

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 to 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 2019⁶ 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/3L9IHIE> 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

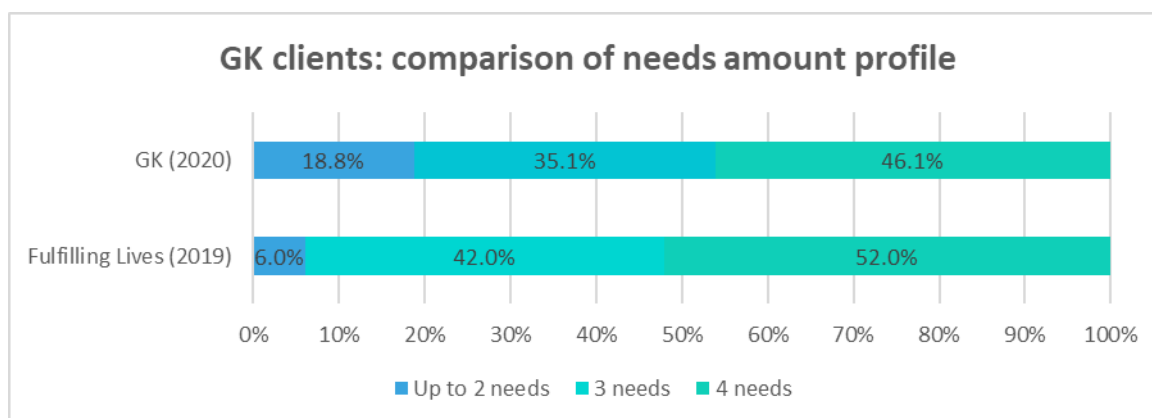
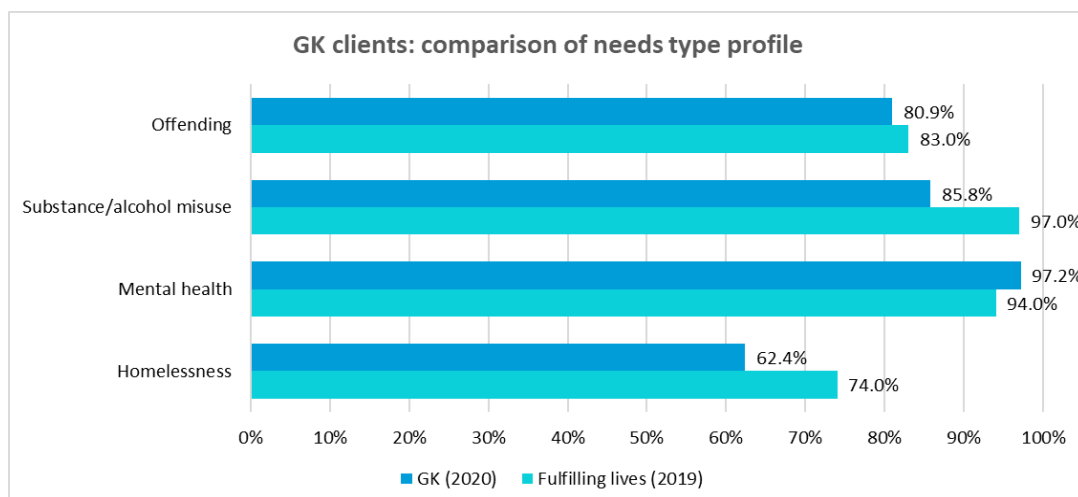


Figure 5 shows the proportion of GK clients who were reported to have each of the need areas. Nearly all were reported to have mental health needs and just under two thirds were recorded as experiencing homelessness at the start. 80.9% of GK's clients had a history of offending and 85.8% of misusing 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 report⁷ (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.

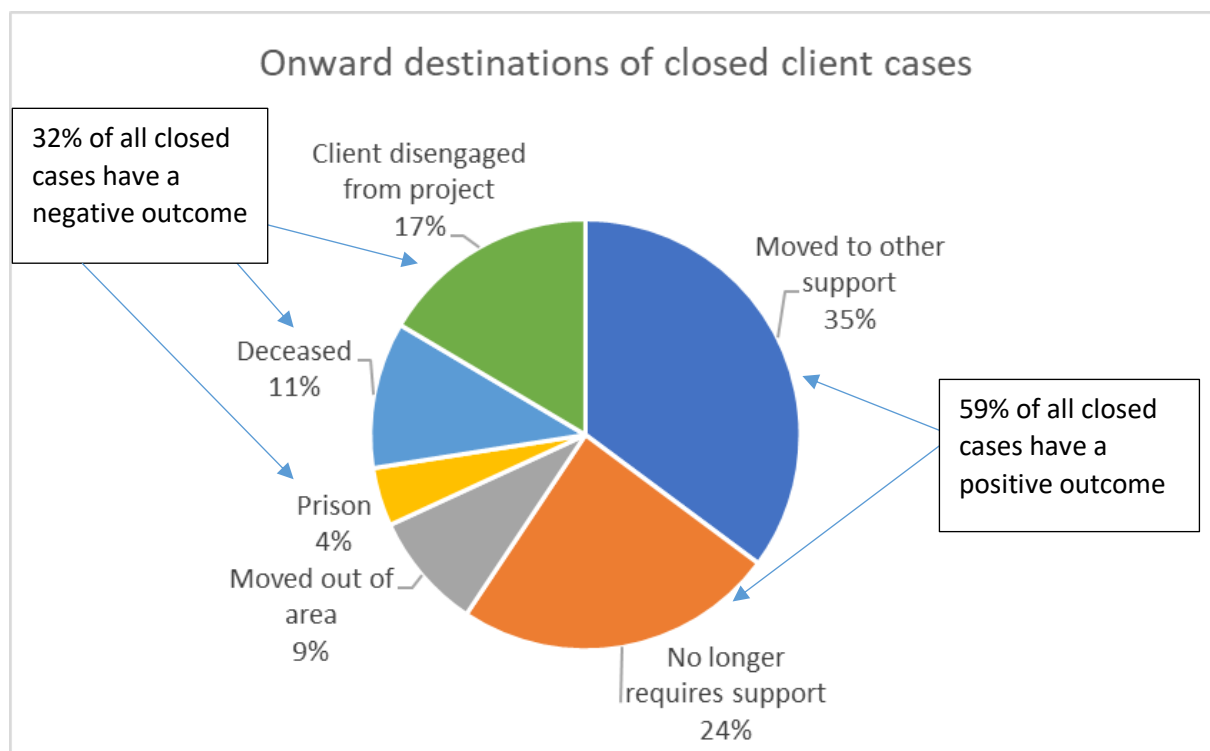
6.2.2 Onward destinations (closed cases): when GK support ends

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.

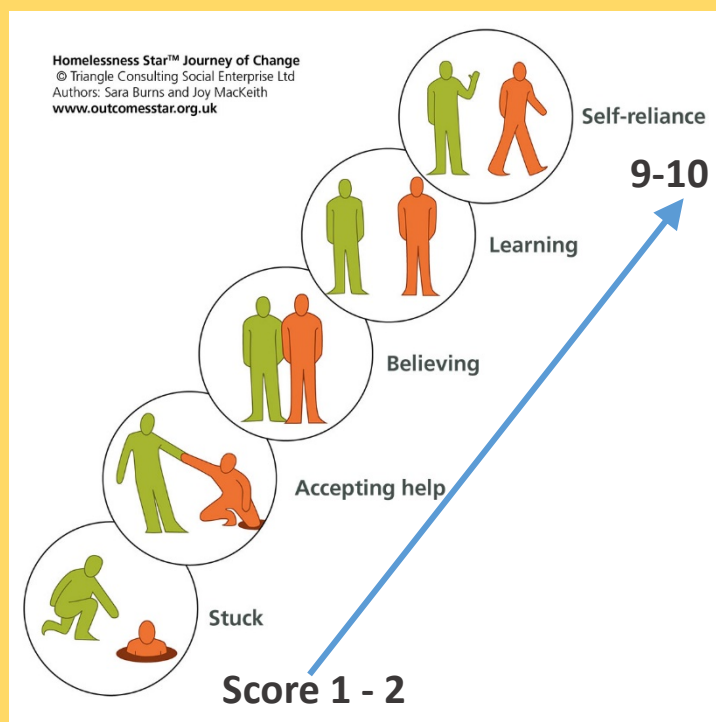
6.3.1 What is the Homelessness Outcome Star?

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).

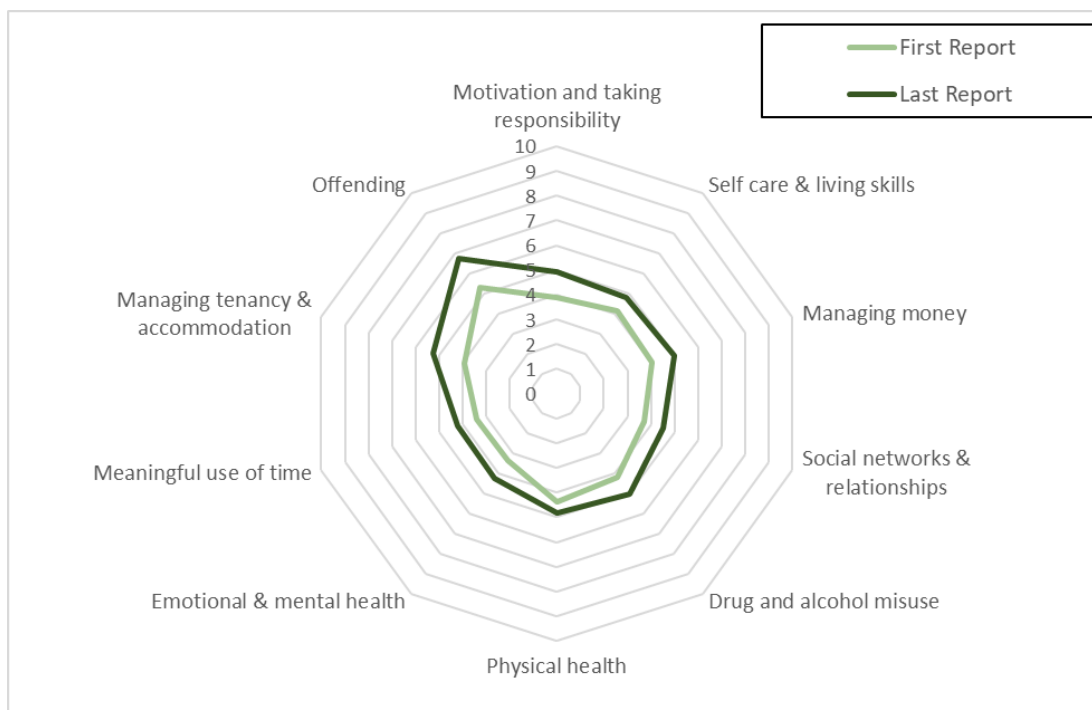
Outcome Star area	Direction of change	First recorded mean score	Last recorded mean score	Change	p-value*
Offending	IMPROVED	5.3	6.8	+1.4	<0.05
Managing tenancy & accomm.	IMPROVED	3.9	5.2	+1.3	<0.05
Managing money	IMPROVED	4.0	5.0	+1.0	<0.05
Motivation & taking responsibility	IMPROVED	3.9	4.9	+1.0	<0.05
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.

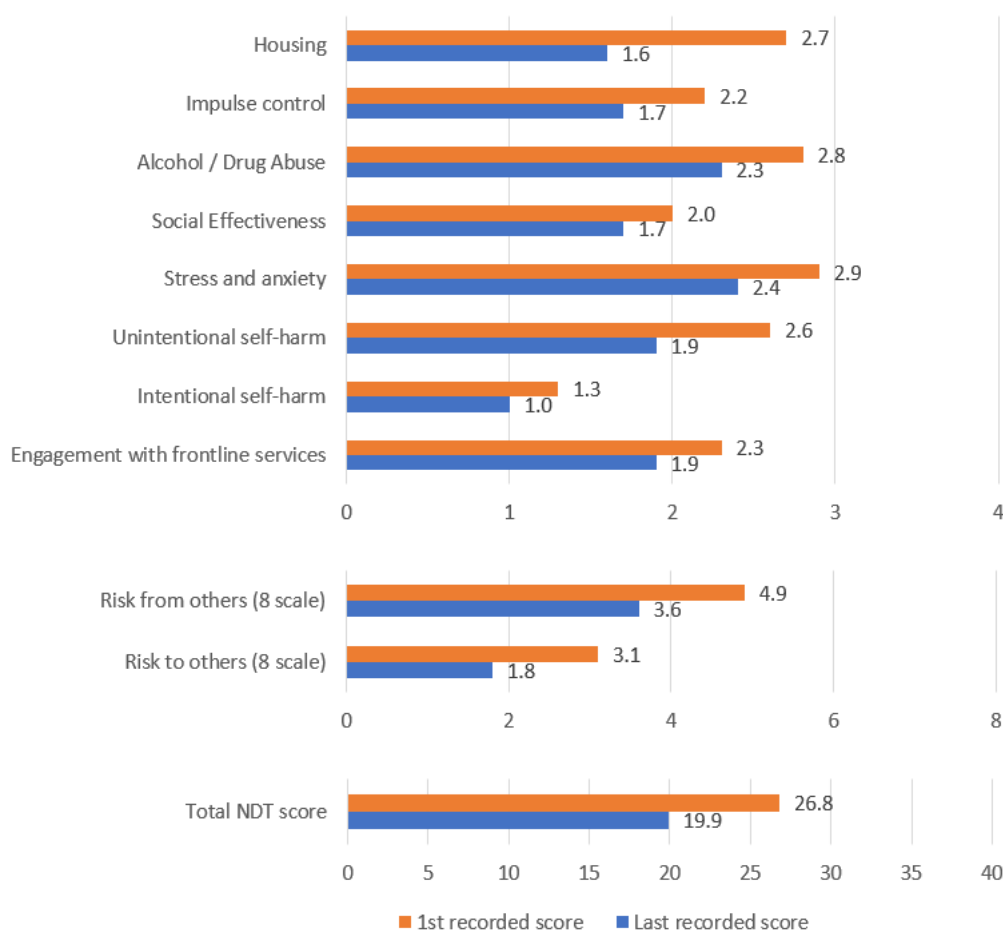
Figure 13 and Figure 14 below show that client outcomes for the whole client group on average have improved across every NDT assessment area. The areas with the most positive change are related to the client’s risk to others, their own safety, and their housing situation.

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

NDT Component	Direction of change	1 st 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 Annex 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)

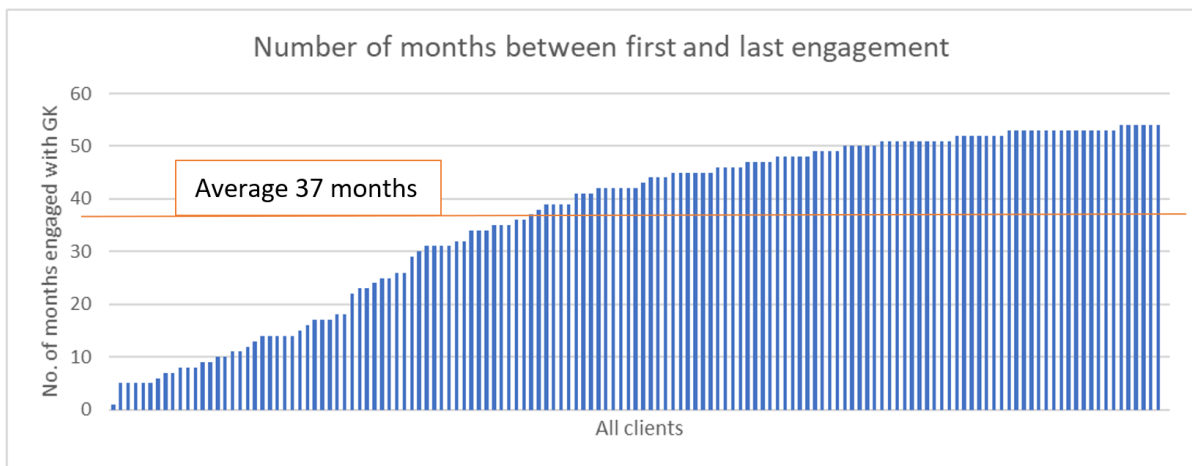


Figure 18: Ranges of GK client engagement length in months (between first and last support action)

