



Consultation on a Strategy for the Supporting People Programme

London Housing Foundation Response Focussing on the use of Outcomes within Supporting People

Prepared for the London Housing Foundation
by Triangle Consulting, February 2006

Summary of Principles and Recommendations

Outcomes are a valuable tool which can support clarity, focus, on-going learning and accountability for service providers, local authorities and central government. However, measuring outcomes can have negative as well as positive impacts including increased bureaucracy and the distortion of service delivery priorities.

In order to maximise the benefits and avoid the pitfalls, outcomes information needs to be understood and 'owned' by those collecting it, used within a culture of learning and service improvement, interpreted in its context and complemented by other information.

The recommendations set out below reflect these principles. They recognise the different needs of service providers, local authorities and the ODPM and suggest that these different needs be met in different ways, in particular that:-

- **the need for evidence of programme effectiveness** (ie measuring national outcomes or impact) be met through outcome-focussed research
- **the need for outcome focussed service delivery** (ie measuring client outcomes) be met through the use of outcome tools chosen or developed by providers and integrated into key-working
- **the need for outcome focussed commissioning** (ie measuring service outcomes) be met through outcome focussed service contracts facilitated by a national menu of performance indicators from which local authorities can select as required

Our intention is to steer a middle course between setting a rigid national system which could lead to perverse incentives and undermine local ownership and allowing total flexibility at a local level which could lead to un-manageable bureaucracy for providers working across local authority boundaries. In order to achieve this we recommend that:-

Service Providers should:-

Implement an outcomes approach to service delivery. This means:-

- Clarifying their intended outcomes (in discussion with the local authority)
- Developing or choosing a suitable outcomes monitoring tool, to measure need on entry and also outcomes. Also, agreeing key outcome indicators with the administering authority
- Integrating outcomes tools into their assessment and key-work
- Learning from the data and using it to continuously improve services to identify and respond to changing patterns of need and report to the administering authority.

Local authorities should:-

Implement an outcomes approach to planning and commissioning services. This means:-

- Using provider fora to consult on and agree their approach
- Using or modifying the service typology presented here to clarify with each service provider the role its service, the intended client intake and outcomes. Agreeing key outcome indicators that will be used to complement the services own outcome monitoring and incorporating this into service contracts
- Reviewing the pattern of provision against what is know about the pattern of need and restructuring services if needed
- Once systems are established, drawing on the outcomes information supplied by providers to assess the service, review service expectations, assess whether the service is adequately supported, and build a fuller picture of need.

ODPM should:-

Commission outcomes focussed research to build evidence of service outcomes as a basis for estimating programme outcomes both for the Treasury and for policy development;

Require service providers to take an outcomes approach to service delivery as described above, allowing each service provider to choose the tool(s) they use to measure their outcomes. In order to facilitate this, it should:-

- Ensure that good practice guidance and training for service providers is available
- Support the development of effective outcomes tools
- Approve and accredit some tools, develop a good practice guide to the development of such tools and provide a check list that service providers and local authorities could use when choosing between existing tools.

Require administering authorities to take an outcomes approach to planning and commissioning services and support this by:-

- Ensuring that good practice guidance and training for administering authorities is available
- Developing a menu of optional outcome indicators from which local authorities could select when deciding what to measure for each service - Appendix Three can be used as a basis for this
- Considering whether it is feasible to provide guidelines to local authorities on the level of service provision required in an area.

Monitor the performance of administering authorities by assessing how well they are implementing the outcomes approach;

Protect non-statutory SP services by either maintaining the ring-fence for those services, or developing a formula that links demographic information to service levels

Introduction

For the last four years the London Housing Foundation has supported providers of services to homeless people in London to take an outcomes approach to their work through training, consultancy, conferences and publications to disseminate good practice. In addition to this, over the last year the Foundation has been actively engaged in discussions with providers and local authorities about how to implement an outcomes approach to Supporting People and the Foundation is currently funding a consortium of local authorities and providers in south London to develop an outcomes approach to the commissioning of Supporting People services in three London boroughs. Much of this work has been delivered by Triangle Consulting whose partners have a ten year track record of working in this area.

We very much welcome the move towards an outcomes approach within Supporting People, the opportunity to participate in this consultation and the realistic consultation timescale. Our response focuses exclusively on the question of how to best use outcomes to meet the needs of the Supporting People programme and its clients. It draws on our experience in this area and our own consultation with a range of Supporting People lead officers and service providers.

Our response is presented in two parts. Part One lays the foundation for our recommendations by defining the way in which we are using the term 'outcome', presenting a typology of Supporting People services, and outlining the principles underpinning our thinking. Part Two sets out our analysis and recommendations relating to how to implement an outcomes approach to Supporting People.

Our intention throughout is to provide practical recommendations which maximise the benefits of the approach, avoid the potential pitfalls and that are based on a realistic understanding of what the measurement of outcomes can and cannot achieve. In doing this we have attempted to steer a middle course between setting a rigid national system, which could lead to perverse incentives and undermine local ownership, and allowing total flexibility at a local level, which could lead to un-manageable bureaucracy for providers working across local authority boundaries.

Part1: The Framework for our Response

1.1 Defining our terms

Client outcomes: We use the term outcome in this paper to refer to changes in a client's behaviour, situation or attitudes e.g. no longer offending, permanently housed, taking responsibility for their actions rather than blaming others. These client outcomes may have knock-on effects on the wider community e.g. less crime, less inappropriate use of Accident and Emergency services.

These outcomes can be end outcomes such as being permanently housed, i.e. the achieving the final goal, or intermediate outcomes such as improving living skills, i.e. steps along the way to achieving that goal. Preventing a situation from deteriorating or slowing down that deterioration are also outcomes.

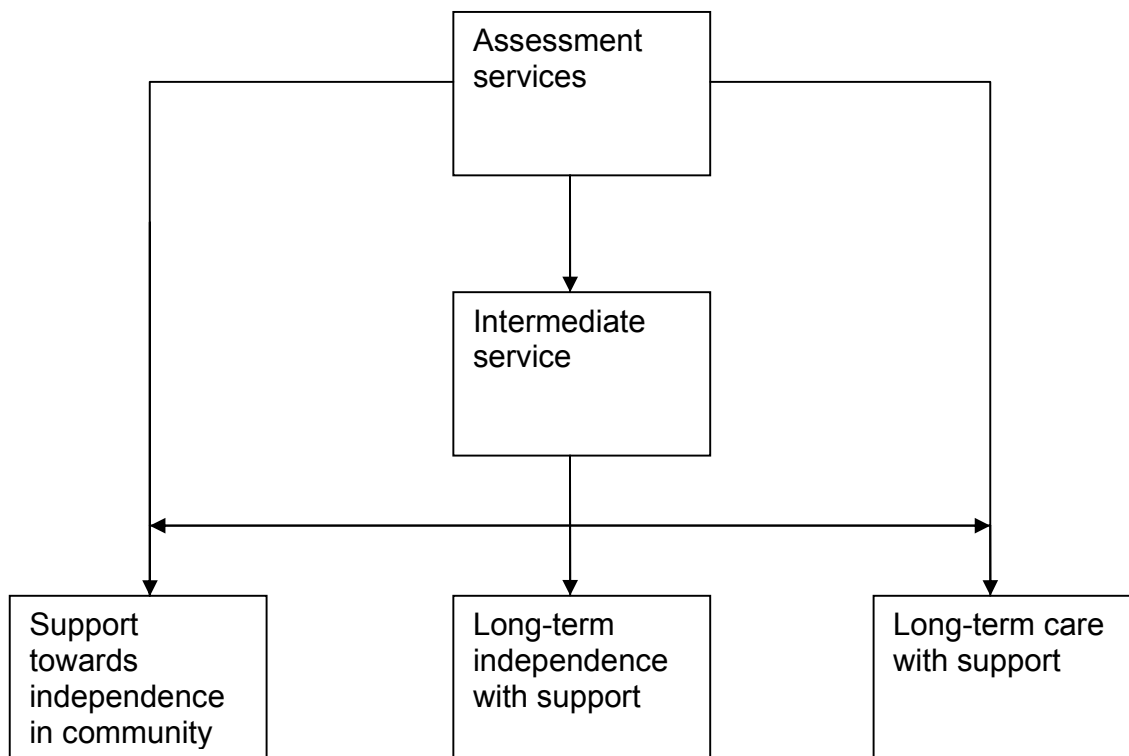
Service outcomes: This refers to the sum total of the individual client outcomes achieved. For example a service might show a decrease in inappropriate Accident and Emergency admission for 50% of its clients. If a service is using an outcomes tool (ie a consistent way of recording behaviour, circumstances and need) then it is relatively straight-forward to summarise individual client outcomes to give service outcomes

National outcomes or impact: This refers to the sum total of client outcomes across the whole programme. For example the programme might achieve a high subjective sense of personal safety for 80% of clients in receipt of care with support. For reasons explained later in this paper, this is best estimated by researching a sample of services and extrapolating from the findings to estimate national impact

Further definitions are provided in Appendix One

1.2 A framework for Supporting People services

Because Supporting People covers a range of client groups and services we have found it helpful in developing our thinking to create a typology of services. This relates to the typology of client groups presented in the consultation document (care with support, independence with support and socially excluded). However, clients can move between groups but services remain more static, and funding is provided to services rather than to clients, so we find using a typology of services more helpful than a typology of clients. The model is outlined below and will be drawn on in various sections of our response. Appendix Two provides a table which show how this classification of services relates to the existing service types used within Supporting People



The function of **assessment services** is to work with clients who are in crisis or very chaotic or whose needs are not fully understood. Once their needs have been assessed and basic issues addressed such as establishing benefits, meeting immediate health needs, stabilising behaviour and engaging the client, they can be moved on to medium or long-term accommodation.

The function of **intermediate services** is to prepare clients for a long-term solution to their housing needs. These services are designed for clients who have the potential to change their behaviour or improve their skills in one or more areas (eg living skills, managing their mental health, or substance misuse). Once they are judged to be ready for independent living (probably with some temporary support whilst they establish themselves) or are judged to have made as much progress as they are able to make, they can be moved on to long-term accommodation.

The function of **support towards independence** is to support clients in the transition towards independence, or for some clients who are already in their own homes, to help clients address issues that are threatening their independence. It is intended for clients who are judged to have the potential to achieve full independence. Once this is achieved, the service can be withdrawn.

The function of **independence with support** is to enable clients who do not receive services from health or social services to live independently by providing support in the areas in which it is required. It is envisaged that this support will be provided on a permanent basis.

The function of **care with support** is to enable clients who do receive services from health or social services to live independently by providing support in the areas in which it is required. It is envisaged that this support will be provided on a permanent basis.

The table below provides fuller information about each of these services.

Service	Service intended for	Intended service outcomes	Client groups
Assessment (eg direct access or refuge)	People in crisis or who are chaotic or whose needs are not fully understood Length of stay: a few days – 12 months	<ul style="list-style-type: none"> • Full understanding of client needs • ID and benefits in place • Pressing health and safety needs addressed • Chaotic behaviour stabilised (eg medication for mental health issue, less chaotic and harmful substance misuse) and client engaged • Successful referral to suitable service 	Socially excluded ie people who are homeless including refugees, women experiencing domestic violence, people with addiction and/or mental health and or offending issues and families
Intermediate (eg supported housing, foyer)	People who have the potential to change behaviour/develop skills prior to permanent housing solution Length of stay: 6 months – 5 years	<ul style="list-style-type: none"> • Progress in addressing blocks to more independent living, this is likely to mean improvements in one or more of the following – living skills (including, managing money, accommodation and self-care), management of mental health/ addictions/ physical health, meaningful use of time, social networks, motivation and personal responsibility, personal safety, parenting and child safety • Successful referral to appropriate permanent 	Socially excluded The groups listed above plus offenders on release from prison, young people leaving care, teenage parents, gypsies and travellers

		housing solution	
Service	Service intended for	Intended service outcomes	Client groups
Support towards independence (eg resettlement)	People who could live independently but require support through the transition/during a period of crisis Length of stay: 3 – 18 months	<ul style="list-style-type: none"> Client able to sustain independent living without housing support. This is likely to mean reaching a satisfactory level in relation to all areas listed in box above Withdrawal of service without client running into difficulties 	Socially excluded All socially excluded groups
Independence with support (peripatetic wardens)	People who do not receive care from health or social services who require long-term support to live in their own homes Length of stay: Long-term	<ul style="list-style-type: none"> Enable/sustain independent living Good quality of life, including emotional well-being, physical health, meaningful use of time and social networks 	Independence with support including older people, people with moderate mental health conditions, people in managed phase of HIV/AIDs, people with moderate learning or physical disability
Care with support (supported housing for the frail elderly)	People who do receive care from health or social services who require housing support to live in their own home or supported housing Length of stay: Long-term	<ul style="list-style-type: none"> Enable/sustain independent living – in some cases to maintain at current level, in others to slow down erosion of independence caused by worsening of condition Good quality of life, including emotional well-being, management of physical health, meaningful use of time and social networks 	Care with support including people with severe learning or physical disabilities, people in chronic phase of HIV/AIDs, frail elderly people, people with dementia, people recovering from drug mis-use

1.3 Principles

Our work in this area has led us to the following understanding of outcomes and their use:-

Measuring outcomes can have both positive and negative impacts on service delivery

Taking an outcomes approach can support clarity, focus learning and greater effectiveness in service delivery as is outlined in more detail later in this report. However, it is also well documented that when outcomes are measured for reporting purposes and there are significant incentives for achieving targets, this can lead to distortion of priorities in service delivery in a way that is detrimental to clients.

The process is often as important as the results

The clarity that results from the process of clarifying the intended outcomes of a service or programme and finding ways to measure them is often one of the most significant benefits of taking an outcomes approach. If the staff who are working with clients and completing measurement forms have not participated in this process, it is likely that these benefits will not be experienced and that the quality and comprehensiveness of the information provided will suffer.

Measuring outcomes is not an exact science.

Outcomes data is ambiguous for a number of reasons:-

A given outcome can be positive or negative

For example, a client being admitted to psychiatric hospital might in one case be a negative outcome, indicating breakdown of management of their condition. In another case it might be a positive outcome, indicating a much needed link into professional services.

It is not possible to attribute causality

The fact that a client has improved or deteriorated whilst in contact with a service does not prove that it was the service that led to this change. This is a particular issue where a client is in contact with a number of different services

When measuring changes in attitude and behaviour there is often a subjective element to the measurement

Even when outcomes tools build in a degree of objectivity, so that workers and clients make assessments based on defined behaviours or attitudes, individual workers and/or clients may still interpret attitudes and behaviours differently. While every effort should be made, through appropriate measurement tools, training and supervision, to ensure consistency in how needs and outcomes are recorded, those using an outcomes approach also need to recognise some inherent subjectivity when interpreting and using the data.

When outcomes are collated they hide important variation

For example, if a service reported that the overall number of admissions to psychiatric hospital amongst its clients was staying the same, this could mean that some clients were going into hospital more often and some less often, or it could indicate that most clients had a constant level of admissions. At a service level this could be easily clarified. However if outcomes information is aggregated a number of times, the underlying picture becomes more difficult to unpick. The more times outcome information is collated, the more difficult it is to interpret the information meaningfully.

So, outcomes do not give us final answers. Whilst outcomes information gives us very valuable information – it does not give us final answers. Rather outcomes information helps us to ask better and better questions.

To be used well outcomes information needs to be:-

Understood and 'owned' by those collecting it

This means involving staff in the process of identifying the outcomes and how they should be measured.

Used within a culture of learning and service improvement

People thrive in situations in which they are encouraged to reflect, learn and improve, rather than one in which they are judged and blamed. The same applies to organisations. Whilst consistent poor performance which does not respond to any intervention needs to be tackled, the outcomes approach works best when both those supplying the information and those reviewing it do so with an attitude of curiosity and the desire to do better.

Interpreted in its context and complemented by other information

Because outcomes data is ambiguous it is most useful when complemented with other information such as quality information, the views of clients and other stakeholders and direct contact with the service. In the commercial sector where the final outcome is easily measured in the annual profit return there has been a move away from reliance on these 'end outcomes' and a greater reliance on a balanced score card which takes in different aspects of performance (primarily effectiveness of processes, customer views and innovation and learning). We recommend the same approach to outcomes information in the context of Supporting People.

In conclusion, outcomes are a powerful tool, but not the answer to all needs. Like any tool it is most effective when used appropriately. When used inappropriately it has the power to distort service delivery or simply create large amounts of bureaucracy for little benefit. Thus, in the words of one author, we must take outcomes seriously, without taking them literally.

1.4 Translating the principles into practice

Designing a system that honours these principles whilst meeting the needs of the three main players (ODPM, local authorities and service providers) is not a simple task.

The need for national information to evidence the programme implies a nationally designed system for all to implement consistently. However this cuts across the need for understanding and ownership by the service providers implementing the system. Similarly the need for local authorities for information that meets their local requirements implies freedom for them to design their own system. However this presents potential problems for service providers that operate across authority boundaries that could find themselves caught in a bureaucratic tangle if this local autonomy were allowed.

In the light of these difficulties, the core proposition of this paper is that, rather than trying to design one approach to meet all needs, **ODPM should meet different needs in different ways**, specifically that:-

- **the need for evidence of programme effectiveness** (ie measuring national outcomes or impact) be met through outcome-focussed research
- **the need for outcome focussed service delivery** (ie measuring client outcomes) be met through the use of outcome tools chosen or developed by the service provider and integrated into key-working
- **the need for outcome focussed commissioning** (ie measuring service outcomes) be met through outcome focussed service contracts facilitated by a national menu of performance indicators from which local authorities can select as required

Part Two sets out in detail how we recommend that this be done.

Part 2: Outcomes and Supporting People

On the basis of the consultation document, our discussions with you, and our own understanding of the contribution that outcomes can make within Supporting People, we have identified the following three primary needs relating to the use of outcomes:-

1. To evidence programme effectiveness
2. To promote outcomes focussed service delivery
3. To promote outcomes focussed commissioning

In addition there are another two secondary needs:-

4. To monitor local authority performance
5. To protect certain services after the ring-fence is removed

Our recommendations as to the role of outcomes in meeting each of these needs, bearing in mind the principles set out in the previous section, are outlined below.

2.1 Evidencing programme effectiveness (ie national outcomes or impact)

ODPM, local authorities and providers wish to demonstrate to the treasury that Supporting People services are worth investing in because they deliver their desired objective and are cost-effective. Beyond this pressing need, knowledge of what services deliver what results and for who would be invaluable in planning service delivery. It is possible that services are currently being provided to clients who are not likely to benefit from them and in other instances services are not available to clients who would benefit from them. The only way to establish what works for who is to measure the outcomes services achieve.

Our view is that the only viable way of evidencing the contribution of Supporting People services nationally is to collect information in a standard way on the outcomes achieved in a sample of services and then extrapolate this data to provide an estimate of the national outcomes. The sampling approach is well-established in the commercial sector through market research and in scientific circles across a wide range of disciplines. It makes it possible to specify and monitor closely the way in which data is collected and hence offer high quality and reliable data.

An alternative approach would be to collect information in a standard way on the outcomes achieved in every single service and then add up all the individual outcomes to provide the national outcomes. In our view, this is not a viable

option because to collect information in a standard way from every service would mean either collecting very minimal information, or requiring every service to use the same outcome tool. The former would not provide enough information to make meaningful interpretations. The latter would involve a substantial amount of work for all service providers and would cut across the process benefits of taking an outcomes approach for service providers as outlined in sections 1.3 and 2.1.

Recommendations

- 1) From the 21 client groups and 5 service types, ODPM should identify the priority areas for research based on:-
 - Gaps in outcomes based research in that area
 - Level of spending on that client group and service type
 - How much demand there is for information to learn about what works and/or demonstrate service effectiveness in that area

Where research already exists, this can be used as a starting point for evidencing the value of Supporting People investment in that area using the methodology developed in the Matrix cost-benefit research.

- 2) Where there is a lack of research, high spending and/or high levels of demand for information, ODPM should commission research. Below we present long-term and short-term options for such research:-

Long-term

To build an evidence-base that could be used to inform spending and policy decisions:-

- Take representative sample of services
- Develop an outcomes tool or use an existing tool to measure needs of clients on entry to a service and outcomes achieved whilst in the service
- Use the tool with clients on entry to services and at one or more later points (eg after 6 months, or on departure from the service)
- Look at client measurements on entry to the services to establish whether the services are taking in appropriate clients
- Look at the difference between the measurements for each client to identify outcomes achieved by the services. We would strongly recommend that the research look at distance travelled/steps on the journey of change as well as end outcomes as this will provide a much fuller picture of what the services are achieving
- Explore whether there is any relationship between outcomes achieved and client characteristics, e.g. service achieves better outcomes for younger people than older people - or vice versa

- Explore the relationship between outcomes achieved by services and the relevant PAF and BVPI indicators
- Use interviews with clients and workers to build an understanding of what it was that helped a client achieve key changes
- Follow-up clients after they have left the services (eg 6 and/or 12 and/or 24 months later) to see whether outcomes are sustained.

In the homelessness field a number of the larger agencies are in the process of integrating outcomes tools into their assessment and key-work which would provide the basis for such a piece of research. The London Housing Foundation has provided funding for Triangle Consulting to carry out a study into the effectiveness of hostels for St Mungos using this methodology.

Short-term

To meet the current immediate need for evidence:-

- Take a representative sample of services
 - Identify a few easily quantifiable and verifiable indicators of service success (eg reduced Accident and Emergency admissions, reduced arrests, reduced ASBOs, reduced falls – these could include the BVPI and PAF indicators)
 - Using client and worker interviews and examination of records establish these indicators for the 3 or 6 months immediately before the client entered the service and the last 3 or 6 months whilst the client has been in the service
 - Look at the difference between the measurements for each client to identify outcomes achieved by the service.
- 3) In addition to this a relatively simple measure that would provide valuable information about how clients move through Supporting People services would be to make the completion of the National Insurance number of the Client Record Form compulsory, or if this is not possible, very strongly recommended with incentives for target levels of completion. This would make it possible to see how many clients were using Supporting People services and how often they were entering and leaving these services. At present it is not possible to distinguish a new client entering a service, from a client leaving one service and entering another.

2.2 Promoting outcomes focussed service delivery (measuring client outcomes)

Taking an outcomes approach to service delivery means that the service follows the four steps outlined in Appendix One:-

- Clarifying the outcomes the service is there to achieve with clients
- Putting in place systems to measure the extent to which these outcomes are being achieved
- Regularly reviewing these measurements and draws learning from them about what is working and what is not working within the service
- Making changes to the service in the light of this learning in order to improve effectiveness.

Having trained over 200 members of staff from over 50 agencies and provided consultancy to 13 homelessness organisations in London to support them in taking the outcomes approach, we have found that it brings the following benefits:-

- **Clarity for staff** regarding what the service is there to achieve and a greater focus in key-work on these areas
- **Clarity for the client** about why they are there and what to expect from the service.
- Where the intention of the service is to support the client in making changes, outcomes tools such as the Outcomes Star which describe the journey of change for the client can also **support client change** by helping the client to see where they have come from and what their next step might be. This applies even when the client is taking steps backwards as well as forwards
- A means of taking an over view of what is being achieved within a service or a group of services and **learning** about what is working and what is not working. For example it might become clear that a service was achieving outcomes in training and employment but not in living skills, or it might emerge that a service was achieving positive outcomes with men but not with women
- As a result of the above, a means of **improving service delivery** through actions taken in the light of that learning.

Our experience has been that these benefits are achieved when:-

- The service provider sees the outcomes approach as something that benefits their clients and supports service improvement, rather than a hoop that has to be jumped through in order to secure funding
- Managers and workers have participated in the process of clarifying outcomes and choosing the approach to measuring them and so agree with the intended outcomes and feel the approach to measuring them is workable
- Managers and clients understand how the information will be used and there is a culture of learning and improvement rather than judgement and blame. Within a positive culture, all parties are more likely to feel

- motivated to present an honest picture and there are no incentives to distort measurement or service delivery
- There are tools available which both support key-work and provide a consistent way of assessing client need and outcomes.

Recommendations

In the light of the above, we recommend that the ODPM:-

- 4) Promote outcomes focussed service delivery by requiring service providers to take an outcomes approach as described above and ensuring that good practice guidance is available regarding how to go about this. In doing this the ODPM should:-
 - Consider whether this requirement should be included in the QAF
 - Stress the importance of service providers going through a process rather than simply adding another form to their monitoring requirements
 - Honour provider autonomy in choosing their own tool for the reasons outlined in section 1.3
 - Allow a reasonable time-scale for providers to implement this approach (eg 2 years)
- 5) Encourage the development of outcome tools suitable for use with different Supporting People client groups. Our experience is that the availability of free, well designed tools is essential to enabling providers to adopt this approach. There will need to be a range of possible tools and approaches to account for the wide variation in size and complexity of provider organisations
- 6) Approve/accredit some tools, develop a good practice guide to the development of such tools and provide a check list which service providers and local authorities could use when choosing between existing tools.

2.3 Promoting outcomes focussed planning and commissioning (measuring service outcomes)

Promoting good practice requires as an essential first step outlining what good practice involves. Our understanding of good practice in planning and commissioning services is based on the four stages of the outcomes approach outlined in Appendix One. We could describe this as an outcomes approach to planning and commissioning services.

Clarify need and outcomes

As a first step the local authority should agree the role of each service within the broad service framework outlined in section 1.2 – i.e. agree which of the five roles the service is intended to fulfil (it is possible that the service may fill more than one). This will involve agreeing the client group(s) the service is intended for, what are the intended client needs on entry and the intended client outcomes on exit, and the length of time the service should be provided for (within a range). If the framework requires modification or further elaboration this can be done as long as it is clear what the intended client needs on entry are, and what the intended client outcomes on exit are.

Having done this for every service, the local authority may want to review whether the pattern of services that it currently has fits the pattern of need. For example are there too many assessment places and not enough intermediate places for a particular client group, or the right number of intermediate services but not enough long-term places for that client group? Alternatively, there may be inadequate provision overall for a particular client group based on demographic information regarding need. Authorities might benefit from guide-lines from ODPM on appropriate ratios between different kinds of service (eg how many assessment places compared to intermediate places for a particular client group). On the basis of this the authority may decide to make changes in the pattern of provision. However, it is possible that insufficient information is available at this point to make these judgements

Measure need and outcomes

The authority should then agree with each service how client need and client outcomes should be measured for that service. This should involve:-

- a) The use of an outcomes tool. This could be a tool in common use such as the outcomes star, or one developed by the provider themselves. It could be relatively simple - e.g. ensuring that the assessment and review forms used are comparable with each other and gather key data on need and outcomes in a standard way. This would be compulsory as it is the only consistent way of providing a picture of client need on entry and client outcomes on leaving the service. The tool would be chosen by the provider for the reasons outlined in sections 1.3. The authority may wish to agree a common tool with a range of providers but this should be a consultative process rather than a top down one. It might help authorities and providers if ODPM provided guidance on the development of tools or accredited certain tools or gave a check-list against which tools could be assessed as recommended in section 2.2
- b) A small number of indicators selected from a menu of indicators provided by ODPM. This would be optional. An example menu is provided in Appendix Three, though the final menu would need to be more precisely defined in the way that the BVPI indicators are. The reason for having a nationally specified menu would be to avoid different local authorities

specifying similar indicators in different ways, creating complexity for providers working across authority boundaries.

Review and draw learning from measurements

After an appropriate period of time the authority would review the measurements. It would draw learning from them by asking the following questions:-

- a) *Do the clients entering the service have the level of need agreed/ is the service taking in the kind of clients agreed?*

If the answer to this question is no, then the authority should explore with the provider why this is. It could be that there are not enough of the prescribed clients to fill the service, or that the service is taking 'inappropriate' clients because there is no other provision for them, or that the referral process is not working well.

- b) *Is the service keeping people for the length of time it was designed to?*

If the answer is no then the authority should explore with the provider why this is. It may be that there are insufficient appropriate move-on services or that the service is insufficiently focussed on moving clients on.

- c) *Is the service achieving the desired outcomes?*

If the answer to this question is no then the authority should explore with the provider why this is. It could be that the outcomes were not realistic. Findings from national outcomes research of the kind described in section 2.1 or experience with other local providers would be helpful in making a judgement about this.

It could be that the service is not appropriately resourced – either in terms of staffing levels within the service, or in terms of the availability of specialist services outside the service (eg specialist mental health or drugs and alcohol facilities). Benchmarking with other service providers would help to identify whether this is an issue.

It could be that the service is not being well run. Other indicators such as quality indicators through the QAF, the findings of formal inspections or informal visits and the views of clients and other service providers will help authorities to make this judgement.

Act on learning

On the basis of the above the authority would then draw conclusions and decide what action to take. The following are all possibilities:-

- The service is successfully fulfilling its intended role – leave well alone
- The service is not performing well – take action to improve its performance. This could include asking a more successful service to share good practice with them. Ultimately a consistently poor performing service that did not respond to supportive intervention would be decommissioned
- The service is fulfilling or should fulfil a different role – change specification of client needs and outcomes
- The service is insufficiently resourced – put in place resources required
- There are gaps in the network of services (eg insufficient move-on) – fill gaps
- The referral process is not working well – improve referral process

This is a continual cycle of agreeing expectations, measuring, interpreting and acting, rather than a one-off process. Once the system for doing this was in place it should help the authority and service providers to be sensitive to changing patterns of need in the borough and respond to them. The process of agreeing intended outcomes should facilitate joint commissioning and it and the other 3 parts of this cycle could be carried out jointly by all commissioning partners.

Work in Partnership

Partnership with the service providers is crucial to the success of this approach. This is likely to mean fora to introduce the approach, consultation on the service framework, ensuring training and support is available for the introduction of outcome monitoring tools, dialogue with individual service providers on their own outcome data, and dialogue with all service providers on the implications of outcome data for service restructuring.

In addition authorities may find it most effective to implement this approach at a regional or sub-regional level. This would mean joint fora for consultation and agreeing a service framework for the whole region/sub-region.

Recommendations

- 7) Promote an outcomes approach to planning and commissioning services through developing good practice guidance and ensuring that training is available for local authorities.
- 8) Develop a menu of optional outcome indicators from which local authorities could select when deciding what to measure for each service - Appendix Three can be used as a basis for this

- 9) Consider whether it is feasible to provide guidelines to local authorities on the level of service provision required in an area – for example if there are x rough sleepers, y homeless families and an estimated z hidden homeless, then the authority is likely to need u assessment places, v intermediate places and w long-term places

In addition to the above recommendations 5 and 6 from section 2.2 are also relevant:-

- Encourage the development of outcome tools suitable for use with different Supporting People client groups. Our experience is that the availability of free, well designed tools is essential to enabling providers to adopt this approach.
- Approve/accredit some tools, develop a good practice guide to the development of such tools and provide a check list which service providers and local authorities could use when choosing between existing tools.

2.4 Monitoring Administering Authority performance

As well as promoting good practice, ODPM needs a way of assessing how well an administering authority is administering its SP grant. We are aware the ODPM is considering doing this through monitoring certain BVPI and PAF indicators that are likely to be influenced by the effectiveness of SP services.

This approach has the considerable merit that it does not put any further monitoring burden on administering authorities and would provide an 'at a glance' picture of performance. However, even if research demonstrates a link between Supporting People services and these indicators, they are likely to be powerfully influenced by factors outside the control of the Supporting People teams such as the national and local economic climate, housing policy and availability, drug policy and availability etc. It would be possible for a Supporting People team to be planning and commissioning services effectively and for these services to be achieving their intended outcomes, whilst these performance indicators showed decline.

For this reason we would suggest that the use of these indicators be complemented by process-oriented monitoring as set out below.

Recommendations

- 10) As well as examining key BVPI and PAF indicators, ODPM should ask each administering authority to demonstrate that it is following good practice in planning and commissioning services by reporting:-

- the estimated level of need for Supporting People services, broken down by client group and the basis on which these estimates have been drawn up. (Initially these may be very rough estimates based on minimal evidence. However as the process of measuring client need on intake and client outcomes proceeds, the authority should build up a better picture);
- the service typology that it is using, which is likely to be the same as - or a modification of - the one outlined in section 1.2 and the number of services and client places in each category;
- a sample of Supporting People contracts showing the outcomes agreed and the means by which they will be measured;
- the process by which it is consulting with providers on this work.

Once outcomes have been measured for a year or more the authority should also report on:-

- its learning drawn from the monitoring of contracts, both in relation to individual Supporting People services and the network of services needed in their area;
- the actions it has taken in the light of this learning to improve service delivery

This will provide a good picture of the extent to which the authority is taking a well thought-through and strategic approach to its Supporting People programme. It also has the advantage that the requirement to report will motivate good practice and where practice is poor it will pinpoint what actions need to be taken.

2.5 Protecting certain services after the ring-fence is removed

It is anticipated that the ring-fence around Supporting People funding will ultimately be removed, leaving local authorities with greater freedom to decide how that money is spent. There are concerns that funding for services which the authority is not obliged by legislation to provide will reduce when this happens, to the detriment of the clients concerned, and ultimately to the detriment of the local population. ODPM is considering whether establishing outcomes targets for authorities could provide incentives to maintain such services.

Our view is that outcomes targets would not be an effective way of protecting services because, as outlined in the previous section, performance on authority-wide indicators such as BVPI and PAF are likely to be very powerfully influenced by other factors outside the control of the local Supporting People team. There is not a sufficiently direct and immediate relationship between whether services are being delivered to those who need them and the outcome indicators. Even if failure to deliver appropriate services was picked up through the indicators, it is likely that there would be a considerable delay before this was spotted. By this

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time some services could have been lost, requiring additional time and expense to set up new services.

We believe the only way to protect services which the authority does not have a statutory obligation to provide is to either:-

- a) to maintain the ring-fence for those services, or
- b) to develop a formula linking the level of services required for a particular client group to the number of people in that group in the local population (eg x refuge places required for every y women, or v treatment places for every w drug users). The level of service required for each local authority could be calculated by using such a formula, combined with the information on levels of need used for calculating the level of Supporting People grant.

Recommendations

- 11) We recommend that ODPM follow one of the two approaches set out above to protect necessary SP services.

APPENDIX ONE

Definitions of terms

Outcomes Approach

The outcomes approach is a systematic way of focussing on outcomes. It involves:-

- Clarifying what the intended outcomes of an activity, service, or programme are
- Measuring the actual outcomes achieved in a systematic way so as to enable the outcomes information to be collated
- Collating the information and drawing learning about what working and not working
- Making changes to the activity, service or programme in the light of this learning.

The outcomes approach is relevant at many levels – for clients seeking to make changes in their lives, for services seeking to enable these changes, for administering authorities seeking to meet the needs of their population and for central government seeking to provide funding and a policy framework to meet needs country-wide.

Theory of Change

A theory of change describes the steps along the way towards the desired end goal. For example, through extensive consultation within the homelessness sector we have identified that clients who successfully achieve independence commonly go through the following journey

- Not engaging with their situation and the problems it is causing them and others
- Wanting their situation to change but not knowing how and looking to others for solutions
- Recognising their power to change their situation – taking responsibility
- Learning how to do things differently
- Becoming independent

Many services and programmes are built on an implicit theory of change. Making this explicit can be helpful in clarifying which interventions are most important and also provides a basis for assessing progress along the journey of change.

Outcomes Tool

An outcomes tool is a means of collecting information about a client's behaviour, needs and capabilities in a range of areas in a consistent way. It could involve factual questions about behaviour (eg 'How many times have you used an Accident and Emergency department in the last 3 months?'); or require clients to respond to a statement (eg "I feel safe and secure in my home" do you Strongly Agree, Agree, Disagree, Strongly Disagree or Don't Know?); or require client and worker to judge where the client is on a scale in relation to an aspect of their lives based on a theory of change (this is the approach used in the Outcomes Star, The Employability Map, and the Alcohol Spider). It could also involve a combination of these approaches (of which the Rochdale Dashboard is an example).

An outcomes tool is designed to be used with a client at least twice – preferably close to the beginning of an intervention, and towards the end. The difference in the way the questions are answered by the client indicates the outcomes of the service.

APPENDIX TWO

Relationship between the outcomes focussed typology of services and existing service type classification

The purpose of this table is to provide an indication of how the outcomes focussed typology presented in this paper relates to the existing service type classification. It is based on our current understanding of the existing system, which may in some cases be flawed. In addition some service types may have more than one outcomes role. Or in other cases services within a service type may vary, some having one outcomes role and others having another. For this reason some service types are included in more than one outcome category.

Supported Housing is a very large category which encompasses a broad range of services. For this reason it has been broken down by client group.

Outcomes focussed role	Service type
Assessment	Direct access, Outreach, Women's refuge, Supported housing for rough sleepers
Intermediate	Direct access, Women's refuge, Foyer, Supported housing for young people at risk, offenders, rough sleepers, single homeless people with support needs, mentally disordered offenders, women at risk of domestic violence, young people leaving care, people with drug problems, teenage parents, people with alcohol problems, people with mental health problems
Support towards independence	Floating support, Resettlement, Supported lodgings, Supported housing for offenders, refugees, single homeless people with support needs, mentally disordered offenders, women at risk of domestic violence, people with mental health problems
Independence with support	Floating support, Peripatetic wardens, Almshouses, Sheltered housing with a warden, Adult placement, Supported housing for travellers, older people with support needs, mentally disordered offenders, people with HIV/AIDS, people with mental health problems
Care with support	Floating support, Supported housing for frail elderly, mentally disordered offenders, older people with mental health problems, people with physical or sensory disabilities, people with learning disabilities, people with mental health problems, other

APPENDIX THREE

Menu of Performance Indicators for Supporting People Services

Not all of these indicators are relevant to each client group or each type of service. They are intended as a menu from which local authorities and providers can select as appropriate to each service. These suggestions are presented in outline form and would need to be defined in more precise terms in their final form in the same way as that BVPIs and PAF indicators.

Where possible the indicators should be the same as other existing or proposed central and local government indicators (eg those used by the National Treatment Agency for substance misuse).

Move-on indicators (potentially suitable for assessment, intermediate and support towards independence services)

- Number of planned move-ons during reporting period¹, broken down by type of service moved on to (i.e. intermediate, support towards independence, independence with support, care with support, independence, other).
- Number of unplanned move-ons during reporting period (also broken down – need to consult on categories).
- Number of people not moving on during reporting period.
- Proportion of clients appropriately housed at report date.
- Proportion of clients requiring more suitable accommodation at report date (broken down according to type of accommodation required – need to consult on categories).
- Average length of stay (over 12 month period).

Sustainment indicators (potentially suitable for care with support, independence with support and support towards independence services)

- Proportion of clients sustaining tenancy during reporting period.
- Proportion of clients not sustaining tenancy during reporting period (broken down by reason for tenancy breakdown – consult on categories).
- Proportion of clients appropriately housed at report date.
- Proportion of clients requiring more suitable accommodation at report date (broken down according to type of accommodation required – need to consult on categories).

Health indicators (potentially suitable for all types of service)

¹ Consult on what this period should be – 3, 6 or 12 months
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- Number of Accident and Emergency admissions during reporting period.
- Number of falls during reporting period (for older people).
- Number of hospital admissions (excluding psychiatric hospital).

Mental health indicators (potentially suitable for all services where some or all clients have mental health conditions)

- Number of psychiatric hospital admissions (how many voluntary and how many involuntary).
- Proportion of clients with mental health condition who are engaged with specialist service (for given period of time – consult on appropriate length of time).

Personal safety indicators (potentially suitable for all services)

- Number of clients who have been victims of crime during reporting period.

Offending/anti-social behaviour indicators (potentially suitable for all services where some or all clients have offending issues)

- Number of clients who have been arrested during reporting period.
- Number of clients who have had an ASBO served during reporting period.
- Number of complaints from neighbours (for clients in own accommodation).
- Number of environmental health interventions (for clients in own accommodation).

Addiction indicators (potentially suitable for all services where some or all clients have addiction issues)

- Proportion of clients with addiction issues who are engaged with a specialist service (for given period of time – consult on appropriate length of time) (this indicator would only be appropriate for generic services).
- Proportion of clients abstaining from addictive behaviour.

Parenting Indicators (potentially suitable for all services where some or all clients have children in their care)

- Number of children placed on at risk register during reporting period.
- Number of children removed from at risk register during reporting period.
- Number of children static on at risk register during reporting period.

Use of time indicators (potentially suitable for all services)

- Number of clients into employment or full-time training.

- Number of clients engaged in structured activity for 15 hours or more per week.
- Number of clients engaged in structured activity for 5-15 hours per week.

Financial indicators (potentially suitable for all services though unlikely to be relevant to care with support or independence with support)

- ID obtained.
- Benefits claim established.
- Debt repayment plan in place and being followed for 3 months or more.