

Fulfilling Lives Islington and Camden

A Realist Review of Programme Theory

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I: Introduction

I:1 Background

Underpinning the Big Lottery Fund’s Fulfilling Lives investment is the core programme hypothesis that addressing multiple needs depends on bringing different organisations together to offer people one **‘coordinated’** support service.¹ The mechanisms designed to deliver improved coordination will vary across the 12 lottery funded sites, and the aim is that over the life-time of the programme a number of different approaches will be evidenced and showcased.

The Fulfilling Lives Partnership for Islington and Camden (FLIC), which is the subject of this report, is designed to nurture a far reaching programme of local improvement activity. It brings together a high level ‘Strategic Partnership Group’ (SPG), comprising representatives from the voluntary sector, local authority, health providers, criminal justice and peer-led groups. SPG members will be expected to champion new approaches to commissioning and engage in processes of service redesign. Learning about what works when it comes to enabling people with multiple and complex needs to move on and lead more fulfilling lives will be generated through a number of demonstration pilots and also the experiences of a new ‘link worker’ team which has been set-up to model ‘best practice’. The overall aim is that the FLIC programme should deliver the following primary outcomes:

Primary Outcomes

- People with multiple and complex needs are able to manage their lives better through access to more person-centred and coordinated services.
- Services are more tailored and better connected and will empower users to fully take part in effective service design and delivery.
- Shared learning and the improved measurement of outcomes for people with multiple and complex needs will demonstrate the impact of revised service models to key stakeholders and commissioners.

¹ https://www.biglotteryfund.org.uk/prog_complex_needs [Accessed 7.7.15]

1:2 Realist review of programme theory

This report presents the findings of a realist review of the FLIC Business Plan (FBP) in the light of the project's first year of operation. The overall aim of the review is to provide the SPG with some initial internal and external stakeholder feedback on early development and progress. We focus in particular on the 'best practice' approach that is being implemented by the new link worker team and perceptions of how well this is working to achieve the anticipated primary outcomes above. The review was completed by a team of three researchers from King's College London and Liverpool University over a three month period commencing May 2015.

The review is informed by a 'realistic evaluation' approach. A realist approach assumes that whenever a programme is implemented, it is testing a theory about what might cause change, even though that theory may not be explicit. One of the tasks of a realist evaluation is therefore to make the theories within a programme explicit, by developing clear hypotheses about how, and for whom, programmes might 'work' (Greenhalgh et al., 2015). In this review, we focus on two 'grand' hypotheses to be found within the FBP:

Hypothesis One: By showcasing the 'best of practices' from different sectors – while also testing new ideas - the wider system will see the benefits and adapt or change.

Hypothesis Two: Improved coordination is the key mechanism through which people experiencing multiple and complex needs will be enabled to lead more fulfilling lives.

The purpose of a realist evaluation is to gather a wide range of evidence to explore how programme theories are working in practice. The evidence is then collated to build and interrogate what are termed '**Context (C) + Mechanism (M) = Outcome (O)**' configurations. Figure 1 below shows the stages of this realist review.

Figure One: The Stages of a Realistic Evaluation Review



Following the initial review of the FBP and other internal documents produced by the FLIC project, there were six aspects to the gathering evidence phase (see Appendix I for further detail about each of these steps).

- Familiarisation meetings and interviews with the FLIC management team.
- Semi-structured interviews with 8 clients² in receipt of care and support from the FLIC project.
- Telephone interviews with 9 external stakeholders spanning housing, health, criminal justice and social care.
- Focus groups (x2) with a total of 9 link workers.
- Focus group with 4 Peer Mentors working as an integral part of the FLIC Team.
- Focus group with 4 members of the Peer Development Board.

The end goal of a realistic evaluation is not to specify in definitive (black and white) terms if a particular programme or intervention is effective or not, but to produce an evidence informed ‘road map’ of key factors for decision makers to critically consider when planning the delivery of similar approaches within their local contexts (Pearson et al., 2015). The rationale is as follows:

‘Designing and evaluating complex interventions is challenging. Randomised trials that compare ‘intervention on’ with ‘intervention off’, and their secondary research equivalent, meta-analyses of such trials, may produce statistically accurate but unhelpful statements (e.g. that the intervention works ‘on average’) which leave us none the wiser about where to target resources or how to maximise impact’ (Greenhalgh et al., 2015).

Importantly, this particular review is designed to act as ‘Cycle One’ of an on-going cycle of reviews which will be repeated at (as yet to be determined) multiple time points over the eight year time frame of the FLIC project with a view to building a robust final evaluation. The aim is that the early evidence (feedback) presented here will enable ‘revised’ CMO configurations to be generated and then re-tested in the next cycle of evaluation. In this sense the approach is designed to underpin FLIC’s commitment to becoming a learning organisation.

We now turn our attention to the content of the FBP and the first grand hypothesis as regards the potential of modelling and showcasing ‘best practice’ to deliver system change.

² We use the term client as this is used by the FLIC team.

2: Showcasing the Best of Practices

2:1 Introduction

One of the two main central hypotheses underpinning the FBP is that by showcasing the 'best of practices' from different sectors, the wider system will see the benefits and adapt and change. In this section, we explore the practices of the FLIC team and the wider context in which they are situated, explaining why this hypothesis about 'system change' is potentially flawed. First, we consider the broader content of the FBP and then the perspectives of the FLIC team on **'what works'** in addressing multiple and complex needs. We then triangulate this evidence with the views of clients and external stakeholders. In undertaking this exercise we are mindful of the implications for coordination which we will discuss more fully in the next section:

'Providers persuade both themselves and other professionals that their approach of defining and solving a problem, their way of framing and naming an issue are the best available... Acquiring different sets of values creates the lenses through which different professions see the world, the client and each other with major implications for collaborative practice and teamwork'(Clark 2014, p36)

2:2 Hypothesising about 'what works' – A review of the FLIC Business Plan (FBP)

A key assumption underpinning the FBP is that the current problem facing people who are multiply excluded is one of access rather than a large-scale lack of resources (p2). Central to the FLIC approach is the 'link worker' model which was first developed by Revolving Doors Agency in the late 1990's (for a description see Revolving Doors Agency, 2015). In this model, a team of link workers offer support to clients by navigating these complicated access points to services, acting as coordinators and persistent advocates, and also providing continuous ('end to end') support. Core principles include:

- A supportive approach to developing skills and appropriate behaviour
- Non-punitive: clients are not excluded for not engaging or even abusive behaviour
- Individualised and client led
- Holistic: addresses multiple needs
- Persistent and creative in trying to engage clients
- Team based approach to case working
- Strategic level working to negotiate flexibility of thresholds

In their review of the evidence base for link working (which is described as relatively limited), Revolving Doors makes the point that when models for service delivery are put into practice, they are not always implemented in the 'right way' and what is being delivered is not true to the original model design (2015 p10).

Viewed as a key mechanism through which coordination will be improved locally, the FBP introduces a number of departures or innovations in the way it plans to operationalise the link worker model. First, the stated aim is to create what is termed a 'virtual team' of nine link workers who will be seconded to FLIC from local partner agencies and who, after a period of common induction, will then be reintroduced or 'co-located' back into their former places of work. The aim is to foster networks in five key service areas (Supported Housing, Criminal Justice, Substance Misuse, Mental Health and Primary Health Care). The '**programme theory**' is that networking will increase the opportunities for coordination and integrated support planning. This is described as a 'Hub and Network' model:

'The key feature of the delivery model we are proposing is the emphasis on building of networks as the key driver for creating solutions for our service users and system change' (FBP, p32).

Second, each link worker in the team is identified as having a 'specialist' area of expertise in relation to one of these five service areas. This multi-disciplinary 'skill mix' reflects that the key eligibility criteria for acceptance into the FLIC service is that the client must have experience of at least four of these multiple need or service domains. The assumption is that this will equate with a particularly high level of complexity posing the ultimate litmus test for the proposed approach.

'The partners, especially statutory will be asked to identify in advance the most complex and 'stuck' of their service users and refer them to make up a significant proportion of the first cohort...' (FBP, p43)

Third, building on the 'bed rock' of the hub and network model, there is a commitment to bringing together the 'best of practices' from different sectors. This encompasses:

- Initial harm minimisation interventions - reflecting that target clients will likely be living with entrenched addictions
- Developing 'Psychologically Informed Environments' (PIES) and approaches
- Housing First – prioritising permanent housing as an unconditional precursor to other interventions
- Personalisation, Co-production and Personal Budgets (PB) Each client has access to £1000 a year to be spent on meeting outcomes agreed with their link worker
- Access to a team of 'peer mentors' who will provide mentorship and a circle of support.

Finally, it is assumed that by showcasing the 'best of practices' from different sectors – while also testing new ideas - the wider system will see the benefits and adapt and change. This approach to delivering 'systems change' encompasses:

- Influencing SPG members and senior officers by demonstrating advantages

- Working with operational management on refining and connecting delivery models and promoting new ways of working
- Link workers modelling the advantages of our approach and... influencing colleagues to adopt new ways of working with this client group (FBP p3/37)

'We believe that this top to bottom approach to bringing about change will provide the best opportunity to develop and embed new practices' (FBP, p3)

Overall, the FBP constitutes what might be described as a 'mixed bag' of innovative ideas and recipes about which mechanisms might work to address multiple needs. Although never made explicit in the business plan, it might be suggested that a central (almost tacit) hypothesis is that '**evidence informed**' practice is the key to addressing this particular 'wicked issue' (a term used when referring to a long-lasting, contentious, difficult problems of social policy). Evidence informed practice is arrived at through the iteration of research evidence, practice wisdom, and user views (Research into Practice, 2006). It is conceptually distinct from 'evidence based' practice (which places a lower value on practitioner and client based knowledge) and is potentially implicated as a mechanism for effecting change in areas where complex social issues are unlikely to be amenable to a single solution or 'model intervention'.

2:3 Best practice from the perspective of the FLIC team

The FLIC project went live in June 2014. At the time of the review in May 2015, FLIC comprised: a Project Manager; a Deputy Project Manager; 9 Link Workers; 1 worker dedicated to sourcing accommodation in the private rented sector; 14 peer mentors (plus a Coordinator); a Data and Research Lead; with plans underway to recruit a Team Psychologist. The project had received a total of 165 referrals and had an open case load of 86 clients with 2 clients having already 'moved on'.

From the perspective of the managers and workers in the FLIC team, there is a good degree of confidence that the FBP and the practice approach being developed as a result of this is proving to be effective in targeting and reaching out to those individuals who have gained a certain reputation or notoriety locally for being challenging or difficult to work with:

'We work with people with mental health, substance use, offending [and] housing [issues] and I think the idea is for us to work with the most disengaged clients of the boroughs... They're big boroughs and they've massive problems with people who need services and don't get them for whatever reason. [People] who have been in services and fell out of them and are not captured again. So, I suppose that's where we've come in. I can see already we're definitely filling a gap... We're a bit like a chaperone - getting people linked-back in to services' (FLIC Link Worker).

When asked to reflect on why their practice approach is proving to be effective in reaching out to those clients who have long-standing histories of not engaging with services, the FLIC team highlight many different recipes and ingredients. This is keeping with the notion that the approach being developed is **'evidence informed'** rather than tied to any single or specific model of practice. Two recipes stand out in these narrative accounts: (i) being psychologically informed and (ii) practicing flexible and assertive outreach.

i) Being psychologically informed

From the perspective of the FLIC management team, there is great belief in the efficacy of working in a way that is 'psychologically informed.' At the heart of this approach is the need to be mindful that 'complex trauma' may be underpinning any apparently challenging behaviour, and how professional environments and practices can sometimes be counter productive:

Building strong and trusting working relationships with our clients has been key to the outcomes FLIC have sustained so far, and over the last year a lot of work has gone into developing a psychologically informed approach to engagement... (FLIC Internal Management Discussion Paper).

ii) Practising flexible and assertive outreach

The value of adopting what is described as an *'intensive flexible and assertive outreach model'* is also highlighted as key to the success of the FLIC approach. This encompasses a commitment to meeting the client in whatever location works best for them, or at the very least, is realistic for them – this ranges from meeting on the streets, in cafes, day centres, health services premises, clients' homes or their family homes, and in court or prison when necessary:

'As our client group by nature consists of those who are very chaotic and disengaged, we take a tenacious approach to searching for clients who may be very difficult to find, adapting our working hours and practise and collaborating with other agencies to ensure that we are able to reach people who are very hard to reach' (FLIC Internal Management Discussion Paper).

The peer mentors who felt they had become fully integrated members of the FLIC team strongly support the view that flexible and assertive outreach is the key to the success of the approach:

'I don't know the FLIC team as any other type of work. I just know them as outreach and what I like about them is that they go out there and they reach the people... I always thought outreach was in the evening time but then when I started with the FLIC team then I realised and understood that outreach is being - well - going out in the day time, being that link worker with all those different services and reaching out to the people that need help in the day time. It's not just going out there and finding homeless people like what my job would be [in a mainstream homeless outreach service]. This is engaging them with services and having a period of time that you're going to work with them, also a budget which I think is really good... We go shopping with the clients as well - try and teach them how to budget their money and staff. We go and we meet up with their Mental Health Worker or their Community Worker, stuff like that' (FLIC Peer Mentor).

Both these recipes comprise many different (interchangeable) ingredients which give rise to what the FLIC Team sees as its own distinctive 'lens' or value set. It is this distinctive 'lens' on multiple needs that the FLIC Team sees as setting it apart from many other local service providers and which ultimately, it wishes to sell to them (i.e. 'spread'). The main ingredients are:

Being unconditional

Within the FLIC team there is strong commitment to **unconditionality** and never withdrawing support other than in the most extreme circumstances where, for example, there may be an actual threat of violence to the worker. This is seen to enable a long term and continuous approach to support work which is perceived to reap many benefits for both workers and clients:

'I think one of the best parts of being in the FLIC team is having the time with people... [Our clients are] so used to being on this really conditional relationship with their other Support Workers where it's, "If you don't come to appointments you'll be discharged, if you don't comply with hostel rules you'll be kicked out" and so they're constantly building relationships only to lose them again... [When supported by FLIC] it can take a little while for them to realise they [now] have a worker **through thick and thin**, no matter what happens, whether they relapse, whether they're doing well. I think that's a really, really positive thing for people because it might be the first time in a long time that they have consistent support that's not based on them meeting certain requirements' (FLIC Link Worker).

Being relational

Senior managers within the FLIC team are careful not to place undue pressure on their workers to achieve certain targets and outcomes. It is recognised that for clients ‘a little could be a lot’ and that the most important thing is to be there over time even ‘if you don’t achieve certain things’:

‘There isn’t all this focus on certain outcomes, we don’t have that added pressure [that other workers have] in that it’s not like every week we’re coming together and “why aren’t they housed? Or why aren’t they off drugs?” ... Because we’re working across all areas of their life we don’t feel, certainly from management or within the team, this pressure to have set outcomes that might not be suitable for that person at that time. Whereas in other services you are there to work on their housing, you’re there to work with their mental health and if you don’t have those achievements you feel like you’re not getting anywhere. We don’t have that same sort of system... so we can take small steps towards the right direction’ (FLIC Link Worker).

Securing practical benefits

While emphasising the importance of developing more relational and continuous ways of working, FLIC team members are also acutely aware that clients place a high value on their workers being able to secure practical and tangible benefits for them (such as securing accommodation and getting benefits sorted out):

‘The relationship aspect is the key thing but it only works if you do the other stuff alongside it, the practical stuff... I’ve found a relationship is built on the fruits of things materialising so you know like housing, like getting into treatment, going for lunch’ (FLIC Link Worker).

Nurturing personalisation, self-directed support and Housing First

Co-production and personal budgets are acknowledged as important by workers in helping them to prioritise practical tasks in keeping with clients’ wishes and then in being able to deliver them. One worker described how in his previous job as a floating support worker he often felt that he was hanging on to his clients while they were ‘drowning’. For him, the personal budget (accessed through FLIC) was the ‘lifeline’ which meant that something practical could be done. For example, a personal budget could be used as a rent deposit so that accommodation could be secured in the private rented sector. The commitment to

'Housing First' within the team's practice approach was considered vitally important in justifying workers recourse to the private rented sector instead of having to channel clients through the local council housing options pathway. This was based on the staircase model which could mean that clients could sometimes find themselves in inappropriate places (for example, a hostel where they might be exposed to drug use when they were trying to stay clean).

Compassionate kindness

In addition to the personal budget, having access to a little bit of petty cash to be able to take a client out for a coffee or to undertake some other 'normal' kind of activity is perceived by workers to reap enormous benefits in building respectful and compassionately kind relationships. One worker for example, described how no one had ever taken her client out for lunch before and how, as a result, this proved to be quite an emotional and moving encounter. Very skilful therapeutic support work is also in evidence, for example whereby workers will challenge the traditional power dynamics inherent in caring relationships. In one instance the worker asked her client to teach her to swim. For this client who had recently acquired a new disability, having someone to go swimming with appeared to reap enormous physical and mental health benefits. Furthermore, it is through these opportunities for mutual giving and receiving that workers experience high levels of 'job satisfaction' and a sense that they are making a difference.

'[Our approach] definitely is self-directed... I'm thinking of a client who was living in this hostel and who is so disconnected from anyone or anything... When we first met him he had a sleep site [but was moved on by another agency to where we could not easily contact him]... We were able to get him a phone and he hadn't had a mobile phone for I don't know how long and this might not seem massive but he got the phone, he really loved it and every now and then he would send me pictures to my phone giving me the middle finger [laughter in the group]. That was his way of saying 'I like my phone' and 'thank you for the phone'. And then every now and then he would text me and say 'what are we doing today?' I'd get these little texts and it amazed me you know for somebody who hadn't really had any contact with anyone. So it was stuff like that... having a little bit of money to ignite a relationship' (FLIC Link Worker.)

Being less proceduralised (people not paperwork)

Another important characteristic of the FLIC practice approach is the considerable leeway or professional discretion that workers are given in terms of how coordination tasks such as assessment, support planning and outcomes monitoring are carried out. The ethos within the FLIC team is that it is beneficial to prioritise 'face-to-face' client contact above 'bureaucracy' and paperwork:

'Most of [our clients] are used to going into a building, having to wait... The person comes in with a big referral form and then starts ticking the boxes... When they see me, I say 'We'll just have a tea or coffee, just have a chat' and they're kind of taken aback by that' (FLIC Link Worker).

'I have said in my supervision 'I will do an outcome star with one of my clients' but when it comes to it I haven't yet done it because there's so many kind of very practical things that we need to do... If you take them out for lunch you don't really want to be going 'oh let's talk about the outcomes star' you just want to be going for a lunch so it's kind of a casual meeting ... some sort of light space' (FLIC Link Worker).

In turn, this less proceduralised approach is thought to pay dividends in terms of delivering much more in-depth and better quality assessments over the longer term and, more importantly, in laying the foundations for therapeutic relationships:

'If I've been working with someone maybe over six months, they reveal more and more snippets, it's like a jigsaw puzzle... When you build that relationship up they become more open to actually revealing that information... Why would they give you that information unless you've built up some level of trust with them? ... Rapport' (FLIC Link Worker).

'I think what we're discussing [here] is the idea of working alongside the client and not necessarily trying to fit them into boxes and get them into certain positions and make choices for them. But, really appreciating the fact that their history or their life is going to be so complex that it's going to be a lot of back and forth and it's going to take time and you're going to have to invest a lot of quality time with these people but that in the long run it will be really be worth just working with them, going backwards and forwards with them so that at the end of the day you improve their quality of life whatever they kind of perceive that to be' (FLIC Link Worker).

'I think there's a lot of information that goes from service to service which sometimes is like Chinese Whispers. It builds up and up and there's not a true picture of a client' (FLIC Link Worker).

As regards the justification for this much less proceduralised way of working in which there are more relaxed timescales for achieving certain tasks and outcomes, it was commented upon that while mainstream services might give the illusion of faster throughput or efficiency this is often a 'revolving door'. In many of these services, change was thought not to be sustained in the longer term meaning clients have to go through the system time and time again. An analogy was given by one worker which likened mainstream services to a conveyer belt in a 'cookie factory'. His view was that people should not be processed and stamped in the same way. Indeed, one of the main reasons for wanting to work in the FLIC team is the chance it affords to escape from the constraints and inflexibilities of mainstream services:

'I had been working for [a voluntary sector drug agency] for two and a half years... When I saw this post advertised. I thought it [looked] interesting... A bit 'out of the box' ... It was more about working with clients and seeing how we can help them and what we could do to help them move on... With [my previous employer] it was very rigid. A lot of form filling... We'd have like maybe one hour sessions [in which] you'd be 'bish, bash, bosh'. You might see like five clients for one hour in a day and it was a lot... To be honest I didn't really realise how bureaucratic and stuff it was until I left... There was a lot of pressure and I think quite a lot of people felt it quite hard if [the service user] missed your appointments, that was it. You never got to see them again. You didn't know what was going on with them and I remember [my previous employer] was really strict about boundaries and you couldn't contact them again... [The FLIC job] just appealed to me because it seemed like [a chance] to do what works and try different things... It just seemed like this was a way more holistic just nicer way to work. It seemed a bit more innovative having more time with fewer clients' (FLIC Link Worker).

'[As a FLIC worker] we can take clients out, we can go shopping, buy them clothes, we can do those extra little things that we couldn't do when you're in a floating support worker or working in a hostel' (FLIC Link Worker).

'We have to keep banging on about the [personal budget]... I can go to my client 'chill out come on I'll take you for something to eat, I'll buy you a pair of socks...' That's so amazing to have that because being in other jobs you don't have any money to spend on anybody... We couldn't even take them out for a coffee' (FLIC Link Worker).

Given the fact that the FLIC project has only been running for a short space of time (just over a year at the time of the review) managers and workers did not feel able to say with any certainty what the longer term outcomes of this practice approach might be. The current understanding of the potential of the approach is that it is unlikely to be associated with many 'fairy stories' given the sheer complexity and nature of the clients' issues and circumstances. For instance, one worker had been involved with some the FLIC clients for over ten years as a result of working with them in previous roles. Viewed in the shorter term, however, managers and workers did feel confident that they could point to some significant positive results and outcomes. At this moment in time, the perspective of the team is that the approach certainly feels like an opportunity for 'better' if not best practice:

'I think if we had all sat down before this scheme started we wouldn't have come up with a name like Fulfilling Lives... It's good that we have got the funding and it will be interesting to see, over the eight years, what transpires for individuals. I mean we've already had people that I can see have not really had any significant or good things happen for them and already some are in housing and maintaining tenancies. I do believe that it's the way this format has been set up for robust kind of daily contact... I was a bit sceptical coming in but it does seem to work' (FLIC Link Worker).

However, despite very high levels of commitment to the practice approach as the way forward in addressing multiple needs, there is growing concern among FLIC workers that this more intensive, continuous and relational way of working might not be sustainable in the longer term even with the current high level of Lottery funding. Demand for the service is increasing (as the team's reputation spreads) and there is growing recognition of just how much 'support work' is needed to properly address the full range of issues presented by this client group. One worker likened her role to that of an 'octopus' in having to juggle so many multiple competing demands.

'[When we started] we were all sent out to every single conceivable agency we could think of that was in contact with complex people and we said 'refer people to us' and within weeks we were overwhelmed with referrals and all we've done is process these until we're at breaking point... Things have had to be modified a bit' (FLIC Link Worker).

'I think our caseload is quite high for the kind of clients we work... sometimes I just feel really overwhelmed... I had one client in particular who's had a lot going on and I spent so much time with her; I've had to neglect other people and not seen them' (FLIC Link Worker).

2:4 The perspective of FLIC clients on best practice

There was a strong consensus among the clients we interviewed that the practice approach being developed by FLIC team is more accessible, acceptable and effective as compared to most other approaches offered locally. Indeed, when people were asked about the strengths of the project there was a tendency to contrast the flexible and assertive (*'open'*) outreach approach advanced by the FLIC project with the conditional, inflexible and hidebound workings of other support services, particularly mainstream health and social care providers. Clients often appeared reluctant, with the notable exception of link workers' dependence on public transport, to identify weaknesses or criticise the FLIC approach. Interviews were suffused with the sense that unconditional, continuous and relational support can create the necessary conditions to actively engage with sources of support and thereby effect personal change:

'The FLIC Team is different you know, like available... They've given me something to look forward to' (Client 4)

'They're open. They pick you up and put you back together again. And they really do care' (Client 8).

'I hated myself; I hated everything, and then I realised that I need to love myself. I'm quite proud and independent, but I know everybody needs help. I couldn't have got this far without FLIC. There is always someone there if I ever needed help' (Client 3).

'We've got good rapport - it's a good posh word. We've got good contact init. What I mean is that I've got an open relationship and it's really good. I can't give much but [she] gives everything. More than rapport [she's] got the knowledge, trust, honesty, rapport; she's got savvy, she's streetwise. If you're not streetwise there's no way in a million years you could do this kind of job' (Client 1).

'[FLIC has] done more than any other [support provider] I've had throughout my life since the age of 16... I'd wrote myself off a long time ago. I should have had a CPN and a social worker... but the social worker said he'd done his mileage with me which is when I thought, well I am a write off... I've got the crises team to talk to but they're useless... Normally when I am going somewhere I need a drink for confidence. Dutch courage really, but with [the FLIC worker] coming with me, she's just great; she has turned my life around big time you know... I've blossomed tremendously...' (Client 2)

These insights are particularly important since it suggests that the FLIC team has been successful in finding ways of engaging people who have a sustained history of moving through various services at a high cost to themselves and society.

A constitutive element of 'psychologically informed' or relational care is the ability to develop a dialogical relationship. Dialogue in this context means, above all, *listening to* and

responding to the words and experiences of the other person (Garavan, 2013). This less proceduralised approach was much appreciated by clients. For example, one client commented: *'I definitely trust her; basically because I've never had a support worker that I could go and just talk to. She's always there and definitely someone to trust'* (Client 7).

In building relationships based on rapport, trust and honesty clients felt more confident and capable of identifying their ambitions beyond the project and how they would like to receive support to realise them. Further to this, some clients also spoke movingly and perceptively about how engagement with the FLIC team had engendered a greater sense of reflexivity, thus:

'It's only afterwards when I reflect that I realise that I've tried to sabotage relationships. With FLIC I've now got a lot of insight into myself. I am not a youngster any more unfortunately; but it's only now when I look back and think: *I should have done this, I should have done that*. My link workers takes the word *should* out of my vocabulary with regards to talking about myself' (Client 2).

Touching on the concept of *'team around the client'* which we will explore more fully in the next section, clients also commented on the way in which FLIC link workers seemed to communicate more effectively among themselves than staff in other agencies:

'What I've found before is that is when I've got a new worker from the same company I've had to tell them all over again and bring up all those feelings whether good or bad. I am fed up of telling my story. I think it's great that they communicate and how they must pass on the information because I've never to repeat anything.' (Client 2).

And similarly:

'It was quite bad my experience with social services, [where] I was getting a new social worker every couple of months. So, like two-three months down the line I was getting used to one social worker then another one comes in and then I'd have to re-explain everything again. [My FLIC link worker] kept me and she's been very important because sometimes it gets overwhelming with people coming and going out of my life and having to repeat myself over and over again' (Client 5).

Furthermore, 'engaging' with FLIC on an on-going basis was rarely seen as a chore, rather continuity was viewed as an essential component in securing practical and tangible outcomes:

'I know that I need to keep in contact at least once a week, once a fortnight. It's nice to know that you've got help, especially when it comes to paperwork and everything like this council tax business, as I've never had to deal with that before and I've always ignored it...I feel they have given me more responsibility' (Client 1).

Help and assistance with, say, completing official paperwork and navigating the complexities of the local housing system were not simply experienced as passive. Rather, it was understood as a collaborative endeavour that contributed to feelings of personal responsibility and self-actualisation. Encouraging and enabling clients to gain self-confidence and develop skills were expressed in and through activities such as art work, gardening and volunteering.

FLIC clients also confirmed the value of the personal budgets. They recounted numerous examples of how these had been put to effective use. For some people access to a personal budget did indeed provide a much needed 'lifeline' in a moment of crisis, while for others it offered access to more practical and everyday items (diaries, travel cards, phone credit and so on). Running through all these narratives was a strong sense of 'gratitude' and 'surprise'. The existence of personal budgets – and the accompanying way in which they were operationalised - was seen to be emblematic of the holistic and relational ethos of the FLIC project. Consequently, there was a strong sense that the FLIC project was transforming the landscape for people with multiple and complex needs in Islington and Camden.

2:5 The perspectives of external stakeholders on best practice

It was acknowledged by most of the external stakeholders we spoke to that at this stage in the project's development it was too early to point to any 'tangible outcomes' arising from the work of the FLIC team such as supporting people into work or reducing the rates of admission to hospital or reoffending. There was, however, a shared understanding that 'FLIC are about building trust and rapport with people who do not normally engage' and how this might impact later on the kind of outcomes that will be possible.

While some areas of 'disputed practice' did emerge - which we will explore in greater depth later - the feedback given by the external stakeholders about the FLIC team's practice approach is overwhelmingly positive:

'FLIC is a fantastic resource... They've been amazing. The support they give is fantastic.... very supportive people' (External Stakeholder 1).

'I have heard no one complain about FLIC which is unusual – very highly regarded. A very valuable service' (External Stakeholder 4).

When it comes to addressing multiple and complex needs, the need that is consistently raised in the accounts of the external stakeholders is for more '*bread and butter*' support work, especially that which targeted at assertive outreach. What is most appreciated about the FLIC team is the perception that it is filling this gap in a highly skilled and effective way:

'FLIC does what we would love to do if we had the time. The important stuff; the '*bread and butter*' stuff of taking people to appointments... the stuff that matters' (External Stakeholder 5).

One voluntary sector stakeholder working in the drug and alcohol field described how due to high caseloads his team had become increasingly 'office bound' with very little time to carry out the kind of community based assertive outreach described above. He felt that the FLIC team was a great boon locally as it was able to do this important work and, as a result, to complement and enhance the effectiveness of his own team:

'If someone does not turn up for their appointment, FLIC can do the intensive outreach needed to find out why and get people to stay engaged... FLIC can spend all day if they like with someone. They can be persistent, pound the street... to get that engagement' (External Stakeholder 2).

Another stakeholder working in the statutory sector described FLIC as being akin to a '*pre-service*' in which considerable work is undertaken to establish rapport and trust that then enable the client to '*link with*' and make more appropriate and effective use of existing mental health and drug and alcohol services. It was recognised that due to high caseloads workers in statutory services are not always able to make this '*more intensive offer*' despite it being seen as a vital mechanism in reaching out to some of the most entrenched and hardest to reach clients.

Importantly, when the client was perceived to be ready to 'engage' with statutory support, stakeholders working in the statutory sector saw coordination and case management as being their responsibility and not that of the FLIC link worker. From this particular vantage point, FLIC was seen as one integrated component of a much wider multi-disciplinary team and, more specifically, as 'The team that does' (External Stakeholder 5).

2:6 Spreading 'best practice'

The accounts of both clients and external stakeholders would seem to support the view then that FLIC is modelling the 'best of practices' from different sectors. However, from the stakeholders' perspective most of the statements about these positive practices are nearly always couched in terms of the barriers which will prevent their wider 'uptake' and 'spread':

'FLIC have more resources than we have and are able to do things we would love to do in terms of helping the client engage and do more outreach stuff' (External Stakeholder 7).

'A lot of the hostels now they're stripped down to the bone... There's a lot of agency workers and stuff, they don't have the space, capacity to [work in same way as FLIC]' (External Stakeholder 5).

'Because [FLIC] have more resources than usually available, they can [practice] closer to what we would like to see' (External Stakeholder 8).

'A lot of floating support services would probably like to work like we do but they are not allowed to because they have huge case loads' (FLIC Manager).

The implication is then that while most local providers aspire to work in exactly the same way as the FLIC team they are actually being prevented from doing by certain contextual or external constraints (namely lack of resources and high caseloads). This poses something of a problem for the central programme hypothesis in that it suggests that unless these barriers are tackled, simply 'showcasing' and 'modelling' best practice will be largely ineffectual.

Indeed, while some aspects of the FLIC approach might seem 'new' and 'innovative', it might be suggested that much of what is being showcased is not new but more accurately a **reinstatement** of some of those practices and values that have recently been lost to the system due to the impact of the austerity measures. For example, Roy and Buchanan (2015) describe the strong evidence base for engagement and assertive outreach in drug and alcohol services and how austerity and New Public Management (NPM) have drastically reduced scope for these kinds of 'best practices'. Their research confirms what the participants above told us about workers becoming increasingly office bound, isolated from the communities they serve and swamped in bureaucracy:

'Unfortunately, [austerity and] top-down bureaucratic approaches to service delivery, part of new managerialism, have eroded professional autonomy, tending instead to prioritise exhaustive levels of documented client assessments of needs... These practice

characteristics increase the risk of workers seeing clients as deconstructed sets of deficits rather than people with strengths who may have difficulties... Managerialism has also been marked by a withdrawal from community engagement... and centralisation of office locations... One of the main values of both Engagement and Assertive Outreach was that it led to greater understanding of the client's social context, and with this came the empathy and... trusting relationships... that led to better appreciation of need' (Roy and Buchanan, 2015 p4-5)

It is important to countenance the fact that 'system change' is not always positive. There is, for example, growing critique of NPM. NPM is seen as having been a powerful force shaping public sector leadership and management for over 30 years and is characterised by private sector practices such as the increasing use of contracts and targets. Contracts and targets are criticised for reducing complexity and relationships to simple statements (tame problems) that can be managed. They focus on narrow and generally short term measures of economy, efficiency and throughput and are thought to have given rise to many of the problems that FLIC project is setting out to address namely the 'cookie factory' mentality:

'[NPM] is widely experienced not just as changing but (I think) as distorting the proper aims of professional practice and indeed damaging professional pride and integrity. Much professional practice used to centre on interaction with those who professionals serve... now there is less time to do this because everyone has to record the details of what they do and compile the evidence to protect themselves' (O'Neil quoted in Clark et al. 2014 p6).

2:7 Summary

The overall implication from this initial feedback suggests that the Lottery funding is enabling the FLIC team to deliver the kind of good quality support work (best practice) that 'other' agencies can only aspire to. Consequently, without addressing structural issues linked to the underfunding of care and support services, and the constraints imposed by NPM on scope for more relational and continuous ways of working, then simply reaffirming (modelling and showcasing) what good quality support looks like in an isolated and protected enclave (shielded from the cuts) may ultimately be something of a futile exercise. As we shall explore in the next section, the fact that FLIC is arguably being resourced to deliver a much better quality service locally, is not without implications for coordination and partnership working.

Discussion Points

- **Which FLIC practices are new and innovative?**
- **Which FLIC practices are more established but may have been increasingly lost to the wider system as a result of austerity?**
- **What is the scope for their reinstatement locally?**

3: Networking, Coordination and Collaboration

3:1 Introduction

The central hypothesis underpinning the Big Lottery's Fulfilling Lives programme is that **improved coordination** is the key to tackling multiple and complex needs. As outlined earlier, this is taken forward in the FBP in a variety of ways through mechanisms such as the link worker team and the 'Hub and Spoke' model. However, what is striking in the accounts above is how little reference there is to coordination as a driver of change. This is not to say that this is unimportant, only that other factors appear to be more relevant.

For example, the need that is most consistently raised in the accounts of the external stakeholders is for more '*bread and butter*' support work. Indeed, it might be tentatively suggested that in providing the '*bread and butter*' support work that was previously missing locally, FLIC is enabling statutory agencies to feel more confident about opening their doors to some of the people whom they may have previously excluded. Arguably, however, it is the additional resource for support work that is driving this system change, not 'improved coordination'.

Integration and improved coordination have been the 'holy grail' of social policy in the UK and internationally for over 40 years. It is important to acknowledge the scale of the challenge and the considerable literature which suggests that no amount of local ambition and energy will be able to overcome some of the national barriers to progress (Humphries, 2015). Mindful of these limitations, this section explores what progress is being made to improve coordination locally and the outcomes that are emerging as a result of this.

3:2 'Hub and Network' model

In the FLIC business plan the 'Hub and Network' model is seen as the principal mechanism through which coordination will be improved locally. The expectation is that the FLIC team will draw together multi-disciplinary expertise by bringing together workers seconded from different partner agencies and that, following a period of induction and team building, team members will then be 'co-located' (dispersed) back out into the offices of external partner agencies. Therein, workers will develop networks linked to their allocated 'specialist' liaison role in one of the following domains: primary and mental health, substance misuse, criminal justice and housing.

Establishing the FLIC team on the basis of seconding workers from a variety of different organisations did lead to some 'quick wins' in terms of improved interagency working. For example, one external stakeholder appreciated the 'direct line' this gave him to the FLIC service and the ease with which communication was possible because his former worker knew the 'language' of his own organisation. However, being seconded also raised concerns for team members about supervision and career development. Workers were concerned about what would happen after the initial two year secondment. For example, would they

return to their original employer and then look to apply the insights and skills they had developed as a member of the FLIC team?

At the time of the evaluation, FLIC team members were working hard to develop networks and contacts within their allotted specialist areas. Networking and building relationships across agencies were thought to be important tools with regard to laying the foundations for more coordinated, joined-up responses:

‘My role is the Criminal Justice Link Worker. I’ve been seconded from [name of organisation] with my colleague. Our role is to create links within the Criminal Justice System - probation, the courts and the prison service. [We aim] not only to get referrals from them but also to actually link-in and do good working practice with clients and with the Probation Service and Criminal Justice Workers. That could be as simple as creating links with staff in the cells at the court so we can actually go and see a client... to getting into prison to discuss resettlement needs... [We can also] identify needs which the Probation Service may not be able to deliver or we can be complementary to what they’re providing’ (FLIC Link Worker).

‘What people seem to really like about our frontline workers is that you might get one worker but behind them there is this massive network of contacts with Probation, Criminal Justice, Mental Health’ (FLIC Management).

However, at this point in time, the FLIC team was still working out of a single office base and co-location with partner agencies had not yet happened. Indeed, there was growing opposition to the idea of dispersing the team. Working in a way that is ‘psychologically informed’ acknowledges the stressful and emotionally challenging nature of working with complex trauma and how, if left unchecked, this can lead to high levels of stress and burnout. As a result, considerable thought and effort had been invested by FLIC managers in actively developing the team. This included regular clinical supervision with a psychologist and an emphasis on shared reflective practice. Feedback suggests that this strategy has been effective in developing a cohesive and supportive team environment and, ultimately, a resource which FLIC team members do not want to surrender:

'It's good to have the team. With this team you know if things get too much or that you can't get to that appointment you've got the team to support you... If you've had a full on day - you have the team to go back to and kind of just discuss or download or whatever. Just talking about it makes you feel a bit more calmer because it is quite intense sometimes and it is full on. You do feel a bit overwhelmed at times so it is nice to have that team support' (FLIC Link Worker).

'One of my first impressions [of the FLIC team] was how cohesive and supportive it is. It's just a really comfortable team to be a part of and we do have that sort of trust and rapport instantly there. I was saying only yesterday that it's nice to be part of a team. If you were to hand over something or ask that something be done for one of your clients, you could trust that it will be done and done well - to the same degree that you would have done it yourself. One of the risk factors when it comes to burnout is that feeling of I can't let go because if I do things will fall apart... I don't feel we have that in this team, I feel that everyone does support each other and that we care about each other's' clients just as much as our own' (FLIC Link Worker).

While there is a commitment to developing a *'team around the client'* it is interesting that this is framed mostly in terms of enabling FLIC workers to mutually support one another. There is little sense here of drawing around a multi-disciplinary team (with outside professionals) as a means of accessing wider collegiate support or additional specialist expertise for clients:

'[Clients] have one lead worker and then they have either a second and third worker. It gets a bit confusing by the third worker so normally it's just the one and the two that they work with. So if you're going on leave you can hand over [more easily] it's not the same as having tell everyone everything, someone else already knows... [Furthermore] This sort of work has got quite a high burnout level and it helps to stop the burnout I think. I've despaired over a few people to be honest and I just think, I can handover to one of my colleagues who's [also] working with [the client] and say 'can you try this?' (FLIC Link Worker).

The 'Hub and Spoke' model was further questioned by FLIC team members with regard to the notion of developing 'specialist roles'. The importance of developing trusting relationships with clients was seen to depend on working in 'generic' rather than 'specialist' ways:

'What I found with this particular client group is because [they] are so isolated and so disengaged and have such bad experiences with services, the individual worker has to take them on to build that trust... You take individual responsibility for that client and you're that client's conduit for everything...' (FLIC Link Worker).

One worker was conscious that while he had been allotted a specialist role he was not necessarily 'expert' in that particular area of practice. This reflects that there is some underlying confusion around the concept of multi-disciplinarity within the 'Hub and Spoke' model. It is not clear if the aim is that the workers should develop specialist skills and knowledge in a specific field (e.g. 'health') or, rather, that they should develop the liaison and coordinating skills necessary to draw external specialist expertise inwards. Implicit here is the idea that FLIC workers will be 'specialists' in complex and multiple needs and will therefore provide 'expertise' to other workers and agencies on that basis. It is this latter aspect of the link worker role that was most frequently alluded to especially when thinking about the value of multi-disciplinary working:

'[I am working with a client who's going through a very bad stage drinking and who is having a sort of mental health breakdown... I have been working with two members of staff in the hostel and we have been trying to come up with a plan of what can do... and it was almost like supporting them through the situation... We're always working with other agencies like this and a lot of the time it's really good' (FLIC Link Worker).

Overall, in terms of the most effective mechanism for supporting both clients **and workers** the views of those working in the FLIC team would seem to suggest that the preference is for a tightly knit unit providing generic support work that is well networked, rather than the dispersed 'Hub and Spoke' model currently envisioned in the business plan.

3:3 Coordination

When it comes to ‘coordination’ the approach of the FLIC Team is broadly consistent with what might be described as mainstream practice and is consequently encompassing of some of the problems which go along with that. Most agencies in both the statutory and voluntary sector in the UK who aspire to provide ‘holistic’ care and support will see themselves as being at the centre of their clients’ *‘life worlds’* and thus responsible for coordination. Ehrlich et al. (2009) note that a common understanding of coordination is often assumed, when in reality the concept is neither clearly defined or completely understood. They concur however, that it is possible to identify four elements which underpin most approaches:

- A systematic assessment of each client’s needs
- The drawing-up of a care plan to address these needs
- The appointment of a key worker or care coordinator to oversee the delivery of the care/support plan and
- Regular review of the client’s needs and care/support plan

It is commonly the case in the UK that public service providers are contractually required to undertake these elements to evidence their work and effectiveness. While there have been attempts to introduce national coordinating frameworks to knit these different strands of activity together, such as that for the Care Programme Approach (CPA) in mental health services it is acknowledged that these have yet to be consistently implemented (Goodwin and Lawton-Smith, 2010). Arguably, it is the multiplicity of uncoordinated ‘coordination’ activity that leads to duplication and the common criticism that people have to keep repeating their story time and time again (Cornes et al., 2011).

It was reported that ‘FLIC clients’ who are living in hostels (and possibly using many other services locally) will be ‘subject’ to many different (agency-specific) support plans. As yet, there are no **formally agreed** local protocols for joining these together. The danger is that without this the roles of different agencies will remain ill-defined and a truly holistic or integrated response will not be fully realised. Indeed, one of the few negative comments to emerge about the FLIC team relates to an incident of poor communication whereby a referral had been made only for it to disappear into what was described as a ‘black hole’. This highlights the referrer’s uncertainty around the arrangements for shared assessment and the timings of any subsequent feedback (monitoring and review). As described earlier, in practicing in a way that is ‘psychologically informed’ the FLIC team has adopted a much more relaxed approach to completing coordination tasks (e.g. assessment paperwork and outcomes stars).

There are also questions as to what extent FLIC holds any kind of mandate locally to ‘take the lead’ for the coordination and case management of its target client group. By this we mean agreement that as the ‘lead agency’ FLIC can hold a single care plan to which all other agencies agree to be accountable and to make their roles and contributions clear. As noted earlier, statutory agencies assume that once FLIC has brought the client to their doorway, responsibility for coordination and case management will be handed over to them. There was even some confusion reported over a case conference which had been set-up by a member of the FLIC team. This had to be cancelled because a statutory agency decided to hold one for the same client the following week (to which the FLIC worker was invited). Coordination was also hampered at times by centralised access structures where, for

example, FLIC contacted a service only to find that the service knew nothing about the client because the referral was stuck with 'Supporting People'.

Without a clear mandate locally to act as the lead coordinating agency for the target client group there is a very real danger that FLIC will come to be viewed as 'just another' local support provider. Few of the external stakeholders we spoke to described FLIC as a coordination service and when talking about 'joint working' this was often taken to mean the way in which services could complement each other. There was also some evidence that FLIC was beginning to be 'pigeon holed' as the provider who will take on the responsibility for the most troublesome and challenging clients:

'[FLIC] allows us to concentrate on the housing management side because you know we've got extra support from the [FLIC worker] who will take somebody out a little a bit or arrange an appointment' (External Stakeholder 6)

'[Reflecting on some recent referrals to the FLIC Team] I think to myself is 'why are you referring this person to us?' Especially when the client is living in a hostel. I think what [is that worker] doing in terms of their key-working? I know [other workers] are under that pressure but I just think to myself 'hold on, that's not our role' (FLIC Link Worker)

The fault line between 'coordinating' and 'providing' is notoriously difficult to manage insofar as 'coordinators' will often find themselves having to roll up their sleeves to fill the gaps which appear when other agencies 'gate-keep' their own resources. The crux of this issue is summed-up by Goodwin and Lawton-Smith (2010 p.8):

'The CPA (Care Programme Approach) experience warns us that care coordinators require the skills and competences to act both as care managers to individual patients (often with very complex and challenging needs) as well as to have the power to exert the authority to ensure that care plans are implemented. We know from evidence however, that managing across networks of diverse providers to create an integrated care package is problematic because of the lack of power coordinators have to mandate care delivery among other agencies'.

There is further interesting learning from the CPA experience as regards how in actively pursuing the protocol necessary to drive 'improved coordination' (e.g. putting in place targets for the completion of assessments, support plans and outcome stars) more 'psychologically informed' or 'relational' ways of working such as those at the heart of the FLIC approach are easily compromised:

'[A key concern which has surrounded the implementation of the CPA process] has been about the loss of the relationship with users of the service. There is disquiet that the CPA has become a managerial tool rather than a system of engaging with people' (Goodwin and Lawton-Smith, 2010 p.8)

This points to the emergence of an interesting paradigm debate, namely how far it will be possible to reconcile 'psychologically informed' approaches with those driven by NPM? In other words, is it possible to combine both '*relational*' and '*coordinational*' roles at the same time?

3:4 Radical advocacy

In the absence of a clear mandate to act as the lead agency for their target client group, FLIC workers must rely on developing strong collegiate relationships with other agencies and professionals to achieve coordinated care and support:

'It definitely helps us [networking] with these services... We have been able to hold [hostel] bed spaces open for longer periods of time [than the rules allow] because we have been building up relationships with the [hostel] key workers... (FLIC Link Worker).

'It's about building relationships with the services [as well as] with the clients because when you do need something you can think "I'll just approach those" and because they know you, they're more willing to help' (FLIC Link Worker).

While some extremely positive collaborative relationships were reported as having being built-up with some local service providers, there were continuing difficulties with others. Tensions and misunderstandings were felt to be most notably evident in relation to local authority housing, mental health services and adult social care services (i.e. those services which are often acknowledged in the literature as being inaccessible to many people with multiple and complex needs).

[According to one external stakeholder] 'We do have challenges in our service... making people's needs heard within mental health services in particular... and I think there is definitely scope to improve that... That's the main aim of the [FLIC] service isn't it? (External Stakeholder 6).

As a result of this, there was a growing sense of frustration in the FLIC project that while many good practice case studies were being generated this did not constitute the kind of deeper 'system change' that was aspired to. Among the management team the value of simply 'modelling' good practice was increasingly questioned and there was more frequent speculation as to what an alternative change hypothesis might look like:

‘There is a need to develop the mechanisms by which our Strategic Partnership Group (SPG) implement & effect change. We’ve recognised that we need to put in place a clear process by which issues & priorities arising from frontline practice (& our other research projects) can be strategically addressed by our SPG & this is our main priority for the year ahead’ (FLIC Management).

In terms of an alternative hypothesis;

‘We’ve been thinking about what we mean by this – so, for example, it can also mean ‘small’ local changes (for example how a service processes their referrals). It doesn’t always have to be huge...A circle of systemic change around the individual...’(FLIC Management).

Undertaking grassroots ‘system change’ was experienced as a particularly empowering aspect of the link worker role. It was perceived as a permissive ‘green card’ to challenge some of the many social injustices and poor practices they frequently came across. Team members described how they saw it as their role to ‘speak up’ or advocate on behalf of their clients and to **‘change the way other services are working and thinking’**. This was often in stark contrast to their previous job role where advocating on behalf of clients was discouraged. Indeed, while the traditional link worker role is seen as encompassing both advocacy and coordination, it was the former that seemed more prominent in the accounts of the FLIC team workers. Outcomes, such as preventing homelessness, were also credited as much with advocacy as improved coordination. One external stakeholder commented that she saw FLIC’s principal role as *“Fighting the cause for those with a poor track record of engagement”* (ES1).

Radical Advocacy

‘I was based in [name of service] it was quite boundaried and they had really poor views about complex needs clients. [FLIC] just seemed like an exciting project to do something that’s very different... I could actually advocate instead of being boundaried and work on somebody’s behalf where previously we weren’t allowed to do that’.

‘Advocacy was quite a new thing for me because I’m quite used to ‘You get a decision – and that’s it’. Whereas here it’s really nice to be encouraged to challenge things that you don’t think is right’.

‘[Name of client] was about to be evicted unfairly [and we challenged that]. You think actually if you didn’t have the FLIC team you’d be street homeless and that has happened to so many people where unfair decisions are made and they’re not kind of equipped enough to challenge it’.

(Views of FLIC Link Workers)

3:5 Towards an alternative hypothesis about system change

'FLIC needs to quickly work out how it will identify systems change – try to bed it in' (External Stakeholder 2).

According to Hough (2015) innovation is central to system change, but innovators can sometimes be seen as troublemakers. Pursuing 'grassroots' system change through the mechanism of 'client advocacy' did initially cause some significant tensions with partner agencies and was on occasions viewed as leading to poorer collaboration and coordination. One external stakeholder for example, described how one member of the FLIC team had been ostracised for being seen to be unsupportive of the plans that had been agreed by the wider multidisciplinary team. Indeed, it was reported that workers in outside agencies were often surprised that the FLIC team was '*daring*' to challenge their practices and decisions:

'Because we are not kind of restricted by statutory organisations or funding we can turn round and actually say we're going to advocate on behalf of our clients. We do sometimes get feedback from organisations where they turn round and go what are doing that for... **How dare you?** (emphasis in the original) ... I think it's also a nice surprise for the clients too because they've never had a person [to advocate on their behalf]. They go [to a service] they get an answer; they have to accept it and go off again. Whereas now this time you can go 'do you think that's right?' 'no, neither do I; let's go and challenge it' and I think that's quite a rare thing for them to experience, I think that really builds trust with the clients as well' (FLIC Link Worker).

Another stakeholder was very concerned how the actions of the FLIC team were increasingly portraying their own service in a negative light. This was with regard to both the privileged position of the FLIC team with regard to having the extra resources to offer a seemingly better quality service and also the sense in which clients were starting to view their FLIC advocates as the 'good cops' and their other workers as the 'bad cops':

'I think we need to have more clarity of roles and I think that it's really important that we are not seen differently and that the FLIC worker is not the 'good cop' and we're the 'bad cop'... Because FLIC have extra resources to take people out for coffee and do the nice things, and we can't... I think we need to be a little bit better in demonstrating that we are coming from the same page. I think there possibly needs to be a little bit more joined-up working' (External Stakeholder 6).

As FLIC relies heavily on ‘good will’ to deliver coordinated care and support there is the potential risk that this advocacy approach could backfire in terms of options being closed down for clients as relationships deteriorate. Thus, the FLIC management team always acted quickly then to address any tensions and were seen by partner agencies to be ‘open to discussion’. Importantly, this willingness to collaborate did seem to open-up space for service improvement and, ultimately some small degree of ‘system change’:

‘FLIC have challenged [my service] about some of our practices, but this has been done in a positive way. We all need to be challenged to improve’ (External Stakeholder 3).

To give an example of how practices were changed, in one case a FLIC worker had bought a sleeping bag for someone who was sleeping rough which, in turn, caused tensions with another outreach team who viewed this as ‘poor practice’. This disputed ‘best practice’ was grounded in two opposing lenses or value sets:

- FLIC adopts an unconditional (‘good cop’) approach where the primary goal is to achieve engagement and rapport with the client, including addressing any immediate well-being needs (such as purchasing a sleeping bag for warmth while sleeping rough)
- The approach of the other outreach team had a similar value base but also drew on an ‘enforcement’ paradigm where it is seen as occasionally acceptable to sacrifice relationships with clients (through so called ‘disruption techniques’) to achieve a speedier exit from the street (‘tough love’ - ‘bad cop’). In this view, buying someone a sleeping bag can be viewed as helping the client to continue to rough sleep and therefore as potentially be damaging to his or her well-being in the longer term.

Following meetings between the two team managers a workable compromise was reached and a new practice approach between the two agencies was forged whereby the ‘good cop’/‘bad cop’ approach was to be used to planned effect:

‘I went to a meeting the other day for one of our clients and [the outreach service] openly said that they would like us to continue being a positive engagement and if it came to hard choices they’ll be the ones to [execute those]. Because we can stay involved for longer and work across much more of the issues in the client’s life, they felt that it was better that our relationship remains positive... So it’s quite nice that other services don’t resent the FLIC team for being the good guy’ (FLIC Link Worker).

Practice A [reflects/negotiates with] Practice B = Leading to Practice C [system change].

Importantly, this scenario raises further problems for the (reductionist) ‘showcasing’ hypothesis we discussed in the previous section in that it is illustrative as to how what constitutes ‘best practice’ is not always clear cut. Indeed, with regard to multiple and complex needs, it is acknowledged that the evidence base is often inconclusive as regards ‘what works’ (Soubhi et al. 2010) and that practices need to constantly evolve in the light of ‘events on the ground’ (Edgren and Barnard, 2015). It is known for example, that ‘care pathways’ which lay down specific protocols and procedures for practitioners to follow are rarely workable for people with less predictable, variable, multiple and/or complex conditions (Goodwin and Lawton-Smith, 2010).

Taken together, what this early evidence seems to point to is the potential for developing an alternative hypothesis about ‘system change’ to more usefully guide future activity. Such an hypothesis might begin to speculate about the outcomes which could flow from opening-up spaces for difficult conversations where ethically and morally complex issues can be safely ‘disputed’ and ‘(re)negotiated’ across disciplinary and agency boundaries (Scanlon, 2012). The mechanisms for delivering this might for example, be a community of practice or a care collaborative or, indeed, the kind of ‘demonstration project’ proposed in the FBP. Certainly, among external stakeholders there is great appetite for these kinds of opportunities for shared learning where complex issues can be discussed safely.

While these mechanisms might not individually give rise to the kind of deep ‘system change’ that seems to be aspired to within the FLIC project, they are potentially transformational at the level of releasing the grip of what West (2014) calls ‘managerial domination’. First, they might work to shift the focus from ‘coordination’ to ‘collaboration’ whereby the primary goal is seen as developing more authentic relationships and a deeper understanding of complex social issues than is possible within current contracting and commissioning arrangements. As Dickenson points out such an approach is inherently about ‘craft and graft’ rather than any kind of magical transformational change:

‘When we seek to support integration, simply identifying a set of organisational processes... will not be sufficient... This is not to say that the specifics of how organise and structure are not important, but how we implement and support professionals is of considerable concern... The craft of integration is inherently political and requires investment in relationships ... These craft skills also require a significant amount of graft in the sense that there is no easy answers... (Dickinson, 2014 p195)

Furthermore, as is strongly evidenced in the accounts of the FLIC workforce, adopting this kind of flexible and iterative approach to grass roots system change does seem to be having considerable impact at the level of improving job satisfaction and reinstating the ‘proper’ aims of professional practice. A very distinctive (albeit almost accidental) feature of the FLIC approach to leadership and management is the way in which workers have been empowered to ‘advocate’ and ‘challenge’ in a way that other workers are not. In effect, actively encouraged to take on the mantle of the ‘interprofessional practitioner’ rather than being the worker that is hidebound by contracts and rules imposed from the top:

‘Interprofessional working is not about fudging the boundaries between the professions and trying to create a generic care worker. It is instead about developing professionals who are confident in their own core skills and expertise, who are fully aware and confident in the

skills of fellow health and care professionals, and who conduct their own practice in a non-hierarchical and collegiate way with other members of the working team, so as to continuously improve the [well-being] of their communities and to meet the real care needs of individual patients and clients.’ McGrath (quoted in CAIPE, 2007)

3:6 Summary

In summary, feedback generated through this first cycle of realistic evaluation suggests that there is considerable scope for the SPG to formulate of a new hypothesis to guide future activity designed to deliver ‘system change’. This should encapsulate and take forward the early learning and considerable successes of the FLIC project in its first year of operation. This new hypothesis might be conceptualised as follows:

Sample New CMO Hypothesis:

Addressing multiple and complex needs in new and innovative ways in times of austerity depends on opening-up spaces for collaboration. The mechanisms (**M**) employed will need to be inclusive of the full range of stakeholder interests, pay attention to the development of authentic relationships and be mindful of the need to actively manage organisational and interdisciplinary disputes (‘boundary spanning’). The anticipated (**O**) outcome is a deeper understanding of complex social issues and a more flexible innovative response than is usually possible through current contextual (**C**) ‘top down’ contracting and commissioning arrangements.

Discussion Points

- How far is FLIC’s transformative role mandated locally?
- Don’t commissioners lead systems change?
- How could this iterative approach to system change be taken forward locally?
- *Practice A [reflects/negotiates with] Practice B = Leading to Practice C [system change].*
Other than the sleeping bag, can you think of any more examples like this?

4: Summary

This report has presented the findings of a 'realist review' of the FLIC Business Plan (FBP). It has triangulated the views of different stakeholder groups to interrogate the thinking behind two of the programmes' key hypotheses about how FLIC will deliver 'systems change' for people experiencing multiple and complex needs.

Hypothesis One: By showcasing the 'best of practices' from different sectors – while also testing new ideas - the wider system will see the benefits and adapt or change.

Hypothesis Two: Improved coordination is the key mechanism through which people experiencing multiple and complex needs will be enabled to lead more fulfilling lives.

The overall feedback from the different stakeholder groups is extremely encouraging about the progress and outcomes that have been achieved by the FLIC project in its first year of operation. Members of the FLIC team are confident that their practice approach is proving to be effective in targeting and reaching out to some of the most excluded individuals in the boroughs. This view is confirmed by FLIC's clients. The feedback we received from them was suffused with the sense that unconditional, continuous, flexible and relational support can create the necessary conditions to actively engage with sources of support and thereby effect personal change. Consequently, there was a strong sense that the FLIC project is transforming the landscape for people with multiple and complex needs in Islington and Camden.

From the perspective of the external stakeholders we spoke to, it is clear that the FLIC team has established itself as an important resource and is highly respected locally. What is appreciated most about the FLIC team is that it is able to provide the kind of good quality ('*bread and butter*') support work that is thought to have been increasingly lost to the system as a result of the austerity measures. One statutory agency for example, felt that they were now able to work with some of the people whom they might have previously excluded as with FLIC's support they were able to make a more '*intensive offer*'. Importantly, stakeholders working in the statutory sector saw coordination and case management as continuing to be their responsibility and not that of the FLIC link worker. From this particular vantage point, FLIC was seen as one integrated component of a much wider multi-disciplinary team and, more specifically, as '*The team that does*'.

When asked to reflect on why their practice approach seems to be effective in reaching out to those clients who have long-standing histories of not engaging with services, the FLIC team highlight many different recipes and ingredients. This is keeping with the notion that the approach being developed is '**evidence informed**' rather than tied to any single intervention or specific model of practice. Two recipes stand out in these narrative accounts: (i) being psychologically informed and (ii) practicing flexible and assertive outreach. While FLIC workers felt that it was important that they acted as a single point of contact for their clients and advocated for them on occasions, there was little sense that

coordination (understood as a managerially driven process linked to completing assessment and support planning paperwork) was a key aspect of their work.

Despite this good early progress there was however, growing disquiet among members of the FLIC team that this did not equate with the kind of deep systems change that was aspired to. On further investigation, what emerged from the accounts of the external stakeholders was that while the approach of the FLIC team was highly regarded and indeed, aspired to there were many barriers which prevented its wider uptake and spread (namely a lack of resources and high case loads). As one stakeholder pointed out, *'FLIC do what we would love to do... if we had the time and resources'*. Furthermore, there was a sense that some of the practices of the FLIC team were not new and innovative but a reinstatement of those which had been lost to the system as a result of austerity and current contracting arrangements. For example, one external stakeholder told us how his own workers had become increasingly office bound and were no longer able to *'pound the streets'* to secure client engagement to the same extent as the FLIC team. As a result, this evidence highlighted some potentially serious shortcomings in the programme hypothesis that simply 'modelling' and 'demonstrating' best practice would be sufficient to effect systems change.

A further problem with this 'modelling' hypothesis is that some of the practices of the FLIC team were disputed and there was on occasions a lack of consensus as to what constituted 'best practice'. For example, giving a sleeping bag to someone sleeping rough could be seen to have both positive and negative benefits. This emerged as a 'flash point' between FLIC and another local outreach team. Possible conflict was however, avoided by the FLIC managers who entered into discussions with this disgruntled partner to find a compromise and a workable solution. In turn, these solutions could often be construed as 'service improvements' or small scale (grass roots) system change.

It was thus tentatively suggested that a more helpful or informative hypothesis for pursuing systems change might centre on findings ways to open-up and nurture more of these structures and spaces for **'difficult practice conversations'**. As in the instance of the sleeping bag this is more accommodating of the fact that what constitutes 'best practice' is not always clear cut. It also recognises that the evidence base can often be inconclusive when it comes to 'what works' for people experiencing multiple and complex needs and that there is often a need to draw in both practitioner and user knowledge, experience and wisdom.

Furthermore, a commitment to engaging in what might be understood more as form of **collaboration** rather than **coordination** also seemed to offer a better contextual bed for supporting improved outcomes. Currently, relationships between workers from different agencies are fragile and often based on mutuality or mutual dependency. For example, because frameworks for coordination are not well developed locally, FLIC often had to rely on the 'good will' of other providers to access resources and services for their clients. While some of the FLIC workers did resort to what we termed 'radical advocacy' to gain certain benefits for their clients this was risky in that it had the potential to damage the good will on which they also heavily relied.

In conclusion, the findings from this first stage review of FLIC's first year of operation suggest that both core programme hypotheses need some revision if the kind of 'deeper' systems change aspired to is to be achieved. First, the triangulated evidence from project staff, peer mentors, clients and external stakeholders suggests that addressing multiple and complex needs may lie not in improved coordination per se, but in the provision of well resourced, good quality **'support work'** that is delivered compassionately, flexibly and unconditionally over the longish term. Second, if 'systems change' is taken to mean delivering this same approach beyond the confines of the FLIC project (enclave), then two issues will need to be addressed: (i) the current underfunding of care and support services relative to need (ii) new public management (NPM) approaches which are heavily bureaucratised and target driven. Simply, modelling good practice will not be sufficient to effect systems change given these structural constraints. Indeed, given broad agreement locally that FLIC's approach to working with multiple and complex needs is the 'right one', there are questions as to how far FLIC might spearhead a campaign for better funded care and support or alternatively, whether it should aim to focus more on demonstrating smaller scale (grass roots) improvements which are deliverable within the current economic climate. In essence, this grass roots service improvement is the day to day challenge ('holy grail') facing every local commissioner and service provider. If FLIC could shine the light on this improvement challenge then its 'success' would be assured.

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Appendix I: Detailed Methodology

Documentary analysis

A review of internal documents produced by the Fulfilling Lives Islington and Camden (FLIC) project was undertaken. This including the following documents: (1) project plan; (2) quarterly reports; (3) mid-year report; hard outcomes report; (4) referral and selection of beneficiaries; (5) eligibility assessment; (6) referral case studies and (7) service user case studies. Specifically, we used these documents to contextualise our understanding of the working methods and impact of the work of the FLIC team. This approach was supplemented by an electronic desk review of external policy papers and research articles.

Qualitative interviews with service users

A total of 8 people who were actively engaging with the FLIC team in June 2015 were interviewed. The research team collaborated with link workers to facilitate service user interviews. Throughout the interview stage, the study adopted a 'process consent' approach whereby consent is viewed as an ongoing concern within the research process (Usher, 1998). Process consent aims to ensure that research participants understand that they can withdraw from the study at any time and that their consent should be negotiated as an ongoing concern, and should not be assumed on the basis of initial consent only. These interviews were guided by a number of topics including:

- Understandings of multiple and complex needs
- Previous experience of statutory and voluntary sector services
- Perceptions of the FLIC working model
- Empowerment and self-efficacy
- Gaps in provision

The majority (n=6) of interviews were carried out on a face-to-face basis across a number of locations in north London and within a series of formal and informal settings.³ All respondents were provided with a letter of information/written consent statement. Additionally interviews (n=2) were conducted by telephone. In this instance, the researcher provided a verbal of explanation of the interview process to ensure that the service user felt comfortable and understood the nature of their involvement in the wider evaluation process. Interviews were semi-structured and lasted between 15 and 40 minutes. The interviews were designed in order to explore people's views and experience of the FLIC project.

Interviews were audio recorded with the consent of the service user. Each participant was given a pseudonym to protect their anonymity. Research participants were paid in high street vouchers (equivalent to £10) for sharing their expertise and giving-up their time.

Inclusion criteria: People willing to participate in the study and able to give informed consent.

³ Locations included hostels, temporary accommodation, coffee shops and a park bench.

Exclusion criteria: People unable to give informed consent.

Telephone interviews with stakeholders

9 external stakeholder interviews were carried-out by telephone. The research team worked with the project manager to identify potential research participants. All research participants were allocated a generic working title to protect their anonymity. Interviews lasted approximately 30-45 minutes. These interviews were guided by a number of topics including:

- Understandings of the how FLIC fits within broader systems or pathways of support
- Coordinating inter-professional practice
- Negotiating and managing service user expectations
- The strengths and weaknesses of the assertive approach pursued by FLIC

Focus groups with link workers

Two focus groups were run with a total of 9 link workers were conducted. The decision to run different groups was to ensure all link workers were able to take part and to be able to make a depth contribution. The sessions took place in a private meeting room at a local hostel. Focus groups lasted for 45-60 minutes, and were guided by a number of topics including:

- Attitudes and beliefs about people with multiple and complex needs
- Models of care and support for people with multiple and complex needs
- Collaborative practice
- Strengths and weakness of the FLIC approach

Each focus group was audio recorded with the consent of the research participants.

Focus group with members of the Peer Development Board and Peer Mentors

A focus group with 4 members of the Peer Development Board took place in a private meeting room at a local hostel. Another focus group was held separately for 4 of the 'peer mentors' The focus groups lasted for approximately 60 minutes, and were guided by a number of topics including:

- Attitudes and beliefs about service users
- Skills and values
- Co-production
- Supervision and support

The focus groups were audio recorded with the consent of the research participants.

Familiarisation interviews

Familiarisation interviews were carried-out with the project manager and deputy manager. These face-to-face interviews were guided by a number of topics including:

- The rationale and strategic context
- Key problems or challenges of providing support services for people with complex and multiple needs
- How FLIC addresses the issues faced by people with complex and multiple needs
- How FLIC fits within the broader landscape of support in Camden and Islington

Interviews were audio recorded with the consent of the research participants.

Analysis

Interviews were audio recorded and fully transcribed. Data was analysed thematically and organised in terms of the CMO configurations relating to the 'grand' hypotheses that were being tested.

Ethical Permission

As this was classed as a service evaluation ethical permission was not required.

