



Jobs, Friends and Houses

**Review Of The
Thriving Communities Project**



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Executive Summary

1. Totem Solutions were commissioned by Jobs, Friends and Houses (JFH) to undertake an external evaluation of their Thriving Communities Project (TCP). In 2019, JFH were successful in attaining funding for 3 years from The National Lottery Community Fund (NLCF). This funding permitted the development of the Thriving Communities Project (TCP) that enabled a focus on a specific provision of a holistic project for those in recovery in Blackpool. The external evaluation was undertaken as the funded project end date approached and provides a thorough and comprehensive review of the project. The evaluation report also provides the funding agency and other interested parties of the progress, successes and challenges experienced throughout the duration of the TCP.
2. The report identifies that JFH had identified a definite need for the project those in recovery, in Blackpool. Overall, the evaluation report indicates that the TCP to date has successfully addressed such a need. The work of the project has successfully met the aspirational targets mooted by JFH in its original proposal for project funding.
3. The report provides the considered identification of the strengths, weaknesses, opportunities and threats related to the TCP and for JFH as a third sector organisation. The report provides further insight, through a rigorous and robust external scrutiny, to permit an increase in knowledge regarding the model and method of work. In addition, some of the findings may be relevant and transferrable in principle to other situations and be of interest to other organisations (both statutory and third sector agencies).
4. The report in its detail and its overall findings would indicate a clear and substantive case for continuation of such a provision, future source(s) of funding permitting.



1. Background and purpose

1.1 Introduction

Jobs, Friends and Houses (JFH) works to break the cycle of addiction for those who access its services, whilst supporting individuals, families and the wider community in becoming more resilient and empowered.

In 2019, JFH were successful in attaining funding for 36 months from the National Lottery Community Fund (NLCF). This funding permitted the development of the Thriving Communities Project (TCP) that enabled a focus on a specific provision of a holistic project for those in recovery in Blackpool.

During the application process of TCP, JFH gave the commitment to ensure that a separate external evaluation process would be undertaken for the funded project. JFH agreed for Totem Solutions (TS), as an external consultancy, to undertake a robust external evaluation of each project. Evaluation process and costs were clearly identified in the original submissions to funders.

Regarding TCP, TS has worked to understand and evaluate its activities. TS has undertaken a summative evaluation to be submitted to JFH – hence this external evaluation report.

TCP forms a crucial aspect of JFH's provision, encompassing its work, both across the community and within its recovery houses. The project provides intensive support which places the people in recovery at the very centre of the work that is carried out.

For JFH, TCP renewed the pre-existing impetus and allowed the organisation a solid foundation on which to build its services on.



1.2 Relevance of the TCP and the town of Blackpool

To place in context the perceived need of the TCP and its relevance for Blackpool, the following points have been identified having been extracted from various documented sources by the evaluator. Such information is not exhaustive but is intended to permit a summary of demographic relevance related to the TCP.

- ***“The 2015 index ranks Blackpool as the most deprived of 326 Local Authority areas in England, based on both the average LSOA (lower-layer super output areas) score and concentration of deprivation measures.”*** (The English Indices of Deprivation 2019, Blackpool Position Report)
- ***“Turning for a moment to the very most deprived neighbourhoods in England, Liverpool is the local authority with the largest number of neighbourhoods in the most deprived one per cent of all neighbourhoods nationally (26 out of its 298 neighbourhoods, or 9 per cent are in this group). But Blackpool has the highest proportion of its neighbourhoods in the most deprived one per cent nationally (19 out of 94, or 20 per cent).”*** (The English Indices of Deprivation 2019 – Statistical Release)
- ***“In Blackpool, just over 38 per cent of neighbourhoods are highly deprived, compared to just over 37 per cent in 2010. Deprivation is measured using multiple indicators including employment, barriers to housing, health, crime and income levels.”*** (Blackpool Gazette, 2019)
- ***While detailed local data is limited, between 2018-20, the average deaths (of all people and all ages) from drug misuse in Blackpool was 22.1 per 100,000, compared to 7.1 in the Northwest and 5.0 per 100,000 nationally (Lancashire County Council)***
- ***“it is likely that the COVID-19 pandemic has increased the number of people accessing drug treatment services (Delphi, 2020)***
- ***“The resident population of Blackpool is approximately 139,500. People aged 45-54 make up the largest age group with 15.2% of the population. Just over a fifth (22.9%) of Blackpool’s population is aged under 20 and less than 10% are aged over 75.”*** (Blackpool Clinical Commissioning Group 2019)
- ***Blackpool has had the highest rate of drug-related deaths in England and Wales [...] for over a decade”*** (Delphi, 2020).



1.3 Backcloth to the External Evaluation - Internal & External Factors

As an external evaluator, I have had to identify internal & external factors that impact on evaluating this project since 2019. This may appear unusual, but an independent researcher/evaluator has to identify such factors that will have an impact (directly or indirectly) on the TCP. In addition, with a climate of financial uncertainty, a global pandemic and ongoing change this has to be recognised. The factors are (not necessarily in priority order):

Internal Factors

- I. In the early part of 2019, the makeup of the board of directors at JFH shifted slightly, providing the opportunity for those with lived experience to become decision makers within the organisation.
- II. During the operation of the TCP, JFH has utilised support offered by Blackpool Coastal Housing (BCH), particularly around data management. This has allowed for ongoing, independent scrutiny of the projects outputs.
- III. In this period, JFH has operated an out of hours service, ensuring that support was available whenever it was most needed. The importance of this facet of delivery cannot be overstated, particularly as the client group regularly access offers outside of usual office hours.

External Factors

- I. During the project, there continues to be ongoing changes within the statutory agencies that encompass re-organisation, staffing changes, changes in provision and reviewed policies and practices. There are also similar changes occurring within local third sector organisations.
- II. The onset of the Coronavirus pandemic introduced a range of strategic and operational considerations for JFH. Alongside compliance with Covid Secure guidance from Public Health and the Health and Safety Executive, JFH has continued to operate and deliver support throughout three separate lockdowns.
- III. Similarly, the Coronavirus pandemic increased the level of need present within the local community. Those already in Recovery became suddenly isolated from the communities that they had built before the pandemic.



1.4 Evaluation Methodology

On being commissioned to undertake this external evaluation, full access to all information related to TCP held by JFH and BCH was undertaken. Assurance of confidentiality regarding personalised information and adherence to ethical standards of research practice was given by the external evaluator. JFH were fully engaged to assist in providing information requested by the external evaluator in the genuine spirit of enquiry and to learn, develop and evaluate their service.

A series of sources of information retrieval has been used for this specific external evaluation and is summarised in the table below:

A. Access to all JFH Policies & Procedures	B. National Lottery submission for the TCP, agreement and related documentation	C. Data Summary Sheets of TCP split into delivery months.
D. Internal TCP documentation & Internal Reports	E. Interviews with JFH staff	F. Feedback from programme participants
G. Client records and correspondence with other agencies related to individual cases	H. Case Studies	I. Feedback /Compliment records
J. Training & Development Records/Presentations	K. External agencies meeting/ minutes/notes	L. Website/magazine & media
M. Related Publications	N. Internet perusal	O. JFH internal meetings' minutes; records/ reports

Such information retrieval sources have been used to triangulate evidence that explores and evaluates the activities of TCP

The TCP Project Plan and the application prepared by JFH incorporate identification of outcomes, activities, outputs and outcome targets. The proposed outcomes are as follows:

1. Abstinence.
2. Access to Employment, voluntary and educational opportunities.
3. Better Health and Wellbeing (including a reduction on crime).
4. Less socially isolated.



5. Making a positive contribution to the local economy.

These outcomes and aims proposed have been explored, analysed and evaluated given the sources of information available. Each outcome and aim may be broken down into component parts, for ease of evaluation. For each outcome and aim proposed there has been the requirement to seek at least three valid sources of evidence for each component (and at times more) to be enabled to make a judgement of progression or not and subsequent conclusions and recommendations made in this report, so as to ensure a robust evaluation and defensible means to assure an evidenced-based conclusion for each aim.

Point of Note:

- In providing the results there is no data on which to measure this with similar ventures by other organisations to enable a comparison to be made. This owes much to the fact that the work provided by JFH is unique. On occasions however, it may be possible to provide comparative commentary based upon other external evaluation reports in organisation's which seek to deliver similar secondary outcomes.



2. TCP – Some Key Points

2.1 Project Aims

As documented in JFH's original application to the National Lottery Community Fund, "***JFH play a pivotal role in building this thriving, achieving recovery community by supporting individuals to find their voice and tell us what support they want and need to break the cycle of the despair they live in. Our extensive research in Blackpool evidences that no other organisation or agency is delivering this life changing work in the unique and bespoke way in which we do everything. There are no quick fixes and no set model, we invest our time in individuals, the one thing statutory services are unable to do, due to funding limitations and strict models people have to conform to from traditional intervention services. We believe in empowering our people to make the changes in their lives they need to; not because they are obliged to, but because they want to do it for themselves! This is our approach and our members are telling us it works.***"

The application indicates that JFH sought to offer several distinct workstreams as part of TCP. These consisted primarily of intensive support for individuals in recovery, working with them to ensure increases in wellbeing, resilience and an ability to make healthy, positive choices to take up education, volunteering and or employment to sustain their long term recovery. Beyond this, TCP carried the stated aim to build upon the existing wider recovery community through partnerships with organisations throughout the town. Additionally, TCP aimed to raise awareness of local support available to individuals, families and employers. The project also intended to focus on the 5 ways to wellbeing, as prescribed by the NHS.

Finally, TCP sought to provide a self-sustaining community more connected, more empowered, allowing individuals and families to thrive and achieve their full potential.

2.2 Organisations related to TCP, external to JFH

As with the vast majority of projects operating within the Third Sector, the work carried out by JFH in the TCP, involves collaboration with the statutory and voluntary agencies that include health, social welfare and education agencies that covers the locality of Blackpool. There are a selection of specific local agencies (either statutory or otherwise) that relate to the TCP and these are:

2.2.1 Blackpool and The Fylde College (B&F) – A key local partner for the work of the TCP, B&F provides qualification and courses for those accessing JFH. Beyond this, TCP has also worked with the college to adapt and change existing policies and procedures. This



work has benefitted people in recovery who are already accessing the TCP, alongside other students of the college who are not yet known to services.

2.2.2 Salvation Army/ Blackpool Bridge Project – Identified as a referral pathway for the TCP with those with lived experience are able to carry a realistic view of recovery to those taking their first steps.

2.2.3 Empowerment – Working alongside the existing Advocacy Project and Lived Experience Team to improve outcomes for those in recovery.

2.2.4 Blackpool Coastal Housing - More Positive Together Team. Identified as a partner to be used in supporting those who are furthest away from education, volunteering and or employment.

2.2.5 Local Treatment Providers and Statutory Agencies – Identified at the outset as a potential referral partner for the TCP, with people being given the opportunity to access the project as they take their first steps, after completing treatment, into abstinence and recovery.

2.2.6 Streetlife – Another charity which provided the opportunity for those with lived experience to share positive role-modelling with young people and to promote positive futures.

2.2.7 Women's Aid – An avenue for team members with lived experience to help those accessing the charity.

2.3. Management of the Project

The management of the TCP project is integrated into the BCH systems of organisational and operational management and in accordance with its respective governance requirements/regulations and the organisation's policies and procedures.

Regular monitoring of the TCP takes place throughout all levels of JFH, including scrutiny being provided by Directors, Managers and designated funded staff.



3. Results as per The Thriving Communities Project Plan, prepared by JFH, that incorporates identification of outcomes, activities, outputs and outcome targets

3.1 Abstinence

3.1.1 The promotion of and support to maintain abstinence, represents the foundation of the work delivered by JFH, under the TCP. Indeed, abstinent recovery is the state on which all of the other interventions are predicated.

The continued abstinence of all project participants is monitored on a continued basis, both within the recovery houses and within the community. JFH has not implemented a draconian drug testing regime. Instead, the personalised support offered through the TCP allows for changes in behaviour or routine to be picked up and challenged. Indeed, those at risk of recidivism are given the opportunity to share and work through any issues that may be presenting as an initial remedial step.

3.1.2 From the information gathered there was consistent evidence to indicate a sharp improvement in the situation of people accessing the TCP and their families; this included an increase in confidence and coping strategies around their abstinent recovery. Such improvements appear to have been achieved through various interventions from JFH workers that included 1:1 support; Out of hours provision; liaison with and involvement of other statutory agencies and professional services; provision of resilient therapy sessions.

3.1.3 The benefits arising from the TCP for the participants appear too numerous to mention in this report. What is clear is that abstinence is the key building block for the other successes of the project. Almost ubiquitously, those in recovery are better able to cope with remaining abstinent, with the involvement of the TCP.

3.1.4 Direct feedback from participants indicates the transformative nature of the support given by the TCP and clearly evidenced the improvements reported above. In addition, another interesting facet of the data available is that their family members, in some cases, commented upon the benefits they personally have gained through the TCP. Such benefits included reduced worry and anxiety about the person in recovery and increased trust amongst the family unit. One participant stated that JFH had “saved my life” after years of experiencing the cycle of addiction. Another, that the TCP was “giving me another chance”. For some of those accessing the project, finding a model and support system which allowed them to become or remain abstinent, represented a dramatic change to what they had previously experienced.



3.1.5 As with most support models, there was, in some cases, evidence of periods of improvement intermingled with periods of struggle and difficulty. All of the participants continued to remain involved the TCP. In essence, this would appear to indicate the complexity of the issues that surround multifaceted addiction and that fluctuation in situations/circumstances can and do occur.

3.1.6 Another important aspect of the impact of the TCP on the abstinence of the participants is the reported improvement in wellbeing achieved on a more transactionary basis through sessions delivered in the community. In the feedback received by the evaluator; these sessions appear to have benefited the participants in allowing them a distraction from outside pressures, a time for reflection and introspection as well as affording a sense of community and peer support through conversations with people in similar situations.

3.1.7 Perhaps the most striking feature of the TCP, with regards to its work on abstinence, is its success rate. Both the data analysed by the evaluator and the testimony provided by workers and participants indicates an astounding 96% success rate for those accessing the project. Although the project is not open access; when it is considered that a majority of those admitted into support have previously unsuccessfully accessed other drug treatment or recovery services, this figure becomes even more noteworthy. Although this is unable to be tested against a comparable organisation, it is clear from the publicly available data, that the JFH model, delivered through the TCP, is effective in securing or maintaining abstinence for those accessing the project.

3.1.8 A less tangible, but no less important outcome of the work through the TCP, is the impact achieved with those who are not directly accessing the project. Indeed, the endeavours of the staff in building a recovery community are beginning to demonstrate secondary and tertiary impacts in the wider stakeholder groups. Specifically, the evaluator found evidence of people entering into abstinent recovery on their own, who did not feel ready to join the project in person but had accessed the TCP's online provision and had become part of the online community through social networks. In addition to this, it was also clear that some family members of those who are currently trapped in addiction were taking hope from the visible successes of the TCP.

(Overall Evidence Sources for 3.1: A, B, C, D, E, F, L, M & N)



3.2 Access to Employment, Voluntary and Educational Opportunities

3.2.1 Within the submission application to NLCF it was indicated that “*JFH has a history of successfully supporting individuals into education training and employment, and continuing to support people during these opportunities.*”. In addition, within the section devoted to intended activities it is stated that “*Support into education/volunteering and employment, we have a wide network of education partners, volunteer organisations and employers who we work with to sustain recovery through meaningful activities*”.

3.2.2 From the evidence gathered, it is clear that over 50% of those accessing the project had been supported into some form of employment, volunteering or education. The precise breakdown of the opportunities involved could not be easily determined due to how the statistical data is recorded. What is clear from other evidence available, e.g. case studies and interviews, is the importance of these points in supporting the recovery of those accessing support.

3.2.3 Indeed, direct feedback from participants indicates that these opportunities provide an aspirational target for those involved. Representing a marked change from the “chaos of addiction” enrolment in formal learning, commencing paid employment or simply accessing a volunteering opportunity gave those participants a purpose and a reason to sustain their recovery. Those in recovery said that they were “just like anyone else” or “back to normal” when they had taken their first steps into education.

3.2.4 The evidence gathered also demonstrated that these opportunities were discussed with participants on an individual basis. Only when a person in recovery felt ready to pursue one of these options, did the TCP work to help them achieve it. More than this, the lack of an arbitrary target for those involved, meant that participants were able to take part in an organic way. This meant that they were more likely to maintain their employment, volunteering or education than would otherwise have been the case.

3.2.5 It must be noted that for some of those who have been successful in securing either a voluntary, employment or training opportunity; a wide spectrum of needs, have been supported to ensure that can ultimately be achieved. The evidence strongly indicates the pro-active work and support given by JFH. In addition, there is substantial evidence in user feedback of the very high regard for the support given around this aspect of the project. It was also noted by the evaluator of the striking regularity that user feedback indicates that given their situation and experiences, even the most fundamental aspects of support needed are vitally important in developing self-confidence on becoming orientated back into community life and a feeling of worth. Users feel this support should not be under-estimated.

(Overall Evidence Sources for 3.2: A, B, C, D, E, F, L, M & N)



3.3 Better Health and Wellbeing

3.3.1 Within the original submission to NLCF, it was indicated by JFH that the TCP would develop the build better health and wellbeing amongst those in recovery. The data available to the evaluator suggests that this outcome was realised for the majority of the participants.

3.3.2 The lack of pre and post intervention assessments prohibits a quantitative analysis from being performed. In place of this however, participants have spoken of the increase in health and wellbeing, following the support of the TCP. Some of people in recovery have reported an improvement in the way in which they view themselves, how healthy they feel and their mental wellbeing.

3.3.3 Indeed, the basis for the success of this outcome, as with so many of the others surrounding the TCP is centred on the maintenance of abstinence for those involved.

3.3.4 Following on from this basis, the incremental achievements of accessing dental care, registering with a GP and having access to a community environment to eat regular meals have an inevitable positive impact on the overall health of participants.

3.3.5 Similarly, feeling part on established community, meeting people further along in the recovery process, acquiring new skills and experiences and the sense of achievement which comes from reaching new abstinent milestones have all been cited as reasons for an improvement in wellbeing from project participants. This sense of achievement seems to have been a consistent view throughout the TCP, with those in recovery outlining this as a key reason in them feeling differently. This feeling has been evident following both single sessions and longer-term inputs.

3.3.6 As the pandemic changed the way the TCP was being delivered, this increase in wellbeing maintained and arguably became more widespread, with a wider group of people being able access support in single sessions. More than this, the continued provision of the TCP, against the backdrop of changing routines and a loss of confidence in society more broadly gave participants a greater impetus for attending online meetings than they might otherwise have experienced.

3.3.7 Another important determinant in the improvement of wellbeing experienced by those participating in the TCP has been through the provision of Resilience Therapy. These sessions have provided a safe, confidential space for those accessing to share and explore their potential triggers for substance misuse and barriers to wellbeing.

(Overall Evidence Sources for 3.3: A, B, C, D, E, F, L, M & N)



3.4 Reduce social isolation and/or loneliness

3.4.1 From the information available and interpretation of such data, the evidence would suggest that a fundamental success of the TCP was a reduction in social isolation and/or loneliness for the participants involved. More markedly, the improvements in this area have continued throughout the pandemic and associated lockdowns.

3.4.2 The feedback received by the evaluator indicates that genuine peer support networks have been developed through the course of the TCP. Those who had initially embarked upon recovery meetings together have stayed in touch and have formed friendships which now exist outside of the TCP. These have been cited by those involved in the TCP as extremely important relationships, which have helped not just with how isolated participants feel but also with the practical problems which were brought about by the onset of Covid-19 and the associated lockdowns.

3.4.3 Again, the lack of pre and post intervention assessments prevents a quantitative analysis from being conducted, though through the investigations conducted by the evaluator, it became clear that this outcome has been achieved for a vast majority of those involved in the project.

3.4.4 From the evidence available, there appears a variance of the speed of progress in these benefits for participants and it appears to be dependent on the willingness to take up opportunities to meet with fellow peers (i.e. group sessions etc.)

3.4.5 Another interesting facet of the reduction in social isolation and loneliness is the importance of JFH staff in initially building the confidence of a person to begin to take part in community activities. This is a crucial element in them beginning to take their first steps, particularly when dealing with statutory agencies and related perceived bureaucracy, or just going shopping or similar daily social activities and interacting with others.

3.4.6 This is another area where the relative importance of the recovery community is again featured in the success of the TCP. All of those met by the evaluator, both JFH staff and participants expressed a genuine willingness to help others through recovery. Those memories of the initial difficulties experienced at the outset of abstinence, particularly when leaving prison, have left a longstanding mark in the more experienced members of the community.

(Overall Evidence Sources for 3.4: A, B, D, E, F, L & M)



4. Additional Information

On undertaking the external evaluation of the TCP, the opportunities to seek feedback from Participants and also from staff played an important role in the provision of information for the report. It has to be noted that both those in recovery and staff were very open and welcoming to an “outsider” coming in to their environment to undertake an evaluation of the service. Both parties were genuine, sincere, open and honest in giving their thoughts and views. In addition, trust was shared and the evaluator deeply appreciated their positive approach.

The feedback from both participants and staff provided a great deal of information, and thus always difficult to summarise in a few paragraphs of commentary however the following attempts to condense the main areas.

4.1 Feedback from Participants:

4.1.1 Unequivocally the feedback from participants gathered and analysed was the extreme high regard held for the ‘community’ ethos of the TCP as well as JFH staff, the genuine appreciation and respect for the dedication of all involved in arranging the various support, services, activities and opportunities provided. The aspect of ‘community’ was described in many ways with various terms of endearment expressed and overall consideration of this to be very special.

4.1.2 A further strength of the TCP and of JFH appears to be that its provision is stable, reliable, and dependable and assists in support for the participant, their family members and other members of the community. The assistance and support for the participant in navigating and understanding a changing external service provision is particularly important. Without such support from JFH, participants and family members report they would continue to feel ‘helpless’ or too tired to be able to pursue help from the statutory services – indicating they would give up and just become more isolated. In essence, there is a complete trust in the TCP provision and those working for JFH.

4.1.3 There also appeared a consensus of opinion and perceptions amongst participants/families and other members of the community regarding the TCP and JFH services that indicated: as mentioned earlier, a clear endorsement of the value and work of the TCP and JFH staff as well as for the ‘community’ ethos within which the work was delivered. The bespoke nature of support for each individual and their specific situations was also noted as something which separates the TCP and JFH from the other agencies involved in recovery and drug treatment services within Blackpool. The time and support



given by the TCP and JFH staff to support people in recovery in exactly the way they need to be supported at any given time, enabled participants to build up confidence and become more empowered in maintaining their abstinence and recovery. In addition to this, participants expressed their thanks towards JFH staff in helping them to rebuild a life after addiction. This has taken many forms, from the initial building blocks of accommodation, food shopping and routine, to support to access volunteering, employment or education. Recovery is seldom an easy process and it is rarely simple. JFH provides support which adapts to the needs of the participants, regardless of what point in their recovery journey they have reached.

4.1.4 The most noteworthy view, amongst participants, is that the TCP has genuinely changed or saved their lives. The testimony from those who have tried recovery in the past is particularly powerful. Although the model supported by JFH may not work for everyone who has experienced addiction, the evidence gathered during this evaluation has demonstrated unparalleled success in people not only becoming abstinent or maintaining abstinence; but also in them rebuilding their lives, making the most of opportunities and becoming part of a supportive community of like minded people. (Overall Evidence Sources for 4.1: A, D, E, F, G, H, L & M)

4.2 Feedback from Staff

4.2.1 From the feedback from JFH staff, it is quite clear that they work as a dedicated team serving to enhance the lives of those in recovery, as echoed by the participants and their families. Throughout the evaluation process there was a genuine commitment from all staff to be involved in self-scrutiny in the spirit of openness and an eagerness to enhance the service.

4.2.2 The feedback from participants indicated clearly the level of support that is offered by the JFH team goes far beyond what is expected or delivered at other organisations. Their passion was clearly demonstrated in all of their interactions with the evaluator and their willingness to adapt to the needs of each individual is crucial to each of the TCP's successes.

4.2.3 The external factors of ongoing change within the statutory agencies and other organisations involved in recovery and drug treatment continue to result in challenges, frustrations and at times confusion for the TCP team.

Feedback from the experiences and perceptions of JFH staff appears to unequivocally match those experiences and perceptions of the participants. (Overall Evidence Sources for 5.2: A, D, E, F, G, H, L & M)



5. Discussion of the Results

By providing the evaluation results, the related commentary and subsequent points of note provide the areas for consideration and reflection by JFH. Similarly, this evaluation report also provides any funding agency and other interested parties of the progress, successes and challenges experienced throughout the duration of the TCP to date.

On concluding this report, a brief summarisation is now presented using a SWOT Analysis (Strengths, Weaknesses, Opportunities & Threats) approach. Such an approach is used in all genuineness to further coalesce thoughts. Such summaries are not exhaustive and thus there may be other areas identified by readers of this report.

5.1 Strengths of the TCP

5.1.1 JFH has identified a definite need for an abstinent recovery project within Blackpool. The TCP to date has begun to successfully address such a need. Demand for the support service has outgrown the anticipated aspirational target.

5.1.2 Overall benefits to participants have clearly been achieved, resulting in positive progression in :

- Abstinence
- Access to employment, voluntary and educational opportunities
- Health and wellbeing
- Social Isolation and Loneliness

5.1.3 Genuinely being there for people in recovery and taking the time to listen, advise, guide, and give support.

5.1.4 JFH being seen and very much trusted as a caring organisation whereas the statutory support agencies are considered supportive in parts, albeit often support is considered time limited, rushed and not always helpful.

5.1.5 The TCP provides a point of access and service that is stable, consistent and dependable. The statutory agencies continue to undergo ongoing organisational change, constraints re services and changes in staff.

5.1.6 Provides the opportunity through the support offered throughout the recovery process, to gain confidence in taking the first steps towards addressing the complex difficulties being experienced and become empowered gradually at a pace that is manageable.



5.1.7 Provides support tailored to the circumstances of each individual that incorporates flexibility of working with individuals during the day, evenings and at weekends as needed.

5.2 Weaknesses of the TCP

5.2.1 Information recording/reporting and ease of accurate actual information retrieval lacks sophistication in what is needed for evaluative purposes and tracking of pertinent information. The lack of sophistication inhibits ease of determination and forecasting in a more accurate way of several areas necessary. The following areas are food for thought:

5.2.2 The actual knowledge of participant's progress/journey is generally deep and rich. Formal recording tends to be inconsistent and appears to lack a coherent structure.

5.2.3 Written monitoring, recording/reporting and review of progress in relation to the assessment instruments used and the 12 week plan initiative is not clearly represented (or is absent)

5.2.5 The lack of pre and post intervention assessments, inhibits the ability to make a quantitative assessment of the success of the TCP.

5.3 Opportunities for the TCP

5.3.1 The overall success of the TCP and the constituent areas of progress and knowledge gained provide a considerable wealth of information that could be shared with both the statutory and third sector agencies, commissioners and funding organisations.

5.3.2 A more sophisticated reporting and recording system could provide further progress in the development of an ongoing body of knowledge to enable a more exact and substantive determination of need; forecasting with more accuracy the matching need and likely outcomes of such a provision.

5.3.3 The TCP has a huge degree of growth potential. This evaluation provides sufficient evidence that the model could be both scaled and replicated, given a sufficient level of resource being made available.

5.3.4 Conversely, if the decision to remain a similar size is taken, then The TCP has a clear avenue to become financially sustainable. The introduction of additional recovery houses would expand the impact field of the project, as well growing the income of JFH.



6.4 Threats for the TCP

6.4.1 The situation within the public sector remains uncertain regarding financial constraints and budget tightening particularly if a recession is to commence in the later period of 2022; organisational structures and changes; changes in governmental/regional/local policies will continue to have an ongoing impact the TCP provision and potential sustainability. This will be beyond the control of JFH. The need to substantiate the need for such a provision, the positive cost/benefit for such a provision with more accuracy would appear paramount if the TCP is to continue or grow.

6.4.2 The TCP involves working within complex situations where there can be potentiality for concern for those experiencing addiction. The considered weaknesses identified related to reporting, monitoring and recording of progress and discharge of participants could be a source of vulnerability that requires consideration. In a climate of increasing accountability; attention to accuracy and detail particularly safeguarding; potential public scrutiny and a growing complaints and litigation culture, the opportunity to review and address such weaknesses would enhance the provision and reduce potential vulnerability.



7. References

- A. **Access to all JFH Policies & Procedures:** *As described.*
- B. **National Lottery Community Fund submission for the FFP, agreement and related documentation:** *As described including Application Form and supporting documentation;*
- C. **Data Summary Sheets of the TCP split into delivery months:** *As described and includes original excel spreadsheets; modified excel sheet to include further detail by external evaluator for analysis purposes;*
- D. **Internal TCP documentation & Internal Reports:** *As described,*
- E. **Interviews with JFH staff:** *As described; supplementary telephone conversations; follow-up email correspondence with evaluator when required.*
- F. **Interviews with Programme participants:** *As described*
- G. **Client records and correspondence with other agencies related to individual cases:** *summary evidence provided, relying upon information contained within records*
- H. **Case Studies:** *as described*
- I. **Family Feedback /Compliment records:** *As described*
- J. **Training & Development Records/Presentations:** *As described.*
- K. **External agencies meeting/ minutes/notes:** *As described*
- L. **Website/magazine & media:** *As described, with particular attention paid to the JFH Facebook page*
- M. **Related Publications:** *Various publications used to assist in placing the work of JFH in proper context.*
- N. **Internet perusal:** *Various areas were perused to assist in collaborating information, clarification of details, and access to relevant statistical tools, thesaurus and associated tools; related third sector organisations;*
- O. **JFH organisational internal meetings' minutes; records; reports as appropriate:**



Tom McMurdo MA., PG Dip, Chartered FCIPD.

Is a Human Resources professional, who works full time within the Third Sector. He entered into Higher Education as an Associate Lecturer level in 2021. He is a Clore Social Fellow, having completed a Clore programme in 2019. Varied research interests include history, in which he is currently studying a PhD; Human Resources and the Third Sector.

External consultancy experience has included projects ranging from the very small to the larger and more complex. In addition consultancy work has been undertaken locally, regionally, nationally and internationally, incorporating work with small organisations, larger organisations and at government levels. Consultancy work has mainly focussed upon Human Resources, Leadership or Evaluation within the Third Sector.

He currently holds directorships in two local non-profit organisations has a directorship with Totem Solutions (CIC). He is the Chair of Governors within a Primary Academy. Tom is a Chartered Fellow of the Chartered Institute of Personnel and Development and an Early Career Fellow of the Royal Historical Society.



Totem Solutions – A Community Interest Company

Totem Solutions serves to provide activities which benefit the community and in particular, and without limitation, to provide benefit to Third Sector Organisations (TSOs), primarily in the North West of England, through the provision of research, evaluation and consultancy solutions, enabling such organisations to fulfil their charitable purpose.

Totem Solutions recognise TSOs have to face two major challenges namely:

- The need to undertake organisational and project evaluation in order to meet the increasing expectations from funders and commissioners
- Having to operate within considerable financial constraints and the search for affordability and best value for money for those services involving research, evaluation and consultancy.

Totem Solutions is focussed upon providing the access to, and support of, high quality research, project management and consultancy expertise to match the specific needs of TSOs in order to overcome the challenges.

Totem Solutions offers the following:

- Having knowledge, understanding and insight into the nature, workings and impact factors of being a third sector provider and its uniqueness – permits the determination of a bespoke high quality and robust service provision that is specific and relevant.
- Being a CIC, and not a commercial enterprise, Totem Solutions is driven by only covering its costs to provide this community service – thus ensuring a more economically costed provision than commercial consultancies, without compromising on quality of service.
- The sharing of knowledge, expertise and partnership in working together towards attaining funding from commissioners and funding agencies – permits the opportunity for TSOs to continue enhancing the wider community they serve and improving people's lives.

