

Fulfilling Lives South East Project

Local evaluation, year 2

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1. Executive summary

About the project

The Fulfilling Lives South East project, which operates across Brighton & Hove, Eastbourne and Hastings, commenced in July 2014 and has been funded over eight years by the Big Lottery.

The project aims to achieve the following:

- (a) People with multiple and complex needs, previously not engaging well with services, self-report that they are better able to manage their lives, as a result of services being more accessible, targeted and better coordinated.
- (b) Service users are empowered to directly influence service design and delivery within the project and externally.
- (c) Services and roles will better meet the needs of service users through undergoing a process of review and evaluation, leading to lasting change in design and delivery.
- (d) Long term improvements in systems, commissioning and policy will be achieved through shared learning and strengthened outcomes evaluation.

The project is delivered by BHT in partnership with Equinox in Brighton & Hove, Change Grow Live (CGL, formerly named CRI) in Eastbourne and Seaview in Hastings. In each of the three areas, there is a team consisting of: an Area Lead, a Service Improvement Officer (responsible for leading on the systems change element of the project), two Specialist Workers (one focusing on supporting people with dual diagnosis and one on women), and three Project Consultants (people with lived experience of multiple and complex needs who oversee the project's Action Groups). The project is supported by three Action Groups (made up of people with lived experience of multiple and complex needs), a Core Group, and three Steering Groups across the three locations.

Evaluation aims and methods

This evaluation of the Fulfilling Lives South East project focuses on the first two years of the project (July 2014 to June 2016). It aims to:

- Assess the outcomes achieved by the project, and how far these support the project's theory of change.
- Draw together learning and ideas from project staff, volunteers, clients and partners.
- Inform discussion about ways in which the project can be developed in the future.

This evaluation is based on:

- Interviews and group discussions with 19 members of project staff, 21 Action Group volunteers and the leads within the three delivery partner organisations (CGL, Equinox and Seaview), conducted between July and October 2015.
- A survey of Action Group members conducted in autumn 2015.
- Interviews with 11 clients of the Specialist Workers conducted in January and February 2016.
- Telephone interviews with eight external project stakeholders (including Core Group and Steering Group members from across the three project locations), conducted in February and March 2016.
- Observations at the project's four Business Plan Review meetings in February 2016.
- Observations and informal conversations at selected project meetings and events.
- A review of selected data from the project's client database Inform.

The specialist work

Project outcome: People with multiple and complex needs, previously not engaging well with services, self-report that they are better able to manage their lives, as a result of services being more accessible, targeted and better coordinated.

'[As a result of worker's support] I'm not getting chucked out of my flat, or off the doctors, I don't go without my medication, I haven't had to go around crying because the soles are hanging off my shoes [...] I'm going to the hospital [rehab] to get better. She has helped me and will help towards when I get out, that's when the battle really starts [...] It's been 28 years. Now I'm ready, I've had enough.' – Fulfilling Lives client

- The project's Specialist Workers have supported 54 clients over its first two years. 11 clients were interviewed for this evaluation.
- Project clients were overwhelmingly positive about the support they had received from the Specialist Workers. Individuals described making a range of positive changes as a result of the Specialist Workers' support. This included moving into and maintaining accommodation, reducing substance use, improved physical and mental health and reduced offending. It also included increased feelings of self-worth, self-belief and aspiration for the future.
- Quantitative data shows that average (across all clients) outcomes star scores have increased between one and two points across all outcome areas between clients' first scorings (when they started working with the project) and their most recent scorings (in January to March 2016). This shows an improvement in all of the outcomes star areas. The largest increases have been seen in substance misuse and money and admin, both increasing from average scores of 2.5 to 4.4 out of 10. The smallest increase was seen in mental well-being, which increased from 2.6 to 3.7 out of 10.
- Average New Directions Team Assessment (NDT) scores have decreased, showing an overall improvement.
 - The average score for the women's workers' clients decreased from 34.2 (at clients' first assessments) to 23.9 (at their assessments in the fifth quarter after joining the project).
 - The average score for the dual diagnosis workers' clients decreased from 34.4 (at clients' first assessments) to 25.1 (at their assessments in the fifth quarter after joining the project).
 - For clients who have been working with the project for the longest (up to six quarters), the average score decreased from 33.9 (at clients' first assessments) to 24.6 (at their assessments in the sixth quarter after joining the project).
- The Specialist Workers have supported clients to achieve these changes through practical support (such as accompaniment to appointments, support navigating existing services, advocacy, and support where existing services fail) and emotional support (including being someone to talk to). A caring and person-centred approach has been essential to this. Workers were seen to be consistent and available, non-judgemental and understanding, direct and honest, caring, determined and persistent. Being seen as different from other services (for example meeting people outside services and outside normal working hours, and being non-punitive when people missed appointments) was important.
- Other local organisations saw the Specialist Workers as a valuable additional source of support for clients, and said they worked well with them.

- When describing past and recent experiences of many voluntary and statutory services, clients talked about encountering stigma, feeling ‘swept under the carpet’, and failing to receive support when they needed it.
- In year 1 of the project, Specialist Workers in Eastbourne and Hastings reported that a lack of appropriate local services meant that clients could go unsupported when the Specialist Workers had periods of leave or sickness. They also said that a small team size could mean lone working policies did not always work in practice. As a result, a new team structure will be implemented in years 3 and 4 of the project, which will create a combined Eastbourne and Hastings team working across the two locations, with the aim of alleviating these challenges.

Targets for data collection on Inform were felt by Specialist Workers to detract from client work, and the benefits of this data were not always clear to all staff. Future rounds of recruitment to the Specialist Worker role are emphasising the learning element of the project, so that the extent of data collection needed is clear.

Empowerment of people experiencing multiple and complex needs

Project outcome: Service users are empowered to directly influence service design and delivery within the project and externally.

‘It gives you a boost, people listen to you – I feel taller when I walk out.’ – volunteer, Hastings

- Action Groups (made up of volunteers with lived experience of multiple and complex needs) have been established in Brighton & Hove, Eastbourne and Hastings, and meet regularly. The volunteers spoken to for the evaluation were motivated and enthusiastic. Most said that the Action Groups had come up with good ideas, felt listened to, valued, supported, and equal to staff at all levels in the project, and felt that the groups would make a difference.
- Of 20 Volunteers surveyed:
 - 20 out of 20 agreed ‘I feel confident to speak up and say what I think’.
 - 17 out of 20 agreed ‘we have come up with good ideas that will improve things for people’.
 - 15 out of 20 agreed ‘this panel [Action Group] will make a real difference’.
- During group discussions in autumn 2015, groups said they were keen to become more actively involved in the project, for example by conducting consultation activities. The role of the groups has been expanded in response to this. Some volunteers said that they needed more support, and some said they would like more feedback about their ideas.
- The project employs nine Project Consultants with lived experience of multiple and complex needs. Their main role is to facilitate the Action Groups and gather ideas and evidence to feed into the systems change process. The posts are intended to be routes into further employment.
- Most Project Consultants described a positive and empowering experience working on the project. Many reported learning a great deal, and said that their confidence and self-esteem had increased since working on the project. Many felt that they had been able to use their personal experience and skills to benefit the project.
- Several people in the first cohort of Project Consultants (employed in the first year of the project) described less positive experiences in the role, did not feel well

supported, and felt their lived experience was not genuinely valued by everyone working on the project. The project has made a number of changes in response to this, including putting additional mechanisms of support in place. Further research is needed with current Project Consultants to explore how far this has changed.

- Early indications are that the project is providing a unique pathway into work for some people who have experienced multiple and complex needs. Of the nine Project Consultants initially recruited, five had moved into other employment by the end of their one-year contract, including one who had successfully applied for the role of Service Improvement Officer within the project. Two project volunteers had secured posts as Project Consultants during the first year of the project. In spring 2016, a project client became a volunteer on a project Action Group.

Systems change

Project outcomes:

- **Services and roles will better meet the needs of service users through undergoing a process of review and evaluation, leading to lasting change in design and delivery.**
- **Long term improvements in systems, commissioning and policy will be achieved through shared learning and strengthened outcomes evaluation.**

'I think it's realistic that Fulfilling Lives can make a massive change in how things are done [...] Next I think there needs to be an increase in the assertive nature of systems change.' – Core Group member

- The project aims to influence systems changes across local service design and delivery, commissioning and policy. Service Improvement Officers in each of the three project locations lead on this work, with the support of Area Leads and the Senior Project Manager. Gaps and barriers in systems are primarily identified through the Specialist Workers' work with individual clients, through the experiences of Action Group members, and through consultation with individuals currently experiencing multiple and complex needs.
- Extensive consultation before the project started identified a number of areas in which systems change is needed. These have been grouped into five main Pillars of systems change work for the project:
 1. **Person centred services:** Workforce development, culture of continuous improvement, training and skills standards, high quality services.
 2. **Cut the bureaucracy:** Data sharing, outcomes systems, seamless more efficient referral and assessment processes.
 3. **Working together:** Better integrated services, partnership/ collaborative working, alignment of commissioning cycles.
 4. **Responsive and accessible services:** Flexibility of access, outreach, navigation, thresholds to include not exclude.
 5. **Co- production:** Service user involvement - Co production and full involvement in design and delivery to be a theme underpinning all the others.

- The project has conducted System and Service Reviews in a wide range of areas. Examples include:
 - **Improving access** to recovery groups by providing satellite services in day centres (Eastbourne).
 - **Reducing/preventing evictions:** piloting Acceptable Behaviour Contracts (ABCs) in emergency / private rented sector accommodation (Eastbourne).
 - **Improving access to food**, changing the location of the food bank to make it more accessible (Hastings).
 - **Severe Weather Emergency Protocols:** reviewing local protocol implementation (Hastings).
 - **Staff training and gaps in knowledge**, piloting training for staff on multiple and complex needs for staff in the Regency Ward of Millview Hospital (Brighton & Hove).
 - **Staff training** for hostel staff on the alcohol AUDIT Tool (Brighton & Hove).
 - **Information sharing and joint care planning** (Brighton & Hove).
- All of the external partners interviewed for this evaluation were positive overall about the Fulfilling Lives project. They supported the project and had had generally good experiences of project activities (such as interactions with Specialist Workers, meetings or events). Several ideas about how the project could further develop and improve were expressed. However, not all external partners interviewed had a full understanding of the systems change element of the project.
- The project has focused on achieving smaller scale systems change during its first years, as part of a strategy of building from smaller to larger-scale change through the 'ripple effect'. It is currently developing a Systems Change Action Plan and establishing several Systems Change Working Groups, each focusing on specific areas of the system, so that it is in a position to begin to address larger scale systemic change.

Learning and evaluation

- The project will be implementing a number of developments, to be implemented in years 3 and 4, as a result of the Business Plan Review process conducted towards the end of its second year. This involved consultation with around 100 local stakeholders. Developments include:
 - Restructuring the two Eastbourne and Hastings teams to create one joint team.
 - Employing two frontline support workers for Eastbourne and Hastings.
 - Increasing the psychological interventions budget for the project.
 - Extending the contract term for Project Consultants from one year to 18 months, to give Project Consultants more time to develop their skills and experience and prepare for moving into further employment.
- Around half of the staff members interviewed towards the end of the first year of the project said that they did not always feel able to influence the project, and would like more opportunities to do so. This is important because systems change theory suggests that more empowered staff are better able to change systems. Since then, the Business Plan Review process has resulted in changes to the project based on staff and stakeholder ideas, and staff fed back that this was a valuable process. Further research in this area may be helpful.

Conclusions and recommendations

The specialist work

- The research conducted demonstrates that the specialist work is fulfilling the aspirations set out in the project's theory of change across the project's intended outcome areas. Specialist Workers have supported clients to make important changes in their lives, through a caring, person-centred approach and providing advocacy and support to navigate systems. The years 3 and 4 evaluation should explore how far these changes are sustained over time.
- The role of Specialist Worker involves a number of challenges for workers, including trialling a new way of working, negotiating boundaries, and the pressure of being the only source of support for some individuals. It is essential that all Specialist Workers receive regular clinical supervision to support them in the role.

Service user empowerment

- The research demonstrates that, overall, the project is providing a supportive and empowering environment for people with lived experience of multiple and complex needs to share their views and be involved in shaping the Fulfilling Lives project.
- The Action Groups have a skilled, active, enthusiastic membership. The groups have developed in response to volunteers' ideas, enabling volunteers to play an increasingly active role in the project.
- Many Project Consultants described a positive and empowering experience working on the project, but several of those employed in the first year of the project described less positive experiences in the role. The project has made a number of changes in response to this, including putting additional mechanisms of support in place. Further research should be conducted into the experiences of those currently employed as Project Consultants.
- Early indications are that the project is providing a unique pathway into work for people with experience of multiple and complex needs. It is recommended that the local evaluator works with the project team to track longer-term outcomes for Project Consultants and volunteers and assess the extent to which employment, well-being and other outcomes are sustained after moving on from the project.

Systems change

- Some valuable small-scale changes to systems have been achieved by the project, as part of a strategy of building from smaller to larger-scale change through the 'ripple effect'. The project is focusing on developing its systems change work in years 3 and 4, including the development of several Systems Change Working Groups and a Systems Change Action Plan. A new Operational Manager post was established towards the end of the project's second year, with the aim of freeing the Senior Project Manager's time to work towards systems change at a more strategic level. It is intended that this will help the project influence larger-scale change.
- Some areas of focus over the next two years of the project could include:
 - Developing awareness and understanding of systems change among project partners and stakeholders.
 - Building on successful cross-location work in Eastbourne and Hastings to conduct more cross-location systems change work.
 - Determining how the effectiveness of systems change will be evidenced.

- It is suggested that the years 3 and 4 evaluation assesses the impact of the systems change element of the project in more detail. This could include assessing how far the project is influencing systems change, exploring the type, scale and nature of changes made, and assessing some of the project's assumptions around systems change (for example the operation of the 'ripple effect').

Learning and evaluation

- The Business Plan Review meetings were seen to be a valuable process by staff and managers, and led to a number of developments in the project. The project could explore ways of creating similar forums for open dialogue and reflection among volunteers, staff and managers more regularly. This could include, for example, reviewing the format of team meetings, or establishing regular sessions for learning and reflection (the local evaluator could help facilitate a small number of these). This could support the project to implement changes in its way of doing things in response to learning as it emerges.
- According to the project's Theory of Change, the project aims to influence systems change through evidencing the effectiveness of its work. It could be helpful for the project to set out what evidence is needed (for example about the effectiveness of particular strands of systems change work), and how this evidence will be used to influence change. This includes considering how far self-evaluation will be acceptable as evidence by external partners.

2. Introduction and methodology

Introduction

The Fulfilling Lives South East project, which operates across Brighton & Hove, Eastbourne and Hastings, commenced in July 2014 and has been funded over eight years by the Big Lottery.

The project aims to achieve the following:

- (a) People with multiple and complex needs, previously not engaging well with services, self-report that they are better able to manage their lives, as a result of services being more accessible, targeted and better coordinated.
- (b) Service users are empowered to directly influence service design and delivery within the project and externally.
- (c) Services and roles will better meet the needs of service users through undergoing a process of review and evaluation, leading to lasting change in design and delivery.
- (d) Long term improvements in systems, commissioning and policy will be achieved through shared learning and strengthened outcomes evaluation.

Outcome (a) is considered in Section 4 of this report, outcome (b) in section 5 and outcomes (c) and (d) in Section 6.

The project is delivered by BHT in partnership with Equinox in Brighton & Hove, Change Grow Live (CGL, formerly named CRI) in Eastbourne and Seaview in Hastings. In each of the three areas, there is a team consisting of: an Area Lead, a Service Improvement Officer (responsible for leading on the systems change element of the project), two Specialist Workers (one focusing on supporting people with dual diagnosis and one on women), and three Project Consultants (people with lived experience of multiple and complex needs who oversee the project's Action Groups). The project is supported by three Action Groups (made up of people with lived experience of multiple and complex needs), a Core Group, and three Steering Groups across the three areas.

Figure (a) shows the project structure for the first two years of the project, and figure (b) shows the planned structure for years 3 and 4.

More detail about the project can be found in the theory of change presented in Section 3.

Figure (a): Project delivery structure years 1 and 2

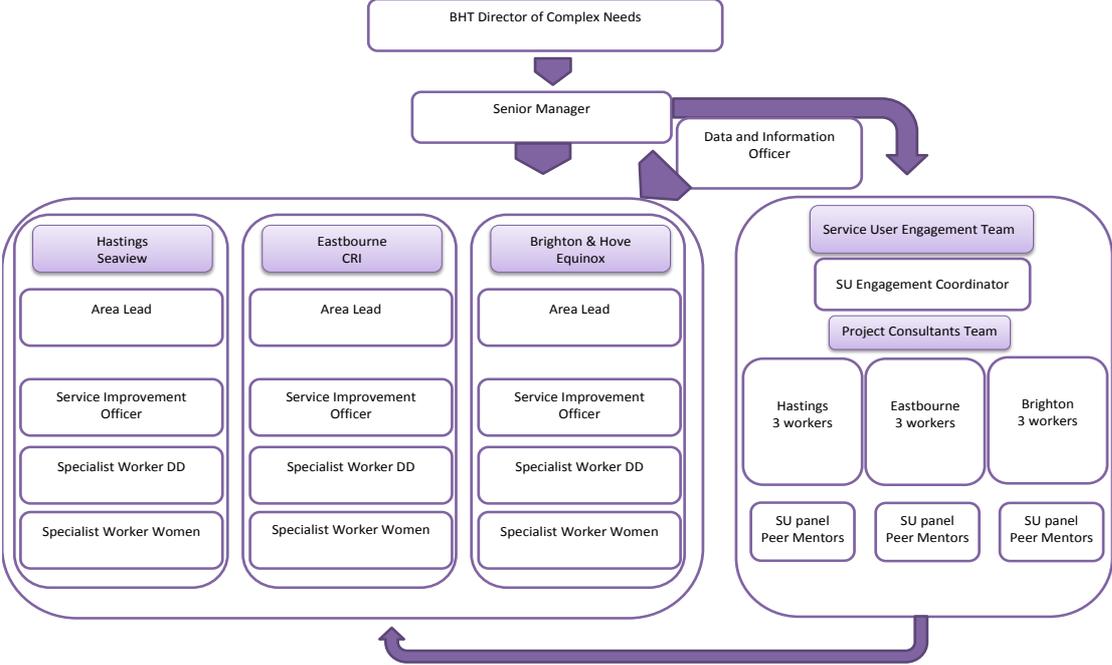
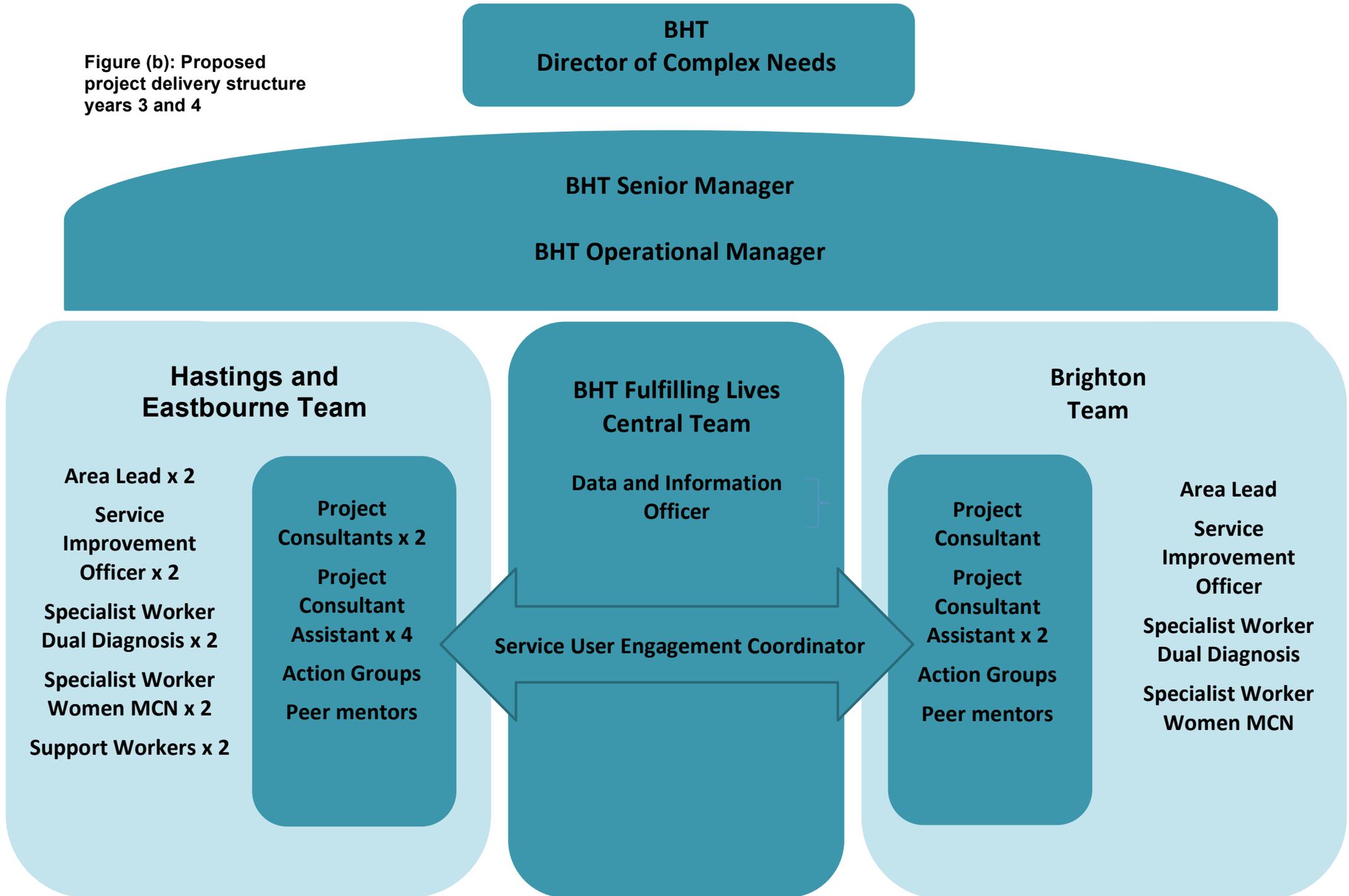


Figure (b): Proposed project delivery structure years 3 and 4



Aims of the local evaluation

Juliette Hough, an independent researcher, was commissioned by BHT in September 2014 to conduct the local evaluation of the Fulfilling Lives South project.

The purpose of the local evaluation is to:

1. Support the project to conduct self-evaluation activities.
2. Describe outcomes for people with multiple and complex needs and what have been achieved.
3. Describe how far local systems have changed, and identify what helps and hinders systems change.
4. Evaluate project processes and recommend improvements to these where appropriate.

The local evaluation is taking place alongside work by Resolving Chaos that is exploring the costs and benefits of the project.

This evaluation report of the first two years of the Fulfilling Lives South East focuses on project processes (what is working well and what could be improved over the first year of the project). It aims to:

- Assess the outcomes achieved by the project, and how far these support the project's theory of change.
- Draw together learning and ideas from project staff, volunteers, clients and partners.
- Inform discussion about ways in which the project can be developed in the future.

Methods

This evaluation report is based on:

- Interviews and group discussions with 19 members of project staff, 20 Core Group volunteers and the three leads at the project's partner organisations conducted between July and October 2015. These include:
 - Group discussions with each of the three Action Groups; three Service Improvement Officers; and three Specialist Workers¹.
 - One to one semi-structured interviews with seven Project Consultants from across all three areas, three Area Leads, an additional Specialist Worker, the Service User Engagement Coordinator, the Senior Project Manager and the leads within the three partner organisations (CC Equinox and Seaview).
- A survey of Action Group members conducted in autumn 2015.
- Telephone interviews with eight external project stakeholders, conducted between February and March 2016. These include two Core Group members and stakeholders from Eastbourne (four people), Brighton & Hove (one person) and Hastings (one person). Two of these individuals had been involved in System and Service Reviews, and five were Steering Group members. Email feedback was also obtained from local Probation Officers.
- Interviews with 11 clients of the Specialist Workers. Of these, 4 were from Brighton & Hove, 2 in Eastbourne, and 5 in Hastings. Seven were women.

¹ The research only included Specialist Workers from Brighton & Hove and Eastbourne. One Specialist Worker was in post in Hastings and was not available for an interview during the fieldwork period.

(one of whom was on the dual diagnosis case load) and 4 were men. They included individuals who had been selected for interview by the Specialist Workers, as well as a small number of people interviewed opportunistically (for example when they attended a day centre at which interviews were taking place).

- Observations at four Business Plan Review meetings conducted in February 2016, at which project progress was reflected on and reviewed by project staff and partners.
- Observations and informal conversations at selected project meetings and events.
- A review of selected data from the project's client database Inform.

Quotations in this report

Quotations in this report are not attributed to individuals, but to job roles. In some cases, quotations on sensitive subjects are anonymised. Quotations reflect the perceptions of those interviewed.

Names and some identifying details in case studies have been changed to protect anonymity.

Acknowledgements

The report author would like to thank the project clients, volunteers, staff, partners and stakeholders who took part in evaluation activities and interviews. This includes staff at BHT, Brighton & Hove City Council, Change Grow Live, Equinox, East Sussex County Council, East Sussex Recovery Alliance, Eastbourne Borough Council, Kent, Surrey and Sussex Community Rehabilitation Company, Salvation Army, Seaview, and Sussex Police.

3. A theory of change for the Fulfilling Lives South East project

The local evaluator supported the project team to develop a theory of change for the project. This is described below.

The theory of change in words

This theory of change sets out what the Fulfilling Lives South East project hopes to achieve, and how it hopes to do so.

The parts of the model in turquoise (the central circles) show what the project does. The parts of the model in orange (on the left and right) show what the project hopes to achieve.

The parts of the model in grey (along the base) show the context in which the project is operating.

1. The project elements

The project has four main elements:

- Valuing lived experience
- Providing specialist support
- Involving and influencing local change agents
- Learning, reflecting and evidencing

These elements are inter-related, with each overlapping with, supporting and influencing the others. The elements work together to achieve the project outcomes.

Valuing lived experience

People with lived experience of multiple and complex needs are at the heart of the theory of change and of the project. Their views, experiences and needs direct the project. People with lived experience are most closely involved in the project in three ways:

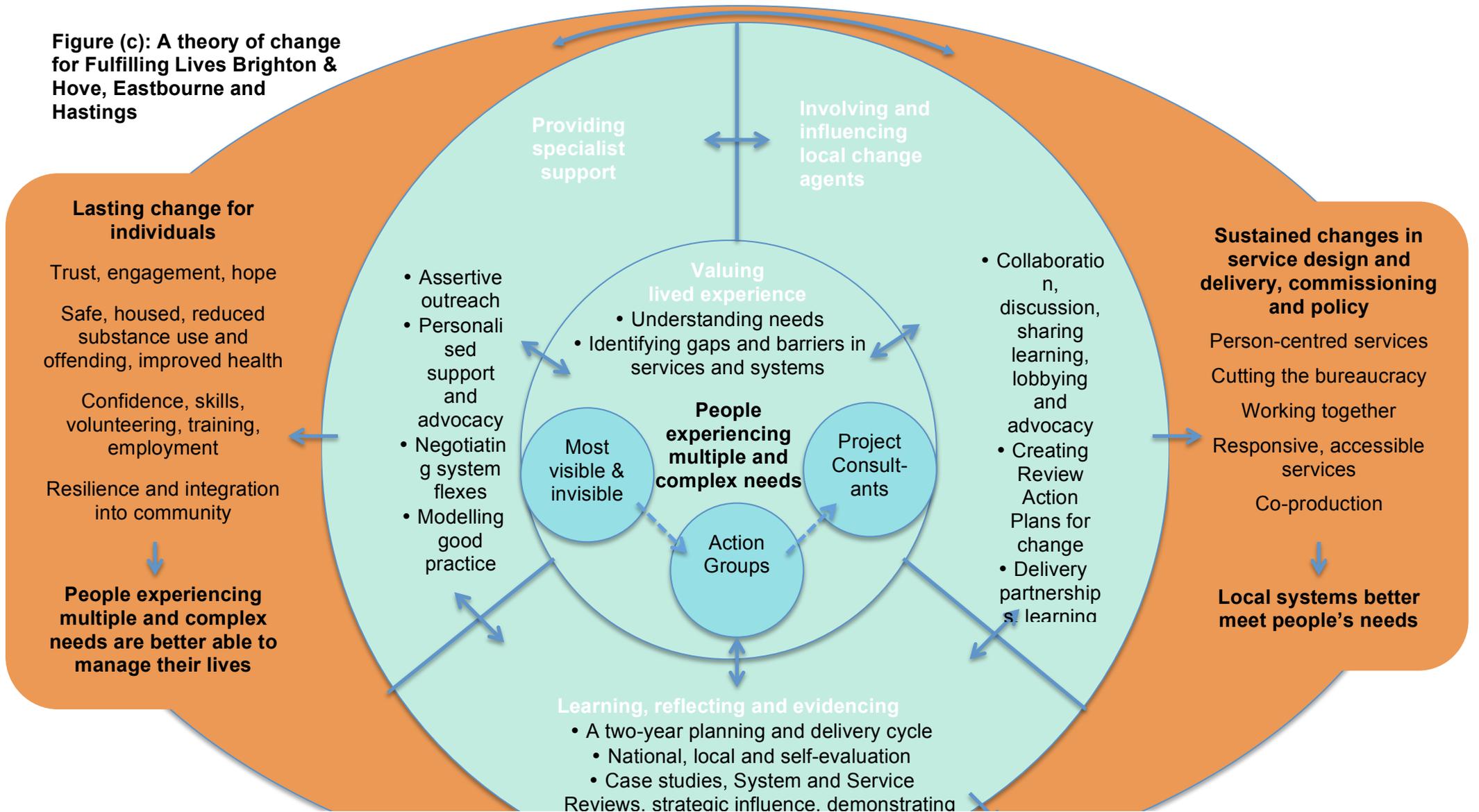
1. **The most visible and invisible people to services** are supported by Specialist Workers.
2. **Action Groups in Brighton, Eastbourne and Hastings** are attended by volunteers with lived experience.
3. **Project Consultants with lived experience** support the Action Groups.

The Action Groups draw on their own experience and consult with other service users to identify gaps and barriers in services. The experiences of the project's clients also highlight gaps and barriers in services.

Providing specialist support

Specialist Workers support individual clients. Every two years, two groups of clients are identified for this support, and specialists are recruited to support them. In the first two years, these client groups are women with multiple and complex needs, and people with dual diagnosis.

Figure (c): A theory of change for Fulfilling Lives Brighton & Hove, Eastbourne and Hastings



The Specialist Workers engage with people through assertive outreach, and pro and advocacy, working intensively with a relatively small caseload. They negotiate flexes for individuals, which also serve to highlight areas for systems change that potentially be scaled up. They provide the opportunity to access therapeutic interventions and use personal budgets to open up alternative pathways for people. They mostly practice in working with this group and play an important role for the wider project relationships with other services. They also provide evidence of the barriers and in systems and services faced by individuals.

Involving and influencing local change agents

The wider systems change element of the project involves collaborating with and local change agents, such as voluntary and statutory services coming into contact with the project, commissioners and policymakers. The project is delivered in partnership with partner organisations in Brighton, Eastbourne and Hastings, which helps to embed the project. When gaps and barriers in services and systems are identified, Service Improvement Officers create Review Action Plans to help address these, involving relevant local change agents in these. The project is supported by three local Steering Groups and an overarching Core Group. The project also involves other agencies through holding local events, and attending local forums and meetings.

Learning, reflecting and evidencing

Learning underpins the whole project, and it is intended it will take place at every level. A two-year planning and service delivery cycle ensures that flexibility is built into the project, so that new areas of focus and specialism can be introduced as needed. Partner organisations and the majority of project staff are engaged on two-year contracts as a consequence.

Each role feeds into this learning. The Specialist Workers develop case studies on systems barriers and blockages; the Project Consultants facilitate the Action Groups; both develop ideas for change and conduct wider consultation with people with more complex needs to identify areas for improvement; the Area Leads and Service Improvement Officers create System and Service Reviews to improve systems; and the Senior Project Manager identifies wider evidence of change.

As well as collecting information for the national programme evaluation, the project has commissioned a local independent evaluation, and conducts self-evaluation activities. Evidencing effectiveness and change, and sharing this learning, is seen to be essential in order to influence wide change in services and systems.

2. The project outcomes

There are two main outcome areas:

- Lasting change for individuals means that the project will help people experience lasting change to multiple and complex needs to develop a forward momentum, build resilience, and be better able to integrate into the community, and manage their lives.
- Sustained changes to service design and delivery, commissioning and procurement that local systems better meet people's needs.

Lasting change for individuals

The project aims to help individuals achieve changes in their lives. These include:

- Those people directly supported by the Specialist Workers
- Those who benefit from improvements in services and systems to which the project has contributed.
- Action Group members.

- Project Consultants.

Outcomes for the Specialist Workers' clients

Each individual's journey will be different, but overall it is expected that people will experience a number of changes such as:

- In the shorter term: trust in services, engagement with services, some hope, and belief in the possibility of change.
- In the medium term: being safe, being housed, reduced substance use and offending, improved physical and mental health, increased confidence and self-esteem.
- In the longer term: social connectedness, a sense of meaning and purpose, hope and goals for the future, engaging in volunteering, training or employment (or other meaningful activity), and sustained change.
- Ultimately, increased personal resilience and integration into the community will mean that the individual can maintain forward momentum and lasting change.

These outcomes will be different for different people: they will happen in different orders and over different time periods, and it is expected that sometimes people may experience relapses, evictions/abandonments or other set backs as part of their journey of change, and will need to be supported through these.

Overall it is hoped that the project will help people experiencing multiple and complex needs to better manage their lives.

A pathway to employment and integration into the community

The project also hopes to provide a pathway to employment for people experiencing multiple and complex needs, by providing opportunities for volunteering on the Action Groups and working in the Project Consultant role. In both of these roles, people will be supported to develop the confidence, skills and experience to help them move into sustained employment, training, education, or other meaningful activity, and help them integrate more fully into the community.

Different people will take different paths, but it is hoped that some people will follow the full pathway, from being a project client (or other service user), to volunteering on the Action Groups, to working in the Project Consultant role. Other project clients may find different routes into employment, and will be supported by the Specialist Workers to do so.

Sustained changes to service design and delivery, commissioning and policy

The project aims to ensure that local systems better meet the needs of people experiencing multiple and complex needs. It expects its work to fall under five main Pillars:

1. **Person centred services:** Workforce development, culture of continuous improvement, training and skills standards, high quality services.
2. **Cut the bureaucracy:** Data sharing, outcomes systems, seamless more efficient referral and assessment processes.
3. **Working together:** Better integrated services, partnership/ collaborative working, alignment of commissioning cycles.
4. **Responsive and accessible services:** Flexibility of access, outreach, navigation, thresholds to include not exclude.
5. **Co- production:** Service user involvement - Co production and full involvement in design and delivery to be a theme underpinning all the others.

These changes will take place across local service design and delivery, commissioning and policy. It is also hoped that, through the provision of evidence, and as part of the national Fulfilling Lives programme, the project can influence national policy.

Relationships between outcome areas

The main outcome areas will influence each other:

- As systems and services change, more individuals will experience positive changes.
- As changes for individuals are seen and evidenced, it is hoped that change in services and systems will be more widely adopted, scaled up and mainstreamed.

3. Context

The project is taking place over eight years, during a period of substantial expected change in relevant policy and services. Important factors include policies of austerity resulting in national policy changes (for example to social security) and large-scale funding cuts in local authorities and other services. These changes may also bring opportunities for new ways of doing things, such as new partnerships and joint commissioning. This changing context will have an unknown impact on the project's workers and clients, and means that the future of the services and systems within which the project is operating is uncertain. These changes are likely to affect the project's delivery in unpredictable ways.

4. Key assumptions and risks

Setting out the assumptions underlying a theory of change, and potential risks to this theory, can help inform project evaluation, which can test these. Some of the main assumptions and potential risks are outlined here:

Assumptions:

- Action Groups are an effective mechanism for identifying gaps and barriers in services and systems.
- People with multiple and complex needs are best supported by workers with a specialism in their particular area of need who are able to work assertively with clients who do not engage with services.
- A two-year delivery cycle (providing the capacity to change focus and bring in new partner agencies and new specialist workers) facilitates flexibility in project design and means that different groups of people with multiple and complex needs can be most effectively supported over the project period.
- Employing Project Consultants on a one-year contract helps the Project Consultants move into new employment, and provides opportunities for as many people as possible with multiple and complex needs to move into employment.
- Review Action Plans are an effective mechanism for addressing/overcoming gaps and barriers in services and systems, and lead to systemic change.
- The national and local evaluations and self-evaluation are effective mechanisms for capturing learning, evidencing effectiveness/change, and ensuring that this learning is acted upon.
- Evidence of effectiveness/change is necessary in order to influence broad systemic change.

Risks:

- Change agents do not collaborate on systems change.
- Evidence of change collected by the project is not accepted or not acted upon by change agents.
- The two-year delivery cycle:
 - Leads to discontinuity (in the provision of support/in their specialist worker) for individuals who need support beyond the cycle, potentially threatening their recovery.
 - Makes it harder to recruit and retain skilled workers.

- Means that (along with the one-year Project Consultant term) expertise developed by staff and partner agencies is lost.
- A whole-area approach (across Brighton, Eastbourne and Hastings) is not flexible enough to take into account differences in local context and need.
- The project does not provide an effective pathway into employment for people experiencing multiple and complex needs:
 - Project Consultants do not move on into employment.
 - There are not enough people with multiple and complex needs who have the skills to move into the Project Consultant role.
- Changes in context/the broader system (such as funding cuts, services operating with reduced resources and service closures) mean that partners/change agents do not have the time or resources to collaborate on systems change.
- As the project achieves changes within the system, the system itself changes due to stronger external forces (such as funding cuts) and positive changes are lost.

4. The specialist work

Project outcome: People with multiple and complex needs, previously not engaging well with services, self-report that they are better able to manage their lives, as a result of services being more accessible, targeted and better coordinated.

This section is based on interviews with 11 clients of the Specialist Workers, and analysis of selected data from the project's client database. It assesses the outcomes the project has helped individuals to achieve, and explores how it has done so.

About the specialist work

The project employs six Specialist Workers, each of whom supports around 8-10 clients to navigate existing systems. This work enables them to identify gaps and barriers within these systems, advocate for small-scale system flexes, and thus inform the project's systems change work. For the first two years of the project, three Specialist Workers supported women, and three supported people with a dual diagnosis of both a mental health and substance misuse problem.

Work with clients started in March 2015. By the end of March 2016, 54 people with multiple and complex needs had received specialist support through the project.

Interviews for this evaluation were conducted with eleven people who were being supported by five of the six Specialist Workers² across Brighton & Hove, Eastbourne and Hastings. Of these, seven were women and four were men. Four were on the caseload in Brighton & Hove, two in Eastbourne, and five in Hastings. Informal conversations were also conducted with the Specialist Workers.

The client group

The project has worked with 54 people, with the following characteristics:

Demographics of client group

- 33 of the project's 54 clients were women, and 21 were men. Of these, 31 were supported by the project's specialist women's workers, and 23 by the specialist dual diagnosis workers.
- The majority were aged between 21 and 50 (see figure (d)).
- 47 (87%) were white British, with the remainder including 3 people of mixed other ethnicities, and one person each of Gypsy/Irish Traveller, mixed white and black Caribbean, and white Irish ethnicities (see figure (e)).
- All but two people (96%) had a substance misuse support need, and all but two (96%) had an offending support need. 48 (89%) had a mental health problem, and 41 (76%) had a homelessness support need (see figure (f)).

The project set out to work with the most visible and the invisible people to services. Overall, staff and stakeholders believe that the Specialist Workers are working with the right people.

² The sixth worker had a period of leave during the fieldwork period so interviews could not be arranged with their clients.

'We've suggested certain people that would benefit from being under their care, and they've taken them on. It's not just a single referral, it's with [partner agency] and the other [local] agencies [...] The process is working well, they're working with the right people.' – local service provider

Figure (d): Clients by age range (number, percentage)

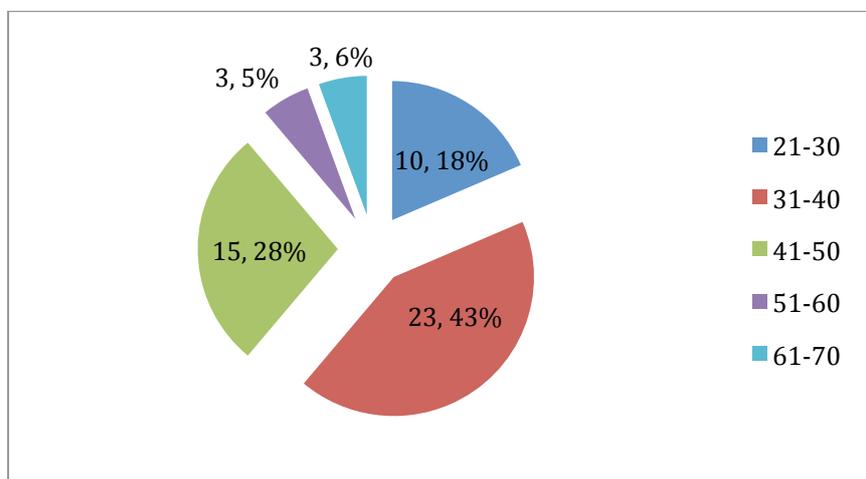


Figure (e): Ethnicity of project clients (number, percentage)

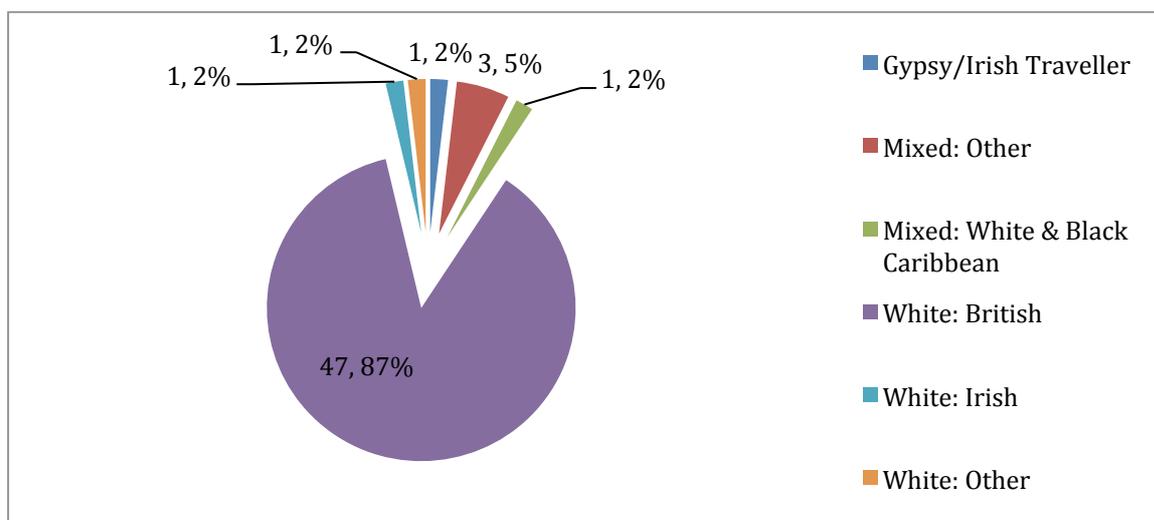


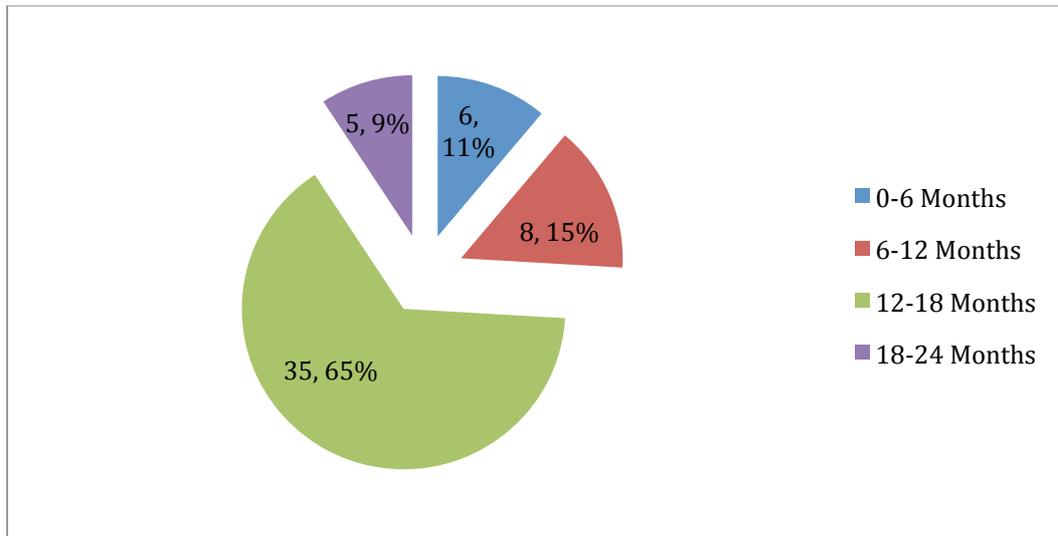
Figure (f): Support needs of project clients (number, percentage)

	Support need	No support need
Offending	52 (96%)	2 (4%)
Homelessness	41 (76%)	13 (24%)
Mental health problems	48 (89%)	6 (11%)
Substance misuse	52 (96%)	2 (4%)

Length of engagement with the project

- Three-quarters of the project clients (40 people, 74%) have been on the caseload for 12 months or more (see figure (g)).
- Two project clients died during the project period. The Specialist Workers stopped working with two people who went into prison and one who left the area.
- One person left the service because they no longer required support.

Figure (g): Length of time as Fulfilling Lives clients (number, percentage)



Experiences of previous support and other services

Many of those interviewed described how previous interactions with services had not met their needs. These experiences ranged across voluntary and statutory services.

Many people described experiencing stigma and being ‘spoken down to’:

‘I have an odd key worker at the hostel. It’s as if she thinks “you’re just a waste of time, you’ll just keep doing it”. And she’s trying to tell me how easy it is to give up stuff [drugs].’ – Fulfilling Lives client

‘I always feel I’m being spoken down to. [Workers in drug service can be] very derogatory and demeaning, I don’t like that.’ – Fulfilling Lives client

People described inadequate levels of support:

‘The Mental Health Crisis Team just said “how are you?” and then went. I had them for one week only. All they were doing was coming up for five minutes, saying “you look alright”, they didn’t ask how I was. I had an assessment before I left [detox]. I went straight back on drink and drugs.’ – Fulfilling Lives client

‘I had an [outreach] worker but barely saw her, I didn’t know she was my worker.’ – Fulfilling Lives client

'[Drugs service] are who I get my methadone from. They don't know nothing about what's going on in my life. They gave me a bus pass once. I have a key worker there but I don't know who they are.' – Fulfilling Lives client

One person 05 said that it was not uncommon for other workers to miss or cancel appointments. They said that they had turned up to one appointment at a drug and alcohol service and found that their worker was on holiday and had not informed them of this.

People described falling through the gaps between services or 'being swept under the carpet':

'For so long people like me have been caught in a loophole because we have dual diagnosis, there's no help, we're passed from pillar to post. It's helpful to be recognized as someone who has dual diagnosis [through Fulfilling Lives] and not swept under the carpet. [I've been swept under the carpet] by the Community Mental Health Team, [drug service], probation, everyone [...] They don't really take me that seriously. I've suffered mental health life-long [...] Before [Specialist Worker] people were putting my mental health to drugs and alcohol. I was passed to and fro. Because of [Specialist Worker] it's changed now.' – Fulfilling Lives client

People described not being given any help:

'[Worker] is so brilliant. She rang up the same day [that I was threatened by my former partner] to get an injunction against him. No one helped with things like that, I always had to do everything on my own [...] Everyone said "We can't help you, we can't get you on alcohol detox".' – Fulfilling Lives client

'I've been to every organisation available, everyone left me to my own devices. It was a waste of time [...] Every place I went to sent me to the next place [...] I asked] my key worker [at drug service] for rehab and detox for ages – it didn't happen. I went back to doing gear every day. She was patronizing. She promised me [rehab and detox]. I waited for over a year. She used to call me 'poppet' – she was half my age.' – Fulfilling Lives client

People said that these negative experiences had eroded their trust in services:

'I've been let down too many times. I don't believe anything anyone says to me until it happens.' – Fulfilling Lives client

People said that some other services were helping them

Several people had also had positive experiences of other services and support, for example mentioning particular workers who had helped them along with their Specialist Worker.

Accepting support from Fulfilling Lives

The persistence and consistency of Specialist Workers builds trust

Many of the people interviewed were reluctant to initially engage with their Specialist Worker, or said that they did not have high expectations of them. They said that, as their worker demonstrated persistence and consistency (which had been missing in many previous relationships with support workers), their trust in them grew:

'It's the consistency. Even if in the beginning I didn't believe in her as much as I should have, because I'd been let down before – they persist, keep coming back, you

think this person isn't going away. I've been let down by the system for so long.' – Fulfilling Lives client

'I always had bad experiences with key workers, I went in with great trepidation. It turned out she's alright [...] She's straight to the point, direct, it makes me more confident working with her.' – Fulfilling Lives client

Word is spreading in the smaller street communities

Some people in Hastings and Eastbourne (where the street community is smaller than in Brighton & Hove) said that word was starting to spread about the Specialist Workers in the street community. One woman said she had 'stuck up for' her Specialist Worker to others on the street. Another said that they had 'heard good things about' their Specialist Workers from peers before they started working with them.

'[Specialist Worker] was working with [friend] and [friend] said [Specialist Worker] was committed to long term working. I had a chat with [Specialist Worker], she got me a cheap phone, and we started meeting.' – Fulfilling Lives client

As the project progresses over time, it will be interesting to explore whether the project, by working well with individuals within small street communities, may be able to change these communities as a whole.

Grace's experience: 'gentle, subtle persuasion'

'[Support worker] thought I needed extra support. I didn't agree at the time. I was very stubborn [...] Specialist Worker persuaded me to engage] through gentle subtle persuasion. She's supportive, encouraging.

I was self-harming. I had to go to support groups, I went through saying "I'm not the problem." I've only been compliant since I've been evicted. I don't need people knowing about me. I feel I've been stripped naked. I put on a brave face [...] I was too scared [to talk about my mental health] – it makes you vulnerable. No one wants to have mental health [problems].

I haven't accepted help before. The right approach wasn't there. It's half and half: I've got a lot out of what I've done with [Specialist Worker] and half out of what I've done with [other worker]. [Specialist Worker] is approachable, reassuring, it's always nice when someone says "you're not a nutter! You could just do with some support." [...] A bit of consistency. You need a kick up the backside which [Specialist Worker] does in a very polite fashion. She encourages me and makes me aware of the issues I could face.

I'm on new meds for my mental health [and we're trying] to find a route into a psychiatrist [...] I've made progress with [Specialist Worker], it's making me feel things aren't so hard.

If I hadn't had [Specialist Worker] I wouldn't be here now. She gives a bit of extra support. Nothing lasts forever, I need to work well with her now to make sure I don't regret it later on.'

A caring, person-centred approach

Clients interviewed described a caring and person-centred approach by their Specialist Workers, and said that this formed the basis for a trusting and supportive relationship. Important characteristics the Specialist Workers that many clients described were:

- Consistent and available.
- Non-judgemental and understanding.
- Direct and honest.
- Caring.
- Determined and persistent.

Clients said that the following elements of the Specialist Worker role had been important in helping them:

The Specialist Workers are different from other workers and separate from other services:

'She's more like a friend [than other workers], not just an agency. She is an agency, she does some things she needs to do, but do you know what I mean? They seem like 'the system' and I'm a bit funny with that. I feel [worker's] alright. She's helped me in every way'. – Fulfilling Lives client

Being able to work outside services (for example to meet for a coffee) was seen as an important element of this 'different' approach.

'It's because you don't have to come in here [day centre]. We have coffee, it's more relaxed. No one wants to sit in four walls being told, it feels like school, especially when you're a grown woman being told off. I know I can tell her about anything. She doesn't say I'm not going to talk to you or you'll get kicked off your prescription if you don't turn up to an appointment'. – Fulfilling Lives client

'I tell her more stuff [than my drugs worker]. Because she takes me out and we have a more personal time. I hate coming to [drugs service]. I reminds me of rudeness, drugs and people. I feel better, I've got a clearer head outside here.' – Fulfilling Lives client

As a result, both of these women said they had told their worker about things they had not told anyone else.

The Specialist Workers are available when they are needed, not just during office hours:

'She's always on the end of the phone. She works Saturday – that's really good, as I need lots of support at weekends'. – Fulfilling Lives client

The Specialist Workers genuinely care:

Many clients described a relationship of genuine care:

'[Worker] really cares about me, she's really genuine about wanting to help me. She doesn't just see me for one hour and then go. She's there when I achieve things and when I don't.' – Fulfilling Lives client

One worker described modeling 'caring' relationships with clients, and said they had seen the behaviours of other (external) workers towards these clients change as a result of this.

Where this sense of caring is absent (as reported by one person), this can negatively affect the trust an individual has in their Specialist Worker and may affect their engagement:

'She's more interested in [me maintaining my accommodation] than she is in me [...] I want her to be 100% interested in me and not in this place.' – Fulfilling Lives client

The Specialist Workers understand and don't judge

Several people said that their Specialist Worker 'really understands' the issues they are experiencing. One important consequence of this is that support is not withdrawn (as it is in some other services) if they miss appointments.

'[Specialist Worker] understands. She knows it's difficult for me to keep appointments [...] She's not like "why, why why?", she doesn't ask stupid questions, she already knows why, she doesn't give you a hard time if you fuck up. But she pulls on the reins when she has to. She gave me £1 to buy a coke and I bought a beer – did I get grief, you'd have thought I committed murder! She's not in the job for money, she's in the job because she cares.' – Fulfilling Lives client

The Specialist Workers provide encouragement and motivation:

The Specialist Workers did not just wait for their clients to be 'ready' to make changes. They persisted in building trusting relationships, and actively encouraged and supported change.

'She's so determined, she won't let go. She's like a pit bull terrier!' – Fulfilling Lives client

'[Specialist Worker] is quite pushy, but not in a bad way [...] I'd have missed so many appointments if not for [Specialist Worker]. She has to persuade me to meet her because my motivation is really poor. She keeps phoning and texting, it does my head in but after a while I can tell she wants to help, and has [...] I already wanted to do detox, but she's given me a kick up the ass. I've been at that point for years, but she's helped make it a possibility. I'll be detoxing for heroin, methadone and alcohol. It will be hard but I'll do it. I'm adamant I don't want that life.' – Fulfilling Lives client

'If you don't turn up, [other services] won't ring and say why not, what can we do to make you turn up. [Specialist Worker] would make the appointment, come and get you, and walk you to the appointment. She encourages you. Once she has time with you she says "how can we stop this or that happening?" and uses that time to structure your mind better. And then you can talk to yourself, say "things are getting better", and then can pull the rein back yourself a bit.' – Fulfilling Lives client

The Specialist Workers are reliable and honest:

'[Specialist Worker] has given me a touch of stability. She's never let me down.' – Fulfilling Lives client

'She doesn't judge [...] She's determined and honest. She's my guardian angel.' – Fulfilling Lives client

The Specialist Workers are consistent:

'In [drug service] I'd never see [the same key worker] longer than eight weeks [...] The whole time would just be repeating yourself, so you never got anywhere. So it helped having [Specialist Worker] constantly. When I go and see a worker now [Specialist Worker] has updated them so we can move forward and get progress.' – Fulfilling Lives client

Support provided by the Specialist Workers

Specialist Workers helped people with a wide range of issues including:

- **Practical support**, including advocacy and support to navigate the current system: accompaniment to appointments, access to services, obtaining benefits, obtaining and maintaining accommodation, reducing drug and alcohol use, accessing detox and rehab, going to the GP and looking after their health, finding courses and thinking about the future.
- **Emotional support**: encouragement, someone to listen, building confidence self-worth, self-belief and aspiration.

This was enabled by:

- A caring, person-centred approach (as described above).
- The flexibility to meet outside services (for example over coffee) and to accompany people to appointments.
- A budget to buy items such as clothing and phone credit.
- Being able to stay in touch with people as they move through services, for example even after leaving rehab.

People described the following support:

Accompaniment to appointments

Almost everyone interviewed said that they had found it very difficult to attend appointments, and that accompaniment to appointments was one of the most important things their Specialist Worker had helped with:

'My life's a chaotic, reckless bundle of accidental mess. I've got no awareness of times, dates, appointments, it's all for the moment. Then to have someone say: "hold on, you're supposed to go for this appointment, I'll come with you", and you say "alright".' – Fulfilling Lives client

'She nudges me, she came to the first few appointments with me. Things where you really want someone there but it feel embarrassing to ask because you're a grown woman. Like coming to court.' – Fulfilling Lives client

'She gives me a bit of a confidence boost. Helped me get to appointments, important ones I don't go to, I don't have the get up and go. She liaises with the social worker, the kids' social worker, [drug and alcohol service], the doctor surgery, probation, [women's service], housing.' – Fulfilling Lives client

Several said that their Specialist Worker had bought them a diary and this had been helpful.

Help from the MCN budget

Several people mentioned help from the project's MCN budget. This included help to buy a phone or phone credit, and help with their appearance (such as shoes, clothes and haircuts). These purchases helped to build trust with the worker, helped with practical engagement with the worker and other services, and/or helped to build people's self-worth and self-esteem.

Navigating existing systems

The clients interviewed described ways in which the Specialist Workers helped them to navigate existing systems, for example by accompanying them, advocating for them, or negotiating a more flexible approach for them:

'Little things that make it hard with my illness, like a phone call to the doctors, surgery, [worker] will do for me. I know it will get done. Things I keep putting off, or end up in a big panic, or shouting at someone in authority.' – Fulfilling Lives client

Several people described help with benefits, such as completing forms and accompaniment to medical assessments. One woman said her benefits increased from £96 to £200 per when the Specialist Worker helped her secure the benefits she was entitled to.

Advocacy

Several people said that they had tried to approach services for help and failed, but that when the 'professional' Specialist Worker tried they were listened to.

'I've been struggling for years to get housing, and hitting brick walls. I've been everywhere. Last week the benefits [service] didn't care. [Specialist Worker] came and suddenly I had access to files. They won't listen to me. People won't listen to me as I'm a down and out junkie. It shouldn't take someone else speaking for you for you to be heard. You're treated as sub-human, you feel invisible.' – Fulfilling Lives client

Sally's experience: 'someone for my voice'

One woman had tried in the past to obtain a prescription for methadone, but had been unable to do so because she was drinking too much. Her specialist worker helped her to modify her drinking patterns so that she could obtain a script:

'She was chipping away, trying and trying to help me blow under the [required alcohol] limit. I got into going to bed earlier. She sat and worked out what I did that day and how much I drank. I managed to [blow below the limit] and get on a script, and once I was on a script that helped with everything else – I went to [hospital] and did a detox. I haven't had a drink since.'

This woman had previously tried to work with the drug service towards this outcome, but had found them unhelpful:

'[Drug service] weren't interested. They were just like "don't drink". But they were giving me an appointment at 1pm. It was only when [worker came in], she was a professional, that they'd give me the appointment early in the morning that I'd been asking for. Someone for your voice – to fight my corner.'

Sally's experience shows the important advocacy and support role Specialist Workers can play; and also demonstrates important gaps in support in the existing system, including disempowerment and not being listened to.

Communicating between different services

Workers also played an important role in bringing together the different services clients were working with and sharing information: '[she] communicates between everyone' 03.

Help accessing important services

'What I needed was help to get in [to rehab] – that's where [Specialist Worker] stepped in. It was really helpful to look at work and what I want to achieve and keep reminding myself of why I'm doing these things.' – Fulfilling Lives client

Support when systems fail

Some people described serious systems failures that put their well-being at risk, and said that their Specialist Workers had supported them through these. One worker helped someone remain abstinent when her stay at the detoxification unit was delayed at the last moment, which she found extremely stressful. Another woman described how her Specialist Worker had provided practical and emotional support when a man who had raped her was put on the same detox ward as her.

Talking and listening

Several people described the value of having someone to talk to, and described the emotional support provided by the Specialist Workers:

'Talking about things that are really sensitive, my children, my life, my illness.' – Fulfilling Lives client

'When we're on the bus, or just sitting here, we just talk about what's going on in my life, what's a barrier.' – Fulfilling Lives client

Access to counseling and other services

One person said that accessing counseling through the project had been very helpful. Another had been supported to attend equine therapy, which she said had had a transformative effect on her life (see Kerry's story below).

'The counseling is going brilliantly. It's like a weight has lifted. I've tried counseling many times, it never did anything. He's got a different approach. I seem to click with him. I walk away feeling lighter, though shaky. It makes a difference.' – Fulfilling Lives client

Outcomes

Many of the clients interviewed attributed transformative changes in their lives to the support they had received from their Specialist Workers. All described positive outcomes of the support. These included:

- Moving into and maintaining accommodation.
- Reducing drug and alcohol use, including obtaining methadone prescriptions and attending detox and rehab.
- Improved mental health.
- Increased confidence, self-esteem and self-worth.
- Improved physical health.
- Better self-care (for example being less likely to skip meals).
- Reduced offending.
- Securing benefits.
- A sense of purpose and identity.
- Positive aspirations for the future.
- Looking into education and training.
- Re-establishing contact with family.

Quantitative data collected by the project shows overall improvements across outcomes areas measured by the outcomes star and New Directions Team Assessment:

- Average (across all clients) outcomes star scores have increased between one and two points across all outcome areas between clients' first scorings (when they started working with the project) and their most recent scorings (in January to March 2016).

This shows an improvement in all of the outcomes star areas (see figure (h)). The largest increases have been seen in substance misuse and money and admin, both increasing from average scores of 2.5 to 4.4 out of 10. The smallest increase was seen in mental well-being, which increased from 2.6 to 3.7 out of 10.

- Average New Directions Team Assessment (NDT) scores have decreased, showing an overall improvement.
 - The average score for the women’s workers’ clients decreased from 34.2 (at clients’ first assessments) to 23.9 (at their assessments in the fifth quarter after joining the project) (see figure (i)).
 - The average score for the dual diagnosis workers’ clients decreased from 34.4 (at clients’ first assessments) to 25.1 (at their assessments in the fifth quarter after joining the project) (see figure (j)).
 - For clients who have been working with the project for the longest (up to six quarters), the average score decreased from 33.9 (at clients’ first assessments) to 24.6 (at their assessments in the sixth quarter after joining the project) (see figure (k)).
- Outcomes were discussed in more detail in qualitative interviews (see later in this section).

Figure (h): Average outcomes star score for all clients (comparison between first score and most recent)

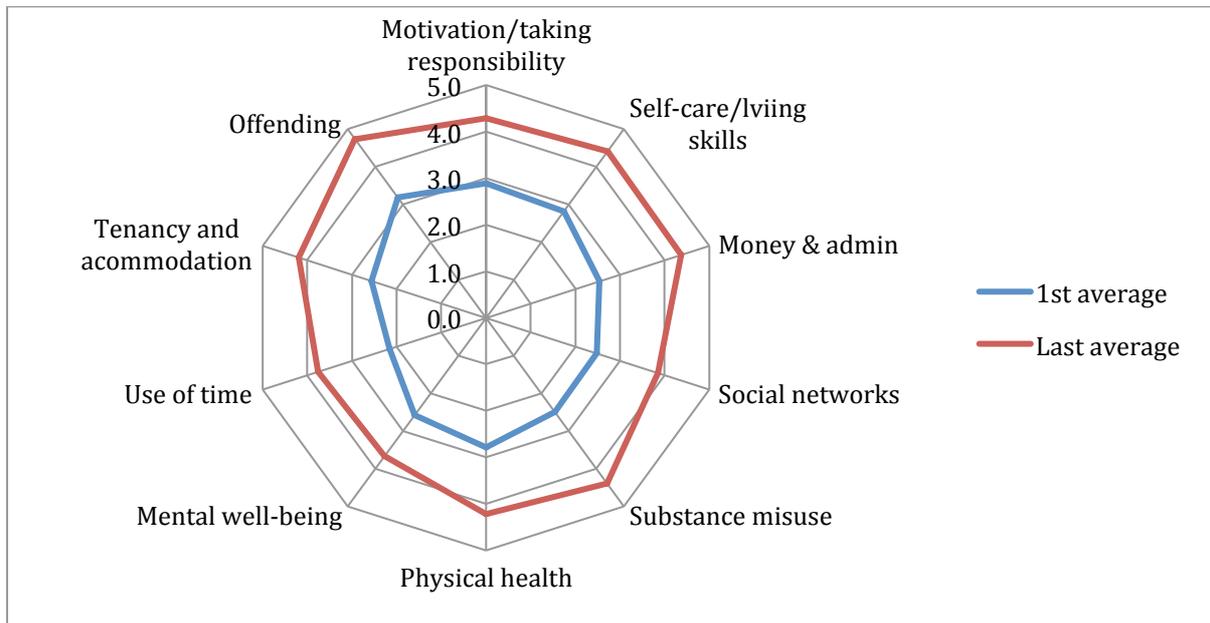
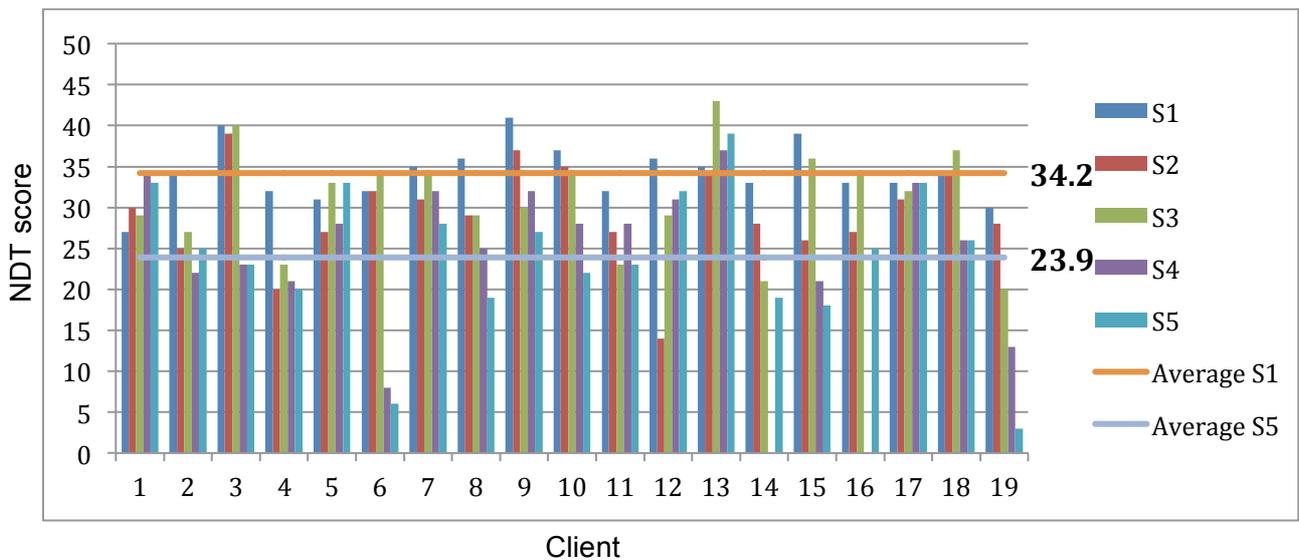


Figure (i): NDT scores for women's workers' clients – progress over time (by client)



Key for NDT graphs:

- S1: Sampling point 1 – a client's 1st quarter working with Fulfilling Lives
- S2: Sampling point 2 – a client's 2nd quarter working with Fulfilling Lives
- S3: Sampling point 3 – a client's 3rd quarter working with Fulfilling Lives
- S4: Sampling point 4 – a client's 4th quarter working with Fulfilling Lives
- S5: Sampling point 5 – a client's 5th quarter working with Fulfilling Lives
- S6: Sampling point 6 – a client's 6th quarter working with Fulfilling Lives

Figure (j): NDT scores for dual diagnosis workers' clients – progress over time (by client)

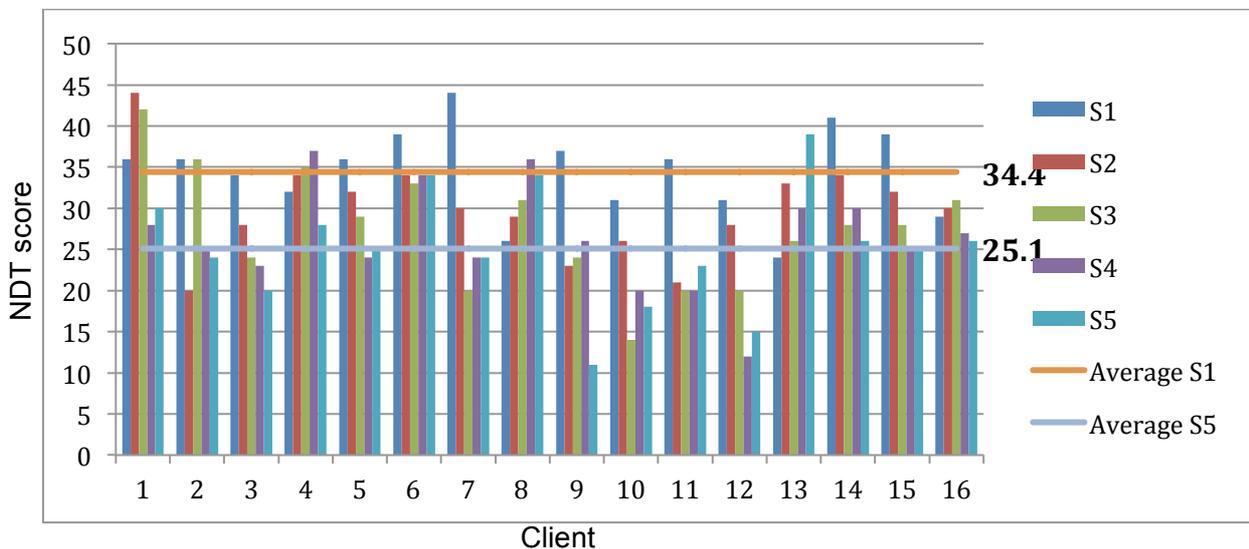
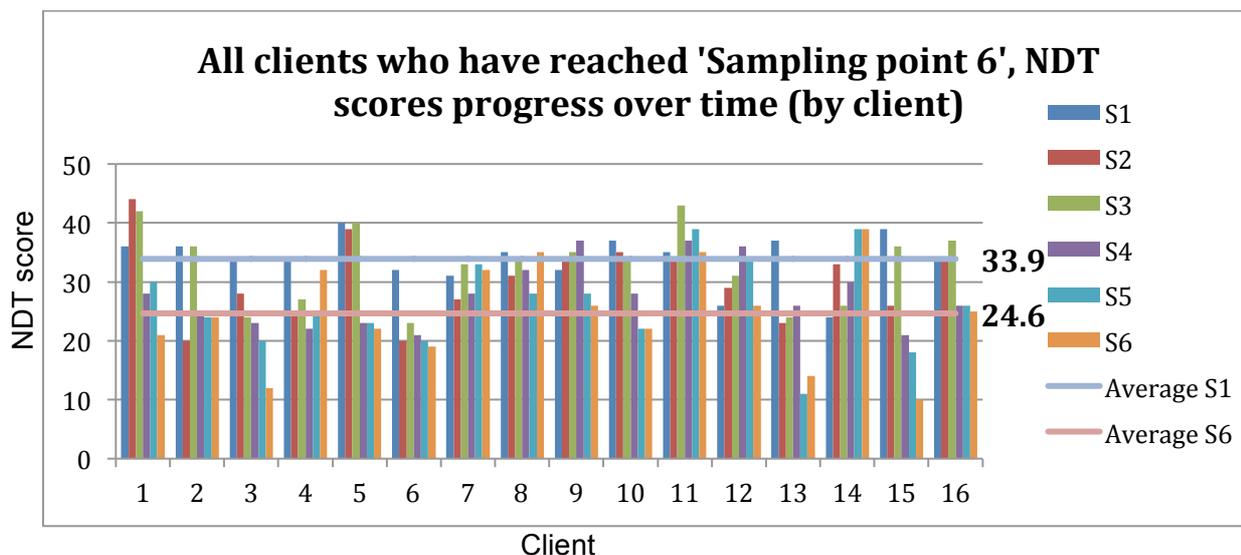


Figure (k): NDT scores for women's workers' clients – progress over time (by client)



Changes in housing, substance use and offending

'[As a result of worker's support] I'm not getting chucked out of my flat, or off the doctors, I don't go without my medication, I haven't had to go around crying because the soles are hanging off my shoes [...] I'm going to the hospital [rehab] to get better. She has helped me and will help towards when I get out, that's when the battle really starts [...] It's been 28 years. Now I'm ready, I've had enough.' – Fulfilling Lives client

'[Specialist Worker] got the government giving me proper benefits, got me off the street and using very little [substances...]. If Fulfilling Lives didn't exist I'd be in a squat. Still using, 100%.' – Fulfilling Lives client

'Without her I'd be breached and back in prison.' – Fulfilling Lives client

Confidence and self-worth

'[Specialist Worker] has given me a bit of purpose and identity. Once every few months, she says do you want a haircut? "Yes thanks!" It makes me feel something.' – Fulfilling Lives client

'[Specialist Worker] has got things done that haven't been in the last 10 or 15 years. I'm on a script now. My life really changed for the better. I've started feeling a lot of self-worth – that's a huge thing. I got it from [Specialist Worker...] If I hadn't met [Specialist Worker] things would have been dismal. I would have made another suicide attempt.' – Fulfilling Lives client

Aspiration and purpose

'I want to get a job with young offenders or at [drugs service].' – Fulfilling Lives client

'In a few years I'd like to be housed and abstinent. I'd like to touch on work probably, but one thing at a time! I'd love to start writing a book, to do some art. We've looked at a creative writing course.' – Fulfilling Lives client

'[Specialist Worker] helped me set a few goals – like starting college.' – Fulfilling Lives client

Kerry's experience: 'you start to believe in yourself and your choices'

Kerry was supported by her Specialist Worker to attend equine therapy, and said this had a transformative effect on her.

'It's been life-changing. I've been to counsellors, sitting and not knowing what to say, and you leave in a worse place than when you came in. I came from equine therapy [in contrast] with tools and ways of making things better [...]

It's built my self-esteem, you start to believe in yourself and in your choices. Believing I can do things.

I've got a life now. I was very lost, so much had gone on. I'd lost faith in a lot of things, my anxiety was bad, I was living one day to the next.

[Worker] initiated everything, she's really changed my life. She helped me believe I could do all these things and I deserved to. She builds you up to believe in yourself again and you're worth people listening to – because you get beaten down by the system.'

Some challenges faced by the Specialist Workers

The Specialist Work is a new way of working, and it was expected that the role would include a number of challenges. The Specialist Workers described a number of challenges of the role.

Navigating boundaries and preventing dependence

Some Specialist Workers said that they were trialing new ways of working. For example, one said that conventional boundaries (such as not responding to a hug from a female client) felt inappropriate and perhaps damaging in this role. Some workers described the pressure of being the only person clients rely on or have care from, and said that some people would push for more and more to be done. The Specialist Workers said that the professional supervision they received was crucial in supporting them with this. They found their peer support meetings valuable.

Danger of 'gap-filling' as services around Fulfilling Lives get cut

Some workers said that they had noticed an expectation in some other services that Fulfilling Lives would take on costs or tasks that might have previously rested with them. This was as a result of the knowledge the Fulfilling Lives had a budget while their own services were often experiencing funding cuts. Rather than influencing systemic change, staff said that the project was at risk in these incidences of filling in gaps in existing services. This view was supported by an interview with a local stakeholder who said that they hoped the Fulfilling Lives project would help them fill the gaps in provision they expected to result from upcoming funding cuts to their service. This indicates the importance of the project continuing to stress its role as a project rather than a service.

A lack of local services and options for clients

The Specialist Worker role is designed to be an additional role to support individuals through existing services. This worked well in Brighton. However, in Eastbourne and Hastings, workers described an inadequate services landscape that meant that they needed to take on

primary – and sometimes sole – responsibility for individual clients. This could be stressful and time consuming.

A lack of housing options to move people on to was a major barrier, in Eastbourne and Hastings in particular.

The local context is also changing in important ways. For example the 13 bed local detox unit closed during the second year of the project. Although beds would be available outside the area, some Specialists and some clients were concerned about the potential effect of this.

'I'm supposed to be going into a detox. But I've got nowhere to live afterwards so I can't do it [...] I'm fucked because Millview [detox unit] is closing in March.' – Fulfilling Lives client

Other issues

There were a number of areas for improvement in the processes around the specialist work, raised in interviews at the end of the first year of the project:

- In year 1 of the project, Specialist Workers in Eastbourne and Hastings reported that a lack of appropriate local services meant that clients could go unsupported when the Specialist Workers had periods of leave or sickness. This risked having a negative impact on clients and staff. The Specialist Workers also raised some concerns about safety, and said that a small team size could mean lone working policies did not always work in practice. As a result, a new team structure will be implemented in years 3 and 4 of the project, which will create a combined Eastbourne and Hastings team working across the two locations, with the aim of alleviating these challenges.
- The project does not have a standardised referral process, as this in itself could form a barrier to access, and has instead used a more creative nomination process. At the start of the project, some Specialist Workers reported that this process made it difficult for them to obtain existing information about their clients. As a result a number of processes have been put in place to support the Specialist Workers to work in a less conventional way to obtain such information themselves following referral.
- Targets for data collection on Inform were felt by Specialist Workers to detract from client work, and the benefits of this data were not always clear to all staff. Future rounds of recruitment to the Specialist Worker role are emphasising the learning element of the project, so that the extent of data collection needed is clear.

Feedback from other agencies on the specialist work

The partner agencies interviewed for this evaluation were asked their views about the specialist work (where they had come into contact with this work). They said that they had seen improvement with their clients after the Specialist Workers started working with them. They also said that there was good joint working between their agencies and the Specialist Workers:

'One person, before [Specialist Worker] took her on she [...] was passed from pillar to post all the time, she was really chaotic, and you'd never see her hardly sober and clean [...] She was engaging before but not very well, it was on occasion, we wouldn't see her for ages [...] It took ages for [Specialist Worker] to build her trust, she did it very slowly. With my help we moved her [to new accommodation...] Since then [...] she's a more improved person, I can have conversations with her [...] She's

more sober than she is not [...] It's only because of her relationship with [Specialist Worker] that she is like she is.' – service provider

'I think [Fulfilling Lives is] invaluable for the IOM [Integrated Offender Management] female cases – [Specialist Workers] are amazing at keeping up with what is going on and they liaise with us on a regular basis. I know [client 1] and [client 2] are really grateful for the support and it has had a significant impact on [client 1] in particular in terms of her attendance and compliance' – Probation Officer

'[Specialist Worker] was able to do all the things we are not able to do but sometimes wish we had the time to do [...] And as she spent so much time with them she had a really fuller picture of what was going on with [client 3 and client 4] which in turn helped me massively.' – Probation Officer

5. Service user empowerment

Project outcome: Service users are empowered to directly influence service design and delivery within the project and externally.

This section explores the extent to which the project is empowering people with experience of multiple and complex needs. It considers empowerment through the Action Groups, among project clients, and in the Project Consultant role. It explores how far the project is providing a pathway to employment for people with experience of multiple and complex needs, and how far the project has helped to embed the service user voice in external services.

Action Groups

Three Action Groups (formerly named Service User Panels) have been established by the project, one in each of its three areas: Brighton & Hove, Eastbourne and Hastings. These are comprised of volunteers who have lived experience of multiple and complex needs, and are facilitated by Project Consultants.

Meetings are held regularly, drawing on Action Group volunteers' lived experience to identify systemic barriers and blockages to effective support for people experiencing multiple and complex needs, and discuss ways in which the system could be improved.

In October 2015, the independent project evaluator visited the three Action Groups. The groups discussed their hopes for the project, the achievements of the groups so far, and ways in which the Action Groups could be improved. Each volunteer also completed a short questionnaire.

A separate evaluation report published in February 2016 summarised that feedback and suggested some areas for further discussion. Key findings were that:

Volunteers were strongly motivated by the hope of making a difference for other people. They hoped that they could be the voice of service users, help improve services, and see change at street level. The training and experience offered by the Action Groups was also very important to them, and was seen as a pathway into employment. Hopes included:

- 'Make a difference and help others'
- 'Be the voice of service users'
- 'Seeing change at street level'

Volunteers thought that the Action Groups were a good way of making a difference. Some people thought they could play more of a role by going out and hearing the views of current service users.

The Action Groups had helped people learn new skills, build confidence, and experience other positive changes. Many volunteers said that sitting on the Action Groups had made a difference to them personally. Some said they had developed new skills, knowledge and understanding, for example around communication, learning about different ways of working, and learning about issues like homelessness.

The Action Groups were seen to be respectful, supportive environments. The Action Group in Brighton said that they would like more support, for example access to counseling and debriefing.

Many people described feelings of empowerment as a result of their volunteering.

Being listened to, feeling you're making a difference, and being in a supportive environment, all helped people to have more confidence and self-esteem and to experience other positive changes.

- 'It's given me hope'
- 'Given me confidence to talk'
- 'Feel like I'm making a difference'
- 'Your opinions are valued and listened to'

Most volunteers said that the Action Groups had come up with good ideas, felt listened to, valued and supported, and equal to staff at all levels in the project, and felt that the Action Groups would make a difference.

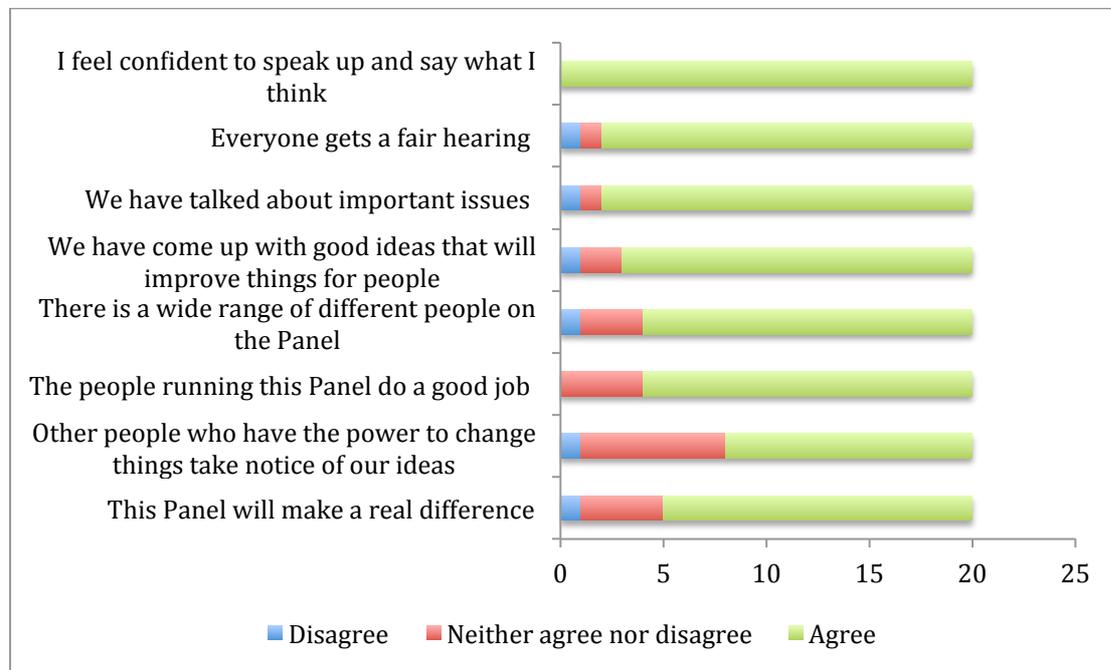
'The meeting is unique, drawing on our lived experience.' – volunteer, Brighton and Hove

'There's a sense [project staff] really value your opinions.' – volunteer, Eastbourne

'It gives you a boost, people listen to you – I feel taller when I walk out.' – volunteer, Hastings

Volunteers in Brighton said that they needed more support. This included making sure mentoring sessions happen regularly, and making sure there is support/a debrief after discussing very personal issues, regular phone calls to check how they were doing, and a check out at the end of every meeting. Future evaluation work should assess how far the support provided to this group has improved.

Figure (1): The views of Action Group Volunteers



Base: 5 respondents in Brighton, 6 in Eastbourne and 9 in Hastings.

The Project Manager at the peer-led East Sussex Recovery Alliance (ESRA) has been closely involved with the Fulfilling Lives project, and echoes the views of Action Group members, reporting that the project has been empowering for them:

'Two of our volunteers were on [action group]. They got a lot out of it, the training they offered, it empowered them, you could see they were feeling supported, valued and empowered.' – Project Manager, ESRA

The project is now exploring the idea of smaller Action Groups for people not yet ready to commit to the Action Groups. This would make involvement in the project possible for a wider range of people including those currently experiencing complex problems.

An emerging area for discussion was: 'What is the best role for the Action Groups? How can volunteers' knowledge, skills and experience be used best?' At the time the research was conducted, the Service User Action Groups were still evolving. Some volunteers said they wanted to expand their role and go out and talk to current service users. Some wanted more feedback on what happens to their ideas after they have been raised.

In the workshop with volunteers held as part of the business plan review process, additional comments included:

- The Action Groups are inspiring, empowering places with good supervision, personal development and support.
- The pace of change is slow, which can be frustrating.
- People would like more feedback about what was happening with their ideas.
- Some people would like the Action Groups to play more of a role in other elements of the systems change process (for example contributing to System and Service Reviews and Review Action Plans).

Project clients

Some project clients reported that the project had been empowering for them. Several talked about increases in their confidence, self-esteem and sense of self-worth. For one woman, whose detox was delayed at the last moment, this led to her being able to directly challenge poor service by a service provider:

'I was all built up to go [to detox], and it was delayed twice with no reason. I was hurt, I cried, I'd worked so hard. There was no apology. I was left without a script too [...] I made a complaint to [detox service. My drugs worker] chuckled, she said I'd never have been brave enough before I met [Specialist Worker]. And people listened and I got a written apology.' – Fulfilling Lives client

Project Consultants

The project employs nine Project Consultants, each of whom has lived experience of multiple and complex needs. Their main role is to facilitate the Action Groups and gather ideas and evidence to feed into the systems change process. They are employed directly by BHT but based within the three local teams. They are managed by the Service User Engagement Coordinator, and tend to receive some support from the Area Leads and other staff in the locations in which they work.

Learning

Many Project Consultants reported learning a great deal, and said that their confidence and self-esteem had increased since working on the project. Many felt that they had been able to use their personal experience and skills to benefit the project.

'I've learnt more in one year on this project than in any other job. I've learnt a lot of skills I didn't have before that I can take forward, minute taking, facilitating, doing focus groups.' – Project Consultant

'My confidence with speaking has built, my PC skills, minute taking, formatting documents – I've learnt a lot.' – Project Consultant

'I'd never experienced self-worth, ever, up until about 3 months ago. I realised I'm good. This was partly through the project.' – Project Consultant

Training

The Project Consultant role is demanding, and requires a broad range of skills. There is a substantial training programme for Project Consultants. Several said that there were areas in which they would like more training; this included chairing and facilitating meetings, using IT, and organising their work.

The team was restructured during year 2 of the project to include one Project Consultant and two Project Consultant Assistant roles in each area. This ensures that there is someone with sufficient experience to facilitate Volunteers Action Groups Meetings as well as allowing the project to offer employment opportunities to people who may require more support to develop skills and confidence.

Management structure and support

The nine Project Consultants shared one manager, who moved between the three locations. This manager (the Service User Engagement Coordinator) received very good feedback from most people on her skills as a manager. However, the majority of Project Consultants interviewed towards the end of the first year of the project, along with a number of other staff and delivery partners, said that the lack of a locally-based manager meant that the Project Consultants did not always receive the support they needed.

'There should be three [Service User Engagement Coordinators] – one in each area. [...Service User Engagement Coordinator] tries to be in each location one day a week, but that's not enough when you first start.' – Project Consultant

Some Project Consultants received valuable support from their local Area Lead and Service Improvement Officer, although others did not feel supported locally.

'If I can't get hold of [Service user Engagement Coordinator] I'll always speak to [Service Improvement Officer or Area Lead], I feel I've got support there and I'm also accountable to them, if ever I've got a problem I'll let them know.' – Project Consultant

The model of line management through BHT is an important element of the project design in order to ensure that the Project Consultants (and therefore the service user voice) are independent from the delivery partner organisations. However, the lack of adequate support for Project Consultants was raised as a significant issue by several Project Consultants, as well as several other staff and delivery partners. It was thought that many in the role would benefit from clearer guidance, closer supervision and support, and more effective structures for accountability. Interviews were conducted with Project Consultants in autumn 2015, so further research is needed to ascertain how far this is still the case.

In response to this, a more formal arrangement commenced in early 2016 between BHT and the delivery teams to share the responsibility of creating a positive, supportive nurturing environment for PC's to work in. Managers report that this has yielded a more stable working environment.

Protecting well-being and supporting recovery

Several Project Consultants described less positive experiences in the role, did not feel well supported, and felt their lived experience was not genuinely valued by everyone working on the project.

Several Project Consultants interviewed in autumn 2015 said that they did not feel listened to by others working on the project. One Project Consultant pointed out that, as a result of this, the project was at risk of replicating some of the systems issues it was aspiring to overcome:

'One thing about people with mental health issues [like me] is often they feel they're not listened to, and that's an ongoing thing in this project, people are not being listened to [...] The irony is the barriers we're trying to break down [through] the project are the barriers we're trying to break down within the project [...] We are expected to be] 100% professional, we're not allowed to get upset – and often that's [difficult] if you're not being listened to and taken seriously, suddenly the issue is about you and the way you behave and not the problems with the project.' – Project Consultant

The project has put a number of actions in place (outlined below) with the aim of ensuring that such experiences are not repeated. These individuals have since left the project, and further research needs to be conducted in order to understand the experiences of current Project Consultants.

Two people said that challenges in the role had had an adverse effect on their mental health or put their recovery at risk, although they had both successfully managed this.

'There have been times I felt I couldn't cope and had to manage my own mental health issues around that, especially when there was pressure [at work] and when I felt I was being undermined, and I felt for a long time I wasn't being supported by [manager].' – Project Consultant

'When I started [in the role] I kept asking for help and then I shut down. It was my pride. I started to feel quite inadequate. I shut down internally, getting a bit depressed, feeling not up to the job. It was a dark period in my recovery. I don't know [what other people in the team thought] – no-one said anything [...] I took it to supervision and [manager] responded really well, we sat and talked.' – Project Consultant

One Project Consultant (not interviewed for this evaluation) relapsed, following some work-related difficulties that the project had supported them with. As a result, the project introduced a Crisis Management Plan that is created with individuals when they start the job, which sets out how managers can identify if they are becoming unwell, and how to support them if that happens.

In addition, one person had a period of mental ill health and described being well-supported with this:

'I had a two-week period of sickness. I was really supported coming back. [The Service User Engagement Coordinator] was keen to say "what can we do, what do you need?". I was really supported with my mental health issues by her and likewise by the [partner] team.' – Project Consultant

Towards a model of best practice in the employment of people with lived experience

Fulfilling Lives is committed to learning from the experiences of Project Consultants, and ensuring that staff with personal experience of multiple and complex needs have positive experiences on the project. The project aims to develop a model of best practice that can be shared with others.

The project has put a number of mechanisms in place in response to Project Consultant feedback in year 1 of the project. These include:

- A Wellness Recovery Action Plan is completed by Project Consultants when they start the role. This sets out an agreed plan for maintaining their well-being and recovery.
- A protocol has been established with the delivery partner organisations, formalising joint day to day support for Project Consultants.
- During the first year of the project a more flexible approach to conduct issues was taken with Project Consultants. This was not always found to be helpful. In the second year of the project formal procedures have been more helpful in setting clear and consistent expectations of staff.
- Sessions on co-production and other forms of service user involvement are planned for team meetings.
- The creation of two distinct roles in the Project Consultant team: full time Project Consultants and part time Project Consultant Assistants. Those recruited as Project Consultants have the skills to support and guide the Project Consultant Assistants and to co-ordinate the team, and have responsibility for the functioning of the Action Groups.
- Structured team meetings with a session on sharing learning and finding solutions to challenges
- The introduction of a Performance Monitoring Form This enables people to have a much clearer understanding of the expectations of the role, their performance and the development needed to complete their probation period.

Future evaluation reports will explore how effective these mechanisms have been.

A pathway to employment

Early indications are that the project is providing a unique pathway into work for some people who have experienced multiple and complex needs. Of the nine Project Consultants initially recruited, five had moved into other employment by the end of their one-year contract, including one who had successfully applied for the role of Service Improvement Officer. Two project volunteers had secured posts as Project Consultants during the first year of the project. In spring 2016, a project client became a volunteer on a project Action Group.

Many Project Consultants (and some other staff) raised the issue of the one-year contract term on which the Project Consultants were employed, with the majority of Project Consultants and others believing that this should be extended to two years for reasons of parity with other staff, and quality of service delivery. Several said that seeking work before the end of the relatively short term of one year had been stressful for them. This term was subsequently extended to 18 months as a result of the project's business planning process towards the end of the second year of the project.

Embedding the service user voice in external services

Action Group members have been actively called on by some external stakeholders to inform their work. Examples include:

- The Brighton Action Group has been working with the commissioner for homelessness services in Brighton & Hove to redesign the referral form for hostel accommodation in the city. A new draft form has been designed and the group is going to start consulting on this with a number of services and the wider service user population.
- Female representatives from the Brighton Action Group met the same commissioner to discuss the design and tender process of a female accommodation service. They fed back on various aspects of the service (such as staffing, level of need, and creating pathways), and have agreed to be part of a group to oversee the implementation of the new model and its evaluation. They also have agreed to take part in the tendering process. Nelida Senoran-Martin will provide training for them to ensure their full involvement on this.
- The Brighton Action Group is involved in providing consultation on an ad hoc basis to the Brighton & Hove Homeless Integrated Care Board.
- The Hastings Action Group facilitated consultation with rough sleepers in the town, which informed the development of the East Sussex Street Communities Action Plan.
- Action Group members in Eastbourne and Hastings actively promoted the Homeless Health Needs Audit coordinated by East Sussex County Council and maximised participation and involvement from the wider homeless population.

One commissioner (and member of the project's Core Group) described changes they had made as a result of Fulfilling Lives to ensure that service users had a more central role in their decision-making:

'[A Service Improvement Officer] mapped the level of bureaucracy someone needs to go through to contact someone in the local authority. [We realised] we've made it [...] difficult for service users and peer led organisations to get involved. [As a result we established] one central meeting with service users attending [...] where we sit around and talk about issues. This came out of Fulfilling Lives.' – Head of Drug and Alcohol Services for East Sussex

6. Changing systems

Project outcomes:

- **Services and roles will better meet the needs of service users through undergoing a process of review and evaluation, leading to lasting change in design and delivery.**
- **Long term improvements in systems, commissioning and policy will be achieved through shared learning and strengthened outcomes evaluation.**

This section brings together views about the systems change element of the project from stakeholder interviews conducted in February 2016, the systems change business plan review meeting conducted in spring 2016, and interviews with SIOs conducted in autumn 2015. This evaluation has not explored systems change in depth, and it is recommended that systems change is a focus of the years 3 and 4 evaluation.

The project's approach to systems change

It is hoped that systems changes will take place across local service design and delivery, commissioning and policy. It is also hoped that, through the provision of evidence, and as part of the national Fulfilling Lives programme, the project can influence national policy.

The project aims to achieve systems change by:

- A System and Service Review (SSR) process led by Service Improvement Officers and conducted in partnership with relevant external stakeholders, through which Review Action Plans (RAPs) for change are created.
- Collaboration, discussion, sharing learning, lobbying and advocacy.
- Influencing practice and policy through project partnerships, learning events, Steering Groups, and the Core Group.

The project intends to affect change via service reform; practical inner ring changes and improvements that will have a ripple effect over time and help to influence the bigger changes to the system that the project hopes to achieve.

Fundamental to the project's model is that people with lived experience of multiple and complex needs are at the centre of systems change:

- Project Beneficiaries / Clients
- Project Consultants
- Service User Action Groups

Extensive consultation before the project started identified a number of areas in which systems change is needed. These have been grouped into five main Pillars of systems change work for the project:

1. **Person centred services:** Workforce development, culture of continuous improvement, training and skills standards, high quality services.
2. **Cut the bureaucracy:** Data sharing, outcomes systems, seamless more efficient referral and assessment processes.
3. **Working together:** Better integrated services, partnership/ collaborative working, alignment of commissioning cycles.

4. **Responsive and accessible services:** Flexibility of access, outreach, navigation, thresholds to include not exclude.
5. **Co- production:** Service user involvement - Co production and full involvement in design and delivery to be a theme underpinning all the others.

Additional gaps and barriers in systems are identified through the Specialist Workers' work with individual clients, through the experiences of Action Group members, and through consultation with individuals currently experiencing multiple and complex needs.

Achievements

The project has conducted SSRs in a wide range of areas as follows:

Eastbourne:

- **Homeless Hospital Discharge** – a working group has been set up in Eastbourne
- **Benefits Pathway for MCN** – ongoing consultation using a questionnaire and case studies carried out by Fulfilling Lives Project Consultants.
- **Benefits expectations and sanctions** - DPA1 Form – Eastbourne to discuss lack of take up of the DPA1 form in Eastbourne.
- **Support for women leaving prison** – focus groups have been set up inside and outside Bronzefield prison
- **Reducing / preventing evictions.** Acceptable Behaviour Contract (ABC) pilot for SU's in emergency / private rented sector (PRS) accommodation
- **Accommodation pathway for MCN** – lack of supported accommodation for MCN group leads to long term chronic homelessness.

Hastings:

- **Public safety.** Discarded needles in public spaces. Following permanent closure of the public toilet at St Leonards there is a perceived noticeable increase in needles discarded in public places.
- **GP charges** for letters. Inconsistencies in practice reported by panel members. More scoping needed. Could be a wider issue of unsympathetic treatment of clients by staff. Potential for workforce development; trauma informed approach.
- **Dual Diagnosis.** DD Steering Group is being scoped as this is included in the local strategy but does not appear to exist. Potential to share learning and good practice from Brighton.
- **Informed choice** in treatment. Individuals are not always aware of any choice when selecting detox or rehab placements.
- **Benefits delays.** Job Centres – losing documents and not giving receipts leading to delays in processing and payment of benefits.
- **Challenging stigma.** A wider issue which Fulfilling Lives hopes to develop further. Possibly develop a training package or workshop to raise awareness.
- **Accommodation pathway for MCN.** Still a big gap and barrier to move on is lack of suitable supported housing. Housing First pilot is being considered by Hastings Borough Council.

Brighton:

- **Workforce development.** Regency ward pilot — staff awareness around multiple and complex needs issues
- **Informed choice on substitute prescription** - Extensive scoping and consultation underway
- **Information sharing and joint care planning.** Hostels and Pavilions working together.
- **Dual Diagnosis Criminal Justice Pathways**

- **Workforce development.** Dual Diagnosis Awareness Training, Millview Hospital
- **Women’s specialist services and MCN**
- **Psychologically Informed Environments** we have sent out a Survey Monkey questionnaire to staff of services to assess the levels of PIE implementation in services.
- **Information sharing and joint care planning.** Hostels & Statutory Mental Health. MH commissioners have expressed an interest in replicating the joint working protocol developed through the Hostels and Pavilions RAP.

In the business plan review meeting, staff said that the key strengths of the systems change element of the work so far are:

- Gaps and barriers in existing systems are being identified by the Specialist Workers and grounded in lived experience.
- Cross-location SSRs in Eastbourne and Hastings have worked well.
- There is a real sense of momentum in the project’s work, and the project has built strong relationships with many external partners which is expected to help the systems change work.

Experiences of taking part in a SSR

One organisation interviewed described a very positive experience of taking part in a SSR, and said some small scale changes had emerged from this:

‘My experience of their feedback on [organisation] was quite a positive one because it highlighted to us the things we didn’t know [...] One suggestion was a facebook page, and from that feedback we started two.’ – Project manager, local organisation

The organisation said that the Project Consultants and volunteers had run focus groups with their clients very well, and that their lived experience had been of value in this.

‘Other services [can feel like] obviously it’s “us” and “them”. Because the Project Consultants have lived experience, I think it’s inspirational for other service users to actually see the Project Consultants cracking on with it. And they’re very friendly.’ – Project manager, local organisation

Relationships with partners and stakeholders

All of those interviewed were positive overall about the Fulfilling Lives project. They supported the project and had had good experiences of project activities (such as interactions with Specialist Workers, meetings or events). Core Group and Steering Group members said they made sure that they (or representatives from their organisations) attended the meetings. Stakeholders felt that they had been appropriately involved in the project.

‘We’ll participate fully in the project, we really like its principles.’ – stakeholder

Most people interviewed agreed that the project has achieved a high profile locally.

‘The profile is really good, most people know what Fulfilling Lives is and what it’s for’ – Core Group member

Understanding of systems change amongst stakeholders

Not all stakeholders interviewed had a full understanding of the systems change element of the project. Several stakeholders interviewed said that they knew little about the systems

change element of the project. For example, one Steering Group member said that Steering Group meetings tended to focus more on individual clients than systems change:

'[Steering group meetings] are useful because of what Fulfilling Lives are saying about the people [project clients...] I don't know much about the systems change side of the project.' – Steering group member

Whilst some stakeholders hoped the project would achieve large-scale systems change, others described wanting to see relatively small areas of change. Some did not fully understand systems change thinking; for example one person, when talking about an individual with MCN who had encountered a set back, said that they thought it was the client's responsibility that he had 'messed it up', rather than a result of the system.

Developing and expanding the systems change work

The project has focused on achieving smaller scale systems change during its first years, as part of a strategy of building from smaller to larger-scale change through the 'ripple effect'. It is currently developing this work so that it is in a position to begin to address larger scale systemic change. This is likely to include routes to change that go beyond the SSR process. This includes working towards a creating Systems Change Group and Systems Change Action Plan, and seeking involvement from Core Group members in specific areas of change.

Some project stakeholders affirmed that they would like to see larger scale changes alongside the smaller changes achieved so far:

'So far, there have been small changes [...] The ideas are valid and will work, but they're probably not the broad sweeping changes I expected. But I'm conscious it's a long-term project so I'm not expecting these yet.' – Core Group member

Two stakeholders said that they would like to see Fulfilling Lives taking a more proactive role in driving partnership work. They saw this as central to achieving larger scale systems change:

'I think it's realistic that Fulfilling Lives can make a massive change in how things are done. It needs to get an audience with the right people – Mental Health Partnership Boards, Learning Disability Partnership Boards, senior managers, leaders of community organisations, service users [...] Next I think there needs to be an increase in the assertive nature of systems change. It means possibly [senior manager] and a service user getting on the agenda of major decision-making boards and saying this is what we've learnt and what needs to change.' – Core Group member

Stakeholders' perceptions of systems gaps and barriers

External stakeholders identified a number of gaps and barriers in the existing system:

- Lack of housing/access to housing for people with MCN (including those who had failed to maintain tenancies in the past).
- Poor support in some services, including a working culture that could sometimes be apathetic or uncaring and could de-value individuals.
- Lack of a safe place (for example away from other drug users) for people to receive services and support – which can mean people avoid using services altogether.
- Recent funding cuts meaning a loss of valuable services, including outreach of specialist services into other services.

- Lack of adequate support from mental health services for people with a dual diagnosis.

Differences between the three locations

Some Specialist Workers and stakeholders from each of the project locations interviewed talked about the differences between Brighton & Hove, Eastbourne and Hastings. These have not been explored in depth in this evaluation, but interviewees said they included:

- There were more services in Brighton & Hove than in Eastbourne and Hastings, which meant that the nature of the Specialist Worker role was different in the different areas, with workers in Eastbourne and Hastings often having to take on a primary support role.
- There is more accommodation available in Brighton & Hove. The lack of accommodation in Eastbourne and Hastings significantly limited the support the Specialist Workers could provide to many of their clients.
- There are different needs, and different demographics, in the different areas. For example, poly-drug use was said to be more common in Brighton & Hove, whereas many people with multiple and complex needs in Hastings were said to be heroin users.
- Services in Brighton & Hove were thought to be, on the whole, further developed in terms of practices that were helpful for people with multiple and complex needs.
- Some people thought that working cultures were different across the three areas.
- Brighton and Hove was said to have more forums for joint working and better joint working across services.

In addition, Brighton and Hove City Council is a unitary authority, whilst a two tier system operates in Eastbourne and Hastings, with local government shared between their own borough councils and East Sussex County Council. This has implications for the approach taken in each area:

‘Two authorities are inherently difficult to work with. It’s tricky to get the right people round the table. It’s impossible to get the right people round the table to discuss systems change. If it’s housing and community safety mixed with social care needs, that will be about 50 people [...] At a practical level it’s much harder to get people to agree.’ – local stakeholder

The Eastbourne and Hastings teams will be joined in Years 3 and 4 of the project to form a combined Eastbourne and Hastings team. The aim is that this will enable the project to more effectively work within, and influence, these contexts.

7. Learning and evaluation

Business plan review: summary

An in-depth consultation to shape years 3 and 4 of the project was conducted with around 100 people towards the end of year 2 of the project in spring 2016. These included service users, local stakeholders, delivery partners and staff, the core group, the partnership group and volunteers. As a result of this, the project has proposed the following changes to its delivery in years 3 and 4:

- Restructure the two Eastbourne and Hastings teams to create one joint team.
- Employ two frontline support workers for Eastbourne and Hastings.
- Increase the psychological interventions budget for the project.
- Extend the contract term for Project Consultants from one year to 18 months

The project will continue to:

- Continue with the current subcontracting arrangement and delivery structure combining frontline workers with staff focussing on systems change (Service Improvement Officers) overseen by Area Leads. We propose that current delivery teams' contracts could be extended until at least January 2017.
- Have a specialist role. Retain a focus on women and dual diagnosis, and to use discretion to work with men who fall outside the DD criteria but who are very suitable for the project.
- Work with the most complex clients and review targets accordingly, rather than work with less complex clients in order to hit targets.
- Maintain the RR/MCN Access Fund at the same levels.
- Conduct the current systems change activities including Action Groups, SSR's, RAPs and Change Audits.
- Employ individuals with lived experience of multiple needs as Project Consultants and support them to move onto other employment.

Opportunities for staff to influence the project

Around half of the staff members interviewed towards the end of the first year of the project expressed a strong sense of a lack of influence over the project. Staff said that they did not always feel listened to, and that decisions did not always take their views into account. People said that they would like to see open dialogue, continuous learning, and flexibility to respond to learning more deeply embedded into the project.

Staff empowerment is an important issue, because systems change theory suggests that more empowered staff are better able to change systems.

Since these interviews were conducted (in July to August 2015), the Business Plan Review process has resulted in changes to the project based on staff and stakeholder ideas, and staff fed back that this was a valuable process. Further research in this area may be helpful.

8. Conclusions and recommendations

The specialist work

- The research conducted demonstrates that the specialist work is fulfilling the aspirations set out in the project's theory of change across the project's intended outcome areas. Specialist Workers have supported clients to make important changes in their lives, through a caring, person-centred approach and providing advocacy and support to navigate systems. The years 3 and 4 evaluation should explore how far these changes are sustained over time.
- The role of Specialist Worker involves a number of challenges for workers, including trialling a new way of working, negotiating boundaries, and the pressure of being the only source of support for some individuals. It is essential that all Specialist Workers receive regular clinical supervision to support them in the role.

Service user empowerment

- The research demonstrates that, overall, the project is providing a supportive and empowering environment for people with lived experience of multiple and complex needs to share their views and be involved in shaping the Fulfilling Lives project.
- The Action Groups have a skilled, active, enthusiastic membership. The groups have developed in response to volunteers' ideas, enabling volunteers to play an increasingly active role in the project.
- Many Project Consultants described a positive and empowering experience working on the project, but several of those employed in the first year of the project described less positive experiences in the role. The project has made a number of changes in response to this, including putting additional mechanisms of support in place. Further research should be conducted into the experiences of those currently employed as Project Consultants.
- Early indications are that the project is providing a unique pathway into work for people with experience of multiple and complex needs. It is recommended that the local evaluator works with the project team to track longer-term outcomes for Project Consultants and volunteers and assess the extent to which employment, well-being and other outcomes are sustained after moving on from the project.

Systems change

- Some valuable small-scale changes to systems have been achieved by the project, as part of a strategy of building from smaller to larger-scale change through the 'ripple effect'. The project is focusing on developing its systems change work in years 3 and 4, including the development of several Systems Change Working Groups and a Systems Change Action Plan. A new Operational Manager post was established towards the end of the project's second year, with the aim of freeing the Senior Project Manager's time to work towards systems change at a more strategic level. It is intended that this will help the project influence larger-scale change.
- Some areas of focus over the next two years of the project could include:
 - Developing awareness and understanding of systems change among project partners and stakeholders.

- Building on successful cross-location work in Eastbourne and Hastings to conduct more cross-location systems change work.
- Determining how the effectiveness of systems change will be evidenced.
- It is suggested that the years 3 and 4 evaluation assesses the impact of the systems change element of the project in more detail. This could include assessing how far the project is influencing systems change, exploring the type, scale and nature of changes made, and assessing some of the project's assumptions around systems change (for example the operation of the 'ripple effect').

Learning and evaluation

- The Business Plan Review meetings were seen to be a valuable process by staff and managers, and led to a number of developments in the project. The project could explore ways of creating similar forums for open dialogue and reflection among volunteers, staff and managers more regularly. This could include, for example, reviewing the format of team meetings, or establishing regular sessions for learning and reflection (the local evaluator could help facilitate a small number of these). This could support the project to implement changes in its way of doing things in response to learning as it emerges.
- According to the project's Theory of Change, the project aims to influence systems change through evidencing the effectiveness of its work. It could be helpful for the project to set out what evidence is needed (for example about the effectiveness of particular strands of systems change work), and how this evidence will be used to influence change. This includes considering how far self-evaluation will be acceptable as evidence by external partners.