

Birmingham Changing Futures Together – Every Step of the Way Evaluation Fieldwork Summary Report

ABIC Ltd

March 2016



ABIC Ltd

©ABIC Ltd.

Registered in the UK

Registered Office: Fulford House, Newbold Terrace, Leamington Spa, Warwickshire CV32 4EA

Company Reg. No: 94776720

VAT Reg No.: 167897537

Contents

1. Introduction	3
2. Methodology	3
3. Overview	4
EBE feedback.....	4
Other stakeholder feedback	5
4. Challenges and Threats	6
An inability by the EBEs to understanding the impact of their work beyond their own recovery.	6
A lack of clarity amongst the EBEs about the ESOW programme, its differing roles and activities. ...	7
A lack of diversity within the EBE complement	8
The need to ensure the regular throughput of EBE recruits and the development of EBE independence.	9
5. Lessons learned and recommendations	9
Lessons learned.....	9
Recommendations	10
6. Case Studies	11
7. EBE Business Meeting Observation.....	15
Positive.....	15
Negative	15
Recommendations	15

Birmingham Changing Futures Together – Every Step of the Way Evaluation Fieldwork - Summary Report

1. Introduction

ABIC Ltd. was commissioned by Birmingham Voluntary Service Council (BVSC) to undertake the 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 (MCN) 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.

ABIC Ltd would wish to thank Sharon Clarke and the staff at Birmingham Mind for their invaluable assistance in facilitating this commission.

2. Methodology

In undertaking this work, ABIC researchers interviewed a wide range of stakeholders as follows:

- Fifteen EBEs of which four were interviewed at greater length as exemplar case studies.
- Three BVSC staff co-ordinating other elements of the BCFT initiative.
- Four Birmingham Mind staff.
- Four staff from external partner organisations.

The EBEs were interviewed face-to-face at the offices of Birmingham Mind, with the exception of one individual who was interviewed by telephone. A group interview was conducted with Birmingham Mind staff, whilst the Birmingham Mind ESOW Service Manager was interviewed separately by telephone. Interviews with BVSC staff and external partners were by telephone.

ABIC consultants also observed one of the monthly EBE meetings at which current and future work is discussed, in order to make an assessment of how well the meeting is structured and run and how purposeful it is.

ABIC consultants also considered a range of programme documentation and audio visual material as part of their work.

Comprehensive notes of all interviews have been uploaded into a spreadsheet for further analysis. This report is intended only to provide a summary of some of the key issues that were reported by the contributors to the research.

3. Overview

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.

EBE feedback

The EBEs were very positive about the programme; their training, support and involvement.

Nearly all of the EBEs had joined the programme having become aware of its existence whilst in recovery, either through their peers or a member of staff at a treatment unit.

The opportunity to join the ESOW programme had come about at what appeared to be the right time for them, when they needed an outlet for their energy and a means of occupying their time.

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

Common benefits of being part of the ESOW programme reported by the EBEs included:

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.'

'I like having the opportunity to give something back but still maintain a focus on my own recovery.'

Having some structure and a sense of purpose in their lives.

'I've been shown how to live my life again – to pay bills – to manage money – to take the kids to school – to be a normal person – a productive member of society. Before ESOW I just didn't know how to be like this.'

'It's given me something to do. You have to change your way of life and your environment if you want to recover but then you find yourself at a loose end.'

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.'

'It's nice to know you are wanted and not to feel like a nobody. People want to hear what you have to say. Sixteen months ago people avoided me, now my opinion is valued. I've got a voice.'

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.'

'It's improved my confidence. I've met people on courses and they don't just let you sit there - you have to contribute.'

The social and inter-personal benefits derived from being part of the EBE group.

'I was an empty vessel. Now I have a laugh. It has broken the habit of isolation and drugs. I've made some genuine friendships instead of just using people to get some drugs.'

'I like working with the other EBEs. I'm friends with them outside of here and the staff are really friendly. There's a good atmosphere.'

Other stakeholder feedback

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 EBEs provided a valuable and important input into whatever task they were engaged in. There was no particular role that best suited all EBEs, but that the suitability of any specific role depended on an EBE's strengths and interests.

Stakeholders reported that EBEs had been involved successfully in terms of:

Staff recruitment with BVSC and External Partners

'When we recruited to the post we had gone way down the track when EBEs felt that there was too much work for one person...so we split the roles and activities across two posts...'

'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

'For formal procurements they are involved. There is an EBE representative for the evaluation of tenders and they take part in the award decision. EBEs are involved in the development of contract specifications, from the initial draft through to key objectives.'

'There is a bridging fund for MCN to buy emergency clothes and goods. Two EBE sit on the panel to agree funding applications and they understand much better than we do how certain basic needs are essential to recovery.'

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.'

We originally struggled to get organisations to join us – they weren't certain of the value – so we started using the EBE to contact organisations and advise them of the value of this approach to their service users and that's really helped get them on board.'

Providing support to people with MCN 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 MCN, helping them set up appointments and making referrals.'

'With the ICAT database we originally wanted the functionality to be owned by the service user, like a Facebook page, where they could add their own information and we would hand control over to them. But the EBE felt that it would not be effective because service users would be seeking help and therefore very vulnerable and not in the right place to be doing that.'

4. Challenges and Threats

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 EBEs to understanding the impact of their work beyond their own recovery.

In interviewing the EBEs it became clear to the consultants that, in the main, they had a much clearer perception of how being involved in the ESOW programme had helped their own recovery and had provided them with personal gains and benefits rather than any impact they perceived they might be having on the BCFT programme and other organisations' practice.

Despite external stakeholders providing examples of how the EBE had impacted on their work and/or their organisation, most EBEs found it difficult to describe any such impact in other than general terms and/or they continued to couch their response in terms of personal gain.

For example, when one EBE was asked: *"In what ways has your involvement made a difference to the overall programme of support to people with MCN?"*, the response was:

'I've brought a new perspective to the service. Being a lay assessor has increased my confidence...they sometimes throw you in at the deep end – they get you to ask the questions. I've done it and I enjoy it.'

Another, when asked the same question seemed to regard his lack of awareness of his impact as somehow his fault. He replied:

'I personally feel I could do a lot more – I need to come to more meetings to raise my awareness to the opportunities on offer.'

Another struggled to think of an answer, but eventually was able to report that:

'Feedback on the video has been fantastic.'

But when asked: *"In what ways has your involvement made a difference to other agencies?"*, the response was:

'I'm not sure.'

The same concern about EBEs lack of awareness about the impact of their work was raised by several of the stakeholders consulted. When asked: *"What could improve the impact of EBES?"* one stakeholder commented:

'Letting them know the impact they have had – that's something we need to work on. We understand their impact but we are not joined up about feeding that back to them.'

Another said:

'EBEs are getting involved in so much that it may dissipate their understanding of the impact they are having at how it all links together.'

It was suggested by some stakeholders that this lack of awareness might impact on the ability to retain volunteers within the programme and/or their motivation to continue to commit as they have done to date. However, it is also important that EBEs see the impact of their work if they are to go out and persuade other people with MCN that the agencies in Birmingham have been improved by the project.

Part of the problem may lie at a cognitive and emotional level with the EBE for whom receiving feedback and being given compliments has been such a rare occurrence in their lives that they do not hear it when it is given. However, it also seems to link with the next challenge concerning role clarity.

A lack of clarity amongst the EBEs about the ESOW programme, its differing roles and activities.

Although the majority of the EBE knew the title of the role they were fulfilling on the ESOW programme; i.e. Expert by Experience or Involvement Champion there was actually one respondent who did not even know this and when asked “*What is your role?*”, replied:

‘I’m not sure. I attend meetings at BVSC and help organise different events.’

However, perhaps more revealing in this context was the EBE who, when asked: “*What do you like about the role?*” replied:

‘I’m not sure I have a role. EBE is more a group of people than a role.’

Thus, as with the issue of impact awareness, the consultants did find that many of the EBE were unclear about the specific tasks they had volunteered for or had been allotted to perform and could only give limited details with regard to what work they had undertaken as an EBE.

For example, one EBE when asked whether being an EBE had turned out as he had expected commented

‘I’m still learning. It’s quite confusing – the different names. It’s all very complicated. Even now I just say “go with it, it will reveal itself!”’

Another EBE described his confusion about the programme as arising from his perception of it as “*an octopus of people and groups.*”

The EBEs who were interviewed in more depth as exemplar case studies were specifically asked to: “Give details of how you have been involved with BCFT.”

Only one was able to offer a specific response in terms of their work on the In-reach/Out-reach project and one had no answer at all. A third offered a fairly general response:

‘I’ve been to several meetings as an expert and I will be helping with the development of ICAT.’

The fourth said:

‘I’ve tried to get involved as much as I can. They are all new experiences and it’s vitally important at my time of life...’

This is in no way meant as a criticism of the EBEs but more a recognition that the professionals have work yet to do to ensure that these and future EBE understand the role and are clear about the tasks at hand.

The issue is understood very clearly by the Birmingham Mind staff who, when asked about elements of the ESOW programme that do not work so well, flagged the core issue of explaining the project, which they sometimes struggled to understand themselves, so were not surprised that EBEs may also be confused.

In particular, they commented that there was a lack of clarity in terms of the tasks organisations were asking EBEs to get involved with:

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

It was felt by the group that if EBEs had greater clarity about their role and function fewer might drift away from the programme.

A lack of diversity within the EBE complement

ABIC understands that, of the current complement of EBEs only three are female, and this was recognised by the EBEs and other stakeholders alike as being a problem that needed addressing if ESOW was to be properly representative of the MCN population in need of support.

ABIC consultants interviewed one of the female EBE who, when asked about what she brought to the programme, highlighted the importance of having a female perspective on issues at hand:

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

This respondent, as well as some of the other stakeholders, was aware that there are practical and emotional barriers to women becoming part of the ESOW programme, not least of which is the fact that women tend to access therapeutic services for MCN in fewer numbers so are less aware of ESOW. However, existing caring responsibilities, low income and lack of transport also add to their challenge. One of the external stakeholders also advised that, in her experience many Muslim women are prevented from accessing services because of the risk of interacting with men.

Birmingham Mind are aware of the problem and have tasked themselves to address, including through promoting the programme in women's hostels and other residential settings etc. However, as one of the Mind staff commented:

'Even where we have found prospective female applicants, none have followed through so far.'

Beyond a need to increase the number of female EBEs, it was also recognised that the numbers of EBEs from minority ethnic groups needed to be increased and also, as one of the EBEs commented, from the newer migrant Eastern European communities, who are strongly represented in the numbers presenting with MCN, but for whom language barriers can be a major problem when accessing support services.

Finally, in this respect, it was also suggested that there is currently an under-representation of EBEs whose primary and principal concern was mental ill-health, as opposed to those whose mental illness had arisen out of their addiction or homelessness etc.

When asked about what does not work in terms of engaging EBE one stakeholder commented that:

'Recruiting a lot of EBEs from the same place at the same time gives a limited and biased perspective. Also, they bring their existing relationships and established roles. If they are quiet, they stay that way; if they are controlling likewise. They lose the opportunity to develop and be someone different.'

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

Arising out of the apparent predominant focus by the EBEs on how the ESOW programme was aiding their own recovery rather than on how it was impacting on services to MCN, the consultants became aware of how dependent the EBE still were on the personal, group and peer support their involvement with ESOW provided them.

As with any service delivered by volunteers, there clearly needs to be extra effort made by relevant professionals to engage and support the volunteers concerned if their involvement and commitment is to be maintained. However, given that, ultimately, the ESOW programme is intended to provide a pool of expert “staff” to better shape services to those most in need, the perceptions the EBEs appear to hold about the value of ESOW risks undermining the core purpose of the programme longer term.

It is important therefore to ensure that, as well as being clear about their role and function, EBEs are enabled and encouraged to move on from ESOW as soon as possible, not only to aid their independence, but also to open up opportunities for new EBE recruits to come in behind.

This issue was recognised by Birmingham Mind staff, one of whom commented that:

'We find that the independence and transience we want to develop in the EBEs just isn't happening. Involvement Champions are supposed to be the public facing marketers and we expect them to be taking every opportunity to promote the programme, but we still find ourselves having to remind even the most experienced of an appointment or meeting they have – maybe 2 or 3 times. There is a potential paradox that the programme itself creates dependence when its aim is to enhance independence.'

5. Lessons learned and recommendations

The expectation with this commission was to produce only a brief summary report, essentially summarising contributor perspectives without any particular analysis. However, following the submission of the initial draft, a request was made to additionally offer some thoughts with regard to lessons learned from the research and some recommendations with regard to how the programme might be improved further going forward.

Lessons learned

- The importance of organisations listening to what the EBEs say and being prepared to change.
- The need to manage expectations so that EBEs understand that change sometimes takes time, and that theirs is not the only view that needs to be taken into account.
- The need to feed back all outcomes from a change process so that the EBEs understand what impact they have made and, where no change has occurred, why this might not have been possible and why.
- The importance of training and supporting EBEs in appropriate work behaviours, boundaries and etiquette.
- The limitations of recruiting too many EBEs with similar case histories and original presenting problems, which impact on the ESOW's ability to impact effectively on all aspects of the MCN agenda.
- 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.

- 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 EBEs 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 EBEs 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.

6. Case Studies

Case Study A

Before returning to Birmingham five years ago, A had been living in London for twenty-five years where he became embroiled in the drugs world. He returned to the Midlands to get clean and escape all of the contacts he knew in London who would have dragged him back down.

He found that all of his previous friends had got married and moved away, but at the time he was in a relationship. However, his partner had from had bi-polar disease which impeded communication and eventually led to their breaking up. A became homeless, with no possessions and was not even able to see his dog. With his mother ill in hospital at the same time A was near to breaking point.

Fortunately, A had a good GP in Birmingham who referred him to Swanswell and from there onto Every Step of the Way which he described as 'keeping him sane.'

A started as an EBE twelve months ago but recently became an Involvement Champion.

Within ESOW A has been able to use his media skills and knowledge to good effect on the programme; helping in the production of some promotional videos as well as being responsible for presentations and photographs at a national conference of all the Changing Futures programmes.

'It feels that I can give something back using my skills. A film on the internet can get to more people than one on one.'

The success of ESOW to A comes from feeling valued, from having a purpose again and from being aware that he is part of something very important.

'For once you feel like your life experiences are important. It gives you a light in your eyes – I can see it in others in the group. I didn't know you could do all this...It normalises your existence. You can get your clothes ready and have a reason to be in the city and moan about the rush hour...I can see people in power genuinely trying to make changes. It's worthy and I'm pleased to be involved.'

Case Study B

B grew up in Dublin in a very deprived neighbourhood and, by the time he was eleven years old, he was drinking and taking drugs. Dublin has one of the highest crime and gun crime rates in Europe and, whilst B had little money as a young person, he found that drugs were cheap and good quality and could *'help me forget my misery.'*

About nine years ago, while in Eastern Europe, B met a woman from Birmingham and returned to the city with her but the relationship did not last long because of B's addiction.

B went through periods of abstinence and then treatment and then relapse, repeating the same cycle over and over again. It was whilst he was in treatment that B became aware of ESOW and for him it offered the perfect opportunity to occupy his time, to give him purpose and to let him give something back to society.

B has been with the ESOW programme since the start and is one of the programmes Involvement Champions. B has been helping to develop the ICAT database and has also done some *"mystery shopping."*

'I was a bit cynical at the start about how tokenistic it was going to be but any doubts I had have gone. It continues to attract people and addicts are chaotic people who would have drifted off it wasn't purposeful.'

B, who is still in recovery, values the structure in his life that being part of ESOW brings:

'It's been a great help to my recovery. It's given me structure and a sense of purpose. I now think I have a future.'

The programme's success for B, comes from the fact that it dovetails well with his interests, skills and attributes:

'ESOW fits my lifestyle. I'm good at what I do – people talk to me. I'm confident, but not daft, so I know what's going on.'

Case Study C

C came from a good family with caring and supportive parents. However, he really hated the academic side of education and wanted to do more activities and hands on practical work. When he found he couldn't do these things he got into more and more trouble and was eventually expelled. He found himself mixed up in bad company and involved in a lot of car crime which eventually led to him being sent to jail. He had started smoking cannabis at an early age, but in prison he was pressured into smoking heroin, a habit which continued after his release. He spent nine years on Methadone trying to break his heroin addiction but eventually realised that it was no better and didn't tackle the causes of his problems.

C learned about ESOW when he was in treatment and, like many of the other EBEs, he saw it initially as a useful opportunity to do something and to fill up his time, but he now regards the programme as invaluable to his recovery and his life:

'I can't praise ESOW highly enough. It's changed my life in so many ways. I can now communicate with my wife and family and I'm no longer a burden on them or on society. I feel that I have done something positive. It wasn't easy to do, but what starts easy ends hard and what starts hard ends easy.'

C is an Involvement Champion and has been working with the police, and at neighbourhood offices and foodbanks to help people with multiple and complex needs to understand about Birmingham Changing Futures Together and how to get involved.

C believes the success of the programme is derived from the fact that he feels valued and that his opinions count:

'We are not put aside or ignored. We are actually involved – people take notice. It is so much better than the past when I just did nothing.'

Case Study D

D started glue sniffing when he was thirteen years old and had moved up to heroin by the time he was sixteen. He was kicked out of school, but managed to find work in a garage and even started an apprenticeship with Toyota. However, as he explained:

'I just fell in love with heroin and crack cocaine.'

By the time D was nineteen he was a heavy user and stayed that way until he was thirty-four years old. He lost his family, his children were taken into care and he ended up in prison because he would constantly break the law to get a 'quick fix.'

Last year, D finally decided that he had had enough and went into treatment. His first day clean of drugs in eighteen years was 1st August 2015.

Like many of his peers, ESOW came along at just the right time for D.

'I had reached the bottom seven months ago. I had absolutely nothing except a pair of trainers and then ESOW came along.'

D met an ESOW development worker at a narcotics anonymous meeting who enabled him to understand how ESOW could support his ambition to help other addicts and improve his employability skills.

D is an Involvement Champion and has been involved in the In-reach/Out-reach project which seeks to engage people with multiple and complex needs in the places they frequent. He has also helped Shelter with some recruitment and selection activities and played a large part in a recent national conference for all the Changing Futures projects which was hosted by BVSC.

D believes he has made a difference to the Changing Futures project through sharing his experiences and being able to link with other people who were experiencing the same addiction problems he did. He feels he has been particularly successful at encouraging people with complex needs to access the service.

D welcomes the variety of opportunities ESOW offers him to make a difference and the structure it brings to his life:

'I enjoy the disciplines of having to attend meetings. I like to be able to share my experience. I have seen and done a lot in my time.'

7. EBE Business Meeting Observation

As part of this commission, an ABIC researcher attended one of the monthly EBE business meetings as an observer, with a focus on assessing how purposeful the meeting was and how well run it was in terms of timekeeping, chairing and sticking to task.

Detailed notes of the observations are set out in the recording spreadsheet. However, the following are offered in terms of key points:

Positive

- It was a very positive meeting overall with insightful contributions from all of the attendees with the exception of a new female member who was silent throughout.
- The meeting was conducted in a very friendly atmosphere which encouraged people to share their views and to feel welcome.
- The meeting was well organised. There were pre-printed agendas available, as well as previous minutes and meeting ground rules. The venue for the meeting was excellent – comfortable, with sufficient space and good refreshments.
- Some of the EBE contributions were extremely insightful and well informed. Most of the attendees appeared very erudite and knowledgeable and had sufficient confidence in their views and the respect of their peers to feel able to contribute to the meeting.
- The meeting started and finished on time and was generally well focused.

Negative

- Only 11 out of 30 EBEs attended.
- The role of chair is rotated and so this was the first time the chair had performed this function. He was confident and relaxed in the role, but his lack of experience did show through in terms of his rather passive approach to managing the meeting. Mind staff had to step in on occasions to stop people talking over each other and to curtail side conversations.
- More effort should have been made by the chair to welcome the new female member and encourage her to participate.
- There was no review of the previous minutes to check if agreed tasks had been actioned and there was no agreeing of specific actions after each agenda item. Consequently, no specific action plan is developed for review at each meeting.
- There was no specific agenda item on future work opportunities nor a specific item on feedback from work completed.
- The break for lunch was 45 minutes, which, given it was a buffet served in the room, appeared somewhat longer than necessary.

Recommendations

1. Organise some meeting chairing skills training or a briefing note for EBEs who wish to chair the meeting. If done properly, it is a useful skill for EBEs to be able to include on their CV.
2. Create standing agenda items for (i) previous minutes and actions; (ii) current opportunities; and (iii) feedback on work undertaken.
3. Ensure actions arising from any agenda item are specifically noted and recorded in a separate action sheet for review at each meeting.
4. Reduce the length of the lunch break.