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?

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[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.

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[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

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[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

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[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?*

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[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.