

The NE Study

(Opportunity Nottingham Evaluation)

Working at the frontline with adults with multiple and complex needs

A preliminary evaluation of the work of Personal Development Coordinators

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Introduction

This report is an account of a piece of research undertaken as part of the external evaluation of Opportunity Nottingham (the ONE Study), one of the 12 local programmes being delivered as part of the Big Lottery's Fulfilling Lives: Supporting People with Multiple Needs programme. One of the aims of the ONE Study has been to gather evidence from service users and frontline staff in Nottingham on what works in transforming the lives of adults who combine homelessness, criminality, substance misuse and mental ill-health. The evaluation has therefore been keen to make an early study of the work of Personal Development Coordinators (PDCs), the team of frontline ON staff most responsible for working directly with beneficiaries. In this, we have been fortunate to secure funding from the School of Social Sciences at Nottingham Trent University (NTU), with the initial intention of employing two undergraduates to undertake a pilot project with PDCs over the summer of 2015.

The project sought to shed light on two questions. How do Personal Development Coordinators develop the personal and professional resilience to work with challenging beneficiaries? And what is it about the services they provide that they believe will transform the lives of beneficiaries? Staff who work with ON clients are routinely faced with challenging and difficult behaviour, refusal to engage, client relapse and even death through extremely poor health and fractured lifestyles. The proposed project sought to explore the medium to long term effects of this kind of work on front line staff, and the coping strategies they develop to reduce risk and other adverse effects, to develop personal resilience and to meet the expectations of the ON programme. It was also interested in gaining a frontline staff perspective on what they believe to be the key ingredients in the effectiveness of their work with beneficiaries, complementing the insights being gathered from beneficiaries directly. It was hoped that the project would make evidence based recommendations for providing effective support and meeting training needs. The intention is also to repeat this exercise periodically in order to capture an evolving body of good practice as the team's experience develops.

The initial plan was for the students to take a leading role in a number of research activities:

- A literature review of current ways of working with adults with MCN;

- Focus groups and interviews with the ON project team;
- Observation at weekly project team meetings;
- Documentary research into staff expertise and experience;
- Diary studies of a sample of project staff;
- Semi-structured interviews with ON managers;
- Semi-structured interviews with a small sample of ON clients.

Focus groups and interviews were to be transcribed and all data analysed for what they reveal about the relationship between identified coping strategies, problematic client behaviour and progress towards programme outcomes. The proposal was discussed with staff at Opportunity Nottingham who all felt the team would derive considerable benefit from participating in this research. Unfortunately, one of the recruited students had to drop out due to illness, so the remaining student was only able to complete two focus groups in which ten members of the PDC team participated, an interview with the two team leaders and some records of staff expertise and experience. The following account of the findings of this small study has, where relevant, been updated to take account of changes that have taken place since the research was carried out during August 2015.

[The work of the Personal Development Coordinators](#)

A striking feature of the staff team is the variability of the backgrounds and qualifications that members bring. Thus PDCs vary from having very few formal qualifications to having Master's degrees in social work. Employment and voluntary work experience similarly ranges across, for instance, the criminal justice system, housing support and forensic mental health. The challenge for team leaders is therefore to mould this array of talent into a coherent working group with a sense of equality and common purpose.

The focus groups began by exploring the role that staff perform for beneficiaries and the basis of its effectiveness. True to the title 'personal development coordinator', staff see their intended job description in terms of assessing adults referred to them with multiple and complex needs, coordinating packages of support and arranging multi-disciplinary team meetings in order to effect delivery. Packages of support cover the fields of mental health, supported housing, drug and alcohol services and crime prevention, but may extend beyond these areas where needed, such as support services for women at risk of domestic violence. However, members were very quick to point out that this description of a service co-ordinator presents a very incomplete picture of what they do in reality. To begin with, they have found that the role is not well understood by other services, who wonder what particular expertise PDCs are bringing. More importantly, the reality of working with a challenging group of beneficiaries puts them much more into a direct supporting role, especially in the context of working in a relatively well-funded agency when so many mainstream services are facing drastic cuts. So they become the fall-back service, picking up work that should normally be undertaken by others.

PDCs' accounts of why their work is effective bear considerable similarity to what we have been told by beneficiaries. Thus they devote themselves to listening to what they want, to working at their pace, to representing them in securing what they want, with the persistent communication, negotiation and advocacy that this entails, and to empowering beneficiaries to learn to manage their own needs. Keys to success lie in PDCs convincing beneficiaries that they understand them, will do what they say, will persevere and will never give up, even in the face of repeated failure. Constancy and availability are crucial components: not only do PDCs seek to be accessible when needed, even to the point of being flexible about working hours, but they stay in post long enough to inject an element of sustainability into their relationships with beneficiaries. Unlike other services, they do

not work to a prescribed agenda, and this flexibility is paradoxically both a key to success and a reason why they are poorly understood by external agencies. In their work with beneficiaries, they encourage them to move on from the past, to stress the positive, to break goals down into bite-sized chunks and to believe in what they can achieve.

However, the PDCs' work is not without its obstacles, which warrant a more detailed examination in ON's pursuit of its system change objectives. Some barriers come from beneficiaries themselves. For instance, the enduring need to satisfy substance addictions, or the demands of informal social networks, take priority over appointments, and cause them to revert to old habits. However, PDCs reported that some aspects of the institutional requirements of ON get in the way of their work with beneficiaries, especially the constant demands of monitoring associated with the quarterly data returns that require vigilant record keeping. Moreover, the threat of the coroner's inquest may loom large in the minds of some PDCs, in the light of ON's experience of bereavement amongst its beneficiaries.

Other barriers come from outside the confines of ON. PDCs come up against services on short-term, outcome driven contracts, for which ON beneficiaries represent a poor return on investment. Specialist services have little time to listen to complex stories, presume to know what beneficiaries want, and prefer to stick to routine procedures. Hard-pressed hostel staff face the conflicting agendas of institutional management versus the immediate needs of residents. Meanwhile beneficiaries face the continuous stigma of exposing their circumstances in public waiting rooms, or repeating their stories to an endless stream of specialists.

[The basis of staff resilience](#)

In the face of this kind of discouragement, how do PDCs keep going? Their team managers were commended by PDCs for their part in fostering a supportive environment, showing sensitivity to requests for flexible working, and providing access to a 24 hour counselling service. They were felt to provide an effective mediating role between the expectations of funders and the complexities of the work itself. Team managers understand the job and value the opinions of team members, and their open door policy is greatly valued. Flexible management expectations leave the team free to experiment in seeking out what's best for beneficiaries.

However, PDCs attach even greater importance to the informal mechanisms they have developed to foster resilience. Coming from varied backgrounds is a source of strength from which they can draw. They feel able to talk to one another about anything and use one another as sounding boards; they make good use of distractions; and they have developed a sometimes macabre sense of humour in the face of many tragedies. They are getting better at letting go, at taking care of themselves emotionally, and at reassuring one another that there is only so much they can do: the rest is up to the beneficiaries themselves.

The team leaders concurred with much of what team members said. They confirmed the open door policy, the flexible use of leave and the availability of counselling, and were aware of potentially traumatic encounters faced by staff. Use is made of the PIE methodology in supervision (Psychologically Informed Environments) where discussion revolves around feelings as well as cases. They are conscious of the tension between the commitment not to give up on beneficiaries, and the risk of overstepping the mark in the support provided and undermining beneficiary responsibility. Workload management is a key part of fostering a supportive environment. At the time of the study, PDCs held caseloads of up to 18 beneficiaries, but this has since been reduced through additional recruitment to a current norm of around 8-9, and caseloads are interpreted flexibly according to perceived staff capacity and the challenges of individual cases. There were some discrepancies

around perceptions of staff turnover, with PDCs believing it to be higher than their managers perceived. Managers are aware that some staff have moved on to better jobs elsewhere, but none have left through burn-out.

Things to consider

PDCs were asked if there is anything they would change. The following account lists the issues that were raised, but updates them in the light of recent developments.

- The issue of pay and career progression was raised. PDCs had a real sense of doing work that makes a difference and carries its own intrinsic motivation and rewards, but sensed that they were paid at a similar level to support workers elsewhere for doing a job that is more challenging and demanding. They were particularly concerned at the lack of opportunity for progression within the frontline work that they enjoy. However, all jobs at ON are currently being evaluated, and opportunities for specialisation in work with beneficiaries are developing.
- The vagueness and variability of the PDC role and the lack of understanding by outside agencies (and PDCs themselves to a degree) calls for some degree of standardisation, if only in the interests of continuity when staff have to cover for each other. The challenge will be to achieve this without compromising the positive aspects of personalisation. However, role clarity is improving as the programme matures, and there is now greater understanding by outside agencies. It should also be pointed out that beneficiaries' support plans are shared, in the event of PDCs being absent.
- The greater use of volunteers and peer mentors in undertaking such routine tasks as accompanying beneficiaries to appointments would free up PDCs for the more complex work. ON is looking to recruit volunteers through Framework's existing machinery, and ON has signed a contract with an outside agency to develop peer mentoring during the course of the coming year.
- Some PDCs were keen to see spaces for reflection to be more formally incorporated into their working week, to enable them to reflect on the impact their work is having on them and how they might do things differently. This has now been introduced.
- There is a perceived disconnection between the Partnership Board and its expectations of the overall programme on the one hand, and the realities of the ground level work undertaken with beneficiaries by PDCs on the other hand. Ways need to be found to address this issue. One suggestion currently being explored is the idea of a PDC attending Partnership Board meetings to act as a mediator, and it is also noted that this role falls within the remit of the Evaluation and Learning Lead.
- The deadlines associated with quarterly data returns and the immediate needs of beneficiaries in crisis are a recurring tension in the work of PDCs. This applies especially with data that can only be recorded at the end of each quarter. While there is some inevitability about this tension that cannot be resolved by a blanket prioritisation, some guidelines might help in particular instances. In addition, the Lottery might be asked to provide an extra week for the submission of quarterly returns. There might also need to be clearer briefing of PDCs at the time of appointment, to emphasise that cooperation with the evaluation is a key part of their job requirements.