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Inspiring stories

Project: Fulfilling Lives: Supporting people with multiple needs
Date: March 2016
Authors: Naomi Gibbs, Rachel Moreton and all those who attended the learning workshop on 10th December 2015 (see appendix)

This collection of stories has been prepared by the University of Sheffield and CFE Research as part of the Big Lottery Fund's initiative *Fulfilling Lives: Supporting people with multiple needs*. It presents stories of learning and success, along with tips and suggestions, drawn directly from those involved in funded projects.

Introduction

A learning workshop - *Getting from here to there: emerging lessons for game changing projects* - was held in Sheffield on 10th December 2015 and gave projects the opportunity to reflect on the past year of project delivery. Stories were shared between participants and lessons were drawn – these are collected together here. This document will be circulated to *Fulfilling Lives (Multiple Needs)* projects but may also be of interest to other audiences, such as those working with similar client groups.



How was this collection created?

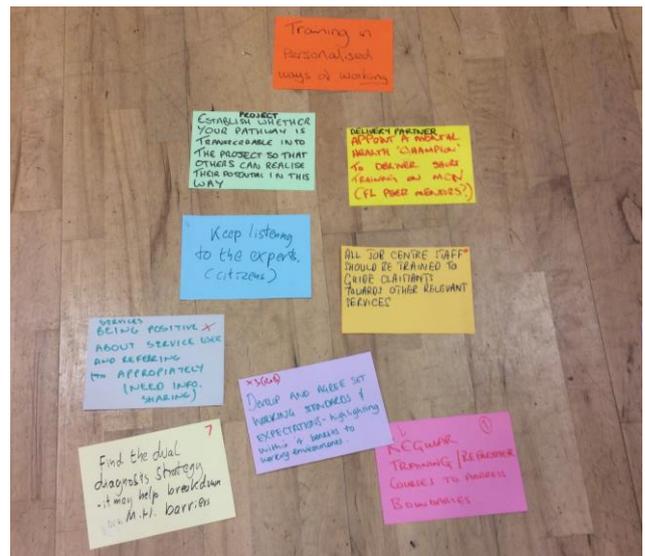
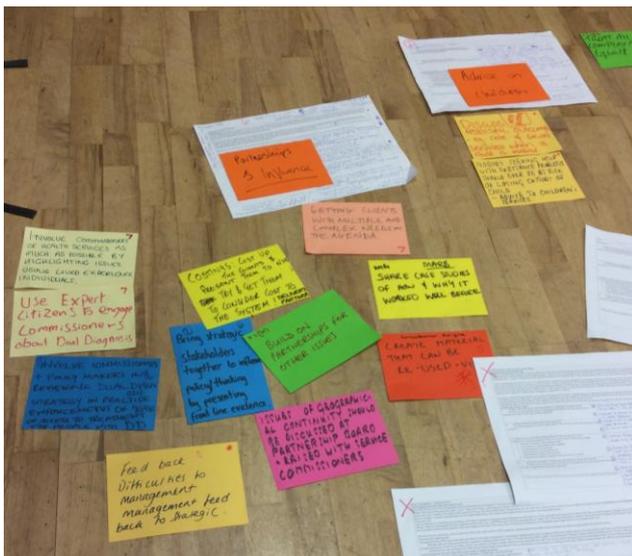
There is so much learning that goes on every day across the *Fulfilling Lives (Multiple Needs)* projects. One of the biggest challenges for the evaluation is how to capture, process and share this. The recent learning workshop provided one opportunity.

Each project sent up to four delegates to the workshop. Projects could choose to send anyone to the workshop – no target audience was specified – in order to draw lessons from as diverse a group as possible. A full list of attendees is included at the end of this document. Key groups represented were:

- *Learning and evaluation leads*
- *Senior managers*
- *Specialist workers for women, BME groups and dual diagnosis*
- *Service user involvement staff*
- *People with lived experience of multiple needs*

In advance of the day attendees were asked to submit a story about an aspect of their work over the past year where they had seen or enacted change. We asked for a story that had a personal voice and was important to the storyteller. At the workshop, attendees interviewed each other about their stories before selecting those which they felt provided greatest learning/insight. Attendees then wrote tips and suggestions based on the stories and grouped these together. The unedited stories and suggestions are collected together in this document.

This document is intended as a starting point for learning, providing inspiration and ideas. Some of the story authors have provided their contact details. Should you wish to find out more and start a dialogue, please contact the authors directly.



Access to services

Fulfilling Lives (Multiple Needs) aims to support people to manage their lives better through access to more person centred and co-ordinated services. Our first story illustrates one approach to helping people with multiple needs to get the services they need.

Homeless Street Map

Eastbourne has the image of a pretty Victorian seaside town with its pier and international tennis tournament but hidden behind this façade is a less appealing landscape. There are people living in the town with substance/alcohol misuse problems, people sleeping rough or without secure accommodation who sofa surf and as a result are often abused. There are many people with mental health issues and there is crime and anti-social behaviour – in other words there are many people in Eastbourne with Multiple and Complex Needs many of whom do not know where to go to seek help and therefore slip through the net.

A film was produced and shown in June 2015 called Poverty in Eastbourne which highlighted homelessness and poverty in Eastbourne. The event was well attended by many organisations and what emerged was that there is help available in the town but there is not one point of contact. I attended the event and this coincided with research I was doing into the need for a map of services for people facing poverty and homelessness.

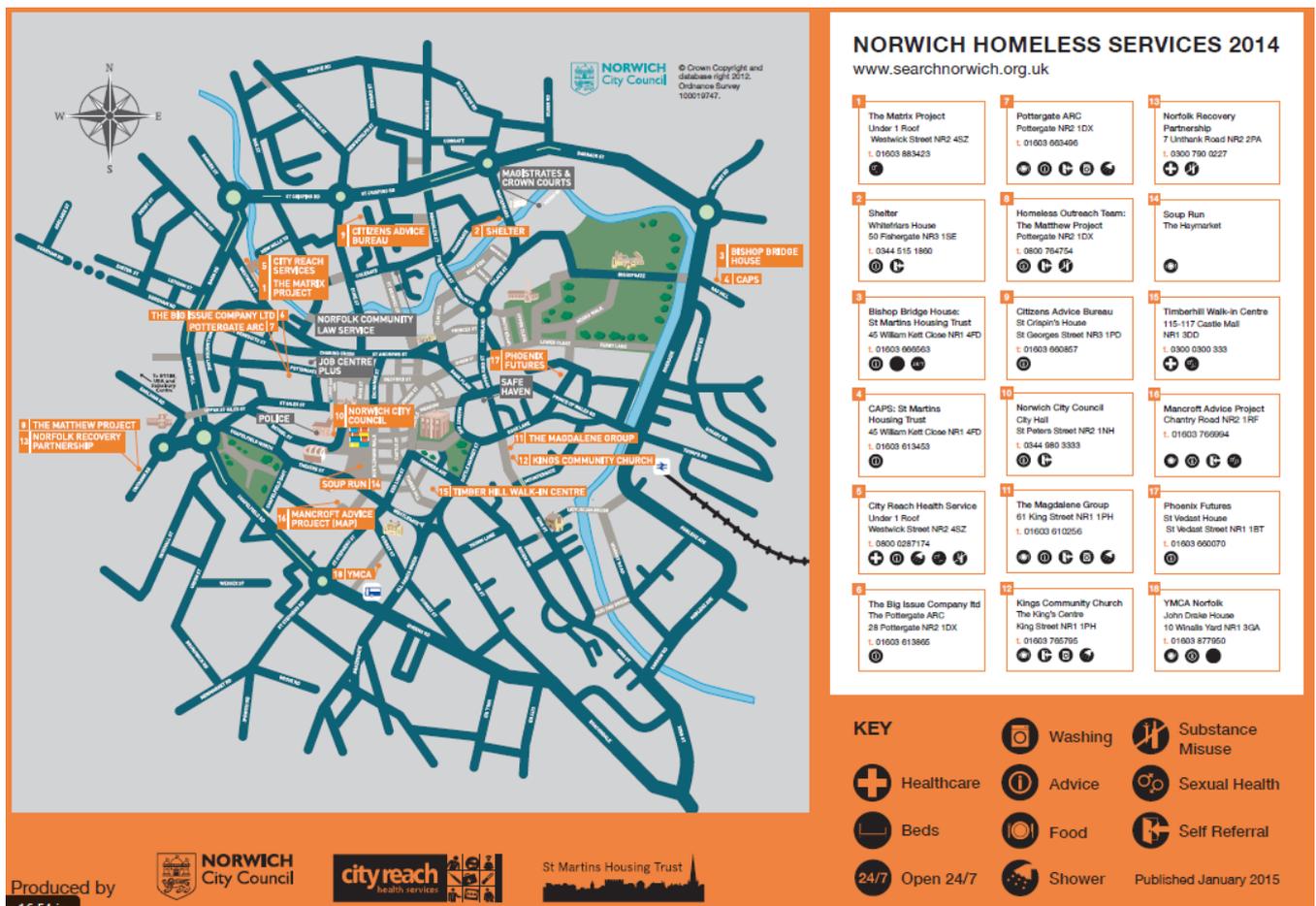
Since then I have been liaising with local stakeholders gathering feedback on why this map is important and which agencies should be included. I researched other models of good practice around the country and [Norwich City Council has produced an excellent map](#) (see below). I made contact with the council and they told me how vital this map has been and it is reprinted every year. They have also produced a larger poster sized map for display in GP surgeries for example and a webpage for organisations to refer to.

I then spoke with the design company who produced the map and I managed to negotiate having the intellectual property of the design of the map free of charge. I obtained quotes for printing and reproducing the map for Eastbourne and for producing a webpage. Back in Eastbourne I have just applied for funding via the Joint Action Group at the council and am confident we will be successful especially as we have the police, ambulance service, homeless charities, the Foodbank, Salvation Army and council officers on board.

Although the effect of this map will remain unknown for a while the positives so far are joined up working with agencies in the town and across the country, all working together to improve the lives of people with multiple and complex needs.

Sandra Sylvester - Service Improvement Officer, Eastbourne

T: 01323 410092 Ext: 116 M: 07780 227643, sandra.sylvester@sefulfillinglives.org.uk



This story describes a simple response to the need to bring agencies together and improve access to services. Workshop participants felt it demonstrated the importance of ***not being afraid to change small things – sometimes making lots of small changes adds up to a big difference.*** Building on existing materials and approaches developed in other areas means not having to ‘re-invent the wheel’. The map also provided an important first step in bringing together agencies in the area to begin to work together. There is the potential to build on partnerships to tackle other issues. Projects should ***build on buy-in, maintain momentum and normalise the partner relationship.*** More stories and tips for partnership working are included below.

Personalised ways of working and taking an holistic approach

Fulfilling Lives (Multiple Needs) projects aim to embody a number of key principles. This includes taking a whole person approach that addresses the combination of factors that affect the person, starts from 'where they are; and evolves individual pathways to a better life. This story illustrates the limitations of following rigid, prescribed pathways without recognising an individual's needs, preferences and circumstances.

Choosing the unorthodox path

We have a service user who is our highest scorer on the MCN index. She has learning difficulties, mental health issues, alcoholism, street homelessness, recurring abuse from a stream of partners and ongoing exploitation from associates.

Through meetings with all the agencies involved we managed to access beds in hostels for her but due to her inability to deal with the staff at the hostels and her inability to leave her 'boyfriend' or associates to go back there to sleep at night, she would always lose her place. The rule generally is that if a service user is not engaging with support and using their bed most nights they will lose their room. In my opinion her particular combination of issues meant she was less able to learn from the repeated consequences of her actions and see beyond the immediate moment and resist short term gratification.

By the nature of her circumstances she does not seem to learn from the repeated consequences of her actions and this was, to my mind, going to mean that despite wanting to have a warm place to sleep and a place of her own eventually, she could not go through the usual hostel process of progression and could easily wind up dying on the streets.

This woman has a special attachment to a worker at one of the hostels and repeatedly asked to be given a chance to stay at that hostel. She had previously been barred and told that she needed to make real progress elsewhere before the hostel she wanted would consider her. Initially we thought it inappropriate also perhaps for her to be there due to the special regard she has for this worker.

Over a year much co-ordinated effort has been made by multiple agencies to get this individual a bed and then support her to maintain it but the same cycle repeated itself. It was looking more and more like the only chance she had of actually staying in a hostel (and making it through winter alive) would be to stay at the hostel she actually felt comfortable in and where she knows the staff, where the staff are sympathetic to her needs and where she has a particularly strong, if albeit less than professional relationship to one worker whose advice she listens to and respects. Eventually, after trying everything else, this was granted her and she is now staying there almost every night and having her physical health needs addressed, is eating well and is drinking less than previously and engaging with therapeutic activities and recovery groups. This is incredible progress in terms of distance travelled with this individual regardless of how it meets the requirements service users are typically expected to meet.

In recognising this woman's individual circumstances and the impact of that on her ability to engage and progress we finally tried a less orthodox approach that was aligned with the service users wishes and so far we have seen her make significant progress. I think this willingness to shape the support around the individual's needs and wishes was the thing that most helped change things.

It is possible however, that significant time was wasted in asking this individual to meet requirements she had already proven herself incapable of, for the sake of evidencing that everything else had been tried multiple times.

Nearly everyone involved could predict the outcome but nobody initially seemed willing to challenge the fact that we were setting unobtainable goals for this woman just to be 'fair' on service users and evidence the unworkability of the rules for this individual. There was arguably abundant evidence which pointed to such unworkability from the individuals past but it was as though we had to create our own evidence from scratch in this new phase of working with her, for services to be satisfied.

Although some of the workers involved had worked very hard and closely with this woman it was as though our opinions were overlooked because there was no provision or pathway fit to acknowledge them and respond.

This is perhaps not just about having flexible and tailorable pathways in place but about working smart in that, if we can see a pattern repeating itself and we can predict where things will be in 6-12 months, and it isn't desirable, then we perhaps need to have a concept for recognising that, and which legitimatises not going down that road, but doing something different i.e. the thing we will likely decide to do in 6-12 months anyway when nothing has progressed. The question this begs is: Is exhausting all the orthodox pathways always necessary before trying the one thing likely to work?

Helen Gavaghan

Workshop participants ***suggested that when a client with historic engagement issues requests to work with a particular service/worker, we should explore the reasons for this, risks involved and, if appropriate, encourage this.*** More generally, participants identified ***always working in a client-centred way*** as key to success along with the importance of ***recognising that there are other needs outside of the four harm areas.***¹

¹ The Fulfilling Lives: Supporting people with multiple needs programme defines multiple needs as experiencing one or more of: offending, problematic substance misuse, homelessness and mental ill health.

Unfortunately, there are too often systemic and other barriers which make it difficult to put a client-centred approach into practice. The next story illustrates some of the difficulties that exist in delivering a tailored, person-centred approach.

Dave

Within the last 7 months the project has supported a 44 year old male, who has had entrenched substance misuse problems for a span of over 20 years (let's call him Dave). This individual at the time of the referral was in the process of losing his daughter to social services. Legal action was being taken against him from the local authority to obtain long term care of his daughter. This was a very distressing time for him. Dave was unsure of his legal rights and was not guided by social care in their entirety, in order for him to gain the right legal advice. Dave was not involved with any drug services therefore Blackpool Fulfilling Lives referred Dave to get support with his illicit drug using.

In order for him to be able to access the appropriate support, Blackpool Fulfilling Lives were able to guide and advocate for Dave to contact a solicitor and with a collaborated approach from the other services, we devised an action plan. In order for this to take place BFL organised a multi-agency meeting with the following services, Horizon drug and alcohol service, social services, legal advocates, local council.

This resulted in Dave being able to ensure that he got the right support for his needs. Therefore it would seem that working in partnership with the other agencies, everybody was able to have a clear understanding what was expected of Dave to work towards. Unfortunately Dave was unable to be consistent with the negative testing for substances. The timespan that was set by the courts and social care was not conducive with what was required by him, that he was not using illicit substances, due to Dave's relapses over the years and given that there was a singular positive test, within a 5 month period. Dave was in agreement that he was willing to attend a rehabilitation programme, but due to the time constraints this did not happen before the final hearing. Therefore the courts deemed that he would not be a suitable guardian for his daughter, that there was no guarantee he could keep his daughter safe from emotional abuse.

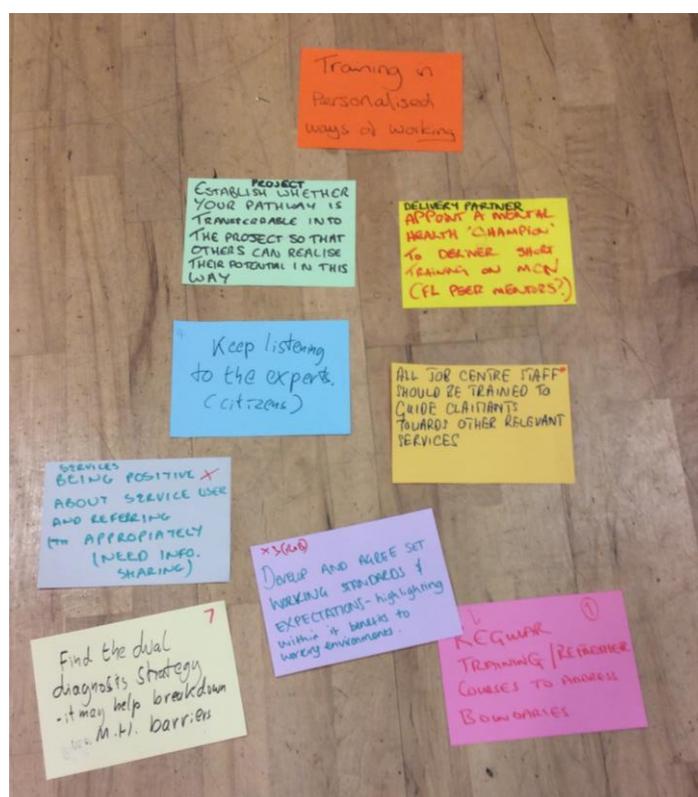
This resulted in Dave's mother getting guardianship of his daughter and his daughter moving to another part of the country, away from friends and her school. This affected Dave badly, but in his defence he did not go straight back to using drugs. He is still fighting his addiction and has had a couple of slips but is working confidently towards rehabilitation. Dave is currently involved in a business venture which has given him friends and purpose, all with the support of our project. Dave is still working with the project today and has contact with his daughter regular, but not regular enough. His ultimate goal is to have his daughter back in his care with support, if required, from social care.

In my professional opinion the time constraints that had been given by the social care were improbable and for Dave impossible, given the fact he has been in addiction for almost 20 years. It shows an inconsistency with statutory services and these are challenges that are constantly appearing. Dave felt let down by the statutory agencies including the drug and alcohol service treating him like a number rather than a person. However with the intensive support and being creative with involving Dave from being social excluded we are hopeful Dave will turn things around.

Natasha Foreman – Navigator, Blackpool Fulfilling Lives

T: 01253 208821, n.foreman@addaction.org.uk

Training in **personalised ways of working** was felt by workshop participants to be crucial, with regular training/refresher courses for frontline staff. This could include staff in **all agencies** that may come into contact with people with multiple needs. For example, it was suggested that **all Jobcentre staff should be trained** to guide claimants towards other relevant services. Another suggestion was that project partners should appoint a **mental health champion** to deliver short training on multiple needs – this might be carried out by peer mentors.



Accessing services for people with a ‘dual diagnosis’ of mental ill health and substance misuse is widely recognised across projects as a particular challenge for improving services for people with multiple needs and ensuring tailored and person-centred support. Our next story gives an example of a typical challenge in this regard.

Psychiatric assessment

My story involves a dual diagnosis client who was interviewed by a well-spoken psychiatric nurse. The nurse interview served as a screening process so direct access to mental health assessments was not possible. My client has travelled around Europe for many years, and lives a transient lifestyle having left home at the age of 16 due to neglect and likely abuse.

I felt that he was dismissed by the nurse as a typical drug-using street person. I emailed to explain the local dual diagnosis strategy, and the 2002 Department of Health policy and quoted the definitions from the latter (as quoted in the amended mental health act). My client was offered a full psychiatric assessment.

Sophie Griffin – Dual Diagnosis Specialist, Fulfilling Lives South East

sophie.griffin@sefulfillinglives.org.uk

To ensure services are holistic and person centred, participants highlighted the importance of services ***being positive about the service user*** and referring appropriately. ***Information sharing*** is needed to help make this happen. The story above demonstrates ***how finding and quoting the local dual diagnosis strategy may help break down barriers with mental health services***. Another tip from one participant was to ***present service users to mental health first and not substance misuse services, insisting they are self-medicating an underlying mental health condition*** (as argued by service user).



The following story continues the theme of dual diagnosis.

Dual diagnosis

For as far back as most of us can remember the issue surrounding dual diagnosis is one that has been around for many years. Drug and alcohol treatment and mental health services continuing to point the finger at one another with clients being passed from pillar to post. Clients and workers within drug and alcohol services will often describe someone's substance use as a form of escapism, self-medicating untreated mental health issues, early year's trauma or ill mental health caused by living a life with multiple needs. Mental health services across the country work in variety of way to tackle this issues, however in Gateshead we have identified there is a number of people with substance use and mental health issues who cannot access mental health service, due to having multiple needs.

Case study DD: DD was referred into fulfilling lives in February 2015 from Gateshead's drug and alcohol treatment provider. DD is a 43 year old male who has served 18 years in the army as a staff sergeant, in charge of up to 200 officers. Upon his discharge he has been diagnosed with bi-polar type 1 and PTSD (April 2014) by a psychiatrist in London. DD is now also dependent on alcohol. Since moving to Gateshead DD has had contact with the Community mental health treatment team, dual diagnosis team and Crisis team, none of which have treated him nor recognised his past diagnosis due to his current alcohol use.

MH services have stated they will not work with DD as they tend to follow NICE guidelines, stating a person must address their substance use before accessing MH services/interventions.

Through presenting DD's case study (amongst others) to the lead commissioner in Gateshead, highlighting the lack of support people with multiple issues were receiving from MH teams the following has occurred:

- Strategic task and finish group has been assembled including Adult Social Care, CCG lead, Housing, Public Health, Drug and alcohol treatment, Mental health and fulfilling lives. The aim of this group is to manage expectations of service providers, present case studies in relation to when clients have been excluded from MH services and create a plan going forward that includes MH services working alongside treatment.
- Gateshead have also reviewed their DRD (Drug Related Death) panel and now have a strong focus on dual diagnosis, exploring if and when a DRD has been referred into MH services (including crisis team), what the outcome was and what efforts were made to engage the person.

Richard Cunningham, Systems Broker, Newcastle and Gateshead

richard.cunningham@fulfillinglives-ng.org.uk

Workshop participants suggested that ***commissioners and policy makers should be involved in reviewing how the dual diagnosis strategy compares to practice, including ease of access to treatment.*** The story also highlights the important role of partnerships that bring together representatives from all key service providers and agencies and how using real case studies with commissioners can be a catalyst for action. It was also suggested that ***using expert citizens to engage commissioners about dual diagnosis*** could have a positive impact. The theme of influencing and working with partnerships featured strongly in discussions, and we turn to this now.

Partnerships and influence

Our first story on this theme is an anonymous example on the importance of influencing the right people at the right level in order to effect change.

Strategic buy-in

One of the first notifications to our project was a client with a long history of mental health issues. A client was sleeping rough and it seemed that the risk was increasing as he became more unwell. There were concerns that he had been assaulted by other rough sleepers on several occasions however he did not seem to be able to identify this and despite having a tenancy to return to was refusing to do so due to mental health issues, leaving his tenancy at risk. Several concerned agencies had referred him to mental health services for assessment however this had not been actioned due to him refusing to participate in the assessment. Safeguarding referrals had also been rejected on these grounds. This cycle had been repeated over several years

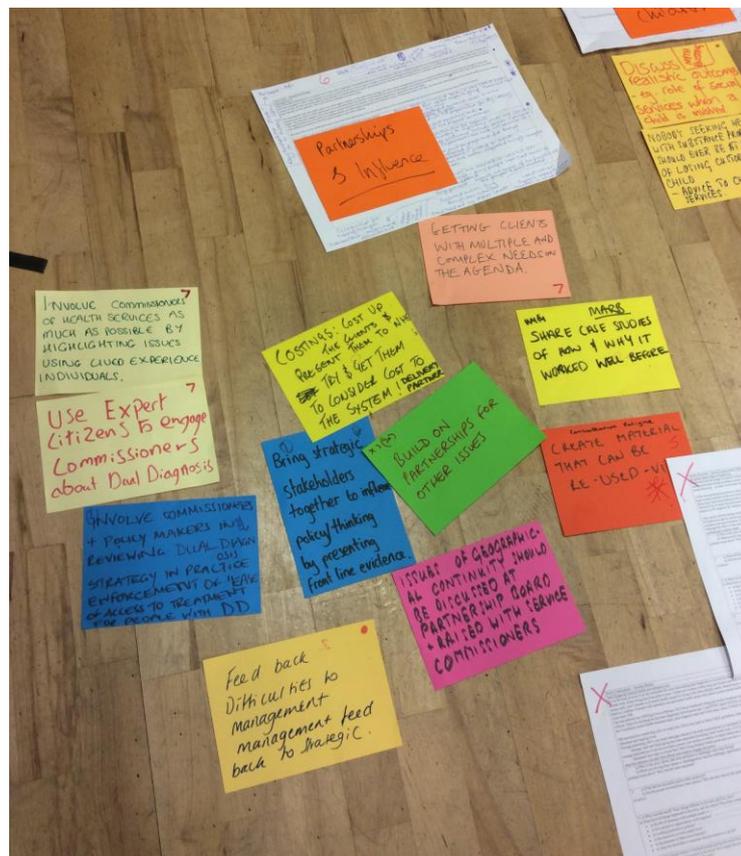
We discussed the risks and made a plan in our multi agency meeting. As the chair of the meeting I met with a senior manager from the Mental Health Trust to outline the difficulties we were having, the manager arranged to meet with members and as a result a mental health assessment was co-ordinated and our client was detained. Following this the client was discharged to the assertive outreach team who have continued to give input and monitor his mental health. The client has engaged well in the support and has returned to his tenancy. With ongoing support he is coping better and more stable

The Mental Health Trust now attend our meeting monthly and offer support and guidance to members in terms of brokering access to services, they have also offered guidance to non-mental health services on working with different presentations. This has had a positive impact on the whole caseload.

The key to the success of this does seem to have been from gaining buy-in at a more senior level, we have also received feedback that the Mental Health Trust is reviewing why access was so difficult.

Anonymous

Many of the tips and suggestions from the workshop focused on the importance of the evidence and information presented to strategic partnerships to influence their decisions and actions. Frontline staff often see at first hand the consequences of dysfunctional systems and processes. **Bringing strategic stakeholders together and influencing policy/thinking by presenting frontline evidence** was a particular recommendation of participants. This could be done by creating a channel through which **frontline staff could feedback difficulties to management and then management can then feedback to strategic boards. Sharing case studies of how and why successful approaches have worked** was also recommended. In austere times, the importance of value for money and the costs of services was recognised by participants. It was proposed that presenting the **full cost of clients to the NHS would help to try and get them to consider the cost to the whole system**. A strong role for people with lived experience of multiple needs was also advocated; participants recommended **involving commissioners of health services as much as possible by highlighting issues through individuals with lived experience**. It is to the vital role of such 'expert citizens' that we turn for our final examples.



Guidance on working with expert citizens

We begin with a story of the impact for one person of getting involved in a project.

Expert citizen's story

Well where shall I begin? A few years ago I had a personal misfortune that lead me down the wrong path, I started to take drugs (heroin and crack cocaine), I was out shoplifting to fund my addiction which I had for around 18 months.

Then on my daughter's birthday I got the shock of my life which made me want to change, my daughter asked me ' mummy do you love drugs more than you love me?' That made me cry as I never once thought how my addiction was affecting my daughter, in fact I had no clue she even knew I was taking drugs or what drugs were. That's when I realised it was time to stop.

The next day I locked myself away in my flat, I snapped my sim card in my phone so I couldn't ring any drug dealers, I got my blanket and pillows and made a bed up on the sofa. It was the longest 7 days of my life, I was sweating, I had the most painful stomach cramps, I had a sick bucket as I was throwing yellow bile up, I was tossing and turning as my legs felt like lead weights and I just couldn't get comfy. Halfway through I nearly gave up as I was in so much pain, but I didn't, I told myself it's for my daughter and I got through my rattle. I had no paracetamol, subutex or methadone, I did hard core at home on my own.

After I had done my rattle I was lost, I didn't know what to do so I started going on courses, that's when I found out about [Fulfilling Lives project] and started to do some volunteer work. Through that I was asked if I was interested in joining the [expert citizen group], so I went along to see what it was about. I didn't know what to expect, I was a bit scared at the time, but you know it was one of the best things that could have happened to me.

Being part of the [expert citizen group] gave me my confidence back. It has opened doors for me for training and more education, it has given me a second chance in life. Through volunteering for the [expert citizen group] I have been able to go into peer mentoring which I never thought I would be able to do. Joining the [expert citizen group] has changed my life, if it wasn't for this I don't know what would have happened to me or what I would have done. I have been given a second chance and I'm grabbing it with both hands. The people on the [expert citizen group] are like me, they have lived experience of multiple and complex needs and get the chance to explore new opportunities that we never thought we could (but we can), and it's thanks to the fantastic people who run this wonderful service. So I would like to thank you to everyone who has helped and supported me through my journey. Now my future looks a lot better than it did a few years ago.

I now peer mentor at the [Fulfilling Lives project], which I really enjoy, it gives me the chance to help other people who have or are going through similar experiences, I have the opportunity to help and support them through their journey.

Anonymous





As well as providing a meaningful role and new opportunities for people, expert citizens' groups provide an important sources of knowledge and a voice for those with lived experience to influence change. This is illustrated by the next story.

A Big Voice

Barry started the project as an Expert by Experience. The change he saw involved giving the service user “a big voice” in the way the multiple needs project was to be structured (designed). The process was empowering and different – in his experience, no one usually asked his opinion. Barry was involved right from the start.

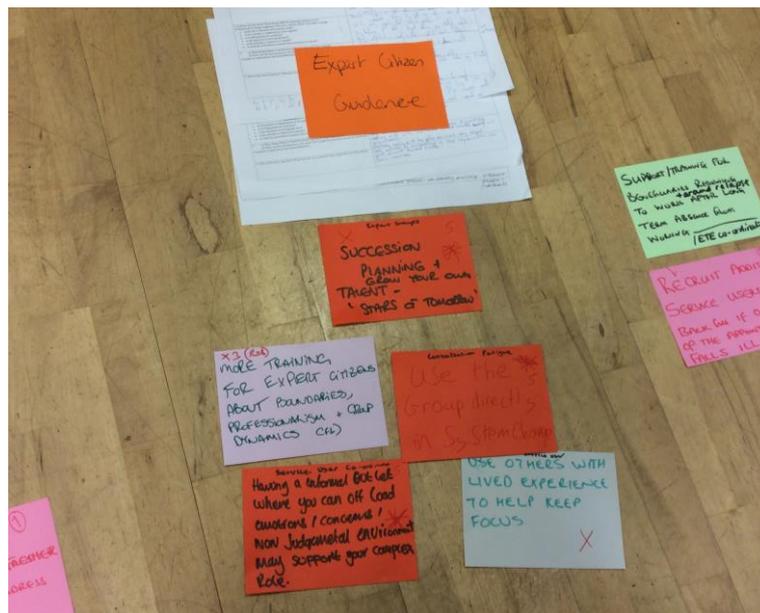
He felt that people believed in him and entrusted him with the work e.g. when meeting the Core Group of around 20 people, sitting on panels, talking to the Lottery as part of the bid etc. He felt “rewarded” – he had been listened to and “treated as a person”. The involvement gave – and continues to give – structure, meeting daily, or up to 3 times per week. He was told from the beginning that it was around systems changes, in terms of better access to services.

Barry has seen the changes as the project secured funding. The funding aims to develop best practice for the service user. This includes the different workstrands: iCAT – information sharing, No Wrong Door – collaboration, Every Step of the Way – Service user involvement.

The opportunities created for service users have been “mind-boggling – great!” The ongoing progression has given opportunities to the service user in the way they want to live. Barry hopes that by the end of the project “people of influence and organisations will use the project to go forward and model services from what we’ve achieved”. Just one example is the No Wrong Door Network, who will have created benefits including attracting other services to work together; guiding the service user; not “leaving them out in the cold”; at the start of their journey their story is told only once – they are not harassed for story after story; the transition is healthy and safe for service users.

Barry Lawes, Communication and Involvement Worker, speaking to Helen Ryman Birmingham Changing Futures Together, HelenR@bvsc.org

Workshop participants had lots of advice and suggestions about supporting expert citizens. Participants were clear that **expert citizen groups should be directly involved in system change including CCG groups, meeting with commissioners and producing qualitative data**. In order to ensure that expert citizens can carry out their role effectively **they should be offered training about boundaries, professionalism and group dynamics**. Participants recommended providing **regular mentoring to the expert citizens to support issues and guide their journey**. The difficulty of what is being asked of expert citizens and peer mentors should not be underestimated and they should have **an informal outlet to offload emotions and concerns; a non-judgemental environment to support the complex role**.



Projects also need to think about how they support expert citizens and peer mentors to progress and to take up other opportunities. The next story provides an example of a particular initiative that does just that by supporting people to move into paid employment.

Promoting the voices of people with lived experience

As a person with lived experience I volunteered for Inspiring Change Manchester (ICM) and was then employed on this programme as the Service User Involvement Coordinator. This has been my first job in many years so I have experienced many challenges but much growth also in this role

During the business planning stage of Inspiring Change Manchester (a name that an existing service user came up with) a group of volunteers including myself consulted service users across Manchester to ensure service user voices were fed into the plan that eventually secured our funding. We formalised this group now called The CORE (Creating Opportunities, Recognising Experience) Group. Best described as a collection of volunteers with lived experience of multiple and complex needs who became one of ICM's governance groups,



ensuring that all decisions that were made within the programme went through them, ‘no decision about us without us’.

It has been my role to coordinate the Core Group and ensure their impact on ICM, this can include consultations with external commissioned agencies and organisations, and this has been an exciting development but the challenge to this is make sure changes are taking place as a result of talking to people with lived experience otherwise this could be seen as tokenistic.

One of the most satisfying results of the Core Group is that 7 members have gone on to be GROW Trainees (Getting Real Opportunities for Work). This is a yearlong paid traineeship on ICM. We have had 4 GROWS going on to full time employment in this sector, for me this is very positive in terms of coproduction, ‘we’ are becoming the workforce.

I firmly believe that any future change of real consequence will come from placing even more faith in people with lived experience, this is a real challenge as many organisations have worked in a certain way for a long time, but change will happen if we pull away the safety net and take a gamble.

Mark Jepson - Service User Involvement Coordinator, Inspiring Change Manchester

Participants were supportive of the notion that ***projects should succession plan for their expert citizen groups and grow their own talent.*** This should include ***providing support and training to people returning to work after a long term absence from work.***

Perhaps most importantly, we should ***keep listening to the expert citizens!***



Learning and legacy

We begin this section with a story from someone new to the *Fulfilling Lives (Multiple Needs)*.

Newbie

As a new addition to the multiple needs work, understanding more about the partnerships, aims and reporting is the biggest challenge at the moment from my point of view. The principle behind Fulfilling Lives (to bring the four different areas of multiple needs together and support individuals through a journey) is a fantastic one, and we all need to ensure that the end user is our focus when we design and manage projects individually and the overall programme. I foresee my main challenge to be how I support the success of each project, how that fits with the overall programme aims and most importantly, how we all do this to get the best for those who are using the services provided. I see the key to making this a success being open, honest and regular communication and challenge by all with a shared end goal.

Laura Furness – Head of Funding, Big Lottery Fund, Laura.Furness@biglotteryfund.org.uk

This highlights the importance of gathering learning throughout the eight years of the initiative, and communicating it in an effective and accessible way. Another key element of the programme legacy will be the results of local and national evaluations. Participants were clear that we should **ensure the evaluation process is robust and thorough, and should include workers and clients**. There also need to be a balance between local and national learning. As indicated above, people with lived experience can make a valuable contribution to evaluation and learning. But this is not without its challenges, as explored in our final story.

Peer research and beneficiary empowerment at Opportunity Nottingham

This story is about the use of beneficiaries as peer researchers in the local evaluation of Opportunity Nottingham, one of the twelve local programmes delivering the Big Lottery's Fulfilling Lives: Adults with Multiple Needs programme. The local evaluation was commissioned both to generate robust evidence to contribute to the overall evaluation of Fulfilling Lives, and to do so in ways that meet the Fulfilling Lives objective of beneficiary empowerment. How far are these aims mutually compatible?

Past experience has taught that peer researchers bring 'expertise by experience' because of their natural rapport with research subjects and their ability to interpret respondent narratives, generating more trustworthy data. But there are challenges in fully involving a genuine peer group in the research process. Moreover, limited familiarity with the research process may lead peer researchers, for instance, to steer interviews towards their own agendas, to apply interview schedules in a mechanical manner, to start telling their own story rather than listening to the respondent, or even to start advising or counselling the respondent.

As local evaluator, I adopted a number of strategies to overcome these problems.

Care was taken in the selection of peer researchers. When the local evaluation began, there was not yet a pool of beneficiaries from which to recruit, so I used volunteers who serve as 'expert citizens' for Nottingham's Services for Empowerment and Advocacy (SEA) service. They are people with past experience of multiple needs, but who have developed research relevant skills, such as interviewing.

Peer researchers went through an application process and signed a contract, akin to a volunteering contract. All interested parties attended a briefing, after which they completed an application form before being formally accepted as peer researchers by signing some simple terms of agreement. Three peer researchers have been employed and are paid £25 every time they complete an agreed task, such as undertake an interview, attend a training workshop or contribute to a steering group meeting. This appointment process gives them a clearer sense of role valorisation.

Peer researchers have attended training workshops at which they were inducted into the research process, basic interviewing skills and contract expectations.

Every effort is made to involve peer researchers at every stage in the research process. They contribute to the design and testing of research tools for use with beneficiaries and other key informants. They assist with data-gathering by conducting interviews alongside an academic. They will also be invited to take part in data analysis and dissemination in ways yet to be determined.

Staff from SEA have been employed to provide regular independent supervision for the peer researchers.

A pilot study of six beneficiary interviews has been completed. The next stage will be to review the interviewing experience, refine the interview schedule, undertake a coding exercise from which to draw out findings, and begin to design research that will test system change with frontline staff and service commissioners. In the meantime challenging questions have emerged:

- Is the research process constrained by the need to train peer researchers, in terms of the range and sophistication of the methods that can be used and the speed at which data can be gathered?
- How well do peer researchers mediate the relationship between the academic researcher and the beneficiary? Do they identify too closely with the beneficiary, making them reluctant to ask penetrating questions? Or do they identify too closely with the academic so that they cease to be 'peer' in any meaningful sense?

Graham Bowpitt, Local Evaluator, Nottingham Trent University, graham.bowpitt@ntu.ac.uk

Appendix – Attendees at workshop

Project	People	Roles
Birmingham	Helen Ryman Barry Lawes Bethan Collier Bridget Higson-Smith	Learning and Evaluation Manager Involvement and Communications Worker Team Leader Lead Worker
Blackpool	Jim Devereux Natasha Foreman Helen Gavaghan	Evaluation and Development Coordinator Navigator Apprentice Navigator
Brighton and Hove, Eastbourne and Hastings	Heather Williams Jo Rogers Sandra Sylvester Sophie Griffin	Specialist Women's Worker Senior Manager Service Improvement Officer Dual Diagnosis Specialist
Camden and Islington	Mark Taylor Martyn Warr Susan Onigbanjo	Assistant Director Peer Development Coordinator Peer Development Board
Lambeth, Lewisham and Southwalk	Dave Mahon	Peer Development Manager
Liverpool	Helen Ball	Local Evaluation Lead
Manchester	Ben Whalley Lauren Harte Mark Jepson	Development Manager Core Group Member Service User Involvement Coordinator
Newcastle and Gateshead	Richard Cunningham	Systems Broker
Nottingham	Angela Kandola Graham Bowpitt Grant Everitt Rob Eagle Tara Simmons	AWAAZ Chief Executive Local Evaluator Evaluation and Learning Lead Beneficiary Ambassador BME assertive outreach worker
Stoke	Ben Wilson	Manager
West Yorkshire	Fran Coard Geoff Doyle Lucy Beckingham	Operational Manager Research and Evaluation Assistant WY-FI project support
Big Lottery Fund	Laura Furness Paul Mason Peter Dobson	Head of Funding Funding Manager (contracts) Funding Relationship Manager
CFE	Rachel Moreton	Associate Director
University of Sheffield	Naomi Gibbs	Learning and Impact Associate
KMB Consulting	Krista Blair	Research and Management Consultant