

The logo for the London Housing Foundation IMPACT initiative. It features the text "london housing foundation" in a dark green, lowercase sans-serif font. Below this, the word "IMPACT" is written in a large, bold, dark green, uppercase sans-serif font. Underneath "IMPACT", the text "delivered by bramah house ltd" is written in a smaller, dark green, lowercase sans-serif font. The entire text is set against a light grey background that features a stylized, winding road graphic.

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Learning from the LSL Initiative about Supporting People Outcomes

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1) The LSL Initiative: Background and description

The LSL outcomes initiative started in January 2006, initiated and funded by the London Housing Foundation and facilitated by Triangle Consulting. It involved the Supporting People (SP) teams at Lewisham, Southwark and Lambeth.

1.1 Moves to a national outcomes approach within SP

In late 2005, the DCLG (then the ODPM) announced its intention to move towards an outcomes approach within SP and asked for input and ideas about how to do so in practice. The London Housing Foundation responded by commissioning Triangle Consulting to develop a response to the DCLG draft strategy specifically focused on outcomes.

In developing this response, it became clear that there were three distinct and equally valid levels at which information was needed: nationally, by the DCLG, locally by local authority supporting people teams and at service provider level. Each needed different information and for a range of purposes. It would not be possible to simply collate up information gathered by service providers to provide evidence of a national picture, for example. The London Housing Foundation and Triangle made some suggestions about how to provide those at all levels with the information they needed without stifling the positive innovations and developments happening on the ground or adding vast layers of additional administrative burden.

At the point at which the LSL initiative was conceived as a project, the London Housing Foundation and Triangle envisaged two possible worst case scenarios:

- A large and complex national outcomes framework requiring all providers to gather extensive outcomes information in the same format, making it no longer viable to use their own outcome monitoring tools as well
- That the national requirement would be so minimal that all local authorities developed their own slightly different frameworks and any one pan-London or national organisation would be asked to meet completely impossible reporting requirements

The continued involvement of the London Housing Foundation/Triangle in DCLG developments of a national framework and the background to the LSL initiative are to contribute what we could from our experience to avoid these and other potential pitfalls.

1.2 Aims of the LSL Initiative

However, there was a great deal still to be worked out in practice. The LSL initiative was designed as an open exploration, to put in practice what was recommended in the LHF response to the DCLG, see how it actually worked and to try and work out the details. The aim was to find a way forward with outcomes that worked across local authorities and met the information needs at all three levels while supporting service providers to use their own tools that worked for them internally in focusing key work,

supporting supervision and providing information on distance travelled towards outcomes.

The overall aims of the project were to:-

- Support the local authorities involved to take an outcomes approach to commissioning
- Support the providers involved to take an outcomes approach to service delivery
- Ensure that the two approaches were consistent and mutually supportive

1.3 DCLG developments

In May 2006, the DCLG convened an outcomes working group to develop a national outcomes framework for supporting people. Triangle Consulting was invited to join the group, and has been able to participate as part of the London Housing Foundation outcomes programme. It was decided to continue with the LSL initiative alongside development at a national level, partly to explore local authority outcome needs and also to test and learn from South London to feed in to developments nationally.

As the LSL pilot ended, the DCLG started a pilot for a draft outcomes framework, with a core set of outcomes gathered using a transitional form for intermediate (short-term) services. An annual monitoring form was under development for long-term services. What was immediately clear was that the first of the two possible worst case scenarios listed above was not manifesting; the combination of a contained number of outcomes and introducing a transitional form for collection would keep the administration at a manageable level.

However, the majority of local authorities involved in the outcomes working group said that the transitional form would not provide them with all the outcomes information they needed and were looking to ask additional questions. This gave rise to the idea of a basket of indicators from which local authorities would draw, to avoid inundating providers with requests for outcomes information, in the same way that Lewisham, Southwark and Lambeth had agreed a menu (a.k.a. basket) of outcome indicators.

1.4 Providers participating in LSL

It was agreed to focus on two SP client groups, offenders and single homeless people. Eight provider agencies were invited to join the project, two from each of the local authorities and two which worked across all three authorities. They were also chosen to represent different levels of service provision - assessment services, intermediate services working towards maximising independence and long-term services - on the grounds that the three would have slightly different outcomes. Due to the client groups chosen, the main focus was on intermediate services. The eight providers taking part in the LSL initiative were:

- NACRO Latch House (hostel for offenders who are ex-crack cocaine users, including a structured day programme)

- Jigsaw - a Penrose floating support service for mentally disordered offenders
- Southwark Special Needs Unit (assessment service for offenders)
- Keyworth hostel (direct access for single homeless men)
- Foundry Court - a Broadway service for single homeless clients)
- Bedford Road (Carr Gomm hostel for single homeless with mental health issues)
- Robertson Street – a Thames Reach hostel for older drinkers, including long term care with support
- A Hyde floating support service for single homeless clients run by In Touch in Lewisham.

1.5 A menu of outcome indicators

One key task was to draw up and then test a menu of outcome indicators that would provide all three SP teams with the outcomes information they needed internally, for contract monitoring, evidence in the effectiveness of SP locally and meeting any reporting requirements of the DCLG - and one that would work for providers delivering services on the ground.

Three sets of outcomes were developed and agreed across the three boroughs and eight providers; one for intermediate services, one for assessment and one for long term. The main one, for intermediate services, is attached as appendix 1. Definitions for each outcome were then discussed and agreed at a (long!) meeting with local authorities and providers.

1.6 Internal distance-travelled tools

The second key task was to ensure that each of the eight providers had an internal outcome monitoring system or tool which they could use to measure distance travelled for their service users in a way that was effectively integrated within assessment, support planning and review and provided information needed within the pilot.

Six of the eight providers selected already had such a system:

- Thames Reach had adopted the Outcomes Star across the organisation and this was already embedded in use at Robertson Street
- Hyde had a slightly adapted version of the outcomes star that was used by In Touch
- Broadway, NACRO and Penrose all had organisation-wide systems that were used by the services in the pilot and were all considered sufficient to provide the pilot data
- The special needs unit had also come up with a list of outcomes that were considered appropriate for an assessment service.

Keyworth hostel and Bedford Road both opted to use the Outcomes Star for the pilot and both received training in how to do so.

The menu of indicators for intermediate services was specifically designed to draw on these internal monitoring tools, so that data gathered using the Star and other tools helped provide evidence for the outcomes gathered by supporting people.

1.7 Pilot of outcome indicators

The menus of indicators were then piloted from July-November 2006.

Data was gathered from 105 clients in intermediate services, including:

- 65 single homeless clients
- 40 offender service users

1.8 This report

The remainder of this document summarises the findings from the data collated across the 105 clients in the LSL pilot and key learning about what indicators to use within any menu or basket of indicators developed nationally, and how to define them.

After a brief overall conclusion, this document is laid out using the five DCLG outcome areas: economic well being; enjoy & achieve; being healthy; safety & security; social & civic participation.

2) Overall conclusion

The LSL initiative started with an overall approach of “let’s try this in practice and see what happens”. What happened was interesting. When the local authorities came back together at the end of the pilot to look at the data gathered through their menu of indicators, we found two things:

1. The SP teams readily agreed that they did not need more detail on the outcomes measured by DCLG through the transitional form. Provided they can access the DCLG data usefully – which means by service as well as by local authority region – this gives enough detail in all the areas
2. When each of the other outcomes was examined, with the data there in front of them, the SP teams asked themselves:
 - a. Do we really want this data routinely from all service providers?
 - b. Would we want to know this information if things were going well?
 - c. What does this really tell us, given the variation between providers?
 - d. Do we really have the capacity to analyse, understand and use any additional data?

The answer to all three questions was “no” for virtually all the outcome indicators used in the LSL pilot. Once it was actually tested and the data was there in front of them and these questions asked, the conclusion was that the LAs did not want to ask for additional outcomes data on a routine basis from all SP providers; they did not want to develop their own framework at local level.

The SP teams concluded that the only occasion in which they might ask for additional outcome data is where things were not going well. For example, if there were low levels of move on or high rates of eviction, they might want to explore rent arrears or look at the extent to which people were sustaining medication. If there was a local focus on examining the extent to which SP services prevented inappropriate use of emergency services, they might want providers to gather that information for a while. However, they would not expect it to be gathered routinely in case anyone asked.

Similarly, providers could usefully share distance travelled outcomes for their clients within contract monitoring. Particularly with high needs clients and/or low numbers into education or training (say), this information could be used to demonstrate that change was taking place towards achieving the outcomes – it was just a long road to travel and many clients were near the start of their journeys.

Implications of the LSL initiative conclusions for national developments

These conclusions have far-reaching implications in relation to the proposed basket of indicators at national level. They could also challenge the assumptions of other local authority SP teams that they do need an additional layer of monitoring data at local level. In practice, might they reach the same conclusions as Lambeth, Southwark and Lewisham, that they did not have the capacity to process more data and would not need to know most of it anyway when things are going well.

The final conclusion of the LSL initiative was that a basket of indicators would be helpful, so that all local authorities used the same definitions and question forms if and when they did ask providers to gather additional outcome monitoring data for contract monitoring purposes. The remainder of this document gives detailed feedback on each of the indicators in the LSL menu, which can be used to feed in to developing such a basket. However, the main contenders from the LSL list for inclusion in such a basket are:

- Rent arrears
- Sustaining medication
- Prevention of inappropriate use of emergency health services
- Tenancies sustained after the service is withdrawn (may be required across all providers)
- Distance travelled data on all five outcome areas

We recommend that any basket include reference to distance travelled outcomes gathered by providers through their own internal outcome monitoring tools, showing clients taking responsibility for their health, moving away from damaging social networks or becoming more motivated towards work or training, for example. Although there is an argument that commissioners would not need this data if they had access to support plans, it is informative and we would encourage commissioners and providers alike to start more routinely collating and drawing on this data to give a picture of what is happening.

3 More detailed findings:

The main findings are laid out under the five central government outcome areas.

1. Economic well-being

What the LSL pilot data found:

- 90% of clients across the seven providers had less than 8 weeks rent arrears (10% had more than 8 weeks)
- 10% had improved work skills (defined as taking part in work-related training)
- 16% were in education or training
- 7% were in employment
- With one exception, those in employment were in floating support services
- 45% had made progress in improved money management, as measured through the Outcomes Star or other internal tools
- There were very substantial differences between the two client groups, as summarised in the table below:

	Offenders	Homeless
less than 8 weeks rent arrears	100%	85%
improved work skills	25%	0
in education or training	30%	6%
In employment	10%	5%
improved money management	85%	51%

1.1 DCLG outcome indicators:

Within economic well-being, at a national level the DCLG plan to measure:

- Access to benefits,
- Whether people have debt agreements and have reduced overall debt
- People in paid work

Some of the other outcomes gathered under economic well-being within the LSL initiative have been placed within "enjoy & achieve" by DCLG and will also be gathered by the proposed DCLG framework, namely:

- Formal training/ education
- Work-like activities, which is similar to and incorporates the work skills/ work related training piloted within LSL

The LSL work concluded that there was no need to gather any more information of these indicators at a local level; SP teams could rely on information from the transitional form as long as it was reported back per service.

1.2 Additional outcomes for a possible basket:

Findings in relation to the other indicators measured:

Rent arrears

- If there were issues or concerns, say about low levels of move-on, the SP teams may want to access information on rent arrears within contract monitoring on request, to explore whether high levels of arrears were affecting client's ability to move on. This could therefore go in the basket. However, there would need to be agreement on whether 8 weeks was the right time period to measure – it may be too short

Taking responsibility within budgeting/ money management

- The Star and other tools show that there are positive outcomes for service users taking responsibility for and addressing money issues. These show that there has been process even if the other harder outcomes are not achieved, so could also be useful to draw on in contract monitoring.

2. Enjoy & Achieve

What the LSL pilot data found:

- 15% of clients were engaged in cultural, social or community activities
- 26% showed improvement in their use of their time
- 15% showed improvement in their social networks and relationships

An example:

- Keyworth Street shows 44% of clients improving in use of time, from an average of 4.9 on a 10-point scale up to 5.6
- On average, clients at Keyworth street showed a slight decrease of -0.3 on the social network scale

2.1 DCLG outcome indicators:

At a national level under Enjoy and Achieve the DCLG plans to measure:

- Training and education, participation and qualifications achieved
- Work like activity
- Participation in leisure/ cultural/ faith & informal learning and
- Contact with social networks, including external agencies

The LSL work concluded that there was no need to gather any more information of these indicators at a local level; they could rely on information from the transitional form as long as it was reported back per service.

Feedback on DCLG indicators

The LSL pilot did raise issues about how people report against the third and fourth of the above DCLG indicators. The key data to capture is that clients move from doing nothing (or very little) with their days to having something more meaningful to do during the week. This is not really captured. Attending church at Christmas, or taking part in a service's social activities at Christmas or a summer outing, would qualify as achieving these outcomes, even if clients spent most their time in a way

that was not meaningful for them or anyone else. This has been fed back directly to the DCLG, with suggestions.

2.2 Additional outcomes for a possible basket:

The only two other indicators measured within LSL were both drawing on the data from internal outcome monitoring tools:

Distance travelled in use of time

- The Star and other tools can show needs and positive outcomes for service users in the motivation and exploration of what they want to do and can do, even if the other harder outcomes are not achieved, so could also be useful to draw on in contract monitoring.

Distance travelled in social networks

- The Star and other tools can show needs and positive outcomes for service users in moving away from either isolation or damaging social contacts towards more positive relationships, so could also be useful to draw on in contract monitoring. Such “soft” outcomes were considered useful where they linked to achieving end outcomes, which these do.

3. Being healthy

What the LSL pilot data found:

- 84% of clients across the seven providers needed a plan for physical and/or mental health
- Of those, 94% have a plan and are engaging with it
- 100% of clients in all services are registered with a GP
- 71% have prescribed medication, of which:
 - 63% are taking it with support
 - 16% are on a monthly injection
 - 43% are managing their own medication
 - 4% are refusing medication
- 8% had used A&E in the six months prior to the service (based on those services able to gather this data) and 10% in the six months of the pilot
- 7% were recorded as having emergency psychiatric admissions prior to the service and 6% during the pilot period
- 44% showed an improvement in life skills

Examples:

- 17% of Jigsaw clients used emergency psychiatric services during the pilot period (mentally disordered offenders). None had used emergency services before coming to the service,
- Reduction in use of A&E appears to be a key outcome of services for drinkers; all the drinkers at Robertson Street had used A&E before joining the service and none did so during the pilot period.

3.1 DCLG outcome indicators:

At a national level the DCLG plans to measure:

- Access to primary health care
- (possibly) improvement or stabilisation in health
- Whether clients were supported to access/maintain mental health services where required
- Whether clients were supported to access/maintain substance misuse services where required

The LSL work concluded that there was no need to gather any more information of these indicators at a local level; they could rely on information from the transitional form as long as it was reported back per service.

3.2 Additional outcomes for a possible basket:

The additional health indicators piloted within LSL were:

- Engaging with a plan for mental or physical health
- GP registration
- Sustaining medication
- Reduction in use of emergency health services
- Improved living skills/ self care

Findings in relation to these, including how they would need to be tightened and defined if used were:

Sustaining medication

- Categories in relation to sustaining medication were meant to be mutually exclusive but this was not the case in practice – the numbers add up to more than 100%. If this indicator is considered important to include in a basket, feedback from the pilot was that a better break-down would be:
 - Managing own medication but service monitors/ supports
 - Managing own medication without monitoring by service
 - Medication administered to the client by a medical professional
 - Refusing medication

GP registration

- GP registration was 100% in the pilot. For pilot services, GO registration is automatic and some services can even register clients without any involvement in their behalf. This depends on local GP practices – some do require a visit from the client, others don't. Commissioners said they would want to know if this fell below 100% anywhere, but this does seem to be a very informative indicator. Most clients would need to change GPs when leaving a service anyway.

Preventing inappropriate use of emergency health services

- Reduce used of emergency health services is potentially interesting for commissioners as part of a basket
- The LSL pilot showed that the findings need context – the 17% with increased use of emergency health services since coming to Jigsaw

were mentally disordered offenders, encouraged to contact emergency health services if they felt themselves relapsing. As the alternative may be committing crimes, for them this is a positive indicator of prevention of worse harm and crime.

- However, it is always the case that outcomes data needs context and this data does, at least, enable services and SP teams to ask more informed questions about what is happening and why
- A further issue with this data in the pilot is that for longer-stay services the baseline was impossible to gather. This could present problems if this data was required as a snapshot, because use of emergency health services prior to coming to the service would not be gathered routinely for new clients

Engaging with a plan for health

- Commissioners decided this information was not needed in a basket; provided they had access to support plans in contract monitoring visits, that would be sufficient

Taking more responsibility for health

- The Star shows needs and outcomes for service users in taking responsibility for their health themselves. This would seem to be key in moving towards an overall outcome of maximising independence, and actually more relevant than overall health improving. Sustaining medication without support is one aspect of this, but not the whole picture.

4. Safety and security

What the LSL pilot data found:

- The majority (94%) of service users had kept to the terms of their tenancy
- 17% of clients across the seven providers had planned move-ons, of which:
 - 56% of these were within an agreed 2-year time frame
 - 28% were outside an agreed time-frame
 - The remainder had no time agreed
- 6% unplanned move-ons
- 13% of cases closed
- 10% recorded as having reduced high risk activities,

Examples:

- Latch House saw 25% unplanned move-on, by far the highest
- The majority of clients recorded as reducing risk were also at Latch House.

4.1 DCLG outcome indicators:

At a national level the DCLG plans to measure:

- Planned and unplanned move-on and

- Prevention of eviction, including identifying where there was risk of eviction

The LSL work concluded that there was no need to gather any more information of these indicators at a local level, as long as it this data was reported back per service. But the LSL data showed again the need for context for outcomes:

- The Latch House statistic is as expected by the service, which runs a challenging structured day programme for ex-crack cocaine users. People do drop out, even if they think they are ready. Some go back through successfully on another attempt
- The general point was made that in drug services, eviction would kick in more quickly following relapse than for other SP groups, possibly leading to high eviction rates that need to be set in context
- If most the services are two-year services, we might expect about 25% moving on in any six months. Since many of the pilot clients were quite long-term, 17% move-on was probably a positive figure. Bedford Road, Foundry Court and Robertson Street did not see any move-on in the period – all are small services with longer term clients

4.2 Additional outcomes for a possible basket:

Other indicators piloted in the LSL initiative were:

- Tenancies sustained after move-on
- Cases closed
- Clients keeping to the terms of their tenancy agreement
- Whether move on was within an agreed time-frame
- Reduction in high risk activities

Findings in relation to these were:

Tenancies retained after services are withdrawn

- This is the only one of the indicators piloted in the LSL initiative that SP teams are particularly interested in for all services, so we explored whether this could be measured routinely with minimum additional administration and found that probably, it could
- Broadway are piloting a scheme called “keeping homes” using a voucher-based incentive scheme to encourage ex-clients to keep in touch, inform Broadway if they move or be interviewed. They will tell us the findings
- Otherwise, there were a number of ways to gather information on clients who had moved on after services were withdrawn, in addition to direct contact. If services could use a mix of means as appropriate for individuals, they said it might be a significant piece of work but they could probably get this data. Means are:
 - Link with Community Mental Health Team
 - Link with LA/ TSTs (maybe brokered by SP teams?)
 - From housing association or relationship with other RSL
 - Homeless Persons Unit (if they come back through)
 - Direct contact

- The point was also made that sustaining the tenancy at any cost was not always a positive outcome, that follow up should also check there were not huge rent arrears or ASBOs and the property had not been turned into a crack house, among other possibilities.

Cases closed

- This was considered a duplication and dropped completely

Kept to the terms of their tenancy

- This was not universally understood and needs tightening if used. Most pilot services interpreted it as paying the rent and not being a nuisance. However, a much tighter definition would be needed if this were added to a basket. This is probably an unnecessary duplication of prevention of eviction.

Reduction in high risk activities

- Measuring this with any accuracy requires a risk assessment tool with a numerical scoring system built in so that baseline and follow up risk can be compared. In the pilot, Broadway did have such a system. The overall conclusion of the pilot was that this probably was not worth including in a basket of indicators due to the added work and difficulty in measuring it and that the data is available in contract monitoring anyway.

5. Social and civic participation (making a positive contribution)

What the LSL pilot data found:

- All the clients for Latch House and 88% of those at Jigsaw had needs in relation to offending (both offending services)
- Of the homelessness services, the only one with any service users with needs in relation to offending was Robertson Street (drinkers) where half the clients had such needs
- 79% of those with needs made positive improvements in offending

5.1 DCLG outcome indicators:

- The DCLG measure in relation to offending is complying with orders
- DCLG include volunteering and community activities here (separate from "work like activity")

One comment from the LSL pilot in relation to measuring offending was that 'statutory orders' was more relevant as a measure in some client groups than others and also would not cover huge amounts of offending. Also, even those not actually in breach of an order may still not be keeping to the terms – just not being caught. However, people did recognise that it is notoriously difficult to capture data on offending, hence the usual reliance on re-conviction rates as proxy indicator.

5.2 Additional outcomes for a possible basket:

The only indicators measured with the LSL initiative were having needs in relation to offending and any improvement in addressing with these issues.

Taking responsibility for addressing offending behaviour

- The Star shows needs and outcomes for service users in taking responsibility for any offending behaviour. This could be a useful and accessible measure as distance travelled towards an overall outcome of not offending.

Detail of how to evidence indicators on menu: Intermediate services
(Supported housing/ hostels)

The following table shows what information each service needs to provide for the service as a whole within the pilot. Each service needs to provide one set of this data per service ONCE towards the end of the pilot period. A spreadsheet will be provided to enter the data.

Indicator	How to evidence it
Baseline [Anticipate 10-20 per project]	<i>Total number of SU in the service who have been there at least 3 months when the data is gathered (October/ November 2006)</i>
Establish/ maintain claim for housing benefit & other key benefits	Number of SU with claim established and on-going
Engage with a plan to reduce rent arrears/ debts	Number of SU with rent arrears/ debts Number of those SU signed up to a plan
Engage with the service	Number of SU attending at least 60% of appointments
< 8 weeks rent arrears	No. SU with less than 8 weeks arrears
Improved work skills	No. SU taking part in work-related training, including volunteering or apprentice type schemes
In training, education or employment	No. SU in training or education No. SU in employment
Improved money management, including budgeting	No. SU showing improvement on money scale on agency's internal outcome monitoring tool <i>If using Star, no. SU at point 5 or above indicates have plans in place, 6 or above indicates taking responsibility for own claims, with support and 10 indicates managing well without support</i>
Improved employability	No. SU showing improvement on employability/ use of time/ daytime activity scale on agency's internal outcome monitoring tool
Improved use of time, including hobbies/ leisure activities	No. SU showing improvement on use of time or equivalent scale on agency's internal outcome monitoring tool No. SU engaged in cultural, social or community activities
Social networks/ more positive relationships	No. SU showing improvement on social networks/ relationships scale on agency's internal outcome monitoring tool
Engagement in treatment plan	No. SU in need of a treatment plan for physical or mental health Of them, no. SU with a plan and engaging with it
Reduce use of A&E	No. SU who used A&E in the 6 months prior to coming to the service and average no. times each No. SU who used A&E in the six months of the pilot and average no. times each
Reduced emergency psychiatric admissions	No. SU with emergency psychiatric admissions in the 6 months prior to coming to the service Average no. days length of stay each No. SU with emergency psychiatric admissions in the

	<p>six months of the pilot</p> <p>Average no. days length of stay each</p>
Sustain medication	<p>No. SU with prescribed medication for on-going physical or mental health issues (omit courses of antibiotics etc.)</p> <p>Of those, no. SU complying with daily medication with support, no. SU with monthly injection, no. SU self-medicating and no. SU refusing medication</p> <p><i>If using Star, SU cannot get beyond point 8 on health scales without self-medicating</i></p>
Register with G.P.	No. SU registered with a G.P.
Improving responsibility for physical health	No. SU showing improvement on physical health scale on agency's internal outcome monitoring tool
Improved mental wellbeing	No. SU showing improvement on mental or emotional health or equivalent scale on agency's internal outcome monitoring tool
Independent living skills	No. SU showing improvement on independent living skills or equivalent scale on agency's internal outcome monitoring tool
Reduced high-risk activities or situations	<p>No. SU with initial risk assessments that indicate high risk</p> <p>Of them, no. SU with lower risk rating at review</p>
Engage with plan around offending behaviour	<p>No. SU showing improvement on offending or equivalent scale on agency's internal outcome monitoring tool</p> <p>If using Star, no. SU at point 3 or above on offending scale indicates engage with this issue in keywork, avoiding offending with support by point 6 and no offending or support needs in this area at 10</p>
Tenancy sustained in hostel/ housing	<p>No. SU not evicted/ leaving with unplanned move-on</p> <p>No. SU kept the terms of the tenancy</p>
Move on bids made	<p>No. SU considered ready for move on</p> <p>No. SU for who move-on bids have been made and to whom (use menu of SP options)</p> <p>Average no. bids per SU</p>
Of those leaving the service in the pilot period:	
Planned move on within timeframe agreed with provider, and where to	<p>No. SU leaving the service within the pilot period</p> <p>No. SU with planned move-on within the agreed time period</p> <p>No. SU with planned move-on outside the agreed time period</p> <p>No. SU with unplanned move-on</p> <p>No. SU to private rental, social housing or other project</p>
Case closure	No. cases closed
Move-on situation sustained for 6 months, 1 year ¹	<p><i>No. SU who have left the project in the past year</i></p> <p><i>Of them, the no. SU who have sustained their tenancy for 6 months and the number for 1 year (not appropriate for pilot but consider options)</i></p>

¹ The SP teams are also interested in tenancies sustained for 2 years. We need to discuss how feasible that data would be to collect.