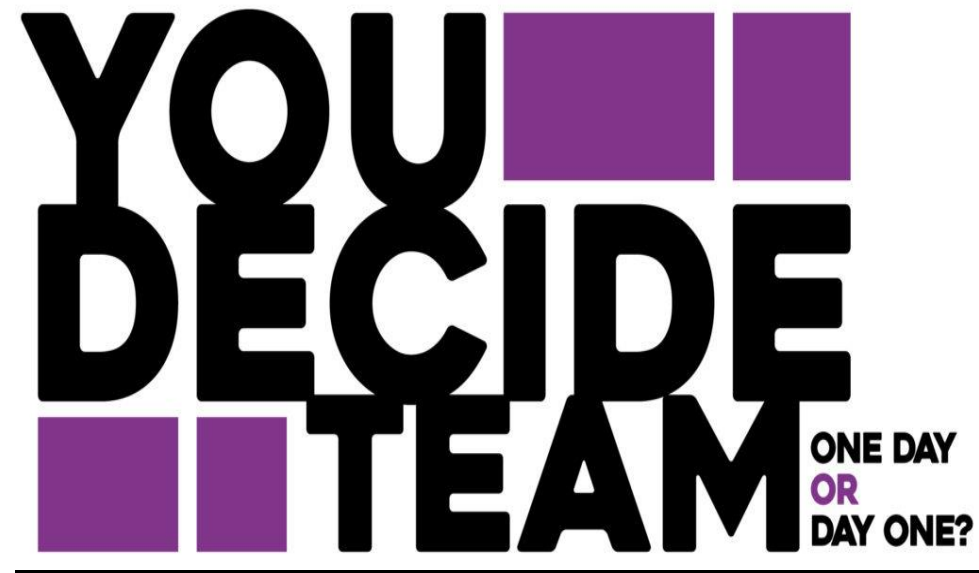


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Examining the implementation and evaluability of the You Decide Team Service



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You Decide Team

Goal of the You Decide Team

The overarching goal of the You Decide Team is to trial a new way of working with individuals, in the community, and provide a service to those who require support for a range of different needs and challenges. It is based on learning that has been captured from the Scottish Violence Reduction Unit's Hospital and Community Navigator projects.

To achieve these goals, the service has two key objectives:

1. Offer appropriate support and guidance to individuals of all ages and encourage them to make positive lifestyle choices and changes.
2. Proactively engage the individual with professionals and services as part of a multi-agency approach. This will involve forming good relationships with partner agencies within the local area and providing handovers to services.

Trialling the navigator model within a community context

The Navigator service was initially introduced within hospital emergency departments in 2015, with the aim of reducing violent reoffending and engaging patients with appropriate statutory and voluntary services. The You Decide Team aims to trial a new way of working with individuals in the community who are interested in making a change to certain aspects of their lives and lifestyles. The team works with people in a person-centred and outcome-focused way, helping people work out what help they need and where they can find it. In doing so, they can help people take back control of their own lives. The Navigators build trusting working relationships and then connect service users to statutory, third sector, and/or voluntary partner agencies within the community and support individuals to engage with them.

During the pilot phase, the service is being implemented within the North of Glasgow. Navigators will support those who require help through a wider network of partner support services and organisations within the Glasgow North community. The team provide a non-judgemental and confidential service and supports people of all ages who are dealing with a range of different and complex issues including:

- Violence

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- Crime
- Domestic abuse
- Alcohol or drug use
- Gang involvement
- Mental health and wellbeing
- Social isolation
- Recovery support
- Access to employment
- Support to gain skills for work
- Money advice

In July 2022, alongside working with adults in the community the team expanded to support young people aged 13-20 years old in Glasgow and the surrounding areas. The young people who are being supported are currently involved in violence, may be connected to gangs in the community, and are not engaging with education. The team help young people to identify the help that they need to make positive lifestyle choices and changes and support them to access relevant services. They work with young people in a variety of different ways, including one-to-one mentoring and facilitating group work sessions that are co-created with the young people themselves. The goals of this work with the young people are two-fold:

- Prevention: Stopping young people from getting involved with violence and gangs
- Intervention: Supporting young people who are already connected to a gang

Referrals to the service can be received from potential service users and from partner services in the community. The service provider and SVRU Research Analyst will work with a researcher based at The University of Strathclyde to examine the implementation of the You Decide Team and the feasibility of a large-scale impact evaluation.

Aim of the You Decide Team Research Project

The You Decide Team research will gather information on how the service is implemented and if the navigators take a person-centred approach to support client needs.

This research project has the following aims:

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1. Develop a Theory of Change (ToC) that describes the intended activities of the service and potential pathways to target outcomes.
2. Examine Implementation of the service relative to the Theory of Change and identify barriers and facilitators.
3. Assessing the feasibility of evaluating the impact of the service.

This research will take a mixed methods approach to data collection. The evaluation is based on focus groups with the Navigators and a snapshot review of monitoring data.

Aim 1: Developing a Theory of Change

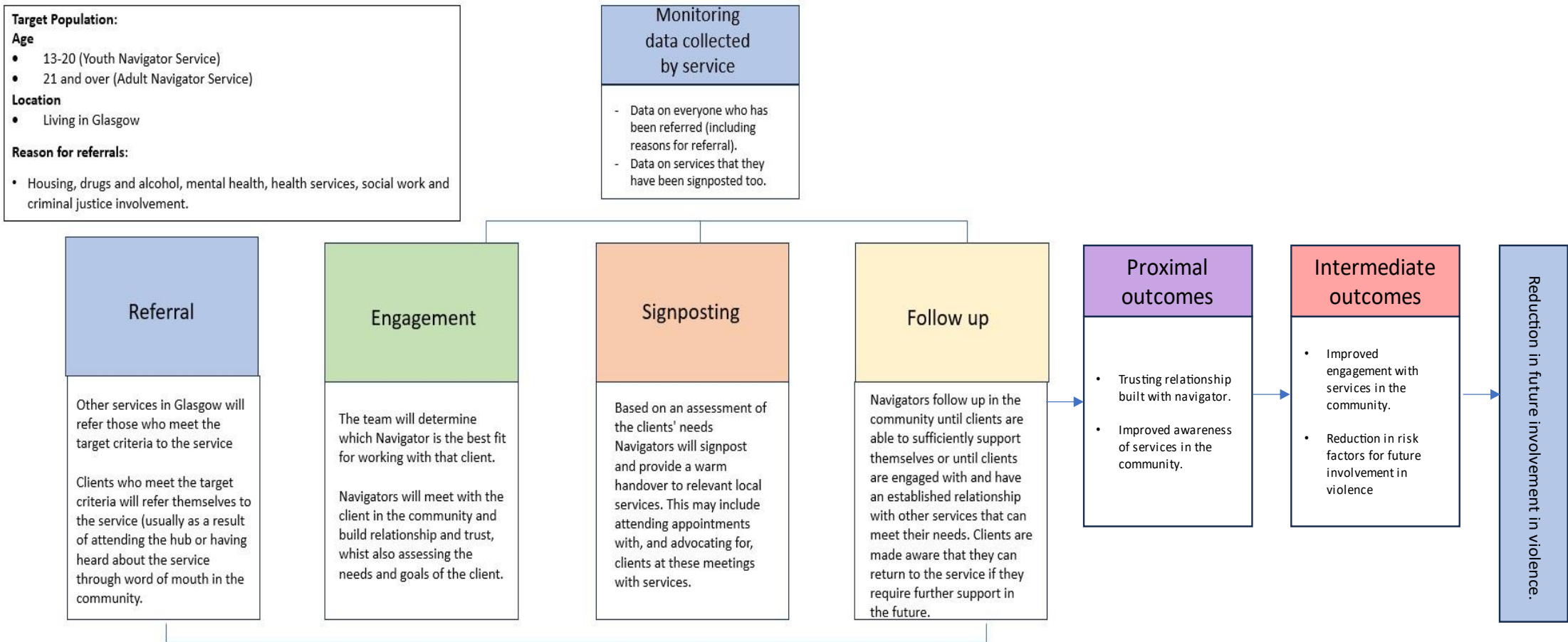
A ToC is often the first step in evaluating interventions and services as it maps out the activities and processes that may underpin client's behaviour change (De Silva et al., 2014; Sutherland et al., 2023¹). To develop a ToC for the You Decide Team service the researchers conducted a workshop with the navigators to identify their vision for the service, the core activities characterising their role and potential proximal, intermediate, and long-term client outcomes. From the workshop discussions, the main components from the theory of change were identified. These are presented in Table 1/Figure 1.

¹ De Silva, M. J., Breuer, E., Lee, L. et al. (2014). Theory of change: A theory-driven approach to enhance the Medical Research Council's framework for complex interventions. *Trials* 15, 267. <https://doi.org/10.1186/1745-6215-15-267>

Sutherland, A., Makinson, L., Bisserbe, C., & Farrington, J. (2023). Hospital Navigators: multi-site evaluation of practices. Youth Endowment Fund.

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Figure 1: Main Components of the Theory of Change (Target Population, Navigator Activities and Potential Pathways to Proposed Outcomes)

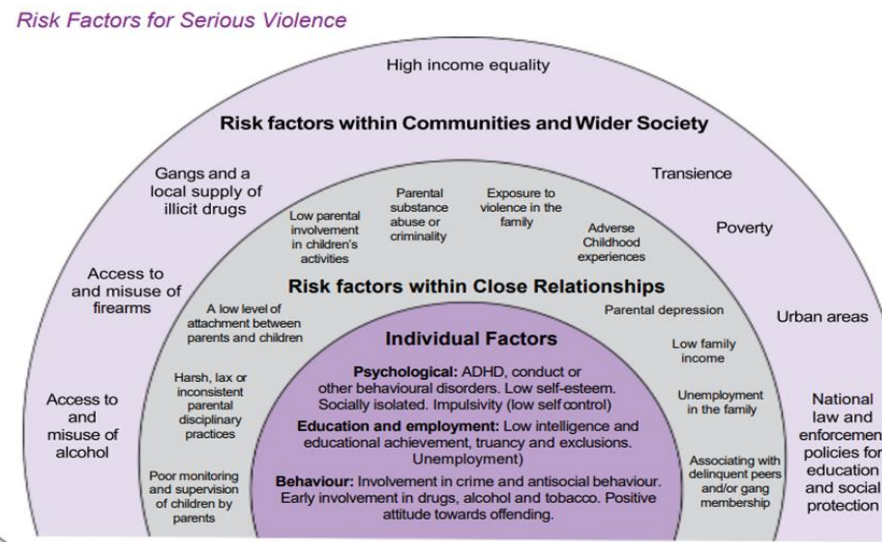


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The core activities of the navigator service are client referrals, initial engagement, and providing signposting and a warm handover to relevant services and follow up. These activities rely on specific mechanisms to facilitate impact and progress towards outcomes for the client. These mechanisms include building relationships through lived experience, increasing knowledge of support services, providing person-centred recommendations of services, advocating for clients within these services, and providing practical and pastoral support. Contextual factors such as the capacity and availability of support services affect signposting as a source of support.

Within the ToC, it is proposed that these activities will lead to progress on proximal (short-term), intermediate (medium-term), and ultimately contribute to the long-term outcome of reducing the likelihood that clients will become involved in violence. However, it should be noted that due to the complex (and often long-term) nature of preventative work and the challenges of evaluating progress towards long-term outcomes, it is difficult to determine and isolate the long-term impact of the service in reducing violence. As a result, the service sets out to influence client’s exposure to risk factors for future involvement in serious violence (i.e. the root causes). This study examines the ToC change and whether the service was able to provide support, signposting, and warm handovers to services that aim to address root causes across several domains.

Figure 2: Risk Factors for Serious Violence²



² Figure from Lancashire Serious Violence Strategy 2022-2025 (<https://lancsvrn.co.uk/wp-content/uploads/2020/06/Lancs-VRN-Strategy.pdf>)

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Aim 1 Conclusion: We were able to develop a ToC for the You Decide Service alongside the team of Navigators working within the service.

Aim 2: Examine if the Implementation of the You Decide Service Aligns with the ToC.

To examine the extent to which the service adheres to the delivery model presented in the ToC (i.e. the fidelity of implementation), the researchers conducted a focus group with the Navigators (four frontline and two senior Navigators). The focus group took place in person and centred on the Navigators daily activities and how they provide support to their clients. Additionally, it was the hope that stories of change could be shared within the focus group to highlight progress towards person-centred outcomes.

Conversations with the Navigators indicated that the service was being implemented in a way that was highly consistent with the ToC. In particular, the navigators receive referrals from the target group, referrals are received from clients themselves and other services in the local area, navigators engage with clients in the community, provide warm handovers to services, and follow up with clients until clients are able to sufficiently support themselves/or are engaged with other services that can meet their needs. The intention is that support from the service will be short-term. However, as the service is person-centred the Navigators highlighted examples where clients required longer periods of support prior to warm handovers. The number of interactions with the client will vary depending on their own individual needs.

As well as providing information around fidelity, the focus group helped to identify (from the Navigators perspective) if the service is on-track to achieving their aims and objectives, what the key learning from the service to date is, how the service aims to contribute towards positive service user outcomes, and potential barriers to implementation. This key learning provides a foundation for recommendations that have the potential to improve the service and facilitate the implementation of the service elsewhere.

The findings of the focus group are as follows:

Are the YDT Service on-track to achieving their aims and objectives?

Focus groups with navigators highlighted that the YDT service has unique aims and objectives for each client. This is because of the person-centred nature of the service which means that the aims and objectives for each client must be specific to their needs and goals. Although this can pose challenges within the evaluation process, it allows the navigators to work across a variety of sectors, being client-led at all levels. One participant's response effectively captures this:

'I think it's all in the name of the service. The You Decide Team, for an individual... for us to build a relationship with them and build up trust, we are professional workers but we don't tell someone what to do, where to be, where to go...we ask them. And their support is led by them, they

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decide what services they engage with, and if they like them or if they don't. If they don't like a service, we give them an opportunity to try another service till we find a service that they are settled in with support.' (Alex)³

Therefore, if a client is referred to the service for one issue but after working alongside the navigators recognises they require assistance for something else, the navigators have the ability and the resources to support them in both areas.

Self-Referrals

Anecdotal evidence from the navigators suggests that between 2022 and 2023 the rate of self-referrals increased dramatically. The ability to self-refer is a unique factor of the YDT and highlights the accessibility of the service. Consequently, clients can access navigators support quickly and are not placed on long waiting lists prior to receiving support.

What is the key learning the team need to know if the service was to be set up elsewhere?

The benefits of having navigators with lived experience.

The YDT service comprises of navigators with different backgrounds and skills. Therefore, when a new client enters the service, navigators can quickly recognise which member of the team is most suited to supporting them towards positive outcomes.

'Everybody has got different skills within this team, you get a referral through and you know who will suit that referral best...you look at that referral and you look at where they are having their challenges in life and you'll know what navigator will be best for them and I think that's great because we know each other's skills, and we rely on each other to say ok I think you will be better for this, it is not about pride and ego in this team, do you know what I mean? It's about the client what's best for the client and what navigator is best to promote that and to make their lives better' (Alex)

Some of the navigators have lived experience with issues such as addiction and are open about their journeys with clients. When asked about the benefits of having navigators with lived-experience on the team, navigators explained that having a good balance between those with lived-experience and other backgrounds and skills was paramount to the service's success. Clients engaging with individuals with lived experience reduced the likelihood of clients feeling stigmatised or judged because they are engaging with an individual who has experienced

³ All names provided are pseudonyms to protect the anonymity of the Navigators participating in the focus groups.

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similar issues. Additionally, this allows clients to see first-hand that recovery is possible. Participant 3 recalls when clients were more comfortable engaging with Participant 5 due to their lived experience:

'If me and Ben go to meet someone and things like that, I can quite clearly see that they are more likely to talk to him than me which is completely understandable, but I prefer that because I can tell that when it is just me I can tell that people don't as well. If somebody has lived through what they have lived through they are obviously going to have that connection instantaneously, so it makes it so much easier. But then there are other things that I will do that Ben doesn't do like the more technical stuff probably so it makes things much easier that's why we work so well as a team I can talk to them about more pragmatic things and Ben can talk to them about their experience and therefore they are getting both sides of that.' (Chris)

Consequently, navigators sharing their lived experiences was identified as an effective method of building trusting relationships between the navigators and their clients. Additionally, confidentiality between the navigators and their clients, especially when working with additional members of the same family significantly contributed towards building trust.

Responses from current navigators on key qualities of an effective navigator:

- Good morals
- Good values
- Health and Social Care standards
- Integrity
- Flexibility – prepared for anything and new challenges each day
- Patience

How does the service aim to contribute towards positive service user outcomes?

As the service is entirely person-centred, outcomes will look different for each client entering and exiting the service. Thus, outcomes for clients are relative and represent successes based upon their own experiences and goals. For example, for some clients this may be the first instance they have trusted a service enough to engage long-term and this in itself is a positive outcome for this client. This means that clients

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working alongside navigators to exit the service and engage in a warm handover to other services is considered a positive outcome within this evaluation. To fully understand service user needs, the researchers analysed quarterly monitoring reports created by the YDT which provides the details of the needs of the client and where they have been referred to as a result.

As such, the role of the navigator is to support their client based on their needs until the point where the client is connected with the relevant services or when the client is attending meetings and support groups independently.

'They can get to a point where they tell us they don't want to see us as much because they have too much on – in a good way – in the sense that...busy doing volunteering or busy doing recovery, when they get to a point they don't need us to go to meetings with them because they are doing it themselves, or make referrals to services because they are already linked in with longer term services. Basically getting to a point where they are self-sufficient and don't need us to hold their hands.' (Chris)

As addiction and recovery are one of the main issues the service assists with, the service is open to people disengaging and then reengaging when they are in a better place and more ready to recover. This is because recovery is not a linear process and it is important to allow individuals to progress at their own pace.

What were the barriers to implementation?

Collaboration with other services

Navigators expressed challenges pertaining to working with other services that their clients were being supported by:

'One of the biggest thing is [they], say if someone is coming out of a detox centre and they don't have anywhere to go and your trying to say....the person is coming out on the Tuesday but they'll have a meeting on the Wednesday, well no that doesn't...that person doesn't have anywhere to go so they could possibly go and start using again, so it's like the lack of urgency I would say is the biggest thing.' (Participant 3)

This highlighted the importance of collaborative working and services sharing common goals where possible. From the navigator's response, it may be concluded that there are barriers to effective communication between services and where a lack of collaborative working exists, this may negatively affect clients. It was hypothesised in the focus group that services gaining a better understanding of the wide-ranging support that the YDT offer may increase their engagement with the team. Therefore, it is our hope that this evaluation will provide a comprehensive overview of the wide range of support offered from the YDT.

Data sharing

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Services which support individuals like the YDT are responsible for handling personal data pertaining to the client. However, clients entering the service are usually supported by other services concurrently. Therefore, this means that navigators may have to liaise with other services in relation to the support of their client. Due to the nature of the issues which navigators are assisting with, GDPR is an important factor in ensuring that client's personal data is protected, and their privacy is upheld. However, this can make it more challenging to share pertinent data between services (to facilitate supporting clients in the best way possible). More recently, data sharing agreements between relevant services are becoming more common in the public sector to promote collaborative working. If the services were to be replicated elsewhere the YDT would benefit from something like this with one navigator stating that:

'They won't give you anything, so you need to be sitting with somebody to do that which isn't always feasible if you need to get something done or if you're doing an application or something like that you need to...it makes one hard thing ten times harder...you need to go through about five different hoops to get there. And I understand GDPR, and I understand all that kind of stuff but it makes it harder to do your job essentially because of that.' (Chris)

As the YDT engage with a variety of difference services over several sectors, organisations will have a variety of different data sharing policies in place. This highlights the complexity and inconsistency of data sharing policies, indicating that navigating the variance of policies across organisations is a challenge as opposed to the policies themselves.

Capacity

The YDT service consists of a relatively small team of committed individuals. However, the demand for the service outweighs the numbers of hours and navigators available to support clients. For example, the maximum number of clients that can be supported by the Navigators at one time is 10-15 clients to 1 navigator. If the service is found to be effective, this demonstrates the need for the service to be implemented across other geographical locations and to continue to be a service that supports a range of client needs. This also suggests that an increase in staff numbers would be beneficial.

Aim 2 Conclusion: The implementation of the You Decide service adheres to the proposed theory of change. Collaborative working, data-sharing challenges, and capacity are barriers that, if overcome, will strengthen the support provided to clients.

Aim 3: Exploring the Feasibility of Evaluating the Impact of the You Decide Service

Upon reviewing the ToC for the service, the researchers concluded that due to the person-centred nature of the service and the inability to determine clients continued engagement with signposted services, that evaluating standardised outcomes for clients was not feasible.

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Data Collection: Attempts to follow up with clients, once they have moved on to signposted services, were hampered by ethical and practical challenges. For example, it is challenging to determine the level and nature of client engagement with services after they have exited the YDT service. One reason for this is the aforementioned barriers to data sharing between services. We initially intended to complete interviews with clients and capture information using a service user survey to overcome this challenge. However, learning from previous projects highlighted that upon exiting services clients are at a different place in their life and so often do not want to revisit challenging past experiences in an interview. This is particularly the case, as they will not have met the researcher prior to this and so may not feel comfortable discussing their journey or sensitive topics with them. Likewise, observing the navigators interacting with clients may also negatively impact the client-navigator rapport, and prevent the client from being open about the support they require.

We can provide a snapshot (Table 2) of where clients have been referred to and produce examples of stories of change (Appendix A), but it has not been feasible to examine client progress on specific outcomes on a larger scale and using quantitative data. Due to the person-centred nature of the service and the vast number of services which one client may be signposted to; it is challenging to display specific services which clients may have been referred to within this study. Despite this, a snapshot of one quarter (i.e. 12 weeks) worth of referrals has been provided to highlight the number and diversity of services whereby clients can be referred to. This also demonstrates the expensive knowledge of services that navigators have, and the wide networks they have built since the service began.

Table 2: A snapshot of the YDT service referral activities (April-March 2023/24)

The YDT provided the researchers with quarterly reports from 2023/24. **Within this period 205 clients were supported, with 130 of these clients being new to the service during this timeframe.**

Area of Support	Referrals April-June 2023	Referrals July-Sept 2023	Referrals Oct-Dec 2023	Referrals Jan-March 2024	Total number of clients referred
Addiction and Recovery	26	31	17	37	111
Housing	1	13	18	23	55
Mental Health	0	7	7	19	33

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Childcare Support	1	0	2	2	5
Education and Employability	4	13	11	25	53
Support for Victims of Abuse	0	5	4	16	25
Medical Support	0	11	5	10	26
Support with Criminal Justice	0	2	3	7	12
Support with Positive Hobbies and Interests	0	9	12	12	33
Support with Essential Items	8	9	14	25	56
Social Services Support	3	0	0	6	9
Support with ID Documents and Welfare	0	9	11	5	25

Note: Figures provided are not representative of the total number of clients supported by the service across this period. This is the case as the figures refer to the number of referrals from the YDT service to different services and individual clients may be referred to multiple services if being supported with needs across different domains.

The number of domains above highlight the extent to which the YDT can support individuals across a variety of different areas. If clients had not engaged with the YDT it is less likely that they would have been aware of (or engaged with) these services.

Additionally, a YDT navigator has consistently been attending G20 works in the Maryhill area of Glasgow. This has resulted in referrals into the service and allowed navigators to support individuals within the local community. G20 largely supports young people and therefore those being supported were mostly between the ages 16-25.

The YDT consistently now attend the Glasgow Drug Crisis Centre every three weeks and offer support to current service users. Going in every three weeks ensures that all individuals within the Glasgow Drug Crisis Centre will be given the offer of support from the You Decide Team at some point during their stay. Service users who accept support from the You Decide Team receive support during their detox and once they

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complete their stay in the Crisis Centre. The You Decide Team have been able to reach a substantial number of new clients because of these presentations.

Aim 3 Conclusion: From the data, we can see that the You Decide Team have signposted clients (and provided warm handovers) to a range of different services who can provide support across their different needs. Difficulties following up with clients once they have moved onto signposted services makes undertaking an evaluation of individual client's progress (over time) towards specific outcomes particularly challenging.

As such, we have focused on the services that clients have been referred to. When interpreting referral related data, it is important to recognise that each service user will be seeking support in relation to their own individual and specific needs. As a result, we would not expect that all the outcome areas/domains that have been highlighted within the ToC to be directly relevant to all service users. In addition, clients are seeking support across various areas of their lives and so it is likely that clients are signposted to more than one service.

As the service began in 2021, the effects of the COVID-19 pandemic as well as staff turnover have had adverse impacts on service capacity as well as data collection abilities. Future evaluations should aim to implement robust data collection processes that overcome these challenges. The researchers have worked alongside the navigators to develop tools that facilitate robust data collection. When interpreting referral related data, it will be important to recognise that each service user will be seeking support in relation to their own individual and specific needs. As a result, we would not expect that all of the outcome domains assessed in future evaluation studies are directly relevant to all service users. In future, it may be beneficial for navigators to have access to digital forms to input client initial contact forms, meeting records and exit reviews once the client has been referred to wider services. This would negate clients having to return to an office to update client records and would increase the amount of time they have to engage with clients in the community. Work phones or iPads may be best placed to facilitate this.

In addition, a review of the governance framework is recommended to ensure that data collection is embedded as a key component of Navigator daily activities. It will be important to develop and agree the appropriate standards with the Navigators themselves, and to identify any potential barriers to capturing monitoring data as early as possible.

Recommendations based on the findings of this research:

- **Capturing the insights of clients as well as the services clients are referred to:** Within the initial evaluation framework it was proposed that client surveys would be conducted with service users to capture service user stories and insights into the progress they had experienced towards specific outcomes and the ways they believed the service had supported them to make this progress. However,

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despite the support of the navigators it has not been possible to engage service users for these surveys. Therefore, the insights presented in this report are based on client's referral pathways rather than the perspectives from clients themselves. Future evaluations should seek to overcome these barriers by involving individuals with lived in the development of the evaluation framework.

- **Review the governance framework to embed data collection as a key component of future research into the service:** Reviewing the governance framework annually and ensuring that data collection is embedded within this framework with promote a culture where capturing information on service user outcomes becomes an integral part of Navigators daily activities. Training (and supporting) the Navigators to implement the digital forms that have been co-developed with them (i.e. client initial contact forms, meeting records and exit reviews once the client has been referred to wider services) will support progress towards this recommendation.
- **Improve collaborative working and data-sharing arrangements between services to strengthen the support provided to clients across and between services.**
- **Rather than conducting a large-scale quantitative evaluation, we recommend undertaking a transformative evaluation to capture individual clients' stories of change.** Transformative evaluation is a way of capturing insights into how well a project is working by listening to different people's stories of change. These stories are generated through informal and reflective conversations about the participants involvement with a project or service and provides the research with information on what change has occurred and why the change is significant for that individual. An evaluation of this type is more suited to the nature of the You Decide Team.

Conclusion

In conclusion, the YDTs ability to compassionately support individuals of all ages across several different support needs, makes it different from most services, and accounts for the complex and diverse lives of the clients that they are working with. The strengths of the services are that the navigators have lived experience and are able to successfully build trust with clients who typically do not engage with services. The Navigators' wide knowledge of services in the local area and ability to provide warm handovers is a key component of the successful implementation of the service. Despite the clear benefits of taking a person-centred approach to delivering the service, the individual nature of service user needs and goals precludes the undertaking of a large-scale quantitative evaluation that centres on quantitative service user outcome data. As such, we recommend that future research on the service aims to undertake a transformative evaluation to capture

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individuals' detailed stories of change. This is an approach that is considered to be "equitable, inclusive, and empowering" (Social Research Association, 2023⁴) and will provide insights the complexity of the service and the journeys of the clients it supports.

Appendix A:

Case Study 1

The YDT began supporting a young person after receiving a referral from their school. After engaging with the parent of the young person, the team started supporting both the young person and their parent simultaneously. The family had recently been survivors of domestic abuse and reported feeling isolated from society to the navigators. This was due to a lack of a support network around them. The younger member of the family had withdrawn from school.

⁴ Social Research Association (2024) *How to use Transformative Evaluation to capture the complexity and diversity of your work.* <https://the-sra.org.uk/SRA/SRA/Blog/HowtouseTransformativeEvaluationtocapturethecomplexityanddiversityofyourwork.aspx>

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The family were supported to build their confidence as well as find activities which they would enjoy. Navigators were able to source music and sport lessons in the local area for the younger member of the family and assist in initially accompanying the young person to some of these activities. The navigator supporting the young person also engaged with their school to ensure that the young person would engage with their timetable. The navigator has supported the parent throughout and assisted them to various appointments for mental health support and referred them to their local Community Links worker for additional support.

The navigator was able to refer the family to Cash For Kids and contact the young person's school for assistance, which resulted in them receiving vouchers to purchase Christmas presents for the young person.

Through the intervention of the YDT, the family are safe from the abusive partner and the parent and child are getting long-term support to help them to move on with their life.

Case Study 2

Two navigators were involved with supporting a client who self-referred with substance addiction and mental health issues. The navigators liaised with local addiction services to ensure that a care manager was allocated to the client. The client was struggling to buy every day essential items, therefore the team sourced an emergency food parcel. The client received a place on a residential addiction recovery programme. Whilst in the recovery programme, the navigators maintained the support to the client and then supported them back into the community when leaving the programme through creating a plan for their continued recovery. Since then, navigators have supported the client to a number of meetings in the community.

Navigators contacted other services to address issues relating to the client being able to top up their gas and electricity metres. Additionally, navigators arranged a meeting for the client with a council tax advisor. The team then initiated a handover with the client to services to receive further support with recovery and to arrange volunteering opportunities for the client.

This story of change exemplifies how the navigators are able to support clients in a number of settings, including within treatment centres and providing aftercare to support them back into the community. Additionally, it highlights the number of services a single client may be referred to whilst being supported by the service, and the number of support areas the team can support across. Through their intervention, the client was able to start the process of recovery as well as receiving support for everyday essential items. It is unlikely without the YDT service knowledge of services that the client would have connected with all of these services.

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