

Promoting Innovation in Homelessness and Mental Health

Service Design: Summary Report (Goleudy)

Executive Summary

Project Aim

To explore what is working well and areas for improvement across three of Goleudy's residential services (Paxton Street, ROADS, and the Willow Project), with a focus on the potential for transformative positive change.

Project Objectives

- 1) To identify facilitators and prohibitors of transformative positive change for clients within three of Goleudy's residential services.
- 2) To identify opportunities for innovation within these services, with potential implications for the broader sector(s) of homelessness and mental health/addiction services.

Methodology

Unstructured interviews were first carried out with a combination of clients (n=5) and staff (n=5) from across the three services, getting participants' views on the most important aspects of the service experience. Analysis of these interviews and the service specification influenced the development of the main data collection tool, the Trajectory Touchpoint Technique (TTT). This is a visual tool designed to guide clients through a narrative account of their service experience, using themed cards displaying rich pictures as prompts (see Appendix 1). A total of eight cards were developed to represent the full Goleudy residential service experience, from Pre-Arrival to Moving On (see Appendix 1). Conversations using the TTT were conducted with a total of 20 participants from across the three services (70% male, average age 44). A breakdown of the sample is given in Table 2.

Findings and Conclusions

Narratives elicited using the TTT revealed many positive aspects of clients' experiences within Goleudy residential services, which were often associated with a dramatic transformation in their circumstances and wellbeing. Key factors are summarised as responsiveness, connectedness, community, individualisation, and active participation. However, findings also suggested that the benefits of a service experience could be diminished by limited access to certain types of opportunities and support. Key themes here were the effects of understaffing, limited access to early intervention and peer support, obstacles to skill development/use, and negative aspects of the physical environment (specifically shared spaces).

Opportunities for innovation were proposed to address the identified issues and draw on existing strengths. A buddy system, providing greater information to agency staff, and greater opportunities for peer support including a safeguarding mechanism were suggested to mitigate the effects of understaffing and promote early intervention. Obstacles to skill development could be addressed through pre-arrival classes and enhanced opportunities to make use of skills in Paxton Street, particularly through involving clients in cooking. Finally, to make shared spaces more appealing, it was recommended that identified areas be subject to targeted clean-up and decoration, ideally with the active involvement of clients themselves.

INTRODUCTION

Project Overview

This report is based on service evaluations conducted across three Goleudy projects: one direct access rapid rehousing project (Paxton Street) and two longer-term supported accommodation services (ROADS and the Willow Project). By providing clients with the opportunity to discuss their service experiences in full, focusing on whatever they deemed relevant, the data collection process elicited narrative accounts of full client journeys. Analysis of these accounts revealed areas in which Goleudy was already succeeding, how and why, and also offered some insights into areas for improvement and opportunities for innovation. These findings are intended primarily to aid Goleudy in moving forward but may also be informative for other services (both those that serve a similar function and those that work with Goleudy as part of a broader service network), funding bodies, and local governmental organisations.

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METHODOLOGY

Empirical data was collected in two stages. After securing ethical approval for the study from the University of Liverpool Central Ethics Committee, Stage 1 Participant Information Sheets (Appendices 2-3) and Consent Forms (Appendix 5) were posted to Goleudy head office to be

distributed to clients and staff across Paxton Street, ROADS, and the Willow Project. Those who chose to participate were given the option to either return the form in the post or scan it and return it via email.

The first stage of data collection was intended to address the first project objective, identifying key stages and aspects of service across the three services. Virtual unstructured interviews about the key stages and elements of each of the three services were conducted with a sample comprised of:

- Clients (n=5)
- Frontline staff (n=3)
- Management (n=2)

The service specification was also retrieved and analysed, providing insights into key elements of the three services (e.g. client group, referral route, intensity of service) which were integrated into the next stage of data collection.

Findings from this first stage contributed towards the development of the adapted Trajectory Touchpoint Technique (TTT), the main data collection tool in this study. Originally developed for the purpose of hospice care evaluation, the TTT employs a rich pictures methodology to elicit detailed customer/client experience narratives, structured around a set of identified service stages/themes and associated touchpoints (i.e. direct and indirect points of contact with an organisation). The TTT is administered through presenting participants with a series of cards, each representing a different stage of a service experience and featuring a set of related images. This has proved highly effective in identifying opportunities for innovation in the original context of palliative care and in later applications within related (i.e. hospital) and unrelated (i.e. veterinary) services (Sudbury-Riley et al., 2020).

Drawing from findings from the unstructured interviews, the service specification, and an in-depth literature review, a total of eight cards were developed for the adapted TTT, designed to be applicable to full service experiences within each of the three services covered (see Table 1 and Appendix 1).

Table 1: Overview of touchpoint cards

Card	Touchpoints
Pre-Arrival	Past engagement with housing services; engagement with medical professionals; worries and concerns; unanswered questions; referral process; signposting; waiting period.
Arrival	Available information; moving process; unanswered questions; welcome process; first impressions; feelings (or lack of) of trust; paperwork; worries and concerns.

Assessment and Goal Setting	Aspirations and hopes; care/support planning; choice and dialogue; feeling (or not feeling) listened to; progress over time; risk assessments; tenancy support meetings.
Practical and Emotional Support	Assigned support workers; bills and paperwork; encouragement; accessibility of staff; planning for the future; relationship with other service users; telephone/text support.
Facilities and Shared Spaces	Bedrooms; bathrooms; kitchens; gardens and outdoor spaces; sound and impact of other users; food and drink; cleanliness; computers, TVs, Wi-Fi.
Building Skills and Resources	Art and creativity; budgeting; confidence, resilience, and strength; cooking and meal planning; financial difficulties; gardening; health and safety.
Connecting to Broader Support Network	Connection to physical healthcare; coordination between different parties and services; ease of navigation between services; medication management; signposting; telephone support; family involvement.
Moving On	Paperwork and planning; personal development; moving process and procedures; unanswered questions; ease of contact if needed; help, assistance, support, guidance, advice; wellbeing and quality of life.

After completion of the adapted TTT, more Consent Forms and a new Participant Information Sheet (Appendix 4) were again posted to Goleudy. The TTT was then used to elicit narrative accounts of service experiences in conversations with clients, carried out over the phone and using Microsoft Teams. A total of 20 participants were interviewed at this stage, spread across the three services. A breakdown of participants in terms of service and basic demographic information is provided below.

Table 2: Sample

Number	Service	Age	Gender
Client 1 (C1)	Paxton Street	33	M
Client 2 (C2)	ROADS	63	F
Client 3 (C3)	ROADS	57	M
Client 4 (C4)	ROADS	58	F
Client 5 (C5)	Paxton Street	45	M
Client 6 (C6)	Paxton Street	37	M
Client 7 (C7)	ROADS	54	M

Client 8 (C8)	Willow Project	31	F
Client 9 (C9)	Willow Project	38	M
Client 10 (C10)	ROADS	41	M
Client 11 (C11)	Paxton Street	53	F
Client 12 (C12)	Paxton Street	40	M
Client 13 (C13)	Paxton Street	34	F
Client 14 (C14)	ROADS	50	M
Client 15 (C15)	Willow Project	41	M
Client 16 (C16)	Willow Project	57	F
Client 17 (C17)	Paxton Street	36	M
Client 18 (C18)	Paxton Street	45	M
Client 19 (C19)	Paxton Street	41	M
Client 20 (C20)	Paxton Street	25	M

FINDINGS

Narratives elicited using the adapted TTT provided rich insights into the facilitators of transformative change and opportunities for innovation throughout service experiences. Full findings are shared in terms of what is going well, areas for improvement, and recommendations across the aforementioned eight stages. Stages are grouped together under the following themes: Beginning the Journey, Core Service Aspects, Transformational Elements, and Ending the Journey.

Beginning the Journey

Pre-Arrival, Arrival, and Assessment and Goal Setting

What is Going Well

Continuity of care

- Smooth transition and communication between services: *'I had a good team...a support worker and a CPN – you know, they would phone me and see how I'm doing'* (Client 9, Willow).
- Generally easy to re-enter services after a period away: *'I spoke to...one of the members of staff [and they] assured me that they'd take me back on when I came out'* (Client 14, ROADS).

Respecting clients' choices

- About where they wanted to live: *'They gave me a choice – either to stay where I am, or come here, like I did...and asked, like, what are my goals'* (Client 3, ROADS).
- About the amount and type of help they wanted/needed: *'I'm sort of totally independent and self – what's the word – self-reliant, self-independent, independent, but the staff are there for any of the tenants, residents, to sort of go to and say look,*

can I have this letter or this or that (Client 15, Willow); *They introduced everybody and asked what do I need* (Client 10, ROADS).

- About their goals moving forward: *I sort of say, like...where I wanna go, what I wanna do* (Client 8, Willow); *They did do a care plan and that with me, and everything I do now is, like...what I wanna do. It's not, like, what everyone else wants me to do* (Client 9, Willow).

Making clients feel at home

- Creating a welcoming environment: *Just the atmosphere was so different, and welcoming, and, like, lovely. I think I sort of felt safe here* (Client 8, Willow); *When I came here, they welcomed me right away* (Client 10, ROADS).
- Reassurance from staff: *I was a bit nervous, but when I talked to them, all the staff were friendly, so I was really happy* (Client 10, ROADS); *I was really upset, but [support worker] made me feel comfortable and at home* (Client 11, Paxton Street).

What Could be Improved

Addressing prospective client concerns

- Increased responsibility (when moving into sheltered accommodation from hospital and hostel environments): *[I was concerned about] being left on my own and, like, learning how to cook and that as well. Like, doing my own washing and my own cooking, keeping my flat clean and tidying, erm...you know, stuff like doing my own shopping as well* (Client 9, Willow).
- Loss of social support: *I think I was afraid that, if I came over, that I would lose all my friends and all my contacts, and – and that I would just be alone* (Client 4, ROADS).

Recommendations

Before arrival

While prospective clients already often visit the facilities before deciding if they wish to move in, it could also be beneficial for those who intend to move into ROADS and/or the Willow Project residences to have the option of attending classes in certain 'life skills' (e.g. budgeting, cooking) prior to coming to the projects. These could either be provided by Goleudy themselves or, if resources/staff are insufficient, prospective clients could simply be signposted to relevant classes at local colleges, community centres, etc. Such guidance and signposting already appeared to be available to clients at later stages of the service experience, with several participants describing having benefitted from these. However, also providing access at this early stage may help to mitigate pre-arrival fears and make prospective clients feel better prepared, reducing the culture shock for those who are used to less personal freedom and responsibility.

On arrival

Initial apprehension and fears of losing social support may be addressed by giving new clients the option of being paired, on arrival, with another client. This could be done through some variation of a 'buddy' system, to which new and existing clients would have the option to sign up. There are multiple anticipated benefits of such a scheme, more details of which will be covered in subsequent sections of the report. Specifically at the beginning of the service experience, this could be useful in overcoming initial concerns and experiences of social isolation, providing immediate peer support and helping new clients to settle into their environments and get to know the people around them.

Core Service Aspects

Practical and Emotional Support and Facilities and Shared Spaces

What is Going Well

Creating a sense of community

- Building trust: *'I've had the same worker all the way through, so...that is good – because I'm not very good at opening up' (Client 2, ROADS); 'I'm quite good at putting on, like, a mask sort of thing, but then recently, you know, I've had days where I have just broken down...and then, you know, I've said things to them. And yeah – it's just them taking the time erm, you know? And then that's when I'm starting to build the trust' (Client 8, Willow).*
- Like a family: *'In a certain way, they've become like my mum and dad basically, some of the staff here' (Client 1, Paxton Street); 'It was a bit daunting at first, but it became like one big family' (Client 2, ROADS); 'It's like a little bit of a family...Because we all, like, look out for one another here' (Client 12, Paxton Street).*

Everyday emotional support

- Availability of staff: *'[In the past] I would just lock myself away and be depressed and self-harm myself, or try and kill myself, but all the staff here – you can go down or ring down and just ask them come up or you come down to the office, and they listen to you and give you advice and the support that you need' (Client 11, Paxton Street); 'If I needed a chat, the door's always open for me to go down to the office and have a chat with a member of staff' (Client 13, Paxton Street).*
- Regular check-ins: *'If I've felt really low and I don't wanna come down and talk to them...they've come up to my flat erm, to check on me if they haven't seen me, or if they know I'm feeling low they'll come up for a chat' (Client 8, Willow); 'They always check on me, so they care about me' (Client 10, ROADS).*
- Making clients feel heard: *'Because they're taking the time, and it's not like – because before I've rung someone and said look, I'm just done, I don't want to live*

anymore, I'm just done – and it's automatically been oh, let's phone the police, even though I'm not saying I'm gonna do something' (Client 8, Willow); 'I don't feel like I wanna lock myself away so much now. I feel like I've got somebody to talk to and somebody that'll understand and that will listen' (Client 11, Paxton Street).

- Noticing signs of distress: *'If they hear me playing loud music, they know something's wrong with [me] so they come up to my room and say what's up?'* (Client 11, Paxton Street).
- High level of care and attention compared to past service experiences: *'The other hostel was always busy...But [here] they always try and make the time, and they'll phone me if they don't hear from me. They phone me every day or message every day and check – check in to see if I'm alright, if I need anything' (Client 4, ROADS); 'I've been in [other organisation's hostels], and they don't do anything like that...in the night, you can't talk to anyone' (Client 16, Willow).*

Everyday practical support

- Home maintenance: *'If I have, like, low mood or with my foot now, I haven't been able to, like, tidy up or – like, my dishes – I haven't done my dishes – staff will come up and see how I am, and they'll help' (Client 8, Willow); 'If I need help, I ask the staff, see – if I need help keeping my flat clean, or...cooking' (Client 9, Willow).*
- Facilitating positive engagement with the outdoors: *'I kind of came and I just sort of weeded a lot – a big area, I bought solar lights to put out there, and just doing that...It was like an achievement' (Client 8, Willow); 'We grew an allotment out there, didn't we? Potatoes – growing potatoes and er, runner beans, sweetcorn, onions, carrots – anything. Lovely' (Client 16, Willow).*

Problem management

- Mental health crises: *'I self-harmed myself once I think, since I've been in here – I burnt myself, and they made a phone call straight to the mental health nurse through the doctors to get help for me. So I get all the support' (Client 11, Paxton Street).*
- Practical issues: *'If something is not working or something broken, I need something, I can ask reception. If they can do it, they do it. If not, they...contact somewhere' (Client 20, Paxton Street).*
- Issues with staff: *'One woman, agency staff, had the door shut, so I spoke to (manager) and (support worker), and they sorted it out. Whatever the problem, (manager) always tells me come into the office' (Client 11, Paxton Street).*

What Could be Improved

Effects of understaffing

- Perceived reduction in staff availability in recent months: *'There's not enough staff here like before. When I was first here, they were up until half past five in the morning. Now I have to go over there to have a chat' (Client 7, ROADS).*

- Reduced activities: *'They just haven't got the staff. It's sad. Before, we used to go to the cinema and stuff like that. We used to go constantly. But now we – we don't go nowhere'* (Client 7, ROADS).
- Negative experiences with agency staff: *'I don't wanna tell anyone – if I'm having a bad day and I tell them why, they say oh, I've never heard of that before. I'm like, oh alright, well, what the hell are you doing in the service?'* (Client 9, Willow); *'Every time they come in, I'm trying to buzz to come in and they're like, who are you...and they're thinking I'm coming in to...burgle the place...what's your name and what room are you in, you know, they follow me up to my room. Like, I've lived here for two years – but they don't know me, do you know what I mean?'* (Client 12, Paxton Street).

Untapped opportunities for peer support/interaction

- Commonly expressed desire to give back/help others: *'We'll be helping each other, because I'll feel that I'm doing some good, which will make me feel better – but it'll help them to understand that they're not alone in the world'* (Client 4, ROADS); *'I wanna work, like, with people with mental health and alcohol issues'* (Client 8, Willow).
- Experiences of isolation: *'I think this place...sometimes [makes] you feel lonely, you know'* (Client 20, Paxton Street).
- Need for positive connections/interactions to compensate for negative influences: *'I'm trying to...maybe go out and find a group where I can find some new friends that don't drink and don't take drugs'* (Client 4, ROADS); *'It's hard – hearing them ordering or hearing them off it, or...it makes me wanna be like that, you know?'* (Client 6, Service 1).
- Limited use of shared spaces: *'We haven't really done much, you know, together, sort of thing'* (Client 8, Willow); *'There's a few of us come down and we'll sit round a table, and we'll chat, or if it's nice weather we'll sit out the back...it doesn't happen often but it's nice when it does'* (Client 13, Paxton Street).

Brightening up certain areas

- Shared indoor spaces: *'[The living room] is a bit bare at the moment...a couple of pictures or something, you know, could be put up and all that, a bookshelf maybe, or a plant'* (Client 14, ROADS).
- Shared outdoor spaces: *'You couldn't do anything yourself in Paxton Street – because all we had is a little back garden, and that was full of bike parts and all that'* (Client 3, ROADS (formerly Paxton Street)); *'It needs a bit of a clean-up, it does...we've got problems with erm, seagulls, and we've got a bin problem here as well'* (Client 14, ROADS).

Recommendations

Preparing agency staff

Although Goleudy obviously have limited control over both the need for and the nature of agency staff, some action could be taken to make it as easy as possible for these staff to get on with and respond appropriately to clients. A common criticism was that agency staff did not appear well-equipped to interact with and assist clients, seeming unfamiliar both with individual clients and with the issues they commonly faced. Agency staff training is clearly a relevant issue here, but also likely one over which Goleudy as an organisation exercises little control.

However, it should be possible to exercise control over the amount and type of information that agency staff receive on entering into the service, to ensure that they are provided with at least a basic overview of the client population and their needs. One simple way of doing this would be through the production and distribution of information sheets about each of the clients for agency staff to consult as necessary throughout their shift(s). These could include basic information such as a client's name and date of birth, alongside a photograph and a brief summary of relevant history and/or support needs. While this would not resolve all issues, it should at least enable agency staff to recognise clients and to be slightly more prepared for the issues they encounter.

Enhanced opportunities for peer support/interaction

Multiple clients expressed a desire to provide and/or receive greater peer support. As highlighted in the previous section, this may be accomplished in part through use of a buddy system, where possible matching clients on the basis of shared characteristics and interests. Increasing peer support is also one potential partial solution to issues arising from understaffing. If possible, it would also be good to train those clients interested in 'giving back' and supporting others in providing emotional support, in general terms and/or using a specific structured psychotherapeutic methodology. The training and/or mentorship of clients taking on a peer support role could potentially be undertaken by Let's Keep Talking, the telephone support service currently under contract with Goleudy, or by future mental health services and/or professionals occupying this role. For example, solution-focused practitioners could provide training and mentorship to interested clients, who could then go on to have therapeutic conversations with their peers.

[The Samaritans' Listener Scheme, a prison-based peer support project, may be a relevant model to consider here.](#)

Some also stated that they had not yet or not recently had many opportunities for group activities and interactions, and/or described a general sense of isolation and loneliness. The COVID-19 pandemic also certainly played a role in this. Where they had occurred, group activities and interactions were described as enjoyable and personally beneficial, helping to prevent clients from ruminating on negative thoughts as well as to get to know their neighbours. Moving forward, it is recommended that there are greater opportunities made available for group interaction through organised activities. These may make use of both indoor space (e.g. group cooking in the kitchen, movie nights in the living room) and outdoor

space (e.g. barbecues and gardening). It could also be beneficial to encourage and enable clients themselves to organise such activities, again tapping into the desire to ‘give back’ whilst also addressing issues of understaffing.

Cleaning and decoration

Clients generally praised the cleanliness and appearance of the facilities; however, there were a few areas that some believed were in need of greater attention. These were primarily shared areas, with some newer indoor areas being described as somewhat offputtingly bare and some outdoor areas described as too cluttered and/or dirty for clients to want to spend much time there. Involving clients in the decoration of shared indoor areas could help to foster a greater sense of shared ownership and make these rooms feel more homely and appealing. Targeted outdoor clean-up efforts could be similarly beneficial, involving clients themselves and/or teaming up with other community-based organisations and services. For example, one ROADS client (C14) recalled how ‘*a group of kids*’ had previously done ‘*a lovely job*’ on the garden there (they were unable to recall who had organised this) but said that this had since gone downhill.

Transformational Elements

Building Skills and Resources and Connecting to Broader Support Network

What is Going Well

Helping clients to become more independent

- Managing finances: ‘*I’m able to pay my own bills – I go to the shop, and I pay my bills, and I come out with a big smile thinking I did that on my own*’ (Client 4, ROADS).
- Building confidence: ‘*They’ve helped me out – building up confidence, going places and stuff on my own where I wouldn’t have before*’ (Client 1, Paxton Street); ‘*Since being here, in this environment, I’ve been a lot more confident*’ (Client 15, Willow).

Easing navigation through service systems

- Compensating for client difficulties: ‘*[They’ve been involved with] arranging appointments for me – because I’m terrible at it. I’m actually going to my appointments now...I got a terrible memory, I have*’ (Client 14, ROADS); ‘*It’s easier because I struggle with reading and writing*’ (Client 17, Paxton Street).
- Compensating for issues encountered with other services/professionals: ‘*A lot of the time I need the staff to talk to the doctors and help me, because they don’t get what I’m trying to tell them – or they just don’t listen...[Goleudy staff] have got more clout than I have*’ (Client 4, ROADS); ‘*[Psychiatrist] never listens to me*’ (Client 8, Willow).

- Providing access to appropriate mental health support outside the organisation: *'(Let's Keep Talking counsellor) phones me – I think it's once a week, and it's nice – it's like having a friend, you know?... And that makes a lot of difference, knowing that you've got support'* (Client 4, ROADS).

What Could be Improved

Limited opportunities to use skills (Paxton Street)

- Cooking/baking: *'Obviously since I've left the home, I haven't been able to [bake] as much...that's one thing I miss'* (Client 13, Paxton Street).
- Perceived lack of agency: *'I don't make my own decisions there'* (Client 3, ROADS (formerly Paxton Street)).

Avoiding reaching crisis point

- Only accessing outside mental health support in/after crisis situations: *'I stubbed cigarettes out on myself and then took an overdose and that – the mental health [team] moved in quicker than and stepped my medication up and everything'* (Client 11, Paxton Street).
- Only accessing addiction support after getting involved with the law: *'I ended up getting arrested, and because I got arrested, I've been in court – I've been given, like, a low-level DRR, which is a drug rehabilitation order – and I'm just waiting now for them to, like, re – retox me really, and get back on my prescription'* (Client 18, Paxton Street).

Effects of understaffing

- Reduced staff capacity to accompany clients to appointments, etc.: *'I think there's only four staff in the office, and there's eight of us here, so things overlap. If one of the staff has got to go somewhere with one of the other residents, then one of us gets cancelled out'* (Client 2, ROADS).

Recommendations

Enhanced opportunities to learn/practice skills (Paxton Street)

Several current and former Paxton Street clients expressed a desire to do more for themselves and exercise greater control over their everyday lives. This sentiment was particularly prevalent around the topic of food preparation. Opportunities to learn and practice skills within this area specifically could be enhanced by including any interested clients alongside staff on the rota for cooking meals, as well as potentially organising peer-led group cooking and/or baking evenings. This could serve a dual purpose, also helping those who are less confident in these areas to build skills and knowledge before moving on to more independent

living.

Early intervention and peer support

Some clients described only accessing necessary addiction or mental health support after reaching some sort of crisis point, involving harming themselves and/or others. Responsibility for this was not by any means with Goleudy alone, as clients often seemed to have slipped through the cracks in other organisations or broader service systems. Nevertheless, there are some key ways in which Goleudy may contribute towards creating a culture of early intervention and harm reduction. These include building a safeguarding mechanism into the proposed peer support programme. Participating clients should be advised of possible warning signs to look out for, the kinds of situations where they should share what they have heard/seen with others, and how to go about this. It could also be helpful to use or take inspiration from existing training courses on suicide awareness and prevention (e.g. free online training courses provided by [Every Life Matters](#) and [the Zero Suicide Alliance](#)).

Ending the Journey

Moving On

What is Going Well

Working to clients' personal timescales

- Ensuring they feel ready: *'I'm just getting used to being, you know, in a flat...with me, I need reassurance that it's not gonna happen quick and they're not gonna chuck me out in the deep end'* (Client 9, Willow).
- Taking things one step at a time: *'They all agree that it's something for the future – right now, I just need to focus on...me and myself for the minute'* (Client 6, Paxton Street); *'[This is] a steppingstone on to a permanent flat, from [the Willow project] on to – touch wood – where they allocate me to my area of choice'* (Client 15, Willow).

What Could be Improved

Addressing client concerns

- Perceived need for ongoing assistance: *'The worst thing about moving away from the project...[is] I'd not be getting the support'* (Client 14, ROADS).

Recommendations

There are no major recommendations relating to this section, as no overarching strategic needs were identified. This was partially due to the highly individualised nature of client pathways between and beyond services. Crucially, clients were found to appreciate the client-centred nature of Goleudy's guidance and support, which proved more appropriate in the circumstances than a 'one size fits all' approach. As shown above, the only possible area for improvement that arose in relation to moving on pertained to ensuring clients' concerns about receiving ongoing assistance were addressed. Generally, however, clients appeared satisfied with the support and guidance they received in transitioning between different services and, where relevant, planning for moving on from supported housing.

It is also important to note that for clients in ROADS and the Willow Project, moving on was not always a relevant goal as clients had the option to remain in the accommodation for life. Even in Paxton Street, which is intended as shorter-term accommodation, there was a widespread sense that clients were under no pressure to move on in a specific period and were instead encouraged to go at their own pace. The sense of security that came with this and the reassurance that they would not be suddenly left without any support proved highly valuable for many clients, regardless of their individual situations and long-term aims.

RECOMMENDATIONS AND CONCLUSIONS

Key themes will now be discussed in relation to the two research objectives. The first section will therefore summarise identified facilitators and prohibitors of transformative change, while the second will provide an overview of specific recommendations for innovations and how these relate to the aforementioned factors.

- 1) To identify facilitators and prohibitors of transformative positive change for clients within three of Goleudy's residential services.*

Facilitators

Findings highlighted a variety of factors contributing towards and detracting from transformative positive change throughout a full service experience. The most significant of these factors, according to clients' accounts, can be summarised in five key concepts: responsiveness, connectedness, community, individualisation, and active participation. A brief overview of the importance of each of these is given below.

Responsiveness

Clients frequently stressed how important it was that staff were responsive to them, their needs, and their issues. Everyday emotional support was key, including regular check-ins, making clients feel heard and understood, and noticing signs of distress. Despite the effects of staff shortages, there was still a strong sense amongst clients that they were listened to and cared for by Goleudy staff, often setting their Goleudy journey apart from earlier experiences in similar services. Responsiveness was key in addressing a variety of concerns (spanning

mental health, practical issues, and staff issues) and ensuring that their detrimental impact was as limited as possible, enhancing clients' sense of wellbeing and confidence in the organisation.

Connectedness

While this study was focusing specifically on Goleudy, client narratives revealed how deeply embedded their experiences of Goleudy service(s) were within a broader network of services and organisations. It was therefore essential that Goleudy communicated and cooperated well with a range of public and private service actors. This was true right from the outset, enabling clients to enter (or re-enter) services with relative ease and without losing access to prior support. The liaising of Goleudy staff with other services was also key in overcoming potential barriers to positive transformative change, compensating for clients' own issues and for issues with other services or professionals and also connecting clients to further mental health and addiction support.

Community

Concepts of community, family, and home were highly prevalent across client narratives. Again, this was key from the very beginning of client journeys, with staff playing a fundamental role in making clients feel welcome and 'at home' and helping to mitigate their anxieties and negative preconceptions. It was also important for clients to be in contact with the same support worker(s) for an extended period, enabling them to build up the trust and rapport necessary to honestly confide in them. Family metaphors were very prevalent across narratives, relating both to staff and other clients. While staff involvement was crucial, feeling comfortable with and supported by others in the service could also make a dramatic difference in terms of how clients felt about their service experiences and making progress towards a desired future. This ties in with the potential for peer support to be better utilised throughout the client journey, which will be further explored in subsequent sections.

Individualisation

Individualised, client-centred care was found to be highly important to the clients interviewed, particularly in the beginning and end stages of their service experience. In the early days, clients valued the ability to choose where they wanted to live, the amount and type of help they were to receive, and what they were ultimately aiming for. When it came to thinking about moving on from a service, it was important for clients that staff ensured they felt ready and were willing to progress at their individual pace, rather than adhering to predetermined schedules. Clients often expressed concerns about what would happen if they were to be moved into (or forced to find) a property of their own before they were ready, indicating that this could undo all the positive work that had been done within Goleudy services and put their wellbeing or potentially even lives at risk.

Active participation

It also appeared essential for clients to be actively involved in progressing their own lives and wellbeing. At least as important as actually doing or helping clients to do certain tasks was equipping them with the skills and confidence to do them alone. This came down to several key factors: the specific guidance of staff, the general environment of Goleudy services enabling clients to feel more confident and capable, and the capacity to exercise control over their environment (individual living space and shared outdoor space). This was, however, less applicable to clients in Paxton Street than in the other services, raising issues which will again be addressed in subsequent sections.

Prohibitors

Findings revealed that the potential benefits of a service experience were at times diminished by limited access to certain types of opportunities and support. In particular, key themes here were the effects of understaffing, the need for early intervention and peer support, obstacles to developing and/or utilising certain skills, and the appearance of some shared spaces. These are summarised below.

Effects of understaffing

While clients' sentiments towards staff were overwhelmingly positive, some effects of understaffing were felt throughout core service aspects and (potentially) transformational elements of the service experience. Some clients described how staff numbers had decreased over the time that they had been within the services, resulting in reduced capacity to offer emotional support at all hours, to physically accompany clients to appointments or meetings, and to arrange group activities outside of the service buildings. Understaffing was also associated with an increased reliance on agency staff, who were perceived by some clients as hostile and/or ill-equipped for addressing their issues.

Need for early intervention and peer support

Some clients expressed difficulties accessing appropriate outside support before reaching a crisis point, largely due to factors outside of Goleudy's control though potentially exacerbated if issues of understaffing reduced contact time with staff. Some also described experiences of isolation and loneliness, which were challenging in themselves and could be associated with the temptation to return to old habits (i.e. alcohol or drug use). At the same time, clients often described a desire to connect with and/or help others in similar situations. These findings together suggest there are untapped opportunities for peer support, which could also play a key role in facilitating early intervention.

Obstacles to skill development and use

Insufficient confidence, experience, and/or opportunities regarding certain life skills could have negative impacts on clients throughout their service experiences. At the point of moving

into or between services, a lack of (for example) financial or home maintenance skills could be a source of anxiety and reluctance. Within Paxton Street specifically, a few clients expressed that they did not feel they had sufficient opportunities to make use of skills and generally exercise independence. Opportunities to work on and utilise life skills were therefore important to help clients feel more comfortable entering into a service, to make them feel more at home and in control during their service experience, and to practically and emotionally equip them for if and when they chose to move on.

Appearance of shared spaces

A somewhat less prevalent theme was the cleanliness and/or general appearance of certain shared areas. Outdoor spaces in particular were sometimes described as messy and so difficult or unappealing to spend time in. Other areas could be unappealing simply because of a lack of decoration or personalisation, potentially making these feel less homely and inviting.

2) *To identify opportunities for innovation within these services, with potential implications for the broader sector(s) of homelessness and mental health/addiction services.*

Opportunities for innovation identified across the three services seek to address the identified prohibitors to transformative positive change, while also drawing on existing facilitators and strengths. These are intended to enhance the identified facilitators of change and help to overcome the identified prohibitors. Opportunities are summarised in these terms below.

Pre-arrival classes

Description: providing the opportunity for prospective clients to attend classes in certain ‘life’ skills (e.g. budgeting, cooking), with Goleudy either running these themselves or signposting to different organisations.

Facilitator(s) promoted: *Active participation and Connectedness.*

Prohibitor(s) addressed: *Obstacles to skill development and use.*

Buddy system

Description: offering new clients the opportunity to be paired with a ‘buddy’, who can help them settle in to the service and provide practical and emotional support.

Facilitator(s) promoted: *Community.*

Prohibitor(s) addressed: *Need for early intervention and peer support.*

Preparing agency staff

Description: providing agency staff with information sheets about each of the clients in the service they are working at, including basic information (e.g. name, date of birth), a photograph, and a brief summary of relevant history and/or support needs.

Facilitator(s) promoted: *Individualisation and Responsiveness.*

Prohibitor(s) addressed: *Effects of understaffing.*

Enhanced opportunities for peer support/interaction

Description: providing greater opportunities for clients to interact with and support one another, potentially including both training interested clients to provide low-level psychological support and arranging more informal group activities (e.g. gardening, movie nights).

Facilitator(s) promoted: *Active participation and Community.*

Prohibitor(s) addressed: *Effects of understaffing and Need for early intervention and peer support.*

Cleaning and decoration

Description: cleaning up outdoor areas to make these more appealing to spend time in and involving clients in the decoration of shared indoor areas.

Facilitator(s) promoted: *Active participation and Community.*

Prohibitor(s) addressed: *Physical environment.*

Enhanced opportunities to learn/practice skills (Paxton Street)

Description: offering clients more opportunities to develop and utilise key skills, particularly cooking skills through including any interested clients on the rota for cooking meals and potentially organising peer-led group cooking events.

Facilitator(s) promoted: *Active participation.*

Prohibitor(s) addressed: *Obstacles to skill development and use.*

Early intervention and peer support.

Description: building a safeguarding mechanism into the proposed peer support programme, providing participating clients with guidance on possible warning signs to look out for and drawing from existing training courses on suicide awareness and prevention.

Facilitator(s) promoted: *Community and Responsiveness.*

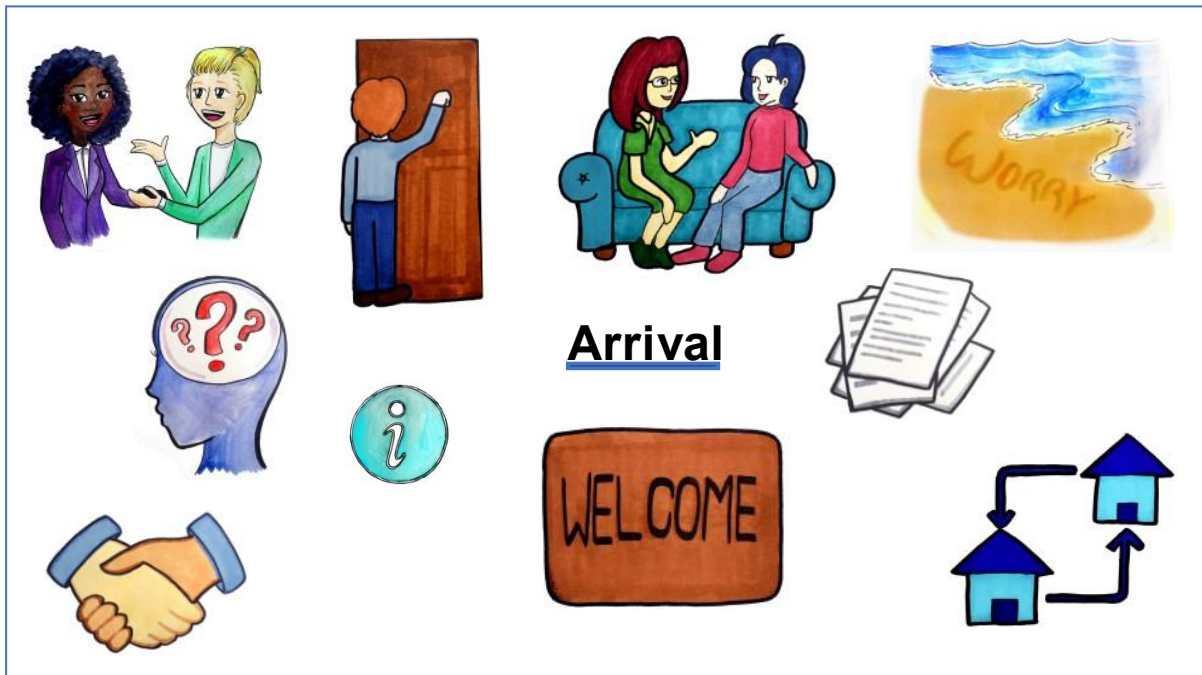
Prohibitor(s) addressed: *Effects of understaffing and Need for early intervention and peer support.*

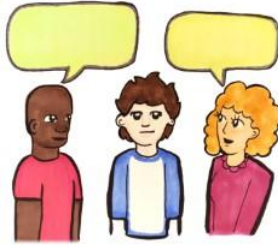
Conclusion

Overall, findings demonstrated that participants had largely positive experiences across the three Goleudy services, and that these were often associated with long-term transformative change. The narrative accounts elicited using the TTT further revealed which elements of the services were conducive to this transformation, allowing for the identification of five key facilitators which could exert a positive influence throughout all stages of the client journey. Narratives were also informative about areas for improvement and circumstances under which they were not able to get the full benefit of the service (or one aspect of the service). Four prohibitors of transformative change were thus identified and discussed.

Finally, opportunities for innovation were identified across the client journey, directly addressing prohibitors and seeking to promote facilitators of transformative change. Implementing some or all of these recommendations is anticipated to have a positive effect on clients' residential service experiences, building on what is already working and helping to compensate for issues such as understaffing and for shortcomings of services/service systems outside of Goleudy's control.

Appendix 1: Touchpoint Cards





Assessment and Goal Setting



Practical and Emotional Support







Connecting to Broader Support Network

Moving On

QUALITY OF LIFE

Choice

Appendix 2: Participant Information Sheet (Stage 1, Client)

Project Title: *Promoting Innovation in Homelessness and Mental Health Service Design: An Adaptation of the Trajectory Touchpoint Technique.*

Lay Title: *Promoting Innovation in Homelessness and Mental Health Service Design.*

Version: 1

Date: 02/12/2020

You are being invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand.

Please also feel free to discuss this with your friends, relatives, and anybody else if you wish. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to. If you do choose to participate, after posting the consent form in the envelope provided, please call 08000902482 to arrange a date for your interview.

Thank you for reading this.

What is the purpose of the study?

The aim of the study is to gain insight into the quality and nature of service users' experiences at Goleudy residential services. It is the purpose of interviews at this stage to get a sense of the most important aspects and stages of Goleudy's services from service users' and staff perspectives, helping us to develop an interviewing technique which will be used in later interviews with other service users.

It is the overall purpose of the study to explore what makes residential services like Goleudy's effective and if/how these can be improved. Overall findings will contribute towards a PhD based at the University of Liverpool, on the subject of homelessness and mental health services. Findings will also be shared with Goleudy in a service evaluation report, identifying aspects of the service that are working well and any areas for improvement

Why have I been chosen to take part?

You have been contacted because you are either a current or former service user within Goleudy's residential services.

Do I have to take part?

You do not have to participate in this study, and this will not affect your relationship with Goleudy and any service you receive from them in any way. If you decide to take part, you are still free to withdraw without giving a reason, at any time up to two weeks after an

interview has taken place.

What will happen if I take part?

You will be invited to take part in a telephone interview conducted by a researcher at the University of Liverpool. Interviews will be digitally recorded and are expected to last roughly 30 minutes.

Interviews will be unstructured, meaning that, rather than following a set list of questions, you will be in control of where the discussion goes. This will center around what you consider to be the most important memories and feelings associated with your time with Goleudy. Findings from this part of the study will be used in developing a version of a service evaluation technique called the Trajectory Touchpoint Technique, which will be used in a later stage of the study.

How will my data be used?

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of ‘public task’, and in accordance with the University’s purpose of “advancing education, learning and research for the public benefit”.

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University’s research. Professor Pippa Hunter-Jones acts as the Data Processor for this study, and any queries relating to the handling of your personal data can be sent to phj@liverpool.ac.uk.

Confidentiality

The confidentiality of all information provided will be protected and won’t be released without consent unless required by law. Confidentiality will only be broken if you disclose information suggesting that you are at direct risk of harming yourself or others, in which case we may need to contact the relevant authorities. In this case, the interview would be stopped and you would be informed about the issue.

Further information on how your data will be used can be found in the table below:

How will my data be collected?	Audio Interviews.
How will my data be stored?	On the University of Liverpool M Drive, a location on the university computer system, which will be password-protected and accessed only by the project researchers.
How long will my data be stored for?	Audio data will be stored only until the interview has been written up, and so should be deleted around two weeks after interviews are completed. Data in the form



	of anonymised interview transcripts will be stored in the University of Liverpool Archive for ten years.
What measures are in place to protect the security and confidentiality of my data?	The interviews are anonymised and stored under password. All names and personal details will be changed. Information provided will not be released without consent unless required by law (i.e. if information is disclosed which raises serious concerns about your own or others' safety).
Will my data be anonymised?	Yes
How will my data be used?	PhD, service evaluation report, conference presentation(s), and journal publication(s)
Who will have access to my data?	Only the named investigators (PI, CO-I's and Student Investigator) will have direct access to your data. Fully anonymised transcript data will be accessible to other authorised university researchers for ten years following the study, after which point it will be destroyed entirely.
Will my data be archived for use in other research projects in the future?	Yes. However, this will only be the fully anonymised data from your transcript. No identifiable information will be shared outside of this specific study and, as explained below, audio data will be deleted immediately after transcription.
How will my data be destroyed?	Audio data will be deleted (from University M Drive entirely) after interviews are written up. Interview transcript data will be removed from the university Archive and permanently deleted after ten years.

Expenses

It is not expected that there will be any costs associated with taking part in the project, as participants do not need to travel anywhere and should not have to pay anything for receiving the call. However, if there are any expenses you think you might incur, please bring this to the attention of Professor Pippa Hunter-Jones (e: phj@liverpool.ac.uk) and she will explore this further for you.

Are there any benefits in taking part?

In the long term, it is hoped that this data may help to influence regulators, social policy makers, and the Welsh Health Board, potentially contributing towards securing funding for

Goleudy or related projects. However, there are no direct personal benefits to taking part in this research, and your decision about taking part will not affect any service you receive from Goleudy in any way.

Are there any risks in taking part?

Although this study is designed to focus on your service experience, rather than any personal details about your life, it is possible in the course of the interview that sensitive and potentially distressing subjects could arise. However, you are under no obligation to share anything that you do not want to, and you are also free to end the interview or take a break at any point and for any reason.

Please do contact your Goleudy support worker, your GP, or any other mental health service provider if you experience ongoing distress related to our conversation.

If you need to talk to someone in the hours or days after the interview, you can call Goleudy at 01792 646071. Your support worker will be aware that the interview has taken place and will be happy to talk to you about any distress or discomfort this has caused.

What will happen to the results of the study?

Findings will be published in a PhD thesis completed in September 2022, a summary report for Goleudy, and potentially in an academic journal and conference papers at some point in the future. If you would like to be sent a copy of the summary report, please indicate this in your consent form.

What will happen if I want to stop taking part?

You are free to withdraw from the study, without providing an explanation, at any point prior to the anonymisation of data. Your data will be anonymised two weeks after your interview.

If you do decide after being interviewed that you'd like to withdraw your information, please contact Chloe.Spence@liverpool.ac.uk as soon as possible and, assuming this is before data anonymisation, I will remove your data immediately and without asking any questions. If you do not have access to email yourself, you can contact your support worker and ask them to get in touch on your behalf.

What if I am unhappy or there is a problem?

If you are unhappy, or if there is a problem, please feel free to let us know by contacting Professor Pippa Hunter-Jones (e: phj@liverpool.ac.uk) and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Ethics and Integrity Office at ethics@liv.ac.uk. When contacting the Research Ethics and Integrity Office, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

Who can I contact if I have any further questions?

Principal Investigator: Professor Pippa Hunter-Jones

Address: University of Liverpool Management School, Chatham Street, Liverpool, L69 7ZH

Email Address: phj@liverpool.ac.uk

Student Investigator: Chloë Spence

Email Address: Chloe.Spence@liverpool.ac.uk

Seeking support after an interview

If taking part in this study raises any concerns or issues, I would suggest contacting either Let's Keep Talking, your GP or mental health provider, or any of the helplines given below:

Suicide Prevention and General Support

Samaritans:

Call: 116 123

Email: jo@samaritans.org.

Samaritans provide a 24-hour freephone service for anybody in distress or despair.

Addiction

Drinkline

Call: 0300 123 1110

Opening hours: Monday-Friday: 9am-8pm, Saturday-Sunday: 11am-4pm

A confidential and free helpline for anybody concerned about their alcohol use or somebody else's.

Dan

Call: 0808 808 2234

Text: 81066

A confidential and free helpline for anybody wanting further help or information re: alcohol or drugs. Open all hours.

GamCare

Call: 0808 802 0133

Free advice, counselling, and information for prevention and treatment of problem gambling.
Open all hours.

Emotional Text Support

Shout

Text: 85258

Offer free support for anybody in crisis and struggling to cope. Open all hours.

Homelessness and Housing

Shelter Cymru

Call: 08000 495 495

Opening hours: Monday-Friday, 9:30am-4pm.

Offer free advice on debt and housing issues.

Mental Health

Mind Cymru

Call: 0300 123 3393

Email: info@mind.org.uk

Text: 86463

Opening hours: Monday-Friday, 9am-6pm.

Advice, information and support about mental health issues, including self-harm.

Appendix 3: Participant Information Sheet (Stage 1, Staff)

Project Title: *Promoting Innovation in Homelessness and Mental Health Service Design: An Adaptation of the Trajectory Touchpoint Technique.*

Lay Title: *Promoting Innovation in Homelessness and Mental Health Service Design.*

Version: 1

Date: 02/12/2020

You are being invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand.

Please also feel free to discuss this with your friends, relatives, and anybody else if you wish. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to. If you do choose to participate, please email the completed consent form to Chloe.Spence@liverpool.ac.uk.

Thank you for reading this.

What is the purpose of the study?

The aim of the study is to gain insight into the quality and nature of service users' experiences at Goleudy residential services. It is the purpose of interviews at this stage to get a sense of the most important aspects and stages of Goleudy's services from service users' and staff perspectives, helping us to develop an interviewing technique which will be used in later interviews with other service users.

It is the overall purpose of the study to explore what makes residential services like Goleudy's effective and if/how these can be improved. Overall findings will contribute towards a PhD based at the University of Liverpool, on the subject of homelessness and mental health services. Findings will also be shared with Goleudy in a service evaluation report, identifying aspects of the service that are working well and any areas for improvement.

Why have I been chosen to take part?

You have been contacted because you are a member of staff involved in some way in Goleudy's residential services.

Do I have to take part?

You do not have to participate in this study, and this will not affect your work with Goleudy in any way. If you decide to take part, you are still free to withdraw without giving a reason,

at any time up to two weeks after an interview has taken place.

What will happen if I take part?

You will be invited to take part in an interview conducted by a researcher at the University of Liverpool. These interviews can be carried out either on the phone or using your preferred video software. Interviews will be digitally recorded and are expected to last roughly 30 minutes.

Interviews will be unstructured, meaning that, rather than following a set list of questions, you will be in control of where the discussion goes. It is not the intention of these interviews to look in any detail at specific issues faced by clients of the service, but rather to discuss the general structure and key elements of the service.

How will my data be used?

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of ‘public task’, and in accordance with the University’s purpose of “advancing education, learning and research for the public benefit”.

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University’s research. Professor Pippa Hunter-Jones acts as the Data Processor for this study, and any queries relating to the handling of your personal data can be sent to phj@liverpool.ac.uk.

Confidentiality

The confidentiality of all information provided will be protected and won’t be released without consent unless required by law. Confidentiality will only be broken if you disclose information suggesting that you are at direct risk of harming yourself or others, in which case we may need to contact the relevant authorities. In this case, the interview would be stopped and you would be informed about the issue.

Further information on how your data will be used can be found in the table below:

How will my data be collected?	Audio Interviews.
How will my data be stored?	On the University of Liverpool M Drive, a location on the university computer system, which will be password-protected and accessed only by the project researchers.
How long will my data be stored for?	Audio data will be stored only until the interview has been written up, and so should be deleted around two weeks after interviews are completed. Data in the form of anonymised interview transcripts will be

	stored in the University of Liverpool Archive for ten years.
What measures are in place to protect the security and confidentiality of my data?	The interviews are anonymised and stored under password. All names and personal details will be changed. Information provided will not be released without consent unless required by law (i.e. if information is disclosed which raises serious concerns about your own or others' safety).
Will my data be anonymised?	Yes.
How will my data be used?	PhD, service evaluation report, conference presentation(s), journal publication(s).
Who will have access to my data?	Only the named investigators (PI, CO-I's and Student Investigator) will have direct access to your data. Fully anonymised transcript data will be accessible to other authorised university researchers for ten years following the study, after which point it will be destroyed entirely.
Will my data be archived for use in other research projects in the future?	Yes. However, this will only be the fully anonymised data from your transcript. No identifiable information will be shared outside of this specific study and, as explained below, audio data will be deleted immediately after transcription.
How will my data be destroyed?	Audio data will be deleted (from University M Drive entirely) after interviews are written up. Interview transcript data will be removed from the university Archive and permanently deleted after ten years.

Expenses

It is not expected that there will be any costs associated with taking part in the project, as participants do not need to travel anywhere and should not have to pay anything for receiving the call. However, if there are any expenses you think you might incur, please bring this to the attention of Professor Pippa Hunter-Jones (e: phj@liverpool.ac.uk) and she will explore this further for you.

Are there any benefits in taking part?

In the long term, it is hoped that this data may help to influence regulators, social policy makers, and the Welsh Health Board, potentially contributing towards securing funding for Goleudy or related projects. However, there are no direct personal benefits to taking part in

this research, and your decision about taking part will not affect your work with Goleudy in any way.

Are there any risks in taking part?

Although this study is designed to focus on the structure and key elements of the service, rather than on specific cases, it is possible during the interview that potentially distressing subjects could arise in relation to upsetting client contacts. However, you are under no obligation to share anything that you do not want to, and you are also free to end the interview or take a break at any point and for any reason.

What will happen to the results of the study?

Findings will be published in a PhD thesis completed in September 2022, a summary report for Goleudy, and potentially in an academic journal and conference papers at some point in the future. If you would like to be sent a copy of the summary report, please indicate this in your consent form.

What will happen if I want to stop taking part?

You are free to withdraw from the study, without providing an explanation, at any point prior to the anonymisation of data. Your data will be anonymised two weeks after your interview.

If you do decide after being interviewed that you'd like to withdraw your information, please contact Chloe.Spence@liverpool.ac.uk as soon as possible and, assuming this is before data anonymisation, I will remove your data immediately and without asking any questions.

What if I am unhappy or there is a problem?

If you are unhappy, or if there is a problem, please feel free to let us know by contacting Professor Pippa Hunter-Jones (e: phj@liverpool.ac.uk) and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Ethics and Integrity Office at ethics@liv.ac.uk. When contacting the Research Ethics and Integrity Office, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

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Who can I contact if I have any further questions?

Principal Investigator: Professor Pippa Hunter-Jones

Address: University of Liverpool Management School, Chatham Street, Liverpool, L69 7ZH

Email Address: phj@liverpool.ac.uk

Student Investigator: Chloë Spence

Email Address: Chloe.Spence@liverpool.ac.uk

Appendix 4: Participant Information Sheet (Stage 2)

Project Title: *Promoting Innovation in Homelessness and Mental Health Service Design: An Adaptation of the Trajectory Touchpoint Technique.*

Lay Title: *Promoting Innovation in Homelessness and Mental Health Service Design.*

Version: 1

Date: 02/12/2020

You are being invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand.

Please also feel free to discuss this with your friends, relatives, and anybody else if you wish. We would like to stress that you do not have to accept this invitation and should only agree to take part if you want to. If you do choose to participate, after posting the consent form in the envelope provided, please call 08000902482 to arrange a date for your interview.

Thank you for reading this.

What is the purpose of the study?

The aim of the study is to gain insight into the quality and nature of service users' experiences within Goleudy's residential services. This project will also be a first attempt at using a new version of the Trajectory Touchpoint Technique (explained below) in evaluating residential homelessness and mental health services.

It is the overall purpose of the study to explore what makes residential services like Goleudy's effective and if/how these can be improved. Overall findings will contribute towards a PhD based at the University of Liverpool, on the subject of homelessness and mental health services. Findings will also be shared with Goleudy in a service evaluation report, identifying aspects of the service that are working well and any areas for improvement.

Why have I been chosen to take part?

You have been contacted because you are either a current or former service user at one of Goleudy's residential services.

Do I have to take part?

You do not have to participate in this study, and this will not affect your relationship with Goleudy and any service you receive from them in any way. If you decide to take part, you are still free to withdraw without giving a reason, at any time up to two weeks after an

interview has taken place.

What will happen if I take part?

You will be invited to take part in a telephone interview conducted by a researcher at the University of Liverpool. Interviews will be digitally recorded and are expected to last roughly 30 minutes-1 hour.

Interviews will be conducted using a tool called the Trajectory Touchpoint Technique. This means that, rather than being asked specific questions, you will be shown a set of cards including images related to different aspects of your experiences and asked to talk freely about these themes. As interviews are being conducted over the phone, the cards have been included along with this information sheet and the consent form. If you do choose to take part, the interview will consist of the researcher going through each of these cards with you, asking you to talk about any of the images that you think are relevant to your personal experience.

How will my data be used?

The University processes personal data as part of its research and teaching activities in accordance with the lawful basis of ‘public task’, and in accordance with the University’s purpose of “advancing education, learning and research for the public benefit”.

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University’s research. Professor Pippa Hunter-Jones acts as the Data Processor for this study, and any queries relating to the handling of your personal data can be sent to phj@liverpool.ac.uk.

Confidentiality

The confidentiality of all information provided will be protected and won’t be released without consent unless required by law. Confidentiality will only be broken if you disclose information suggesting that you are at direct risk of harming yourself or others, in which case we may need to contact the relevant authorities. In this case, the interview would be stopped and you would be informed about the issue.

Further information on how your data will be used can be found in the table below:

How will my data be collected?	Audio Interviews.
How will my data be stored?	On the University of Liverpool M Drive, a location on the university computer system, which will be password-protected and accessed only by the project researchers.

How long will my data be stored for?	Audio data will be stored only until the interview has been written up, and so should be deleted around two weeks after interviews are completed. Data in the form of anonymised interview transcripts will be stored in the University of Liverpool Archive for ten years.
What measures are in place to protect the security and confidentiality of my data?	The interviews are anonymised and stored under password. All names and personal details will be changed. Information provided will not be released without consent unless required by law (i.e. if information is disclosed which raises serious concerns about your own or others' safety).
Will my data be anonymised?	Yes
How will my data be used?	PhD, service evaluation report, conference presentation(s), and journal publication(s).
Who will have access to my data?	Only the named investigators (PI, CO-I's and Student Investigator) will have direct access to your data. Fully anonymised transcript data will be accessible to other authorised university researchers for ten years following the study, after which point it will be destroyed entirely.
Will my data be archived for use in other research projects in the future?	Yes. However, this will only be the fully anonymised data from your transcript. No identifiable information will be shared outside of this specific study and, as explained below, audio data will be deleted immediately after transcription
How will my data be destroyed?	Audio data will be deleted (from University M Drive entirely) after interviews are written up. Interview transcript data will be removed from the university Archive and permanently deleted after ten years.

Expenses

It is not expected that there will be any costs associated with taking part in the project, as participants do not need to travel anywhere and should not have to pay anything for receiving the call. However, if there are any expenses you think you might incur, please bring this to the attention of Professor Pippa Hunter-Jones (e: phj@liverpool.ac.uk) and she will explore this further for you.

Are there any benefits in taking part?

In the long term, it is hoped that this data may help to influence regulators, social policy makers, and the Welsh Health Board, potentially contributing towards securing funding for Goleudy or related projects. However, there are no direct personal benefits to taking part in this research, and your decision about taking part will not affect any service you receive from Goleudy in any way.

Are there any risks in taking part?

Although this study is designed to focus on your service experience, rather than any personal details about your life, it is possible in the course of the interview that sensitive and potentially distressing subjects could arise. However, you are under no obligation to share anything that you do not want to, and you are also free to end the interview or take a break at any point and for any reason.

If you need to talk to someone in the hours or days after the interview, you can call Goleudy at 01792 646071. Your support worker will be aware that the interview has taken place and will be happy to talk to you about any distress or discomfort this has caused. **A list of relevant helplines has also been included at the end of this document.**

What will happen to the results of the study?

Findings will be published in a PhD thesis completed in September 2022, a summary report for Goleudy, and potentially in an academic journal and conference papers at some point in the future. If you would like to be sent a copy of the summary report, please indicate this in your consent form.

What will happen if I want to stop taking part?

You are free to withdraw from the study, without providing an explanation, at any point prior to the anonymisation of data. Your data will be anonymised two weeks after your interview.

If you do decide after being interviewed that you'd like to withdraw your information, please contact Chloe.Spence@liverpool.ac.uk as soon as possible and, assuming this is before data anonymisation, I will remove your data immediately and without asking any questions.

What if I am unhappy or there is a problem?

If you are unhappy, or if there is a problem, please feel free to let us know by contacting Professor Pippa Hunter-Jones (e: phj@liverpool.ac.uk) and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with then you should contact the Research Ethics and Integrity Office at ethics@liv.ac.uk. When contacting the Research Ethics and Integrity Office, please provide details of the name or description of the

study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

Who can I contact if I have any further questions?

Principal Investigator: Professor Pippa Hunter-Jones

Address: University of Liverpool Management School, Chatham Street, Liverpool, L69 7ZH

Email Address: phj@liverpool.ac.uk

Student Investigator: Chloë Spence

Email Address: Chloe.Spence@liverpool.ac.uk

Seeking support after an interview

If taking part in this study raises any concerns or issues, I would suggest contacting either Let's Keep Talking, your GP or mental health provider, or any of the helplines given below:

Suicide Prevention and General Support

Samaritans:

Call: 116 123

Email: jo@samaritans.org.

Samaritans provide a 24-hour freephone service for anybody in distress or despair.

Addiction

Drinkline

Call: 0300 123 1110

Opening hours: Monday-Friday: 9am-8pm, Saturday-Sunday: 11am-4pm

A confidential and free helpline for anybody concerned about their alcohol use or somebody else's.

Dan

Call: 0808 808 2234

Text: 81066

A confidential and free helpline for anybody wanting further help or information re: alcohol or drugs. Open all hours.

GamCare

Call: 0808 802 0133

Free advice, counselling, and information for prevention and treatment of problem gambling.
Open all hours.

Emotional Text Support

Shout

Text: 85258

Offer free support for anybody in crisis and struggling to cope. Open all hours.

Homelessness and Housing

Shelter Cymru

Call: 08000 495 495

Opening hours: Monday-Friday, 9:30am-4pm.

Offer free advice on debt and housing issues.

Mental Health

Mind Cymru

Call: 0300 123 3393

Email: info@mind.org.uk

Text: 86463

Opening hours: Monday-Friday, 9am-6pm.

Advice, information and support about mental health issues, including self-harm.

Appendix 5: Consent Form

Title of the research project: Promoting Innovation in Homelessness and Mental Health Service Design.

Name of researcher(s): Chloë Spence, Professor Pippa Hunter-Jones, Dr Lynn Sudbury-Riley, Jim Bird-Waddington, and Steve Flatt.

Please initial box

1. I confirm that I have read and have understood the information sheet dated 02/12/2020 for the above study.

2. I understand that my participation is voluntary and that I am free to stop taking part and can withdraw from the study at any time without giving any reason and without my rights being affected. In addition, I understand that I am free to decline to answer any particular question or questions.

3. I understand that I can ask for access to the information I provide, and I can request the destruction of that information if I wish at any time prior to anonymisation. I understand that following anonymisation, two weeks after interview, I will no longer be able to request access to or withdrawal of the information I provide.

4. *Audio recordings:* I understand and agree that my participation will be audio recorded and I am aware of and consent to your use of these recordings for the following purposes: PhD, service evaluation paper, academic journal articles, and conference papers.

5. *Legal requirements:* I understand that the confidentiality of the information I provide will be safeguarded and won't be released without my consent unless required by law. I understand that if I disclose information which raises considerations over the safety of myself or the public, the researcher may be



legally required to disclose my confidential information to the relevant authorities.

6. *Storage of documents:* I understand that the information I provide will be held securely and in line with data protection requirements at the University of Liverpool until it is fully anonymised and then deposited in the Archive for ten years for sharing and use by other authorised researchers.

7. The study findings will be published as a report; please indicate whether you would like to receive a copy.

8. I agree to take part in the above study.

_____	_____	_____
Participant name	Date	Signature

_____	_____	_____
Name of person taking consent	Date	Signature

Principal Investigator

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