

Re-thinking Outcomes:

A guide for commissioners of services designed for people experiencing multiple disadvantage

Fulfilling Lives LSL Research and Learning Partnership
NPC, Groundswell, and CRESR

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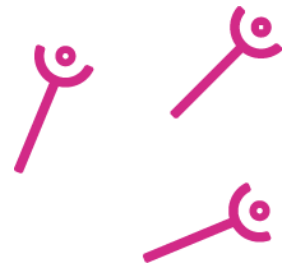


**FULLFILLING
LIVES**
LAMBETH
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Introduction



1.1 About this Guide

This guide by the Fulfilling Lives Lambeth Southwark and Lewisham (LSL) Research and Learning Partnership addresses three main issues:

1. Why traditional outcome measures and frameworks are not appropriate for services aimed at people experiencing multiple disadvantage.
2. How approaches to outcome setting and measurement which focus on soft and 'relational' outcomes alongside hard, long-term outcomes can be more meaningful and relevant for these services.
3. How commissioners can use these approaches to develop improved commissioning of services for people experiencing multiple disadvantage.

It is designed to explain the benefits of using a range of outcome measures when developing tenders and working with service providers. It is complemented by a related [guide](#), aimed at providing practical advice to service providers and managers to help them to develop more nuanced outcomes evidence and reporting.

Using a broad range of outcome measures reveals the potential of relational support services to transform the lives of those experiencing multiple disadvantage.

1.2 Who is this Guide for?

This guide is aimed at commissioners of services which support people experiencing multiple disadvantage. These services include:

- mental and physical health services
- substance use treatment and support services
- criminal justice support
- specialist services - for example, projects that address violence against women and girls, those that provide support for survivors of sexual

exploitation, or services aimed at people who are sleeping on the streets.

1.3 The Programme

Fulfilling Lives LSL is one of 12 Fulfilling Lives projects funded by The National Lottery Community Fund which are designed to improve the lives of people experiencing multiple disadvantage – people who have interconnecting needs and experiences including mental ill-health, homelessness, substance use, and interactions with the criminal justice system.

The programme works across three main areas:

- **Co-production:** developing a culture in which people experiencing multiple disadvantage are at the heart of designing and delivering services
- **Service delivery:** testing and learning about different interventions and models of service delivery alongside people experiencing multiple disadvantage
- **System change:** providing an evidence-base to influence the way systems work at local and national levels, with the aim of creating sustainable, long-term change for people experiencing multiple disadvantage.

Three overarching priorities are improving people's access to support, supporting life transitions, and understanding system behaviour. More information about the programme is available on the [Fulfilling Lives LSL website](#).

1.4 The Research and Learning Partnership

The Fulfilling Lives LSL Research and Learning Partnership involves Fulfilling Lives LSL, NPC (New Philanthropy Capital), Groundswell and the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University.

Our research has drawn on the experiences of those involved in commissioning, managing, and delivering services and the views of people experiencing multiple disadvantage. The partnership has three aims:

- understand local systems
- understand the barriers and challenges that people experiencing multiple disadvantage experience when accessing services
- identify points in service systems where interventions could make significant differences to service access and/or transitions.

Other outputs from the research and learning partnership can be found on the [Fulfilling Lives LSL website](#).

1.5 Rethinking Outcomes

Why do we need to rethink outcomes for people experiencing multiple disadvantage?

Fulfilling Lives LSL and other services across the UK have been demonstrating the benefits of designing services specifically aimed at people experiencing multiple disadvantage – of poor health, poverty, inadequate housing, and drug and alcohol use. They have focused on relational approaches that seek to get to know better the people they support, thereby creating more trust between people and organisations, developing better connections with services, and supporting individuals' power, choice, and autonomy. These relational approaches are progressively showing results. They are throwing a spotlight on the difficulties experienced by society's most vulnerable people and are providing a greater understanding of the need for wholesale system change.

Projects and services that take relational approaches often struggle to demonstrate the impact of their interventions, and the commonly adopted outcome measures for services do not always fit the bill. Building relationships, (re)establishing trust in people and processes, and restoring a person's sense of agency takes time and is an individualised journey. No two people's experiences are the same. This is often overlooked in outcome frameworks and yet is fundamental to establishing a platform for people's longer-term behaviour change and wellbeing.

These themes were key findings from the Fulfilling Lives LSL programme and the Research and Learning Partnership's previous work. The partnership studied published evidence, created an extensive systems map across the Boroughs of Lambeth, Southwark, and Lewisham, and carried out peer-led research to gather the views of people experiencing multiple disadvantage.

Of course, commissioning practices are influenced significantly by funding structures and political priorities – these often focus on short-term approaches seeking evidence of performance against measurable targets and quick results. This can be at odds with the kind of support that people experiencing multiple disadvantage often require. When this happens, outcomes and targets may not be attainable over the commissioned delivery period and the measures used can fail to capture appropriately the progress that people make. In addition, service providers, in their efforts to

secure funding may be hesitant to try new approaches and, instead, aim for more traditional outcome measures.

There is a need to consider person-centred and person-led outcomes based on meaningful progression along individualised pathways.

1.6 Definitions

When discussing approaches to supporting people experiencing multiple disadvantage various terms are used across the literature and in practice. For the purposes of this guide, we define what we mean when referring to 'person-centred' and person-led' approaches. Both are relational in their emphasis on support based on each person's needs, circumstances, and strengths. But there are also differences, as explained in Table 1, below.

Broadly speaking, person-centred approaches are interventions that provide individualised support based on someone's needs, circumstances, and strengths. Person-led approaches also do this and additionally aim to give the individual greater power, control, and choice in their journey towards better health and wellbeing. In practice, projects and services will often pivot between the two, depending on a person's situation, needs and ability and their desire to influence their own support. It is important to ensure that projects have the flexibility and processes to move from person-centred to person-led when it is appropriate to do so.

Table 1: Traditional, person-centred and person-led approaches: similarities and differences

Aspects	Traditional model characteristics	Person-centred characteristics	Person-led characteristics
Support provided	Services develop support models based on what works for people with that 'issue'.	Services develop individualised and coordinated support based on a person's need.	Services and those they are supporting co-create individualised and coordinated support based on a person's wishes and personal aims.
Philosophy	Service is there for people to access, dependent on meeting a set of defined criteria.	Recognises the strengths and abilities of the person receiving support.	Recognises the strengths and abilities of the person receiving support and prioritises the agency of the individual.
Value judgments	Service decides what is good for that person.	Services do not make value judgements about the choices people make. The approach avoids using labels to describe people.	Services do not make value judgements about the choices people make. The approach avoids using labels to describe people.
Time frames	Support is usually time limited.	Recognises that there are ups and downs in a person's journey. There may be a time limit to the support a person can receive.	Recognises that there are ups and downs in a person's journey. Support is open ended based on a person's wishes.
Decision making	Services make ultimate decisions.	Joint decision making between the person receiving support and support services.	The person receiving support makes decisions based on their wishes.
Reporting	Outcomes are determined by commissioners and service providers.	Outcomes are decided based on individual needs.	Outcomes are determined in partnership between the practitioner and the person receiving support.

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Evidence Supporting Relational Outcomes

2.1 Introduction

This guide draws on the activities of the Fulfilling Lives Research and Learning Partnership, which has involved engagement with practitioners, commissioners, and people accessing services¹. It also draws on published evidence and good practice from the UK.

Four considerations emerged as being critically important for developing person-centred and person-led approaches to outcome measurement:

- broadening understanding of people's journeys
- understanding relational outcomes
- the importance of developing productive relationships with people seeking support
- the role of co-production and partnership working in establishing relational outcomes.

2.2 Broadening Understanding of People's Journeys

Research suggests the need to rethink how outcome measures are designed for people experiencing multiple disadvantage so that they are better suited to person-centred and person-led interventions and better capture the unique nature of people's journeys. We have gathered evidence to illustrate the value of using a range of outcome measurements to inform commissioning decisions.

Distinction is often drawn between 'hard' outcomes (such as moving into employment, maintaining a sustainable tenancy, or improved health) and 'soft', and 'relational' outcomes (such as improved confidence, quality relationships or engagement with services). Traditionally, far more emphasis is placed on hard outcomes. However, better support for people experiencing multiple disadvantage means changing that convention and

¹ Activities included interviews with ten projects, 16 people accessing services, and four commissioners.

placing more weight on relational outcomes. Several points should be considered:

Progression for people experiencing multiple disadvantage is incremental, non-linear and long-term - outcomes may move in both 'positive' and 'negative' directions but the latter does not mean failure (for services or individuals), it may simply be a reflection of a step in a longer-term journey. A key challenge for commissioners and service providers is how to measure non-linear progression. Our research has demonstrated that people's 'recovery journeys' are often not straightforward – there are ups and downs along the way. One possible approach to measuring such non-linear progress is to track changes over time (rather than at a specified 'end' point) and to reflect those ups and downs in the person's journey. This approach is particularly suited to longer-term interventions.

The pace at which people make progress is individual, and unique. It is helpful for commissioners and services to identify shorter-term and longer-term outcomes, taking into account that for some people, progress may take time (as illustrated in the quote below). This is particularly pertinent for people who have lost 'trust' in the system, and where the system has lost trust in them.

"They were saying that they would come round and I wasn't there or whatever. And I didn't necessarily agree with all of that. I felt like I was doing the best I could at the time. It might not have been perfect from their point of view, or ideal but I was doing the best I could at that moment."
(Person accessing support)

Tracking person-centred and person-led outcomes requires innovation and making effective use of quantitative and qualitative data. Quantitative data can provide measures of change for larger groups and benchmark performance across different services or contexts. Qualitative data is useful when there are lower numbers of people accessing services, where there are challenges around the statistical validity of quantitative data, and where there are challenges collecting quantitative data which seeks to measure changes between two or more points in time (this can be particularly problematic for more vulnerable and marginalised groups). Qualitative data captured through interviews, storytelling, pictures or artefacts is also particularly useful in helping to understand individual journeys of change, vital in the context of personalised and co-produced service models. It can be used to highlight small, nuanced changes in behaviour, that quantitative (hard) data may miss.

2.3 Understanding Relational Outcomes

Relational outcomes are very important for reflecting changes in the perceptions, feelings, attitudes, interpersonal skills, relationships, trust, and behaviours of the people they are supporting. Examples of these outcomes for people experiencing multiple disadvantage may include:

- improved confidence
- improved self-esteem
- improved self-regulation and self-care
- better perceptions of one's self-belief and abilities
- improvements to overall wellbeing
- improved understanding by the service of the person seeking support
- better (or renewed) relationships with family members and friends
- better relationships within residential communities and with broader groups and communities that people may want to associate with
- improved engagement with specified services.

Hard outcomes and measures - those that are tangible, objective and can be easily observed - can also be important for services supporting those experiencing multiple disadvantage. These are often linked to specific interventions which aim to achieve changes in housing, employment, or health. Hard outcomes sometimes have a time limit applied to them as a measure of longer-term improvements (e.g., sustained tenancy for six months or paid employment for six months). They may include:

- improvements in literacy or numeracy skills
- educational and training achievements
- evidence of volunteering activity
- gaining paid employment
- reduced reoffending
- completion of treatment and rehabilitation programmes
- housing stability (sustainment)
- objective improvements to physical and emotional health.

When commissioning strategies focus only on these objective (or hard) outcomes this can exclude services that take relational approaches aimed at confidence building or trauma stabilisation. Interventions such as this can be transformative in terms of peoples' engagement with other services,

their overall wellbeing and involvement in their community. The time taken to achieve this is often underestimated.

It is valuable to measure a range of outcomes, including hard, soft and those that indicate progress towards these, and to assign appropriate timeframes.

Interviews with commissioners who had embraced person-centred approaches revealed examples of relational outcomes leading to tangible change. For example, for a local authority's rough sleeping outreach service, a hard outcome measure was to reduce the number of people who were sleeping on the streets. But it was acknowledged that outreach practitioners had only limited control over access to accommodation and other outcomes were also used to capture the value of the service. These included building relationships with people, service engagement, and developing person-centred approaches which responded to a person's needs. Through this process, commissioners and service providers could better evaluate the impact of the service in building the person's willingness to move off the streets and developing the skills and competencies to maintain a stable accommodation outcome if they did so.

This case study of the Nelson Trust's Sex Worker Outreach Project demonstrates the benefits accrued from adopting person-centred approaches aligned to relational outcomes.

The Nelson Trust Sex Worker Outreach Project (SWOP)

SWOP focuses on person-centred outcomes that are crucial in supporting women to manage the long- and short-term effects of trauma and cumulative disadvantage. It aims to give women a safe space and provide emotional and practical support. Rather than focus solely on 'hard outcomes' such as the attainment of exit from sex work, its outcomes include connectedness, shared experience, reframing, exploration of the concept of choice, and understanding of their experiences in the context of long-term trauma and its symptoms.

An evaluation of SWOP suggested that it had successfully delivered hard outcomes in tandem with a long-term, flexible approach to achieving soft outcomes.

Focussing primarily on hard outcomes rather than soft outcomes can be a potential barrier to progress. One commissioner gave an example of the challenges facing people with a dual diagnosis of substance dependency and mental ill-health. Thresholds used by some mental health services required people to stop drug use completely before being permitted to access support, and it was found that this was a significant barrier to treatment. Commissioners were attempting to tackle this by giving mental health services a greater focus on outcomes such as evidence of willingness

to have treatment for drug use and engagement with some form of drug support service, rather than binary measure such as cessation of drug use. It was hoped that this would enable more people to receive support for the interconnected issues of poor mental health and substance use.

"And stop using drug use as an excuse to get rid of somebody. Especially if that person is already engaged in a drug service, then they should think oh well this person is obviously trying to address their drug use." (Person accessing services)

Financial pressures often mean that interventions and services can be relatively short-term, and this requires pragmatic approaches to relational outcomes – and to what can realistically be measured during the lifetime of the intervention. Interviews with commissioners found that, in general, the benefits of longer-term contracts were clearly understood. Longer-term contracts help in fostering innovative practice, working with people for periods that more accurately reflect recovery journeys, and building better evidence for the challenges faced by people. Short-term funding is likely to remain a feature of service delivery, but relational outcomes still have an important role to play in demonstrating value.

Commissioners should consider the merits of short-term funded projects that may fail to provide the opportunity for grounded, relational approaches that raise people's levels of trust, agency, and enthusiasm.

This case study highlights the benefits of a longer-term commissioning cycle and the use of softer outcomes that better reflect recovery journeys.

The Trauma and Resilience Service (TRS), Rotherham

The TRS is a multi-disciplinary team that promotes and develops trauma-informed practice and awareness across the Rotherham locality. It works with voluntary and statutory partners to support their interventions with child sexual exploitation survivors and their families.

TRS and voluntary sector partners advocate on behalf of survivors to demonstrate the importance of soft outcomes in understanding the overall recovery process. For example, although attending a mandatory counselling session can be a significant step for a trauma survivor, service targets focus on what attendance has provided to participants, rather than focusing on attendance rates *per se*. Multiagency practitioner meetings are used to collaboratively discuss care plans, and this has provided an opportunity for TRS to challenge unsuitable targets for counselling session attendance imposed by one service area. Practitioners agreed to record how significant the level of engagement with counselling was, even when 100% attendance was not achieved. Focusing on these aspects increased understanding of how an erratic

pattern of engagement is quite typical when trauma survivors are beginning to work with services as this often involves disclosures and discussions that can be unsettling. Because engaging with services often involves survivors learning how to work within their window of tolerance, this can be overwhelming and so people can need to take a break from working with services until they feel comfortable.

The TRS also benefits from longer commissioning cycles, with services commissioned over a three-year period. Commissioners' knowledge of the needs of trauma survivors is reflected in commissioning cycles which allow time for the development of a multi-agency professional network of trauma-cognisant services.

2.4 The Importance of Relationships as Outcomes

Key to the relational services offered by Fulfilling Lives LSL and others is the ability to develop and maintain quality relationships with friends, family, peers, and support practitioners. It also develops important capacity to form and maintain stable relationships within residential communities, and with communities of interest. Such services make a strong argument that better relationships should be viewed as outcomes in their own right.

Fulfilling Lives LSL has been working to identify ways in which progress through their relational approach can be measured. A key challenge is the unique encounter between practitioner and the person accessing support. They advocate a focused approach that determines outcomes on an individual basis, where practitioners note the nuances in their observations of people. Examples include a willingness to meet up and talk, willingness to talk about personal matters and share feelings, to reflect on previous behaviours and attitudes, and willingness to try something new or connect with a service that they perceive to have failed previously. The quote below illustrates the need for continued and trusting relationships.

"I went through a long period where I was passed from one worker to another. Constantly having to restart a relationship and go through traumatic memories. The new workers just picked up the info the previous worker left and made their own mind up from that." (Person accessing support)

Similarly, [The Relationships Project](#) aims to develop a greater understanding of the power of relationships. Its rationale is that if relationships are good, people feel more supported, and better outcomes are achieved. One of the major challenges the project is addressing currently is how to measure the formation of a 'good' and productive relationship. Not having a tangible way to measure such outcomes often makes it more difficult to convince funders. The project is currently leading

conversations around the problem of measuring relationships to identify the key issues and work on finding solutions.

Services that aim to establish quality relationships for the people they support can be critical to achieving longer-term, hard outcomes. Research which looked at relationships between people's social networks and clinical outcomes among 130 people experiencing homelessness, substance use and mental ill-health² found that where social networks and levels of professional and personal support improved, there were improvements in practical outcomes (adequate housing, finances, and healthcare) and emotional outcomes (such as a sense of being cared for, valued and worthy of attention). Thus, the ability to capture evidence of relationships and their quality can indicate people's ability to make progress towards other outcomes such as improvements to wellbeing and readiness and capacity to sustain changes such as abstinence or engagement in treatment.

For the Research and Learning Partnership, interviews with people with lived experience of multiple disadvantage showed evidence of the value of relationships both in and of themselves and in relation to their ability to achieve other key outcomes. One participant, for example, talked about the difference that a new drugs practitioner made, one they could rely on and trust. Having a better relationship and feeling more comfortable with their new practitioner enabled them to open up more about their drug use and helped in bringing their drug use down. Another participant, who was over two years sober, said that having access to support that had built positive relationships (with staff and friends) at a local day centre was vital to sustaining their recovery. In their words:

"A lot of people don't understand because they say, 'you've been two and a half years sober now. Why do you need to go to that?' And it's really difficult to explain to them that, you know, we live in a world where substances are normalised, whether that's alcohol, drugs. And it's really difficult to be in an environment where that isn't the norm...So, for me, it's just really important that I stay engaged." (Person accessing support)

² Trumbetta, S. L., Mueser, K. T., Quimby, E., Bebout, R., & Teague, G. B. (1999). Social networks and clinical outcomes of dually diagnosed homeless persons. *Behavior Therapy*, 30(3), 407-430. doi 10.1016/S0005-7894(99)80018-5

Fulfilling Lives LSL's Relational Service

Fulfilling Lives Lambeth Southwark and Lewisham (LSL) provides direct support to people experiencing multiple disadvantage. Its community-based practitioners work alongside people to understand their needs and aspirations, and ensure they remain safe from immediate harm. This 'relational' approach recognises that people have experienced great difficulties accessing and sustaining engagement with services such as housing, health, and social care. To overcome this, the service offers consistent person-led support to develop trusted relationships, and then walks alongside people to navigate complex systems to receive the care and support they wish for. Peer support is also offered. The service works to the following principles:

- establish positive and trusting relationships with people
- support lower numbers of people to build strong and positive relationships
- be flexible and autonomous and provide the time and resources required to support individuals
- adopt an approach which is informed by understanding the intersecting experiences of trauma, culture and gender and respond to this in compassionate ways
- recognise that a sense of community and a sustained connection to others is vital for recovery and long-term resilience
- focus on repairing and restoring relationships for the person, and changing the narrative often attached to a person.

The team has found that building relationships and trust can, for some people, take a long time. Often, therefore, interventions are 'imposed' on people before they're ready.

A key question for the team has been how to measure the progress that people accessing the service make and what works. Progress on building trust and developing relationships was recognised by the team's practitioners in subtle ways, such as people turning up to more encounters, or being more open and sincere about their challenges. The team also recognised more fundamental behavioural changes in people such as getting in touch with the practitioner directly by phone to seek advice and showing more willingness to consider things such as supported housing schemes, treatment programmes, and financial support.

While all of these can be measured (or recorded) in some way, the team explained too that everyone had a unique journey to go on and it was very difficult to assign a fixed set of measures to the service. In addition, such a relational approach required flexibility and freedom to respond to the situations, needs and wishes of each person. As such progress had to be judged on an individual, bespoke basis. What may be considered very small steps for one person, could be a huge stride by another.

"You know that you've got somewhere with somebody when it's you they pick up the phone to. And instead of them being out on their own, coping with whatever is happening in their

life by themselves, they feel like they've got somebody they can pick the phone up to. And I think that that doesn't get measured."

2.5 Co-production

The involvement of people with lived experience of multiple disadvantage in commissioning processes is still relatively uncommon³. However, there has been growing interest in co-production amongst service providers in the UK, based on a recognition that when people using services help to design them it can lead to better services and outcomes.

Experts by Experience

Commissioners in an English local authority involved experts by experience in their tendering process. These were people who had used services in the city aimed at people experiencing multiple disadvantage. This helped commissioners to focus on the right issues. As well as being interviewed by local authority officers, the potential service providers also met with experts by experience. This process encouraged services to involve people with lived experience in the design of their interventions, including the ways in which outcomes were measured. Commissioners reported that such practice was now regarded in the city as key in ensuring services effectively meet the needs of those they are designed to support.

Co-production also has a role to play in creating better outcome measures that reflect the importance of relational approaches to recovery. [Evidence](#) from the field of social care identified several distinctive advantages to co-production:

- improved service experience for people accessing support
- increased community capacity by enhancing professional and service user awareness, ability and confidence to advocate for and access suitable support
- enhanced identification and attainment of relational outcomes
- the promotion of integration between services, and between people accessing support and practitioners.

³ Loeffler, E., & Bovaird, T. (2019). Co-commissioning of public services and outcomes in the UK: Bringing co-production into the strategic commissioning cycle. *Public Money & Management*, 39(4), 241-252. doi:10.1080/09540962.2019.1592905

Involving People with Lived Experience: Opportunity Nottingham

Opportunity Nottingham is a Fulfilling Lives project funded by the National Lottery Community Fund. Its Expert Citizen Group consists of people accessing services who have made sufficient progress to be able to become involved in informing and supporting the programme's development, ensuring that lived experience is a fundamental component of local system change.

The group is managed by Beneficiary Ambassadors and staff with relevant lived experience. They moderate, manage tensions and advocate alongside Expert Citizens, while ensuring they are supported to avoid burnout, exclusion, or disengagement. At the time of an interim evaluation in 2018, 21 people accessing services had participated in the group, with 'many more' reported to be showing interest.

The Expert Citizen Group contributed to recruitment decisions and processes, commissioning including tender requirements, giving evidence to local and national policy making forums, informing service delivery and system change direction, supporting training and contributing to publicity materials.

Co-commissioning and co-production can be done in several different ways, but it is important to avoid more tokenistic practices. Learning from Fulfilling Lives LSL suggests that it is vital to have an established system in place for people with lived experience to share their skills and expertise. This requires organisation, training, and mentoring. Without such an infrastructure, commissioners facing short-term cycles and demands can find it difficult to properly employ co-production.

Evidence based research⁴ advocates for co-commissioning practice that involves peers at every stage of a cyclical process, including:

- **analysis** - of need, risks and assets, including potential or existing community resources
- **planning** - where criteria, outcomes and services are mutually decided
- **doing**- where services and contracts are jointly monitored and ongoing efforts to engage lived experience input are continued, and
- **reviewing** - of the previous commissioning to inform future cycles.

This is especially pertinent for services for people experiencing multiple disadvantage, when people accessing support can lack confidence in their abilities, lack trust in processes and services and are people whose previous experiences are that their agency has often been denied and their voices unheard.

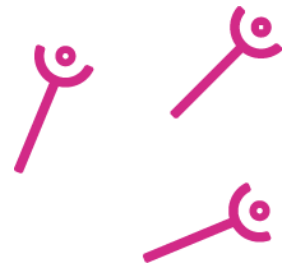
⁴ Loeffler, E., & Bovaird, T. (2019). Co-commissioning of public services and outcomes in the UK: Bringing co-production into the strategic commissioning cycle. *Public Money & Management*, 39(4), 241-252. doi:10.1080/09540962.2019.1592905

The example below illustrates the impact of involving people experiencing multiple disadvantage in decision making.

"And I now realise that not only ... that I should be involved in the decision making, but that I actually can now. I can be involved in those decisions. Rather than being passive about it all and just accepting what was given to me and what was offered. I have kind of had a much better idea of how to be proactive in terms of looking after my support and my care...it's a huge impact, on things like confidence, self-esteem." (Person accessing services)

3

Actions for Commissioners



3.1 Introduction

The previous sections of this report have outlined why soft and relational outcomes are important considerations for services supporting people experiencing multiple disadvantage. Our evidence confirms that where the system is designed with input from users of services in a way that enables choice and agency, person-centred and person-led targets can be set and used for ongoing refinements of service models.

*"I think a lot of monitoring and evaluation is attached on to the end, of just like, 'oh (sh*t) we have got to do this now'. ... But I think we insist on using it as a guide and a steering model. And we are in constant conversation, hour by hour, with our [service users]. So, they tell us how things feel and what's right and what's wrong. And we use it to make minor and sometimes major adjustments to our model." (Practitioner)*

We have also found that where services acknowledge that the journey to recovery is non-linear, there is no room for discharging people from support at a time when their engagement may falter. Additionally, the evidence also confirms that when the aim of the intervention is to enable relationship building, the requirement for funding periods that are appropriate should be considered carefully.

Here, we outline a series of actions to help commissioners integrate relational outcomes into the commissioning process. These reflect the issues explored in this guide and are organised around a set of principles that frame relational approaches.

3.2 Key Actions

Principle 1: To promote practice that aims to work in person-centred and person-led ways, use relational outcomes to better understand service impact

- Relational outcomes are often a prerequisite of hard, longer term outcomes. Measure them and understand their value.
- Measure relational outcomes using existing measurement tools where these are appropriate, but be prepared to adapt them where necessary or to develop new tools.
- Make use of qualitative methods to generate a comprehensive understanding of impact. People's stories are particularly useful in understanding their journeys, their encounters with various services, and the progress that they have made.

Principle 2: Build relational outcomes into commissioning frameworks for services for people experiencing multiple disadvantage

- Recognise the importance of relationships as the foundations of change for people experiencing multiple disadvantage, and challenge services to prioritise building relationships. Include measures that capture the quality of relationships (for instance with peers, family and services) in commissioning frameworks and service evaluation.
- Recognise that it can take time for people accessing services to develop relationships of trust and lay the 'foundations of change'. Commissioning frameworks should consider longer term funding for such approaches.
- Commission services that have the freedom to be creative in the way they capture people's progress and the impact of the intervention. This may be by conversations, personal stories, and observation of behaviour changes.

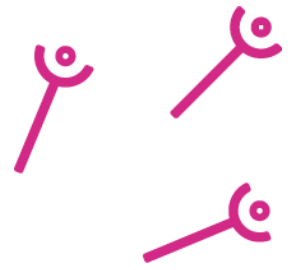
Principle 3: Ensure that commissioning is co-produced with multiple voices and experiences, including those with lived experience of multiple disadvantage

- Ensure that there is a local network of experts by experience - that provides opportunities for people with lived experience of multiple disadvantage to get involved in strategic decisions and the design of services. Appropriate organisation, training, and mentoring is necessary to achieve this.
- Ensure that networks are maintained to provide a real-time and deep understanding of emerging needs in the community.
- Develop a greater understanding of the needs and circumstances of people that services are aimed at, by involving them directly, to ensure that outcome measures reflect the reality of their lives and recovery journeys.
- Bring experts by experience together with service providers and commissioners to ensure that multiple voices are heard, and that outcome measures are meaningful and realistic for all.
- Revisit and review outcomes to ensure that they remain relevant over time. Involve people with lived experience and service providers in this process.

The next section signposts some useful tools and resources for developing person-centred and person-led outcomes.

4

Resources



The Health Foundation (2014): Helping measure person-centred care

[This report](#) reviews the evidence about common approaches and tools to measure the extent to which care is person-centred. It suggests that there is no agreement about which tools should be preferred. It also shares approaches to measurement which combine a range of tools, tailored to the aims of specific interventions. See also, the [Heath Foundation's](#) 2016 report - *Person-centred care made simple: What everyone should know about person-centred care*.

Social Care Institute for Excellence, SCIE (2020): Evaluating Personalised Care

[The guide](#) provides advice to practitioners about measuring and evaluating the impact of personalised care programmes and person-centred ways of working. It provides useful information and advice that interventions aimed at people experiencing multiple disadvantage can readily draw on. In addition, SCIE provides a directory of activity and outcome measures which can be downloaded for free, once registered with SCIE.

Fulfilling Lives LSL

[Fulfilling Lives LSL](#) has amassed a wealth of information and learning, focusing on system change, co-production, and relational approaches to service delivery. Outputs from the Fulfilling Lives LSL Research and Learning Partnership can also be accessed here.

Mayday Trust's Personal Transitions Service

[Mayday Trust's Personal Transitions Service](#) aims to radically change the way in which organisations support people experiencing homelessness, based on two key premises: 1. that current systems were not working for people who became homeless; and 2. that outcomes for people were poor. It takes 'asset-based and personalised' approaches to intervention. The model also prioritises measurement of outcomes, using a bespoke method – the developmental assets measurement tool - to provide robust evidence to commissioners, other funders, and other organisations.

Responding Effectively to Violence and Abuse (REVA Project)

[The REVA project](#) has developed an outcomes framework to reflect the work of services responding to violence against women and girls. It aims to promote suitable measures for use in voluntary and statutory services.

The Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS)

[The WEMWBS](#) is probably the most well-known validated scale for measuring mental wellbeing and has been widely used in the evaluation of projects, programmes and policies that aim to improve mental wellbeing. Its emphasis is on positivity and progress and aims to be user friendly for both people using services and practitioners.

NPC's Mental Health Outcomes Map

A series of [outcomes maps](#) was produced in 2013 by NPC in partnership with others. The mental health edition outlines outcomes and indicators regularly measured by organisations working in the field and provides a useful source for ideas and inspiration.

Trauma-Informed Practice: A Toolkit for Scotland

This recent, and extensive, [toolkit](#) aims to support organisations in planning and developing trauma-informed services. It places emphasis on co-production with trauma survivors and users of services. It poses a set of questions to guide organisations in their self-assessments, offers a set of resources to provide practical help with implementation and provides guidance on co-production.

Making Every Adult Matter (MEAM)

The [MEAM approach](#) is a framework for developing a coordinated approach to tackling multiple disadvantage in a locality. Its focus is the creation of sustainable change to the way that complex problems and systems are approached and understood. The framework encourages local areas to consider actions under each of its seven core elements, but the local approach will be shaped by local circumstances.

Personal Outcomes Service, Guide for Commissioners

The [Personal Outcomes Network](#) is a Scottish group with membership from the health, social care, education, and housing sectors. It offers a place for reflection and sharing of practice through stories, learning, resources, and evidence. Of particular relevance is the [Meaningful and Measurable](#) research project, which highlights approaches to the analysis and use of personal outcomes data.

The National Fulfilling Lives Programme

The National Lottery Community Fund has commissioned a team led by the University of Sheffield and CFE Research to evaluate the Fulfilling Lives Programme. Its [website](#) provides outputs from the evaluation, and has a repository of local evaluation reports, practice guides, and briefings from across the programme.