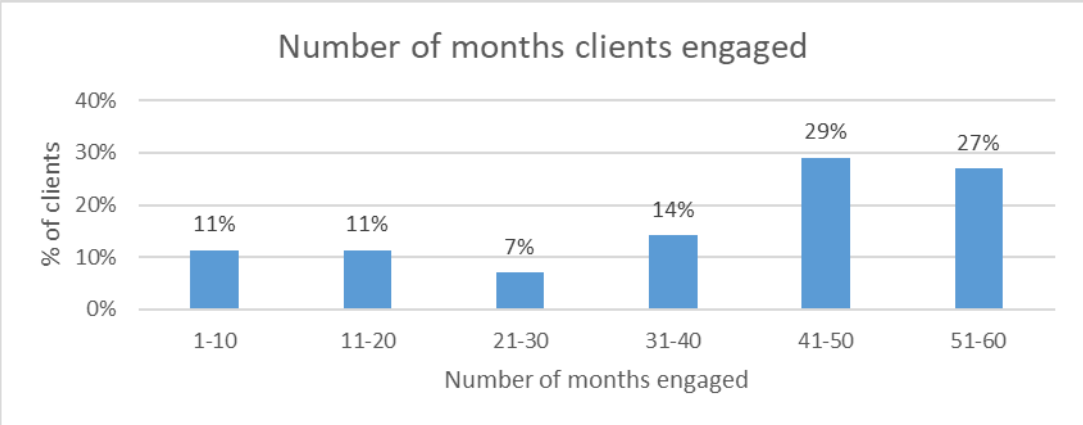


Figure 18: Ranges of GK client engagement length in months (between first and last support action)



7 Appendices

7.1 Appendix 1: Glossary of terms and abbreviations

AWP	Avon and Wiltshire NHS Partnership Trust
BNSSG	Bristol, North Somerset and South Gloucestershire (CCG)
BDP	Bristol Drug Project
CCG	Clinical Commissioning Group
CFE	CFE Research - national evaluator for the Fulfilling Lives programme
Changing Futures	An initiative launched in 2021 by MHCLG and National Lottery to improve outcomes for adults experiencing multiple disadvantage
CEAG	Citizens with Experience Advisory group (became IF Group)
CSB	Creative Solutions Board
EAG	GK Evaluation Advisory Group
EDI	Equality, diversity and inclusion
Fulfilling Lives	An 8 year National Lottery Community Fund project to support the transformation of services for people with multiple complex needs
GK	Golden Key
Homelessness Outcomes Star	A tool to measure changes in outcomes for people with multiple complex needs - www.outcomesstar.org.uk/ homelessness/
Housing First	An initiative to ensure stable accommodation for people experiencing multiple complex needs
IF Group	Independent Futures – GK's experts by experience group
LGBT	Lesbian, gay, bi and transexual
MCN	Multiple complex needs – also referred to as severe and multiple disadvantage
MEAM	Making Every Adult Matter
MHCLG	Ministry of Housing, Communities and Local Government
NDT	New Directions Team assessment tool (formerly the Chaos Index) - http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf
Nvivo	Software for analysing qualitative data
p-value	A measure of the statistical significance of a particular analysis
PB	GK Partnership Board
PIE	Psychologically Informed Environment
SCT	GK Service Coordinator Team
SMD	Severe and multiple disadvantage
UWE	University of the West of England

7.2 Appendix 2: Client voice interview schedule

PART 1 – Introduction

1. Can I start with asking who your Service Coordinator was?
2. Can you remember roughly when that was?

PART 2 – Is your life any different because of GK?

3. How is your life different since before you worked with << Service Coordinator name>>?
4. What is different about it?

PART 3 – Was there anything that GK did which helped that change come about?

5. What did << Service Coordinator name>> do to support you?
6. How was that support different, if at all, to any support you've had from other services?

PART 4 – Could anything be improved?

7. What do you think Golden Key did/ does well?
8. If you could change one thing about Golden Key, what would it be?

PART 5 – interview close

9. Is there anything else you want to add?

7.3 Appendix 3: Golden Key programme eligibility criteria (2019/2020)

All clients must fit Golden Key eligibility criteria:

1. Entrenched and/or cyclical experiences
People who may have had contact with a variety of support services over a number of years but their issues remain problematic. People who experience repeated patterns of accessing different services but who never manage to sustain positive change – this is sometimes described as 'revolving doors'. Examples of the above that have been accepted so far include:

- *Multiple unsuccessful in-patient detoxifications from opiates, alcohol or benzodiazepines.*
- *20 year pattern of short stays in prison for acquisitive crime, evictions and exclusions from Level 1 accommodation and street homelessness.*
- *Regular interventions from Mental Health Crisis Team, multiple Sections under the Mental Health Act*

2. Barriers to engaging with services
People who face significant blocks and barriers to accessing effective support and/or who are unable to engage effectively with the services that are currently available to them. Some of the blocks and barriers that have been identified for our clients so far include:

- *Demographic profile*
- *Geographical location*
- *Risk management issues*
- *Lack of appropriate housing*
- *Disability*
- *Historic abuse*

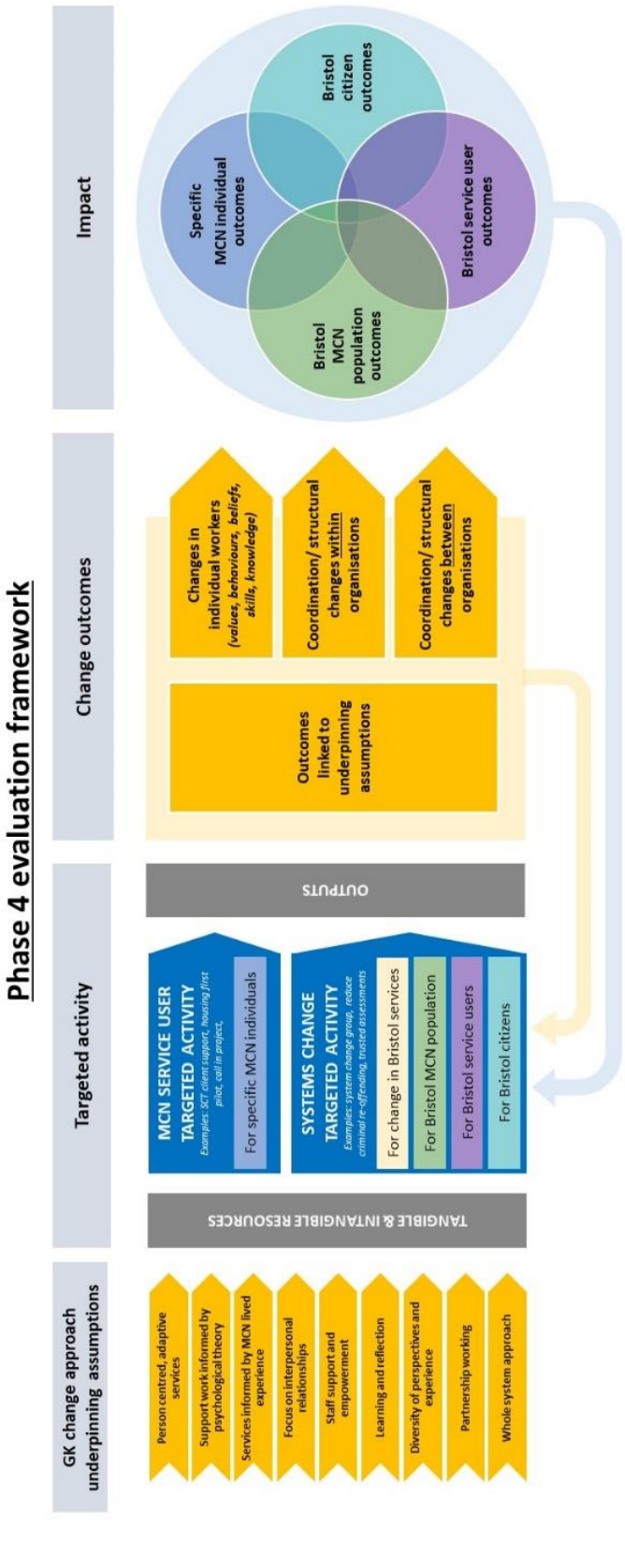
3. Multiple Complex Needs
People must also have significant or extreme needs in at least 3 of the following areas:

- Substance Misuse: Ongoing or significant historic problematic use of either legal or illegal substances. *Examples include individual who have been dependent on multiple substances over a number of years, have experienced many unsuccessful attempts at detoxification and who are experiencing significant physical health issues as a consequence of their substance misuse.*
- Homelessness: Currently homeless, living in temporary accommodation, vulnerably housed or at significant risk of becoming homeless. *Examples include individuals that have experienced patterns of repeated homelessness over a number of years or who have had several failed attempts at different types of housing solution.*
- Mental Health: Affected by significant mental health issues, no formal diagnosis is required. *Examples include people that are experiencing significant long term mental health issues and/or who have had repeated detentions under the Mental Health Act.*

Offending: Includes current behaviour, significant historic behaviour and /or risk of reoffending. *Examples include individuals that have involvement from long term offender management services (MAPPA, IRIS and IMPACT) and repeat prison stays.*

7.4 Appendix 4: Phase 4 local evaluation framework

Full details of our evaluation framework available on GK's website: https://www.goldenkeybristol.org.uk/impact-evaluation-reports "Golden Key phase 4 evaluation framework (2021)"



Underpinning assumptions *describes the shared principles and beliefs that inform GKs approach to service delivery and systems change. The evaluation will try to identify and trace these assumptions through GK activities, to understand their role (or mechanism) in developing change.*

Targeted activity *reflects the range of activities GK is facilitating.* ***Service user targeted activities*** *primarily intend to achieve change for specific MCN individuals (e.g. the Service Coordinator team, Housing First work with GK clients). Service user targeted activity focuses on specific MCN individuals but may also lead to change outcomes and impact.* ***Systems change targeted activities*** *mainly aim to generate 'change outcomes' in or between services which can then lead to impact (e.g. Reducing Criminal Reoffending Board).*

Change outcomes *are the interim or intermediate changes for individuals, organisations and the wider 'system' which GK expect will lead to impact. Understanding these change outcomes helps us to learn what change is happening but also relate it to GK's activity and associated impact which strengthens the evaluation.*

Impact *is the ultimate change that GK intends to achieve for service users and the wider community. We've put these in four different categories to help us identify any patterns between activities, change outcomes and impact.*

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