WY-FI Big Lottery Fund Report Y5 Q1

Appendices #2

Contents

Co-production and Innovation Fund

Calderdale Insight Healthcare (Mental Health)

WY-FI Project Report September 2018

Insight Healthcare is a not-for-profit organisation specialising in the delivery of primary care psychological therapies services.

Project Objectives

1) Provide 30 Beneficiaries with a full assessment of MH needs delivered by qualified High Intensity Therapists

2) Support beneficiaries to access treatment, either within Insight Healthcare or supported referral to secondary care and/or other services that would better meet their needs

3) For those offered treatment within Insight, support 40% (12) to move to recovery or achieve significant clinical improvement as measured by appropriate psychometrics (such as the PHQ-9, GAD-7 and others)

4) Provide evidence-based recommendations to improve mental health pathways for adults with multiple needs in Calderdale, including supporting people with a dual diagnosis

Targets

- Assessments within 5 days of referral from Navigator (appointment booked)

- Treatment offered within 10 days of assessment (appointment booked). Insight will provide up to 25 1.5hr treatment sessions of CBT/EMDR/Counselling as appropriate

- 40% recovery rate expected from those in treatment (either complete or significant improvement) shown by PHQ-9/GAD-7/other measures

- If a beneficiary is not contactable or is having difficulty engaging with assessment/treatment, they will be put on the 'paused' list, and reviewed every 6 weeks in conjunction with their recovery navigator.

Report on Activity from July 2017 to August 2018

The project initially had a High Intensity Cognitive Behavioural Therapy (CBT) practitioner (Katie), employed by Insight Healthcare from July 2017. Katie worked alongside the Navigator team at Foundation, accepting referrals and conducting assessments. Katie made a good start to the project, developing positive relationships with the Navigator Team, the drug and alcohol service, and taking up opportunities for joint working. This continued when Katie left in September 2017, and three new CBT therapists joined the project, Jayne, Fiza and Sara.

As previously described in my report dated February 2018, this group of clients have presented with greater complexity and higher levels of need than Insight's mainstream primary care patients. Consequently, a more flexible and adaptive approach has been necessary in order to engage and to work therapeutically with the clients. The majority of the beneficiaries who engaged with therapy have responded positively. In the main, the beneficiaries that did not take up the opportunity also struggled to engage with other elements of WY-FI.

The assessments conducted by the Insight practitioners have ascertained that most beneficiaries have multiple mental health issues, and in particular, many have underlying psychological issues that may require longer-term therapy, or difficulties that have not been appropriate to address at the time (such as severe and complex developmental trauma). Instead of attempting to focus on historical or longstanding issues, the practitioner and beneficiaries worked collaboratively to identify focused interventions to improve the beneficiaries' current functioning. The treatment sessions involved developing an understanding of and modifying unhelpful behaviours and thinking patterns. The treatment sessions also involved implementing adaptive coping strategies and strengthening emotional resilience, conducive to improved well-being and to the beneficiaries leading a more fulfilling life.

Objectives and targets

The project came to a close at the end of August 2018 by which time a total of 35 beneficiaries had been referred to the Insight practitioners for assessment. Thus, the original target of providing assessment to 30 beneficiaries was exceeded.

The outcomes for the 35 beneficiaries who completed an assessment were as follows:

Assessment only	21 beneficiaries	13 dropped out 1 in prison 1 completed suicide 1 relocated 5 already open to Secondary Care Services
Engaged with treatment	14 beneficiaries	5 dropped out during treatment 3 started treatment and then relocated 6 completed treatment

Across the duration of the project, the DNA rate was 32% which is lower than originally expected considering the engagement challenges that are apparent with the beneficiaries.

The attendance rate was 59% and the remaining 9% were cancellations

Of the 14 beneficiaries who engaged in treatment, the recovery rate was 43%.

The target of assessment within five days was arduous to achieve due to difficulties with engagement from the beneficiaries. Insight's practitioners worked closely with the recovery navigators to work flexibly and to encourage beneficiaries to engage.

Most of the beneficiaries were taken straight into treatment from assessment where appropriate, and therefore, the target to provide treatment within 10 days of the assessment date was achieved. The only period when this was not achieved was the gap between practitioners at the beginning of the project which was unforeseen and unavoidable.

Where primary care treatment was not appropriate for beneficiaries' needs, Insight practitioners worked with the navigators to facilitate a referral to the Single Point of Access (SPA) for Secondary Care Services. Insight practitioners also provided training to the recovery navigators and additional staff on the structure of mental health services and care pathways in Calderdale. This training was warmly received with immensely positive feedback from attendees.

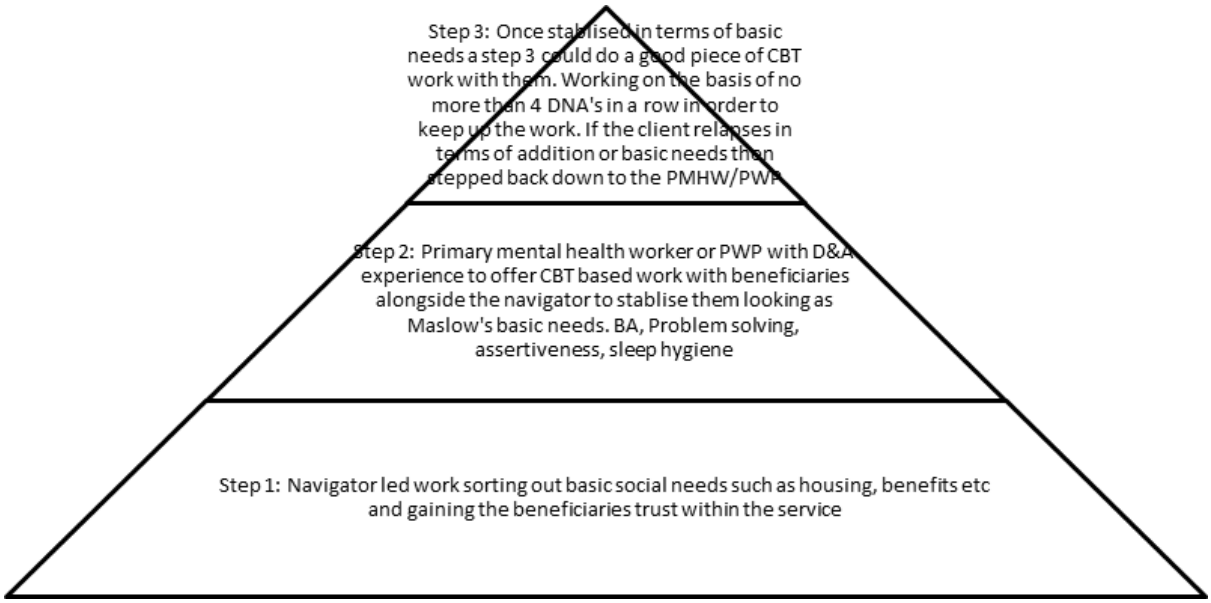
Next steps for WYFI

Following completion, Insight's practitioners reflected on their experiences of working on the WY-FI project, identifying key learning, and generating useful ideas to improve mental health support for this service user group.

It is evident that mental health support is required, and that it needs to be provided in a flexible manner in order to provide beneficiaries with the best possible opportunity to engage. It would be useful to consider the intensity of treatment. Some beneficiaries, depending on where they are in their recovery journey, could benefit from a full dose of Cognitive Behavioural Therapy, whereas for others a lower intensity intervention would be more appropriate. For the latter group of beneficiaries, support could be provided by a Psychological Wellbeing Practitioner (PWP) or mental health practitioner, with experience of drug and alcohol work, in order to provide support and to instil stability. Briefly, examples of low intensity interventions that could be useful are, behavioural activation to improve mood, motivation and daily functioning. Sleep hygiene to improve sleep-wake cycle and to implement a stable daily routine. Problem-solving skills to deal with daily issues and setbacks, and communication skills to promote appropriate assertiveness and to facilitate communication with professionals and others.

A clinical model similar to that adopted by the Improving Access to Psychological Therapies (IAPT) program could be implemented, and this is illustrated below. This would include referral onto secondary care services where appropriate to ensure beneficiaries' needs were

met. Practitioners would collabarate with recovery navigators to promote engagement with psychological therapies, and these would be provided in a flexible manner to maximise engagement.



Foundation

Bradford WYFI Housing Project

End of Project Report

History

The Bradford WYFI housing project started in 2016. It was commissioned to address difficulties people with multiple and complex needs experienced accessing housing in Bradford.

The aim of the project was to house Bradford WYFI beneficiaries who had been unable to access housing through the local authority or local housing associations.

Beneficiaries were housed in private rented accommodation. Foundation leased the properties from landlords and beneficiaries paid rent directly to Foundation.

All Beneficiaries involved retained the Navigators they were working with through Bridge and received extra housing based support through a specialist Navigator employed by Foundation.

In the first year the project made the following key achievements:

- 12 beneficiaries housed
- 2 beneficiaries signed tenancies with landlords and maintained these
- 100% of beneficiaries supported demonstrated positive progress on CHAOS index scores and Outcome Star scores.
-

During the course of the project a number of challenges were identified.

These were:

- A lack of understanding amongst housing providers around managing complex individuals to achieve positive outcomes
- Gateway access issues for homeless individuals with no contact address or telephone number
- Absence of a multi-agency approach to dealing with homeless individuals with complex needs
- Limited capacity to support building the capacity of beneficiaries to successfully maintain tenancies.

In 2017 the project was extended for 1 year with the aim of developing capacity amongst local housing agencies to house and support clients with complex needs.

The scheme ended in July 2018.

Outcomes for Beneficiaries

Bradford WYFI Housing Project worked with 8 beneficiaries through the 6 months from August 2017 to July 2018. 3 were male, 6 female. 7 of the 8 were White British, one was White Irish. The age ranges for beneficiaries were 32 to 58.

Outcome	**Numbers**
Were signed over to landlord	3 of 8
Has Rent Arrears	0 of 8
Anti-Social Behavior Issues in property	3 of 8
Property kept in good condition	5 of 8
Reduction in substance misuse	4 of 8
Reduction offending	5 of 7 (not all beneficiaries had issues with offending when referred).
Decrease in CHAOS †	5 of 5
Reduction in Risk Scores*	4 of 8

† CHAOS Scores for 5 beneficiaries that were recently assessed

*Risk Assessments scores are based on Foundation Risk Assessments. Beneficiaries are assessed based on risk posed to themselves and others. Scores indicate the severity of risks (with high scores indicating greater risks).

Maintaining Accommodation

Throughout the duration of the scheme all 8 resident maintained the accommodation.

When the scheme ended in July, 3 of the tenants were signed over to become tenants of the landlord after successfully managing their tenancies for the duration of the scheme.

One was housed in a separate property immediately prior to the closing of the scheme. As the scheme neared its end point, the landlord made clear they would not take the tenant on themselves (due to concerns about ASB, the state the property would be left in and damage). They were rehoused in a 1 bed properties provided by Foundation prior to the scheme ending.

1 resident was jailed. The sentence was over 6 months so had to surrender the property. He was not due to be released before the end of the scheme.

ASB

Throughout the course of their stay 4 residents had no recorded incidents of ASB. Of the 4 that did, all were related to Domestic Violence. All were engaged with specialist workers to address these concerns. The ASB manifested itself in the form of repeated police call outs, noise nuisance (with neighbors complaining) and damage to the property. None of these residents were taken on by the landlord (with the landlord sighting concerns regarding nuisance to other neighbors and damage to the property as the reason they were not willing to take them on).

5 of the beneficiaries maintained their properties to a good standard. 4 struggled to keep their properties in good condition. Of these1 threw beer cans out of their window into the garden, one left rubbish strewn around the flat. The third was assisted to buy decorating materials to personalise their flat. They stripped the existing wallpaper but never finished decorating before moving out.

50% of beneficiaries reduced substance misuse whilst being housed by the project. The 4 that have reduced their substance misuse are all engaged with support services. Of the 4 that have not, 3 are working with support services but engagement was erratic.

Of the 2 that did not reduce offending one was jailed for street robbery in February. This was his first offence in several years. Another was a victim of Domestic Violence. Her partner was jailed during the first part of her stay (but was released at the start of the year). She makes daily calls to the emergency services about any male she meets alleging domestic violence. The Police have investigated each allegation and are not taking any further action. Beneficiary has been prosecuted for Wasting Police Time and has a 12 month probation order and 6 month Alcohol Treatment Order (which she has now completed).

Peer Mentors

Through 2017/18 the service worked with 4 Peer Mentors sources through the Bradford WYFI project. They supported several of the Bradford Housing WYFI clients assisting with supporting beneficiaries with:

- Attend appointments with substance misuse and benefits agencies.
- Developing budgeting skills such as shopping on a budget
- Enrichment activities helping a beneficiary to spend time productively

Peer mentors working on the scheme went on to find paid employment.

Feedback

The service has received positive feedback from the agencies it works with in Bradford.

National Probation Service - “the service is a god send to the client group”

Crime Reduction Initiative – I am glad to hear there is still you guys providing supported housing

Project6 – A substance misuse charity based in Keighley said “we need more of your services in Keighley”

Cast Studies 1

Joe is a 58 year old male who has a history of alcohol misuse. Prior to working with WYFI he had been arrested on 92 occasions over a 4 year period for anti-social behavior (ASB) whilst drunk in Bradford City Centre. He had a string of failed tenancies (due to rent arrears or ASB) and was street homeless).

He was housed by WYFI in September 2016 in a 1 bedroom flat. Joe has received support to maintain his tenancy and to address complex needs. He was assisted to set up a Housing Benefit claim and to maintain this throughout his stay. WYFI Navigators have worked with him to reduce incidents of ASB within his property. This has included work around keeping his home safe. There were issues early in his tenancy where he let large numbers of other people into the property who drank excessively and caused nuisance to his neighbors. WYFI Navigators worked with Joe to help him develop strategies to say no to friends wanting to stay in his property and reduce ASB.

For the duration of his stay in the property there were no complaints from his neighbors. Joe has been assisted to reestablish contact with his family and was considering accessing substance misuse services to address drinking. Initially, his offending significantly reduced. However, he was jailed for involvement in a street robbery in February 2018. The length of his sentence meant he had to surrender his tenancy.

Case Study 2

Bill is a 45 year old male with a history of heroin addiction. When referred to the project he had been sleeping in a tent in Bradford City Centre and begging to fund his heroin addiction. He was housed in October 2016.

When he moved into the property (which was fully furnished) refused to sleep in the bed and slept on the sofa. The flat was frequently filled with rubbish.

WYFI Navigators worked with Bill to help him become more comfortable in his home. He was provided with supplies to decorate the flat and encouraged to take pride in it.

Having settled accommodation has helped to increase Bills engagement with substance misuse services. He now has a prescription for methadone and has stopped begging.

Bill has been assisted find productive ways to use him time. Navigators helped him to save up for and buy fishing equipment (so he could restart fishing, a hobby he took part in before his substance misuse issues began)

Bill now maintains his property to a high standard and started sleeping in the bed. He signed a tenancy directly with the landlord as the Bradford WYFI Housing Project ended.

Influence/Building Capacity

Half way through the project the Homelessness Reduction act came into effect. This placed an increasing emphasis on local councils to assist all homeless people. Councils are no longer able refuse to assist people who they deemed to have made themselves intentionally homeless (i.e. being homeless due to rent arrears or ASB).

Bradford Council were looking for ways to meet their obligations under the act whilst the project was running. Bridge used the evidence the scheme generated to lobby Bradford Council. They highlighted that a Housing First based model with intensive support could assist people with complex needs to maintain accommodation. Based on the work Bridge did Bradford Council commissioned a pilot project based on the Housing First model to accommodate people with complex needs.

Bridge plan to integrate the pilot into services they already run in Bradford. In addition to the Wyfi they run the 4women. They use the MARB in Bradford as forum to discuss beneficiaries working with all these services. The Housing First pilot will be incorporated onto this. This will increase coordination between agencies that support people with complex needs and Bradford Councils Housing Options team.

Workforce Development

The Training Programme

Summary of Aims for Year 5

The principal training offer for Year 5 will consist of a suite of courses delivered by one provider (Community Links Training). The intention is to provide an opportunity for a group of front facing staff from across West Yorkshire to experience a cohesive training package on working with complex needs.

All participants will complete an introductory course consisting of the following elements: Psychologically Informed Environments; Personality Disorders and Trauma; Risk Enablement; Working with Challenging Behaviour.

The participants will then complete 3 of the following extension courses: understanding personality and personality disorders; trauma informed practice; working with personality disorders (Level 2); dual diagnosis – For mental health practitioners; dual diagnosis – For substance use practitioners; Learning disabilities, cognitive impairments and complex needs; working with psychosis. This suite will be delivered as a pilot to a cohort of 32.

In addition, WY-FI will aim to offer the trio of awareness raising courses: understanding MCN as experienced by women; BME communities, and; prison leavers.

Progress during Quarter 1

Understanding MCN…

Understanding multiple and complex needs in BME Communities. To be delivered by WY-FI delivery partner, Touchstone. The Senior Worker in the WY-FI ETE team is determining which service in Touchstone has the capacity to deliver. It is expected that this will be confirmed and dates agreed in quarter 2.

Understanding multiple and complex needs in Women. To be delivered by Clare Jones from Women Centred Solutions. These courses have been arranged, promoted and filled. They will run on 25th October 2018, 7th December 2018 and 8th February 2019.

Understanding multiple and complex needs in Prison Leavers. To be delivered by the WY-FI Workforce Development and Learning Team following consultation with the West Yorkshire Criminal Justice Network. This consultation is set to begin in quarter 2.

The Complex Needs Suite

All dates for delivery agreed with the provider. The courses were promoted across West Yorkshire with invitations for expressions of interest. The cohort of 32 have been identified and will complete the introductory course early in quarter 2.

Multi-Agency Practice Development Groups

There are six PDGs currently running across West Yorkshire: two in Calderdale (Upper and Lower Valley) and one each in Leeds, Bradford, Wakefield and Kirklees. The summer months invariably have a drop in attendance at these groups and this year was not an exception. A progress summary for each locality follows the summary table.

Quarter 1 Meetings Summary

Date	Staff	Locality	Topics/Themes Discussed
06/06/2018	3	Calderdale (UV)	Community Hubs and networks
08/06/2018	4	Calderdale (LV)	Engagement
11/06/2018	2	Wakefield	Reflective Practice

14/06/2018	7	Kirklees	Managing conflicting priorities; referrals from the CMHT single point of access.
15/06/2018	2	Leeds	Housing prison leavers; working with unwise decisions
05/07/2018	2	Bradford	Not meeting chaos with chaos
24/07/2018	4	Leeds	Increasing complexity of referrals; service user engagement
26/07/2018	4	Calderdale (LV)	Building trust; valuing lived experience
01/08/2018	1	Kirklees	1:1 conversation with a new participant
14/08/2018	8	Wakefield	Taking forward a group in Wakefield
23/08/2018	7	Bradford	Ending relationships; structuring your day

Kirklees

Actions for Year 5

- Contact key managers in the CHART services to encourage and enable attendance at the PDG
- Complete evaluation report
- Agree a research question with CRESR

Progress

Contact details have been obtained for the team manager of a newly formed street outreach team within CHART. Although messages have been sent, no responses have yet been received. Continue to establish contact directly and through the MARB.

A brief evaluation of participant experience has been produced and contained the following recommendations:

> Review the membership regularly and seek opportunities to promote the PDG to organisations who have yet to attend or who have ceased to attend. Attendee first names are recorded on all meeting notes together with the organisations represented at the meeting. A more thorough analysis of this would be useful to include in a more in-depth evaluation.
>
> It may be worthwhile to vary the venues – this may result in improving representation from other services.
>
> The discussions are viewed as useful to the attendees. A number proposed the idea that the group could also be utilised to hold discussions on a topic which has been agreed in advance. This has been introduced into the group over the summer and its success can be assessed as part of the next evaluation of PDGs.
>
> Overall, the key conclusion to this brief evaluation is that further work would be helpful to measure the impact that this approach is having on front facing staff and the people they work with. All notes are available for review. The groups are still running and will be to the conclusion of WY-FI. Consent from members to take part in further evaluations can be sought easily.

A research question for CRESR will be agreed in Quarter 2 based on the recommendations above.

Calderdale

Actions for Year 5

- Deliver PIE training for the upper valley group with a view to enabling reflective practice to start.
- Maintain regular contact with the existing membership organisations in the lower valley.
- Increase the membership of the group through the year.

Progress

It was difficult to get sufficient interest over the summer to make the PIE training viable. The Upper Valley group will be re-launched following training on reflective practice during quarter 2.

Although numbers have been low, the Lower Valley group has remained consistent and undertaken some useful reflective practice. Contact has been maintained despite some organisations not being able to release staff to attend.

New contacts have been established in both areas and the groups should continue to grow.

Wakefield

Actions for Year 5

- Target six organisations in the Wakefield District to commit to enabling staff to attend.
- Provide an opportunity for PIE training for those organisations.

Progress

Since the above actions were agreed, there has been a change in the approach for Wakefield. As the only interest has been from staff at the new housing support service in Wakefield, a proposal has been made to offer a reflective practice group for their staff. It is intended that this group will be used as a study group to measure the impact of reflective practice on service delivery. This is possible here as the membership will be consistent and evaluating the work will be possible within one organisation.

Bradford

Actions for Year 5

- Continue to target the key organisations identified by our local operations manager.
- Meet with this manager to look at next steps for Bradford.

Progress

The group in Bradford has grown steadily over the summer which is remarkable in itself. The organisations above have all committed to attending the group (although not all have as yet). There is a clear commitment to meaningful reflective practice from the current membership.

Leeds

Actions for Year 5

- Contact previous attendees and invite them to return

Progress

All previous attendees are on the current distribution list. If attendance does not bounce back following the summer dip, they will contacted individually to establish why they are no longer attending.

Summary

The summary from the previous report still stands:

> "Establishing multi-agency practice development groups in each locality across West Yorkshire continues to be challenging, interesting and complex. Work in this area during Year 5 needs to look at the impact of this work and evaluations such as those begun in Kirklees will be extended out to the other areas. At some point this year, a decision will have to be made about which groups are more likely to provide WY-FI with sufficient evidence to assess whether this approach has an impact on work practice and outcomes for people experiencing multiple disadvantage. Those groups that are not in a position to help with this learning will have to be wound up so that the evaluative work can be given sufficient focus."

The decision as to which groups will continue into the final year of WY-FI will be taken at the beginning of quarter 4.

Navigator Competency Framework

To take this forward in Year 5, WY-FI will convene a task and finish group of workforce development leads within the Fulfilling Lives Programme with a remit to create a competency framework for working with multiple and complex needs. This will draw on the learning from across the programme to date.

There has been interest in this group from four other FL projects: Newcastle & Gateshead; Nottingham; Blackpool and Bristol. We have shared resources relating to competencies. This is primarily the results of surveys undertaken with front facing staff. The next steps are to meet and agree baseline competency areas relevant to the front facing roles in all the projects. Following this we will build in the detailed descriptors and measures.

An Evaluation of Participant Experience

Kirklees Multi-agency Practice Development Group

22nd August 2018

Roger Abbott – WY-FI Workforce Development and Learning Coordinator
Simon Dixon - *WY-FI Workforce Development and Learning Volunteer*

Introduction

The Group

The multi-agency practice development group in Kirklees began in November 2016. It forms part of WY-FI's aims to increase and improve multi-agency working in West Yorkshire and was the first of such groups established. The focus is on developing the work practice of front-facing staff through reflective practice. The group has been using an action learning model with an expectation that members bring along a particular situation for discussion with the intention of developing specific actions to implement on their return to the workplace. The group has been fairly well attended from the outset with the group demonstrating an enthusiasm to experiment with the approach. This is despite having quite a fluid membership around about 4 core members.

Aims of the Group

With a focus on people with multiple needs in Kirklees, the aims of the group are to develop practice by:

Improving confidence and skills in working with challenging individuals;

To understand each other's work;

To share good practice;

To support each other to overcome specific difficulties;

To identify any gaps or barriers in services, and;

To improve the service user experience of services.

Purpose of this Evaluation

This evaluation seeks to assess the views of the participants on this experiment. At the end of each meeting they are asked for their thoughts on it and anything they will be taking away from the meeting. This survey asks them to reflect on the groups as a whole with a view to establishing what works well and what could be improved. It is intended that this report is a launch of further, in depth analyses of the PDGs and their impact on the workforce and those experiencing multiple and complex needs.

The Survey

Questions

The following questions were sent as an online survey to all those who have attended the group since its inception.

Q1. How many meetings have you attended? (We have held 14 so far...)

Q2. Organisation and logistics. Please rate the following... [Poor to excellent]

Frequency of the meetings (every 4-6 weeks)

Day/Time of the meeting

Length of the meetings (up to 2.5 hours including 30 minutes of informal networking)

The venue - usually Clare House, Huddersfield

Notes, records and invitations

Q3. Content. Please rate the following... [Poor to excellent]

Action Learning approach to reflective practice

How the groups are facilitated

Content of discussions

Representation of organisations and service areas

How useful they are to your work practice

Q4. What do you find particularly useful about the groups?

Q5. Bearing in mind the answers you gave to questions 2 and 3 above, how can the PDGs be improved?

Q6. Have you had an opportunity to share the learning from the PDGs with your colleagues? Please indicate how this took place below.

I have not had the opportunity

Informal discussion

When supporting a colleague

During a team meeting

During a support/supervision meeting

Other (please specify)

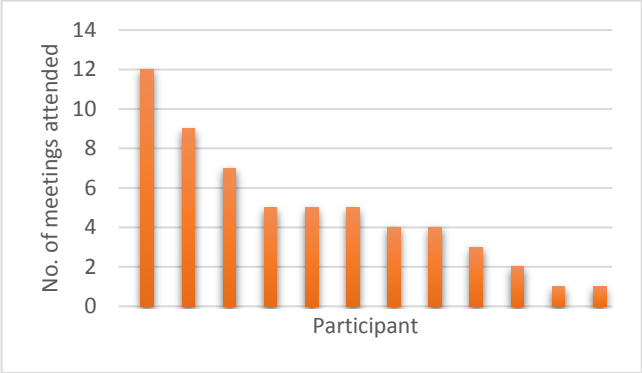
Q7. Any other comments?

Response Rates

53 individuals have attended the groups and were given opportunities to complete the survey over a period of six weeks from early May to mid-June 2018. 12 of them chose to take part in this survey. A response rate of 23%. It is important to be mindful of this low number in any conclusions reached from this analysis.

Results

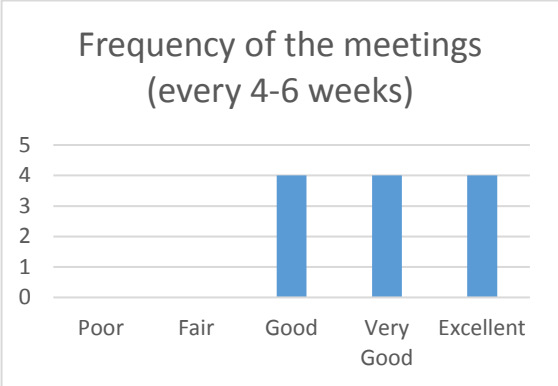
Question 1 – How many meetings have you attended?

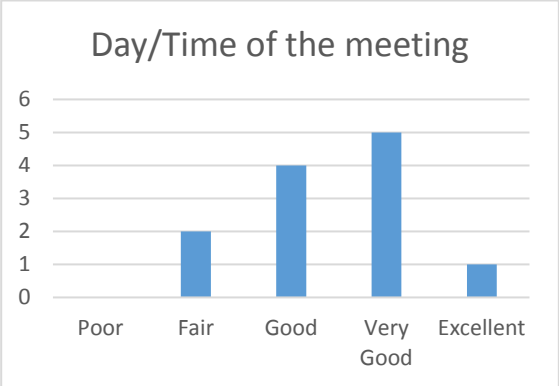


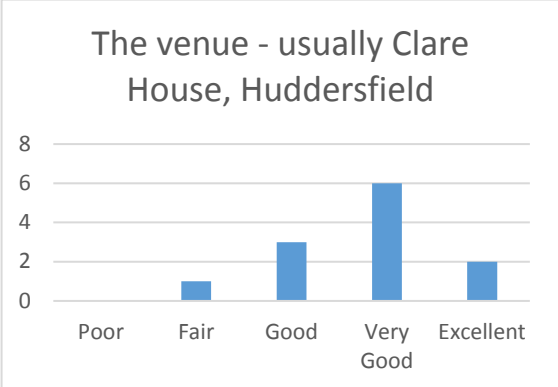
25% of respondents have attended more than 7 meetings

67% of the respondents have attended more than 3 meetings

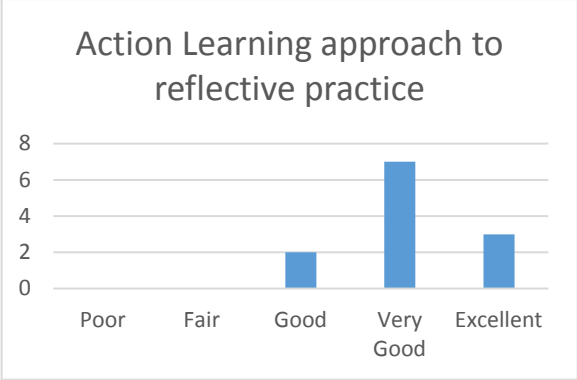
Question 2 Organisation and logistics. Please rate the following:

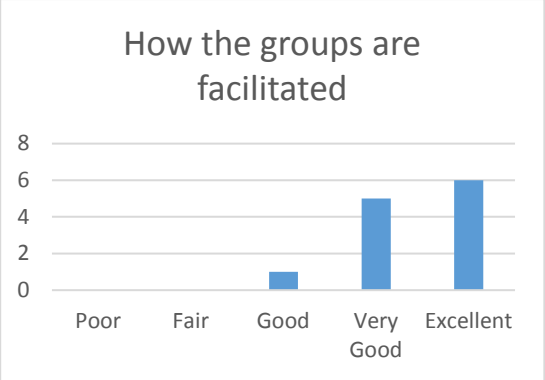


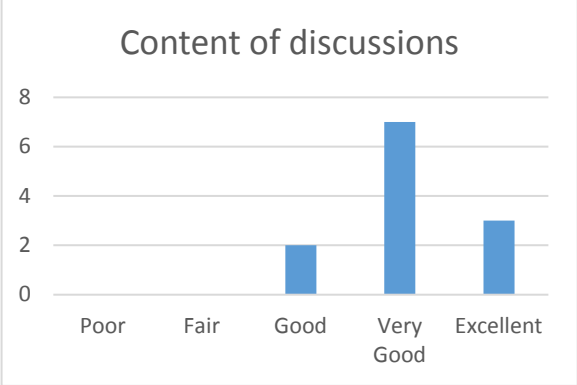


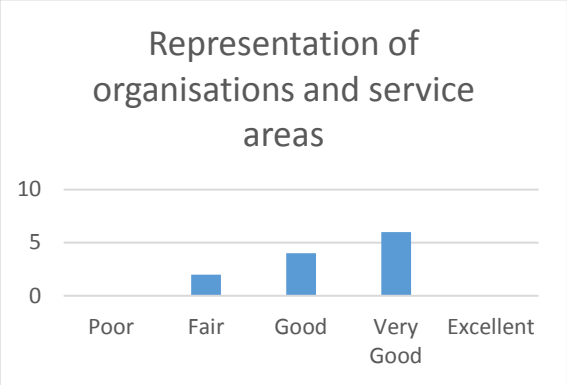


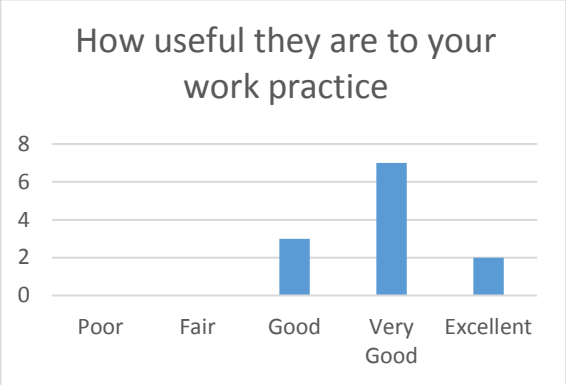
Question 3 Content. Please rate the following:











Question 4. What do you find particularly useful about the groups?

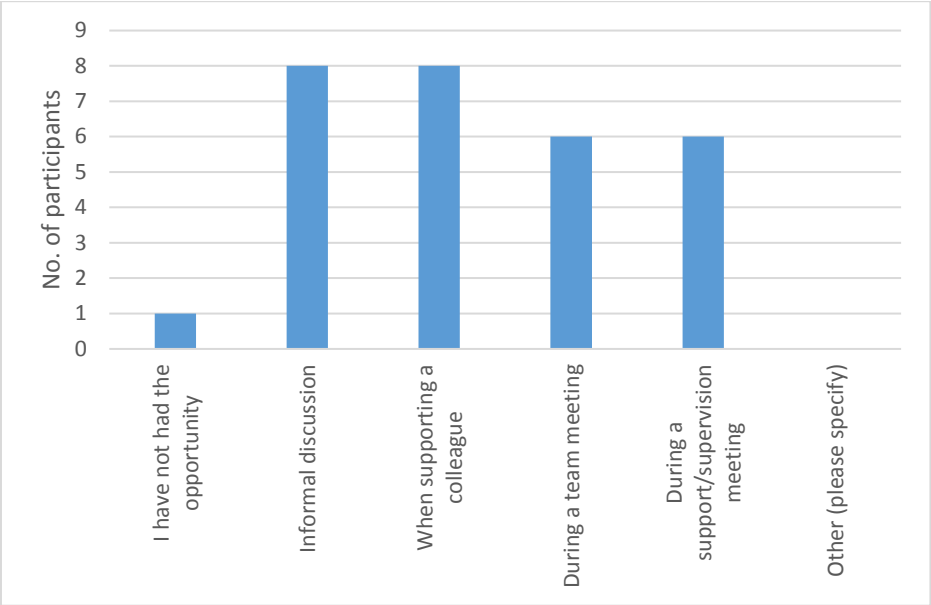
Question 5. Bearing in mind the answers you gave to questions 2 and 3 above, how can the PDGs be improved?

The answers to these questions are in free text format and cumbersome to present here. They can be read in full in the appendix. In summary, the key messages from each are as follows:

Question 4: The groups are particularly useful to provide a networking opportunity, information sharing platform and place to share good practice.

Question 5: Suggestions for improvement are that more agencies can be represented and that attendance could be more consistent. Discussion topics and agenda should be planned in advance.

Question 5. Have you had an opportunity to share the learning from the PDGs with your colleagues? Please indicate how this took place below.



Conclusions

Regular attendance (those who have attended over half of the meetings) is from a core group of 3 people who completed this survey. Although the majority of respondents have attended 3 or more meetings, this fluidity in membership is a concern. Those key people help to provide stability and continuity to the group. Should they move on to other employment out of the sector or area, the group could lose momentum. It is important to look at reviewing the membership regularly and seeking opportunities to promote it to organisations who have yet to attend or who have ceased to attend. Attendee first names are recorded on all meeting notes together with the organisations represented at the meeting. A more thorough analysis of this would be useful to include in a more in-depth evaluation.

Overall, the organisation of the meetings is seen as good. The frequency of the meetings at 4-6 weeks, together with meeting records and communications, are viewed as very good overall. Although the venue and timings of the meetings are seen by most as very good, a small number of respondents rated these lower. It may be worthwhile to vary the venues – this may result in improving representation from other services - another important message from the respondents. There is a clear and consistent message to seek out and secure a wider range of representation at the meetings.

The content of the meetings is viewed favourably. The action learning approach is seen as beneficial together with the manner in which the groups are facilitated. The discussions are viewed as useful to the attendees. A number proposed the idea that the group could also be utilised to hold discussions on a topic which has been agreed in advance. This has been introduced into the group over the summer and its success can be assessed as part of the next evaluation of PDGs.

It is encouraging to see that all but one of the respondents have shared their experiences from the PDGs with their colleagues. It is particularly encouraging that half of the respondents have reported doing this through the formal mechanisms of team meetings and supervision meetings. This can only help with the sustainability of the group and also encourages the use of purposeful reflection as staff development tool in the wider workforce.

Overall, the key conclusion to this brief evaluation is that further work would be helpful to measure the impact that this approach is having on front facing staff and the people they work with. All notes are available for review. The groups are still running and will be to the conclusion of WY-FI. Consent from members to take part in further evaluations can be sought easily.

This evaluation process has been useful in assessing the current approach to the groups and highlighting areas to improve (fine tuning the content, organisational representation and consistency of membership). Also, it has provided a degree of assurance that the work was set and is moving in a direction that is useful to the members and in line with its aims.

Appendix

Answers in full to Questions 4 and 5.

Question 4. What do you find particularly useful about the groups?

- Insight into how other services operate. What services offer and personal insights into this.
- Sharing experiences/contact details/finding out what other agencies do.
- An opportunity to learn about services and beneficiaries in a setting where everyone is respected/listened to etc
- I have only attended one but found it very informative. It was also an excellent networking opportunity, meeting various contacts many I had spoken to but never met. Examples of different approaches to working with individuals with complex issues was useful and the discussions relating to problems encountered in dealing with some of our customers and the sharing of potential solutions. I think the thing I appreciated most was the honesty and empathy in the group, which consisted of people genuinely wanting to do the best they could.
- First meeting so very useful as an introduction to other services. Insight into roles and responsibilities.
- Meeting different people and getting information from them when need.
- Networking and sharing of information/ knowledge. -Exploring shared experiences and overcoming barriers.
- Information and sharing good practice.
- Networking and sharing experiences and good practise
- Being able to find out about other services and the work that they do. also to establish good working relationships.
- Understanding the roles and challenges of partner agencies and sharing good practice.

Question 5. Bearing in mind the answers you gave to questions 2 and 3 above, how can the PDGs be improved?

- Not sure it is an issue with the group per se but continuity of staff being able to attend.
- Scheduled at a time I can attend. I can only attend in the afternoon on Wednesdays.
- We have a Co-production PDG which meets my more 'role specific' requirements.
- I have only been to one meeting so do not feel I can respond to this question
- Unsure
- I think that we need an agenda, so when we come we can all have something to talk about. And get other people's views.
- More agencies to attend
- It would be nice if more people from different organisations attended.
- To have a topic of discussion planned before the meeting
- More representation from other organisations,
- I would like to see wider representation from partner agencies and potentially a rotation of venues to promote wider inclusion
- Although I like Clare House i think varying the venues could be helpful. Representation from wider agencies could also be good where system change is difficult (Prisons, DWP etc)

Story of Me - Report

Story of Me: Findings and recommendations

CPMB update – July 2018

Rachel Hurst, Shaun Allison and Joseph Alderdice

Contents

Background

Following the WY-FI Network's paper to the January 2018 Core Partnership Management Board meeting, it was agreed that their *Story of Me* engagement tool would be piloted with a small sample of beneficiaries and their navigators across the partnership.

This paper summarises the experiences of three beneficiary-navigator pairs, of writing and using their *Story of Me*, as recorded by members of the WY-FI Network.

With the pilot still underway in three areas – and practical opportunities to meet participants less frequent than expected - the main recommendation of this paper is that the pilot phase is extended and learning to date incorporated into the research design. There are nevertheless valuable insights to be shared already.

Methodology

The Co-Production Team delivered a briefing session on the *Story of Me*, covering its rationale, intended use and good practice around the information gathered and contained. This was attended by six navigators, representing four delivery partners. Those navigators were given the *Story of Me* template, guidance notes and evaluation schedule, then invited to select one or two beneficiaries each, with which to conduct the pilot.

The Co-Production Team delivered a corresponding briefing session to the WY-FI Network members who would be involved in evaluating the tool. This session included a refresher on the tool's aims, the purpose of evaluating it and the specific interview questions. Importantly the session also prepared for possible answers that may come from beneficiaries and the potential emotional triggers that those answers may contain.

The evaluation takes the form of a series of structured interviews, intended to be held at three key stages

- Shortly after document is completed, to reflect on the beneficiary and navigator's experience of completing it together
- After one month, to reflect on the practicalities of owning and maintaining the document
- Shortly after its first use in a service setting – self explanatory
- One month after that first use, to reflect on any difference it is making to the quality of engagement with services

At the time of writing, the first interviews have been held in person with navigator-beneficiary pairs in Kirklees and Wakefield, plus a further telephone session with Bradford.

Findings

i) 'Sally' - Kirklees

Network member Rachael H met with navigator Roxanne Rogers and beneficiary Sally at a café in Cleckheaton, facilitated by Shaun Allison of the Co-Production Team.

> *Sally would like more than one copy for a few reasons, firstly she is concerned she may lose the copy she has in her possession, and also she stated she may damage the document by spilling coffee or tea on it, she would also like her navigator to keep a copy for her.*

In writing this up, the Network researchers also commented on Sally's request that her *Story of Me* is kept in a protective plastic wallet. She was reportedly very clear about being the owner and controller of it. This suggestion that Sally truly values the tool, perhaps as a symbol of her newfound control and ownership of the support she is getting. This will form part of the next discussion with her.

> *Sally was adamant she would like all services she engages with to hold a copy of her document so she would not have to keep repeating her story however she did state she would like to keep some of her story out of the document and communicate this in person.*

Further exploration of what should be in or out of the *Story of Me* would be valuable. Sally wants some of her key information to be held and shared between organisations, as per the previous 'passport' incarnation, but also values the act of sharing other elements in person – again, worthy of further exploration.

> *Sally is planning to use her document on Monday and has a positive outlook at using it, she stated the document should be used by "everyone".*

At the time of writing, we have not yet learned how the appointment went that Monday, but it is clear that the *Story of Me* tool, contributed to Sally's optimism and willingness to engage.

ii) 'Dennis' - Wakefield

We met with James Howe, Wakefield Junior Navigator and Dennis, beneficiary, outside Wakefield Museum. Their experiences and reflections were somewhat mixed.

> *Dennis stated had no issues or concerns in sharing the information contained in his story with the services he is engaging with at the moment. He stated he found the story easy to complete.*
>
> *Dennis would like his navigator to keep his document as he stated he may lose or misplace it.*
>
> *There was no differences in what the navigator thought should be contained in his story.*
>
> *Dennis also stated his document was easy to get hold of if he ever needed it and was happy the document was kept with the navigation team.*

As far as co-creating the *Story of Me*, then storing and accessing it, so far so good.

> *Dennis used his story when he attended Inspire Recovery and rated it (0) as it did not save any time and he still had to repeat his story. Dennis rated the document (0) in forming a good relationship with the professional, when he handed the document to the front line worker she read the document and said "Very good" then insisted they complete the organisations referral forms/risk assessment resulting in Dennis*

repeating his story. This was the first time he had seen this particular worker and stated she informed him she was leaving the organisation at the end of the week so he would not be seeing her again, adding this was the 4th worker he has seen in the last 7 months.

The inescapable conclusion then, in this case, is that the *Story of Me,* did not produce the key intended benefit of reducing the requirement to repeat one's story to multiple unfamiliar people. Whether this is true for other services in Wakefield remains to be seen.

iii) 'Ben' - Bradford

This evaluation was conducted by telephone with Mark Neesom, a Bradford navigator.

Ben did question how this document would be used, who would see the document, how could this be shared, could IT come into this? And how could it be developed in the future, were some of Ben's questions around information sharing.

As with the Kirklees participant, this carries echoes of the earlier 'passport' concept. The current incarnation has been designed, indeed simplified radically, in order to avoid those information governance potholes. It is encouraging however that participants are interested in how the *Story of Me* might expand again in future. More immediately, it is notable that beneficiaries have taken an interest in who sees their information and how it is shared, as a result of engaging with this tool.

Ben was initially sceptical about taking part in completing this document and was unsure how useful it would be in practice. Once Ben started to fill in the document he stated he found it difficult and was unsure what to include. Having discussed this with his navigator it was noted Ben seemed to be looking at this document from a clinical perspective talking about different types of medication, treatments and appointment with various services. Reflecting on this after a conversation with his navigator it was suggested he focused on himself for example what he liked/ disliked, what has worked well for him, what hasn't worked well for him also what he wanted services to know about him.

The fact that Ben had difficulty in shifting away from disclosing purely clinical information speaks volumes about the types of conversations he has come to expect from services. It suggests that this pilot is perhaps more aligned with the emerging trend towards strengths-based practice than it is with efficiencies in information sharing.

It was identified Ben enjoyed group meetings and enjoyed the feeling of belonging, being part of something positive, having a connection within the group he also enjoyed walking with others always wanting to fit in. He had stated he sometimes felt he did not fit in. He had consistent support from his navigator and continued in participating stating he was enjoying writing the document. His navigator suggested he take a holistic approach and he took this on board as he continuing with the document. It was noted he got a great deal of self-awareness from completing the document.

The act of writing the *Story of Me* as a therapeutic act in itself is an unexpected theme, meriting further exploration.

Researchers' commentary

The practical progression of this pilot has not been without challenges, including the following:

- There has been disinterest and disengagement of Navigators in two areas, who are unconvinced of the pilot's value and see failure as a forgone conclusion. The pilot's aim, stated at the navigator briefing session, OMG and CPMB, to give the Network's vision at least an opportunity to fail and to draw learning from this, continues to elude some people. We are however sincerely grateful to those who have participated so far.

- Arranging the series of conversations with participants as per the research design has been difficult in practice, requiring simultaneous availability of Network and Co-Production Team members, Navigators and Beneficiaries, whose timetables can be quite volatile. Unforeseeable circumstances have scuppered arrangements on several occasions.
- The beneficiaries involved have been experiencing low mood or a high level of distraction when being interviewed, with a significant impact on the conversation, in particular the likelihood of it being as structured as the research design intended.
- People's stories include details that some may find difficult to hear, even re-triggering the researchers' own memories of trauma and chaos.
- The participating Navigator in Kirklees has left WY-FI.
- The participating Beneficiary in Bradford has died.

These challenges have been accompanied by significant learning, about the research process itself:

- The Network researchers are refining their research techniques, including selection of venue. While an accessible, service-neutral venue was the original preference, experience is pointing towards using more quiet and private settings to have these discussions.
- Experience has also reinforced the value of preparation and debriefing time, covering exposure to potential triggers or vicarious trauma.
- The researchers are reflecting on how to remain neutral when evaluating a tool they have designed and feel invested in, reminding one another that the success of this evaluation is not necessarily in proving that the tool works as intended.

Summary and recommendations

There is evidence that the benefits of the *Story of Me* may be different to those originally envisioned. Those benefits may be less about reducing the need for repeat assessment, but more about

- Taking control of one's own journey through those services
- Creating space and time, through completing the *Story of Me* document, to process, reflect on and accept difficult life events
- Focusing on assets, even if in self-image alone

This pilot exists in the context of the WY-FI Network preparing to take steps towards being an independently constituted body, which aims to be financially self-sustaining from 2020. The opportunity to research and test a prototype product at this stage is essential experience. Researchers have talked about their growing confidence as a result of this work.

It is recommended then that the pilot continues, while incorporating some initial learning into the research design, specifically:

- Including specific questions about the unintended benefits of *Story of Me*, as listed above
- Journaling any reflections and learning about peer-led research practice as an added outcome, to inform future product-testing by the WY-FI Network.

Appendices

- **Basic *Story of Me* template**
- **Participation agreement**
- **Guidance for Navigators**
- **Original evaluation schedule/questions**

Story of me

Personal Statement

Things I would like you to know about me (e.g. my hopes and aspirations, my interests, things people appreciate about me, things that are important to me).

My History and Situation

My background and how to support me (e.g. Health, Disability, Difficulties, Triggers, Substances of choice).

Story of me

Name ……..

Participation Agreement

I am helping to test a new tool called 'Story of me' which has been designed by the WY-FI Network of people with lived experience. My Navigator has talked to me about what is involved and I understand the following things:

- Taking part is voluntary and my own decision. I can change my mind at any time about taking part, without having to give an explanation. The support I get from WY-FI will not be affected at all if I change my mind.
- The content of my 'Story of me' is mine and nobody else's. I am the sole owner, controller and processor of the document.
- I accept that if I lose it, there is a risk of other people seeing any confidential information I have written.

Signed …… **Date** ……..

Storage agreement (optional)

I agree for …….

to store my 'Story of me' securely on my behalf until this date: …… (or sooner if I ask for it to be destroyed)

Signed …… **Date** ……..

Navigator name:

……..

I will store the document securely on the named person's behalf, until the specified date or destroy it sooner if requested.

Signed …… **Date** ……..

Please pass this agreement to the WY-FI Hub once signed

Story of me

Guidance for Navigators

1. Introduction

Thank you for helping us pilot this tool. Members of the WY-FI Network are passionate about it.

It is a simple tool, with two aims:

- Improving the working relationship a beneficiary has with a professional, by giving that professional an opportunity to see the beneficiary as a whole person, often with a complex background.
- Reducing the need for the beneficiary to tell a series of professionals about that background verbally over and over again.

The purpose of the pilot is to start with a small group and learn how the tool works in the real world. After the pilot we might tweak the design, produce some more detailed guidance or even decide that it is not useful and not take it any further.

So, please don't just get on with using it! The most helpful thing you can do is to run into the sort of problems that we might find if we introduce it more widely – and tell us about them.

2. Creating the document

To keep things as simple as possible, at a time when data protection regulations are becoming increasingly strict, we have chosen to go with a simple paper document that the beneficiary owns.

Please complete it by hand with the beneficiary and explain/agree what it will be used for.

Please also go through the participation agreement with the beneficiary. *Informed* consent is the key.

If they are worried about losing their 'Story of me', they can sign an agreement for you to store it securely on their behalf.

All we need is the ID number of the beneficiary. Please email it to Shaun: Shaun.Allison@disc-vol.org.uk

3. Storing the document

Even though, legally, the beneficiary is the sole owner, controller and processor of the document, please abide by the same information governance standards you would with any other document.

Please do not create or store any electronic copies.

Please destroy it upon request from the beneficiary. Let us know if you do.

4. Using the document

With the beneficiary's agreement, take it to appointments and see how it goes! Reflect on it together and be prepared to tell us about it.

5. Evaluation

The WY-FI Network is forming an evaluation subgroup, co-ordinated by Shaun. They would like to talk with you and the beneficiary a few times over the course of the pilot, at a time/place that works best for you two. The schedule overleaf gives more detail. Please email Shaun after you first complete the document: Shaun.Allison@disc-vol.org.uk

Story of me

Evaluation schedule

Timing/trigger	Topic	Questions	Answer type
Shortly after document is completed	Experiences of completing the document together	How much use do you think the document will be?	Scale 1-10
		How easy was it to complete?	Scale 1-10
		Any feedback from the conversation about consent to information sharing? eg Did it put you off doing it?	Free text
		Were there differences between what navigator and beneficiary thinks should be included?	Free text
After one month	Experience of practicalities	Who is looking after it?	Nav/Beneficiary?
		How easy was it to get hold of when you needed it?	Scale 1-10
		Has it ever been lost?	Yes/No
		Have you updated it since first completing it?	Yes/No
		Any other comments around practicalities?	Free text
Shortly after first use at appointment in a service	How useful was it during an appointment	How useful was it in saving time and repeating yourself?	Scale 1-10
		How useful was it in forming a good relationship with the professional?	Scale 1-10
		How useful do you think the professional at the service found it?	Scale 1-10
		Any comments on how helpful you found it in getting off to a good start with the service	Free text
One month after that appointment	Lasting usefulness and engagement	Did starting off with the Story of Me lead to a better relationship and engagement with the service? Do they have a deeper understanding of you?	Scale 1-10 and free text
	General patterns of use	How do you tend to use it most? Just at first meetings with a service or at other appointments? Do you update it often?	Free text

Appendix 2: WY-FI Evaluation Questions for the Network

1 - What does a Fulfilled Life look like (perhaps using some of Vicky's examples as a hook)	**2 - Does the Perfect Service that Experts devised lead our beneficiaries towards a Fulfilled Life**	**3 - Has WY-FI really delivered on the Perfect Service and do beneficiaries feel that they have arrived at a place that they think is a "Fulfilled Life"**
Can change from 9-5, mental health - be well. Can be different everyday.	Always need to based on the individual as needs can change depending on the day an mood.	Need to have a key to "Common Term" as people may call services or service users by other names and can be really confusing.
Build family relationships, be drug free and stable, free from prescribed medications.	Yes, WY-FI perfect service	Not yet but if I keep working on this, I will get there.
Feel of freedom to be what I can be and exceed potential	Leads towards fulfilled life but other services sometimes fail the beneficiaries.	WY-FI has tried but due to my navigators workload, it has become much harder to feel I can totally fulfill.
To keep my mental health good and stable to remain off drugs and keep in touch with my family	WY-FI has been really good for me. I like my navigator because he listens to what I have to say	My life is much better than 2 years ago but I would like to do much more and go on holiday for a break.
I would like to get a job so I can move into a flat in a nice place. Also to get off my medicaition as it is holding me back.	I like working with my navigator as she listens to me	No, I want to get a job and new flat. I don't like where I live as it is rn down and neighbours are nosy. They drink and take drugs everyday.
Happiness, less anxiety, not feeling suicidal	I don't understand the question or it's relevnce	WY-FI has saved my life, without the service they provide I wouldn't be here now. The holistic approach to my many needs has given me a new lease of life. Treating me like an adult . Does the perfect service exist? Our complex needs means that my relationships with WY-FI has been good but could be better.
Just to have importance and a good balanced life with multiple activities providing educational skills. Also enables to communicate with others.	Depending on the activities and groups available then yes I think it' a case of actually speaking to your navigator and getting help to do something to fufill time.	A perfect service, no a service that is used well very successfully and does not change lives when effort is put in.

WY-FI

Fair Access and Exit Data Analysis – June 2018

Introduction

The following document aims to gather evidence to decide whether there are any particular barriers, issues, patterns of inequality (i.e. 'negative impact') for different equality groups in accessing the service, or exiting positively from it.

The following characteristics have been split into sections and reported on –

- Age
- Gender
- Age and Gender Combined
- Ethnicity
- Religion
- Disability

Each of the above is then split into the following areas of data –

Access / Referral – Looking at numbers entering onto a Navigator Caseload based on the above characteristics. Comments / findings on the data are made.

Exit / Discharge Status – Looking at numbers exiting the WY-FI project – positively, negatively and neutrally based on above characteristics. Comments / findings on the data are made.

Headline Analysis / For Consideration – Any headline information / findings condensed and reported on based on the above.

The above is intended to influence / guide discussion and any potential process changes required.

The Data

- All data is taken from the WY-FI MIS system up to 31/03/18 and is as accurate as the information inputted onto beneficiary records. Any significant gaps in recording that influence the findings has been mentioned in the below report.
- All graphs are based on % split of the reported diversity area i.e. Gender - 247 Female beneficiaries = 100% as represented.
- It is important to note that beneficiary data inputted onto WY-FI MIS is done so by non-Humankind staff and beneficiaries are not case managed by Humankind staff.
- The referral process and recording criteria are purposefully set to minimise barriers to the programme i.e. Diversity related questions are not a 'required field'.
- In the following report Discharge Status is based on Exit Destinations – Positive, Negative, Neutral – It does not take into account chaos index scores between start and end on the WY-FI programme – ongoing analysis of this is being completed.

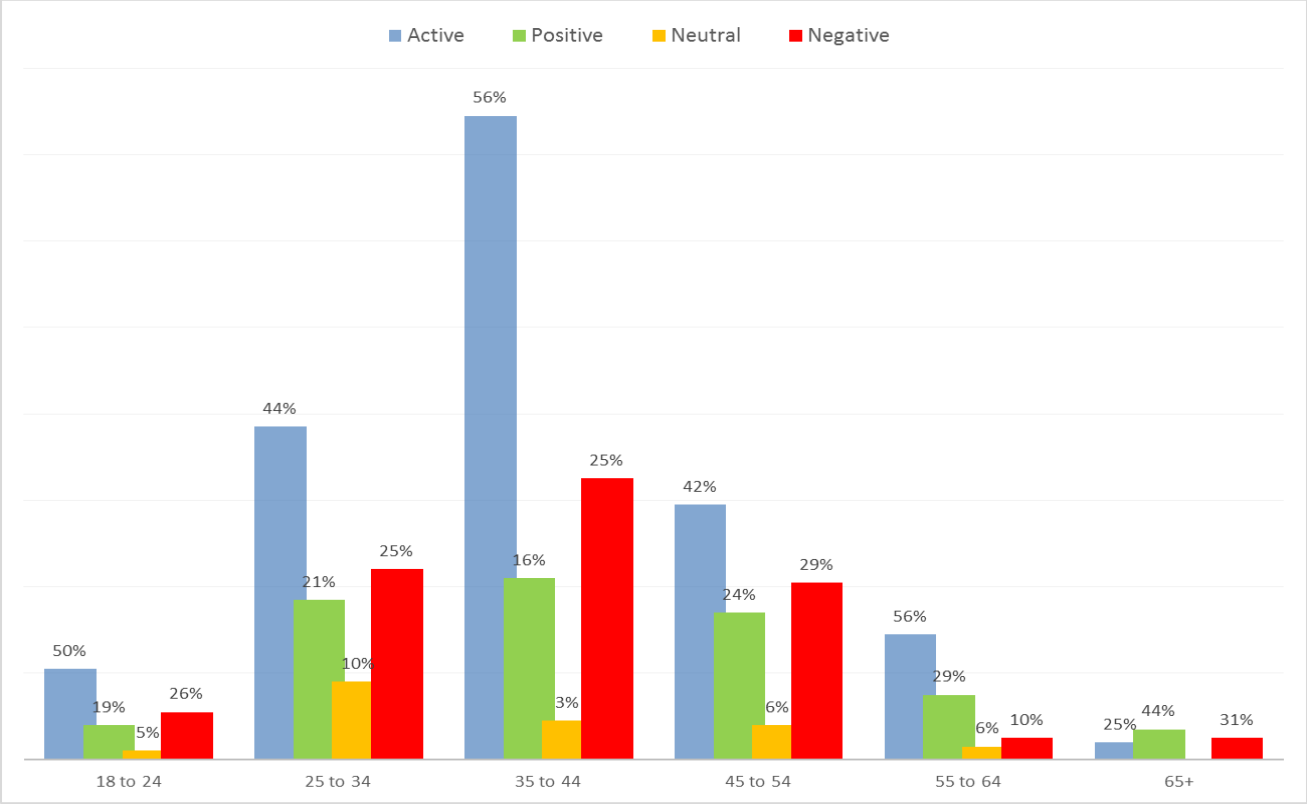
Age

Access / Referral -

- Age Range 35-44 is most common beneficiary age bracket – 38% of All Seen and 44% of Active caseload.
- Retention rates (remain on caseload) for 35-44 age range is significantly higher than its closest age ranges in cohort share – 25-34 and 45-54 – both %'s and numerically. Both age ranges 25-34 (77 active vs 99 discharged) and 45-54 (59 Active vs 83 discharged) have discharged more beneficiaries than current active caseload – 35-44 Age range is the complete reversal with 149 Active vs 116 discharged.

Exit / Discharge Status -

	Active	Positive	Neutral	Negative	Grand Total	% All Seen
18 to 24	**21**	8	2	11	42	6%
25 to 34	**77**	37	18	44	176	25%
35 to 44	**149**	42	9	65	265	38%
45 to 54	**59**	34	8	41	142	21%
55 to 64	**29**	15	3	5	52	8%
65+	**4**	7	0	5	16	2%
Grand Total	**339**	143	40	171	693	100%



- Higher the age 55-64 & 65+ Age range positive exit % significantly higher than other age ranges – albeit with smaller cohort size. That said the % negative discharge rate for 65+ is the highest of any with 31% again with a small cohort size however.
- Negative discharge rates in the highest age ranges (25-34, 35-44, 45-54) are all similar in % between 25%-29% - all higher than the positive rates.
- Largest cohort of 35-44 has the largest difference (of highest age ranges) in % discharges positive 16% v negative 25% - both the 25-34 and 45-54 cohorts are within 5% of each other.

Headline Analysis / For Consideration –

- 35-44 Age Range – additional analysis on complexity within age range required – what is keeping this age range on programme longer – significant differences in numbers / %'s discharged from other age ranges.
- Higher chance of discharging the service positively the older the age range – 32% chance if aged over 55 of exiting programme positively based on the combined all seen and positive discharge figures.
- Significant jump in All Seen numbers between 18-24 (42 beneficiaries) and 25-34 (176 beneficiaries) – the younger cohort is always expected to be lower however this difference is significant enough to highlight.

Gender

Access / Referral -

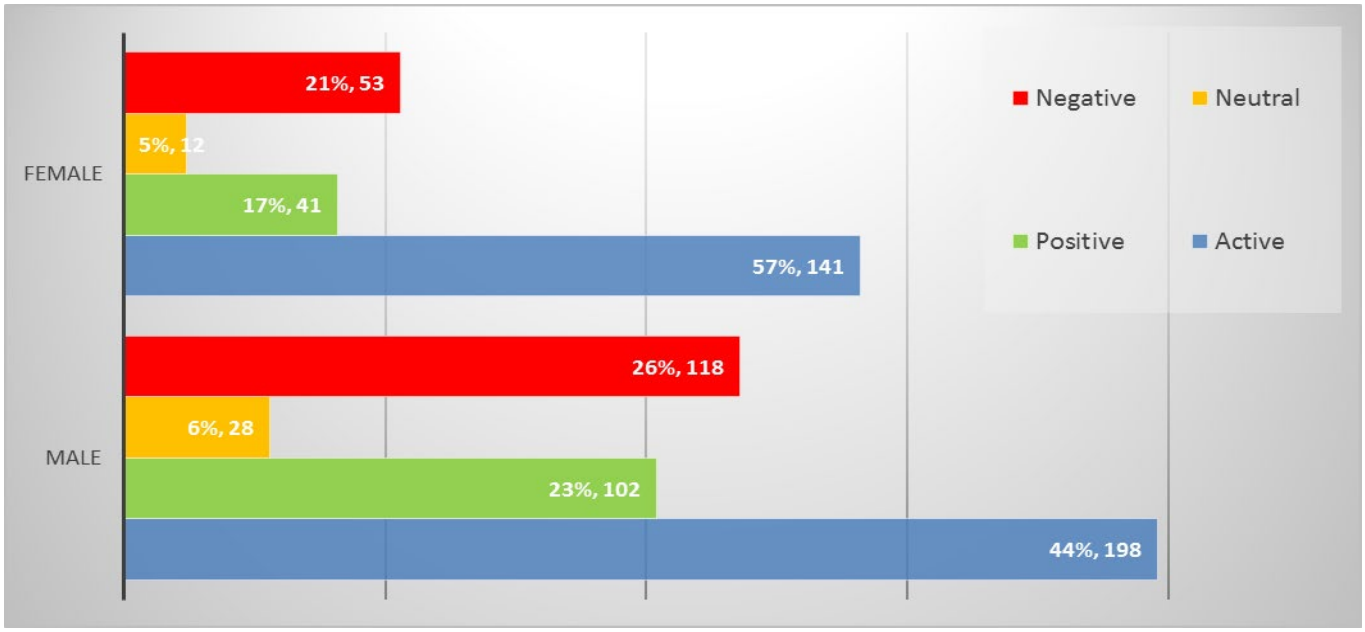
- Overall beneficiaries seen / All Seen sees a gender split of ***446 Male - 64.3% vs 247 Female – 35.6%.*** This gender split is in contrast to for example Substance Misuse services who record gender splits with relative consistency of ***Male 70% and Female 30%.***

- Active caseload sees an even higher gender ratio % for ***Females – 42% vs 58% Male*** as this is significantly higher than the All Seen figure it signifies Women staying on caseloads for longer.

Exit / Discharge Status –

- A higher proportion of Women remain active on the caseload than Men (57% to 44%), this, of course, means that the overall proportion of discharges for women is smaller than that of men.

	Active	Positive	Neutral	Negative	Grand Total
Male	**198**	102	28	118	446
Female	**141**	41	12	53	247
Grand Total	**339**	143	40	171	693



Headline Analysis / For Consideration -

- It would be interesting to analyse other services that may case manage this client group – Mental Health, Criminal Justice etc Gender ratio's – to see if stand-alone services see a differing ratio to a combined needs service such as WY-FI.

- Females exiting caseload lower in % of overall Females seen in all areas than Male – statistically less likely to exit service in anyway once you are on navigator caseload if you are Female.

Age & Gender Combined

- Age and Gender are the only demographic fields in which an additional breakdown of data is feasible, other demographic field breakdowns give us data in the singular figures making comparison and analysis difficult.

Access / Referral –

- As expected based on Age Range split the 35-44 Age range contributes the highest number and % of beneficiaries for both Male and Female cohorts. This contribution however is considerably higher within the Female Cohort -

Gender/Age(Active Caseload)	Male	Female	Total
18 to 24	15 / 8%	6 / 4%	21
25 to 34	45 / 23%	32 / 23%	77
35 to 44	74 / 37%	75 / 53%	149
45 to 54	39 / 20%	20 / 14%	59
55 to 64	24 / 12%	5 / 4%	29
65+	1 / 1%	3 / 2%	4
Grand Total	198	141	339

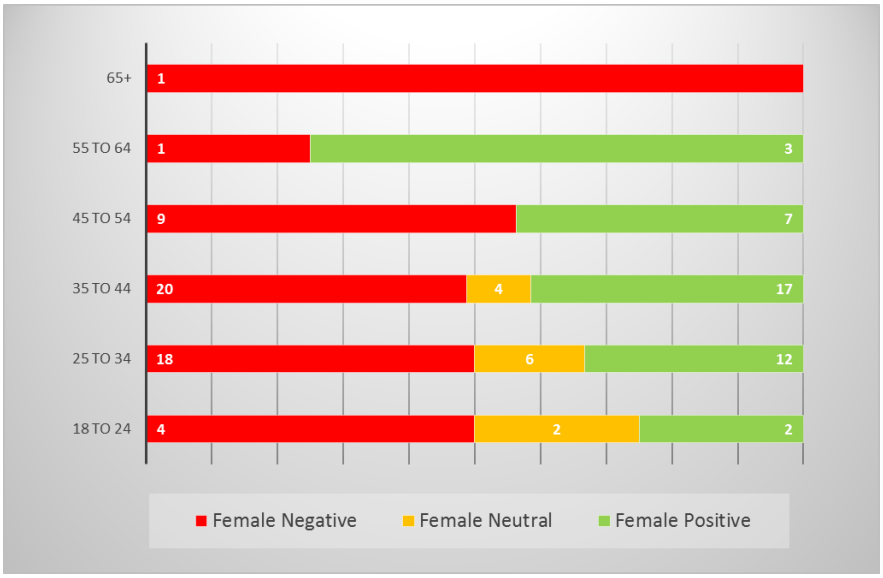
- More Females (75) in the 35-44 age range than Male beneficiaries (74).
- Over half – 53% of all Female beneficiaries are within the 35-44 age range.
- Significant shift in % of Active total the older the beneficiaries get – 20% of all Female beneficiaries are 45+ whereas 33% of all Male are 45+.

Gender/Age (All Seen Caseload)	Male	Female	Total
18 to 24	28 / 6%	14 / 6%	42 / 6%
25 to 34	108 / 24%	68 / 28%	176 / 25%
35 to 44	149 / 33%	116 / 47%	265 / 38%
45 to 54	106 / 24%	36 / 15%	142 / 21%
55 to 64	43 / 10%	9 / 4%	52 / 8%
65+	12 / 3%	4 / 2%	16 / 2%
Grand Total	446	247	693

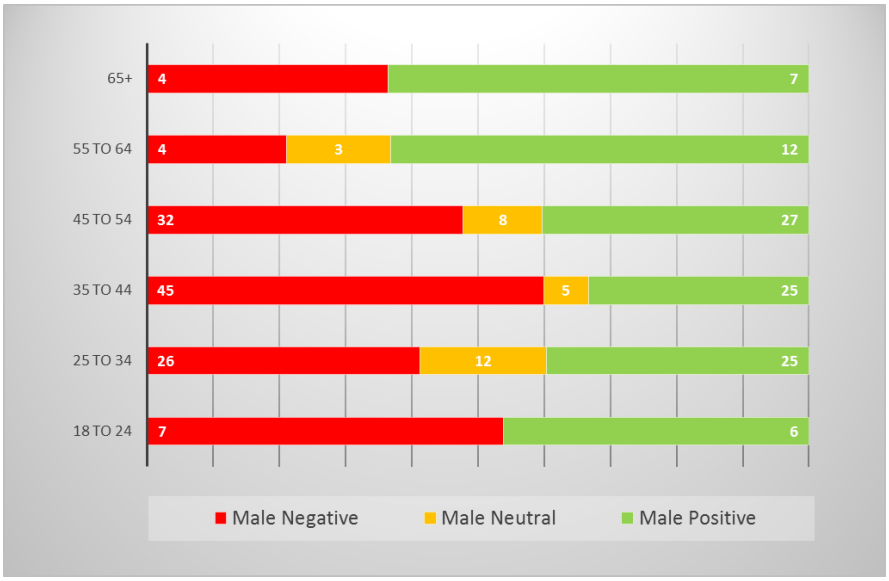
- Looking at the above All Seen (Active and Discharged beneficiaries) figures this compounds the differences in the cohort for ages 45+ - significant drop both numerically and % for Females opposed to Males.
- Consistency in the % and numerical jump in beneficiary numbers between the 18-24 and 25-34 cohorts for both Male and Females.
- The 35-44 Female Age range is by far the largest single demographic subset at 47% - closest is the same age range but for Male beneficiaries.

Exit / Discharge Status -

- Female Beneficiaries –



- Male Beneficiaries –



- Male beneficiaries have a slightly more even split for positive discharges than Females – i.e. more discharges in more age ranges.

- 55-64 age Range is the solitary age range where positive discharges outweigh others in both gender cohorts.

Headline Analysis / For Consideration -

- Male beneficiaries show a much more even split over the Age Ranges in number and % of cohort than Female beneficiaries. Does this mean Males hit the multiple complex needs criteria more frequently across every age range? OR does it suggest Females become less complex the older they get – see difference in 45+ age ranges.

- Despite 35-44 being the highest numerical range for beneficiaries – they are more likely to discharge negatively than positively in both genders (significant difference noted in Male) – does more targeted work need to be done within this cohort? It is the pivot age range for both genders – Female – beyond less likely to discharge positively and reverse for Males.

Ethnicity

Access / Referral –

Below full breakdown of Ethnicities recorded on WY-FI MIS for all beneficiaries seen -

Ethnicity – All	Count	Percentage
White British	485	69.99%
Not Recorded	82	11.83%
Any Other White Background	33	4.76%
Irish	13	1.88%
White and Black Caribbean	12	1.73%
Pakistani	12	1.73%
Any Other Ethnic Group	9	1.30%
No Record	8	1.15%
Caribbean	7	1.01%
Any Other Asian	6	0.87%
African	5	0.72%
Gypsy or Irish Traveller	4	0.58%
Indian	3	0.43%
White Asian	3	0.43%
Any Other Black/African/Caribbean Background	2	0.29%
Any Other Mixed/Multiple Ethnic Background	2	0.29%
White and Black African	2	0.29%
Declined To Say	2	0.29%
Chinese	1	0.14%
Arab	1	0.14%
Bangladeshi	1	0.14%
Grand Total	693	100.00%

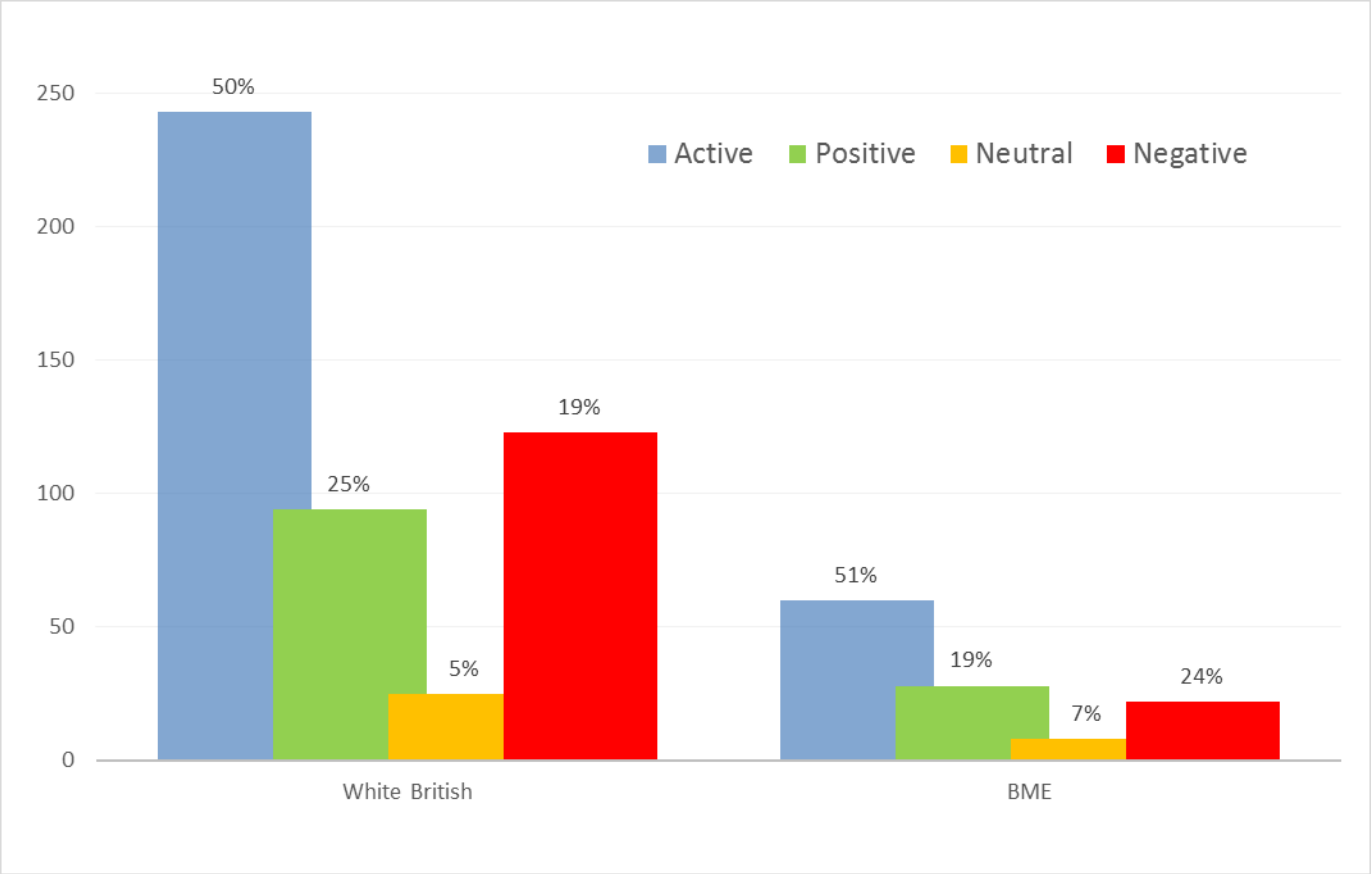
- It is worth noting the following about ethnicities in the WY-FI cohort. As is expected the modal ethnicity is White British with 485(70%), followed by Not Recorded with 82(12%) and Any Other White Background with 33(5%) the remaining balance, approx. 13.5% is divided between 18 ethnicities, in other words, so small individual analysis is, while possible, not meaningful. The ethnicity data will be presented under the Sub Headings, White British (WB) and BME – Not Known / Recorded (90 beneficiaries) are discounted from following Exit statistics.

Exit / Discharge Status –

- Active Caseload and Discharge Categories for White British and BME beneficiaries – 90 Not Known / Recorded discounted from below.

- 50% of White British beneficiaries as oppose to 51% BME remain on navigator caseload, pretty much the same – denoting no difference in length of time on caseload.

	Active	Positive	Neutral	Negative	Grand Total
White British	**243**	123	25	94	485
BME	**60**	22	8	28	118



Headline Analysis / For Consideration -

- White British Positive and Negative discharges are 25% and 19% whereas BME Positive and Negative discharges are almost opposite 19% and 24% respectively – this denotes if you are exiting caseload from a BME background you are more likely to do so positively than negatively.

Religion

Access / Referral –

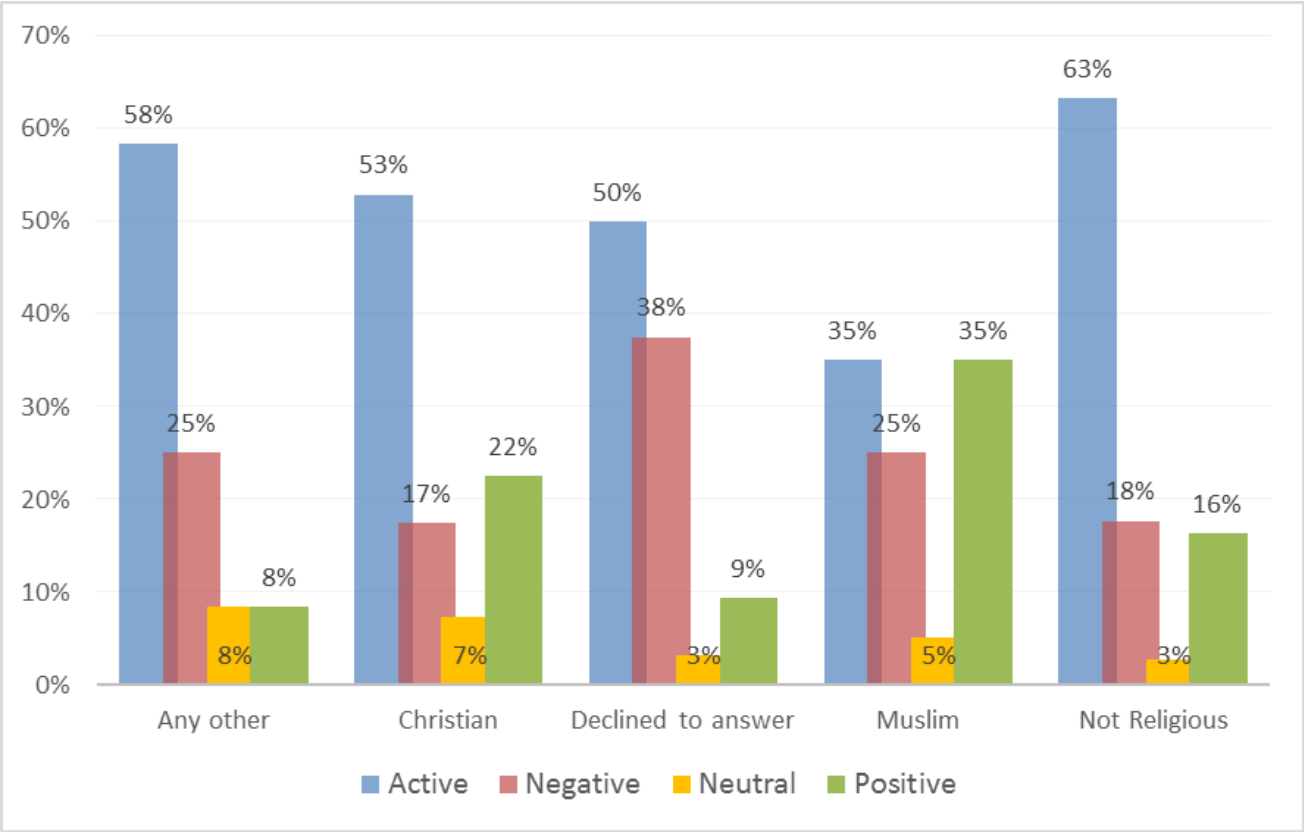
- Religion is not a well-populated field in the MIS, out of 693 in total, 202 are marked unknown, 134 not recorded which results in nearly half of the population.

Religion Recorded	Beneficiary Total	%
Unknown	202	29%
Not Religious	147	21%
Christian	138	20%
Not Recorded	134	19%
Declined to answer	32	5%
Muslim	20	3%
No Record	8	1%
Any other	8	1%
Sikh	2	0%
Buddhist	1	0%
Hindu	1	0%
Total	693	100%

- All Analysis is based on the following - 138 identifying as Christian, 147 as Not Religious 20 identifying as Muslim, 32 Declined to Answer (used as this denotes a beneficiary choice) and 12 'Other' – including (Any Other, Sikh, Buddhist and Hindu).

Exit / Discharge Status –

	Active	Positive	Neutral	Negative	Grand Total
Christian	**73**	31	10	24	138
Muslim	**7**	7	1	5	20
Not Religious	**93**	24	4	26	147
'Other'	**7**	1	1	3	12
Declined to Answer	**16**	3	1	12	32



- 63% of the Not religious population remain on the caseload whereas 53% of the Christian remain on the caseload, this falls to 35% for Muslims, that final observation should be taken with the caveat that the proportion of Muslim Beneficiaries is 6% of the chosen subset of the WY-FI cohort here.
- For Muslim's in our cohort the positive discharge percentage is the highest (35%), taking into account the caveat already mentioned. Only 35% of Muslim beneficiaries remain on the caseload whereas that goes up to 53% for Christian Beneficiaries, 58% for 'Any Other' and 63% for those who have defined as non-religious

Headline Analysis / For Consideration -

- Correlation is noted between having a recorded Religion and positive discharge rate – Muslim and Christian % Positive discharge are the only two areas where positive out performs negative.
- Declined to Answer cohort is a significant one (32 beneficiaries) and also shows the biggest differential between positive and negative exits – it would be interesting to extend some research to look at these beneficiaries – when electing to 'Decline to answer' does this denote a ambivalence to working with the programme?

Disability

Access / Referral -

The table below shows the number and %'s of beneficiaries accessing (active / discharged) WY-FI that have Primary, Secondary and Tertiary disabilities recorded. It must be stressed that of the 693 beneficiary records – Not Recorded is the most prevalent – 435 / 693 = 63% have a Not Recorded Disability status – These are assumed to have No Disability.

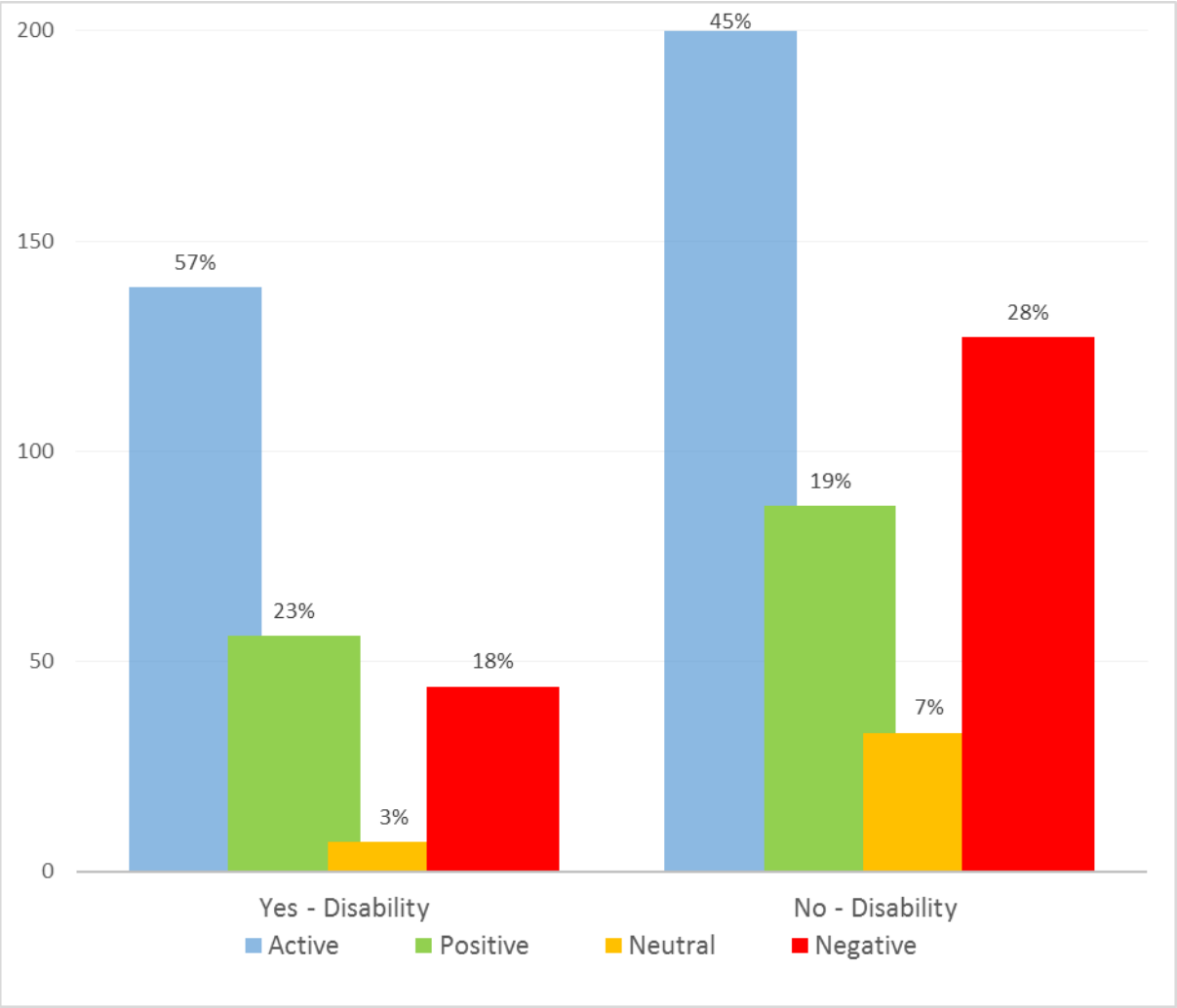
	Primary Count	Secondary Count	Tertiary Count	% w/ Disability Based on Primary vs Total
Behavioural and Emotional	138	33	7	20%
Progressive Conditions and Physical Health	50	18	2	7%
Mobility and Gross Motor	21	15	7	3%
Learning Disability	14	19	7	2%
Other	9	14	8	1%
Manual Dexterity	4	4	1	1%
Personal, Self-Care and Continence	4	7	7	1%
Sight	3	2	1	0%
Hearing	1	4	2	0%
Not Stated (Asked but declined Answer)	1	0	5	0%
Perception of Physical Danger	0	12	1	0%
Speech	0	2	0	0%
No Disability (Inc Not Recorded)	448	563	645	65%
Total Beneficiaries	693	693	693	100%

- Over 1 in 4 (25.6%) of beneficiaries have a recorded Behavioural and Emotional disability based on Primary, Secondary and Tertiary counts.
- 70 beneficiaries have recorded 'Progressive Conditions and Physical Health' = 10.1% of all seen – these progressive conditions include Cancers, HIV, Multiple Sclerosis etc.
- 35% of All Beneficiaries have a Primary Disability recorded > 19% have multiple Disabilities recorded – this is significant in number = 130.
- Active caseload – 139 / 339 have recorded Disability = 41% - denotes recorded disability = longer on caseload.

Exit / Discharge Status –

- Active Caseload and Discharge Categories for those with and without stated disabilities.

	Active Caseload	Positive	Neutral	Negative	Grand Total
Has Disabilities	**139**	56	7	44	246
Has No Disabilities	**200**	87	33	127	447
Totals	**339**	143	40	171	693



- Of those with a stated disability, or number of disabilities, a greater percentage remain on the case load for longer eg 41% currently active vs 35% of all beneficiaries seen.
- 39% of all Positive Exits from WY-FI are beneficiaries with a recorded disability – this is higher than the overall all seen % of 35%.

Headline Analysis / For Consideration –

- If Positive Discharge / remain on programme (active) and lesser Negative discharge rates are considered positive outcomes, those beneficiaries with a recorded Disability have a greater % of encouraging outcomes than those without – i.e. Positive Exit rates 23% vs 19%, Negative Exit rates 18% vs 28%.