Year 2 Annual Report

Birmingham Changing Futures Together

Final report – June 2016

LOTTERY FUNDED

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Contents

Introduction

Birmingham Changing Futures Together (BCFT) is a £10 million programme funded over eight years by the Big Lottery Fund (BIG). Birmingham is one among twelve locations across the country taking part in *Fulfilling Lives: Supporting People with multiple needs*. All the *Fulfilling Lives: Supporting People* projects are exploring new ways of working with adults with two or more multiple and complex needs, or HARM needs. These are:

- **Homelessness**
- **Addiction and problematic substance misuse**
- **Risk of reoffending**
- **Mental ill health**

Whilst delivering service improvements, the programme is subject to a substantial national research study, headed up by CFE Research. This looks at results from across all twelve programmes identifying what works for the individual, for providers and for commissioners, and ultimately, for the public purse. The evidence will, it is hoped, lead to systems change, as it demonstrates how to make services more cost effective and deliver improved outcomes.

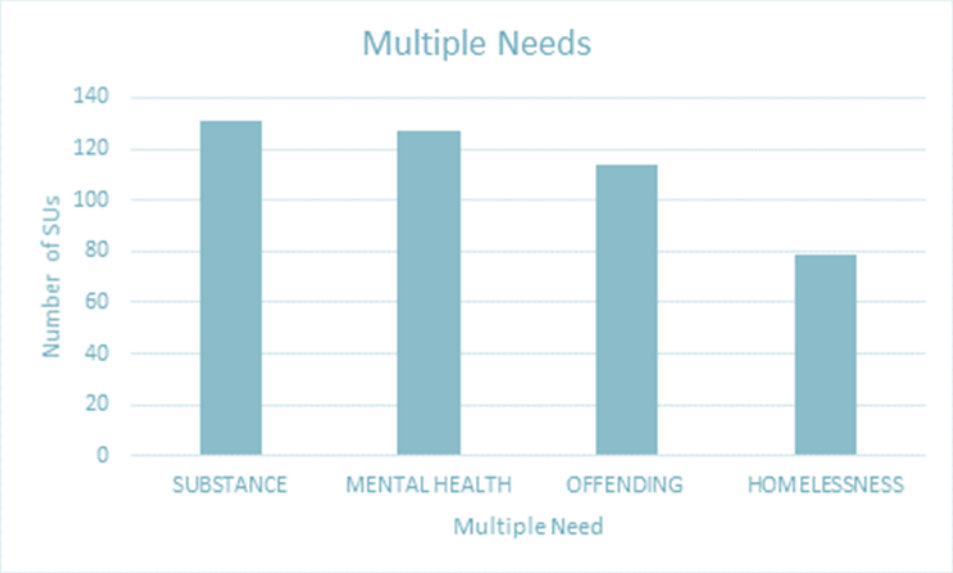
Demographic Information

The following information relates to beneficiaries through the Lead Worker and Peer Mentor service as at 30/04/16.

136 Clients received support between December 2014 and April 2016. Four clients had not given informed consent and therefore their details were removed from these results leaving 132 clients.

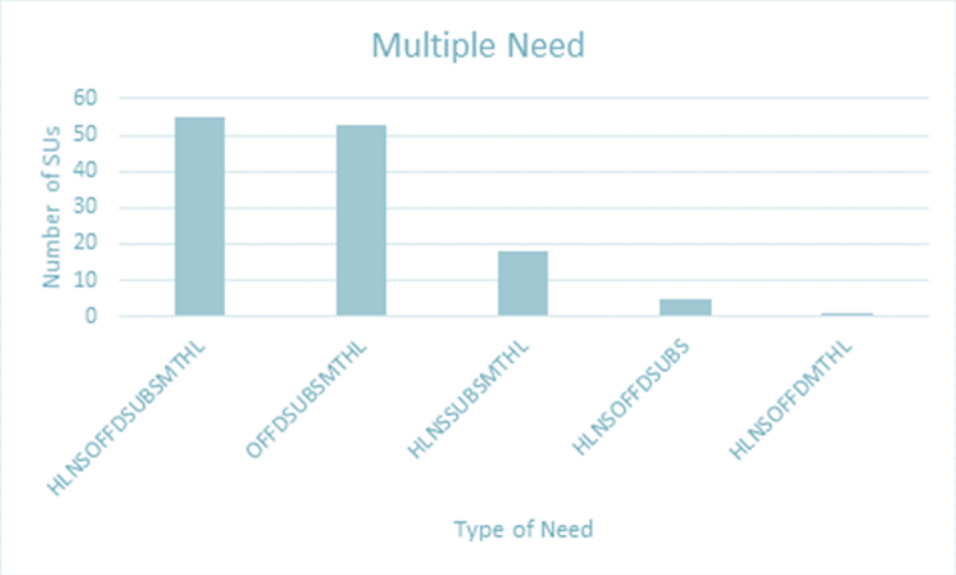
The data is cumulative, containing those that have left the programme as well as active clients.

Multiple Need Breakdown



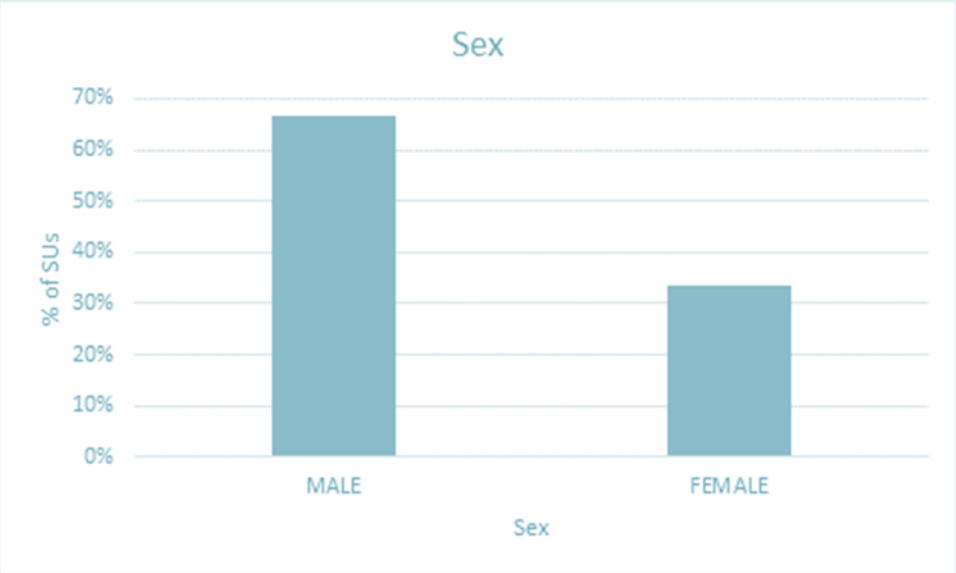
- 99% (131 of the 132) of clients faced Substance Misuse issues.
- 96% of clients faced Mental Health issues.
- 86% of clients faced a risk of reoffending.
- 60% of clients faced homelessness issues.

Combination of Needs



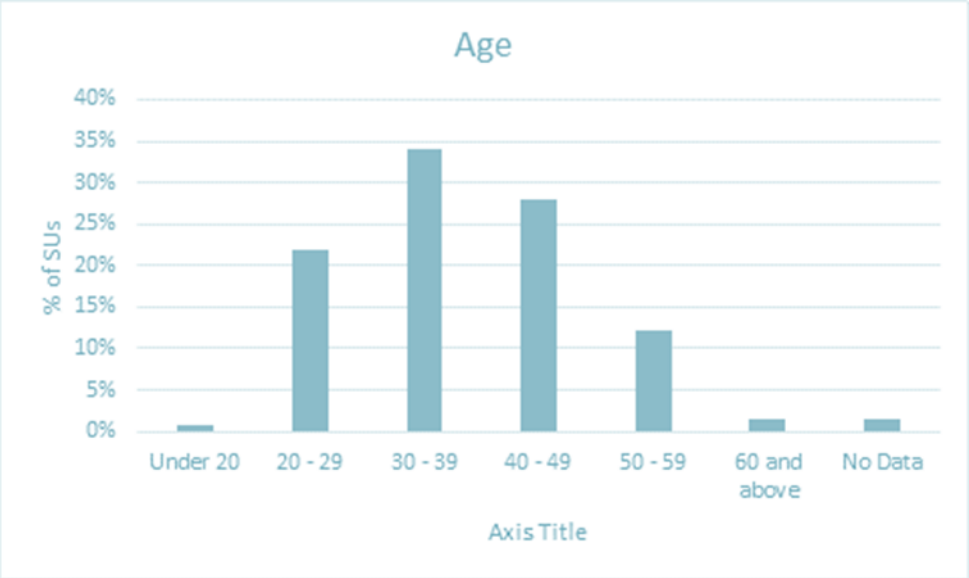
- 42% of the clients had a combination of all four needs.

Gender of Clients



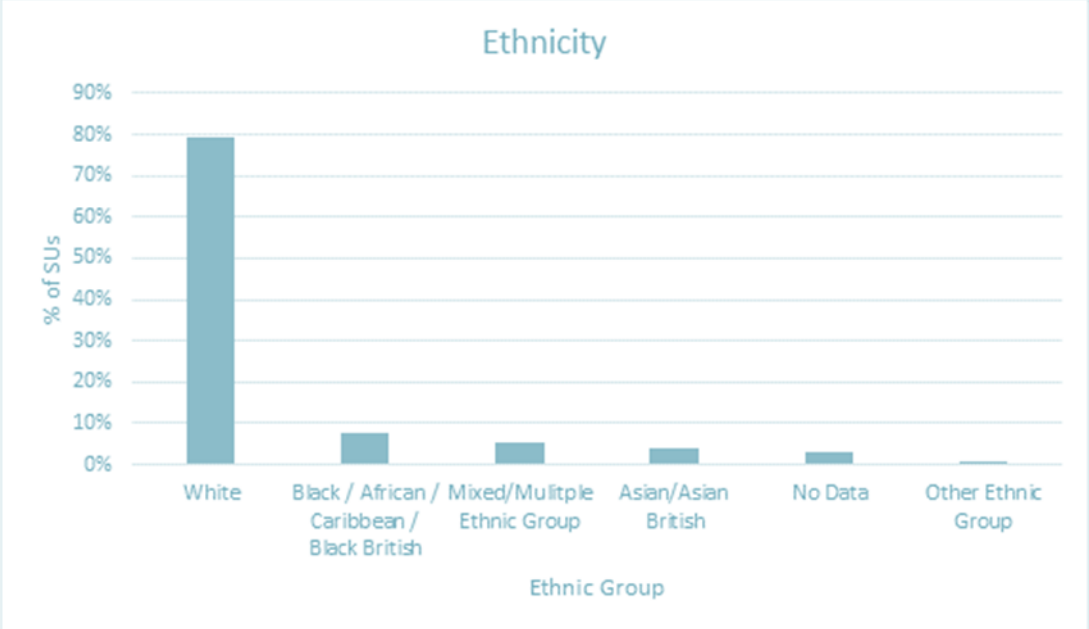
- There are 88 males (67%) and 44 (33%) females on the programme.

Age of Clients



- 34% of the clients are in their 30s.
- Ages range from 19 to 71.

Ethnicity of Clients



- 80% of the clients are White UK, Irish or Irish traveller.
- The next most represented group is the 8% Black, African, Caribbean, and Black British.

Destination of Clients

- 51 clients have left the programme.
- 53% of the leavers disengaged.
- 12% of the leavers no longer required support. This is considered a positive outcome.

Outcome Star and New Direction Team Assessments

- 66% of clients' Outcome Star scores have improved from their first assessment.
- 59% of clients' NDT scores have improved from their first assessment.
- Outcome Star total scores have improved by 17%.
- NDT total scores have improved by 8%.

Lead Worker Peer Mentor Research

Introduction

Emerging Horizons was commissioned to undertake fieldwork in relation to an evaluation of the Lead Worker Peer Mentor (LWPM) programme. The programme aims to help individuals with multiple and complex needs navigate services and find the right recovery and support package. The LWPM Service is a collaboration between Shelter, Sifa Fireside and Birmingham Mind.

The service is designed to support 'hard to reach' individuals, and the team is made up of 12 skilled, empathic Lead Workers (LW) who each take responsibility for a small caseload of clients, supported by 6 Peer Mentors (PM) who have first-hand experience of using services. Together they provide intensive support to individuals who have previously disengaged with services in Birmingham, and who have at least 3 out of the 4 following complex needs:

- Homelessness
- Addiction and problematic substance misuse
- Risk of reoffending
- Mental ill health

Within this service BCFT are measuring the value added of the lived experience, by carrying out a test:

Model A: is a cohort of six Lead Workers
Model B: is a cohort of another 6 Lead Workers who are supported by six peer mentors, who can empathise with the client group they are working with.

The service is testing the assumption that the Peer Mentors will further enhance the engagement of clients to accept and access support and services to help them achieve a Fulfilled Life. This work will be carried out early in 2017 once there is sufficient data available.

Key Learning

There is strong vindication and support for the LWPM service in terms of its capacity to enable to sustain engagement and make significant progress with complex clients. Given the complexity of the population in terms of mental and physical health, this is an admirable achievement.

The clients not only value the support but there is a strong commitment to the staff. There are also early indications of strong and stable recovery and social capital. However, this is a complex population with ongoing needs around mental health and the need for continued support and engagement.

- 100% of clients reported a good relationship (with their LWPM), and when viewed from the perspective of the background of the clients this is incredibly positive.
- All reported various forms of more personalised support across domains of housing, clinical support and assertive hand-holding along with day to day living support referencing autonomy and accessibility.
- 100% of clients are delighted with what BCFT has offered so far and the findings suggest that those involved in the LWPM programme remain well supported and connected throughout their time.
- This individual empathic support and ongoing contact has made a difference to their lives and this combination is repeatedly commented upon by all clients as vital ingredients for their health and well-being. The trajectory of change is very clear. Clients cite examples of now having stable accommodation, resisting engagement in substance misuse or anti-social behaviour.
- When considering the distinction in support provided by LWPMs, the clients with both a LW and a PM appear to appreciate the difference. The comments demonstrate the value of the lived experience in instilling hope and connectivity in the client, and there is a clear indication of positive change in the population in spite of a relatively small sample.
- In considering what could be improved with the service, clients reported that nothing needs to be changed except to provide the city with more support like this to ensure that others receive the same 1:1 professional and personal support.

"I was homeless and a street drinker and now I am thinking of volunteering. I've just finished an 8 week woodwork course and now I'm starting a horticultural course."

"You don't get fobbed off and she is always in contact." "Talks to me like a human being." "If I don't phone them they will phone me." "I get emotional support to talk."

"I don't know what I would be doing without them. I was in a bad way. They helped me. I have been sober since October. I got off the gear, I was on 130ml of methadone for 18 years!"

- Comments evidenced in the staff case-studies highlight the value and the benefits the LWPM programme brings to the city such as -
    - Navigating external services on behalf of the client
    - The amalgamation of the 3 services offers a strong range of experience and knowledge
    - Low caseloads (maximum 8) affording for more flexible, persistent and personal client support.

"The PMs self-disclosure on addiction made the client sit bolt upright and it gave the client hope. The PM has been clean for 3 years so it gave the client something to think about – the client doesn't know anyone who isn't in addiction."

Key Challenges

- Barriers to the programme working as well as it could related to difficulties of maintaining staff/team contact over three bases with three organisations. These challenges were associated with the different working hours at each organisation; the different case management systems; the entry into other host organisations and pay scale differentials, as well as some PMs being matched to LW in a different organisation.
- Comments from staff working on the programme were mixed regarding the effectiveness of the lived experience. These ranged from the perceptions of the value of the role whilst others had not yet witnessed the benefits the role brings.
- There was an acknowledgment that the service was new and not without teething problems such as the lack of capacity for evening and weekend work.
- Other reported ongoing challenges included the matching of the PM to the LW, rather than matching the PM to the client. This brought about challenges for LWs and PMs in terms of being matched or not, having a co-worker present for 5 days a week, managing appropriate disclosure and maintaining boundaries. The matching process was viewed negatively in terms of it not providing an appropriate mix of skills and experience.

Recommendations

1. Different approaches could be developed to enable smarter working practices for LWs and PMs e.g. a common system for file sharing and information sharing, a team base, a personal client budget.
2. The possibility of increasing the staff team, or tapping into existing community supports to allow for longer working hours including evening and weekend work.
3. Opportunities could be developed to consider matching of clients to PMs, which would assist the lived experience aspect of the model whilst alleviating any pressures of LWs having a matched PM. The service could perhaps utilise a pool of PMs who offer a diverse range of skills and experiences and match these to the needs of the clients.
4. Career progression for PMs could include external NVQs in conjunction with in-house induction. A change of the PM title would also be welcomed to eradicate confusion with external services, who also use the term Peer Mentor for their service volunteers and thus perceive BCFT PMs as volunteers.
5. Continued and increased external promotion of the service to assist with joint working partnerships and to aid embedding of the service within the city.
6. Model A and Model B – more work particularly needs to be done to monitor the comparative efficacy of the two models of activity. This is especially important as there were varying views on how proven the case for Peer Mentor involvement was.

Since the research was conducted, BCFT and Shelter have put a number of activities in place to help overcome these challenges and work towards the recommendations –

1. PM and LW data is now analysed to compare the effectiveness of approach.
2. The iCAT computer system is in the final stages of development, which should give a consistent approach to paperwork across the three organisations as well as provide a common system for file sharing.

Every Step of the Way Research

Introduction

ABIC Ltd. was commissioned to undertake fieldwork in relation to an evaluation of Every Step of the Way (ESOW), a programme which recruits, trains and supports people recovering from Multiple and Complex Needs to become Experts by Experience (EBE). ESOW is a constituent part of the wider Birmingham Changing Future Together (BCFT) initiative, co-ordinated by BVSC, and EBE are deployed to help shape BCFT by assisting with:

- Developing policy, process and services.
- Acting as *"mystery shoppers"* to test out how well other parts of the BCFT initiative are being provided.
- Undertaking peer research to contribute to the ongoing evaluation of BCFT.
- Championing the ESOW programme and BCFT overall to their peers and to other provider organisations in order to continue to grow its impact and influence.
- To date, ESOW has engaged 43 Experts, 17 Involvement Champions, ten Peer Mentors and two Involvement and Communication Workers. It has therefore achieved its end of year 2 targets, and is on course to achieve its end of project target of 150 unique EBE participants.
- Seventeen Involvement Champions (ICs) had been engaged, of whom six had subsequently disengaged, and 10 Peer Mentors had been employed (by the Lead Worker and Peer mentor Service), seven of whom were still employed and receiving support from ESOW at the end of April.

Key Learning

Overall, the programme is highly regarded by the EBE and the other stakeholders within BVSC and beyond. The EBE and external partners were also very complimentary about the involvement of Birmingham Mind, their support to the Experts and relationships with partner organisations.

With the exception of one respondent (who felt it was too early to comment) all of the EBE reported that the programme had helped them achieve their personal goals –

- Having an opportunity to 'give something back'.

> ***'I'm a firm believer in giving something back. It wouldn't sit well with me to take so much and not give something back. I still have a moral code.'***

- Having some structure and a sense of purpose in their lives.
- Having 'a voice' and being listened to.

> ***'I feel like an equal. I am allowed to have an opinion. I get the chance to share my opinions which has never happened before.'***

- Experiencing a growth in their inter-personal skills, ability to sustain relationships and feelings of self-worth.

> ***I'm definitely more confident, outgoing and sociable. I was quite isolated. I'm more positive about my future.'***

- The social and inter-personal benefits derived from being part of the EBE group.
- Individuals and organisations that had involved the EBE in their work were universally complimentary of the contribution they had made.
- It was generally felt that the EBE provided a valuable and important input into whatever task they were engaged in.

Stakeholders that had been involved with the EBE also fed back positively. They reported that EBE had been involved successfully in terms of:

- Staff recruitment with BVSC and External Partners

"With staff recruitment there is always an opportunity. EBEs are involved in shortlisting through to interview for all new appointments. EBEs were involved in drawing up the role description for Involvement Champions."

- Procurement, commissioning and funding
- Marketing and promotion to other organisations

"We have used EBEs to develop the logo for the programme as well as leaflets and referral forms. They came up with little things that we as professionals wouldn't necessarily have thought of."

- Providing support to people with Multiple and Complex Needs accessing BCFT services

"EBE take services out to clients wherever they are. EBE have been involved in the planning and the organisation and will be trained to work with Multiple Complex Needs, helping them set up appointments and making referrals."

Key Challenges

Despite the very positive feedback consultants received with regard to the programme, it was possible to identify certain key challenges and threats that need to be acknowledged and addressed going forward. These were:

- An inability by the EBE to understanding the impact of their work beyond their own recovery.
- A lack of clarity amongst the EBE about the ESOW programme, its differing roles and activities.

> ***'Opportunity names don't give enough information about what they involve.'***

- A lack of diversity within the EBE complement.

> ***"I bring the female perspective. I realise when I hear some things males say that it's different, their view of certain things."***

- The need to ensure the regular throughput of EBE recruits and the development of EBE independence.

Lessons Learnt

After ABIC conducted the research, they offered some thoughts with regard to lessons learned from the research and made recommendations with regard to how the programme might be improved further going forward -

1. The importance of organisations listening to what the EBE say and being prepared to change.
2. The need to manage expectations so that EBE understand that change sometimes takes time, and that theirs is not the only view that needs to be taken into account.
3. The need to feed back all outcomes from a change process so that the EBE understand what impact they have made and, where no change has occurred, why this might not have been possible and why.
4. The importance of training and supporting EBE in appropriate work behaviours, boundaries and etiquette.
5. The limitations of recruiting too many EBE with similar case histories and original presenting problems, which impact on ESOW's ability to impact effectively on all aspects of the Multiple and Complex Needs agenda.
6. The importance of assessing how much is too much to ask of an EBE, so that they are given the opportunities they need but not put under so much pressure that they put their own recovery at risk.
7. The importance of explaining very clearly to new recruits; (i) what ESOW is about; (ii) how it fits into the overall BCFT programme; and (iii) how the different ESOW roles operate.

Recommendations

1. Review terminology to see whether it can be simplified, and indeed made consistent with other projects nationally.
2. Continue to develop mechanisms for feeding back outcomes to EBEs, especially face-to-face, so that they can understand the impact of their involvement.
3. Proactively seek to recruit more women EBE as well as those from minority ethnic backgrounds and those presenting with problems other than addiction (especially mental ill-health) with a view to their being tasked to engage more of their peers.
4. Ensure that development plans for EBE include exit strategies that help them to develop their independence and move on from ESOW and thereby ensure space is created for new EBE recruits to come through.

Since the research was conducted, BCFT and Birmingham Mind have put a number of activities in place to help overcome these challenges and work towards the recommendations –

1. A new method for documenting and allocating opportunities that detail their purpose has been put in place.
2. Members of BCFT attend the EBE team meetings to discuss the project as a whole and where EBEs have contributed.
3. An 18 month timeframe has been put in place for EBEs on the project to ensure a steady throughput of clients with recent and relevant experiences of services.

No Wrong Door Evaluation

Introduction

The No Wrong Door Network (NWDN) is one of BCFT's most important innovations, and focusses on organisational cultural change. It is also a complex partnership involving members from different sectors and from organisations widely different in size and mission. A baseline study in 2014 identified the challenges it faces in a city as complex and large as Birmingham.

The original vision was ambitious and the evaluation carried out by Clever Elephant explored what has been achieved in the last two years.

When No Wrong Door (NWD) was in design stage, it was the first time in relation to people with Multiple and Complex Needs, that major and specialist agencies had got together with the intention of setting up a joint, voluntary yet formal approach. The idea of NWD is that wherever a person with Multiple Needs presents, they will be able to access services. NWD is the opposite of individuals trying to navigate (often on their own) many different access points to different services.

All visions, especially ten year ones, have to start somewhere. BCFT has started by building a network of professional agencies that will test out increasing levels of integration, coordination and collaboration between themselves so that service users experience more seamless services. This will be achieved in part through targeted information sharing. The NWDN is a complex partnership of eighteen agencies, coming from different sectors, of widely different sizes, with distinct missions and cultures, and serving a large and diverse population. Setting up such a partnership was always going to be time consuming and challenging even without having to deal with constantly changing personnel and having to go over the basics again in meetings to bring individuals up to speed.

In considering its progress to date, the evaluation takes into account that NWD is at the start of an eight year journey, and not near the end point. Managing expectations can be a challenge over a period this long.

NWD Strategy from Drawing Board to Implementation

NWD made its journey from vision to implementation in an environment characterised by significant change e.g. organisational restructures, personnel changes, substance misuse and Supporting People Gateway commissioning. These changes meant that it could not be taken for granted that what was understood at the design stage was still well understood at implementation. The effects during the early development period were that the understanding of the programme's strategic and systems change objectives diminished and not everyone realised that systems change was the ultimate goal. In early 2015, the Core Partnership Group members decided not to automatically join NWD, loosening its link with NWD's operational arm.

Capacity Building the Network

The NWDN had to be built almost from scratch (due to Core Group organisations not automatically signing up). Staff identified agencies working with people with Multiple and Complex Needs, and approached them with an invitation to join. The target was fifteen agencies in the NWDN by the end of year 2; there are now eighteen with differing 'levels' of membership. Staff tell of intensive outreach, with it taking over a year with some organisations from initial contact to sign up. This was mainly down to staff changes in those organisations and to issues relating to the Information Sharing Protocol (ISP).

It is important to remember that NWD is a purely voluntary arrangement. It is the sum of its members, their willingness and their capacity to engage and lead the way in challenging existing practices and exploring new ways of working with each other and with their clients. Throughout the development period, members have actually been asked to contribute more than they have received "initially more *give* than *get*". Psychologically Informed Environment (PIE) training is seen as a valuable member benefit (commenced following this report in September 2016). PIE training will build good practice and capacity build the network, helping to develop a shared partnership culture.

"PIE will focus minds immensely. It is a hugely valuable offer and will be a shared experience. Get PIE going. PIE is an exciting opportunity and should be a focus for NWD."

Context of NWD Partnership Development

The provider landscape changed when Change Grow Live (CGL), formerly Crime Reduction Initiative (CRI), secured Birmingham's new, single recovery contract beginning in March 2015. It is a member of the BCFT Core Partnership and has signed up to NWD. Both BCFT and CGL are positive about their relationship though a working, referral relationship with NWD has still to begin. The NWDN needs to remain mindful that any organisation not involved in NWD's design or early development might not be automatically engaged, especially as if they have a service access point of their own.

When Birmingham City Council set up its own Gateway as an access point to services, there was some confusion among network members at the lack of strategic alignment, since the City Council was a member of BCFT. There is now a shared commitment at policy level, to work together on the Multiple Needs.

Referrals

NWD has processed 34 referrals since its launch in November 2015 until the end of March 2016, with 19 beneficiaries (those receiving a NWD service) and 14 receiving BCFT's Bridging Fund. BCFT does not monitor where referred clients are in terms of actually getting a service; this will be rectified as soon as the Intelligent Common Assessment Tool (ICAT) is in place. Data about referral pathways, service user satisfaction and information from individual outcomes stars is not yet available.

There have been a number of factors affecting the rate of referral. Clearly the time taken to set up a viable network has had an effect. Ideally the launch of NWD would have coincided with full sign-up to the ISP, with access to the ICAT and with PIE training giving the network a common approach. InReach/Outreach would have also started taking NWD out to service users quickly. However it takes times to develop many different work strands and synchronicity is usually difficult to achieve. Whilst the report records these issues and perceptions, it also acknowledges that they result from delays and difficulties in the implementation phase, and they should not be ongoing in year 3.

Information Sharing

For NWD members to share information for monitoring and case management purposes, BCFT needed an ISP. This process took several months longer than expected. The network responded pragmatically and sensibly, by developing different categories of membership. There was some criticism relating to the complexity of the protocol and the costs of legal

advice, but taking a risk averse approach was sensible, even if it made sign up more difficult. It is better to relax provisions in the light of experience, than to experience an adverse event and then have to tighten them up and renegotiate the whole process.

BCFT/NWD has managed to steer a course between high risk and high expectation. There are now 18 signatories to the ISP. To have got this far in a city as big and as complex as Birmingham, involving so many partners, from different sectors, each governed by different rules, and all governed by Data Protection law, must be seen as an achievement.

The absence of the ICAT has had significant ramifications for NWD. Staff had to develop an alternative referral system in summer 2015 to tide the project over until the ICAT arrived. Designing the referral form and process involved repeated consultation with members and absorbed staff time that hadn't been planned for. This extra administration along with the complexities involved with the ISP, contributed to perceptions that the NWD team was focusing on 'bureaucracy' at the expense of delivery.

Stakeholder and Service User involvement

BCFT has always placed service users at the heart of the programme, and EBE have been able to influence NWD, just as they have other work strands. EBE sit on the NWD operational group, advising on processes and they are engaged with the ICAT (data and information sharing tool currently in development). EBE helped to identify which partners should be in the network. One Network member commented that although it was 'bit early to comment on their impact on implementation, they had already caused professionals to re-think some ideas, such as the idea of service users having access to taxis to take them to appointment at a destination agency'. EBE representatives had pointed out that this was open to potential abuse as well as being impractical, as most agencies couldn't offer immediate appointments ("So when would the taxi be ordered for?").

"When I first heard about NWD I thought there'd be a person at the other end, ready to come out and help with the client in front of me, help them to get where they needed to go. It wouldn't have to be a high cost worker, a case worker assistant could do it."

It may be that this 'person at the other end' is required for NWD to achieve it's aims and the Network will consider this alongside other options for ways in which to fund network, capacity build organisations and impact on systems change.

Birmingham and Solihull Mental Health Foundation Trust who are a NWD partner, have also agreed to fund a Transition and Diversion Worker for NWD. This role will support people with mental health issues from point of arrest through and out of the criminal justice system.

Composition of the No Wrong Door Network

The evaluation addressed the question of whether the most suitable and necessary agencies are in the network. Interviewees were asked if they thought the right agencies were present. On the whole they were comfortable. They thought that those currently in the Network should be there:

> ***"With this client group you have to sort out their big issues like housing and addiction first, before you can focus on their other issues."***

> ***"I wouldn't remove any of the current members as I see some service synergy."***

The agency most frequently identified as missing was health, in particular the Health Exchange, but as one respondent commented:

> ***"Where do you draw the line with Health?"***

Another commented:

> ***"Health Exchange is missing, that's huge, but Health Exchange might not be able to sign up to the ISP".***

This comment reflects how important pragmatism and common-sense has been.

Recommendations

NWD is now almost at the start line and almost ready to pilot systems change through innovatory access, partnership working and referral. NWD has travelled new ground, and a few bumps in the road were to be expected. However NWD is now established, and is ready to move into the next stage of its delivery plan, focussing on BCFT's most primary goal, systems change

"It expands connectivity and increases the scope of pathways. ….where there existed no interagency link, one now exists. This is a significant plus. Referral works best when there's both a formal network (NWD) and an informal network."

The top priorities identified for NWD in year 3 are as follows:

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1. Strategic focus and leadership

- The Core Partnership and BCFT staff responsible for strategy, work proactively with NWD representatives to strengthen their connection and reinforce understanding of the programme's strategic goals and systems change. This is especially important for new representatives.
- Direct input periodically from BVSC managers or other Core Partnership members who sit on influential external policy-making groups, would also be helpful, perhaps revisiting the idea of the Core Partnership Group NWD Sub-Group.

1. Recent work with Birmingham City Council, and the Combined Authority progresses into practical applications that ensure strategic alignment and synergy between BCFT/NWD and their own programmes.

2. Partnership building

1. The next stage for members will be capacity building the Network, to make it a self-regulating partnership, able to exist independently of BCFT and focus on shared learning and fulfilling mutual undertakings.
2. For NWD to achieve its ambitious vision, a broader second tier partnership group will need to be established to improve 'reach', inclusive of community groups and specialist organisations, as some clients will need these additional services.

3. NWD should now develop criteria for measuring standards of member performance (including use of the ICAT) and develop protocols and processes for self-monitoring performance and participation.

3. Increasing referrals

1. Referral rates, automating referral pathways and focusing on end user satisfaction will therefore be key strands in BCFT's forward planning.
2. NWD dedicates a development event to referrals and the referral practices and systems involved, enabling both training and problem-solving to take place at the same time.

4. ICAT

1. BCFT and NWD to monitor the ISP and reassess in the light of experience whether any of the provisions can be lightened.

- NWD should re-profile its annual beneficiary target, still achieving its share of the lifetime totals.
- NWD considers whether the funds currently allocated to members' participation costs could be more effectively deployed elsewhere.

Since the research was conducted, BCFT have put actions in place to help overcome these challenges and work towards the recommendations –

1. Marketplace events are now taking place to further develop referral practices within the Network.
2. A beneficiary re-profile was completed in spring 2016 and NWD referrals are now on target. Last quarter saw a 54% increase in NWD beneficiaries.
3. The financial resource ring-fenced to support NWD has now been restructured to support capacity building and systems change rather than cost of participation. BCFT and the NWDN are currently finalising processes for the Network to access this funding and are confirming arrangements for an external consultant to support Network members to identify where additional funding and resource could be utilised to overcome identified gaps and shortcomings to support No Wrong Door to achieve its aims.

Service Users Perspective Study

Introduction

The Service Users' Perspective Study captured individuals' perspectives on a range of services including health, housing, mental health, substance misuse, accident and emergency, training and employment, criminal justice (police and probation) and the BCFT programme itself. The study reflects BCFT's position, that it is not individuals with Multiple and Complex Needs that create problems for service delivery, but rather that the way in which services are delivered can and often does make difficulties for individuals.

The focus of the research, the content of the interviews, and the process of engagement were designed with the help of EBE, people with lived experience of Multiple Needs. EBE input resulted in a marked change of emphasis for the study. It moved the focus right away from case studies to that of seeking the "perspectives" of service users on services. What they wanted was to be given a voice, being able to say what it was like to be on the receiving end of services. They thought that the most valuable thing that the study could achieve would be making public their "end experience".

The research was carried out between September 2015 and the end of May 2016. A total of twenty service users participated, with one person being interviewed twice. The interviewees' profile including their needs reflected the service user data across the BCFT programme. Five were female, the rest male. They had an age range from 20 years to 60 years, with the highest number in their 30s. The majority were White British.

- 80% were currently misusing substances
- 72% said they had a mental health problem.
- 71% were in temporary accommodation
- 28% were currently or had very recently been engaged with the Criminal Justice System
- 48% were engaged or applying to engage in some kind of activity, training and/or volunteering

The majority of interviewees were born in or near Birmingham with 45% having moved into the city, many some years ago, so within the interview group only three had recent

experiences of services elsewhere. The majority were not in regular contact with family members, but 30% had some contact and support from their families.

All but two of those interviewed came from the caseload of BCFT Lead Workers, so this group of interviewees had the most entrenched needs. The research was conducted through individual interviews using ‘conversation’ topics covering the aforementioned services. Questions were posed about what in particular had helped and what had been particularly difficult.

Key Learning (experience of using services)

Housing Services

The majority of respondents not unsurprisingly wanted to have somewhere “permanent to call home”. Some had experienced difficulty in finding their way through various systems to apply for housing. Many expressed the need to be in long term housing, rather than short term arrangements, with worries about facing homelessness again. Those in hostels and temporary accommodation often commented on noise and tension that could increase their anxiety levels, and felt that being housed with others with addiction and alcohol issues was not helpful to their chances of recovery. Many found sharing facilities with other service users with similar problems and similar compulsive behaviours as themselves difficult to handle, and therefore appreciated it when providers take into consideration each individual’s position: "People are handpicked for each house". Being in supported housing and receiving regular help from a support worker is widely appreciated.

"[Provider] got me into a bed and breakfast, then I got a tenancy, but I got thrown out and was on streets for ten days, then I got this place" (supported housing for people with mental health issues). "I can stay permanently, no push to move on."

This interviewee valued the support offered by his/her housing support worker, for example with medical appointments, ESA, and budgeting and particularly that should he/she decide to go into rehab they would not lose their accommodation.

Whilst hostels could be daunting to some, sleeping on the streets also presented risks – “sleeping bags, they get robbed regularly”. One person said that when he/she slept rough they hid away, so outreach workers couldn't find them.

Health Services

Many interviewees said that they found it difficult to access to regular health services, especially when homeless.

"Didn't use GPs when I was homeless as I didn't have an address".

Some felt that when they did access a health service, they were often not taken seriously; or were patronised or neglected in some way.

"[The doctor] knew I had long standing problems and advised me to show some spine - I left feeling demoralised"; fobbed off" {They thought} It's just a heroin addict, she doesn't matter"

Where health services had worked well, in interviewees' opinions this was often down to securing regular access and a good relationship with a particular doctor or nurse.

Mental Health Services

Interviewees had a lot of experience of mental health services and said they needed both medication and support, including consistency of support. One interviewee had been on anti-depressants for 15 years. He/she reported that no-one ever noticed they needed a mental health programme.

There were regular reports of having to wait for appointments after referrals were made, though it is unclear whether waiting lists are any longer for this group than for the general population. One interviewee had had a two month wait for [Provider] but was now receiving support.

One interviewee said that he/she had a history of paranoid schizophrenia and had been taking medication but then came off it. He/she started misusing substances and left their home town, arrived in Birmingham and set about getting arrested as a means to get access to the services he/she knew they needed.

"Without a cry for help, there isn't a service available to you"

Some interviewees had not known where to turn for help, especially in time of crisis. Another interviewee said that mental health crises needed to be resolved by medical help, rather than relying on interventions by police officers.

Some recognised that their offending behaviour directly related to mental health and anger management issues. Most felt that having the "right" support worker and the "right" medical support were essential to being able to make progress. One positive example given was of a GP who both supported the interviewee, and prescribed and monitored their drugs.

Substance Misuse Services

Interviewees commented on their experiences of a range of services and it became clear that the relationship with the support worker(s) contributes very significantly to their success or otherwise. Frequent contact was identified as key in any scheduled recovery programme and Interviewees spoke of being on a medication programme that was no longer relevant. Reliability and consistency enabled them to feel trust.

"I was with my worker from [Provider] for several years. He wasn't any good because he made appointments every other month for 4 months, but there was no follow through. I told him I was addicted to heroin and other drugs, and he asked if I wanted to start a Stop Smoking programme."

"I was fighting to get help and nothing happened."

Experiencing some stability they felt increased their chances of a successful detox and enabled them to start to address their long term recovery issues. One interviewee said the prison arranged for rehab straight after their release and [Provider] helped with it. He/she reported that in that facility patients have to "rattle it out", with no medication. He/she valued the fact that after completing the supported detox, there was a further eight weeks of support with social integration as well as help with housing. They mentioned the benefits of having the support of BCFT's case workers (called Lead Workers and Peer Mentors). For them navigating services when they are still in crisis is extremely challenging:

"Being an alcoholic is a full time job and not a very pleasant job at that".

One interviewee described deliberately offending in order to secure the help of the police in referring him/her to the support agencies that they knew they needed.

Having accommodation where appropriate in-house support was available is important. One interviewee reported that [Provider] had offered accommodation but asked him/her to leave when they relapsed. He/she said that their possessions were simply thrown in bags on the path outside, which was humiliating. Then he/she went on a binge, had fits, and had to use the ambulance service.

Another significant factor they identified was having accommodation free of others still currently misusing substances. Several interviewees on the other hand referred to "not being ready" and mentioned their anxieties about failure and whether they would be given a second chance:

"You try getting into detox - it takes months".

Accident and Emergency Services

This interview group expressed mixed feelings about these services. Some felt they experienced prejudice, which they thought was due to staff seeing their presenting conditions as somehow self-inflicted, or in some way related to their choices: *"I hate A&E, they think I'm a waste of their time. This is what you feel from them".* On the other hand others expressed gratitude for the help they had received when in crisis, for example, when suffering the effects of alcohol withdrawal, sometimes on repeated occasions.

Training and Employment

"Work is a bit of a way off at the moment", a sentiment expressed by one interviewee but one which most interviewees also felt. Nevertheless they saw the value of training and volunteering, not only in securing a future for themselves, but also as a way of getting out of doors *"I would like a job gardening to get out of hostel"*; and getting some new structure into their day: *" I would like to help other people. I'm trying to build a structure to the day and get stable so can do this".* Several identified being in the open air as particularly important to their well-being.

Criminal Justice Services

Many of the interviewees had convictions, many of which had resulted in prison sentences. As might be expected, feelings about the services received whilst in the system were complicated, and varied considerably. Interviewees reported being most vulnerable at the actual point of release, for example:

"Every time I was released I was positive, but once you're in reception you begin to break up. They will only tell you to go homeless accommodation. That's a negative vibe, so it pushes you back into your addiction, mine is alcohol, so before you even get to the homeless accommodation centre, I'm steaming. I've been to nearest off licence."

Likewise, the capacity of the probation service to continue to provide support to an individual after they had completed the probationary period was highlighted as an issue.

Feelings towards the police were equally mixed. In general there was distrust and criticism that the police simply moved them on without referring them onto other services. There was a level of practical support needed, for example, in securing accommodation, organising health care and registering for welfare benefits.

At an individual level however some mentioned specific police officers who had been helpful, showing once again that it is relationships that matter.

BCFT Services (mainly Lead Workers and Peer Mentors)

Interviewees strongly commended the intensive, comprehensive and consistent support provided by these roles. One interviewee reported *"there is a 100% consistency with my Lead Worker. He has gone above and beyond what I could have expected."* Without this support interviewees, juggling so many complicated and intense issues, said they would have found navigating or negotiating services extremely challenging, if not beyond them. They all felt this support was helping them to achieve some stability and to address their issues. Long term consistency of staff regularly featured as an enormous positive. Trust builds up gradually, through repeated contact, and is tested every time a fresh need arises or a new crisis emerges. Interviewees often referred to the length of support they were

eligible for - as knowing that this support could be available over several years was important to them. One interviewee commented that the Lead Workers and Peer Mentors initiative was the main service making Birmingham better for the homeless.

Conclusion

The learning about services focused on the following themes: suitability, attitude, timeliness, wrapped around the individual, accessibility and duration and continuity.

An important finding is that for individuals with Multiple and Complex Needs some service areas are more immediately important than others in addressing their often long-standing issues. Our study found that for this sample, stable housing is a foundational need before being able to tackle health and wellbeing.

The interviewees experienced the greatest challenges with services for substance misuse and mental ill health, due to a range of factors including accessibility, suitability, timeliness and the duration of the provision.

An overview of the findings strongly suggests that the attitude of those providing services is as important as the service on offer. Chances of succeeding depend on the way in which services are presented and interviewees see a link between their resilience and the attitude of those working with them. The term a 'textbook approach' was used to describe what had not worked. Interviewees emphasised the need for frontline staff and practitioners to have some awareness of the pressures and conditions affecting the person in front of them. Small kindnesses were repeatedly and enthusiastically recalled by all interviewees. Many felt prevented from slotting into services by the dynamics of their needs, and wanted others to see them in the round, rather than as the crude stereotype of an alcoholic or a drug addict.

The contribution that the support worker makes, especially in their understanding the complexity of a given individual's needs, is significant. Interviewees valued their understanding of how services must wrap round them a lot more, rather than asking them to squeeze themselves into the organisational priorities and timetables of others. Where reference is made to this happening, and the service user being placed at the centre, it is often attributed to the understanding of an individual worker.

Recommendations

This was a pilot study and BCFT intends it to be the first in an ongoing series throughout the programme's lifetime. It is hoped that many interviewees will be interviewed again over time, so that any changes in perceptions can be captured. All interviewees to date have agreed to this, though changing circumstances may often make this difficult.

An annual Service Users' Perspectives study is strongly recommended. BCFT partner organisations need to be involved from the outset to ensure that future studies capture a wider field of research participants. Interviewees were strongly motivated by the thought that their interview would make a difference to the lives of others. Their evidence, recorded in this report, will now inform BCFT's goal of systems change and base it firmly within real-life lived experience.

Work on improving access to mental health and substance misuse services has already begun.

The SUP research has also produced a best practice guide which offers insight on what needs to be in place in order to enable and empower the participation of those with the most pressing and Complex Needs in research activities.

Cost Benefit Analysis

In April 2016 BCFT used the New Economy Cost-Benefit Analysis tool to analyse the impact of the Lead Worker Peer Mentor service to date. The analysis was based on the actual data that was collected over the first two years of the project. All of the data used has been collected directly from clients. The data does not include figures on reduced drug and alcohol use as what BCFT currently measure is slightly different:

i. Number of face to face contacts with drug / alcohol services
ii. Number of days spent in inpatient detoxification
iii. Number of weeks spent in residential rehabilitation

33% increase in engagement within mental health services

- Fiscal benefit £27,668.62
- Public value benefit £155,707.99

67% reduction in attendance at A&E

- Fiscal benefit £37,716.81
- Public value benefit £37,716.81

55% reduction in hospital admissions

- Fiscal benefit £265,929.45
- Public value benefit £265,929.45

45% reduction in number of convictions

- Fiscal benefit £393,451.31
- Public value benefit £1,894,375.45

51% increase in evictions

52% improvement in emotional wellbeing

Total cost-benefit over the first 2 years of the project.

- Overall gross fiscal benefit £ 858,009.40
- Overall public Value benefit £2,705,377.47

This initial cost-benefit analysis was based on a limited amount of outcome data that was felt to be robust at such an early stage of the project. It is anticipated that the benefit is significantly higher and this will be able to be demonstrated in future years as more data becomes available e.g. the employment of individuals with lives experience as Peer Mentors has not been included. It is also important to note that the cost-benefit figures provided in this report are based on BCFT being fully-funded by Big Lottery.

Conclusion

The first two years of BCFT have been largely dedicated to development and implementation. Some difficult foundations (like the LWPM service and ESOW) have been put in place and some (like the ICAT) are still being developed. It is important to note, that BCFT as it stood at the end of April 2016, had overcome some very significant obstacles and was ready to start delivering in most of its workstreams. Year 3 should see BCFT starting its ambitious new referral, information sharing and case management system and continuing to co-work with EBE, to drive systems change at practice and policy levels. There is clearly much more to be done, but many of the fundamentals are already, or soon will be in place for what could be a truly ground-breaking and impactful programme.

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