Golden Key Local Evaluation Review of Phase 4 System Change Case Studies

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Acknowledgements

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Abbreviations

ACE	St Mungo's Assertive Contact and Engagement service
ASP	Avon and Somerset Police
BCC	Bristol City Council
BDP	Bristol Drugs Project
BID	Business Improvement District in Bristol City Centre
BLM	Black Lives Matter
C4G	Change for Good
CCG	Clinical Commissioning Group
CFE	CFE Research, national evaluator for the Fulfilling Lives programme
CSB	Creative Solutions Board
CSIS	Creating Safe and Inclusive Spaces
EAT	Emergency Accommodation Team
GK	Golden Key
ICS	Integrated Care System
KPI	Key Performance Indicator
MCN	'Multiple Complex Needs' or 'multiple disadvantage'
NDT	New Directions Team assessment (formerly the Chaos Index)
PB	GK Partnership Board
PIE	Psychologically Informed Environments (see also TIC)
SCT	Golden Key Service Coordinator Team
TIC	Trauma Informed Care
UWE	University of the West of England

For additional reports from the Golden Key local evaluation please visit
https://www.goldenkeybristol.org.uk/impact-evaluation-reports

Contents

1 Executive summary

Approach

1. This report summarises findings, insights and recommendations from Phase 4 of the local evaluation of Golden Key, a partnership of statutory and not-for-profit agencies across Bristol who are piloting new approaches to service delivery and mobilising systems change to ensure a lasting legacy for the city and its most vulnerable residents. It is an eight-year project that aims to unlock access to services for people with multiple complex needs (MCN), including homelessness, mental health problems, drug/alcohol dependency and criminal offending behaviour, and is funded through the National Lottery Community Fund Fulfilling Lives initiative.

2. This report compiles insights from eight retrospective case study research areas of GK system change activity, including the Call In, Creating Safe and Inclusive Spaces, Creative Solutions Board, Emergency Accommodation Team and the Recall Group, with additional insights from UWE's evaluation of Housing First project.

3. Case studies were compiled as deep-dive investigations of systems change activity which aimed to:

    (i)   understand in depth whether and how a sample of GK's systems change activity is driving demonstrable change

    (ii)   understand the relationship between identified change and outcomes for people with MCN

    (iii)   draw out insights and capture learning from across these activities to support GK's progress towards systems change

4. In addition to examining change, the evaluation explored how key GK systems change principles (shown below) taken from the evaluation framework were embedded within each system change case study area.
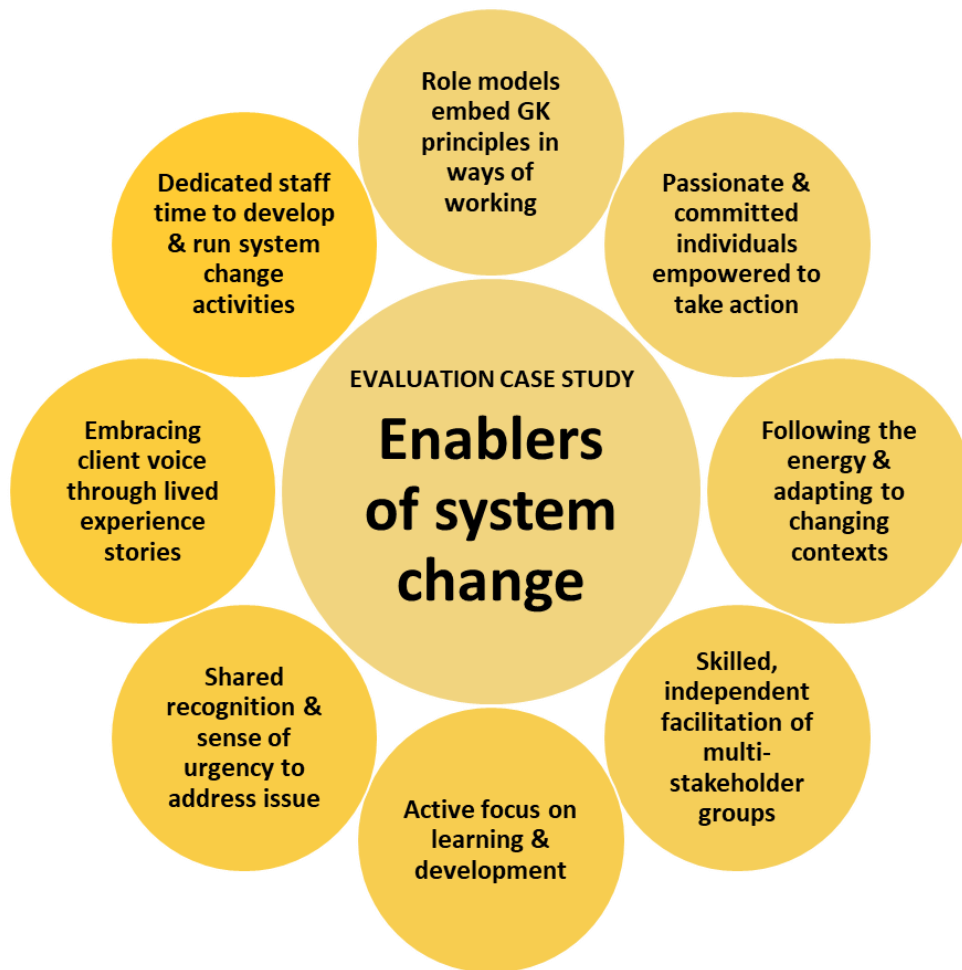

5.

6. A mixed methods approach was taken to develop retrospective evaluation case studies, based on semi-structured qualitative interviews and a desk review of associated secondary data sources where available.

Findings

7. Each of the case studies demonstrated some evidence of change for organisations and/or people with MCN. The strongest evidence of change involved individual staff (values, behaviours, beliefs, skills, knowledge), with good evidence for some case study areas of coordination/structural changes within organisations and some limited evidence of coordination/ structural changes between organisations in several cases.

8. Assessing impact of the systems change activities on service user outcomes was more challenging given the limited availability and quality of data the evaluation could collect retrospectively. Where data was available, this was almost always for a small number of GK clients (and/or similarly defined small populations). Whilst our evidence indicated that some of the case study activities interventions may have also driven change for the wider MCN population and other service users across Bristol, definitive evidence for these claims is largely anecdotal.

9. To assess the impact of systems change activities on service users beyond GK clients, more robust data capturing is required which **must** be planned in with the activity development and may need to pool data from a range of providers. Whilst progress is being made towards mobilising insights and understanding impact through data, there is still some way to go. This should be seen as a priority area for consideration in GK's transition and legacy planning.

10. The systems change principles were embedded in varying ways and to varying extents within the different case study areas. Service Coordinators were particularly successful at embedding the majority of the principles in their activities, although there is evidence of the different principles in other areas. The principles were particularly strongly evidenced within the Call in, Creating Safe Inclusive spaces, Creative Solutions Board, and the Emergency Accommodation Team.

11. In reviewing across the case study evidence, we looked to identify the mechanisms which enabled GK's system change activity to successfully drive change. Eight key 'enablers' were identified (shown in the diagram below) which were present across multiple of the systems change case study initiatives. These appeared to be factors which were critical or underpinning mechanisms for the change that was achieved, and in some cases found to be lacking, or disablers where change was more challenging. Recommendations for practice are provided in each of these areas.

Figure: EVALUATION CASE STUDY — Enablers of system change

- Role models embed GK principles in ways of working
- Dedicated staff time to develop & run system change activities
- Passionate & committed individuals empowered to take action
- Embracing client voice through lived experience stories
- Following the energy & adapting to changing contexts
- Shared recognition & sense of urgency to address issue
- Skilled, independent facilitation of multi-stakeholder groups
- Active focus on learning & development

12.

Whilst this report highlights a number of significant achievements, it should be recognised that this is only a limited snapshot of GK's system change work and should be considered alongside other evaluation evidence and learning reports. Phase 5 of the local evaluation will continue to support GK's learning through evaluation until July 2022.

2 About Phase 4 of the Golden Key Local Evaluation

About GK

Golden Key (GK) is an eight-year project that aims to unlock access to services for people with multiple complex needs (MCN), including homelessness, mental health problems, drug/alcohol dependency and criminal offending behaviour. 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) who are piloting new approaches to service delivery and mobilising systems change to ensure a lasting legacy for the city and its most vulnerable residents. It is funded through the National Lottery Community Fund Fulfilling Lives initiative.

About the evaluation

The local evaluation of Golden Key, undertaken by a team at the University of the West of England (UWE), takes a formative approach which aims to support learning and development in a shifting complex environment. This report summarises findings, insights and recommendations from Phase 4 of the local evaluation, with reports from previous phases available at https://www.goldenkeybristol.org.uk/impact-evaluation-reports. The evaluation framework used to guide the enquiry has been updated for this phase of the work, as outlined in the Appendix. It is influenced by 'realist' principles whereby we seek to understand the *mechanisms* through which interventions produce *outcomes* within particular *contexts*. We aim to capture multiple perspectives, differing experiences and unanticipated/unintended consequences.

Evaluation case study approach

A mixed methods approach was taken, comprising case studies based on a combination of semi- structured qualitative interviews as well as a review of associated secondary data sources where available.

13. Case studies were compiled as deep-dive investigations of systems change activity which aimed to:

    (i)   understand in depth whether and how a sample of GK's systems change activity is driving demonstrable change

    (ii)   understand the relationship between identified change and outcomes for people with MCN

    (iii)   draw out insights and capture learning from across these activities to support GK's progress towards systems change

Projects were identified in consultation with the GK Programme Team and Service Coordinator Team (SCT) to locate systems change activities where the evaluation was likely to find evidence of positive change. The standalone case study reports are intended to capture an in depth illustration of the activity to uncover learning around how and why change is being generated and as such do not provide robust independent activity evaluation[1].

The current report compiles insights from nine case studies of GK system change activity, as summarised in Table 1 below.

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[1] Please note that the review of Housing First took a longitudinal approach and has a more in-depth standalone report.

1	Call In	4 interviews
2	Creating Safe and Inclusive Spaces (CSIS)	9 interviews
3	Creative Solutions Board (CSB)	8 interviews
4	Emergency Accommodation Team (EAT)	3 interviews
5	Housing First	15 interviews
6	Recall group	9 interviews
7	Embedding PIE in Housing Commissioning	2 interviews
8	Improving safeguarding for people with MCN	1 interviews
9	System Change Champions	6 interviews
	Note: a range of secondary data sources also used for each case	TOTAL 57 interviews

Table 1 – Number of interviews for each case study

3 Overview of system change projects

As indicated in the previous section, eight system change projects were collated and analysed for this report with the addition of Housing First. Each was developed on the basis of available evidence, with five case study areas available as standalone reports. Insights from the remaining three projects have helped inform the report conclusions but there was insufficient evidence to present them as their own reports. This section provides a brief summary of each case, along with evidence of change identified and key learning points.

3.1 The Call In

Summary of activity

The Call In is a partnership project between Avon & Somerset Constabulary (ASP), Bristol City Council and Golden Key, who delivers the programme. The project seeks to divert young people involved in drug-related offending away from the cycle of criminality by giving them the opportunity to take part in an intense six-month programme of mentoring, learning and activities.   Once enrolled on The Call In the young people are teamed up with paid mentors with an understanding of the type of issues they have faced and some with their own lived experience. The mentor role is to support young people's recovery from offending, using a person-centred approach to build a trusting relationship and promote positive life changes.

The project is underpinned by a child/person centred and trauma informed approach which meets the specific needs of the clients. This approach has been adopted by both Golden Key (GK) and Avon and Somerset Police (ASP) staff. From both GK and ASP there is a clear commitment to continue to work in partnership and to further develop and improve the Call In project. The Call In pilot ran for 6 months, recruiting 15 clients between the ages of 16-20. The Call In strategy focused on Black, Asian and Minority Ethnic males, and as such, 14 out of the 15 clients were male and 87% were Black, Asian or Minority Ethnic. The second phase of the Call In began in January 2021.

Evidence of change

There is significant evidence of change taking place as a result of the Call In project. The ASP interim evaluation report found that on successfully completing and leaving the Call In project, all clients had achieved development in some of the personal and/or professional aspirations they set at the beginning of the project e.g.: attending educational courses, securing employment, living independently, learning to drive.

GK and ASP have clearly worked well in partnership and both parties have contributed significantly to the project's successes so far. Partnerships with Bristol City Council (BCC) have been less consistent, with good working relations developing between GK, ASP and BCC practitioners, but limited engagement from more senior BCC staff.

Evidence that GK is facilitating change has been captured in interviews with GK and ASP staff, as well as in the Police report and the Visual Map Walkthrough video. The Call In has impacted beyond the client group, however, promotion of this work was limited at the time of the interviews, whilst awaiting confirmation of funding for future rounds. A second phase of the Call In has now been funded by BCC, ASP and GK until December 2021.

Key learning points

Both GK and ASP recognise that the success of the Call In has been influenced significantly by the professional skills and local knowledge of GK's Senior Service Co-ordinator. This individual has been instrumental in forming

and maintaining relationships with the clients and wider local community, but has also been central in challenging institutional culture which could contradict child-centred and trauma informed working practices.

GK and ASP acknowledge that the project has brought about some positive changes to relationships between local communities and ASP but that this is currently limited to the specific Call In officers and that more could be done to improve relations with the police force more generally.

3.2   Creating Safe and Inclusive Spaces

Summary of activity

Creating Safe & Inclusive Spaces (CSIS) is a package of training and support developed by Golden Key to work with Bristol's local business community to make public spaces safer and more inclusive. The training has evolved over time with participant and stakeholder feedback, and later included consultative support for businesses and organisations. The training (and later, support) was delivered to 95 participants in Bristol during one year between November 2018 and November 2019.

This initiative was led by Stephen Pratt (Senior Service Coordinator) who identified an issue around the response to the challenging behaviours of multiple and complex needs clients in the city. Specifically, challenging behaviours were identified to be frequently met with responses that escalated the difficult situations in which these behaviours presented.

In response, a framework informed by Psychologically Informed Environments (PIE) principles, was deployed to support the community. Specifically, through awareness raising about the experiences of multiple and complex needs clients, guidance and advice on de-escalation, and opportunities for reflection amongst stakeholders, Stephen and other GK staff were able to initiate different conversations and responses to challenging behaviours.

Evidence of change

There is some evidence that this project has challenged stereotypes and perceptions of multiple disadvantage, providing alternative narratives for and different responses to challenging behaviour in the short-medium term. The evaluation was not able to collect evidence of longer term changes or changes for people with multiple complex needs. A small sample of follow-up interviews with training participants during 2020 indicate that the training and support has shaped different, potentially more positive responses from individuals and organisations to challenging behavioural incidents involving people with multiple disadvantage.

Key areas where positive changes were identified through the case study research included:

- An increase in participants' understanding of multiple complex needs (short term follow-up after training).

- An increase in participants' confidence in dealing with disruptive challenging incidents involving people with multiple complex needs (short term follow-up after training). Participants felt reassured that previously overwhelming challenges in relation to client behavior could be addressed with the CSIS approach.   Participants interviewed gave examples of more positive responses to challenging behaviour incidents, which they ascribed to the training.

- Changes to policies driven by the training and/or support were described by interviewees in some organisations, including discussions of the experience of MCN and de-escalation technique discussions with security staff.

- Participants reported that the training made them feel 'equipped', encouraged self reflection and self care and that the information covered in the training was fundamental to their work.

- Wider benefits from the training reported by interviewees included that the training served to connect participants (often from different organisations) with each other and forge a more community cohesive response. Additionally, trainees reported that they found the opportunity to connect with GK and BDP staff to be particularly useful.

To date there is not yet available evidence concerning the long-term impact, or other objective data on long-term changed behaviours. There is a lack of follow up data to test whether there is a reliable response to the training, but the feedback from trainees is certainly consistent with training having facilitated this.

Key learning points

Evaluation interim follow up interviews with training participants identified initial responses from participating staff and organisations indicating that the foundations for sustained change are in place. A reflective approach was taken to this work and efforts have paid off from the investment in embedding continuous learning. However, one concern is the high turnover of staff in many of the settings where challenging behaviour incidents takes place (e.g. bars, cafes, retail). The partnership forged with the Business Improvement District (BID) is a key strategic benefit for GK. Key questions for GK when considering next steps are how to assure the long term sustainability of the initiative and how to understand the longer term behaviour changes which may result from the intervention.

3.3   The Creative Solutions Board

Summary of activity

The Creative Solutions Board (CSB) was established to review client cases where progress through existing channels had been unsuccessful. It is a multi-agency, multi-professional forum comprising board members who have the authority and influence to tackle blocks and barriers within the system in order to improve outcomes not only for those clients presented, but the wider complex needs community in Bristol.

Evidence of change

A detailed referral process has been developed to bring together the necessary data and evidence for cases. This process, and the associated learning, have the potential to inform multi-partner consultation and review panels more broadly. The relationships between front line workers from a range of agencies that have developed through this process is a significant outcome in its own right and has helped foster trust, mutual understanding and a commitment to collaboration and partnership working.

Due to the relatively short period of time during which the CSB had operated before the impact of Covid-19, the small number of cases presented and the lack of opportunity for rigorous follow-up evidence of impact is predominantly qualitative and anecdotal. Despite this, interviewees expressed a firm belief that the CSB is having a direct effect on outcomes, not only for those clients whose cases have been reviewed in Board meetings but also those who had gone through the referral process (but not subsequently been presented), as well as the wider MCN population in Bristol.

All interviewees were very positive about their involvement with the CSB, noting a direct impact on the way they worked and engaged with others. Particular emphasis was given to the focus on client experience

combined with systems flex/change. The language of 'systems flex' and 'system change' was felt to be a positive contribution, which could be directly attributed to GK.

Key learning points

Board members noted the importance of 'getting the right people in the room' and applauded GK for bringing people together around shared values and purpose. Interviewees commented that they were encouraged to meet each other informally between Board meetings, with several reporting strong relationships being built and sustained even during the Coronavirus lockdown.

The CSB is regarded as a cost-effective forum for system change. It has become a key element of the GK Transition and Legacy (T&L) strategy, having directly influenced the development of the GK Emergency Accommodation Team (EAT), Change for Good (C4G) and with a strong alignment with the move towards an Integrated Care System (ICS) in Bristol. It has also been included as an example of good practice on multi agency partnership working within a forthcoming book on safeguarding.

On the evidence of the success of the CSB so far, the GK Transition and Legacy group have approved an extension of funding and support until Summer 2022. The aim is to support the transition of the CSB to a sustainable forum for multi-agency partnership beyond the end of National Lottery funding.

3.4   Emergency Accommodation Team

Summary of activity

Following the outbreak of the Coronavirus pandemic in March 2020 and government policy to move rough sleepers into emergency accommodation, Golden Key (GK) were commissioned to provide support at the one of the hotels around intake and assessment, meeting day to day support needs and facilitating appropriate move on. Whilst this work was originally expected to run from April-August 2020, it has now been extended until June 2021 and GK's involvement has expanded to incorporate a range of additional services beyond the hotel (with floating support services funded until March 2022).

Evidence of change

This work has had a direct impact on the lives of those clients housed at the hotel and other GK serviced accommodation across Bristol in that they have been provided safe and secure housing throughout the Covid-19 pandemic. For several this was also the first opportunity to access a range of integrated services, including support for drug and alcohol addiction, mental and physical health and housing. With the broadening of the work beyond the hotel to clients elsewhere there is the potential for wider impact. As one interviewee said, 'if we can house 60 additional people it would be a game changer.' GK has also been providing peripatetic support at other locations around the city, including the accommodation managed by the Salvation Army.

The interviews revealed significant evidence of system flex, with a range of providers collaborating closely together in challenging circumstances. A particularly significant change, that is likely to have a lasting impact, is the closeness of the relationship that has been developed with commissioners for homelessness, criminal justice and mental health. There was confidence that these relationships have become embedded and will carry forward into a 'more flexible and responsive relationship'.

Key learning points

One interviewee noted that there has been 'a big bit of learning around trauma informed care' and how this can be maintained despite the challenges of working in a Covid-secure environment. The work with hotel staff and security was new and has been a 'steep learning curve', although the mandating of twice monthly reflective practice sessions for all staff (including hotel and security) and the inclusion of this as a key performance indicator (KPI) has ensured that people are given time for learning and reflection, with the 100% attendance rate demonstrating the importance given to this.

The Covid response work has now become a key strand of GK activity and is being embedded into the transition and legacy work through the Change for Good (C4G) initiative which arose from the move on initiative following the initial crisis response of 'everybody in'. There are also close links to the Creative Solutions Board (CSB), which is another key element of the GK transition and legacy strategy.

In stepping up to the challenge of running one of the hotels providing emergency accommodation for rough sleepers during the Covid pandemic GK has had a rare opportunity to put its learning into practice, to embed key principles (such as trauma informed services and partnership working) and to develop relationships (with providers, commissioners and other groups). In so doing, however, GK has moved clearly into the space of being a provider/agency itself, rather than simply a partnership that coordinates and supports engagement with existing services. This poses both opportunities and challenges with regards to transition and legacy that would benefit from further consideration.

3.5   Housing First

Summary of activity

Housing First is an evidence-based approach which supports people with multiple complex needs and entrenched homelessness to live in their own homes. Working in partnership with Bristol City Council and LiveWest, Golden Key initiated a Housing First pilot in February 2018 (phase 1), with two further phases also funded by BCC (phase 1B and phase 2). The first client was housed in April 2018 and as of December 2020, 28 clients had been housed through 3 phases of the project. The Bristol Housing First project was established as feasibility pilot to learn whether and how the Housing First model could be delivered effectively in the local Bristol context. The project aimed to deliver an intervention with high fidelity to the Housing First model which has been well evidenced internationally and nationally.

Evidence of change

Overall, there is clear evidence of Housing First in Bristol having impact and establishing a good case that the approach is feasible in Bristol, though perhaps not with high fidelity to all Housing First principles. Once clients are housed by Housing First in Bristol they are highly likely to sustain tenancies, but challenges related to availability of suitable housing mean there is a long delay to house many clients.

During the past three years, Bristol's Housing First project has established the service, expanding in three phases to support 28 individuals into housing and a further five people supported but not yet housed. The Bristol Housing First pilot has engaged clients whose profile indicates that alongside long-term homelessness, they experience some of the highest and most entrenched multiple complex needs of any individuals in Bristol. Given this profile, it is very impressive that 92%, 26 of those 28 housed have sustained housing with the service's support.

However, there remains a group of 7 individuals (17.5% across all phases) who have unfortunately not been housed and are disengaged from the service. This challenges some beliefs about Housing First being service that supports everyone's right to have a home as some people remain without any feasible housing options. Without direct evidence of client experience, the evaluation has been limited in the degree to which it can assess fidelity to Housing First principles.

The primary goal of Housing First is housing stability, but there is some evidence here that Housing First has supported improved outcomes in multiple other need areas over the first 12 months. For those clients who start a tenancy and sustain it for over 12 months, clients on average are showing reasonably consistent improvements over the first 12 months across all Outcome Star areas. Outcome Star improvements are small, with most between one to two point increases, but this represents important progress given the nature of the client group. Outcome Star Areas where change is particularly strong included: 'Offending', 'Drug and alcohol misuse', 'Self care and living skills', 'Meaningful use of time', 'Social networks and relationships', 'Physical health' and 'Managing tenancy and Accommodation'.

Key learning points

Operationally, the Housing First service has been challenged by long 'pre-tenancy' periods to find suitable tenancies and also in delivering consistent long term flexible support. The shortage of suitable housing is a considerable barrier to reducing pre-tenancy times, though work developing more consistent processes with housing providers may help. The challenges around housing availability and providing long term flexible support has influenced how eligibility and property suitability have been handled. Long term flexible support provision challenges have been further exacerbated by fixed term funding and the pandemic. There are further concerns that long term support is provided by the Service Coordinator Team, where GK also has fixed term funding.

Overall, key stakeholders are committed to Housing First and are positive about their experience, which is important as Housing First tenants can be more time consuming and costly than others. Enablers for this commitment for housing providers include their senior leadership commitment and their confidence in the Housing First support provision. Strategically, there is a question of where Housing First fits within the entire pathway of support services for individuals with multiple complex needs over the long term and who it is suitable for. Consideration needs to take account of the wider landscape of support services, the reality of suitable housing availability, individual's needs, along with the potential long timescales that may be required to engage, build relationships to then provide and/or coordinate longer term support.

3.6   The Recall Group

Summary of activity

The Recall Group is a multi-agency operational working group that met at 15 workshops between January 2018 and September 2019, facilitated by GK's approach to systems change. The purpose of the group was to reduce the number of times people were recalled into short term prison custody for breaking their probation rules. The recalls were identified as perpetuating a vicious cycle of further recalls to prison and re-offending, particularly for a small sub-population of people, mostly those with multiple complex needs.

The group benefited from strong multi-agency commitment at the start and engagement from all the appropriate agencies.   Differences emerged in expectations of the approach to how this change would be achieved around: the importance of the Behavioural Insights Team report, expectations of members resource

commitments, group processes to facilitate direction and activity, and expectations of member's abilities to influence change within their own organisations.

Some members grew frustrated that the group felt unfocused and did not have sufficient time or power to implement many of the solutions identified. Members highly valued gaining knowledge of local support services/initiatives and developing their understanding through the group discussions of the perspectives and challenges facing other agencies.

Evidence of change

The Recall Group has successfully facilitated change in several areas. The changes have been enabled by the multi-agency discussions, shared knowledge and expertise, along with the relationships which have developed through the group. The changes are primarily small tweaks to processes within and between services but that is not to say that small changes cannot lead to great impact! Potentially these changes may have led to improved experiences for people who are recalled but the retrospective nature of the case study approach and lack of any other project activity to monitor or evaluate, has not supported collecting this evidence.

The evaluation identified four areas of change within and between services that were successfully facilitated through the Recall Group which are likely to have affected people being recalled

- Improved communication from the National Probation Service (NPS) to prisoners, using the 'Email a prisoner' service.

- Improved communication between prison staff and the CRC probation resettlement hub when recalled prisoners arrive in custody.

- Improved knowledge of local support services and other new local/national initiatives.

- Improved understanding of other parts of the criminal justice system involved in recalls and developed relationships.

It was not possible to link this change with any changed outcomes for people who are recalled.

Key learning points

Changes have been enabled by the multi-agency discussions, shared knowledge and expertise, along with the relationships developed through the group. The Recall Group has been challenged to manage the expectations of different stakeholders, particularly around agreed objectives and approach taken in how the group approached creating change. Further challenges in the approach have emerged in working with a group of primarily operational staff without allocated resources and lack of facilitation continuity.

Given the level of senior leadership commitment to reducing recalls, opportunities were potentially missed to mobilise this commitment alongside the group members activities to drive change.

The Recall Group has experienced some similar challenges to the original GK Systems Change Group. An important question for GK to consider is what can be learnt across both of these groups about successful approaches to driving scalable and/or systemic change which can tackle identified problems. Further recommendations are contained within the report to support the continuation of this group and/or future systems change groups.

3.7   Other activities explored

The evaluation attempted to research three other system change projects during this phase which were agreed with GK as potential areas where change or related systems change learning could be identified. There were research challenges or insufficient evidence in these three areas to produce a standalone report. However, these have helped inform the broader analysis, consideration of themes, and interpretation. These three areas are briefly summarised below.

Embedding PIE in housing pathways commissioning

Bristol City Council (BCC) housing commissioners invited GK to support embedding PIE in their homelessness pathways commissioning which would consequently support PIE to be embedded in housing providers' long-term service delivery. A GK psychologist, highly experienced in PIE and multiple disadvantage, worked with the commissioners to embed and assess PIE in their housing service tendering process. Through the case study research, the evaluation sought to collect evidence of how this activity led to changes in services or for people with multiple disadvantage.

GK's involvement in the wider re-commissioning process was fairly limited, taking place in 2017. It was not possible for the evaluation to access relevant interviewees beyond GK to clearly define the context, purpose, activity, or to understand any subsequent changes in service delivery which this area may have supported.

Improving safeguarding for people with MCN

This activity was initiated through a Service Coordinator Team action experiment and aimed to help young (16-25) female care leavers with multiple disadvantage access the support they needed from Social Services. One of GK's highly experienced Service Coordinators observed that some safeguarding referrals for vulnerable young women with multiple disadvantage were refused by the Social Services Safeguarding team. In these refusal cases, key stakeholders had different understanding of the necessary language and information needed for a referral. Additionally, local authority responsibilities under Section 42 (Care Act 2014) were not always clearly understood in a way which could be related to these individual cases.

The GK Service Co-ordinator worked with the Social Services Safeguarding team to develop a referral guide, proforma template and process to support appropriate referrals being accepted by Social Services. GK reports that the proforma is used in Bristol and beyond to Avon with positive feedback from Clinks, 125 Avon & Somerset, Avon and Wiltshire Secondary Mental Health Community provision.   No data was available on how this has affected the numbers of referrals refused and subsequent access to support for service users. It was not possible for the evaluation to access relevant interviewees beyond GK to understand any subsequent changes in service delivery which may have been supported by this area.

This activity was supported by the extensive experience and relationships of the GK Coordinator. This included many years working with multiple disadvantage at GK, a background prior to GK as a Social Worker which provided a thorough understanding of the relevant legislation and language required to communicate within Social Services referral processes.   The Service Coordinator's relationships with other service staff strengthened their ability to share the expertise and practical tools which were developed to support people with multiple disadvantage to access services.

There are opportunities for this approach to be used with other multiple disadvantage groups with particular needs who might be being refused the support their need and are entitled to.

System Change Champions

A pilot was initiated by GK Project 63 staff in summer 2019 which aimed to empower designated 'Change Champions'[2] to make positive systems change in GK's partnership organisations. The pilot intended to offer infrastructure, support and training that would enable specific individuals' systems change capability, to build systems change sustainably beyond the GK funding period.

Around 10 Change Champions (up to summer 2020) were recruited to participate in the pilot. Training was delivered to Change Champions by Martin Sandbrook of the Schumacher Institute and involved introducing theories of systems thinking and complexity with a more practical approach of 'action experiments', an experimental action learning approach to generating change. The support was provided by Project 63 staff and was intended to be tailored to support individual needs.

Through the case study research, the evaluation sought to collect evidence to trace through how this pilot activity led to new Change Champion activities and subsequent changes initiated by change champions in services or changes for people with multiple disadvantage. A very limited number of the small sample of change champions were available to interview, either due to staff leaving roles/organisations or due to their not responding to the evaluation and it was unclear how many remained actively engaged with GK.

The desk review of GK's own documentation identified some positive reporting that activity was taking place following the training, led by Change Champions. The evaluation struggled to trace any other clear pathways from GK's training and support through to Change Champion activity, to changes in services or for service users which interviewee Change Champions felt could be attributed to that training and support. The evaluation found that Change Champions interviewed tended to attribute any successes to their own actions and their own organisations activity rather than to GK's training and support. Change Champions found it helpful to have a common language to understand and discuss systems change which was facilitated by the training.

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[2] For clarity, we note that the GK systems change team informally call some people involved with GK "change champions" or "change agents", but this case study research was only concerned with those designated 'Change Champions' who received planned training and allocated support from GK as part of the pilot.

4 Engagement with GK system change principles

The Phase 4 local evaluation framework (see Appendix) explored the extent to which GK system change principles were embedded within each of the system change case studies. Evidence of the principles emerged naturally through many of the interviews and seemed to capture the essence of the GK approach. Principles were particularly strongly evidenced within the Call in, Creating Safe Inclusive spaces (CSIS), Creative Solutions Board (CSB), and the Emergency Accommodation Team (EAT). Service Coordinators appear to have been particularly successful at embedding the principles in their activities, although there is evidence of the principles being enacted and embedded in other areas. This section provides an overview of the nine principles and how they have been evidenced within the case studies.

4.1 Person centred, adaptive services

What is it? The Health Foundation (2016) proposes a framework with four principles of person-centred care: "(1) Affording people dignity, compassion and respect, (2) Offering coordinated care, support or treatment, (3) Offering personalised care, support or treatment, (4) Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life".

Why is this important (assumption)? Services which are inclusive and can adapt, responding to individual needs, will improve both the experience and quality of service provision and will lead to better service user outcomes.

What does it look like (change outcomes)? Positive relationships between professionals and service users, where professionals respect and understand individuals' perspective, and approach clients from a strengths-based perspective. Service provision which is tailored to individual needs at every stage. This includes the initiation, duration and termination of relationships, as well as the management of transitions. The response to individual service users will be adapted in pace and approach to support their individual needs. This is aided by service users actively participating alongside professionals in the configuration and development of the service/s they receive.   Many different forms of flexible and adaptive service delivery exist, with examples of different approaches or process/rule-flexing in response to individual needs. Emphasis on *doing with* rather than *doing to* clients.

How has it informed case study activity?

Call In is focused on meeting the clients where they are and tailoring the project to their aspirations and strengths. Reflection from interviewee that there were not clear processes in the pilot for when young people exited the project early and that this may have not always led to them being fully adaptive to the client's needs.

The **CSIS** project was consistently seeking to tailor its support to the specific needs of individuals and organisations. Prior to Covid the aim was to further develop the consultative model to support this.

The **CSB** is designed to support clients with a high degree of complexity, whose needs are not currently being addressed

Recall Group members generated suggestions for developing more person centred oriented processes within some specific services but faced institutional and statutory barriers and a lack of resources to progress these.

Whilst the initial aim of the **EAT** was to get rough sleepers off the streets, the opportunity has been taken to provide a range of wrap-around services to meet the specific needs of clients.

4.2   Support work informed by psychological theory

What is it? "The psychological approach has been described in different ways. Some describe it as having a general understanding of clients' experiences (Johnson & Haigh, 2011), while others suggest that a more formal psychological framework might be useful (Cockersell, 2016). There are several psychological approaches that services can use, such as empathy, Systemic, Psychodynamic, Person-centred or Buddhist amongst others." (Golden Key, 2018)

Why is this important (assumption)? Psychology as a discipline has in-depth knowledge and expertise of human minds and behaviour through over 150 years of systematic scientific study and theoretical development. Inclusion of this expertise in organisational, staff and service development will lead to more effective change through developing a sensitivity, effectiveness and efficacy amongst staff.   "We believe that taking a 'what's happened to you?' instead of a 'what's wrong with you?' approach will help us to better understand people's needs and our own responses to them, as well as being a less stigmatising approach." (Golden Key, 2018)

What does it look like (change outcomes)? Examples of psychological theory or professional psychologist involvement in service provision approaches, organisational design, professional values and beliefs, processes, decision making, support structures. Value placed on professional psychological expertise and research evidence with staff trained in relevant approaches to understanding the experiences of service users. This might include increased numbers of staff being trained in psychologically informed approaches, such as trauma or attachment informed care. Clients will have confidence that the staff that they have contact with are skilled in their roles and have an understanding of how to work with them in a number of different areas.

How has it informed case study activity?

All interviewees for the Call In case study spoke about the importance of psychologically informed practice. Staff from the police discussed their increased understanding of how to work in a child-centred and trauma informed way. Similarly, GK discussed the importance of working with a psychologically informed approach.

This is a real strength of the CSIS project. The CSIS project was informed by PIE and sought to articulate its own model for change. Everything is in place for an impact for people with MCN.

GK psychologist directly involved in the case referral process prior to presentation at the CSB. Principles of PIE and trauma informed services embedded at all stages.

Recall Group members drew minimally on psychological theory and chose not to focus on the behavioural insights report contents in their approach.

The secondment of SCT members with extensive experience of Housing First have ensured that these principles are embedded within the EAT initiative.

4.3   Services informed by multiple disadvantage lived experience

What is it? Including people with lived experience of multiple disadvantage in service development and delivery through research, involvement, consultation, negotiation and co-production.

Why is this important (assumption)? People who use services have unique insight into the strengths and weaknesses of services, the interface between different pathways and providers, and how they are experienced by clients. This is an essential, yet often neglected, source of knowledge and expertise to

evaluate and inform how and where services can be improved. When the voices and experiences of service users are involved in designing and implementing changes, it will lead to more inclusive practices and increased user satisfaction with the service, as it is more likely to meet their needs, create a sense of joint ownership and make service users feel that their thoughts and perspectives are valued.

What does it look like (change outcomes)? Perspectives and experiences from the service user community are actively engaged in the design, delivery, development and review of services. Multiple disadvantage clients directly involved in service design, delivery, funding and other policy changes which move higher up the ladder of participation (Arnstein, 1969). Improved expertise and skills amongst service providers in working with service users to include the voice of lived experience. The process and outcomes of including lived experience are perceived positively by both people in services and with lived experience, as well as those commissioning and evaluating services. The contribution of people with lived experience recognised and rewarded through paid and voluntary roles within services.

How has it informed case study activity?

The **Call In** project involves peer mentors in the delivery of support services and community representatives on the panel and interim evaluation meetings.

There has been involvement by peer mentors in **CSIS**, and some initial consultation with a few service users. However, this was clearly articulated as an aim prior to Covid.

The **CSB** has two IF Group members, who are also directly involved in the case referral process.

In the **Recall Group**, service users/prisoners were invited to share their experiences with the group, but were not involved as ongoing members. Members felt the lived experience involvement could be more focused and purposeful to the group's activity.

The extent to which lived experience informed the development and provision of services for the **EAT** is unclear. IF have conducted peer research interviews with residents, however, to capture their experiences.

4.4 Focus on interpersonal relationships

What is it? Valuing the nature and quality of relationships between individual colleagues, service professionals, service users and other key stakeholders.

Why is this important (assumption)? Psychologically informed environment (PIE) and systems change theory place a special value on relationships as a key mechanism for change through development and learning both for professionals and in client support relationships. Strong and enduring relationships, founded on trust and respect, enable individuals to improve their understanding of different perspectives in the system and to collaborate effectively (see also Partnership working).

What does it look like (change outcomes)? Opportunities for interaction and shared activities are encouraged and supported (e.g. working together as a staff team or as colleagues on specific projects, team meetings, and time for socialising). Relationships are valued and invested in, strengthened between individuals – particularly where services need to work together to support people with multiple disadvantage. Key partners develop their understanding of each other's work and recognise the challenges other services face. There is increased willingness between services to collaborate. Staff are able to empathise with service users. Services enable service users to develop and maintain long-term trusting and mutually beneficial relationships with staff and others beyond the organisation.

How has it informed case study activity?

Relationships between GK and police were evidently important to both parties. Relationships between mentors and **Call In** clients, client and GK staff and mentors and GK staff were also important (evidenced in the level of supervision and wider support offered). Interpersonal relationships between police and Call In clients were important and had seen some significant successes, although it was acknowledged that there was further to go in building trust in these relationships.

A strong focus within the **Recall Group** on developing relationships which was valued by members and catalysed one area where the evaluation found evidence the group generated change.

Building relationships is a key focus of the **CSB** and is built into both the Board meetings as well referral process. Good evidence of system flex arising from improved relationships.

GK were commissioned for the **EAT** work largely on the basis of existing relationships. Further relationships have developed through this work although, partly due to the need to limit potential exposure to Covid-19, there appears to have been relatively little coordinated exchange between emergency accommodation providers across and beyond Bristol.

4.5   Staff support and empowerment

What is it? Paid and voluntary staff working within and with services are supported appropriately to fulfil their role and empowered to learn and grow with relevant specialist training and support. Organisational structures and processes support staff and empower them to develop knowledge and experience to support positive outcomes. This is closely linked with Learning and reflection (see below).

Why is this important (assumption)? Services need high performing staff who are well supported to do their jobs to deliver quality professional service provision and to care about service users. The consequences of poor staff support (high staff turnover, sickness, organisational disengagement, emotional detachment, stress, underperformance, low morale, etc) undermine quality service provision and restrict improvement.

What does it look like (change outcomes)? Structured, tailored and comprehensive staff training, protected resources for staff support (e.g. clinical, management, or peer supervision), good line management, good organisational communication, commitment to staff development and staff well-being, effective and developmental performance management. Staff feel empowered and supported to make appropriate decisions within their role. Staff involvement to improve service provision is welcomed and facilitated. Staff feel that their opinions are valued and are involved in service planning and reviews. Staff feel well informed of work issues outside of their control that impact on their working lives.

How has it informed case study activity?

Evidence of staff from GK and the police working well collaboratively and supporting each other on the **Call In**. No direct evidence of staff empowerment beyond learning new approaches to working.

Improving support for staff to deal with challenging incidents is a strong element of the **CSIS** training though it is unclear if this is embedded and sustainable.

The role of the **CSB** is to champion and support insights from SCT and referral process.

The **Recall Group** approach aimed to empower operational staff within services to focus on how they can catalyse change. In practice, some members appreciated the autonomy to find solutions drawing on their operational experience but the approach may have disempowered members as most did not have the necessary authority or resources to effect change.

EAT staff have been given significant responsibility and discretion in the design and delivery of the service, in changing and unpredictable circumstances and with limited oversight from commissioners.

4.6 Learning and reflection

What is it? Learning and reflection activities are those which create, acquire and transfer new knowledge or skills, leading people to make changes which reflect their new knowledge and insights. This includes learning within working relationships and organisations, and across organisations working in partnership. Being open and honest are important values to facilitate learning. Reflecting on and sharing learning is critical to facilitate greater development and performance. "For GK, reflective practice can be described as a careful and critical consideration of actions before, during and after events, and the subsequent learning gained from this (Bassot, 2015; Schon, 1983)." (Golden Key, 2018)

Why is this important (assumption)? Learning and retaining a curious approach are the precursors for recognising unhelpful assumptions and facilitating continuous improvement. A complex changing system needs to build learning to be able to respond and adapt to changes. Developing information flows and feedback loops is believed to support elements within a system to better respond to the unpredictability of changing complex systems (see also Whole system approach).

What does it look like (change outcomes)? Creating safe supportive spaces for learning and knowledge sharing, changing and introducing new information flows and feedback loops. Evaluation activity taking place to understand whether and how interventions/changes are working. Processes, systems and structures embedded to support learning. A culture which values learning, people accept mistakes and value learning from these to develop and improve. Evidence of changes and improvements made from prior learning. Appetite for and frequent activities arranged to learn from others (people, organisations, systems, contexts, disciplines), and to share own learning. Problem solving, and experimentation activity (e.g. pilots, small scoping or development projects).

How has it informed case study activity?

Police staff talk about how the **Call In** has made them more aware of psychologically informed working practices. There is evidence that both GK and the police are considering how this project can create more impact going forwards. The police and GK have done their own independent reflections (either as reports or through personal practice) but they have also worked together to use their reflections to shape future rounds of the Call In project.

The initial strengths-based, and consultative approach deployed in developing the **CSIS** approach reveals a strong orientation toward L&R. This evidently continued throughout with the embedding of RP, but also the constant evolution of the programme in response to feedback.

Significant time is allocated to developing capacity for system change within each **CSB** Board Meeting. Trello Board and Learning Log maintained by GK SCT and Programme Team enable capture of key learning/insights.

Time for reflective discussion was consistently allocated at the end of **Recall Group** sessions. Most members valued the group to develop their knowledge around other service provision and changes in the local services

landscape. However, there was little evidence of a reflective approach to support the group developing the approach over time, despite the challenges faced and member's frustrations.

Reflective practice has been embedded in the work of the **EAT** from the outset. GK staff (, supported by the GK psychologist) have been facilitating reflective practice with hotel staff.

4.7   Diversity of perspectives and experience

What is it? This involves combining multiple personal and professional perspectives and experiences on issues and promoting diverse and inclusive environments, where leadership and influence is widely distributed and where front-line workers feel valued and empowered.

Why is this important (assumption)? In complex systems no individual, organisation or group has a comprehensive oversight of the issues or the capacity and resources to respond unilaterally. By drawing together diverse perspectives it is possible to make better informed decisions, take account of unintended consequences, engender the support and commitment of key stakeholders and develop a sense of shared ownership of activities/initiatives.

What does it look like (change outcomes)? This is demonstrated through the diversity of GK teams and groups in terms of personal characteristics (age, gender, race, sexual orientation, disability, background, etc.) as well as professional expertise (sectors, organisations, professions, seniority, etc.). It also relates to the involvement of 'experts by experience' as outlined above (Services informed by MCN lived experience) and offering genuine opportunities for leadership and influence at all levels.

How has it informed case study activity?

The **Call in** drew on GK, BCC, police and local community representatives in designing the project and through the regular panel meetings. Diversity of experience evident in working with community representatives and positioning the peer mentors as central in the client's support journey.

It is not clear how the sampling of views in consultations operated within **CSIS**, or the extent to which partners such as BID represent diversity.

The **CSB** is designed as a multi-professional forum, with representatives from all sectors. Good gender diversity, although some way to go on racial diversity within the group.

GK staff were concerned the **Recall Group** had taken a very male focus and gained input from Eastville Park to inform the group's understanding of women's experience. Aside from gender, no consideration emerged through the case study research of how different experiences and perspectives were systematically considered by the group.

There is a diversity of professional expertise in the **EAT**, but it is not clear about the extent to which this has been reflected in demographics and lived experience. An equalities impact assessment completed by the EDI group gave a positive assessment.

4.8   Partnership working

What is it? GK is founded on the principle of inter-organisational collaboration and a commitment to working in partnership across boundaries in order to address a shared purpose.

Why is this important (assumption)? Forums for collaboration and decision-making across the various service pathways are necessary, as MCN clients require a coordinated response from housing, mental

health, criminal justice, addictions, and health services. It is important to establish governance and operating structures that span organisational and sector boundaries, to address the siloed-nature of funding and 'revolving doors' delivery of service for people with multiple complex needs.

What does it look like (change outcomes)? Active and enduring partnership structures which seek to find collective solutions, as well as more informal and emergent forums (such as the creative solutions board, PIE events and specific projects/initiatives). Within any strand of GK activity it would be expected that representatives from multiple groups, agencies and/or organisations are present and working on common issues with shared: purpose, agendas, ownership and accountability.

How has it informed case study activity?

The **Call In** partnership between GK and the police is clearly working effectively. They acknowledged high levels of trust and respect- evident in their ability to challenge each other's approaches. Partnerships between GK and service providers also appear to work effectively although these partnerships are less central to the day to day running of the project. Partnerships between GK, the police and senior BCC staff were less effective. This was acknowledged in all interviews and future plans have tried to alleviate this.

The approach of the team to collate examples of best practice and then collaborate and co-produce (with BDP, ACE and Streetwise) was evident from the outset of **CSIS**. The subsequent evolution appears to have become much more GK owned – but the partnership working continued to be nurture through different channels (e.g. BID). This partnership has strong potential to support and sustain the CSIS project post-Covid.

The **Recall Group** demonstrated a strong example of a committed multi-agency approach with a shared agreement of the issues around people being recalled. This was valued by members as a rare opportunity to meet with people from other agencies.

The **CSB** is designed as collaborative venture. Good engagement from senior-level representatives. Independent chair ensures that ownership sits beyond immediate GK team.

Whilst GK has led the **EAT** work, they have been required to work alongside hotel staff and a range of providers to deliver the service. The development of C4G arising from this work is founded on principles of partnership working across the city.

4.9 Whole system approach

What is it? A whole system approach applies principles of 'systems thinking'[3] to mobilise change in 'complex adaptive systems'. Rather than breaking issues down into component parts, an attempt is made to understand them holistically in order to recognise how activities, behaviours and relationships in one part of the 'system' impact upon activities, behaviours and relationships elsewhere. A key principle of systems change is to '*connect the system to more of itself*' (Rogers, 2016).

Why is this important (assumption)? There are a multitude of factors that contribute towards MCN and the services and support available. Whilst housing, health, criminal justice, drug and alcohol support and other services may be structured, funded and delivered through different pathways and organisations, there is widespread awareness of the interdependencies and interconnections between them. The wider context in which such services operate is also important, with local and national policy and practice both directly and indirectly impacting upon the experiences of, and outcomes for, MCN clients and providers.

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[3] "Systems thinking is a discipline for seeing wholes. It is a framework for seeing inter-relationships rather than things, for seeing patterns of change rather than static 'snapshots.'" Peter Senge - https://www.youtube.com/watch?v=HOPfVVMCwYg

Taking a whole system approach involves better understanding the causes and effects at play, 'joining up' different parts of the system, and then developing effective (often preventative) interventions in a connected way. This is closely related to interpersonal relationships, diversity of perspectives and experience, and partnership working.

What does it look like (change outcomes)? A whole system approach is demonstrated where GK has actively built and extended networks into new areas in order to better understand and address issues related to MCN and to mobilise system change. Such activities include building relationships and alliances with stakeholders and partners beyond the GK partnership; collaborating with public, private and community sector organisations that are not directly involved in MCN services; engaging with projects and initiatives beyond the Bristol region; sharing learning and insights about systems change more broadly. A focus on sustainability and adaptability is also important, especially where it enhances the strength of trust and connectedness of the wider system. A whole system approach is characterised by a tendency to ask big questions, review progress and capture and embed learning.

How has it informed case study activity?

The **Call In** is still in early stages but there is evidence of some whole system change and there are mechanisms in place to increase this going forward. The police report that there is interest in the Call In from the police force more generally (indicating potential wider change in the police force). The Senior Service Co-ordinator sits on other boards and panels in Bristol representing the Call In project and shares learning to other government, statutory and third sector agencies.

A whole system approach is unclear in the **CSIS** delivery but the development considered the big picture situations escalating in the community and action to de-escalate these, prior to service intervention.

Members valued the **Recall Group** for the understanding gained of other services and the relationship between services.

The **CSB** brings together all pathways to review cases, which creates important insights across the group.

There was a strong focus on the whole system pulling together to respond to the Covid outbreak through the **EAT**, although the way services have been organised and delivered are potentially a little siloed.

5 Evidence of change outcomes and impact

This section summarises the extent to which the system change case studies can evidence change outcomes and impacts for service providers, clients and the wider system. Additional detail on the change outcomes and impacts of particular interventions is given in each standalone Phase 4 system change case study report and is summarised in Section 3 of this report.

5.1 Change outcomes

The 'change outcomes' dimension of the Phase 4 local evaluation framework (see appendix) categorises intermediate change outcomes that GK's activity can generate in order to achieve impact that improves the experiences of service users. These change outcomes may, in due course, lead to impact for service users and the wider community. Capturing these intermediate change outcomes supports the evaluation to track causal links between GK's activity and understand the relationship with any associated impact.

The categories of intermediate change outcomes the evaluation has determined are:

Changes in individual staff (e.g. their values, beliefs, behaviours, skills and knowledge)

Coordination/structural changes <u>within</u> organisations

Coordination/structural changes <u>between</u> organisations.

Table 2 below summarises where evidence of change outcomes could be discerned from the case studies.

OUTCOMES	Changes in individual staff (values, beliefs, behaviours, skills, knowledge)	Coordination/ structural changes <u>within</u> organisations	Coordination/ structural changes <u>between</u> organisations
Call in	YES	YES	YES
Creating safe inclusive spaces	YES	MAYBE	MAYBE
Creative Solutions Board	YES	YES	MAYBE
Emergency Accommodation Team	YES	YES	YES
Recall group	YES	YES	YES

NOTE: these are qualitative assessments, made by members of the local evaluation team as part of the case study synthesis, and may not capture the full range of outcomes/impacts of interventions, or changes that have occurred since Autumn 2020. The objective for summary and comparison here is to identify patterns, the summary does not account for scale of change.

Table 2 – Summary of system change outcomes

From this table it can be seen that each of the case studies demonstrated tangible changed outcomes in at least one area, with more anecdotal indications of change (as indicated by the 'maybe' category) in other areas which the evaluation was not able to substantially evidence. Where 'no' evidence of change has been identified this is not necessarily a criticism/weakness of the intervention but more an indication of the lack of follow-on evidence and/or may also reflect that the intervention was targeted at a different level of impact. In all cases, planning and collecting data to support monitoring and evaluation at the intervention level, before, during and afterwards, could have strengthened the evidence base for change.

A key feature of GK system change activity has been the focus on cross-sector collaboration. Projects and initiatives have created a forum for professionals to engage in dialogue and joint action from across the MCN (and associated) system(s). This has been demonstrated in all the system change case studies explored in this

phase of the local evaluation and has been associated with changes to individual attitudes and behaviours as well as coordination/structural change within and between organisations (as summarised in Section 5). The provision of opportunities to work together around purposeful change has been particularly important and contrasts with some of the more general system change activities/groups (such as the System Change Group) that have struggled to maintain momentum over time.

A related aspect of this has been to connect different parts of the system in ways that would not normally occur during day-to-day work, which has led to increased understanding and awareness (such as the issues associated with providing stable accommodation for MCN clients revealed through the Housing First pilot and EAT work at the hotel). This cross-sector work has the potential for impact beyond immediate GK clients and the MCN population and building capacity within the system to respond to emerging challenges/opportunities, as evidenced through the EAT work in response to the Coronavirus pandemic and the development of the C4G initiative as part of the move on response across Bristol. Such changes are difficult to directly link with service user outcomes but are important indicators of change readiness within the system and should not be underestimated as a potentially lasting and powerful legacy of GK.

5.2 Impact on service users and the wider population

The final dimension of the Phase 4 local evaluation framework covers the ultimate impact of GK activities and interventions for the following populations: (1) GK clients or a specific cohort of MCN individuals; (2) Wider population of MCN service users in Bristol; (3) Bristol service users generally; and (4) Wider population of Bristol citizens.

Tracking tangible evidence of change at this level is challenging due to the complex nature of service provision across Bristol, changing local and national contexts (including the disruption caused by Covid-19), the diversity of client needs and the interconnected and interdependent nature of interventions. Table 3 summarises where evidence of impact could be discerned from the case studies.

IMPACT	GK clients or specific cohort of MCN individuals	Wider population of MCN service users in Bristol	Bristol service users generally	Wider population of Bristol citizens
Call in	YES	MAYBE	MAYBE	MAYBE
Creating safe inclusive spaces (CSIS)	MAYBE	MAYBE	MAYBE	YES
Creative Solutions Board	YES	MAYBE	MAYBE	MAYBE
Emergency Accommodation Team	YES	MAYBE	NO	MAYBE
Housing First	YES	MAYBE	NO	NO
Recall group	MAYBE	MAYBE	MAYBE	NO

PLEASE NOTE: these are qualitative assessments, made my members of the local evaluation team, and may not capture the full range of outcomes/impacts of interventions, or changes that have occurred since Autumn 2020.

Table 3 – Summary of system change impacts

From this table it can be seen that the majority of case studies demonstrate evidence of impact for GK clients or a specific cohort of MCN individuals, with indicative evidence of impact in several other areas as well. Variations in the kinds of impact across case studies can be attributed at least in part to the nature of interventions themselves. CSIS, for example, is the only project where impacts for the wider Bristol population could be identified and this is due to it's specific focus on addressing anti-social behaviour within a particular public area of the city. Interventions such as the Call In, EAT, Housing First and Recall Group were targeted at very specific populations of GK and/or MCN clients and whilst they may have an indirect long-term impact across the wider system, this was not the intervention's primary focus. Whilst the majority of interventions

were targeted specifically at the provision of services and support for MCN clients several (such as the Call In, CSB, Recall Group and System Change Champions) have the potential for impact that will benefit broader populations across Bristol.

The findings presented within this section should be taken with care as they are based on partial evidence which was available to the evaluation through a retrospective case study approach. The summaries of change here are separated from the in depth context of the case studies and do not account for the scale or sustainability of the change and/or impact.

Despite considerable time and effort both within the local and national evaluation of GK and the Fulfilling Lives programme gaining access to robust and reliable evidence and indicators of change at these levels remains on ongoing challenge. These issues are being explored by the GK Partnership Board, Evaluation Advisory Group and Transition & Legacy Group and will feed into planning for the final phase (Phase 5) of the local evaluation.

6 GK's systems change enablers

The following eight 'enablers' of systems change (not in priority order) were identified and explored through two UWE team workshops where researchers reflected on the case study data. Reviewing across the case study evidence, the research team explored the mechanisms which enabled GK's system change activity to successfully drive change. These appeared to be factors which were critical or underpinning mechanisms for the change that was achieved, and in some cases found to be lacking, or disablers where change was more challenging. Recommendations for practice are provided in each of these areas. Each enabler is supported by recommendations about where GK may be advised to focus attention/resources in future.

6.1 Shared recognition and sense of urgency to address the issue

There appears to be a difference between system change projects in the extent to which there is a shared understanding amongst key stakeholders of the nature of the issue and agreement that it needs to be addressed. In cases such as the EAT there was a clear mandate and sense of urgency that enabled a rapid, collective response. Initiatives such as the Recall Group, Housing First, CSIS and the CSB also responded to issues that were acknowledged at all levels and across stakeholders as something which should be prioritised. These cases illustrate where GK has been able to (re)deploy resources to support collaborative system change activities.

In other cases, such as Trusted Assessments and some of the System Change Champion/Action Experiment projects, GK has struggled to engage partners, build a sufficiently strong sense of commitment and ownership. Whilst GK's contribution has been welcomed in many areas, on some occasions it has been perceived as taking credit for things that were initiated elsewhere – a point raised in previous local evaluation reports and repeated during a number of the Phase 4 interviews.

> **Recommendations**
>
> 1. When developing projects, take time to engage partners beyond the core GK team to build shared understanding of the issue(s) and commitment to respond. Explore opportunities for genuine co-production and joint ownership, to move beyond one way PR and communication approaches.
>
> 2. A perceived or actual lack of transparency around recognition and reward can erode partnership working in competitive commissioning environments. For collaborative projects, GK should ensure that partners' contributions are explicitly acknowledged and that they can reap benefits from related achievements.

6.2 Passionate and committed individuals empowered to take action

Whilst cases such as the EAT responded to widely recognised priorities, in several cases system change initiatives emerged through the perseverance and commitment of key individuals. In CSIS and the Call-In, for example, specific frontline service workers were key in developing and designing interventions, based on their knowledge of clients, services and the wider system. In the CSB and Recall group, senior level staff also played a key role in identifying opportunities (such as the PB member who highlighted the multi-agency work in Plymouth that became a template for the CSB) and facilitating the design and implementation of interventions alongside frontline and/or project staff on the ground. The dependence on key individuals to drive forward projects highlights the importance of ensuring effective channels for bottom-up and horizontal

communication; for recruiting, developing, supporting and retaining skilled staff with a real passion for the work; and for fostering an inclusive culture, where power is widely shared.

Recommendations

1. Create opportunities for frontline staff to share their passion and ideas for interventions to improve the lives of people who have multiple disadvantages. One way this might be done would be by developing multi agency forums for staff to put ideas forwards to senior leaders/decision makers who can then assure the necessary support and autonomy to move the initiative forwards.

2. Explore opportunities for more focused interaction between strategic and operational staff, and those with direct lived experience of complex needs. This might include reverse mentoring and/or hackathons, where people are encouraged to innovate around service delivery and system change. Such interventions require an inclusive approach to ensure that the power dynamics are handled carefully.

6.3   Dedicated staff time to develop and run system change activities

Following on from the previous points, system change projects that have made the most impact appear to be those where staff are given sufficient dedicated time to move the work forward. GK has provided significant momentum on collaborative projects such as the Call In, CSB, CSIS, Housing First and EAT by allocating resources to enable paid staff to actively progress the work. Projects and initiatives without dedicated staff time (such as the Recall group and System Change Champions) have struggled to ensure actions are progressed between meetings and that individuals/organisations take responsibility for delivering agreed outcomes in a timely manner. Whilst GK has also helped facilitate projects through the provision of administrative and project management support (to set up meetings, coordinate diaries, prepare paperwork, monitor progress, etc.), this alone is likely to be insufficient to deliver sustainable system change.

Recommendations

1. When developing projects be realistic about the time required not just to manage/coordinate activities but also to DO the work. The activity can be time consuming and demanding work which needs to be appropriately resourced and prioritised within the context of operational staff's role expectations to avoid being squeezed out by day-to-day concerns.

2. Explore opportunities for sustaining a function which has budget flexibility to respond to emerging opportunities, through the Transition and Legacy planning process. Being responsive to emerging opportunities requires budget and a degree of flexibility and responsiveness around budget allocation. The GK Audit Committee currently make these decisions, ensuring the appropriate governance and accountability and considering wider contextual factors.

6.4   Skilled, independent facilitation of multi-stakeholder groups

Where GK system change activity involves coordinating multi-stakeholder groups the evidence suggests that putting in place a skilled, independent facilitator can help enable the formation and maintenance of effective partnership working. This was first trialled by the Partnership Board (PB), where it continues to be highly effective at maintaining open communication and engagement between partners. The independent chair plays a key role not only by facilitating board meetings but also through liaison with board members between

meetings where they can confidentially share any reflections/concerns. A similar process has been employed for the Creative Solutions Board (CSB), as well as Change for Good (C4G), and appears to help mobilise a shared sense of purpose and commitment without privileging the interests/agenda of certain partners over others. In several cases, such as the Call-In Project, Recall Group and System Change Group (SCG), a facilitator/chair has been appointed from within the group (usually a GK staff member or employee from a partner organisation) but the effectiveness of this has been variable given the time, expertise and priorities of the individuals involved.

Recommendations

1. When facilitating collaborative projects play close attention to group dynamics and the potential for inter-personal differences and/or conflict between partners. There is a large body of theory and research on stages of group development and the processes through which clarity of purpose genuine collaboration emerge in partnerships[4]. More active and intentional engagement with such principles should aid the selection and recruitment of independent chairs and investment in professional facilitation (such as in the CSB) where required.

2. **Put mechanisms in place to ensure groups are supported with excellent chairing and facilitation.** This may include developing and sharing good practice as well as considering staff induction and ongoing professional development for those in (or aspiring towards) such roles. It is unlikely that sector knowledge is sufficient to ensure effective facilitation practice in challenging group spaces. Linking with external initiatives, such as the School of System Change run by Forum for the Future, should ensure that learning is kept up to date and that people can learn from professionals in other fields.

6.5 Active focus on learning and development

Throughout GK, time and investment has been allocated to supporting learning and development of staff and partners. The systems change training run by Martin Sandbrook from the Schumacher Institute, for example, appears to have been effective at offering a shared set of frameworks and language that facilitate dialogue and practice around system change. The concept of 'action experiments', in particular, been embraced by the SCT and integrated within initiatives such as CSIS, CSB and the EAT. This approach fits well with principles of reflective practice and PIE (including trauma informed care) and has empowered SCT members to trust their experience and to experiment within different approaches to system change. Whilst training courses have been provided on each of these, they have also been incorporated into way of working, such as the regular reflective practice sessions at the hotel run by the EAT and the trauma informed approach of CSIS. Several interviewees noted how they were now using these concepts and ideas in their work beyond GK (for example in BCC services) and were also informing decisions around commissioning and the design of interventions. Within the CSB around one third of the time within meetings is a dedicated to reflecting on learning about systems change and there is a dedicated system change facilitator to support this process.

Significant learning has also been gained through the SCT work with MCN clients, which has led to incremental changes in the provision of services. When working with a housing provider to resolve an incident during a

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[4] A well-known example is the work of Bruce Tuckman, which outlines how a group moves through stages of *forming*, *storming* and *norming* before it reaches the *performing* stage. A further stage, that may be relevant to some GK projects, is that of *adjourning*, as the group disbands once the task has been completed. For a brief overview of these stages and their implications for how a group is managed/facilitated take a look at https://hr.mit.edu/learning-topics/teams/articles/stages-development.

tenancy, for example, the Support worker might be drawing on the clinical supervision and reflective practice to share insights about the client and explain why they have responded in a particular way and then they would both draw on that in how they took action. This doesn't happen as a 'learning activity' but the collaborative approaches to managing risk and resolving issues combined with the respectful positive relationships developed means that through conversation and working together - learning is achieved amongst housing provider staff, which may then be transferred to other tenant situations. One housing provider said that Housing First had made them think more creatively about issues in general. Whilst this type of learning may not be aimed at wide scale system change - it does change the way that individual people in services work with clients which can be very powerful.

Recommendations

1. Ensure that key stakeholders have the necessary time and space to engage with programme learning so that a culture of ongoing reflection and learning is embedded across the MCN system in Bristol and beyond. There is extensive knowledge and expertise, within the SCT and other areas of the GK partnership, of where/when/how system change principles can applied to most effect, as well as what hasn't worked so well, and why. The GK Learning Team is collating this learning through the final stages of the initiative and is well-placed to disseminate and share it more widely. Part of the GK legacy work could spread out the SCT into other services - or take in people from other services to upskill them before returning them (see also point 6, below).

2. Prioritise engagement with systems change learning for those developing policy, commissioning services and assessing outcomes for MCN populations. Influencing the way(s) in which such decisions are made could trigger lasting changes and should be prioritised within the GK Transition and Legacy strategy.

6.6   Role models embed GK principles in ways of working

From the case studies it would appear that the SCT have been particularly effective at demonstrating the nature and impact of the GK principles and ways of working through their professional practice. Each of the cases provides evidence of the extent to which GK service coordinators have developed and refined approaches to the provision of services for MCN clients based on principles of system change, trauma informed care, reflective practice and learning from lived experience. Through the collaborative approach of Call In, CSB and CSIS, for example, these insights and ways of working are demonstrated to professionals from other services, thereby increasing the likelihood of wider uptake. Whilst perhaps less evident, similar processes also apply elsewhere. At an operational level, for example, the GK Psychologist plays a key role in demonstrating and embedding PIE and at a strategic level the independent facilitation approach (mentioned under point 4) is one way in which GK role models a particular approach to working in partnership. This is also illustrated by Board members who prioritise system change activities and take responsibility for progressing this work within their organisations. A key feature of this theme is the development of an integrated/holistic approach that integrates the various GK principles and ways of working rather than focussing on a single area such as PIE or reflective practice.

Recommendations

1. Support opportunities for GK Service Coordinators to facilitate engagement with other service professionals and to provide progression routes into influential roles within the Bristol MCN system. GK service coordinators have developed a range of advanced skills and practices related to supporting MCN clients, partnership working, and systems change. There is a risk that this expertise is lost as GK transitions from the current SCT arrangements.

2. Explore options for short-term secondments, placements and/or shadowing between SCT and a wider range of groups/organisations to further develop relationships and on-the-job experience. A professional accreditation scheme for advanced MCN practitioners may be beneficial to build confidence, trust and credibility across the system and a standard to which service professionals could aspire.

6.7   Embracing client voice through stories of lived experience

A key principle of the GK approach is drawing on the lived experience of MCN clients to shape and inform services and interventions, which has been embedded through the involvement of Independent Futures (previously known as the IF Group). The presence of experts by experience on working groups, Boards and (increasingly) as peer researchers, ensures that client opinions and expectations are considered when taking decisions. Engaging client voice directly, however, can be difficult and without clear aims or focus for the involvement can create dissatisfaction. In the Recall group, for example, prisoners were brought in to talk about their experience but, without a focus on a particular challenge the group wanted to address or running possible solutions/options by prisoners, there was no clear outcome for either group. Whilst the way(s) in which the direct voice of clients has shaped decision making within GK remains variable, another important way in which lived experience has actively been brought into discussions is through the involvement of service coordinators and other frontline workers who have direct knowledge of GK clients. The client case approach of the CSB, for example, has helped bring client stories to life in a way that has humanised services users and built a sense of emotional engagement amongst the professionals attending. This is important in developing the commitment and motivation to prioritise this work alongside busy work schedules. Throughout the case studies, several senior level managers noted how discussion of individual client (re)connected them with the day-to-day priorities and concerns of frontline provision which can be lost when working at strategic level.

Recommendations

1. Conduct an audit/review of the involvement of experts by experience across all strands of GK activity which aims to identify ways to increase service user representation and influence. This should particularly seek to understand where/how they have been able/unable to influence decision making and the nature of representation. Independent Futures have played a central role in bringing the voice of lived experience to GK projects and initiatives. There are limits, however, about how far they can contribute outside board meetings and work groups and/or represent the concerns of ALL client groups.

2. Explore opportunities to further use detailed, real-life client stories and context relevant case examples in forums with service providers. The case studies indicated this can be an effective way to humanise service users which builds emotional engagement and commitment amongst service providers, commissioners and other partners. Whilst this is not a replacement for direct service user involvement , it appears to be a manageable and contained way of bringing service user experience into discussions that could be trialled in other forums. Of particular importance is a trauma informed approach focusing on the 'whole person' in context, rather than presenting a 'service user' with a range of 'issues' that service providers need to address.

6.8 Following the energy and adapting to changing contexts

A final theme that emerges from analysis of the system change case studies is the need for flexibility and adapting to shifting contexts and opportunities. This is perhaps most evident in the EAT work where, at incredibly short-notice, GK managed to deploy resources to run a hostel for rough sleepers. Whilst this was initially expected to last for a few months, the duration and scope of the work has been extended over time and is morphing into associated initiatives such as C4G, which is likely to be a key part of the transition and legacy work of GK. The development of the EAT work was, itself, informed by other initiatives such as the CSB and demonstrates the capacity to piggyback/use a stepping-stone approach from one piece of work to another. Each of these initiatives (CSB, EAT and C4G) in themselves, also demonstrate how principles and approaches developed through earlier GK projects and activities have been incorporated and informed the work. At a strategic level, the Partnership Board has provided an opportunity to pool collective insights and intelligence, which has produced new opportunities for partnership and collaboration, such as the Changing Futures bid developed in Spring 2021. Such approaches mirror principles of systems change, complexity and working with political astuteness as described in associated literature[5]. From an evaluation perspective they highlight the importance of looking beyond the immediate impact and outputs of discrete projects/activities to longer term systemic change.

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[5] A selection of thought pieces that summarise much of this literature can be accessed at
https://www.gov.uk/government/publications/national-leadership-centre-research-publications.

Recommendations

1. Increase focus on maintaining the resilience and wellbeing of staff in services at all levels, ensuring that they have time to take annual leave and maintain a reasonable degree of work-life balance. A flexible and responsive approach, whilst beneficial in adapting to rapidly changing contexts, puts significant pressure on frontline as well as project support and senior staff. As much autonomy as possible should be given to frontline and operational staff to plan and manage their workloads, with as much clarity around roles, objectives and KPIs as possible. Coping with the uncertainty of changing project timelines can be particularly unsettling and has been exacerbated by the Covid pandemic, although there is evidence that this is a systemic feature of the commissioning and funding landscape of multiple disadvantage services. Line managers should be sensitive to these issues and support staff accordingly.

2. Maintain robust, up-to-date records of GK client outcomes (including service use data from police and probation, physical and mental health, drug and alcohol services, housing and other services) to increase the ability to understand impacts across multiple areas of activity. The fluid and shifting nature of interventions places challenges in terms of monitoring and evaluating the impacts of project outcomes. Close collaboration with commissioners, policy and other decision makers is also essential to ensure that relevant and meaningful indicators are used when determining the effectiveness/success of interventions.

7 Conclusions and next steps

7.1 Conclusions

This report has collated insights from a series of case studies of GK systems change activity. There are significant variations in how projects were initiated, the level of operational/strategic engagement and the relative focus on different areas of MCN service provision. Overall, however, all cases indicate that GK's systems change interventions are able to effect some level of change for clients as well as those providing services.

Evaluation of the evidence demonstrates that key GK principles and ways of working, as summarised in Figure 1 below, have been embedded within the design and implementation of projects and have served as important levers for the outcomes and impacts achieved.
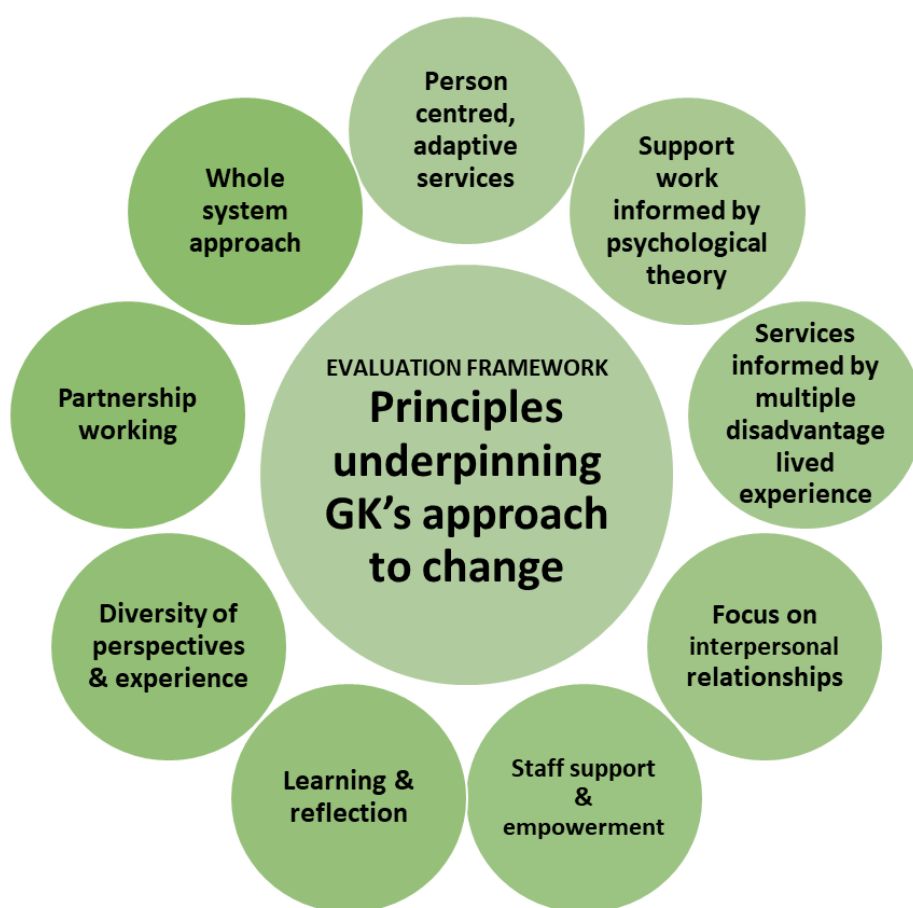

Figure 1 – Principles underpinning GK's approach to change (from the evaluation framework)

Within the case studies these principles and ways of working were particularly demonstrated by GK service coordinators, who modelled an integrated way of working with them. There is also good evidence of the principles being modelled at senior and strategic levels.

In reviewing the evidence from the case studies, we looked for factors that have facilitated or enabled GK's system change work. Eight areas were identified, as outlined in Figure 2, which were present in at least one or more of the systems change initiatives studied and appear to have contributed to outcomes and impacts.

Further explanation of each of these themes and recommendations for practice are given in Section 5 of this report.
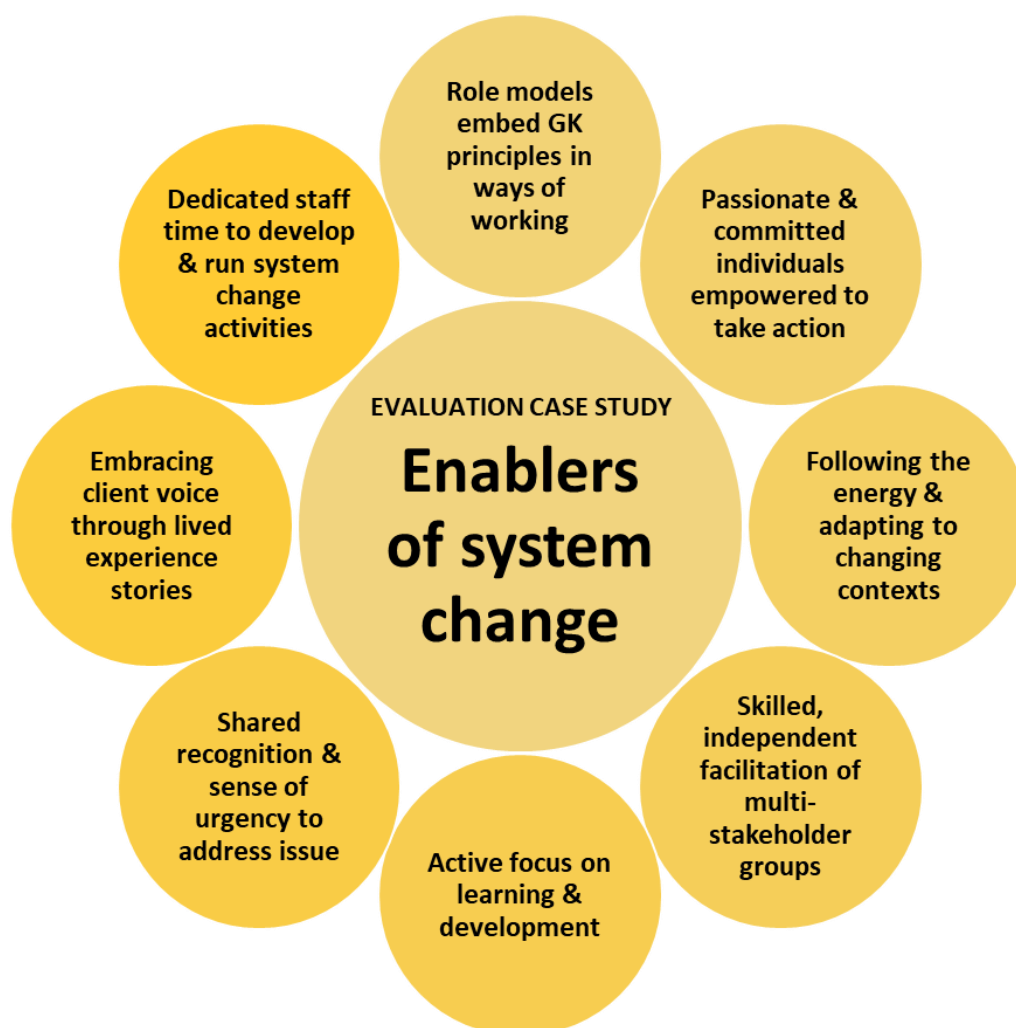

Figure 2 – Enablers of system change (from evaluation case studies)

Each of the case studies demonstrates some evidence of change for service providers and/or clients. As indicated in Section 5 the strongest evidence of change is for individual staff (values, behaviours, beliefs, skills, knowledge), with good evidence of coordination/structural changes <u>within</u> organisations and some evidence of coordination/ structural changes <u>between</u> organisations in a number of cases.

Assessing impact on client outcomes has been more challenging given the availability and quality of such data. Where evidence has been captured this has almost always been for specific GK clients (and/or similarly defined populations). Whilst there is a suggestion that interventions may have also supported change for the wider MCN population in Bristol and service users generally definitive evidence for these claims are limited and unreliable. In order to assess the impact of interventions at this level more robust and consistent data capturing is required, that pools evidence from a range of providers. Whilst progress is being made in this area there is still some way to go, and this should be seen as a priority area for consideration in the transition and legacy planning of GK.

7.2   Next steps

Whilst this report highlights a number of significant achievements it should be recognised that this is only a limited snapshot of GK's system change work and should be considered alongside other evaluation evidence
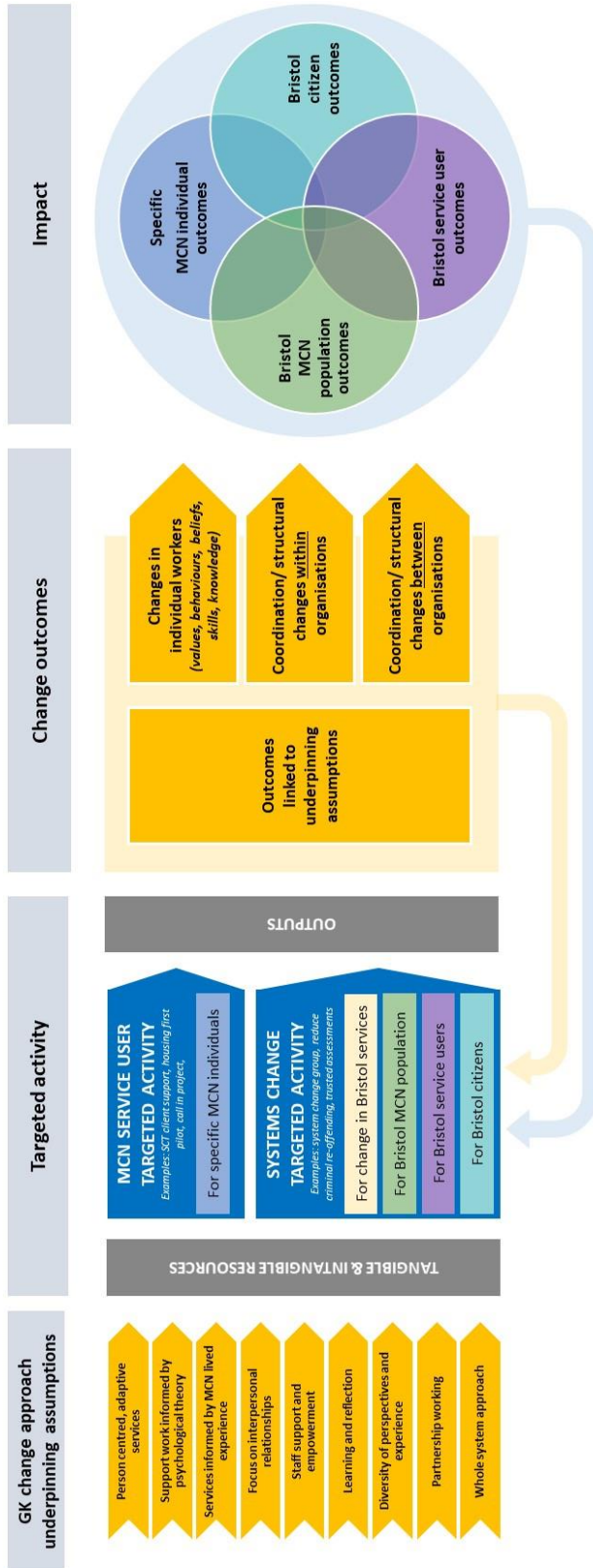
and learning reports. Phase 5 of the local evaluation will cover the remaining period GK activity until summer 2022 which is funded by the National Lottery Community Fund. During this period we will be following up several of the initiatives mentioned in this report, as well as publishing the Economic Impact analysis and engaging in a range of learning and dissemination activities across the region.

8 References

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Phase 4 evaluation framework

GK change approach underpinning assumptions

- Person centred, adaptive services
- Support work informed by psychological theory
- Services informed by MCN lived experience
- Focus on interpersonal relationships
- Staff support and empowerment
- Learning and reflection
- Diversity of perspectives and experience
- Partnership working
- Whole system approach

Targeted activity

TANGIBLE & INTANGIBLE RESOURCES

MCN SERVICE USER TARGETED ACTIVITY
Examples: SCT client support, housing first pilot, call in project,
- For specific MCN individuals

SYSTEMS CHANGE TARGETED ACTIVITY
Examples: system change group, reduce criminal re-offending, trusted assessments
- For change in Bristol services
- For Bristol MCN population
- For Bristol service users
- For Bristol citizens

OUTPUTS

Change outcomes

Outcomes linked to underpinning assumptions

- Changes in individual workers (values, behaviours, beliefs, skills, knowledge)
- Coordination/ structural changes within organisations
- Coordination/ structural changes between organisations

Impact

- Bristol citizen outcomes
- Specific MCN individual outcomes
- Bristol service user outcomes
- Bristol MCN population outcomes

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

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

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

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