Blackpool Fulfilling Lives

EVALUATION REPORT: YEAR 1

March 2016
Acknowledgements

The evaluation team would like to thank the staff, volunteers, Board members and service users of Blackpool Fulfilling Lives for giving up their time to participate in this evaluation and for making us so welcome in the project.

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Working in partnership
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1 Introduction

1.1 ABOUT THIS REPORT

This is the first report of the local evaluation of the Blackpool Fulfilling Lives (BFL) project. Research to inform this report has been undertaken by the local evaluators, Cordis Bright, together with a team of peer researchers, all of whom have lived experience of some of the issues Fulfilling Lives has been set up to address.

Independent evaluation of the work of BFL is crucial in helping to determine the impact of the programme in benefitting individuals with multiple needs; achieving better coordination of services in Blackpool; and changing systems in Blackpool to more effectively address the issue of multiple needs.

One of the key features of the Fulfilling Lives (FL) initiative is flexibility, in that we can learn from the successes and challenges that arise, and innovate and adapt the programme accordingly. Evaluation greatly helps with the learning process, enabling us to identify what works and doesn’t work from a number of different perspectives including beneficiaries, provider organisations and commissioners.

What is particularly exciting about the evaluation reflected in this report is the integral involvement of people with lived experience. Our peer researchers’ insight into the problems faced by people with multiple needs have helped shape this report. The peer researchers have helped to design the interview questions, carry out the interviews with beneficiaries, analyse the responses and prioritise what should be included in this report.

In this report we focus on three areas which are particularly important for the FL programme. They are:

- The experience of FL service users (section four)
- The relationship between Blackpool Fulfilling Lives and the local system of services and support for people with multiple and complex needs in Blackpool (section five)
- The question of whether or not the Fulfilling Lives approach is likely to lead to savings in public expenditure in the longer term (section six).

In sections two and three we set the scene, describing who has used the project in its first year and how the evaluation was carried out. In sections seven and eight we set out plans for the evaluation of the project in this second year and plans for BFL in light of what has been learned so far.
1.2 ABOUT BLACKPOOL FULFILLING LIVES

Blackpool Fulfilling Lives (BFL) is one of 12 projects across England that have been funded by the Big Lottery under their initiative to improve the lives of people with multiple needs. The programme is seeking to improve the stability, confidence and capability of people with multiple and complex needs. The aim is to showcase and evidence more effective and efficient ways of organising and delivering the services that are focused on the specific needs of the individual.

The focus is on supporting people with multiple needs so that they can lead more fulfilling lives. These are people who are experiencing at least two of the following:

- Homelessness
- Reoffending
- Problematic substance misuse
- Mental ill health.

Addaction is the lead organisation for the programme in Blackpool. The partnership comprises representation from a wide range of both voluntary sector and statutory organisations, all of whom have links with the groups of people the project is targeted at. Statutory organisations represented include the Police; North West Ambulance Service; Blackpool Council; NHS; and the Probation Service.

Voluntary sector representation includes organisations providing mental health services, substance misuse services and support for offenders and people who are homeless.

The work of the project is directed and monitored through a Strategic Board who also lead on promoting and influencing system change identified by the work of BFL. The Operational Group is focused on sharing good practice and learning and working in partnership to achieve better outcomes for the programme beneficiaries. The Shadow Core Group helps ensure that people with lived experience are fully involved in the development, design and delivery of the programme.

The vision for Blackpool is that by the end of this project people with multiple and complex needs will: be healthier and happier; be identified and engaged in services at an earlier stage; receive better coordinated support with all agencies taking responsibility for their care; and have access to effective recovery support and improved reintegration. We will achieve this vision by: enhancing existing services and joint working in Blackpool; ‘knitting together’ services in new ways and enabling individuals to navigate through health, care and criminal justice systems more easily; creating sustainable changes to the way services work together.

Our strategy for achieving this is characterised by a service model that incorporates: assertive outreach and community-based engagement; shared responsibility among voluntary and statutory agencies for identifying, assessing and supporting people in need; support being targeted at the most chaotic and challenging individuals; small caseloads, intensive long-term support; a recovery focus; involvement of people with complex needs in project development and delivery; availability to people across Blackpool, wherever need is identified; building the knowledge and skills of staff across services; joint working protocols and practices; evaluation and shared learning; involvement of a variety of providers of all sizes and sectors in delivery.

We have four major outcomes for the programme in Blackpool, each with a set of indicators against which progress can be measured. These outcomes are outlined in figure 1 below.
Co-ordinated approach

Blackpool services will have the capability to respond more effectively to the needs of people with complex needs through a more coordinated, integrated and person-centred approach to respond to people with complex needs.

Empowerment of service users

The programme will empower service users to become involved in and actively contribute to the design, development and delivery of services to people with complex needs.

Systemic change

The impact of learning from the programme will result in lasting systemic change demonstrated by:

- Influencing the commissioning of services for people with complex needs.
- Changing how organisations deliver services to people with complex needs and improving outcomes.

Service users will demonstrate sustained improvement in their ability to manage their lives evidenced through:

- Improvements in health, well being and housing conditions.
- A reduction in reoffending.
- A capacity to contribute positively to their community.

Improvement in the lives of people with complex needs

Empowerment of service users

Co-ordinated approach

Systemic change
Blackpool Fulfilling Lives received its first referrals in September 2014. In the year from 1st October 2014 to 30th September 2015 the project worked with 135 people with multiple and complex needs.

Figure three below shows a summary of demographic information about the people BFL worked with. This comes from the national evaluators’ database, which in turn is based on information supplied by local projects. The ‘typical’ service user is male, white, aged between 40 and 49, has a low level of educational attainment and is unable to work, largely because of mental health or substance misuse problems.

The Homelessness Outcomes Star is a common tool for all Fulfilling Lives projects around the country to measure the progress service users are making. The tool helps people to focus on what needs to change in order to improve their lives. It looks at 10 areas of life, which are scored on a scale of 1 to 10. High scores are good and are scored towards the tip of the star. As figure two shows, BFL service users’ average scores are low, but are beginning to improve.

Figure 2: BFL Homelessness Outcomes Star scores
**Figure 3: Summary of demographic data about BFL service users (total responses = 131)**

### Profile of service users

#### AGE OF SERVICE USER

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<tr>
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#### LEVEL OF HIGHEST QUALIFICATION

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#### SELF SELECTED ETHNIC BACKGROUND OF SERVICE USER

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#### DIABILITY AFFECTS DAY-TO-DAY ACTIVITIES

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<tr>
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#### ECONOMIC STATUS

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<td></td>
</tr>
<tr>
<td>Unemployed and seeking work</td>
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<td></td>
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<tr>
<td>Other</td>
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<td></td>
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<tr>
<td>In employment / self-employed</td>
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<td></td>
</tr>
<tr>
<td>Student / On training scheme</td>
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3.1 ABOUT THE EVALUATION

Blackpool Fulfilling Lives engaged Cordis Bright as its external evaluators. The external evaluation team works with the project to look at:

- How the project is working from the point of view of people who use services
- Whether or not the project is making any difference to ‘the system’ of services and support for people with multiple and complex needs in Blackpool
- How the project is being implemented and what is working well and not so well
- Whether or not the BFL approach is cost effective

BFL is an experimental project. The idea behind it is to test out new approaches to working with people with multiple and complex needs and find the models that work best. The Board and staff team regularly review what is happening and consider whether they need to make any changes. One of the main purposes of the evaluation has been to feed back at regular interviews to help the project make decisions about what to carry on doing, start doing, or stop doing. This is known as a formative evaluation.

The evaluation team has taken a number of approaches to collecting information about the progress and outcomes of BFL, including:

- Devising reflective diaries for Navigators to complete on a weekly basis and analysing these at regular intervals
- Interviewing representatives of external organisations working with BFL
- Analysing the information that BFL collects about service users as they engage with the project
- Interviewing people who use services about their experiences of being part of BFL.

3.2 PEER RESEARCHERS

The evaluation team includes a group of BFL volunteers with lived experience of the issues BFL is supporting people to overcome. At the start of the project nine people volunteered to become peer researchers and attended the first evaluation training session delivered by Cordis Bright. Over the course of the training one person went on to get a paid job and two withdrew for personal reasons. Six people completed the whole course of training sessions and carried out interviews with BFL service users.

Training for peer researchers consisted of seven sessions, some lasting a day and some half a day, which, in the end, took place over the whole of the first year of BFL. Two members of the Cordis Bright team delivered the training. The sessions were a mixture of formal teaching about evaluation and group discussion about how best to approach the evaluation of BFL. Peer researchers received high street vouchers as a thank you for taking part.
3.3 EVALUATION TRAINING CONTENT

The evaluation training sessions covered the following topics:

SESSION 1: INTRODUCTION TO EVALUATION
- What is evaluation and how does it differ from monitoring?
- An introduction to evaluation terms
- About the evaluation of Fulfilling Lives (purpose, methods, differences between the national and local evaluation)
- Tasks involved in doing evaluation
- Skills needed to do evaluation

SESSION 2: QUALITATIVE EVALUATION AND INTERVIEWING
- What is qualitative evaluation and why do it?
- The purpose of interviews
- Introduction to interview skills

SESSION 3: PRACTISING INTERVIEWING SKILLS
- Role plays, practising effective interviewing and feeding back to one another

SESSION 4: DEVISING A TOPIC GUIDE FOR INTERVIEWS
- Areas to be covered
- How to phrase questions
- Grouping questions together
- Suggestions for questions to ask

SESSION 5: PREPARING FOR INTERVIEWS WITH SERVICE USERS
- Agreeing the final topic guide
- Agreeing how and where to carry out interviews
- Ethical guidelines for interviewing

SESSION 6: ANALYSING INTERVIEW DATA
- De-brief on how the interviews had gone
- Reading interview notes and picking out themes

SESSION 7: ANALYSING INTERVIEW DATA PART 2
- Agreeing on headline findings and illustrative quotes

3.4 INTERVIEWS WITH SERVICE USERS

Interviews took place between June and September 2015. The organisation of interviews proved to be much more challenging than we had expected. We had hoped to interview people over two weekdays, in one hour time slots. We booked a room at the Library and made appointments for service users to attend interviews. On the first day only one out of six scheduled interviewees turned up. On the second day two people turned up. We realised we need to re-think. Instead of making appointments and expecting people to come along at the right time, we asked Navigators to identify people they thought might wish to be interviewed and either to support them to come along when they felt ready or to get their permission to be interviewed where they lived. We set aside one Saturday and two weekdays as evaluation interview days. Working in teams of four, two researchers remained at the Salvation Army or Bridge Project, where the interviews were held, while two went out to interview people in their own homes or hostels. We provided sandwiches and tea and coffee for the people who came to interviews at the Salvation Army or Bridge Project. All interviewees received a £5 shopping voucher as a thank you for giving up their time.

Trained peer researchers carried out all the interviews. A team member from Cordis Bright was present in the room and recorded the interviews, with interviewees’ permission. At the end of each interview we discussed how it had gone and whether there was anything the researcher could have done differently.

Recordings of all the interviews were transcribed and the transcripts discussed in sessions six and seven of the peer researcher training.

All six of the peer researchers performed extremely well as interviewers. They showed great sensitivity and empathy in the way they interviewed people and were able to draw interviewees out in a way that professional researchers may not have been able to do. They were able to strike the right balance between warmth and professionalism, when to talk and when to listen, and when to probe further and when to move on. In particular, it was obvious that knowing that peer researchers had personal experience themselves made interviewees much more relaxed and open about discussing the issues that had brought them to BFL.
4  Service users’ experience of Fulfilling Lives

4.1  INTRODUCTION

We interviewed 16 current BFL service users, nine of whom were men and seven women. All had been service users for six months or more, although some had not engaged consistently with the project over that time. The interview topic guide is included as appendix one to this report.

4.2  PREVIOUS EXPERIENCES OF SERVICES

For most people, Fulfilling Lives was not their first experience of services. The majority had engaged at some time in their lives with housing, drug and alcohol, and mental health services, and had been arrested, cautioned or spent time in prison. For most, coming into contact with another service had prompted a referral to Fulfilling Lives.

We were interested to know which services people had found helpful and, if they had not had a positive experience, why that was. Most of those we spoke to had a fairly negative view of services they had used before coming to Fulfilling Lives. People did mention individual workers and, in particular, statutory services, including housing and social services, who had helped at different times. However, all the people we interviewed had got to the point where other services had not been able to help them change their lives, for a variety of reasons.

Many of these reasons are personal to the individuals concerned; for example:

“I wasn’t ready before to sort out my drinking. I didn’t see it as a problem” and “I got clean for a while but I always went back again… I didn’t want to face up to the things that were making me take drugs”.

On the other hand, one consistent theme emerged – that it can be hard for people with multiple and complex needs to access services. One person said:

“Well, there are a lot of problems with services, there really are, because you fall through the gaps, like drug problems and all that sort of stuff. They can’t sort your mental health out if you substance misuse and all that sort of thing. So you can’t get the CBT, DBT, any of that sort of stuff. So you get brushed aside, basically.”

Several people highlighted the issue that people who have mental problems and use drugs or alcohol are caught in a vicious circle, where they find it difficult to get into mental health services unless they are sober, but feel they can’t stop using drugs or alcohol until their mental health problems are addressed. As one person said:
4.2 PREVIOUS EXPERIENCES OF SERVICES

“Mental health were all right but there’s a lot of flaws in it and if - like I said, they won’t work with you if you’re in addiction but they kind of have to if you’re ending up in hospital all the time.”

Another person’s experience sums up this point:

“Just recently when I got into Oak House the first time, they tried to refer me to the mental health but because I was drinking still and I nipped out and, as I say, I’m not proud of it, they said “Wait until you get sober and we’ll see you again, we’re not refusing you as such but it’s going to be hard”.

Several people had used mental health services which they felt weren’t tailored to the needs of people who use drugs or alcohol. One interviewee explained his perspective on this:

“...and they’re more concerned about working with people that have a chemical brain imbalance, like schizophrenia or whatever, bipolar and that, not people that are screwing themselves up because how can you help somebody that isn’t willing to help themselves?

That’s the way they’re looking at it. So if you’re - half the time you don’t want to help yourself, then you do, then you don’t, and they just get bored of you. So that’s how it works out, really. And then you’re on a waiting list for months and months and months just to see some psychiatrist if you actually get to the appointment, and they’re just telling you what you’ve already heard, over and over again. I don’t think addicts should work with mental health, I really don’t, because it’s all psychological and you’re not in the right frame of mind to do it anyway.”

There was also a sense of frustration at not being able to access substance misuse services quickly except via the criminal justice system. One interviewee told us:

“So when I started using again, straightaway I realised, because it only took four days of using and I had my habit back, it doesn’t take long. Once you’ve done it once, it soon comes back. So we go up to ADS, fill a million forms in, “Right we’ll be in touch”. I was “Where’s my methadone?” “Oh, you’re not getting any of that” “How am I going to support my drug habit? What am I going to do?” “Oh, you’ll get through, you’ll be all right” “How am I going to get through?” But if I’d have known at the time, if I’d have walked outside, picked a lump of concrete up and thrown it through a window, they’d have arrested me, said “Why have you done that?” and I said “I’ve got a drug problem”, “Oh there you go, and straightaway I’d have been in medication and help and a million things. But because I’m not a criminal then I couldn’t get anything.”
4.3 HOW DID SERVICE USERS ARRIVE AT FULFILLING LIVES?

The people we interviewed had come to Fulfilling Lives through a combination of outreach, resulting in finding people in situations where they might not have accessed a service, and other agencies referring. Most people's circumstances at the time they came to FL were fairly dire, as some of these stories illustrate.

This is the story of a woman who came to FL as a result of being on the street:

“Well, I became homeless overnight, really, got evicted from a caravan site, because I was staying - it was a holiday site and I shouldn’t be staying there, I had a caravan there. Then I was homeless on my own, because I’ve no friends and my family disowned me, sort of thing, and I was roaming the streets on my own, really on my own. Then I got into trouble with the police because I was drunk unfortunately, and I’m not proud about that, and when I got arrested they told me about Oasis Night Shelter. So I went into Oasis Night Shelter and that was shut within a few weeks that I was in and they referred me to Fulfilling Lives from Oasis Night Shelter.”

Three of the people we spoke to had found FL as a result of the outreach being done jointly by FL and Blackpool Council’s homelessness team. One person told us:

“I was sleeping in the toilets down Central Drive at the coach park and Joanne knocked on the door of the one I was sleeping in, Joanne and Charlotte from the council, at about half 6 in the morning waking me up.”

Others were introduced to FL through other agencies, including mental health services, police and the local council. The consistent theme that emerges is of people hitting a point where they had no other options and Fulfilling Lives being a place of last resort.

One interviewee said:

“I’ve been under mental health since I was 14 and I’ve been in many institutions and on several different anti-psychotics and we were at a point where we’d explored almost everything and we were sort of on a cul-de-sac, really, where we were at a loss of exploring anything else. Then Fulfilling Lives got involved and I think just having them as a team helped me in many ways, in looking forward to [things], and learning about myself again, not planning for tomorrow, just concentrating on the day that you are on. I think that was a big step definitely.”

Two others came to FL at the same time as a result of being arrested:

“...we got referred to it by - I think it was a police officer called Natalie Harper, when we were arrested for drug dealing but we were forced into it and so she brought us up for - well, referred us to Blackpool Fulfilling Lives and working with Calico as well.”
4.3 HOW DID SERVICE USERS ARRIVE AT FULFILLING LIVES?

Living in sub-standard housing was also a common theme. This story is typical of some of the experiences of people we spoke to:

“I met Kath [FL worker] through Claire the council officer. I was living in a derelict building up until last Monday and because of the state of the place I electrocuted myself on 27 November 2013, ended up in hospital for three days and it took my landlord until October 2014 to sort my main lighting out. Three weeks after that, my boiler went, so all over Christmas and New Year and winter I had no hot water and no heating. Claire put me in touch with Environmental Health who came out, took photographs of the property and they went back and then they started slapping orders on the landlord. But he just still refused to do anything and obviously with my drinking, because I didn’t like going back to the property that I was in because I was having problems with the neighbours, arguments on the streets, stones being thrown up, they put me in touch with Kath at Fulfilling Lives and I’ve never technically missed an appointment with her yet.”
4.4 WHAT IS IT LIKE BEING A CLIENT OF FULFILLING LIVES?

4.4.1 GOOD THINGS ABOUT FULFILLING LIVES

Interviewees identified a number of things that they appreciated about the way Fulfilling Lives works. In general, interviewees were extremely positive, which is perhaps not surprising considering the people we interviewed were those who had engaged with Fulfilling Lives for some time and had managed to make some changes in their lives. However, the praise and appreciation for what Fulfilling Lives had done was clearly genuine and heartfelt, as summed up by these words:

“I just think it’s a great organisation and it should have been here 27, 28 years ago. I should have known about it then because I wouldn’t have been in this situation that I’m in now.”

“...no one ever took that time before to work with me as closely as they’ve done.”

It’s a long time...So when you get one firm that will sit down and listen to you and understand a little bit about what you’re on about, it gives you a massive boost. And I was just at that stage in my life, I needed that massive boost and when Natasha and Amanda came into my life, I got that, I really did.”

“The first worker I met, she asked me a few questions and said, ‘Well, we’re not here to live your life for you, we’re here to signpost you, to put you in the right direction and support you in any way we can.’ And she said, ‘We’re not here until you get clean and then cut strings and leave you.’ She said, ‘If you sign for two years or three, whatever it was, if you require that support, we’ll be there.’ And it was just... I don’t know, maybe it was timing, but it was just someone who believed in me when I was at my lowest ebb.”

AMOUNT OF SUPPORT AVAILABLE

One of the main things that people liked was the more intensive nature of the support from FL. People said this was different from most of the services they had used before, where they would turn up for appointments which had a specific focus and have no contact with the service at other times.

These quotes give a flavour of what people thought of the FL model of working intensively with the person to support them in all aspects of their lives.

“I think [what is different is] the amount of support and the hours they work. I wasn’t keen on home visits at first, so it was welfare checks over the phone, Sundays, sort of four or five times, and gradually I got to know the team. Then we started on home visits and then we started a care plan in place where there were definite people to come visit me three days a week, which has worked out.”

“They’ve been at this game, and there’s no pride in this whatsoever, I don’t want come across big-headed in this sense, but I’ve been at this substance misuse for quarter of a century. I’m 44 years old, that’s more than half my life and being able to rely on longer-term support was also important to people; for example, one person said:

“The first worker I met, she asked me a few questions and said, ‘Well, we’re not here to live your life for you, we’re here to signpost you, to put you in the right direction and support you in any way we can.’ And she said, ‘We’re not here until you get clean and then cut strings and leave you.’ She said, ‘If you sign for two years or three, whatever it was, if you require that support, we’ll be there.’ And it was just... I don’t know, maybe it was timing, but it was just someone who believed in me when I was at my lowest ebb.”
4.4 WHAT IS IT LIKE BEING A CLIENT OF FULFILLING LIVES?

NON-JUDGEMENTAL APPROACH

Almost everybody mentioned that they felt the Fulfilling Lives staff were approachable and did not judge them. Some interviewees had had different experiences with other services, where they had felt judged. One person said:

“I’d recommend Fulfilling Lives to anybody, anybody that actually needed it. They’re a fantastic organisation and they’re so down to earth and they’re not bothered if you’re slightly inebriated or if you’re sober or if you’re not. They don’t push you not to... to do something. I mean, they leave it. At my age, I can make my own decisions and everything.”

Another interviewee told us:

“When it’s termed a welfare check, it’s as if there must be something up with him so let’s check, whereas with Fulfilling Lives, it’s not delivered like that. It’s almost - and I know it’s not - but it’s almost like a friendship. And that, I believe is what people like me require.”

FULFILLING LIVES EMPLOYS PEOPLE WITH PERSONAL EXPERIENCE

Several people mentioned that they had felt more able to trust and open up to Fulfilling Lives workers because they knew they had had personal experience of some of the issues they were facing. In particular, seeing people who are in recovery in professional jobs supporting people who need help gives hope to others that they too can recover and achieve the things they want to. One person summed it up:

“This is a major, major thing for me. It’s almost as if Fulfilling Lives have got a 60/40 thing going on: a 60% academic ‘do the office work’, and 40% field work, ‘been there, done that’. [They’ve] been on that side of the fence, [thinking] now let me come over here and help.”

CONNECTING PEOPLE INTO SERVICES

One of the complaints that people with multiple needs often have is that it is difficult for them to find their way around a complex array of services. Alongside this, just keeping on top of appointments can be challenging for people with chaotic lives. Interviewees welcomed the fact that BFL workers help them to find the right services and will work hard to support them to get help:

“The signposting is really helpful – if they can’t help they’ll signpost you to someone who will or they’ll go to the appointment with you, doctor’s appointments, everything, and they basically give you a kick up the backside. As long as you show that you’re willing to change and willing for the help, that’s all you can do – and Fulfilling Lives is there to help.”
4.4 WHAT IS IT LIKE BEING A CLIENT OF FULFILLING LIVES?

PRACTICAL SUPPORT

Linked to this, practical support can make a difference to people’s ability to cope with day to day life, as one person explained:

“If you don’t ask – people can’t read your mind, can they? A letter from my council tax came the other day and I explained it to Tess and she helped me. Because I knew Tess was there, I put it on the side and I thought right, next time I see Tess I’ll mention it to her and we can see what’s the best way to go about it. Usually I’d have just ripped it up and put it in the bin.”

NOT GIVING UP ON PEOPLE

Interviewees told us time and again that Fulfilling Lives had refused to give up on them. Some used phrases like ‘in your face’ and ‘they don’t give up’. One person said:

“They’ve taken me out of the very lowest thing and they kept on with me, even though I’ve really turned them away more than once.”

Another interviewee explained how a FL worker had helped her after she had rejected the support offered:

“She’s brilliant, yeah. She comes and collects me from wherever. Every time the police saw me in town - I was distressed quite a lot of the times - they phoned Fulfilling Lives and they always used to come and... rescue me. They always take me back to the hostel. But then I did run away from the hostel for three months and I lost my place. Kath rescued me again and took me back to the housing option and they gave me a second chance at the hostel, and I’ve just been back there for two weeks now. So I’ve left the services and everything for three months, yet they’re still involved and they said they’d still been looking for me.”
4.4 WHAT IS IT LIKE BEING A CLIENT OF FULFILLING LIVES?

4.4.2 WHAT COULD BE BETTER?

We asked people how they thought Fulfilling Lives could be improved. Despite prompting, interviewees struggled to find anything they would change. Two suggestions were made:

“[I’ve suggested] maybe someone being allocated a phone on nights, not actually working from the office but taking a phone home from 11 ‘til 7. If they are concerned about anyone that rings during those hours, they can always involve the police on a 136, where they can go out and do the welfare check, because I know they have to work in teams of two. So because one member of staff might take the work phone home with them, you couldn’t actually do home visits, which I wouldn’t expect in the middle of the night, but…I think a lot of clients do struggle.”

“The only thing I think would be good is some more activities. That’s the sort of thing that I’d like, different groups. Obviously, it’s all funding. I put on the [survey] postcard [when asked], “What would you change?” I wrote “Maybe give them some more funds”. I would suggest little groups to get different people involved in learning different things. I suppose it is [about] meeting people that are on the same level as you, which can be hard if you go to different places.”
4.5 WHAT HAS CHANGED FOR PEOPLE WHO HAVE BEEN PART OF FULFILLING LIVES?

Generally, people felt that Fulfilling Lives has had a big and positive impact on their lives. As one person said:

“Basically, they saved my life. That’s not exaggerating but that is actually quite the truth.”

More than one person said something similar. As someone else said:

“It’s dealing with those demons from the past and being able to put them to bed forever, being able to move forward. I wouldn’t have been able to do that because there just wasn’t enough support out there...certainly not in Blackpool, anyway.”

Interviewees also told us of some more specific changes they had experienced since beginning to work with Fulfilling Lives.

ACCESSING SERVICES

For many, an important change was being able to access services, whether through gaining more confidence to do so, or through having someone to physically get them there. For example:

“The support, their outreach, them getting or certainly getting me back out into the community, attending appointments that I was struggling with and I feel that I owe it to them that I’ve become the person that I am today, because if anyone were to ask me would I be alive now, I really don’t think I would have been, because I was so destructive and on that path of just destroying my body, physically and mentally, and in gaining their trust, they’ve given me my life back.”

SORTING OUT HOUSING

Fulfilling Lives has helped people into better housing situations. These three accounts represent examples of the changes people have been able to make:

“For the last six years I’ve lived here and I have struggled to maintain my tenancies, through self-harm and the police gaining entry, and I’ve been terrorised because I’m no longer using and people that have always seen me as vulnerable have taken advantage. With Fulfilling Lives we’ve talked to the council, putting in for a transfer, putting me on the transfer waiting list and using Victim Support’s help, and they have helped me maintain my tenancy.”

“Like I say, I’m in a better place, I’m not sleeping rough. My life is looking up, I suppose, in a way, because I’m - they’ve helped us get into working with ADS and stuff like that. I’m going to get rid of my addiction, I’ve got a roof over my head, granted under 30, so I’m in a shitty little bedsit place because I’m on lower rates and crazy neighbours, don’t like them, but you can lock the door and that, so that’s all right.”

“But if it hadn’t have been for Fulfilling Lives and the council, I would never have got the council property. I owe them a lot. I mean that most sincerely, I owe them a lot. They’ve done a lot for me this last four months.”
4.5 WHAT HAS CHANGED FOR PEOPLE WHO HAVE BEEN PART OF FULFILLING LIVES?

CHANGES IN USE OF DRUGS AND ALCOHOL

One of the biggest differences for almost everyone we spoke to was a reduction in their use of drugs or alcohol. These stories give a flavour of people’s experiences:

“You know, I wake up in the morning now and instead of having to get 30 quid together for a snowball I have to get a cup of coffee and that’s pretty easy because they’re just on the table downstairs and I like that. I like waking up to do that. And I like the fact that I contribute to society.”

“Yeah, before I was on heroin, I was on four bags a day and now I don’t touch it at all. I’m on Subutex, where I was on a high dose that’s now down to a low dose, and the final step that I can’t do in the community, because we don’t know how it would affect me mentally, that we need to do an in-patient detox but I don’t think that that is enough. It’s like taking a plaster off a scab, it’s still going to be sore. You need to address why you did it, how not to relapse. It was Fulfilling Lives that suggested rehab and at the beginning, I was like no, don’t even bother, that’s something that I don’t need. And with their support I believe now that it is something that I need with their help.”

“Well, I’ve cut down on my drinking. I went out yesterday, had two pints and went home. Normally, I’d have had like eight or nine and then gone home and today, I’ve had a pint this morning with my partner and that’s it. I’m getting the bus home as soon as I leave here.”

“Well, I have actually come off the drugs but I’ve just gone up on my methadone so hopefully that’s cutting down soon. My drinking’s well cut down. I just filled the wheel in the other day but it’s changed an awful lot from when I first filled it in, from when I first filled it in and then I filled it in again the other day and the changes were quite big changes, considering.”
4.5 WHAT HAS CHANGED FOR PEOPLE WHO HAVE BEEN PART OF FULFILLING LIVES?

FEELING HEALTHIER AND SAFER

Alongside finding better accommodation and cutting down on drink and drugs, people said they felt healthier and safer:

“Like I say, I’m sleeping better, my health’s better because I’m not on the streets anymore and I’ve actually got a kitchen to be able to - well, attempt to cook stuff, so it’s not like eating McDonald’s or chips or - do you know what I mean?”

“I feel a bit more healthier and a bit safer, yeah. Well, obviously a lot safer. When you’re sleeping rough you become an enemy to yourself, everyone’s an enemy, do you get what I mean?”

HAVING MORE CONFIDENCE

For some people, becoming substance free and living independently is a goal for the future. But in the meantime several people said they felt more confident and therefore more able to begin to address issues:

“I’ve got someone who believes in me. That’s what I mean about the person you work with making a difference.”

“Yeah, confidence-wise, it does lift my confidence. I’ve not even had a drink today really, so my drink’s been cutting down. I wouldn’t usually come and see anybody and speak to them openly without a drink.”

COPING BETTER WITH DAY TO DAY LIFE

Finally, Fulfilling Lives has helped people to live in a less chaotic way, helping them to cope better with day to day life, for example:

“Structure is a big one that they’ve done for me. They’ll say to me don’t forget this, don’t forget that. So on Monday you’re doing this, Tuesday - and it’s like - and then they’ll help me by ringing and helping me and if I don’t go they’ll say - they’ll make another appointment for me. And then they offer things that I didn’t think were out there, like what I should be on, like my tablets, because I know I should be on vitamin D and this, that and the other. They even tell me when to go to the toilet – no, not really.”
4.6 THREE WORDS

We asked people to sum up in three words how they were feeling now, and then asked them if the words they'd used were different from the ones they would have used six months ago. These are the most common words that came up:

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<th>Before Fulfilling Lives</th>
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<td>DEPRESSED</td>
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<td>I PROBABLY WOULDN’T</td>
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<td>EVEN HAVE TOLD YOU</td>
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4.7 HOPES FOR THE FUTURE

Everybody we interviewed was able to articulate some hopes for the future. For the majority, hopes focused on overcoming addiction to drugs and alcohol, having somewhere settled to live and something useful and enjoyable to do. These examples give a flavour of the hopes people have for their lives now:

“Like I say, just get myself clean, sorted out, just be a normal civilised human being, I suppose, working, nice place for later - I want what everyone wants, that's top and bottom of it. Nobody wants to be in a bad position, they don’t.”

“Well, I'm hoping that now I've got somewhere decent to live, I'm hoping that I can get back on the right track and get back into employment. I think I've had - I think 15 years is a long time to not be employed. I think I've had enough and I just don't like being on benefits because it's a stigma, isn't it?”

“I'm hoping to get off the drink and that, do a detox, I think, attend some groups and then hopefully see about a course or going on to volunteer perhaps somewhere. You know, just get somewhere to live, basically, somewhere to live, get myself sorted housing-wise, get myself sorted in the house and relationship-wise, get myself sorted and concentrate on me.”

“Well, I hope to - I hope to - I still haven’t worked for 10 years, and I'm a qualified nurse but I wouldn't be able to get into nursing. I don't know what to do now, I'm getting old. But I'd love to do my volunteering, and I'd love to try to get back to Farmer Parris and do some volunteering there. Ashley Foundation has got a charity shop that they said - a bit like you. I don't think I could do what you do, mixing with people so much, you know like this, like you're doing now, volunteering with Fulfilling Lives and what not, helping others, because I'll always feel lower than them, always feel lower than them. And I don't think I'll be able to do that because I feel worse than them, but doing things like opening bags and sorting clothes out on my own little dream world, space, thinking world, and the animals, I wouldn't mind doing something like that.”
5 Fulfilling Lives and its relationship with other local services

5.1 INTRODUCTION

Fulfilling Lives is not only a service for people who need help and support, it is also an experiment, to see whether providing that service in a new and different way will have any effect on how other agencies work with people with multiple and complex needs. The national Fulfilling Lives programme is founded on the principle that services do not generally work well for people who have multiple and complex needs, and that some change needs to happen to make them work better. The overall programme aim is:

“Services are more tailored and better connected and empower users to fully take part in effective service design and delivery.”

To achieve this aim, the Big Lottery hopes to see that over the life of the programme:

➤ Services for individuals with multiple and complex needs are planned and commissioned as a package rather than in silos

➤ Services for individuals with multiple and complex needs are more accessible, providing timely and flexible support that comes to individuals

➤ Services provide a holistic response to users’ needs and allow them choice and control

➤ The service user journey is simplified, with decreased need for service navigation

➤ Service user contributions are valued and their involvement is an integral part of commissioned services

➤ The long-term public finance costs of people with multiple and complex are reduced

➤ Evidence from the initiative is used to affect positive changes in policy and practice.

One of the aims of the local evaluation is to help the local FL Partnership to identify what ‘system change’ might mean in practical terms. Through the evaluation, we are trying to find examples of where, according to stakeholders, the system is currently working well and not so well for people with MCN, together with suggestions for how the experience of service users in Blackpool might be improved.

The Making Every Adult Matter (MEAM) coalition is working with the Big Lottery to support local Fulfilling Lives projects to bring about system change. MEAM depicts a system with service users with MCN at the centre and people and things that affect their lives as circles around them (see figure 4 below).

One of the principles behind Fulfilling Lives is that it should have a positive impact in the short term on the ‘inner’ circles (family, workers and local services). In the longer term the learning from FL should have an impact on commissioning structures, policies and strategies, nationally and locally.

Figure 4: MEAM system model
5.2 WHY CHANGE THE SYSTEM?

“At the heart of any effort to transform a system must be a good ‘why’. And that ‘why’ should touch our hearts.”


Extensive work by MEAM and others over a period of several years has shown that most public services do not work well for people with MCN, since they are designed to deal with one problem at a time and to support people with a single, severe condition. No single professional takes lead responsibility for people with MCN. As a result, professionals often see people with multiple needs (some of which may fall below service thresholds) as ‘hard to reach’ or ‘not their problem’. For the person seeking help this can make services seem unhelpful and uncaring.

Whilst not denying that individuals bear some responsibility for their own situation, it has become clearer that the system can sometimes be unhelpful. For example, many people have described being discharged from hospital or prison onto the streets; being expected, on leaving detox or rehab, to return to a hostel where many residents are using drugs or alcohol; or being repeatedly evicted from hostels (Hough, 2014)¹.

The over-riding purpose of system change should not be to make the system ‘more efficient’ or ‘better integrated’ as ends in themselves. Those process changes are the means to an ultimate end – achieving better outcomes for people using the system. It is also entirely possible that at the same time better outcomes for service users will lead to better outcomes for statutory agencies, with reduced costs to the public purse and less pressure on tight budgets.

5.3 HOW DOES SYSTEM CHANGE HAPPEN?

Forum for the Future have identified six steps to systems change. These include:

1. Experience the need for change
2. Diagnose the system: mapping systems, identifying opportunities for change and prioritising actions
3. Create pioneering practices: innovation and learning
4. Enable the tipping point: scaling up change through growth, replication or diffusion/influence
5. Sustain the transition
6. Set the rules of the new mainstream.

The Big Lottery intends that ‘the [Fulfilling Lives] funding will give organisations the chance to showcase and evidence more effective and efficient ways for designing, commissioning and delivering support services for this group in the future’.

If evidence is necessary in order to make large-scale system change, then it is important to consider what form this evidence must take, given that, when trying something new, there will not be evidence that it has worked before. Likewise, in complex systems, even evidence that something works in one context (for example with one client group, in one geographic area or in one project) does not mean that it will work in the same way in another (remembering that systems are dynamic and contingent).

¹ Hough, J. (2014) Changing systems for people with multiple needs: learning from the literature, New Economics Foundation
5.4 KEY FINDINGS ON HOW THE SYSTEM IS CURRENTLY WORKING

5.4.1 SERVICE USER PERSPECTIVE > CULTURE OF SERVICES

It is apparent from the interviews with service users that the approach of some professional workers is perceived as paternalistic and lacking in understanding of the lives of people who have multiple and complex needs; for example, as one service user put it:

"I'm a junkie, right. I don't want to sit there and be lectured by someone who's read about drugs in text books but never even smoked a fag. They don't understand my life and they're judging me."

Or, as someone else explained:

"With Fulfilling Lives, there's no pressure. With other services I've used they don't seem to have that caring ability that Fulfilling Lives has got. With FL you get to know the person and they know you. You can swear – all the swear words in the world and they won't bat an eyelid. Other services are more like a company whereas FL is more friends. You feel more relaxed. It makes things a lot easier, you're not watching what you say all the time. If you can't be honest there's no point in doing it."

It is clear the involvement of people with lived experience in FL has made a substantial difference to the way in which services are perceived. Having former service users as workers in Fulfilling Lives has contributed towards more people who were previously 'hard to reach' becoming engaged with services and getting help and support. We observed in the interviews how people who were initially reluctant to open up seemed to shift when the co-researcher mentioned that they had lived experience of the issues they were facing.

On the other hand, some interviewees from other agencies did raise concerns about the possible pitfalls of the model. For instance, if people with lived experience acted as paid staff or volunteers and then relapsed back into service use, they would have been exposed to confidential information about other service users. Another concern was about professional boundaries in terms of working with rather than trying to circumvent – albeit with good intentions - other services on behalf of service users.

SUGGESTIONS FOR ACTION

- Other agencies to be involved in training for new workers who have lived experience, to help them understand expectations from the wider system as well as from BFL
- Consideration could be given to greater involvement of people with lived experience in all professional teams
- Extend the involvement of people with lived experience in all stages of the service commissioning process
- Shared learning days between groups and services to develop a better understanding of the needs of people with MCN and how best to support them (MEAM suggestion)
- Promote the work the Partnership is doing to reduce the stigma surrounding service users and raise awareness of the project in the wider community (MEAM).

5.4 KEY FINDINGS ON HOW THE SYSTEM IS CURRENTLY WORKING

5.4.1 SERVICE USER PERSPECTIVE > ACCESS TO MENTAL HEALTH AND DRUG AND ALCOHOL SERVICES

Both the navigator diaries and the accounts of service users yielded several examples of occasions where people with a dual diagnosis of mental health problems and substance misuse issues had been denied access to mental health services at times where they had needed support. For example: “I’ve had problems with mental health services – if you missed one appointment for whatever reason, or if you’d been drinking, they didn’t follow up and that was it.”

Some of the professionals we interviewed (who were not working in mental health services) also cited access to mental health services as a problem. It was noted that mental health services are often unable to respond to people with MCN at the point when they are ready – for example, it is not uncommon for someone to wait three or four weeks for an appointment with drug or alcohol services before they can access a primary mental health service. Several stakeholders suggested that mental health services needed to be more flexible in providing some support to people with drug and alcohol problems.

It was also suggested that one of the problems from a system perspective is that there are several different pathways into mental health services. For people with MCN who are unable to access community-based-services, the consequence is that they are sometimes hospitalised and end up costing the system a lot more in financial terms, as well as having a worse experience.
5.4 **KEY FINDINGS ON HOW THE SYSTEM IS CURRENTLY WORKING**

5.4.1 **SERVICE USER PERSPECTIVE** > **THE LOCAL CONNECTION RULE FOR HOUSING**

Some of the service users – and indeed some of the staff – we spoke to bemoaned the ‘local connection’ rule and suggested it was an obstacle to helping people in need. From a council perspective there is a pressing need to manage the limited resources available and to ensure that local people are able to access services. In practice, if someone presents to the council with obvious multiple and complex needs, not having a ‘local connection’ (i.e. being resident in Blackpool for three of the last five years or having family in Blackpool) is the only criterion that would prevent them from getting support to find suitable accommodation. If they do have a local connection then a person who has multiple needs is always supported to find accommodation. For those who do not qualify Blackpool has a ‘reconnections’ policy, whereby people are helped to return to the area they came from and to access support there.

The council has made it clear that the local connection rule is non-negotiable and that it is in place to enable statutory services to support a local population that experiences very high levels of deprivation. Rather than trying to overturn or circumvent this policy, it would seem sensible to focus on making sure that staff and service users are aware of the support the council can offer to reconnect people into housing and services elsewhere.

5.4.1 **SERVICE USER PERSPECTIVE** > **PATHWAY TO RESIDENTIAL REHAB**

According to navigators who have been supporting people as they leave hospital, there is no direct pathway from a hospital-based-detox to residential rehab, meaning that people who have completed hospital-based-detox have to wait some considerable time to be eligible for rehab, and often find themselves back at square one.

**SUGGESTIONS FOR ACTION**

- Staff working with people with MCN to ensure that they are clear on how the local connections rule works and what the council will and will not do for people with MCN
- Linked to this, the council may need to provide more information for staff on its reconnections policy
- Create a specific pathway into rehab services for people who are coming out of hospital
5.4 KEY FINDINGS ON HOW THE SYSTEM IS CURRENTLY WORKING

5.4.1 SERVICE USER PERSPECTIVE > CONSISTENCY OF SUPPORT FOR PEOPLE WITH MCN

Consistency of support: service users value support from a known and trusted person or small group of people, rather than being ‘passed around’ from agency to agency. Whilst being mindful of the need not to create over-dependence, the model of ‘hand-holding’ being pioneered by BFL is proving to be effective in supporting people to access services and begin to take responsibility for managing their own lives. For example:

“With FL they stay in touch with you and ring you up and support you to go to appointments. They support you in every way possible.”

5.4.1 SERVICE USER PERSPECTIVE > CO-ORDINATION BETWEEN SERVICES

Several of the service users we interviewed said they had been frustrated at having to tell their story several times to different service providers. It was clear the service users very much appreciated the additional support they got from Fulfilling Lives to ‘join up’ services. At the same time, FL navigators gave examples of being able to achieve more for service users through working closely with other agencies. As one person said:

“I like the way FL works with other services. Probation has helped me a lot because of Fulfilling Lives suggesting things. FL already knew my probation officer. Between the two of them they knew what was going on with me.”

SUGGESTIONS FOR ACTION

- Is this a model which could become part of commissioned services in the future in recognition of the fact that it is effective in cutting down on missed appointments and escalation of problems?
- Could there be a single access point for MCN services?
- Would it be possible to have a shared but secure information system across criminal justice, housing, drugs and alcohol and mental health services?
- Initiate more regular and focused multi-disciplinary team meetings
5.4 KEY FINDINGS ON HOW THE SYSTEM IS CURRENTLY WORKING

5.4.2 COMMISSIONER/PROVIDER PERSPECTIVE  › AGENCIES WORKING IN SILOS

Linked to the points raised by service users, some commissioners and providers also felt that there was a tendency for agencies to work in silos, which did not serve people with multiple and complex needs well. Suggestions for addressing this ranged from a more structured approach to joint meetings to greater integration of teams.

SUGGESTIONS FOR ACTION

- Integration of teams, where appropriate and practical
- Regular and focused multi-disciplinary meetings
- Shared information systems
- Shadowing and short term secondments for staff to learn the workings of other services and to understand from a service user’s perspective exactly what is being offered
- Sharing of training across Blackpool, including for volunteers, to develop skills across all sectors (MEAM suggestion post workshop)
- In the future, work towards having MCN workers in all agencies, rather than having a separate service for people with MCN
5.4 KEY FINDINGS ON HOW THE SYSTEM IS CURRENTLY WORKING

5.4.2 COMMISSIONER/PROVIDER PERSPECTIVE

BUDGET CUTS

The key challenge is cuts to all agencies’ budgets and the need to work differently to be able to manage on reduced resources. Commissioners were concerned about potential duplication of services and about ensuring they were getting the best value for money. It was also suggested that greater integration of services would not only benefit service users but could save money through simplifying structures.

THE ROLE OF BLACKPOOL FULFILLING LIVES IN IDENTIFYING THE NEED FOR AND INFLUENCING SYSTEMS CHANGE

Interviewees noted that as a stand-alone project which has funding from outside of the local commissioning economy, it is a challenge for the Blackpool FL project to be able to identify and influence wider systems change. It was felt that greater buy-in from partners is needed to do this.

SUGGESTIONS FOR ACTION

- Initiate a strategic review to identify where there is duplication of services
- Integration of teams working across housing, criminal justice, mental health and substance misuse in the social care, health and voluntary sectors
- Review and possible simplification of commissioning systems
- Involvement in the BFL Strategic Board is key. The appointment of the Director of Public Health as chair should help to link BFL into the statutory system.
- Workshop (with MEAM support) to discuss recommendations arising from the report with local partners and to agree actions, responsibilities, timescales and governance for a change project
- Appreciate that BFL does not have to lead or action the change, but can influence it through highlighting the experience of its service users.
5.4 KEY FINDINGS ON HOW THE SYSTEM IS CURRENTLY WORKING

5.4.2 COMMISSIONER/PROVIDER PERSPECTIVE

> VIEWS ON HOW BFL WORKS

We asked other agencies what they thought about the way BFL works and how this complements other services. For the most part other agencies welcomed the involvement of a service that had the resources to support people intensively and help them to keep appointments and engage constructively with what they could offer.

There was some concern that BFL might be at risk of replicating some of the features of the system which got in the way of supporting people with MCN effectively. For example, the policy of having to work in pairs, while perfectly reasonable, makes it more difficult for BFL to be responsive. There was also a concern that as BFL takes on more service users it is becoming less able to offer the type of intensive support that service users and other agencies value.

This feedback needs to inform BFL’s thinking about how to develop the service in the future, and about how it communicates to the outside world what its service offer is.

> ENSURING LEARNING FEEDS INTO COMMISSIONING DECISIONS

Interviewees acknowledged that there was potential for learning from the FL project to inform and improve commissioning decisions, and that commissioners should take steps to ensure that this could happen.

> SUGGESTIONS FOR ACTION

- BFL reps to be involved regularly in the Blackpool Commissioning Network
- BFL to co-ordinate a team of service user volunteers, who will be involved in all aspects of the commissioning of MCN services
- Mapping of when services are due to come up for re-commissioning to ensure that preparation can be done for SU involvement

5.5 NEXT STEPS

If the Blackpool Fulfilling Lives project is to have some influence on the local system surrounding people with MCN, those with the power to effect change will need to agree on some concrete steps that can be taken to bring it about.

To move the process forward, members of the Strategic Partnership have convened a multi-stakeholder meeting, comprising key decision makers, to identify some actions that all stakeholders can agree upon and a process for taking them forward. Members of the MEAM team will facilitate this meeting.

The actions identified are likely to involve short term change, which in turn has the potential to influence the longer term direction both of local services and, eventually, of the national policy agenda.
6 Is Fulfilling Lives cost effective?

6.1 THE COSTS OF MULTIPLE AND COMPLEX NEEDS

When people develop multiple and complex needs supporting them brings financial costs for councils and for government departments, arising principally from:

- failed tenancies
- health and substance misuse problems and increased contact with A&E departments
- involvement with the police and criminal justice system
- prolonged unemployment and costs of welfare benefits and economic inactivity

Most of the additional financial costs of homelessness to health and support services and the police and justice system are attributable to the most vulnerable and hardest to help, including in particular those with multiple needs – nationally, around 2,000 rough sleepers and 40,000 living in hostels (DCLG, 2012). According to Homeless Link, the annual cost to the state per homeless individual is likely to be somewhere between £24,350 and £26,000. Three studies have come up with similar results:

- Research in 2008 by the New Economics Foundation indicated an annual cost to the state of £26,000 for each homeless person. This figure included the cost of benefits, hostel accommodation, and care of children.

- The ‘Making Every Adult Matter Manifesto’ published in 2009 contains sample costs of support for a man who has been sleeping rough in London. The total for one year since he had moved off the streets was £24,350 (broken down into hospital costs £150; drug treatment £3,000; medication £400; day centre services £1,800; and accommodation and support £19,000).

- An earlier report in 2003 by the New Policy Institute estimated an annual cost of £24,500 for a single homeless person. This included the cost of a failed tenancy, temporary accommodation, outreach and advice services, health and criminal justice services, and resettlement.

Department of Health research in 2010 estimated that homeless people use four times as many acute health services and eight times as many inpatient health services as the general population, at a cost of around £85.6m per year. The same research found that homeless people have an average length of stay in hospital three times as long as the general population. In addition, the poor health of homeless people has an impact on housing and related support services; without good health it is difficult to address wider needs and move on to employment and independent living.

---

3 DCLG, Evidence review of the costs of homelessness, London: Department for Communities and Local Government, August 2012

4 A manifesto for tackling multiple needs and exclusions produced by a consortium of four organisations: MIND, Drugscope, Homeless Link and CLINKS
6.2 WORKING OUT COST SAVINGS

An ideal approach would be to compare service use and costs for BFL service users with those for a group of people with similar characteristics who are not in receipt of a service. This is the approach being taken by the national evaluation of Fulfilling Lives, which has identified a number of areas to from a ‘counterfactual’ sample. The same approach is neither practical nor ethical at a local level, where small numbers of people are involved.

The most appropriate approach to analysing changes in costs, therefore, is to look at service usage and associated cost for the individuals using the service over a period of time – for example, comparing hospital admissions in the year before coming into contact with the BFL service with admissions in the year after contact.

6.2.1 COST BENEFIT METHODOLOGY

Figure 5 below sets out a simple method for calculating the cost benefit of Blackpool Fulfilling Lives. This method is not a fool-proof scientific approach, but it does give some idea of the potential that exists for saving money by addressing multiple and complex needs in a more effective way.

<table>
<thead>
<tr>
<th>TASK</th>
<th>EXPLANATORY NOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Obtain service usage data for every individual supported by the service for the following time periods: (i) the twelve months immediately preceding referral, and (ii) the twelve months following referral.</td>
</tr>
<tr>
<td></td>
<td>The national evaluation team has specified the data it wants local projects to collect.</td>
</tr>
<tr>
<td></td>
<td>The data specification covers health, housing, criminal justice and drug and alcohol services.</td>
</tr>
<tr>
<td></td>
<td>This data has to be accessed from a variety of sources. Some data is more difficult to obtain. For example, health usage data is missing from the BFL dataset.</td>
</tr>
<tr>
<td>2</td>
<td>For each service user, calculate the change in service usage from time one to time two.</td>
</tr>
<tr>
<td></td>
<td>Calculate change in each episode per service user.</td>
</tr>
<tr>
<td>3</td>
<td>Multiply the change for each service component by the relevant cost.</td>
</tr>
<tr>
<td></td>
<td>Relevant costs are shown in figure 6 and can be updated annually.</td>
</tr>
<tr>
<td>4</td>
<td>Add together the total change in costs for each service user.</td>
</tr>
<tr>
<td></td>
<td>Sum of reduction/increase in use by episode by user.</td>
</tr>
<tr>
<td>5</td>
<td>Deduct the revenue cost of the service to obtain a figure representing net financial benefit or cost of the project.</td>
</tr>
</tbody>
</table>

Figure 5: Recommended cost benefit methodology
### 6.2 WORKING OUT COST SAVINGS

Figure 6 below explains the source of cost information for each of the services or interventions the national evaluation has asked local projects to collect information about.

<table>
<thead>
<tr>
<th>INTERVENTION / SERVICE</th>
<th>SOURCE OF INFORMATION ON CURRENT COST</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eviction (complex)</td>
<td>New Economy Unit Costs Database</td>
<td>£7,276</td>
</tr>
<tr>
<td>Arrest</td>
<td>New Economy Unit Costs Database</td>
<td>£200</td>
</tr>
<tr>
<td>Police cautions</td>
<td>New Economy Unit Costs Database</td>
<td>£120</td>
</tr>
<tr>
<td>Night spent in police custody</td>
<td>New Economy Unit Costs Database</td>
<td>£719</td>
</tr>
<tr>
<td>Magistrates court proceedings (average)</td>
<td>New Economy Unit Costs Database</td>
<td>£900</td>
</tr>
<tr>
<td>Crown court proceedings (average)</td>
<td>New Economy Unit Costs Database</td>
<td>£3,900</td>
</tr>
<tr>
<td>Conviction (average)</td>
<td>New Economy Unit Costs Database</td>
<td>£1,795</td>
</tr>
<tr>
<td>Night in prison</td>
<td>New Economy Unit Costs Database</td>
<td>£95</td>
</tr>
<tr>
<td>Presentations at A&amp;E</td>
<td>New Economy Unit Costs Database</td>
<td>£117</td>
</tr>
<tr>
<td>Outpatient attendances</td>
<td>New Economy Unit Costs Database</td>
<td>£114</td>
</tr>
<tr>
<td>Hospital inpatient episode</td>
<td>New Economy Unit Costs Database</td>
<td>£1,863</td>
</tr>
<tr>
<td>Face to face contact with CMHT</td>
<td>PSSRU Unit Costs of Health &amp; Social Care 2015</td>
<td>£167</td>
</tr>
<tr>
<td>Counselling or psychotherapy session in an NHS setting</td>
<td>PSSRU Unit Costs of Health &amp; Social Care 2015</td>
<td>£52</td>
</tr>
<tr>
<td>Mental health service outpatient attendance</td>
<td>New Economy Unit Costs Database</td>
<td>£150</td>
</tr>
<tr>
<td>Day spent as a mental health service inpatient</td>
<td>New Economy Unit Costs Database</td>
<td>£459</td>
</tr>
<tr>
<td>Face to face contact with drug / alcohol services</td>
<td>PSSRU Unit Costs of Health &amp; Social Care 2015</td>
<td>£16,725</td>
</tr>
<tr>
<td>Day spent in inpatient detoxification</td>
<td>PSSRU Unit Costs of Health &amp; Social Care 2015</td>
<td>£3,648</td>
</tr>
<tr>
<td>Week spent in residential rehabilitation</td>
<td>PSSRU Unit Costs of Health &amp; Social Care 2015</td>
<td>£14,514</td>
</tr>
</tbody>
</table>

*Figure 6: Service costs*
6.2  WORKING OUT COST SAVINGS

6.2.2  A NOTE ON DATA COLLECTION

The biggest challenge in arriving at a reliable figure for costs saved is to get accurate information about the services people have used. It is much easier to measure current service use as the Navigators are in constant contact with service users and are able to provide this information on a regular basis. During its first year BFL has worked with partners to agree on ways in which the project can access information about people’s use of services. This is not always a straightforward process, and it is important to note the limitations of some of the data presented here.

Figure 7 explains how each piece of data is collected and how accurate a picture BFL is likely to get from the information available.

<table>
<thead>
<tr>
<th>DATE</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evictions from tenancies</td>
<td>This information comes from the Council’s database and is likely to be accurate</td>
</tr>
<tr>
<td>Criminal justice information</td>
<td>BFL has a member of staff seconded from the Police, who is able to access the Police National Computer containing numbers of arrests, cautions, nights spent in police custody, magistrates/ crown court proceedings and convictions. Some figures may be an underestimate, as data is only accessible for Lancashire, not nationally. Number of nights spent in prison is an estimate based on sentencing, as the PNC does not hold this information.</td>
</tr>
<tr>
<td>Health data: presentations at A&amp;E, outpatient attendances and inpatient episodes</td>
<td>This information is not currently available for the 12 months before joining FL. A priority for year two is to work with Blackpool CCG to access this data (with service users’ consent and in anonymised form) through the local Commissioning Support Unit. Not having this information means that the total figure for costs saved is likely to be a substantial underestimate.</td>
</tr>
<tr>
<td>Mental health attendances</td>
<td>Historic figures are for primary mental health services only. It should be possible to collect secondary mental health data in year two.</td>
</tr>
<tr>
<td>Counselling and psychotherapy sessions</td>
<td>Again the historic usage figure is likely to be an underestimate, as it relates only to statutory service providers. There could be other services from whom data is not available.</td>
</tr>
<tr>
<td>Drug and alcohol services, including residential rehabilitation</td>
<td>Historic data is incomplete as the individual who provided this is no longer in post. BFL is working on setting up new information sharing arrangements. The consequence is that the additional costs shown in figure 8 are likely to be lower in reality.</td>
</tr>
</tbody>
</table>

Figure 7: Data collected and sources
6.3 COST SAVINGS MADE IN THE FIRST YEAR OF BFL

Taking into account the caveats about the accuracy of historic data, it is still possible to arrive at an estimate of the costs that are likely to have been saved through BFL’s intervention. Figure 8 below contains some indicative savings based on the service use data BFL has managed to collect so far. Data relating to current service usage has only been collected over nine months, not for a whole year. To arrive at an estimate of likely activity for a year, we have simply multiplied the figure for nine months by 12/9. The data only relates to 111 people, as the project was unable to collect data for the remaining 24 service users.

The column headed ‘estimated saving’ shows how much is likely to have been saved in each area of service use or intervention. For example the estimated saving to the police over a year through this group of people not being arrested so many times is £57,333. In some cases there is not a saving but – as would be expected – an additional cost, as people begin to access services such as drug and alcohol rehabilitation and mental health support.

The total estimated saving made through reducing service use amongst 111 people who are or have been clients of BFL during the year is £841,174.

The ‘potential future saving’ column shows how much could be saved by reducing the number of interventions for these 111 people to nil. In other words, this would be the saving made if those 111 people got to the point where they no longer needed to access these services. The saving works out at a total of £1,378,737 in a year, or £12,421 per person.
### 6.3 COST SAVINGS MADE IN THE FIRST YEAR OF BFL

<table>
<thead>
<tr>
<th>Service</th>
<th>Previous 12 Months</th>
<th>Q3 12 Months</th>
<th>Grossed Up 12 Months</th>
<th>Difference (Savings)</th>
<th>Cost Per Episode</th>
<th>Saving To</th>
<th>Estimated Saving / (Additional Cost)</th>
<th>Potential Future Saving*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of evictions</td>
<td>13</td>
<td>6</td>
<td>8</td>
<td>5</td>
<td>£7,276</td>
<td>Council/Landlord</td>
<td>£36,380</td>
<td>£94,588</td>
</tr>
<tr>
<td>Number of arrests</td>
<td>328</td>
<td>31</td>
<td>41</td>
<td>287</td>
<td>£200</td>
<td>Police</td>
<td>£57,333</td>
<td>£65,600</td>
</tr>
<tr>
<td>Number of police cautions</td>
<td>21</td>
<td>11</td>
<td>15</td>
<td>6</td>
<td>£120</td>
<td>Police</td>
<td>£760</td>
<td>£2,520</td>
</tr>
<tr>
<td>Number of nights spent in police custody</td>
<td>219</td>
<td>22</td>
<td>29</td>
<td>190</td>
<td>£719</td>
<td>Police</td>
<td>£136,370</td>
<td>£157,461</td>
</tr>
<tr>
<td>Number of magistrates court proceedings</td>
<td>236</td>
<td>23</td>
<td>31</td>
<td>205</td>
<td>£900</td>
<td>Judicial system</td>
<td>£184,800</td>
<td>£212,400</td>
</tr>
<tr>
<td>Number of crown court proceedings</td>
<td>13</td>
<td>7</td>
<td>9</td>
<td>4</td>
<td>£3,900</td>
<td>Judicial system</td>
<td>£14,300</td>
<td>£50,700</td>
</tr>
<tr>
<td>Number of convictions</td>
<td>267</td>
<td>21</td>
<td>28</td>
<td>239</td>
<td>£1,795</td>
<td>Judicial system</td>
<td>£429,005</td>
<td>£479,265</td>
</tr>
<tr>
<td>Number of nights in prison</td>
<td>713</td>
<td>367</td>
<td>489</td>
<td>224</td>
<td>£95</td>
<td>Judicial system</td>
<td>£21,325</td>
<td>£67,979</td>
</tr>
<tr>
<td>Number of presentations at A&amp;E</td>
<td>Data not yet available</td>
<td>Data not yet available</td>
<td>Data not yet available</td>
<td>Data not yet available</td>
<td>£117</td>
<td>Health</td>
<td>£0</td>
<td>£177,600**</td>
</tr>
<tr>
<td>Number of outpatient attendances</td>
<td>Data not yet available</td>
<td>Data not yet available</td>
<td>Data not yet available</td>
<td>Data not yet available</td>
<td>£114</td>
<td>Health</td>
<td>£0</td>
<td></td>
</tr>
<tr>
<td>Number of hospital inpatient episodes</td>
<td>Data not yet available</td>
<td>Data not yet available</td>
<td>Data not yet available</td>
<td>Data not yet available</td>
<td>£1,863</td>
<td>Health</td>
<td>£0</td>
<td></td>
</tr>
<tr>
<td>Number of face to face contacts with CMHT</td>
<td>88</td>
<td>61</td>
<td>81</td>
<td>7</td>
<td>£167</td>
<td>Mental health</td>
<td>£1,113</td>
<td>£14,696</td>
</tr>
<tr>
<td>Number of counselling or psychotherapy sessions</td>
<td>38</td>
<td>20</td>
<td>27</td>
<td>11</td>
<td>£52</td>
<td>Mental health</td>
<td>£589</td>
<td>£1,976</td>
</tr>
<tr>
<td>Number of mental health service outpatient</td>
<td>10</td>
<td>28</td>
<td>37</td>
<td>-27</td>
<td>£150</td>
<td>Mental health</td>
<td>(£4,100)</td>
<td>£5,600</td>
</tr>
<tr>
<td>Number of days spent as a mental health service</td>
<td>5</td>
<td>22</td>
<td>29</td>
<td>-24</td>
<td>£459</td>
<td>Mental health</td>
<td>(£11,169)</td>
<td>£13,464</td>
</tr>
<tr>
<td>Number of face to face contacts with drug / alcohol services</td>
<td>42</td>
<td>256</td>
<td>341</td>
<td>-299</td>
<td>£49</td>
<td>Health</td>
<td>(£14,667)</td>
<td>£16,725</td>
</tr>
<tr>
<td>Number of days spent in inpatient detoxification</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>24</td>
<td>£152</td>
<td>Health</td>
<td>£3,648</td>
<td>£3,648</td>
</tr>
<tr>
<td>Number of weeks spent in residential rehabilitation</td>
<td>0</td>
<td>120</td>
<td>160</td>
<td>-160</td>
<td>£91</td>
<td>Health</td>
<td>(£14,514)</td>
<td>£14,514</td>
</tr>
</tbody>
</table>

- *The figures in this column are calculated by multiplying service use for a full 12 months (the higher of previous year or current year) by the cost of the service.
- **In the absence of data on use of health services we have estimated a saving of £7,600 per person. This is based on the findings of the evaluation of the London Pathway project, which provides a targeted service for homeless people admitted to UCH in London*.  

* See the report Improving Hospital Admission and Discharge for People Who Are Homeless, St Mungo's and Homeless Link (2012)
## Next steps for the evaluation

Figure 9 contains an outline plan for the local evaluation in year two of the project. The evaluation team will work with the project to feed back the findings from our work as it progresses and to consider how any learning can inform how BFL is set up and run.

<table>
<thead>
<tr>
<th>TASK</th>
<th>TIMESCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with MEAM to take forward systems change</td>
<td>Underway and workshop scheduled</td>
</tr>
<tr>
<td>Analyse user feedback postcards and present findings to the project</td>
<td>March 2016</td>
</tr>
<tr>
<td>Train a new cohort of peer researchers to replace those who have moved on from the project or into paid work with BFL</td>
<td>On-going</td>
</tr>
<tr>
<td>Obtain accreditation for peer researcher training</td>
<td>July 2016</td>
</tr>
<tr>
<td>Produce case studies about 20 people who have been using the service for some time, to show impact over time. Information gathering will include interviews carried out by peer researchers.</td>
<td>June to September 2016</td>
</tr>
<tr>
<td>Refresh Navigator reflective diaries and analyse information collected through the new format</td>
<td>February to September 2016</td>
</tr>
<tr>
<td>Carry out in-depth interviews with all staff and volunteers of BFL and all members of the Strategic and Operational Boards</td>
<td>September and October 2016</td>
</tr>
<tr>
<td>Build on cost-effectiveness work – collect more data over a longer period; include health data</td>
<td>May to September 2016</td>
</tr>
<tr>
<td>Work with peer researchers to analyse data collected in year two</td>
<td>October to December 2016</td>
</tr>
<tr>
<td>Produce year two evaluation report</td>
<td>January 2017</td>
</tr>
</tbody>
</table>

Figure 9: Summary of evaluation activities in year two
8  Next steps for Blackpool Fulfilling Lives

We have identified below some of the key developments for BFL in 2016.

<table>
<thead>
<tr>
<th>DATE</th>
<th>COMMENT</th>
</tr>
</thead>
</table>
| Social Enterprise Consultation.  
Three events were run in February to consult with partner organisations, beneficiaries and staff to identify potential opportunities. | February 2016 |
| Finalising BFL’s systems change strategy.  
This will be completed by our Strategic Board. | March 2016 |
| Launch of our Camerados pop-up café.  
This follows on from our Camerados pilot project in December in which beneficiaries designed and ran a social enterprise project. | March 2016 |
| Counselling Service.  
BFL have commissioned StreetLife, a partner organisation, to establish a counselling service, offering both short and long term talking therapies to meet our beneficiaries’ specific needs. | March 2016 |
| Recruitment for our Navigator Teams.  
This will include seconding staff from our partner organisations and taking on new Apprentice Navigators. | July - September 2016 |
| Re-shaping our Shadow Core Group.  
We want to begin to integrate current programme beneficiaries into our Core Group to help represent service user interests and views. | August 2016 |
| Recruit and train Peer Mentors.  
We will recruit and train beneficiaries who have progressed through the programme as peer mentors to provide support to current beneficiaries. | November 2016 |
| Partner Access to BFL Information System.  
We plan to increase the effectiveness of joint working by piloting ‘live’ information sharing with selected partner providers. | December 2016 |
Appendix 1: Service user interview topic guide

INTRODUCTION: PROMPTS FOR RESEARCHER

1. INTRODUCE YOURSELF.
   E.g. ‘My name is ….. and I work with Fulfilling Lives doing …….. I got involved in it because (tell them a bit about your own lived experience but keep it BRIEF).

2. WHY YOU’RE DOING THE INTERVIEW.
   E.g. ‘There’s a lot of people interested in the way Fulfilling Lives is working out, and they want to find out what users like you think in order to understand that. Depending on how things go in Blackpool, they might want to do similar projects round the country. So today I’m here to ask you a few questions about your own experience of this programme.’

3. INTERVIEW IS CONFIDENTIAL.
   Nobody will know who said what. E.g. ‘It’s really important that you are as honest as possible, and also that you can describe things without any fear of any come back. So you need to know that everything you tell me today is confidential and what you say will never be linked to you in any report. You don’t even have to tell me your name if you don’t want.’

4. WHO ELSE IS BEING INTERVIEWED.
   E.g. ‘We’re interviewing many other people like yourself who have got involved in Fulfilling Lives, and what will happen is that we take all these interviews and then look at all of them to see what people are happy about and what they are not so happy about. That will help us change things and do better work in the future.’

5. CAN I RECORD THIS?
   E.g. ‘My memory’s terrible and I have to make a note of what you say to make sure I am being accurate. Rather than write stuff down I would rather record things – only I will listen to this, and once I’ve written down what you say the tape will be deleted. Is that OK?’
1. YOUR EXPERIENCE OF FULFILLING LIVES + SUGGESTIONS ABOUT HOW TO IMPROVE IT

HOW THEY GOT INVOLVED WITH FULFILLING LIVES

a. How did you come to know about Fulfilling Lives?
b. Did anyone refer you into the service? (Who?)
c. What appealed to you about it?
d. Was it easy getting involved? How long did it take?
e. Could it have been better or easier, and if so how?

WHAT THEY THINK ABOUT FULFILLING LIVES NOW THEY ARE INVOLVED

f. If you had to describe Fulfilling Lives to a friend, what would you say? (or Do you understand what Fulfilling Lives is, now you are involved?)
g. What do you like about Fulfilling Lives?
h. Is there anything you don’t like?
i. Who is the worker helping you from Fulfilling Lives?
j. How has having that worker been? What have you liked/not liked about that way of working?
k. Is Fulfilling Lives different from other services you have used? How?

2. A BIT ABOUT YOUR BACKGROUND

SUPPORT AND SERVICES YOU USED BEFORE FULFILLING LIVES

a. Who helped you the most before Fulfilling Lives?
b. What other services have you used (and for how long)? Which was the most helpful?
c. Have you ever been refused access to any service?
   - How things are for you now and generally
   - Generally, who are your most important relationships with?
d. And how are things generally at the moment. Is there anything good or bad going on for you?

3. THE DIFFERENCE FULFILLING LIVES HAS MADE (OUTCOMES)

a. Has working with Fulfilling Lives made any difference to your life?
b. How do you think you’re managing day to day? Do you feel you’re managing any better? (If so – get examples)
c. Do you think you feel any more able to ask for support than you did before Fulfilling Lives? (Note any ‘real’ examples/stories)
d. Do you think you are more aware of what’s available for you out there in the community? (If so prompt them to what they are more aware of, give an example)
e. Has anything changed in relation to where you live? (New housing/living arrangements)
f. Have you got to know any new people since you got involved with Fulfilling Lives? (note any examples or stories)
g. Has the way you sleep or eat changed at all?
h. Do you feel any safer? Why?
i. This may not apply to you, but if it does - have there been any changes in the drugs or alcohol you’re using?

4. YOUR HOPES FOR THE FUTURE

a. Which three words would you use to describe how you feel today? Would you have said that about yourself 6 months ago, or used another three words (which?)
b. What do you hope for yourself in the future? How do you hope things pan out?
c. Is there anything else you’d like to say for now?

THANK YOU VERY MUCH FOR YOUR TIME
Appendix 2: Topic guide for interviews with commissioners and providers

1. Your role – services provided / areas of commissioning responsibility / role in commissioning for people with ‘multiple and complex needs’ (drugs & alcohol, mental health, offending, homelessness)

2. Involvement in Fulfilling Lives - for example, are they on the Strategic Board? Do they refer people to FL?

3. If not involved directly, what do you know about the FL project and what it is trying to achieve? (Note: if they don’t know much you may have to explain a bit – Lottery funding for 7 years, aim to change way services are delivered, working from user perspective etc)

4. How do you see FL working alongside other services for people with MCN in Blackpool? (For example, is it doing something different, is it complementary?)

5. [For commissioners only] As a commissioner, do you think there is enough appropriate provision for people with complex needs in Blackpool? Are there any other services you would like to see developed?

6. How well do you think commissioners and providers understand the needs of people with MCN? What evidence is there of this?

7. How well do you think local agencies work together to support people with MCN? Do you think joint working could be improved and, if so, how?

8. How do you measure the ‘success’ of MCN services (either as a commissioner or provider)? What evidence is available that services are achieving their aims?

9. One of the intentions of FL is that it should pilot new ways of working with people with MCN. In your view, what (if anything) do you think needs to change in terms of how agencies work with people with MCN in Blackpool?

10. What are the main challenges facing commissioners and providers of MCN services in the next three years? How do you plan to address these?

11. Is there anything else you would like to add about services for people with MCN in Blackpool or about Blackpool Fulfilling Lives?