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Bristol**

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England



Golden Key Local Evaluation

Phase 5 Executive Summary

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



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.

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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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