

# Changing lives, changing systems

A report evaluating Opportunity Nottingham in its first two years of project delivery, 2014-16



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## Foreword

Part of becoming Opportunity Nottingham Expert Citizens is the chance to use our experiences to influence the programme and hopefully make a change to how services work. Even a small change to the system makes a big difference to us. It's great to be able to see that the things that worked for us are able to benefit other people as well. For instance, to hear “*we believe in you*” and “*there is no time limit to this service*” was something new, but it felt like a revelation and changed everything. And in the end, it helped us to progress more quickly than previous services we had used, which were only available for a limited time.

But an essential part of the journey too, has been the opportunity to learn new things, to begin to understand how things work and if things are to change – why some things don't work. One thing we do now know, is that what works for each person will be different. So as Expert Citizens we are pleased to introduce this report. It shows what has worked so far – but it's honest and doesn't shy away from looking at what hasn't worked and understanding why not. One reason we are involved with Opportunity Nottingham is that they “*never give up on anyone.*” It's just finding the answer for some people takes longer than others. This report is an important piece of the jigsaw we need to put together, in order to find these answers. That's why we've enjoyed reading it - and we hope you enjoy reading it too.

*Expert Citizens, Opportunity Nottingham*

I am delighted to have served as the Independent Chair for Opportunity Nottingham since the programme first became operational in July 2014. From my experience of working across local and regional government, I have seen first-hand the positive benefits that can arise from effective partnership working – both for the agencies who come together to design and deliver services, and the Beneficiaries who receive them.

One of the strengths of Opportunity Nottingham is that it is a partnership whose members have shown a huge commitment to delivering real and lasting system change. Change can be a challenging concept for many but it lies at the heart of the Opportunity Nottingham programme. Successful system change will ensure that our front line services are responsive and meet the needs of those who need them most. We aim to achieve this at a time when many local Councils have to make extremely difficult choices at a time of diminishing funding. The Opportunity Nottingham vision of system change will also ensure that people with multiple and complex needs are involved, consulted and meaningfully included in a way that will help them to make positive changes and lead healthier, happier lives.

This report provides an insight into the learning gained from the first two years of the project, but this is only the beginning. I look forward to continuing my involvement with Opportunity Nottingham over the remainder of the programme, as it continues to capture the learning and experience that will drive forward system change. I would like to thank all of the Opportunity Nottingham Partners, staff, Beneficiaries and The Big Lottery, who have supported this innovative programme and who have helped to put together this report.

*Jane Todd, Opportunity Nottingham Independent Chair*

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## Executive Summary

The Opportunity Nottingham project commenced work in July 2014 as one of 12 local programmes commissioned to deliver the Big Lottery's national programme, 'Fulfilling Lives: Supporting people with multiple needs'. Over an eight year period, it is using innovatory methods to work with 470 adults in Nottingham who are experiencing at least three of the following four criteria; homelessness, offending, mental ill-health and substance misuse.

The principal aims of the project are:

- To empower people with multiple and complex needs, and to support and enable them to take control of their lives.
- To change front line services and make them more effective by listening to what service users want and need – making services better coordinated and integrated, more person-centred, responsive and realistic in relation to targets and timescales.
- To deliver change at strategic and commissioning level by working with strategic leaders and using the learning, outcomes and impacts of the project to change the system's 'DNA'.

During its first two years, 233 Beneficiaries have engaged with Opportunity Nottingham, of which 147 are currently actively engaged. Of the 233, 55% have manifested all four of the multiple needs associated with the Fulfilling Lives programme. Demographically, women have made up 24%, with 18.8% from black and minority ethnic (BAME) communities, 24.8% having a disability, and 54% lying within the 25-44 age range.

“ An assessment using the Homelessness Outcomes Star of Beneficiaries engaged during the first year shows that 63% had made progress in addressing their multiple needs... ”

An assessment using the Homelessness Outcomes Star of Beneficiaries engaged during the first year shows that 63% had made progress in addressing their multiple needs, with 16% remaining static and 21% regressing. A closer analysis of the more extreme successes and failures revealed that the greatest progress so far is achieved by Beneficiaries who are motivated to change, and willing to engage with their Personal Development Coordinator (PDC) and other services. Correspondingly, the persistence, responsiveness and flexibility of the PDC is a key ingredient of progress, as is effective multi-agency collaboration, with the PDC often acting as broker. Least progress so far has been achieved amongst Beneficiaries who are more likely to have long-standing mental health problems and a history of self-harm, and other behavioural problems that frequently attract criminal sanctions or exclude them from services. Difficulty in engaging with their PDC and other services is also critical in this lack of progress.

An analysis of changing patterns of service use by Beneficiaries in the 12 months between early 2015 and early 2016 shows a significant decline in the number of arrests, police cautions, magistrate court appearances, hospital inpatient episodes and days spent in detox. This resulted in considerable cost savings as a direct result of involvement in Opportunity Nottingham.

Beneficiaries asked to say what it is about their PDCs that has contributed most to their recovery identified the following features, with which PDCs themselves largely concurred:

- Being available at critical moments in the lives of Beneficiaries
- Reaching out to the persistently elusive
- Giving time and space to listen to Beneficiaries' stories
- Being prepared to do what is needed in the interests of recovery
- Showing that you care in meaningful ways
- Standing alongside Beneficiaries as they confront the world of welfare bureaucracy
- Being trustworthy
- Letting Beneficiaries shape their own priorities
- Not giving up on anyone

As important as sustaining an effective delivery team to work at the frontline with Beneficiaries is Opportunity Nottingham's commitment to achieving 'system change', removing the structural barriers to service access that entrench Beneficiaries in multiple needs. To achieve this, Opportunity Nottingham is currently implementing a System Change Plan with six priorities:

- 1) Access to services (including accessible information)
- 2) Unified single assessment and data sharing
- 3) Beneficiary-led person-centred services and support, including treatment
- 4) A joined-up pathway, starting with prevention and early intervention
- 5) Recovery
- 6) Sustaining change – commissioning, funding and policy

“ As important as sustaining an effective delivery team to work at the frontline with Beneficiaries is Opportunity Nottingham's commitment to achieving 'system change', removing the structural barriers to service access that entrench Beneficiaries in multiple needs. ”

Key to early implementation is the creation and promotion of 'The Pledge' by the Beneficiary Ambassadors and Expert Citizens. The Pledge sets a benchmark for what Beneficiaries expect of services and the way they are treated. The widespread adoption of The Pledge by public sector agencies will be a key test of system change in future years.

Opportunity Nottingham has also developed focused responses to some of the more challenging issues thrown up by adults with multiple needs. Two such responses serve as illustrations:

- AWAAZ have been contracted to address some of the particular barriers that result in the BAME multiple needs population remaining substantially hidden. Much of this response is about developing cultural awareness of the sensitivities in different BAME communities to admitting aspects of multiple needs, letting that awareness inform work with BAME Beneficiaries, and promoting that awareness around the wider system.
- A Mental Health Lead has been appointed in response to the particularly intractable mental health problems encountered amongst some Beneficiaries, and the awareness that this has much to do with poor service engagement and poor awareness of multiple needs within the mental health service community. The Mental Health Lead is working closely with Highbury Hospital to promote awareness and collaboration in work with Beneficiaries.

“ Over an eight year period, Opportunity Nottingham will use innovatory methods to work with 470 adults in Nottingham who manifest at least three of the four project criteria; homelessness, mental ill health, substance misuse, offending. ”





Mark Garner,  
Project Manager,  
Opportunity  
Nottingham

## 1. Introduction

This report is an account of the work of Opportunity Nottingham as it reaches the end of its first two years of project delivery. How far has it come? What lessons have been learnt? What should the emphasis be for the next two years?

The report is a collective endeavour, pulling together the work of the external evaluation team from Nottingham Trent University and the Evaluation and Learning Lead from Opportunity Nottingham, and draws on the insights of Personal Development Coordinators (PDCs), Beneficiary Ambassadors, Peer Researchers and above all, the Beneficiaries themselves.

### 1.1 What is Opportunity Nottingham?

The Opportunity Nottingham project commenced work in July 2014 as one of 12 local programmes commissioned to deliver the Big Lottery's national programme, 'Fulfilling Lives: Supporting people with multiple needs'. In referring to multiple needs, Fulfilling Lives has in mind the 58,000 people identified in the Lankelly Chase Hard Edges report (2014) who combine homelessness, offending and substance misuse, which, along with mental ill-health locks them into a complex needs syndrome from which they struggle to escape. Over an eight year period, Opportunity Nottingham will use innovatory methods to work with 470 adults in Nottingham who manifest at least three of these four needs.

The principal aims of the project are:

- To empower people with multiple and complex needs, and to support and enable them to take control of their lives.
- To change front line services and make them more effective by listening to what service users want and need – making services better coordinated and integrated, more person-centred, responsive and realistic in relation to targets and timescales.
- To deliver change at strategic and commissioning level by working with strategic leaders and using the learning, outcomes and impacts of the programme to change the system's 'DNA'.

**The purpose of this report is to use evaluation evidence to demonstrate progress in achieving these aims.**



## 1.2 What has guided this evaluation?

Evaluation work began in October 2014 to pursue the following aims:

- To gather evidence from service users and frontline staff in Nottingham regarding what works in transforming the lives of adults who combine homelessness, offending, substance misuse and mental ill-health.
- To explore the effectiveness of efforts to achieve system change through improved agency collaboration and service commissioning.
- To work alongside a team of peer researchers in research design, data gathering, data analysis and the dissemination of findings.
- To collaborate with the Fulfilling Lives National Evaluation in the gathering, analysis and presentation of data that complements and avoids duplicating work at national level.

Evidence for this evaluation has been drawn from the following main sources:

- The secondary analysis of data collected by PDCs and returned quarterly to the National Evaluation Team based at CFE in Leicester. This data includes a profile of Beneficiary characteristics and service use, together with the results of periodic New Directions Team (NDT) and Outcomes Star assessments (see Appendices 1 and 2) undertaken by PDCs.
- In-depth interviews with 12 Beneficiaries undertaken jointly by staff from Nottingham Trent University (NTU) and a team of five peer researchers recruited from among the Opportunity Nottingham Expert Citizens group, all of whom have lived experience of multiple needs. Interviews have explored Beneficiary experience of Opportunity Nottingham and other services in the light of their life stories and changing needs.
- Focus groups with PDCs and their managers carried out by NTU staff and students and peer researchers. The focus groups sought to explore what PDCs believed to be the key to the effectiveness of their work with Beneficiaries, and the methods they use to sustain their resilience in the face of a challenging workload. The focus groups were repeated after 12 months to examine changing perspectives in the light of experience and new members joining the team.
- Other sources of evidence include the secondary analysis of 17 interviews with agency partners undertaken for a scoping study for the planned Practice Development Unit; some cost-effectiveness analysis of changing service use by Beneficiaries over a 12-month period; and some case studies compiled by the Evaluation and Learning Lead from evidence from PDCs and CFE data returns to give a different perspective on Beneficiaries' progress since becoming involved with Opportunity Nottingham.

This evaluation is very much a work in progress, and there is no doubt that research planned for the next two years, which will include

a programme of in-depth interviews with service providers and commissioners, and repeat interviews with an extended cohort of Beneficiaries, will provide a much richer source of data. However, we believe that the above range of sources is enough to present an emerging picture from which lessons can be drawn for the years to come.



### 1.3 Structure of this report

This report is structured in such a way as to inform the achievement of the main aims of Opportunity Nottingham. Chapter 2 documents what has been achieved for Beneficiaries in terms of lives transformed. It begins with a profile of Beneficiaries and some analysis of the quarterly returns to CFE for what they reveal of progress, drawing on evidence from the National Evaluation to make comparisons where appropriate. This largely numerical analysis is then complimented in Chapter 3 with an account of what Beneficiaries feel Opportunity Nottingham has done for them, using their own words. Chapter 4 offers a more detailed focus on the work of the peer researchers. The purpose is not so much to digress on to evaluation methods as to show how involvement in the evaluation has served to empower people with lived experience, in accordance with the aim of Fulfilling Lives. Chapter 5 presents the perspective of the PDCs, and what they believe are the keys to the effectiveness of their work with Beneficiaries. Chapter 6 draws on a range of sources to shed light on Opportunity Nottingham's System Change Plan, and the task ahead if it is to achieve its aims. Further examples of good practice are then presented in Chapter 7 before a brief Conclusion seeks to draw out lessons, both for Opportunity Nottingham and the wider system in which it operates.



*Dr Graham Bowpitt, Reader  
in Social Policy, NTU*



*Grant Everitt, Evaluation  
and Learning Lead,  
Opportunity Nottingham*

“ During its first two years, 233 Beneficiaries have engaged with Opportunity Nottingham. This exceeds the target for the end of year two (215). ”



## 2. Achieving outcomes for Beneficiaries

This chapter will draw on quarterly CFE data to document progress in the lives of Beneficiaries using two sets of measures:

- Measures to show how far Beneficiaries have improved their ability to manage their lives, develop coping strategies and increase self-confidence through the interventions set out in Personal Development Plans (PDP);
- Measures of changing service uptake, and the costs involved.

Statistical evidence on outcomes for a sample of Beneficiaries is supplemented by outlines provided by PDCs that help to illuminate the reasons for particular successes or cases where progress has been hard to achieve. Where possible, data from Opportunity Nottingham will be compared with national data from the 12 Fulfilling Lives programmes as presented in the CFE Annual Report (2016), *Fulfilling Lives: Supporting people with multiple needs*. However, the chapter begins with a profile of Beneficiaries.



### A profile of Beneficiaries

During its first two years, 233 Beneficiaries have engaged with Opportunity Nottingham. This exceeds the target for the end of year two (215) and is at the upper end of the recruitment range for Fulfilling Lives nationally (35 – 307). Of the 233, 147 are currently engaged with the programme. Table

Table 2.1: Beneficiary destinations

DESTINATION	NUMBER OF BENEFICIARIES AT END OF YEAR 2	% NOTTINGHAM	% NATIONAL
Still engaged with the project	147	63	75
Moved to other support (not funded through the project)	1		
No longer requires support	13	6	5
Disengaged from project	35	15	7
In prison	1		
In hospital	1		
Deceased	14	6	2
Moved out of area	23	10	3
Other	2		
Excluded from the project	0		

Table 2.1 (above) gives further details of what has happened to the other 86, with national comparisons.

The higher than average proportions who have disengaged, died or moved from the area is a concern that warrants further investigation. However, far fewer Beneficiaries have been recruited in year two (64), and more PDCs have been employed, resulting in much reduced caseloads, which staff hope will ameliorate this concern.

Moreover, it must be stressed that Beneficiaries are recruited on to the programme because they are the most vulnerable adults in the community, manifesting at least three out of the four following needs: homelessness, offending, substance misuse and mental ill-health. Nottingham's Beneficiaries are more likely to present with all four needs (55%) than in other Fulfilling Lives local programmes (52%).

As the Lankelly Chase report demonstrates, the multiple needs population is predominantly white, male, aged 25-44 and with a higher

level of disability compared with the general population. Nottingham's Beneficiaries are no exception, but comparisons with other programmes have prompted some responses from the project team.

- The proportion of 24% women compares with 33% nationally, but represents a considerable increase in earlier proportions, so that of new Beneficiaries recruited in the past six months, 39% have been women. This has partly been the result of a more flexible interpretation of the four needs so that past experience of more gender specific forms of criminal victimisation can now be used as an alternative to offending in determining access to the programme.
- The proportion of 18.8% from black and minority ethnic communities (BAME) is comparable to that reported nationally (21%), but contrasts with 34.6% recorded for Nottingham as a whole in the 2011 Census, suggesting a more hidden group among the multiple needs population. With that in mind, a contract has been awarded to AWAAZ to develop a more culturally specific response to the needs of the BAME population, described more fully in Chapter 7.
- Beneficiaries are more likely to be disabled (24.8%) than the general population of Nottingham (18.2%), but less likely compared with Fulfilling Lives Beneficiaries nationally (39%).
- The age range of Nottingham's Beneficiaries broadly reflects the national multiple needs profile, with 54% in the 25-44 age range, but smaller proportions in the under 25 (5%) and over 55 (5%) age ranges. These proportions contrast sharply with the age profile of Nottingham City.



## 2.1 Beneficiary achievements – transformed lives

To be accepted on to the Opportunity Nottingham project, it is not enough to manifest all four multiple needs alone; all Beneficiaries must reach a threshold score in the NDT assessment. More details can be found in

Appendix 1, but in essence the NDT assessment is designed to build a holistic picture of Beneficiaries' multiple needs by means of ten indicators of behaviour and circumstances. Each indicator is scored negatively on a range of 0-4, with two indicators – risk to others and risk from others – counting double, giving a maximum score of 48 for the highest need. Opportunity Nottingham began with a threshold score of 22, but increased it to 30 at the end of year one in an attempt to keep within engagement targets, which were being exceeded at the time. Since delivery began, the average NDT score has been 28, which is at the lower end of the range of 25 – 37 recorded by programmes nationally. Repeating the NDT assessment periodically gives an indication of Beneficiary progress as scores decline.

In contrast to the NDT assessment, the Homelessness Outcomes Star is a way of measuring progress positively. Again, more details can be found in Appendix 2, but briefly the Star uses a set of ten health and social wellbeing criteria arranged in a star, with each criterion having ten rungs of progress, the aim being to reach the end of each point on the star when a total score of 100 has been achieved. Stars are completed periodically by PDCs on the basis of their knowledge of Beneficiaries, giving an indication of progress as scores increase. For a group of 123 Beneficiaries engaged during the first year of Opportunity Nottingham, 89 completed at least two Star assessments. Of these 63% had progressed, 16% exhibited no change and 21% had regressed.

More detailed analysis is presented below to show:

- Whether changes over time are significant for a cohort of Beneficiaries;
- Whether changes in these two measures correlate negatively with one another for a group of Beneficiaries, with improving Star scores correlating with declining NDT scores;
- Whether women progress faster or more slowly than men.

### a) Comparing outcomes over time

To provide a more manageable and meaningful dataset, a number of variables were aggregated to provide either an overall or average score of what is being measured and new variables were created to allow analyses to take place. The result is six new variables:

- Total DWP benefits received
- Aggregated total of insecure sources of income
- Total NDT chaos score
- Total Outcome Star score
- Number of multiple needs
- Types of support received.

An analysis was undertaken for Beneficiaries for whom data was available for all four quarters of 2015. This amounted to 74 Beneficiaries for DWP benefits, insecure income sources, number of multiple needs and types of support received, but for NDT and Outcome Star scores, data for only 42 and 39 Beneficiaries was available respectively.

Table 2.2: Cohort scores for each of the analyses undertaken

	MEAN NDT SCORE	MEAN OUTCOME STAR SCORE	MEAN NUMBER OF COMPLEX NEEDS	MEAN INSECURE INCOME SOURCES	MEAN BENEFIT TYPES RECEIVED	MEAN TYPES OF SUPPORT RECEIVED
Q1 2015	29.62	30.74	3.42	0.12	1.15	4.86
Q2 2015	29.69	30.89	3.54	0.14	1.18	5.77
Q3 2015	28.71	34.44	3.55	0.16	1.30	6.04
Q4 2015	27.21	34.41	3.55	0.16	1.34	4.73

Table 2.2 gives the scores for all six variables for all four quarters for Beneficiaries for whom data was available.

The first two variables are what interest us here, and tests of significance reveal that the downward trend in NDT scores and the upward trend in Outcome Star scores is significant across all four quarters of 2015. In other words, for the Beneficiary cohort who undertook at least two NDT and Outcome Star assessments in 2015, the overall trends were positive, even if an appreciable minority did not progress or even regressed. This is evidence that Opportunity Nottingham is having an impact.

A further test using data from the 95 beneficiaries for whom data was available in Q4 2014 and Q1 2015 identified a significant negative correlation between aggregated NDT score and aggregated Outcome Star score. In other words, the higher a Beneficiary's Outcome Star score, the lower their NDT score. It might be seen as reassuring that progress along the Outcome Star measures appears to coincide with a decline in the degree of 'chaos' in Beneficiaries' lives.

## b) Comparing men and women

Further analysis sought to compare men's and women's data. The initial intention was to undertake a longitudinal analysis similar to the one recounted above, but breaking the cohort down into men and women. Unfortunately, data was available on too few women to make this meaningful, so instead, men and women's data was simply compared for each of the five quarters Q4 2014 – Q4 2015. There should be no attempt to deduce trends from this data, as the cohort populations were marginally different in each quarter, as Beneficiaries arrived and left. Comparisons were undertaken for all six aggregated variables, but for our purposes, only aggregated NDT scores proved to be significant. Table 2.3 breaks down NDT scores by gender for the five quarters.

Table 2.3: NDT scores by gender for all five quarters

	2014 Q4		2015 Q1		2015 Q2		2015 Q3		2015 Q4	
	MEN	WOMEN								
No.	73	18	52	10	119	31	123	35	123	29
Mean NDT Score	28.84	30.72	27.83	31.7	27.82	29.03	27.54	28.77	27.62	27.86

Analysis revealed that women's NDT scores (Overall Mean = 29.15) were significantly higher than men's (Overall Mean = 27.85) for each of the quarters analysed.

Explanations for this difference are open to conjecture, but they might indicate a higher threshold that women have to achieve in order to secure access to the project. With this in mind, further analysis was undertaken by disaggregating the NDT scores into their ten component variables, and testing for differences in men's and women's initial NDT scores only, i.e. those scores recorded at the point when Beneficiaries joined the programme. This could be done for 153 men and 38 women. Table 2.4 compares mean initial NDT scores for men and women for all ten NDT variables.

Table 2.4: Mean initial NDT scores for men and women

VARIABLE	MEN	WOMEN
Engagement with frontline services	2.81	2.84
Intentional self-harm	1.80	2.39
Unintentional self-harm	2.80	3.00
<b>Risk to others<sup>1</sup></b>	<b>4.69</b>	<b>3.74</b>
Risk from others <sup>1</sup>	3.90	5.84
Stress and anxiety	2.91	3.13
<b>Social effectiveness</b>	<b>1.99</b>	<b>1.53</b>
Alcohol/drug abuse	3.56	3.16
Impulse control	2.52	2.18
Housing	2.68	2.58
<b>Total score</b>	<b>29.67</b>	<b>30.32</b>

<sup>1</sup>NDT scores work to a maximum of 4, but these two criteria count double.

Analysis found a significant difference in men's and women's NDT scores for four criteria, with women higher than men for criteria indicated in grey, and men higher than women for those in bold. The overall result is no significant difference in initial NDT scores. This finding was confirmed by

comparing women's data with data from a random sample of 38 men, to ensure that the different cohort sizes were not skewing the analysis. This overall finding seems to contradict the finding from the previous analysis which showed that women's aggregated NDT scores were consistently higher than men's when data were analysed for each quarter. However, this data would have included a mixture of initial and later scores, depending on when Beneficiaries joined the programme, possibly suggesting that men's NDT scores decline more rapidly than women's due to their different pattern of complex needs, but this would need to be confirmed by direct analysis that tracked men's and women's NDT scores over time.

At this stage, taking these findings together, we can only conclude that:

- There is no significant difference between men's and women's aggregated NDT scores at the point when they join ON as Beneficiaries.
- Women's initial scores for 'intentional self-harm' and 'risk from others' is significantly higher than men's.
- Men's initial scores for 'risk to others' and 'social effectiveness' is significantly higher than women's.
- It is possible that men's NDT scores decline more rapidly than women's over time.

### **c) Progress so far – a closer analysis**

Further insights are gained from a closer inspection of the minority of Beneficiaries who have indicated either greatest progress, as shown in falling NDT and rising Outcome Star scores, or least progress, as shown by the reverse. In each case, a brief account accompanies the numerical data, using information supplied by PDCs.

In the absence of full analysis, generalisations from these cases would be ill-advised, but some patterns are apparent. Key features amongst

“ Women's initial scores for 'intentional self-harm' and 'risk from others' is significantly higher than men's. ”

Beneficiaries who have made the most progress include:

- The predominance of alcohol among their complex needs in nearly all cases;
- A motivation to change, reflected in a willingness to engage with their PDC and other services, and a desire to relocate in some cases;
- The persistence, responsiveness and flexibility of the PDC, which will be key features in the analysis of the Beneficiary interviews in the next chapter;
- Effective multi-agency collaboration, mainly brokered and managed by the PDC;
- The services of Michael Varnam House at a key point in the Beneficiary's recovery.

Key features of Beneficiaries who have made least progress include:

- The predominance of long-standing mental health problems among their complex needs in most cases;
- Chronic substance misuse and behavioural problems that result either in bans from services, or criminal sanctions and imprisonment;
- Difficulties in accepting responsibility for behaviour, or engaging with services including their PDC, often resulting in periods of rough sleeping.

Table 2.5: Beneficiaries who have made most progress

SUID	NDT CHANGE	STAR CHANGE	COMMENT
N00037	-22	+49	A combination of support from various areas seems to have impacted Beneficiary's steady recovery. There has been consistent contact with PDC by phone and in person. Beneficiary successfully completed a detox at Michael Varnam House with support from Last Orders staff. Beneficiary's engagement with Safe Space counselling service appeared to have a positive effect. In addition to this, time was spent with Beneficiary by an Opportunity Nottingham Beneficiary Ambassador to go to the gym. Physical health issues seem to be challenging but there is now regular contact with GP.
N00055	-20	+36	First Outcome Star scores identified that Beneficiary had poor physical health, was drinking large quantities of alcohol and unhappy in their tenancy. Various changes occurred for Beneficiary, such as completing a detox at Michael Varnam House and having regular contact with PDC, but alcohol still seemed to be an issue. Beneficiary is now maintaining their own flat after recently moving into it. Observations are that the consistency and flexibility of support shown from PDC enables communication to be effective despite seasons of chaos and general poor engagement with other services.
N00070	-26	+54	Beneficiary successfully completed a detox at Michael Varnam House and stayed there for 15 months before moving into own tenancy in November 2015. Beneficiary responded well to the daily support offered at Michael Varnam House and on-going support from PDC, but felt isolated in own tenancy and relapsed end of 2015. Beneficiary has recently got a bed at 32 Bentinck Road so will be supported more closely again.
N00089	-18	+35	Beneficiary consistently presented at QMC's A&E department, struggling as a long term drinker and coping poorly in accommodation. Multi-agency working was instigated by PDC to source appropriate accommodation at a care home. PDC worked with Social Worker and alcohol services to put support in place. Positive changes identified were that regular contact from workers with Beneficiary and managed medication from the GP made a significant difference to his life. In addition to this, moving areas for a period of time helped stabilise his commitment to his abstinence from drugs.
N00110	-17	+25	Beneficiary completed a detox whilst working with Last Orders and Opportunity Nottingham making positive changes and following this case was closed. Observations made from PDC were that Beneficiary responded well to encouragement by all staff working with them.
N00125	-15	+34	Positive changes were made in Beneficiary's life following a period of living on the street, using substances and alcohol dependant. Beneficiary expressed a desire to make changes and move from the area. PDC and other workers responded to the needs and wishes of Beneficiary in a positive way supporting them to make the necessary changes.

SUID	NDT CHANGE	STAR CHANGE	COMMENT
N00133	-27	+53	Beneficiary benefited from a high level of support offered from Opportunity Nottingham and Last Orders. They were supported to complete a detox at Highbury Hospital and following this, rehab. Beneficiary was also supported to access a passport and has been offered support to access employment when leaving rehab. The PDC believes that effective multi-agency working impacted Beneficiary's successful progression to reach his goals.
N00159	-20	+24	Reports from PDC highlight that Beneficiary's motivation to make changes to their life increased following a diagnosis with Hepatitis C in July 2015. At this point Beneficiary abstained from alcohol and started to access the health support required. In addition to this, language was a big barrier for Beneficiary, since working with Polish speaking PDC, Beneficiary has been able to access support to engage with repayment of debts from St Ann's Advice Centre and start looking for a property. Beneficiary taking an English speaking course and hopes to start employment in the future. Observations made are that a combination of self-motivation and consistent support from Opportunity Nottingham has led to these changes.
N00042	-16	+12	Beneficiary was regularly admitted to A&E for alcohol misuse, suffers with epilepsy and has learning difficulties. Beneficiary's house was often over run by drug dealers and was financially exploited by them. Following support from a JRH support worker, Social Worker and Opportunity Nottingham, Beneficiary was offered a place at Eden Futures, where they completed a detox and responded well to a medication review. An observation made to the success of Beneficiary's recovery was the commitment to multi-agency working from all workers involved and regular contact from Opportunity Nottingham. It is likely that a forthcoming Star assessment will reveal much greater improvements.
N00039	+4	+9	Beneficiary has a history of longstanding mental health problems and rough sleeping. Beneficiary was rough sleeping/ hostel accommodated until October 2015 when they were sectioned and accommodated in Highbury/ Thorneywood Mount. Beneficiary takes amphetamines, regularly goes missing from accommodation/rough sleeps and refuses to engage with support regarding physical health issues. Despite the decline in mental health, Beneficiary is still having a depot injection regularly. Frequent Multi-disciplinary Meetings have been arranged by PDC to meet with the other workers outlining actions and plans to support Beneficiary as best they can. The Outcome Star score may be misleading because of the time lag since its last completion; observations reveal Beneficiary is still very much in a destructive cycle.
N00097	+3	No change	Beneficiary's mental health declined late 2014 onwards due to various situations, including physical health problems. Beneficiary has a diagnosis of schizophrenia and personality disorder. Since November 2015 their engagement has been very poor and has not responded to the support offered from ON to access mental health services.

SUID	NDT CHANGE	STAR CHANGE	COMMENT
N00054	+2	-3	Beneficiary was evicted from London Road Hostel and has been rough sleeping for the past year which resulted in substance and alcohol misuse increasing. Beneficiary was supported to complete a detox on two occasions but was unsuccessful. Beneficiary often behaves in a difficult manner from others and has been banned from various services and hostels around the City. There is a possibility of a move to Forest Road Hostel where Beneficiary can access more daily support.
N00109	+6	No change	Beneficiary has a mental health diagnosis of personality disorder and their engagement with support has been sporadic as they were in and out of prison in 2015. Beneficiary is managed at a MAPPA Level 2 and is very high risk. Their risk to others and risk from others increased which is highlighted in the recent increase of NDT score. PDC believes that a non-acceptance of responsibility is a core part of the problem for Beneficiary's lack of positive changes.
N00120	+10	-8	Beneficiary has a long standing diagnosis of schizophrenia, mental health inpatient episodes and prison sentences. Initially accommodated in London Road Hostel, then moved on to own tenancy and disengaged from services. Beneficiary was recalled to jail by probation and has been in HMP Rampton since November 2015, on indefinite Home Office section following a very serious assault on cell mate (attempted murder.)
N00139	+6	-8	Beneficiary is in a cycle of misusing drugs/alcohol, offending and being recalled to prison due to breach of ASBO. Beneficiary was initially accommodated at London Road Hostel and has recently been released from HMP Nottingham.
N00142	+4	-1	Beneficiary refused to engage with workers and their mental health significantly declined resulting in being sectioned in 2015. Beneficiary went to a care home for respite but again didn't engage with care workers. Beneficiary was deemed not to have capacity and is still in a care home. PDC explained that despite their decline and challenging circumstances, the best possible situation for them at this time is to be in the care home.
N00068	+3	-6	Beneficiary's engagement is very poor, not engaging with alcohol support and has pancreatitis which often flares up and results in her being hospitalised. Housed at Colville House but frequently stays elsewhere with associate drinkers. Plans were made to go to rehab but her refusal of support, non-acceptance of responsibility and dis-engagement has so far prevented this.
N00167	+5	No change	Beneficiary has a long history of alcohol and substance misuse and has demonstrated violence/Domestic Abuse. Beneficiary was accommodated briefly following time in prison and commenced rough sleeping when asked to leave property. Currently engaging with Opportunity Nottingham but not with other services.

#### **d) Beneficiaries whose scores have remained static**

There is a significant minority (16%) of Beneficiaries whose NDT and Outcome Star scores have remained static. Analysis of this group shows that some of it comprises Beneficiaries who have some engagement with Opportunity Nottingham, although this might be intermittent, but do not engage with other services. Further analysis of Opportunity Nottingham's role in relation to this group is needed. Whilst they have not progressed, neither have they regressed which may have been the case had Opportunity Nottingham not been working with them.



## **2.2 Beneficiary achievements – changing service use**

In addition to social outcome measures, Beneficiary progress can be costed by comparing service use before and after accessing Opportunity Nottingham, or by costing changing service use over time. Initially, analysis sought to compare service uptake during the first 12 months of registration with what was known of service use during the 12 months prior to registration. In the end, insufficient data was available on prior service use to yield significant findings for more than two variables.

Instead, service use data was analysed to compare service uptake between two points 12 months apart, Q1 2015 and Q1 2016. Only data from Beneficiaries with service use data in both these quarters was used to assess any differences in levels of service use. The data was also 'cleaned' to remove 'outliers', Beneficiaries whose extreme reading on some variables (e.g. nights in prison during a substantial custodial sentence) distorted mean scores from all other Beneficiaries.

18 different measures of service use were assessed. These were:

- Number of evictions
- Number of arrests
- Number of police cautions
- Number of nights in police custody
- Number of Magistrate Court proceedings
- Number of Crown Court proceedings
- Number of convictions
- Nights in prison
- Presentations at A&E
- Number of outpatient attendances
- Number of hospital inpatient episodes
- Face to face contacts with Community Mental Health Team
- Number of counselling or psychotherapy sessions
- Number of mental health outpatient attendances
- Number of mental health hospital inpatient episodes
- Face to face contacts with drug/alcohol services
- Days spent in detox
- Weeks spent in rehab

Table 2.6 (on page 20) shows the mean service use per Beneficiary for each of the variables in 2015 Q1 and 12 months later in 2016 Q1.

Table 2.6: Mean levels of service use in Q1 2015 and Q1 2016

	NUMBER OF BENEFICIARIES	MEAN LEVELS OF SERVICE USE FOR Q1 2015	MEAN LEVELS OF SERVICE USE FOR Q1 2016
Number of evictions	35	0.14	0.06
Number of arrests	36	0.64	0.28
Number of police cautions	34	0.26	0
Number of nights in police custody	32	0.16	0.03
Number of Magistrate Court proceedings	39	0.59	0.26
Number of Crown Court proceedings	31	0.03	0
Number of convictions	32	0.19	0.19
Nights in prison	37	15.05	4.89
Presentations at A&E	79	0.71	0.44
Number of outpatient attendances	26	0.35	0.08
Number of hospital inpatient episodes	81	0.25	0.07
Face to face contacts with Community Mental Health Team	31	0.06	0
Number of counselling or psychotherapy sessions	35	0.26	0.57
Number of mental health outpatient attendances	33	0.18	0.09
Number of mental health hospital inpatient episodes	33	0	0
Face to face contacts with drug/ alcohol services	54	3.50	3.22
Number of days spent in detox	35	1.09	0
Number of weeks spent in rehab	33	0.03	0

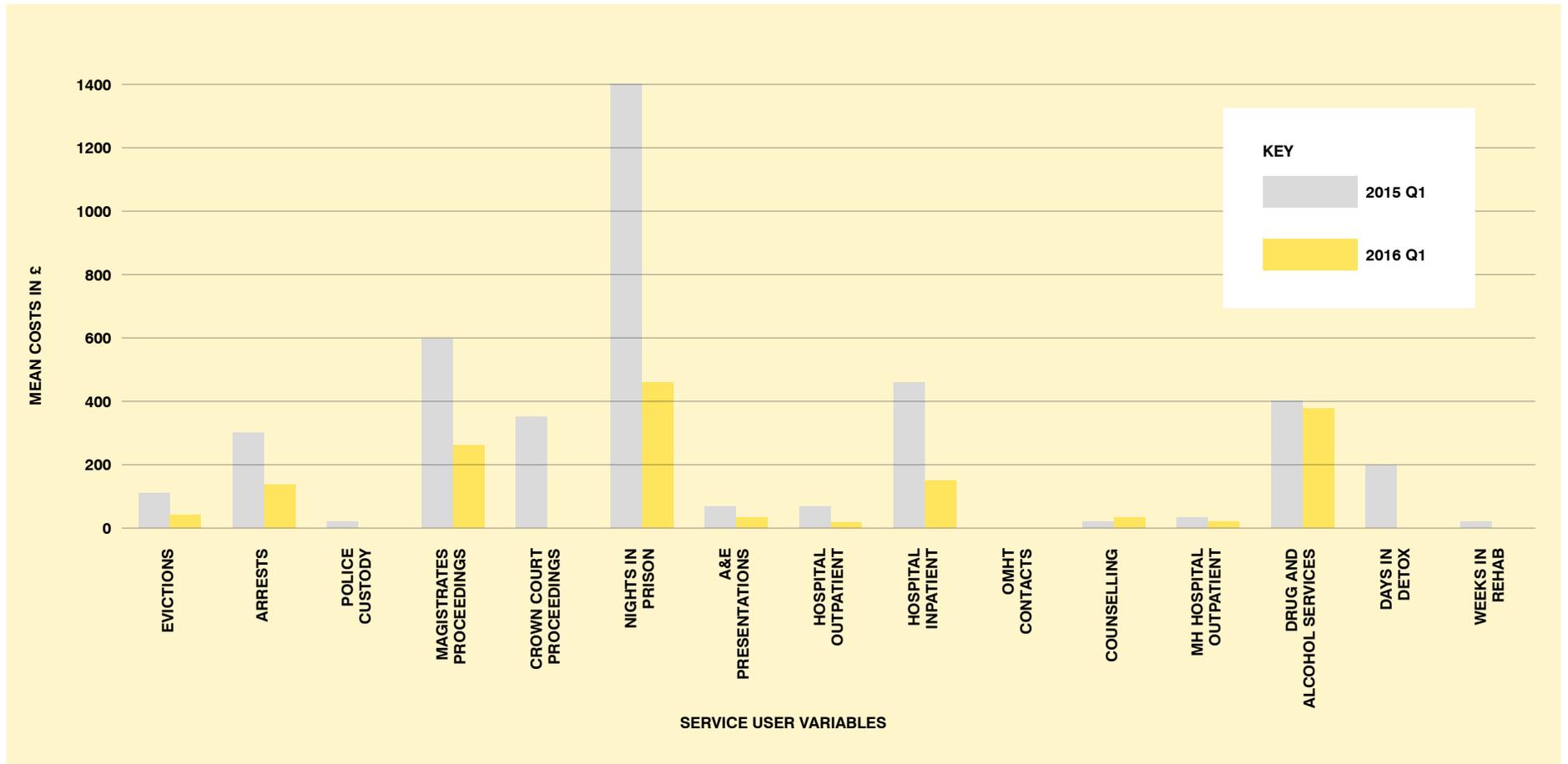
“ What the figures reveal are the achievement of the greatest cost reductions in the most expensive services, e.g. nights in prison, Magistrate Court appearances and hospital in-patient episodes... ”

Further analysis shows that differences across the 12 month period were significant for:

- Number of arrests
- Number of police cautions
- Number of Magistrate Court appearances
- Number of hospital inpatient episodes
- Number of days spent in detox.

Service use was then costed for each of the service use variables. The costs have been calculated using a cost calculator designed by Sophie Boobis for the Newcastle and Gateshead Fulfilling Lives programme (<https://jscalc.io/calc/X5z7IMVE3Tfl6A1f>). The results are shown in Figure 2.1, which shows the mean costs per Beneficiary in Q1 2015 and Q1 2016 for 16 of the service use variables. What the figures reveal are the achievement of the greatest cost reductions in the most expensive services, e.g. nights in prison, Magistrate Court appearances and hospital in-patient episodes, while costs have remained fairly constant for services most associated with recovery, e.g. drug and alcohol services.

Figure 2.1: Mean service use costs per Beneficiary Q1 2015 and Q1 2016



“

Critical moments on people's roads to recovery had a number of common features. Often there was a critical encounter between Beneficiaries reaching a point of total disillusionment with their current life, and an agency that was willing to reach out to where they were at the time, and spend time listening and making intelligent referrals.

”





*Stuart Irvine,  
 Expert Citizen*

### 3. The Beneficiary experience

The previous chapter gave a flavour of what the hard data is telling us about the achievements of Opportunity Nottingham. They tell us something about what is working, for whom, for how many and over what timescale. Table 2.5 even gave some indication of the ingredients of progress so far. However, what we now need to know is the process by which successes are achieved or not, the ‘how’ and ‘why’ questions of evaluation. This calls for an exploration of ‘what Beneficiaries experience from Opportunity Nottingham’. Chapter 5 will tell the other side of the story, recounting the PDC experience of working with Beneficiaries. But this chapter is devoted to the Beneficiary perspective through an account of some exploratory interviews with 12 Beneficiaries, from which we have identified the ingredients that Beneficiaries consider to be critical in their relationships with their PDCs .

At the outset, the evaluation sought to undertake a programme of in-depth interviews, repeated at intervals, covering a wide and flexible range of topics, with a fixed cohort of Beneficiaries exhibiting a broad range of characteristics. To date, 12 Beneficiaries have been interviewed, but the plan is to recruit a cohort that will represent roughly 10% of the Beneficiary population over the life of the programme. More important than the size of the sample has been its composition designed to be indicative of the variables that make up the Beneficiary population. Thus the sample will seek to represent the age and gender structure, but may over-represent some groups in order to capture the impact of Opportunity Nottingham on significant minorities, which might include for instance Beneficiaries from ethnic minorities or with chronic mental health problems. Participants

were recruited through their PDCs who first invited the involvement of their clients with the use of a participant information leaflet. This process reassures Beneficiaries of the legitimacy of the research, assuaging any threats arising from past interviewing experiences. Further arrangements are then made by the academic team.

The interview programme has been undertaken as a collaboration between the academic research team at Nottingham Trent University, and a team of five peer researchers recruited from amongst Beneficiaries or others with lived experience of multiple and complex needs. We felt that this aspect of the evaluation deserves a chapter in itself, and Chapter 4 is devoted to an account of this process. However, it is important to stress at this stage that every aspect of the evaluation reflects their input.

The interview schedule (Appendix 3) was the first product of this collaboration. It has been designed to serve as an introductory interview to get Beneficiaries to share something of their early experiences of Opportunity Nottingham against the context of their broader life stories in order to gain a sense of why progress varies for Beneficiaries with different characteristics and complex needs. Moreover, the interviews have each been conducted jointly by an academic and a peer researcher. Their aim has been to delve below the surface of the data recorded in the CFE returns to join together personal profiles and experiences into a continuous narrative that might help us to understand the processes by which Opportunity Nottingham works to transform individual lives. We therefore begin by exploring the origins and evolution of Beneficiaries' multiple needs and early failed attempts to address them, identifying barriers on the way. We are particularly keen to pinpoint what might be called 'epiphany' moments when things began to change in significant ways, seeking to understand what worked when other efforts had failed, and any key role that Opportunity Nottingham played in that process. The interview schedule will be reviewed in the light of the first programme of interviews, revising it in order to capture on-going experience of Opportunity Nottingham in greater depth.

Peer researchers have had some involvement in the analysis of the transcripts through a workshop in which emerging themes were explored.

Full analysis awaits the completion of the first cohort of interviews, but what follows will give a flavour of what has emerged to date. Of the 12 Beneficiaries interviewed, ten were men, and their ages ranged from 37 to 56, making them slightly older than Beneficiaries generally. All but one had been involved with Opportunity Nottingham for at least six months by the time of the interview, and all had recent experience of at least three of the complex needs addressed by the Opportunity Nottingham project, i.e. homelessness, offending, mental ill health and substance misuse, with eight having experienced all four.

At least eight could trace the origins of their multiple needs to disrupted, traumatic and sometimes violent family backgrounds, with heavy drinking playing a prominent part in at least five cases. For three Beneficiaries, marital breakdown appears to have triggered a more general breakdown, while one man attributed his problems to untreated PTSD from time spent in the armed forces, but even here, self-medication through alcohol led to family breakdown. Most related stories of subsequent offending, imprisonment, homelessness and untreated mental health and substance misuse.

When asked about failed attempts to get help, Beneficiaries gave accounts that will inform Chapter 6 on system change. Some of the issues highlighted included the unrealistic expectations of drug rehabilitation projects, eviction from hostels unable to manage disruptive behaviour, the conditionality and inflexible procedures that attach to so many services, the sheer pointlessness of many community service activities, the conflicting agendas encountered from services dependent on generating outcomes, the rigid prescribing policies of doctors, and the nine-to-five attitude of many staff. More than anything, people complained that nobody had time to listen.

Critical moments on people's roads to recovery had a number of common features. Often there was a critical encounter between Beneficiaries reaching a point of total disillusionment with their current life, and an agency that was willing to reach out to where they were at the time, and spend time listening and making intelligent referrals. Certain agencies were mentioned repeatedly in this role. For instance, two Beneficiaries

described how they followed a night at the winter shelter with a visit to Emmanuel House from where they were able to secure a hostel bed and a referral to Opportunity Nottingham. Three more recounted being found by the Street Outreach Team and referred into temporary accommodation under the 'No Second Night Out' scheme, from where they were referred to Opportunity Nottingham. Another couldn't face the prospect of being discharged from prison into homelessness yet again, and decided to meet with a housing charity in prison who escorted him to a pre-arranged flat on discharge. A further Beneficiary found a GP who was prepared to listen instead of merely offering a repeat prescription. What all these stories share is the existence of critical locations where help needs to be available if it is to catch people at critical moments: street outreach, day centres, the prison gate, even GP surgeries. This is a system change issue that goes beyond the remit of Opportunity Nottingham.

Without exception, all Beneficiaries pointed to the importance of Opportunity Nottingham in picking them up at the point where they wanted to change, and consolidating their early efforts. Invariably, their relationship with their PDC was the critical factor. Of greater importance than its role in mediating engagement with services was the relationship itself. Thus, even in the pursuit of their service brokering role, PDCs went well beyond acting as a mere referral point for accessing benefits, housing, drug and alcohol and mental health support, etc.; they took Beneficiaries to crucial appointments, helped them to negotiate bureaucracy, and even spoke up for them in court. Yet it was the relationship itself that appeared to have the greatest transformative significance in people's lives. Beneficiaries talked about their PDC as a pivotal point in their recovery, someone who gave time and space, who listened, who was available and who genuinely cared.

In their annual report for 2016, *Fulfilling Lives: Supporting people with multiple needs*, CFE distil the key ingredients of effective work at the frontline with Beneficiaries, and their 'ten commandments' provide a useful template for a deeper exploration of Beneficiaries' testimonies. In conclusion, they would concur with everything CFE advocate, but would reinterpret many of these principles in terms that would be more meaningful to them, with important implications for practice.

“ Invariably, their relationship with their PDC was the critical factor. ”

- 
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- 1) **Be persistent, not having a restricted timeframe**
  - 2) **Learn the Beneficiary's routine**

Beneficiaries repeatedly told us what an enormous relief it was to find someone who had the time to listen to their story as they wanted to tell it, who was in no rush to move on to some other task, and whose services were not limited to a restricted timeframe. More than that, PDCs showed that they would not give up in the face of set-backs or Beneficiary elusiveness, but would persistently seek to re-engage.

The last time Sean came out of prison, he had little trust for so-called key workers. However, when the hostel where he stayed on discharge recommended Opportunity Nottingham, he felt he had nothing to lose, and his trust was amply rewarded.

*So I arranged it. That was my first meeting. It was good, it was great. She didn't, how can I put it, erm well you know first impressions and all that, she again she listened. She listened to what I had to say, what I wanted to do, and she didn't put any pressure on me to do this, that, again just listened. Sort of gave me space. She wasn't condescending, wasn't judgemental. She was so easy to talk to.*

Moreover, persistence extends beyond the availability of your own PDC, as Alec discovered.

*It's not only my PDC. When PDC's been on leave, when I phone the office, Opportunity Nottingham they are so supportive and friendly. They don't pick the phone up and say, we'll let him know and put the phone down. They'll actually talk to you, is there anything I can help you with? Do you need someone to come out and see you, do you need to meet with someone? The support is always there.*



### **3) Make the most of windows of opportunity**

#### **4) Focus outreach at transition points**

These principles are all about being available at the point of need, being there when people hit rock bottom, or preventing people falling through gaps in services, especially at transition points such as prison or hospital discharge. It involves good timing and sometimes risky outreach to be effective.

Again, Sean was amazed at the lengths to which the person who became his PDC went to search him out when he was at his point of deepest need.

*It was bizarre. Just a knock at the door. I was in a bad place, vomit, sick, shit, the whole lot, all over the place. He just introduced himself. I was aware of him. I wasn't coherent enough to actually digest what he was saying. I was actually looking for a drink. The following week was when he introduced himself to me. ... He must have done some considerable searching.*

For Tony, it was the intervention of Opportunity Nottingham while he was still in prison that was crucial in breaking a never-ending cycle of homelessness and reoffending.

*It was when I was in Nottingham Prison. I put down to see well Framework in Nottingham Prison and they referred me to ... I made an application to see somebody from housing, from Framework and [name] come to see me, she works at Nottingham Prison. She put me on to Opportunity Nottingham and it went from there. This guy PDC came to see me in Nottingham and it went from there.*

“ With trust comes the feeling that someone is on your side. This involves a willingness to do whatever it takes to support a Beneficiary's recovery... ”



### **5) Adopt a flexible and spontaneous approach**

#### **6) Build a relationship based on trust**

These principles relate to the kind of relationship that makes the PDCs most effective in their work with Beneficiaries. Trust is the first ingredient. Melanie had never been able to be honest for fear of the response she would get, but she felt able to tell her PDC anything.

*I do feel trust is coming on. I've grown used to that trust. I think the week before I felt, I'll never get anywhere if I tell the truth. If I say that I'm falling apart right now that I'll lose everything. But the total fact is the total opposite right now. If I say what's really honest then it won't fall apart, it will get dealt with.*

“ To meet someone who may know the worst about you but is only interested in achievements and possibilities is enormously liberating. ”

With trust comes the feeling that someone is on your side. This involves a willingness to do whatever it takes to support a Beneficiary's recovery, and accompanying them to appointments is often key to this. It has provoked controversy in some quarters for fostering dependency, but there is no doubt that Beneficiaries interpret it as a clear sign that their PDC is on their side, negotiating a way through the bureaucracy, even advocating on their behalf. This was certainly the first thing that Alec cited when he was asked about his experience of Opportunity Nottingham.

*PDC's on the phone every few days to me. He's become more of a mate. ... He attends every hospital appointment because I've got ill health, he comes with me. He got me in the YMCA. I'm dyslexic as well. He helped me with all the paperwork, got me in there. Things are moving on. I'm also on to Last Orders, which is Upper Parliament Street now. He got me back in touch with them. Things are really moving forward. I'm going with PDC on Thursday to Sheffield to look at a Rehab.*

But it goes deeper still. One of the repeated complaints that Beneficiaries made of other services was that, for whatever reason, they conveyed the message that they didn't really care. With PDCs, the very opposite was the case, clearly illustrated by the sheer lengths to which they are prepared to go on Beneficiaries' behalf, as Ryan explained.

*She was brilliant. She even bought me to hospital and everything because I was going a bit doolally and I was thinking about doing horrible things to myself. She got me to the hospital and she got me in. She's been on to my doctor and everything. She has been fantastic. Because I didn't want to go. I could barely stand up and she sat with me all night in the hospital. Absolutely brilliant.*



### **7) Understand, don't lecture**

### **8) Find ways to leave Beneficiaries' past behind**

These maxims are partly about the non-judgemental attitude familiar to all social workers, and Pete certainly appreciated this aspect of Opportunity Nottingham, in contrast to what he had often experienced from other services.

*They understood where I was coming from. What I'm trying to say, why these patterns that I've always gone through. Like I say they've never patronised me, they've never been judgemental or condescending. And those three things are so important to me.*

However, the reason this is so important to Beneficiaries is the stigma that they so often carry from their past reputation of missed appointments, anti-social behaviour or the negative risk assessments that hang like a millstone round their necks. To meet someone who may know the worst about you but is only interested in achievements and possibilities is enormously liberating.



## 9) **Focus on beneficiaries' own priorities**

### 10) **Provide purpose**

What struck many Beneficiaries about their PDCs is that, for the first time, there was someone who listened to what they wanted without imposing their own agenda. This is partly what empowerment is all about, which is one of the central aims of Opportunity Nottingham. We explored hopes for the future with Beneficiaries, and they talked about their ambitions to restore lost occupations or relationships, or to create new lives for themselves with independent accommodation. But their PDC was very much seen as instrumental in this process, especially in brokering access to Expert Citizens and all the opportunities associated with it. Doug summed this role up very well in taking the title Personal Development Coordinator quite literally.

*I think he can do anything that he thinks I think would help me progress, personally. I've spoken to him about driving lessons, obviously a flat. That's basically it. His title is Personal Development Co-ordinator. So, as I understand it, it's his job role to help me personally develop, and he coordinates that. He can only know I'm developing personally if I say to him I think this will help me develop personally.*

No brief analysis can hope to do justice to the range of insights that even this small group of Beneficiaries has offered on the experience of having a PDC with Opportunity Nottingham, but we believe the above offers enough to amend CFE's principles with some of our own, that are key to what works. Many years ago, the late Bob Holman coined the term 'resourceful friends' for the kind of work in which PDCs are engaged.

- Be available at critical moments in the lives of Beneficiaries
- Reach out to the persistently elusive

- Give time and space to listen to Beneficiaries' stories
- Be prepared to do what is needed in the interests of recovery
- Show that you care in meaningful ways
- Stand alongside Beneficiaries as they confront the world of welfare bureaucracy
- Be trustworthy
- Let Beneficiaries shape their own priorities
- Don't give up on anyone.

In Chapter 5, we will test this analysis against PDCs' own testimony of what they think works in transforming the lives of Beneficiaries, and how they sustain their resilience as they seek to fulfil an exacting set of principles.



The background of the slide is a photograph of an open notebook with a white cover and yellow pages. Several colorful sticky notes (pink, green, and yellow) are attached to the pages. The text is overlaid on the notebook's pages.

“ The overall ethical value of co-interviewing lies in the calming presence of the peer researcher and his/her natural rapport with Beneficiaries. ”

## 4. Empowering Beneficiaries through peer research

Involving peer researchers has been a fundamental part of the design of the evaluation for two main reasons. The first is that it chimes with the Opportunity Nottingham aim to empower Beneficiaries. To reiterate, the first aim of Opportunity Nottingham is ‘to empower people with multiple and complex needs and to support and enable them to take control of their lives’. The second reason is that peer research enhances the methodology of the evaluation because it is believed to strengthen the validity of data gathered from vulnerable groups. More than this, peer research brings advantages to all interests in the research process:

- To the research in enhancing the trustworthiness of the findings;
- To the Beneficiaries in improving their sense of being heard and understood if data is gathered from people who themselves have lived experience of the issues being explored;
- To the peer researchers themselves in providing skills and experience that might, for instance, enhance their employability.

Peer research is a discreet approach to research design based on the idea of the subjects of research also being the conductors of research, so that the ‘researched’ become the ‘researchers’. Peer research mediates the relationship between researchers and their subjects, improving the authenticity of data interpretation. However, it also challenges the power dynamics of the research relationship by passing a greater degree of control over the research process to research subjects. In the Opportunity Nottingham evaluation, peer researchers are involved at every stage in the research process, including (see over page):

- Co-design through creating research tools and membership of the Evaluation Steering Group
- Co-interviewing of research subjects, alongside a member of the academic research team
- Co-analysis through focus groups at which an approach to coding is agreed, and early findings discussed
- Co-dissemination of the findings through involvement in presentations and other outputs.

The first challenge was to recruit a suitable team of peer researchers. At the start of the evaluation at the beginning of 2015, Opportunity Nottingham had only been in operation for six months and it was not yet felt appropriate to recruit from existing Beneficiaries. However, there already existed an Expert Citizens Group who had experience of working with SEA on service user advocacy, and had assisted Opportunity Nottingham in the early stages of its business plan. SEA (Services for Empowerment and Advocacy) is a local social enterprise that works with all kinds of service users to promote the service user perspective in the management of the public services, and SEA has been contracted by Opportunity Nottingham to promote all aspects of Beneficiary empowerment. Expert Citizens all have lived experience of multiple needs and it was among this group that the evaluation was advertised. All were invited to a recruitment workshop at which the aims of the evaluation were explained, along with the expectations of peer researchers, and attendees were invited to complete an application form with a brief CV. The application form was adapted from one used by Framework when recruiting volunteers so as to avoid being intimidating, but it was felt that the role would be taken more seriously if a semi-formal application process was used.

Three peer researchers were recruited as a result of the first round of recruitment in early 2015. Following the departure of one of them and the expected expansion of the work, a further round of recruitment a year later recruited a further three, one of whom is an Opportunity Nottingham Beneficiary. The result is a current team of two men and three women. At the point of recruitment, peer researchers sign an agreement between

themselves and the evaluation, which sets out expectations on both sides. This does not have the legal status of a contract of employment, but does give the relationship a degree of formality, once again akin to a volunteering agreement. Team members are paid £25 for every service they perform, such as conducting an interview, or attending a workshop or Steering Group meeting. Since all are currently DWP benefit claimants, they were issued with a letter explaining that payments would not exceed the statutory limit of £20 per week over the life of the agreement.

After the first round of recruitment, there followed a series of workshops during which the peer researchers were introduced to some of the basic skills of research interviewing and collaborated in the design of an interview schedule to be used in interviews with Beneficiaries. Each interview has been conducted jointly by an academic and a peer researcher, with the peer researcher taking the lead in asking questions and the academic only intervening if the interview loses direction or key points are missed, so as to ensure consistency of data gathered. The peer researchers have assumed a vital mediating role among Beneficiaries for whom interviews have often come to be associated with denial of services or sanctioning of behaviour. They have helped to put beneficiaries at their ease and to interpret their language to academics sometimes unfamiliar with Nottingham street culture. Precautions are taken around the issue of gender, and so far women Beneficiaries have requested only to be interviewed by women interviewers.

Peer researchers took the lead in designing the interview schedule for use with Beneficiaries, spending some time at the end of one workshop identifying the main issues to be covered, and the manner and sequencing of their coverage. The academic team then designed a draft schedule which was brought back to the next workshop for peer researchers to try out on each other, leading to a further refinement of the wording. There was concern that some topics relating, for instance, to Beneficiaries' journeys into multiple needs should be handled with sensitivity because of the difficult memories that may be recalled. It was then agreed that the schedule should be tried out in a pilot study with a small sample of Beneficiaries before being finalised for wider use. The resulting interview schedule can be found in Appendix 3.

All interviews have been conducted jointly by an academic and a peer researcher. The overall methodological value in having an academic and a peer researcher lies in improving data validity by having a peer researcher who can help to interpret respondents' stories to academics, and to improve data consistency by having an academic to guide the interview according to a common agenda. However, the experience of co-interviewing was mixed. Peer researchers varied in how comfortable they felt in taking a leading role. For much of the time, they showed growing confidence in following up the main questions with spontaneous prompts and further lines of inquiry. However, there were occasions when they were reluctant to venture from the printed schedule or they repeated questions already covered, or conversely pursued unscheduled lines of inquiry. This left the academic researcher with the challenge of how and when to intervene without stifling potentially fruitful discussion or undermining the peer researcher's confidence. What this experience reveals is an underlying tension between competing interests:

- the peer researchers' need to grow in confidence and competence
- the Beneficiaries' need to tell their story in their own way and in their own time
- the needs of the research team to secure valid data for the evaluation.

In addition to methodological training, the workshops covered basic principles of research ethics, and arrangements were made to fulfil the requirements of ethical governance. An application was approved by the relevant NTU research ethics committee. The Beneficiary's PDC is informed when and where interviews take place, and likely risks are clarified. Post-interview de-briefing is also felt to be important. Beneficiaries are advised to contact their PDC to discuss any issues that arise from the interview. De-briefing also takes place between the academic and peer researcher after each interview, and the peer researchers undergo regular independent supervision with a representative of SEA. These procedures provide peer researchers with opportunities both to share any concerns they might have from the

interviewing experience and to consolidate learning.

The overall ethical value of co-interviewing lies in the calming presence of the peer researcher and his/her natural rapport with Beneficiaries. The confidence that was communicated about the nature of the project was that the research team can be trusted. However, there were issues of an ethical nature that were more problematic. Some peer researchers were understandably tempted to share their own experiences within the interview. The academic team deterred this because they feared that respondents might feel their own experiences were less valid and would be reluctant to share them in their own way. However, sometimes peer researchers' stories prompted memories that enriched research data. Moreover, peer researchers sometimes struggled to distinguish research interviewing from practical advice, especially those who were accustomed to this role in their work as volunteers. Once again, there was a skill in validating the activity, but re-directing it to the end of the interview.

Peer research is very much a work in progress as far as the Opportunity Nottingham evaluation is concerned. Other activities in which the peer researchers are involved have included:

- Regular attendance at Steering Group meetings that guide the overall progress of the evaluation;
- A workshop to discuss emerging themes from the Beneficiary interviews and to design an interview schedule for a substantial programme of interviews with service providers and commissioners;
- Sharing the conduct of focus groups with PDCs, findings from which will be presented in the next chapter;
- Sharing the experience of peer research in a presentation at the Fulfilling Lives Biennial Conference in Birmingham in June 2016.

Forthcoming challenges include the completion of a full cohort of Beneficiary interviews and the conduct of the service provider interviews mentioned above. There is also a longer term need to validate peer research as a learning experience for Opportunity Nottingham, and to consolidate its benefits to the peer researchers themselves.

“ Keys to success lie in PDCs convincing Beneficiaries that they understand them, ‘being trustworthy’ in doing what they say, persevering and ‘never giving up on anyone’, even in the face of repeated failure. ”



*Colette Hubback, Personal Development  
 Coordinator, Opportunity Nottingham*

## 5. Developing practice through Personal Development Coordinators

Beneficiaries experience Opportunity Nottingham mainly through their relationship with their Personal Development Coordinators (PDCs). We have already seen (Chapter 3) something of the value that Beneficiaries place on that relationship, and have tried to distil from their accounts the key ingredients of its effectiveness from their perspective. Now it is time for PDCs to tell their stories.

The evaluation has sought to shed light on two questions.

- How do PDCs develop the personal and professional resilience to work with challenging Beneficiaries?
- What is it about the services they provide that they believe will transform the lives of Beneficiaries?

Staff who work with Beneficiaries are routinely faced with challenging and difficult behaviour, refusal to engage, client relapse and even death through extremely poor health and fractured lifestyles. The evaluation has explored 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 Opportunity Nottingham. It is 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 gathered from Beneficiaries directly. It is hoped that the project will make evidence based recommendations for providing effective support and meeting training needs.

To answer these questions, data has been gathered through focus groups with PDCs and an interview with team leaders. The proposed research was discussed with staff at Opportunity Nottingham who all felt the PDC team would derive considerable benefit from participating in this research. Two focus groups were conducted in summer 2015, and the exercise was repeated a year later with two more focus groups, one with PDCs involved in the earlier exercise, and the other with PDCs recruited during the intervening 12 months. The intention is to repeat the exercise periodically in order to capture an evolving body of good practice as the team's experience develops. In 2015, we were fortunate to secure funding from the School of Social Sciences at Nottingham Trent University (NTU) to employ an undergraduate to conduct the focus groups and interview. The repeat exercise was undertaken by an NTU research assistant and one of the peer researchers.

The focus group schedule can be found in Appendix 4. It is divided roughly into two parts, with PDCs invited to give an account of their work with Beneficiaries and what they believe to be the key to its effectiveness in the first part. This is then followed by an exploration of the support mechanisms they employ to sustain themselves and their work. An identical schedule was used in the team leader interview to enable us to compare responses. A few new questions were added to the schedule in 2016 in the light of unexpected issues that arose in the initial round.

In the first part of this chapter, we give an account of what PDCs consider to be the key elements of their work and how they achieve progress with Beneficiaries, making comparisons where appropriate with what Beneficiaries believe to be important. We then move on to explore the issue of how resilience is sustained before concluding with a few case studies of how PDCs have achieved results with a sample of more challenging Beneficiaries.

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## 5.1 What works with Beneficiaries

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. A few have lived experience of multiple needs. 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 Abuse.

However, participants 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. For a start, it's not just a question of negotiating a package of support; the reality of working with a challenging group of Beneficiaries puts them much more into a direct supporting role, accompanying them to appointments, supporting them as they engage with services. They would endorse the principles of effective practice that Beneficiaries identified of 'standing alongside Beneficiaries as they confront the world of welfare bureaucracy'. More than this, they talked of the social activities that they share with Beneficiaries that are vital to forming trusting relationships, but which may have no immediate tangible outcomes in terms of addressing multiple needs. In this PDCs show they are 'prepared to do what is needed in the interests of recovery' by 'giving time and space to listen to Beneficiaries' stories'.

PDCs' accounts of why their work is effective reflect Beneficiary practice principles in other ways. Thus they devote themselves to 'letting Beneficiaries shape their own priorities', 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, 'being trustworthy' in doing what they say, persevering and 'never giving up on anyone', even in the face of repeated failure. Here is a crucial difference that Opportunity Nottingham brings, because in the past Beneficiaries have been "written off" as incapable of change and this in turn can become a "self-fulfilling prophecy".

Constancy and 'being available at critical moments in the lives of Beneficiaries' 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. 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 Opportunity Nottingham's pursuit of its system change objectives. PDCs acknowledge that 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. Moreover, PDCs expressed some frustration with the institutional requirements of Opportunity Nottingham, especially the constant demands of monitoring associated with the quarterly data returns that require vigilant record keeping. However, 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. Additionally this issue seems to have reduced in 2016 as more PDC's have been recruited and caseload size has reduced (see section 5.2 below)

Other barriers come from outside the confines of Opportunity Nottingham, and these will be picked up again in the chapter on system change. We have also noticed a considerable change in PDCs' experience between 2015 and 2016. In the earlier focus groups, PDCs admitted that their role was not well understood by other services, who wonder what particular

expertise they are bringing. 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 PDCs are poorly understood by external agencies. They even reported encountering some resentment for 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. In the intervening 12 months, PDCs felt they had proved themselves with outside agencies, giving them greater credibility. Their title had initially conveyed mixed messages about the primacy of the coordinating role. The support role is now acknowledged if care packages are to be effective, but the value of coordination is also recognised as PDCs become a key point of contact for other agencies.

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“ However, PDCs attach even greater importance to the informal mechanisms they have developed to foster resilience. ”

## 5.2 How PDCs sustain resilience

In the face of discouragement both from Beneficiaries and outside agencies, 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

“ ... role clarity is improving as the programme matures, and as we have seen there is now greater understanding by outside agencies. ”

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, thereby undermining Beneficiary responsibility. Workload management is a key part of fostering a supportive environment. At the time of the first focus groups, 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.

Some of the concerns raised by PDCs are now being addressed by Opportunity Nottingham. The apparent vagueness and variability of the PDC role not only generates a lack of understanding by outside agencies but also raises concerns about continuity when staff have to cover for each other. The challenge is to achieve some standardisation without compromising the positive aspects of personalisation. However, role clarity is improving as the programme matures, and as we have seen there is now greater understanding by outside agencies. Moreover, Beneficiaries' Personal Development Plans are shared, in the event of PDCs being absent, ensuring continuity of support.

A further support for PDCs in the discharge of their duties has come from the adoption of peer mentoring by Opportunity Nottingham, with an outside agency having been contracted to develop this role. The use of peer mentors in undertaking such routine tasks as accompanying Beneficiaries to appointments will free up PDCs for the more complex work.



### 5.3 Some case studies

The following four case studies have been selected from many submitted by PDCs to illustrate different aspects of their role and the complexities of the lives with whom they engage. It is becoming apparent that mental health issues and self-harm throw up particular challenges for PDCs.

- 1) With Rob, whose complex needs revolved around long-standing mental health issues, the change hinged on some tenacious

advocacy with other services to secure the right combination to promote his recovery.

2) Jamie's needs also revolved around mental health, complicated by self-harm. The change here can be attributed to persistence through prison discharge with a particularly challenging individual.

3) With David, the issues revolved around homelessness, alcohol and repeated anti-social behaviour, and once again, the PDC's persistence and willingness to reach out and not give up were the keys to success.

4) With Bethany, we return to the problems of mental health and self-harm, exacerbated by substance misuse and sex work, and here the PDC was involved in negotiating appropriate hospital release without which there would have been a serious relapse.



# 1. Rob

## Background

Rob was first hearing voices nearly twenty years ago, and self-medicated with cannabis. As this drug worsened his mental health, he was asked to leave the family home due to the chaos and disruption he was causing. He then moved into a homeless hostel where he was exposed to the wider drug world and began to inject heroin and subsequently became HIV positive as a young man. He was then diagnosed as a paranoid schizophrenic.

Rob had a number of unsuccessful accommodation placements over a period of years, being placed in accommodation that did not offer support appropriate for his level of need, resulting in his frequent eviction as a result of substance fuelled psychosis. This aspect of his complex needs, along with his HIV status, generated a reluctance to engage with him due

to the risks involved. Moreover, he was proactively targeted by predators in the homeless/drug using community, where he would be financially abused and given remedial substances.

## Opportunity Nottingham involvement

Having worked with Rob for several years while working in hostels, I was in agreement with one of the Hostel Managers that he should be put on to a Guardianship and billeted in as drug free an environment as possible. This was presented to the commissioning agents within Adult Social Services who agreed, and Rob was accommodated in an apartment in a high support facility in a rural north Nottinghamshire village, where substances were not frontline and problematic.

In the initial period it was the first time that Rob had been street drug free apart from his periods in prison, and he was accessing his Subutex script on a daily basis. The staff at the service were concerned to evidence his mental health and his CPN was preparing for him to enter a voluntary section at a city based hospital. Opportunity Nottingham fought against this as through a voluntary section he would be able to leave the hospital on a daily basis and access the street drugs which would threaten his mental health. We encouraged the CPN to allow Rob to access increased medications in the community.

Rob had court cases in Central Nottinghamshire which meant he had to enter Nottingham City Centre where he would be accessing street drugs and would be at risk of OD due to his reduced tolerance. Subsequently, we worked with Nottinghamshire Constabulary to have his cases moved to Newark where he would not be able to score street drugs as easily.

## Milestones achieved

Rob has just entered his fifth month substance-free for the first time in twenty years. He remains on his Subutex prescription and benefits from the specialised one-to-one support he can access. He sleeps

from 10.30pm to 8am in the morning and is far from the chaotic man he previously was. He enjoys his PlayStation, music and has recently had his hair cut in a style to his liking and is putting weight on. He remains a paranoid schizophrenic with a CPN, but his lack of a chaotic lifestyle now means he is able to access his anti-virals critical to counter his HIV status. He is also visited monthly by his mother and brother, which wasn't available previously. Sometimes he goes out cycling around Nottinghamshire.



## 2. Jamie

### Background

Jamie is a 42 year old man. At the age of 23 he had admitted himself as a voluntary inpatient on a mental health ward and it was said that he had depression and schizophrenia.

When I first met Jamie he was alcohol dependant, living in a hostel having had to leave the accommodation he previously shared with a friend when his friend died. He was very dirty in appearance, difficult to understand as he was not clear in his speech and went off on a tangent. When he spoke he had a lot of excess saliva, he would not make eye contact and lacked any trust. He also self-harmed.

Jamie moved into another hostel where his mental health declined and this resulted in him making a couple of serious attempts to end his life. The second consisted of him putting a gas canister in the microwave which caught fire. Jamie was arrested and received a 2-year custodial sentence, for which he served half the time.

### Opportunity Nottingham involvement

Whilst he was in HMP Nottingham and then in HMP Ranby, I visited him and was the only visitor he had, which he still mentions now.

“ ... helping out with jobs around the home, attending bereavement counselling and working with a new alcohol worker. ”

Despite having tried when he was in prison to secure some accommodation for release, this did not happen. I supported Jamie to access temporary accommodation via Housing Aid. Jamie would spend all his money on alcohol, cigarettes and gambling within a short period of receiving it. He would leave the hostel early in the morning and go and collect cigarette butts and the dregs of alcohol from cans around the city centre.

I spent a lot of time with Jamie, sorting out benefits, going for coffees, attending lots of appointments around his health, mental health and alcohol use. I arranged some bereavement counselling for him as he had lost a lot of people in his life, and as a result of this he made contact with some family whom he had not seen for twenty years and remains in contact with them.

I did not feel that the hostel accommodation was suitable for Jamie; he was very vulnerable and he did not feel safe there. It was during this time it was the opinion of the GP that he had early onset of Korsakoffs. I arranged an MDT with all agencies involved with Jamie. As a result of this, a referral was made by Adult Social Care who attended to a care home out of Nottingham City. In order to give him the best opportunity to succeed some further joint working with agencies was done and Jamie was given a detox at Woodlands. It was then coordinated so that he would come out from Woodlands and go straight into the care home, which all went to plan.

## Milestones achieved

Four months on, Jamie remains abstinent from alcohol, he looks clean and well-presented and he has bought himself new clothes. Jamie is much easier to understand and does not have the excess saliva he had previously, he makes really good eye contact, he hasn't self-harmed for seven months and he trusts me which is a massive step.

Jamie is keen to keep busy and has hand reared some chickens that were hatched at the care home, he has also been helping out with jobs around the home, attending bereavement counselling and working with a new alcohol worker.



## 3. David

### Background

David was referred to Opportunity Nottingham by CJLDT (Criminal Justice Liaison Team). He had separated from his partner and moved in to his mother's address. He was subsequently asked to leave his mother's after an argument caused by his drinking. He had been arrested for assault and driving whilst intoxicated.

### Opportunity Nottingham involvement

David was 'no fixed abode' and had no contact number; his referral stated that he may have been picked up by the homeless camp that at that point was situated on Station Street. I liaised with Street Outreach Team (SOT) and went to Station Street to see if I could find him. I did find him and arranged to see him at a later date for an NDT assessment. I made SOT aware of who he was and that he was rough sleeping.

SOT worked with David and took him to Housing Aid who first placed

him in a B&B and then the Albion Hostel. He was moved from The Albion to London Road Hostel. At this time his alcohol consumption increased dramatically and I worked with London Road staff to arrange an overview at Housing Aid as I felt that a move to Michael Varnam House would be the best thing for David.

After an incident at London Road, David was asked to leave. He approached Housing Aid who discharged their duty due to his behaviour. His family agreed to pay for a hotel for him for a few nights. His substance misuse continued to increase and he was involved in an altercation in the City Centre and was assaulted. Again I went to find David, as he had no phone. I found him and escorted him back to his hotel. I contacted Michael Varnam House to let them know that he had been evicted from London Road Hostel and that he was again facing rough sleeping. Due to this, he was prioritised by Michael Varnam House who chased Housing Aid about his referral.

### Milestones achieved

David moved into Michael Varnam House and completed a detox; he is now living in a cluster property and is abstinent from alcohol. Opportunity Nottingham have paid for a gym membership as a way of encouraging David to spend his time positively. He has also been supported to access volunteering opportunities.



## 4. Bethany

### Background

Bethany is a 34 year old white British female who has lived in Nottingham all her life; she has poor mental health (she has seven traits of personality disorder, is bi-polar and also self-harms.) She also has a long history of drug and alcohol misuse. One of her symptoms is that she thinks her face is distorted and that she is ugly, which has led to several suicide attempts and being sectioned several times.

Bethany has not had any positive family networks since growing up, her father died when she was young and her mother is an alcoholic.

Bethany is known to the mental health services since a young age and has been detained several times under the Mental Health Act for her own safety. She has been homeless and has slept with random males and has also sex worked.

### Opportunity Nottingham involvement

Bethany was referred to us while on a Section and our role was to meet with her and gain her trust in order to work with her. When we first met Bethany she was chaotic and unwell and was being stabilized on medication.

Upon her release from hospital we had to find accommodation for her within a supported setting in order for her to feel safe. This gave me time to work with her and support her attending appointments until she had the confidence to attend these herself. Bethany knew that the support that she was receiving was long term and she felt able to discuss or contact me if there were any issues.

“ For Bethany this has been a good start to her recovery because she had the support when she felt it was needed and also avoided hospital admissions. She is much more focused on her future and is engaging with services. ”

### Milestones achieved

The personal milestone for Bethany has been that she has not used drugs or alcohol in three months and has started to build a better relationship with her family. This was achieved because she had support when she needed to collect her medication which sustained her mental health and also when having her review by the psychiatrist. For Bethany this has been a good start to her recovery because she had the support when she felt it was needed and also avoided hospital admissions. She is much more focused on her future and is engaging with services.



*Russell Jones, Personal Development Coordinator, Opportunity Nottingham*

“ The widespread adoption of The Pledge is clearly the most important part of the pursuit of this goal. ”





*Beneficiary  
 Ambassadors, Sandra  
 Morgan, Rob Eagle and  
 Lee Orrell, Opportunity  
 Nottingham*

## 6. Changing the system

So far, readers might be misled into thinking that Opportunity Nottingham is only concerned with mending broken lives, seeing Beneficiaries as the product of a mixture of personal tragedy and problematic behaviour and nothing more. Nothing could be further from the truth. A constant refrain running through the testimonies of both Beneficiaries and PDCs, and reinforced by a growing body of research, has been that the system – the network of public services established to sustain the nation’s health and wellbeing – is broken, not only structurally incapable of responding to people with multiple needs, but also playing a critical role in generating and entrenching those needs. If Opportunity Nottingham merely employed a team of highly skilled and dedicated Personal Development Coordinators, it would only be doing half the job. This is why Opportunity Nottingham has system change as its third objective, ‘delivering change at strategic and commissioning level by working with strategic leaders and using the learning, outcomes and impacts of the programme to change the system’s ‘DNA’.

Fundamental though it is to the mission of Opportunity Nottingham, system change is the hardest objective to evaluate, because its impact needs to be felt not only in the lives of a discreet population of Beneficiaries, but also in the way that services operate, from the level of frontline delivery right up to strategic decision-making and service commissioning, well beyond the immediate influence of Opportunity Nottingham. It is also the aspect of the programme from which results are likely to be slowest to become apparent. Nevertheless Opportunity Nottingham was not slow in generating a System Change Plan, drawn together following a series of workshops with representatives from partner

agencies and Expert Citizens, and published in May 2015. The Plan identifies six priorities:

- 1) Access to services (including accessible information)**
- 2) Unified single assessment and data sharing**
- 3) Beneficiary-led person-centred services and support, including treatment**
- 4) A joined-up pathway, starting with prevention and early intervention**
- 5) Recovery**
- 6) Sustaining change – commissioning, funding and policy**

In what follows, each of these priorities will be briefly expanded, identifying the goal to be achieved and the activities to be pursued. As a priority, the evaluation plans to conduct a programme of interviews with representatives from partner agencies to explore progress towards these goals. For the purposes of this report, evidence is drawn from three sources:

- The Beneficiary interviews
- The focus groups with PDCs
- A series of interviews with key stakeholders undertaken by Dr Claire Mann from Nottingham University in connection with a scoping study for the Practice Development Unit due to be set up by Opportunity Nottingham.

There will be more evidence on some priorities than others, since it is derived from sources generated for other purposes. The evidence will also appear negative, focusing more on problems to be overcome than achievements. However, we believe that identifying challenges will encourage partners to see the plan's implementation as a joint endeavour. As something of a counterweight, the final chapter is given over to two

examples of good practice where Opportunity Nottingham has sought to set an example of how system change might work with close partners.



## **1) Access to services (including accessible information)**

According to the System Change Plan (p.20), “Success will be services that are available to Beneficiaries where they want them and when. Services will be easily accessible without obstacle and without stigma. Services and staff will be welcoming and helpful. Information will be available and easy to find for all on what services are available and where and how Beneficiaries can access and move through them. Staff will be knowledgeable, capable and competent. Environments will be modern, clean, comfortable and welcoming.”

To achieve this goal, the plan advocates a new competency framework for staff, and a lot of importance has been attached to the wide adoption of ‘The Pledge’ (Appendix 5), a set of principles designed by Expert Citizens with the support of the Opportunity Nottingham Beneficiary Ambassadors, to set a pattern for the way Beneficiaries should be treated in all services. As might be expected, training will be an important component in the implementation of this competency framework, and the Practice Development Unit will have a key role in this. However, when it comes to accessing services, information and service location are equally important. Information about services needs to be in accessible formats, and as far as possible, services need to be available in places frequented by Beneficiaries, such as day centres.

Failure in relation to this latter point was a particular complaint of Leanne, because ‘you have to go to them; they don’t come to you’. However, more important for people with multiple needs are the conditions frequently associated with access, failure to meet them resulting in exclusion, as Kevin found to his cost. “When I first moved into Nottingham it was [name of hostel]. Then I got kicked out of there for drug abuse. I was on the streets for 2-3 months.” For Pete, it was the bureaucracy that he

encountered at one service that undermined his quest for accommodation at a critical point.

*I don't think staff were particularly understanding in any way. Everything was just a form. No-one was actually, actually listening to what you were saying. Not everything can be just put down on a form. It's not as simple as that. It can't be about ticking boxes all the time. Then I wanted to say, I've had these problems. I'm always in this cycle of prison and violence. No-one was listening. No-one said go here, go there. It was, no nothing we can do for you. OK, thank you. Bye. That dictated the way I looked at everything ever since then.*



## 2) Unified single assessment and data sharing

When this goal has been achieved, “Beneficiaries will be treated with respect at all times and this will include needing to tell their stories only once. They will get quick access to the services they need through a unified assessment system – potentially including a virtual ‘passport’ or ‘golden ticket’ that belongs uniquely to them and that provided agencies with the essential information they need to offer support. Agencies will trust the information available to them through this system and trust each other and we will work together to overcome obstacles and barriers.” (p.23)

The idea of a portable passport, information ‘smart card’ or ‘golden ticket’ is crucial to the achievement of this goal. The Fulfilling Lives programme in Stoke has developed just such a ‘golden ticket’, which might serve as a blueprint, but agencies in Nottingham are thinking along similar lines, such as the Common Assessment Framework used by the Crime and Drugs Partnership or assessment processes being developed in relation to the Care Act.

Part of the problem is the repeated requests for the same information that frustrates many Beneficiaries, but for the key informants, the problem

“ These can be technical problems to do with incompatible IT systems, but the most entrenched obstacles come ultimately from the way that the legal right to privacy... ”

goes a lot deeper. There are structural barriers to data-sharing that would take more than a golden ticket to overcome. These can be technical problems to do with incompatible IT systems, but the most entrenched obstacles come ultimately from the way that the legal right to privacy is interpreted, although ways can be found to overcome them, as a Mental Health Service Manager pointed out.

*Information sharing and legalities of what we can share and what we can't, that can be problematic although there are ways of working round that ... We are all on different IT systems and sometimes the person doesn't tell you and you might be trying to work with them and that might be crucial other partners. An interface system (CareConnect?) gets around the information governance because everyone can access and put read only stuff on we might put on other systems.*



## 3) Beneficiary-led person-centred services and support, including treatment

According to the plan (p.27), “Success will be a situation where Beneficiaries are treated as individual people with worth and value in

their own right. They will be treated with dignity and respect at all times. Services and staff will be accessible, welcoming and friendly. Staff will be trained, supported and ready to understand Beneficiary problems and needs, and respond flexibly and positively. Services will be commissioned and audited on the basis of how they treat Beneficiaries as well as what they achieve.”

The widespread adoption of The Pledge is clearly the most important part of the pursuit of this goal. It sets minimum standards for what Beneficiaries can expect from a service, how they should be treated and how they should behave in response. To be effective, it must permeate the system, from the way that frontline staff are trained to the conditions that commissioners attach to service contracts. The Beneficiary Ambassadors and Expert Citizens are currently exploring ways to test and pilot The Pledge.

In the interviews, when relating their experience of other services, Beneficiaries frequently complained that staff were either patronising, too busy or unwilling to listen. Pete described his frustration with staff at one agency when he first came out of prison many years ago,

*You get two different types of people who do this job. There are people who do care, that see it as more a vocation, and then there's people who just turn up 9-5, want to clock on and then clock off. Not really listening. If you've done enough. There is luck of the draw if you ask for help. I always seemed to get the ones that wasn't bothered, wasn't listening, condescending, patronising.*

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#### 4) A joined-up pathway, starting with prevention and early intervention

According to the plan (p.31), “Success will include a ‘single’ pathway through key services or a set of parallel pathways that are easy to understand and to access; are based on principles rather than process;

allow for a non-linear approach; recognise that human beings are not units and will sometimes stumble and even go backwards; enable easy and safe transition between services at key points; work with Beneficiaries to support and enable them to achieve their personal goals.”

This may well prove to be the most demanding of the objectives, and it's not hard to see why. Important to implementation will be the identification of key pathways through services and the principles needed to guide successful navigation. It may also require the commissioning of teams of navigators, possibly embedding the PDC role into the local service framework.

Key informants repeatedly identified the root problem in the structural incentives built into the very way the system is constructed. Agencies have no interest in collaboration and neither, very often, do professionals. In a competitive commissioning environment where services are being pared to the bone, agencies' interests lie in self-preservation and focusing on the core business. This might involve raising access thresholds that screen out people with multiple needs who experience no need acutely enough to pass the gatekeeper, or it might mean that you ‘fudge a referral to get numbers off the books and meet targets’. This incentive to ‘pass the buck’ contributes to the notorious ‘dual diagnosis’ problem described succinctly by members of the Homeless Health Team.

*It is all too easy for patients to ‘slip through the net’. If people have a mental health need that is not being addressed, that is a barrier. So if you are diagnosed as having a mental health issue (psychosis, for instance) you can't get support for alcohol or substance misuse until your mental health issues are addressed. And you can't get help with mental health until your misuse issues are addressed. If you are homeless as well, then it can be difficult engage with any services until you have a base.*

The final two priorities have not yet been explored through research.

## 5) Recovery

According to the plan (p.34), “Services (and the system) will promote a positive strengths-based approach with a focus on enabling and supporting recovery. There will be a recognition that recovery is personal and individual and takes time! There will also be a recognition that for some full-recovery might not be achievable, but positive change will be possible at all times. Services will be commissioned on the basis of how far they promote recovery and on distance travelled. Beneficiaries will be given the tools and the freedom to choose and control their own pathway to recovery.”

Much of the work of the PDCs is about facilitating recovery, but the plan has a broader perspective in mind, drawing on national and international practice initiatives such as Psychologically Informed Environments and Open Dialogue to inform innovatory pathways that can be pursued over realistic timescales.



## 6) Sustaining change – commissioning, funding and policy

The plan hopes (p.37) that “People with multiple and complex needs will be visible in national policy and local strategy. They will be recognised as a priority for support, and a cohort that requires a different and better coordinated approach to other groups. Responses will have learned from other programmes and take full account of Beneficiary experiences. Funding models and commissioning structures will support and incentivise effective, timely and flexible support, not hinder it.”

During Opportunity Nottingham’s first two years, progress has been made in relation to influencing commissioning and policy at local level. A specific aspect of this is that the Health and Wellbeing Board receive regular updates about Opportunity Nottingham and has offered practical support in relation to system change. Good working links have also

“Funding models and commissioning structures will support and incentivise effective, timely and flexible support, not hinder it.”

been developed partly through Opportunity Nottingham’s Board with commissioners in the Clinical Commissioning Group, City Council and Crime and Drug Partnership. Challenges remain however, particularly in relation to criminal justice agencies. Key to success in relation to commissioning and policy will be continued active engagement across all multiple needs sectors at Opportunity Nottingham Board level.

Ultimately, this is all about raising the profile of people with multiple needs so that they are embedded as a recognised need group at the level of national policy and local service planning and commissioning. It will involve engaging in policy developments at national level, such as MEAM’s ‘Voices from the Frontline’ initiative and Fulfilling Lives nationally, so that people with multiple needs truly alter the system’s DNA.

“ ...the AWAAZ team take a number of specific steps so they can proceed with the required awareness, knowledge and sensitivity.”



## 7. Further examples of good practice

This final chapter will do two things. Firstly, it will recognise that there is more to Opportunity Nottingham than the work of Personal Development Coordinators. Issues are emerging that demand a more focused response in the employment of specialist staff or agencies to address the distinct needs of hidden groups of Beneficiaries, or particular complex needs that have proved especially intractable. Secondly, it casts a more positive light on the system change agenda by showing how Opportunity Nottingham and its partners are able effectively to apply the system change agenda to particular sub-systems in the interests of Beneficiaries and practitioners alike.



### 7.1 Building relations with BAME communities

The extent of the ethnic diversity of people with multiple needs is subject to debate and on-going research. Whilst prominent headline data – principally from the Hard Edges Report referred to earlier – shows that people with severe and multiple disadvantage are around 80 percent White British, there is emerging evidence that this may not be correct. It increasingly appears that people with multiple needs from other ethnic groups make up more than 20 percent of the SMD population. However, in comparison to their White British counterparts, they are a more hidden population, subject to additional social forces and barriers to engagement that require a different response in order to meet their needs.

Opportunity Nottingham therefore sought to include a more 'culturally specific' response to the needs of the Black and Minority Ethnic (BAME) community as part of the programme from the outset. This element of the programme was tendered and won by AWAAZ, a Nottingham based charity with a track record principally in the field of BAME mental health.

The current number of Beneficiaries from BAME communities at Opportunity Nottingham is 18.8% slightly below the national average 21% figure. The number of BAME Beneficiaries has nevertheless increased since AWAAZ commenced work. However, after one year of delivery, it is recognised that the project is still very much in a developmental phase, working on BAME multiple needs issues that have been very much off both the service delivery and data radars. Therefore, arguably the most important aspect of the BAME project so far has been the learning gained regarding effective engagement with people with multiple needs from BAME communities.

Particularly this learning relates to the gaining of a detailed understanding of the additional community and cultural factors that need to be taken into account when engaging with BAME groups. These concern a complex mix of values, traditions, experience and subsequent social behaviour and, most prominently relate to belief and family, as the following illustrates.

- Some Muslim men with substance use issues may not be accepted at all within their community. So a person with an addiction may be ostracised from family and community. This can be particularly damaging as people from BAME communities rely more on community to overcome issues to do with racism and prejudice. Lacking this support combined with their multiple needs makes life doubly difficult.
- Homelessness may be perceived differently in BAME communities. For instance, a BAME person who is sofa surfing may not see themselves as homeless, and so may be more likely to answer "no" to a request to say if they have a homelessness need.

- Language and lack of knowledge are also barriers, not knowing about services, or even if knowledge does exist, not feeling comfortable accessing those services. For instance, homelessness services tend to be predominantly used by white men and so may be perceived as unwelcoming to BAME people, even though those services would never consciously discriminate.
- Family values can create additional pressures for people from BAME communities. For instance, a person with multiple needs may be disowned by their family.
- Cultural issues can create misunderstanding. For example cultural difference and beliefs can be perceived as a mental health issue from a white western perspective.
- Normal conversations can be perceived as aggressive by staff in agencies lacking cultural awareness. For instance, a community's cultural tendency to be fairly animated in their communications, including body language, might be seen as aggressive and threatening.
- Older people can be hard to engage. They have experience of their own culture, depending on what country they were born in, and this influences and shapes the way in which they may perceive their surroundings.
- The value of gender specific working is being addressed by the project but it is worth noting specifically that Muslim women may have a preference to work with other women due to their culture/ religion.

To address these issues the AWAAZ team take a number of specific steps so they can proceed with the required awareness, knowledge and sensitivity. First, in keeping with PDC practice, is the consistent practice of taking sufficient time to engage with the person. This is especially critical in relation to BAME groups as the main needs of the programme – homelessness, substance misuse, offending and mental health – may be

viewed differently by different communities. Indeed as in the sofa surfing example above, they may not even be seen as needs at all, and so take much longer to become apparent. One aspect of flexible working that can stem from this is the ability to work more extensively with a person who due to particular issues may not wish to be referred to the main delivery team. Numbers in this group have been small, but it does allow an important low threshold option in circumstances where otherwise a person may receive no appropriate help at all.

A further element of gaining cultural awareness is that BAME specialist workers have time to spend familiarising themselves with aspects of different cultures and heritage. This is useful background, although care is also taken not to over-generalise and recognition is given that culture is perceived by each person individually. The BAME team have specific ethnic backgrounds, but clearly need to engage with people and agencies from a number of different minorities. This is done partly through desktop research, but also by building relations and contacts with local BAME communities. The additional time this takes needs to be recognised, but will clearly be beneficial in allowing increased understanding of a person's back ground and so allow for more effective engagement. It also has the advantage of promoting Opportunity Nottingham amongst different communities.

At strategic level, a representative from AWAAZ sits on the Opportunity Nottingham Board. This ensures a link to operational delivery but also helps ensure that Opportunity Nottingham's progress with system change is a culturally inclusive process.

Finally a key message from the BAME project is about learning to be reflective about how our own cultural influences impact on the way we all work.



## **7.2 Opportunity Nottingham's lead worker role in developing links with the mental health inpatient services**

To ensure sustained progress in meeting the aims of Opportunity Nottingham, engagement with all the different public service sectors who encounter people with multiple needs is essential. In the early stages of Opportunity Nottingham's development, although there was a lot of success in establishing good working links across most agencies, one area where there were some gaps were mental health services. To close these gaps, an important role has been played by the Opportunity Nottingham Mental Health Lead.

With around 90% of Beneficiaries having a mental health need, improving relations with mental health services became a high priority for the Project, and a two-pronged approach was developed. The first is through system change, which is being progressed by setting up meetings with key stakeholders, working to improve engagement at Partnership Board level, and taking opportunities to put Opportunity Nottingham's case at strategic bodies such as the Executive Commissioning Group of the Nottingham City Health and Wellbeing Board. Secondly, it was also essential to address engagement with mental health services through the delivery element of the Project. It is through delivery that blockages to the system are often found and in many cases it is through delivery that the answers to resolve blockages become apparent.

One particularly successful area of delivery where improved working relations with mental health services has been established is the development of regular visits by the Opportunity Nottingham Mental Health Lead Coordinator to Highbury Hospital. Highbury is the principal mental health inpatient provision in Nottingham, and is therefore a place where significant numbers of Opportunity Nottingham Beneficiaries have been patients.

The Mental Health Lead's background, experience and knowledge in mental health services was a key factor in establishing these sessions at Highbury as a successful outreach initiative. Because of these skills, she was able to understand the wider forces at work within mental health

services that sometimes appeared to run counter to a multiple needs agenda. Additionally, her ability to 'speak the language' (understand the jargon) used in mental health services, was also crucial.

One aspect of this was that the Mental Health Lead had established, through contact with Highbury, that there was some lack of clarity amongst staff about Opportunity Nottingham: they were unsure particularly about what the project did. Where knowledge of Opportunity Nottingham did exist, it tended to be that the Project was seen as a housing agency. At the same time, on the Opportunity Nottingham side of things, concerns had been raised by PDCs that sometimes there was a risk that Beneficiaries' aftercare was not always covered, particularly in situations where there was a risk of homelessness.

To initiate dialogue, the Mental Health Lead firstly established communication with a Senior Ward Manager, with an initial aim to promote understanding of Opportunity Nottingham's purpose and work. From this preliminary conversation, understanding of each agency's issues and abilities was increased. Liaison developed to the point where it became apparent that it may be mutually beneficial for Opportunity Nottingham staff to establish regular contact with Highbury staff, and so the project was invited to run outreach sessions at the hospital.

These sessions have now been running for several months and have become very successful. Currently the Mental Health Lead visits Highbury every two weeks for two half days. Time is spent on three wards where Opportunity Nottingham's Beneficiaries are sometimes placed.

There are four main benefits arising from the outreach sessions:

- It provides a forum for face-to-face dialogue between Opportunity Nottingham and Highbury staff about existing Beneficiaries.
- It provides an opportunity for Highbury staff to make referrals to Opportunity Nottingham.
- Where a patient does not meet the Opportunity Nottingham multiple needs threshold, but does have multiple needs, the

“ This understanding helped reassure the staff at Highbury that Opportunity Nottingham offers insight and has credibility, making Highbury a useful partner in getting the best outcomes for each patient. ”

session provides a good opportunity for the Mental Health Lead to discuss possible options, for instance, where a patient may face homelessness or would benefit from referral to a drug and alcohol service.

- It raises Opportunity Nottingham's profile generally at the hospital at operational and strategic levels.

Following the success of the outreach sessions, the Mental Health Lead has been invited to attend another more intensive ward, where patients with higher needs are placed. This is significant, as this extension to the outreach work would not have occurred unless hospital staff value and trust Opportunity Nottingham. Additionally, there is potential to start similar outreach sessions at the Wells Road Project later in the year. Wells Road is another mental health inpatient facility in the City.

The outreach sessions in turn improve Opportunity Nottingham's understanding of how provision works in inpatient mental health, and what structures and constraints there are. This in turn helps Beneficiaries to improve their experience of staying in the hospital as well as receiving

more appropriate after care and services on leaving the hospital. The learning gained from this can then in turn, inform system change and help to demonstrate the economic benefit of Opportunity Nottingham. Particularly, we know the Beneficiaries who are at Highbury have in the past often had repeated admissions – a very costly intervention. Evidence is emerging that Opportunity Nottingham can break this cycle.

Key to the success of the initial ‘bridge building’ dialogue with Highbury staff was the knowledge of the Mental Health Lead and her understanding of the issues and priorities of mental health services and the ‘language’ used within this area of health. This understanding helped reassure the staff at Highbury that Opportunity Nottingham offers insight and has credibility, making Highbury a useful partner in getting the best outcomes for each patient and not keeping patients unnecessarily on wards. The flexibility to follow up the initial contact with outreach sessions – developing an ‘on site’ presence – was also important in enabling staff at the hospital to see first-hand the value of Opportunity Nottingham’s role.

“ Opportunity Nottingham has made enormous strides towards releasing adults locked into a cycle of homelessness, offending, substance misuse and mental ill-health. ”



## 8. Conclusions and the way forward

In its first two years of operation, Opportunity Nottingham has made enormous strides towards releasing adults locked into a cycle of homelessness, offending, substance misuse and mental ill-health. Opportunity Nottingham is already halfway towards its engagement target in relation to the City's multiple needs population. Roughly two thirds of those engaged have made significant advances towards recovery. Some of the fruits of that progress have been the considerable cost savings that have arisen from reductions in use of the most costly criminal justice and emergency health services.

Opportunity Nottingham is also learning a lot about the practices that change lives among the most vulnerable and challenging adults in our community. In the Personal Development Coordinator, a new welfare professional is emerging with a distinctive set of skills and values that challenge many of the deeply held assumptions of social work and related occupations. What works with Beneficiaries is being available when needed, giving them time, being prepared to do what is needed to aid recovery, letting them shape priorities, standing alongside them as they confront impenetrable bureaucracies, never giving up when they fail to engage.

But there is only so much that a small army of resourceful friends can achieve. Opportunity Nottingham is learning much about the need to change the system that still does much to entrench people in their multiple needs. Implementing the System Change Plan will be a primary challenge in years to come, though progress is being made in the adoption and promotion of The Pledge. Yet too often we have been told

about the barriers to effective engagement that Beneficiaries encounter, the conditions and thresholds that have to be overcome, the unwillingness to share data, the unhelpful staff attitudes and the sheer weight of structural disincentives that prevent agencies from working together.

What this report has spent too little time promoting is one of Opportunity Nottingham's great strengths and hopes of the future and that is it has potential to work as a community, particularly in the longer term. Beneficiaries are more than service users and over time this has the potential to transform the relationship between those who use services and those who provide them. There are mechanisms whereby they become Expert Citizens, able to share their experience in shaping the development of the programme. As we have seen, some of them become peer researchers, mediating the relationship between researchers and informants to enrich the insights of the evaluation. Still others can have the opportunity to become Beneficiary Ambassadors. This sense of community is not only a key to the success of Opportunity Nottingham, but provides a potential blueprint over the remaining years of the project in the fight to change systems as well as change lives.

# Appendices

## Appendix 1: The New Directions Team Assessment

The New Directions Team in the London Borough of Merton was one of twelve pilots from the Adults Facing Chronic Exclusion (ACE) national programme, introduced by the Labour Government in 2008. The New Directions Team needed to devise a scale to identify people at the extremes of disengagement from frontline services, resulting in multiple exclusion, chaotic lifestyles and negative social outcomes for themselves, families and communities. Originally called the 'chaos index', the resulting scale has been adopted by Fulfilling Lives as a threshold measure for people accessing local programmes.

### 1. Engagement with frontline services

- 0 = Rarely misses appointments or routine activities; always complies with reasonable requests; actively engaged in tenancy/treatment
- 1 = Usually keeps appointments and routine activities; usually complies with reasonable requests; involved in tenancy/treatment
- 2 = Follows through some of the time with daily routines or other activities; usually complies with reasonable requests; is minimally involved in tenancy/treatment
- 3 = Non-compliant with routine activities or reasonable requests; does not follow daily routine, though may keep some appointments.
- 4 = Does not engage at all or keep appointments

### 2. Intentional self-harm

- 0 = No concerns about risk of deliberate self-harm or suicide attempt
- 1 = Minor concerns about risk of deliberate self-harm or suicide attempt
- 2 = Definite indicators of risk of deliberate self-harm or suicide attempt

3 = High risk to physical safety as a result of deliberate self-harm or suicide attempt

4 = Immediate risk to physical safety as a result of deliberate self-harm or suicide attempt

### 3. Unintentional self-harm

- 0 = No concerns about unintentional risk to physical safety
- 1 = Minor concerns about unintentional risk to physical safety
- 2 = Definite indicators of unintentional risk to physical safety
- 3 = High risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment
- 4 = Immediate risk to physical safety as a result of self-neglect, unsafe behaviour or inability to maintain a safe environment

### 4. Risk to others

- 0 = No concerns about risk to physical safety or property of others
- 2 = Minor anti-social behaviour
- 4 = Risk to property and/or minor risk to physical safety of others
- 6 = High risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour
- 8 = Immediate risk to physical safety of others as a result of dangerous behaviour or offending/criminal behaviour

### 5. Risk from others

- 0 = No concerns about risk of abuse or exploitation from other individuals or society
- 2 = Minor concerns about risk of abuse or exploitation from other individuals or society
- 4 = Definite risk of abuse or exploitation from other individuals or society

6 = Probably occurrence of abuse or exploitation from other individuals or society

8 = Evidence of abuse or exploitation from other individuals or society

## 6. Stress and anxiety

0 = Normal response to stressors

1 = Somewhat reactive to stress, has some coping skills, responsive to limited intervention

2 = Moderately reactive to stress; needs support in order to cope

3 = Obvious reactivity; very limited problem solving in response to stress; becomes hostile and aggressive to others

4 = Severe reactivity to stressors, self-destructive, antisocial, or have other outward manifestations

## 7. Social Effectiveness

0 = Social skills are within the normal range

1 = Is generally able to carry out social interactions with minor deficits, can generally engage in give-and-take conversation with only minor disruption

2 = Marginal social skills, sometimes creates interpersonal friction; sometimes inappropriate

3 = Uses only minimal social skills, cannot engage in give-and-take of instrumental or social

conversations; limited response to social cues; inappropriate

4 = Lacking in almost any social skills; inappropriate response to social cues; aggressive

## 8. Alcohol / Drug Abuse

0 = Abstinence; no use of alcohol or drugs during rating period

1 = Occasional use of alcohol or abuse of drugs without impairment

2 = Some use of alcohol or abuse of drugs with some effect on functioning; sometimes inappropriate to others

3 = Recurrent use of alcohol or abuse of drugs which causes significant effect on functioning; aggressive behaviour to others

4 = Drug/alcohol dependence; daily abuse of alcohol or drugs which causes severe impairment of functioning; inability to function in community secondary to alcohol/drug abuse; aggressive behaviour to others; criminal activity to support alcohol or drug use

## 9. Impulse control

0 = No noteworthy incidents

1 = Maybe one or two lapses of impulse control; minor temper outbursts/ aggressive actions, such as attention-seeking behaviour which is not threatening or dangerous

2 = Some temper outbursts/aggressive behaviour; moderate severity; at least one episode of behaviour that is dangerous or threatening

3 = Impulsive acts which are fairly often and/or of moderate severity

4 = Frequent and/or severe outbursts/aggressive behaviour, e.g., behaviours which could lead to criminal charges / Anti-Social Behaviour Orders / risk to or from others / property

## 10. Housing

0 = Settled accommodation; very low housing support needs

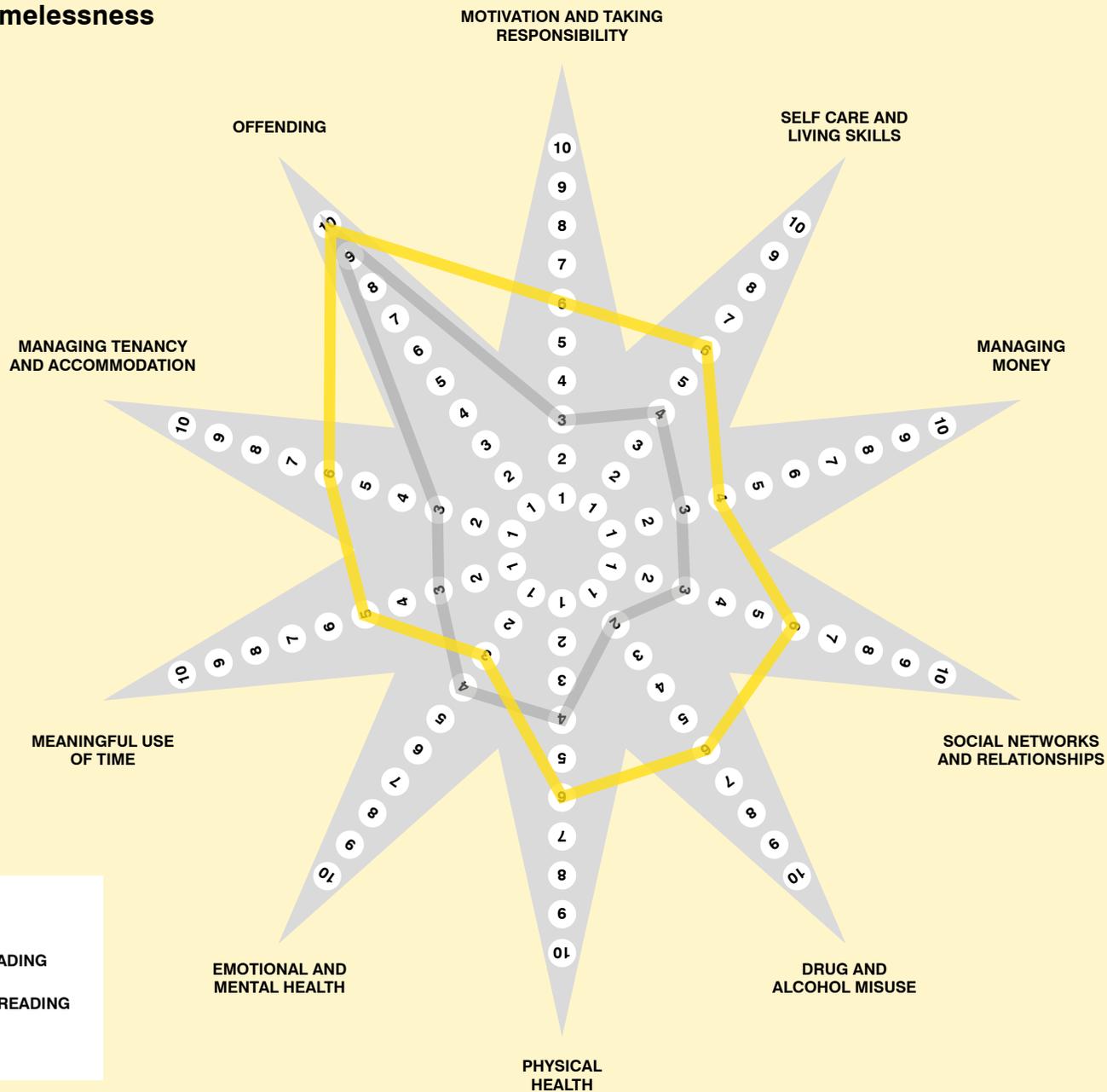
1 = Settled accommodation; low to medium housing support needs

2 = Living in short-term / temporary accommodation; medium to high housing support needs

3 = Immediate risk of loss of accommodation; living in short-term / temporary accommodation; high housing support needs

4 = Rough sleeping / "sofa surfing"

## Appendix 2: Homelessness Outcomes Star



**KEY**

- FIRST READING
- SECOND READING

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## Appendix 3: Interview schedule for use with Beneficiaries

All interviews should start with the academic and peer researcher...

- Saying who they are
- Taking the Beneficiary through the introductory leaflet
- Getting them to sign the consent form, including access to ON data already held
- (If they don't grant access to ON data) completing a simple fact sheet.

### 1) Can you please tell us how you came to be involved in Opportunity Nottingham?

- a) How much of a choice do you feel you had?
- b) Are you glad to be involved?

[We will return to your experience of ON later on]

### 2) One reason for you being involved in Opportunity Nottingham is because you have been seen as having 'multiple needs'. (Remind them what this means.) How does this relate to the way you see yourself?

- a) Is there anything you'd like to tell us about how you came to have multiple needs?
- b) Can you recall if any one came first and if so why?
- c) Which has been hardest to address and why?

### 3) What has been your experience of trying to get help?

- a) Who or what has helped you most and how?
- b) Can you tell us about any barriers to you getting help?

### 4) Can you describe any critical moments in your life when you were able to overcome your multiple needs?

- a) What triggered the change?
- b) Was there a key person or event that was critical?
- c) How far do you feel it has lasted?

### 5) What is your experience of Opportunity Nottingham?

- a) What do you believe it can do for you?
- b) How well do you feel you are being listened to and understood?

c) How much control have you had over your support plans and the timescale in which they work?

d) In what areas do you feel you are making progress?

e) (If not already covered) What impact has ON had on different aspects of your life, e.g. mental health, accommodation, staying out of trouble, any substance problems, managing your affairs, relationships with family and friends?

f) What has brought about these changes?

g) Is there anything you would do to improve Opportunity Nottingham?

### 6) Which support services have you used, and what has been your experience?

a) Ask which has been the most and least helpful and why.

b) If not forthcoming, ask them to elaborate on their experience of, for instance, benefits, health services (including mental health), drug and alcohol services, housing services (including hostels), criminal justice (including police, probation, prison), voluntary organisations.

c) For most and least helpful services:

- What good or harm did it do?
- How were you treated?
- Did you feel understood?
- How far were you able to control what you received?
- Have you ever been excluded?
- Have you ever felt let down?

d) How does your least helpful service need to change?

### 7) What are your hopes for the future?

a) What still needs to happen for you to get there?

b) How will you keep up the achievements you have made through working with Opportunity Nottingham?

All interviews should finish with the academic and peer researcher ...

- Asking for any questions;
- Giving the store voucher and getting a signature;
- Reminding beneficiary how to withdraw data;
- Explaining de-briefing arrangements with their Personal Development Coordinator.

## Appendix 4: Schedule for use with PDC focus groups and interview with team leaders

This schedule was the same in both 2015 and 2016, except for questions (in bold) which were added in 2016 to follow up issues raised by respondents in 2015.

### A. Your work and its effectiveness

- 1) What kind of services do you provide to Beneficiaries?
- 2) How well do you understand your role? How well is it understood (a) by outside agencies, (b) by the ON Partnership Board?**
- 3) Using examples of your practice describe a situation when you were working with a Beneficiary that went well for them. Why was this?
- 4) Using examples of your practice describe a situation when you were working with a Beneficiary that didn't work out as you expected. Why was this?
- 5) What tools and techniques do you use when working with Beneficiaries?
- 6) What do you see as the challenges of working with this client group, how do you overcome these?
- 7) What is your experience of the cooperation you get from other agencies in helping Beneficiaries? (For the experienced PDC group in 2016) how far has this experience changed over the past year?**
- 8) How do you ensure that you work in a person centred manner and adapt your practice when working with individuals to take into account their preferences?
- 9) How do you motivate Beneficiaries to make the changes that they have identified need making?
- 10) How can you empower beneficiaries to take actions without being directive?

### B. Your work and your sustainability

- 1) What do you bring to your role in terms of skills and experience?**
- 2) How has working with this client group affected your own life?
- 3) How do you deal with stress and build resilience when working with this client group?
- 4) What support does Opportunity Nottingham provide to you?
- 5) Is there anything you would like to change about your job, or any support you would like to receive, that would make your work easier to manage?
- 6) What is staff turnover like and how do you think staff could be helped to be sustained rather than leave due to burn out?

## Appendix 5: The Pledge



# The Pledge

Improving the experiences of Beneficiaries and staff in and around Nottingham

## honesty

What I (the Beneficiary) would like from a service

- Be realistic with me
- Help me to understand what you do
- Guide me through my journey
- Be courteous and compassionate with me
- Involve me when talking to other services.

## understanding

How I (the Beneficiary) would like to be treated

- Respect me
- See me as a person; not a problem
- Don't judge me or make assumptions about me
- Please don't rush me
- Listen and hear what I say.

## belief

In return I (the Beneficiary) will

- Engage with you to the best of my ability
- Also treat you with respect
- Remember you are human too.

#TakeThePledge

opportunitynottingham.co.uk



“ Opportunity Nottingham listen to your problems and offer solutions. It’s not just about ticking boxes, they care that you do well. ”

*Pete Bathe, Expert Citizen*



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## Notes

A series of horizontal dotted lines for taking notes.





**Acknowledgments:** We would like to thank everyone who contributed to the creation of this report. We would also like to thank all of our Partners and other organisations who work with us and support our aims. Your continued interest and involvement is essential for the development and success of the Opportunity Nottingham Project.

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