



SCOTTISH EXECUTIVE

# Supporting People Outcomes Framework Final Report

30 March 2007

---

**Private and Confidential**



DTZ Consulting & Research  
One Edinburgh Quay  
133 Fountainbridge  
Edinburgh  
EH3 9QG  
Contact: Jenny Hay  
[jenny.hay@dtz.com](mailto:jenny.hay@dtz.com)  
Tel: 0131 222 4581

## Contents

	<b>Page</b>
<b>1</b>	<b>Introduction</b> <span style="float: right;"><b>1</b></span>
1.1	Research Aims and Objectives <span style="float: right;">1</span>
1.2	Research Outputs <span style="float: right;">1</span>
<b>2</b>	<b>Recommended Outcomes Framework</b> <span style="float: right;"><b>3</b></span>
2.1	Introduction <span style="float: right;">3</span>
2.2	Limitations of Model and Key Issues <span style="float: right;">3</span>
2.3	Outcomes Model – Overview <span style="float: right;">5</span>
2.4	Outcomes Model – Outcomes Framework <span style="float: right;">7</span>
2.5	Outcomes Model – Distance Travelled Framework <span style="float: right;">13</span>
2.6	Outcomes Model – Reporting <span style="float: right;">14</span>
<b>3</b>	<b>Next Steps</b> <span style="float: right;"><b>16</b></span>
3.1	Introduction <span style="float: right;">16</span>
3.2	Piloting <span style="float: right;">16</span>
3.3	Cost of Implementation <span style="float: right;">17</span>
3.4	Advisory Group <span style="float: right;">Error! Bookmark not defined.</span>
<b>Appendix A</b>	<b>Potential Structure for National Reporting of Outcomes</b> <span style="float: right;"><b>18</b></span>

<b>Quality Assurance Record</b>	
Checked By:	<i>J Hay</i>
Date:30/03/07	
Authorised By:	<i>Anna Grant</i>
Date:30/03/07	
Ref: 05/12681-7	

## **1 Introduction**

### **1.1 Research Aims and Objectives**

The Scottish Executive appointed DTZ Consulting & Research in May 2006 to undertake research to establish a Supporting People outcomes model. The aim is to find a model that can be introduced consistently at local authority level, to capture useful information locally, that can then be used as a means of public and ministerial reporting nationally.

There are three detailed aims with related objectives:

- 1) To consider how outcomes for individual SP clients could best be monitored and recorded consistently across Scotland;
- 2) To develop options for an appropriate individual outcomes model that could record useful data on the impacts of the programme across local authorities;
- 3) To set out options for a reporting framework, which could clearly specify the responsibilities to be agreed by the various stakeholders.

The Scottish Executive has stated that a key factor in the development of the model is that it should reduce the requirements placed upon local authorities and, in turn providers, in terms of providing monitoring information. The model should be designed to ensure that it is 'fit for purpose' without imposing excessive data collection burdens on providers and Local Authorities. The Scottish Executive is aware of the information data collection burden currently experienced by providers and local authorities, and it is envisaged that the proposed outcomes approach would allow for a reduction in existing reporting demands.

The study is being overseen by a Research Advisory Group, which includes local authority and provider stakeholders in addition to Scottish Executive representatives.

### **1.2 Research Outputs**

The purpose of this final report is to provide the Scottish Executive and its stakeholders (local authorities, providers and others with an interest in Supporting People) with clear guidance on the recommended outcomes framework to be taken forward and information on the next steps of the implementation.

The first stage of the research (to August 2006) involved a best practice review of relevant policy and literature in the area of outcomes measurement, and a focussed programme of consultations with Scottish local authorities that are developing and implementing outcomes models for SP, and discussion with others across the UK.

The output from the first stage was an interim report, which described findings from the best practice review and consultation programme, outlining strengths and weaknesses of current models, and concluded with implications for the next stage of the research. This was presented and discussed with the Research Advisory Group on 16<sup>th</sup> August 2006.

Following the discussion with the Research Advisory Group, the Scottish Executive asked DTZ Consulting & Research to develop a model based on a distance travelled system, and to work along side a local authority to take forward its development. The City of Edinburgh Council (CEC) has been approached for this purpose.

This report presents our recommendations for the outcomes model to be taken forward and piloted in selected local authorities. The recommended model is based on the distance

travelled model developed by the CEC and has been modified to allow the measurement of change over time and to allow for reporting at the national level. This model was presented and discussed with the Research Advisory Group on 25<sup>th</sup> January 2007, and amended accordingly following the input of the group.

In addition to the work of the CEC, the ongoing work of the Joint Futures Team on Community Care Outcomes has been taken into account. Any synergies from the emerging outcomes have been considered and the following Draft Community Care Outcomes are thought to be particularly aligned to the SP Outcomes work:

- *Percentage of recipients feeling safe* – the proportion of people in receipt of community care services who feel safe in their own home;
- *Percentage of community care recipients involved in their social care packages* – a measure of the involvement and control of community care recipients over the nature and timing of health and social care packages that they receive;
- *Proportion of people living in their own home* – the proportion of people with higher levels of relative need living in their own home;
- *Percentage of service users reporting satisfaction with the social interaction provided* – a measure of the satisfaction of people who are enabled to (re) engage in the activities and opportunities for social contact that they want.

The Scottish Executive and DTZ have agreed to review the synergies as both Outcomes Frameworks are developed further over the coming months. It is likely that the evidence gathered through the SP Outcomes Framework could be used to support the monitoring of the Draft Community Care Outcomes identified above.

## 2 Recommended Outcomes Framework

### 2.1 Introduction

This section of the report presents our recommended Supporting People Outcomes Framework. The framework itself is described and the scoring matrix that underpins the framework is explained in detail. We start by recognising some of the issues and limitations that have to be considered in the development of any distance travelled outcomes model. The key output of this stage of the project is the spreadsheet-based model, which accompanies this report.

### 2.2 Limitations of Model and Key Issues

The recommended model is based on the distance travelled model developed by The City of Edinburgh Council and has been modified to allow the measurement of change over time and to allow for reporting at the national level. These modifications are necessary to ensure that the model is “fit for purpose” to be used as a national outcomes reporting tool for Supporting People. There are a number of issues with the model, some of which have been fully addressed and others that should still be borne in mind in the implementation of the model and the interpretation of the results that it will produce. The key issues are as follows:

- **Lack of baseline** – there is no baseline information available from which to start measuring the outcomes from Supporting People. Therefore, any national outcomes framework has to ensure that baseline information is collected at the outset so that improvement or “distance travelled” over time can be measured and put in context.
- **Lack of counterfactual** – any measurement of the outcomes of Supporting People should be set in the context not only of the baseline position, but also of what would happen in the absence of intervention. This is clearly a moving target, as we would expect some clients to be entirely dependent on support in the early stages but that their reliance on intervention decreases over time and in some cases the client can then successfully exit the service and maintain a stable lifestyle. Clearly this is heavily dependent on the type of client group as discussed below. The framework should be capable of monitoring the “without support” position as well as the “with support” position.
- **Variations between clients/groups/localities** – there will be significant variations in outcomes between client groups, indeed the expected outcomes for different client groups differ, so it does not make sense to aggregate up the results for all client groups together. The client groups for Supporting People should be classified according to their likely profile as follows:
  - **Underlying, Ongoing Support Needs** – this would include the following client groups, where the client has relatively stable underlying risk factors but requires long term support to stabilise their risk on an ongoing basis:
    - Mental health problems
    - Learning disabilities/ASN
    - Physical disabilities
    - Frail
    - HIV/AIDS

- **Immediate, Focussed Support Needs** – this would include the following client groups, where the client has a changing, or unstable risk profile and the aim is to change their underlying risk factors by focussing on their immediate support needs:
  - Offending
  - Looked After Children Leaving Care
  - At risk of violence
  - Homelessness
  - Alcohol/drug problems

The service user should only be included in a category if it is relevant for the intervention, that is, if the SP support is addressing this need or it affects this need.

For those service users with underlying, ongoing support needs, we would not expect to see any major improvements in the short term as the support is about long-term stabilisation, but for those service users with immediate, focussed support needs we would expect to see changes in the shorter term. There will be some service users who fit into both categories, so we would expect to see both types of outcomes. The key point is that to make any national results meaningful, the 3 groups should be reported separately. This will help the Scottish Executive to report on SP in a fair manner so that outcomes where stability is the aim are not under represented or unfairly judged. It has to be recognised that due to the client groups with whom Supporting People works the programme, on the whole, is about the prevention of negative outcomes rather than increasing positive outcomes. This is one of the main reasons we have opted for a risk-based outcomes model.

There are also likely to be variations between local authorities and service providers and the model will have to be accompanied with clear guidance on its implementation. However, it is important to note that any interpretation of results will always have to take cognisance of local circumstances.

- **Consistency in assessment** – one of the trickier areas will be how to ‘score’ circumstances where travelling any distance it not someone’s objective – i.e. ‘just to be’ (as one provider put it), and an assessment of low risk wrongly reflects the ‘need’ e.g. sheltered housing residents still have requirement for support, and an assessment of low risk may have the effect of demonstrating progress, and perhaps withdrawal of support, when in fact support will be required indefinitely. We have attempted to address this by classifying by client group as described above. In addition, we have introduced a rolling counterfactual scoring mechanism where at each review the service user is scored against not only their current position, but their risk profile should the support be removed at that point in time. This is discussed in further detail below.

Other tricky issues are when someone leaves the service (how to assess in different leaving circumstances), or when someone just joins (when to start assessing e.g. if in middle of monitoring period). The piloting of the model will have to be used to develop guidance for service users and local authorities on consistency on these points.

Any model of soft outcomes or distance travelled will always rely upon the judgement of person completing the assessment and has to involve a subjective decision on which category is best matched to the service user's individual circumstances.

- **Attribution to Supporting People** – it has to be recognised that many of the SP service users are in receipt of a complex package of support. Often this involves funding from other sources, such as health board or social work. SP is not the only intervention in people's lives and works side by side with other programmes of care. Due to the synergy between programmes, it will be difficult to separate those benefits that are outcomes of SP funding and other programmes and the distance travelled model will not be able to isolate the SP outcomes. By recording whether the service user receives housing support only or a combined package of care and support it will be possible to separate out the SP only outcomes from the combined support outcomes.
- **Multiple Support Providers** – as the matrix is designed to be a service user centred tool, there are issues around who should complete the matrix where that person receives more than one support service. This issue will be explored in the pilot to try to solve this problem and avoid duplication while ensuring valuable information about clients' progress is captured. The ideal would be to use the matrix as a single shared outcomes model, however we recognise the difficulties in implementing this, so recommend that the pilot should be used to test options for service users with multiple providers.

We have attempted to address these issues wherever possible in our recommendations for modifications to the matrix as outlined below.

### 2.3 Outcomes Model – Overview

As previously explained, the following model has been adapted from the Housing Support Outcomes Matrix produced by the City of Edinburgh Council (CEC) and their stakeholders. The matrix was developed by the CEC as a tool to enable Supporting People service users' progress to be measured through the identification of the outcomes that they have achieved.

There are a number of specified outcomes within the matrix, but there is an option to add in outcomes that are specific to the individual client, hence a blank row has been included to allow for additional support elements and their associated outcomes to be recorded. These will not be reported upon, but will enable the matrix to be adapted to ensure its relevance to individual service users. The matrix is intended to be a tool that is capable of being personalised for individual service users while at the same time to be in a format that allows reporting at different levels (e.g. service type, client group, local authority, national).

The matrix separates client needs into 12 "elements of support" and aims to rate each of these elements depending on the service user's circumstances at that time. The scale against which service users' needs are rated is based on an assessment of the level of support required from High (E) to Low (A).

At either end of the risk spectrum, "High" implies that intervention is required immediately and "Low" implies that it is expected that the service user will exit from the service imminently. Essentially the scale against which service users' needs are rated is based on an assessment of risk as follows:

- Crisis = E
- At High Risk = D
- Risk Managed with Support = C
- Stable = B
- Low Risk = A

It was felt that this was not appropriate terminology to use with service users so the High to Low support spectrum should be used in the matrix completed with clients. The risk labels could be used when reporting at the higher level. This will be discussed further with stakeholders and investigated at the pilot stage.

We have adapted the matrix to group together the elements of support into 4 summary categories:

- Accommodation
- Health
- Safety and Security
- Social and Economic Wellbeing

This will simplify the reporting nationally as scores can be amalgamated into these 4 headings rather than reporting on 12 categories.

The revised matrix is presented below, split into the 4 categories described above for ease of reporting.

## 2.4 Outcomes Model – Outcomes Framework

Figure 2.1 Outcomes Framework: Section 1 – Accommodation

ELEMENT OF SUPPORT	LEVEL OF SUPPORT REQUIRED				
	HIGH E	D	C	B	LOW A
<b>SECTION 1 – ACCOMMODATION</b>					
<b>1.1 – Accommodation</b>	<ul style="list-style-type: none"> <li>Rough sleeping</li> <li>No fixed abode</li> <li>Unable to occupy regular accommodation (e.g. due to fire/flood etc)</li> <li>In care home</li> </ul>	<ul style="list-style-type: none"> <li>Homeless</li> <li>In temporary accommodation</li> <li>Using hostel accommodation</li> <li>In unsuitable accommodation (e.g. due to: physical disability; mental health problems; lack of support)</li> </ul>	<ul style="list-style-type: none"> <li>Awaiting a planned move to suitable accommodation (e.g. from: hospital; residential care; hostel accommodation; temporary accommodation)</li> <li>Allocated a Short Scottish Secure Tenancy</li> </ul>	<ul style="list-style-type: none"> <li>Awaiting repairs/ adaptations to be made to current accommodation to render suitable</li> <li>Moved into accommodation appropriate to circumstances (e.g. awarded housing priority due to physical disability)</li> </ul>	<ul style="list-style-type: none"> <li>Accommodation safely and securely occupied</li> </ul>
<b>1.2 – Security of tenure</b>	<ul style="list-style-type: none"> <li>Eviction Pending</li> </ul>	<ul style="list-style-type: none"> <li>Received Notice of Proceedings for Recovery of Possession</li> <li>Accommodation at risk due to rent arrears/ anti social behaviour etc</li> </ul>	<ul style="list-style-type: none"> <li>Received warning letters re possible eviction</li> <li>Support required to avoid further eviction proceedings</li> <li>Support a condition of a Short Scottish Secure Tenancy</li> </ul>	<ul style="list-style-type: none"> <li>Security of accommodation being managed with support (e.g. rent arrears being addressed through payment plan; anti social behaviour under control)</li> <li>No immediate threat to the security of the accommodation</li> </ul>	<ul style="list-style-type: none"> <li>No issues regarding security of tenure</li> </ul>
<b>1.3 – Other Accommodation support</b>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

Figure 2.2 Outcomes Framework: Section 2 – Health

ELEMENT OF SUPPORT	LEVEL OF SUPPORT REQUIRED				
	HIGH E	D	C	B	LOW A
<b>SECTION 2 – HEALTH</b>					
<b>2.1 – Physical Health</b>	<ul style="list-style-type: none"> <li>Major physical health issues</li> <li>Physical disability</li> <li>Serious illness</li> <li>Terminal illness</li> <li>Sensory impairment – no current support to address this</li> <li>No current medical input</li> </ul>	<ul style="list-style-type: none"> <li>Uses emergency medical services</li> <li>Not registered with a GP</li> <li>Accesses health services through homelessness route</li> </ul>	<ul style="list-style-type: none"> <li>Needs support to attend health related appointments</li> <li>Requires support to register with GP/ other health services</li> </ul>	<ul style="list-style-type: none"> <li>Registered with GP/ other health services</li> <li>Manages to make and attend health related appointments</li> </ul>	<ul style="list-style-type: none"> <li>No issues regarding physical health</li> </ul>
<b>2.2 – Mental Health</b>	<ul style="list-style-type: none"> <li>Serious mental health issues</li> <li>No contact with mental health/ psychiatric services</li> <li>Refusing to take prescribed medication/ undergo treatment</li> </ul>	<ul style="list-style-type: none"> <li>Repeat admissions/ emergency contact with mental health/ psychiatric services</li> </ul>	<ul style="list-style-type: none"> <li>Needs support to attend mental health related appointments</li> <li>Needs to be linked into mental health/ psychiatric services</li> </ul>	<ul style="list-style-type: none"> <li>Sustains contact with mental health/ psychiatric services</li> <li>Stable on medication/ treatment</li> </ul>	<ul style="list-style-type: none"> <li>No issues regarding mental health</li> </ul>
<b>2.3 – Hospital admissions</b>	<ul style="list-style-type: none"> <li>Prolonged admission (more than 6 weeks) or frequent (6+) admissions to hospital</li> <li>Unable to move back to accommodation following hospital stay (e.g. accommodation no longer suitable)</li> </ul>	<ul style="list-style-type: none"> <li>3-6 hospital admissions in previous 12 months</li> <li>Awaiting hospital discharge due to accommodation being adapted</li> </ul>	<ul style="list-style-type: none"> <li>2 previous hospital admissions in the last 12 months</li> </ul>	<ul style="list-style-type: none"> <li>1 hospital admission in the last 12 months</li> </ul>	<ul style="list-style-type: none"> <li>No hospital admissions in the previous 12 months</li> </ul>
<b>2.4 – Other Health support</b>	•	•	•	•	•

Figure 2.3 Outcomes Framework: Section 3 – Safety and Security

ELEMENT OF SUPPORT	LEVEL OF SUPPORT REQUIRED				
	HIGH E	D	C	B	LOW A
<b>SECTION 3 – SAFETY AND SECURITY</b>					
<b>3.1 – Addictions (includes substance misuse/ alcohol misuse/ gambling/ food)</b>	<ul style="list-style-type: none"> <li>Addiction putting current situation at immediate significant risk (i.e. may lose accommodation)</li> <li>No desire to address addiction</li> </ul>	<ul style="list-style-type: none"> <li>Addiction affects ability to manage everyday tasks</li> <li>Addiction may put current situation at risk (i.e. warnings have been received)</li> </ul>	<ul style="list-style-type: none"> <li>Needs and has agreed to be referred to specialist agencies (counselling etc)/ detox/rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>Successfully managing addiction following a period of counselling/ detox rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>No issues regarding addictions</li> </ul>
<b>3.2 – Domestic violence</b>	<ul style="list-style-type: none"> <li>Currently staying with an abusive partner</li> <li>Has no confidence/ support in place to leave current situation</li> </ul>	<ul style="list-style-type: none"> <li>Staying in refuge accommodation</li> <li>Still at risk from abusive partner</li> <li>Not applied for alternative accommodation</li> </ul>	<ul style="list-style-type: none"> <li>Staying in a refuge</li> <li>Safe from abusive partner</li> <li>Support being given to find alternative accommodation</li> </ul>	<ul style="list-style-type: none"> <li>In safe, permanent accommodation</li> <li>Safe from abusive partner</li> </ul>	<ul style="list-style-type: none"> <li>No issues of domestic violence</li> </ul>
<b>3.3 – Legal Issues</b>	<ul style="list-style-type: none"> <li>Regular offending behaviour</li> <li>Warrants out for arrest</li> <li>Regularly imprisoned</li> <li>Fails to attend court</li> </ul>	<ul style="list-style-type: none"> <li>Past history of offending</li> <li>On probation order, but fails to meet conditions</li> <li>Evidence of new offending behaviour</li> <li>Refusing to pay any outstanding fines</li> </ul>	<ul style="list-style-type: none"> <li>Currently addressing offending behaviour</li> <li>On probation and being supported to meet conditions</li> <li>Support needed to address any outstanding fines</li> </ul>	<ul style="list-style-type: none"> <li>Keeping appointments with probation officer</li> <li>Paying any outstanding fines</li> </ul>	<ul style="list-style-type: none"> <li>No offending or legal issues</li> </ul>
<b>3.4 – Safety (includes safety of actual accommodation/ gatekeeping/ ability to manage keys/ fire risks/ flood risks etc and assistive technology/alarm services)</b>	<ul style="list-style-type: none"> <li>Accommodation at risk due to inability to manage safety and security risks</li> <li>Accommodation not safe to occupy due to harassment by others</li> <li>Needs assistive technology to remain safe, but none in situ</li> <li>Has alarm but unable to use it properly</li> <li>Has falls; is unable to summon help</li> </ul>	<ul style="list-style-type: none"> <li>Risk of eviction due to inability to manage safety and security risks</li> <li>Has assistive technology in place but not able to use it properly</li> <li>Forgets about alarm, or doesn't understand how to use it</li> <li>At risk of falls</li> </ul>	<ul style="list-style-type: none"> <li>Support required to manage safety and security risks</li> <li>Has assistive technology/alarm in place but needs prompting and reminding on use</li> </ul>	<ul style="list-style-type: none"> <li>Manages safety and security risks with prompting/ supervision</li> <li>Has assistive technology/alarm in place and able to use appropriately</li> </ul>	<ul style="list-style-type: none"> <li>No issued identified regarding safety and security</li> <li>Does not need assistive technology/ alarm</li> </ul>

<b>3.5 – Other Safety and Security support</b>	•	•	•	•	•

Figure 2.4 Outcomes Framework: Section 4 – Social and Economic Wellbeing

ELEMENT OF SUPPORT	LEVEL OF SUPPORT REQUIRED				
	HIGH E	D	C	B	LOW A
<b>SECTION 4 – SOCIAL AND ECONOMIC WELLBEING</b>					
<b>4.1 – Lifeskills (includes general skills required to live independently, e.g. shopping/ cooking/ cleaning/ laundry/ personal hygiene etc)</b>	<ul style="list-style-type: none"> <li>Never managed own accommodation before</li> <li>No life skills at all</li> <li>Accommodation at risk due to lack of lifeskills</li> <li>Ability to live independently at risk due to lack of lifeskills</li> </ul>	<ul style="list-style-type: none"> <li>Limited lifeskills (some previous experience)</li> <li>Previous lifeskills diminished, due to deteriorating circumstances (physical/mental health etc)</li> <li>Failure to address lifeskills may put accommodation at risk</li> </ul>	<ul style="list-style-type: none"> <li>Support required to develop lifeskills</li> </ul>	<ul style="list-style-type: none"> <li>Manages lifeskills with regular prompting and supervision</li> </ul>	<ul style="list-style-type: none"> <li>No issues regarding lifeskills</li> </ul>
<b>4.2 – Money Matters and Personal Administration</b>	<ul style="list-style-type: none"> <li>No known benefits or income in place</li> <li>Rent arrears and debts putting accommodation at risk</li> <li>Unable/unwilling to deal with correspondence</li> </ul>	<ul style="list-style-type: none"> <li>Needs help to maximise income</li> <li>Needs help to address benefits currently in place</li> <li>Rent arrears and debts not being paid regularly</li> <li>One-off grants not been applied for</li> <li>Has difficulty managing money</li> <li>Has difficulty dealing with correspondence</li> </ul>	<ul style="list-style-type: none"> <li>Needs support to deal with benefits</li> <li>Rent arrears/debts being dealt with (may have payment plans in place)</li> <li>One-off grants applied for</li> <li>Budgeting plans in place</li> <li>Needs support to deal with correspondence</li> </ul>	<ul style="list-style-type: none"> <li>All benefits in place/income maximised</li> <li>One-off grants applied for and received (and spent appropriately)</li> <li>Payment/budgeting plans been set up and being adhered to</li> </ul>	<ul style="list-style-type: none"> <li>No issues regarding money management and personal administration</li> </ul>
<b>4.3 – Wellbeing and Self Esteem/Confidence and Meaningful Activity/Use of Time</b>	<ul style="list-style-type: none"> <li>No social contact</li> <li>No family contact</li> <li>Very isolated</li> <li>Low self esteem</li> <li>Lacks confidence</li> <li>No interest in self development</li> <li>Frequently exploited</li> <li>No aspirations to participate in meaningful activities</li> </ul>	<ul style="list-style-type: none"> <li>Some social contacts (may be damaging)</li> <li>Problems sustaining relationships</li> <li>Difficult relationship with family</li> <li>Lacks interest in self development</li> <li>At risk of exploitation</li> <li>Unaware of choices around meaningful</li> </ul>	<ul style="list-style-type: none"> <li>Some positive social contacts</li> <li>Needs support to sustain contact with family</li> <li>Support given in increasing self esteem and confidence</li> <li>Support given around self development and planning this</li> <li>Support needed to pursue</li> </ul>	<ul style="list-style-type: none"> <li>Able to plan and sustain social network</li> <li>Good relationship sustained with family</li> <li>Self esteem and confidence being developed</li> <li>Being supported to identify opportunities and plan for the future</li> <li>Currently participating in</li> </ul>	<ul style="list-style-type: none"> <li>No issues regarding wellbeing and self esteem/confidence</li> <li>No issues around meaningful activity/ use of time</li> </ul>

ELEMENT OF SUPPORT	← LEVEL OF SUPPORT REQUIRED →				
	HIGH E	D	C	B	LOW A
	<ul style="list-style-type: none"> <li>• Unable to access meaningful activities</li> <li>• Current situation prohibits any progress in this area</li> </ul>	<ul style="list-style-type: none"> <li>• activities</li> <li>• Current circumstances hinder meaningful activities</li> <li>• Currently participating in meaningful activities, but at risk, due to current situation</li> </ul>	<ul style="list-style-type: none"> <li>• meaningful activities</li> <li>• Advice needed on options available re meaningful activities</li> <li>• Support needed to sustain current meaningful activities</li> </ul>	<ul style="list-style-type: none"> <li>• meaningful activities</li> <li>• Sustaining current situation without the need for support in this area</li> </ul>	
<b>4.4 – Informal Carers</b>	<ul style="list-style-type: none"> <li>• Burden on informal carer(s)/family</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult relationship with informal carer(s)/family</li> </ul>	<ul style="list-style-type: none"> <li>• Needs support to sustain positive relationship with informal carer(s)/family</li> </ul>	<ul style="list-style-type: none"> <li>• Improved relationship with informal carer(s)/family</li> </ul>	<ul style="list-style-type: none"> <li>• No issues around informal carer(s)/family relationship</li> </ul>
<b>4.5 – Other Social and Economic Wellbeing support</b>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

## 2.5 Outcomes Model – Distance Travelled Framework

The matrix should be completed initially at the time of assessment upon the client’s entry to the service. This will allow the “*baseline*” position to be established. The matrix should be completed again upon the service user’s review and on an ongoing, ideally quarterly, basis, although this should depend upon the nature of the client/service. We would suggest that for high turnaround/intensive services the assessment is undertaken quarterly, but for more stable/longer terms services the assessment period could be six-monthly. Assessments should also be undertaken at key entry and exit points, that is when a planned support commences and when it ceases.

At the review, the service user will be reassessed and given their current position – the “*current situation with support*” assessment. In addition, it is important to review the clients’ progress in terms of the distance travelled, not only by comparing the assessment to the baseline, but by reassessing what the client’s position would be in the absence of support – the “*current situation without support*” assessment.

The distance travelled matrix for the Accommodation section of the model is shown below. For each element of support within each section there is an option to indicate whether or not that assessment criterion is relevant for the service user being assessed. If ‘No’ is selected this element will not be included in the average assessment calculation. In the example shown, the Accommodation Assessment Current with Support v Baseline represents the NUMBER of places moved (i) – (ii) e.g. E to D = 1 place as the service user has moved down the support scale in this instance. Similarly, the Accommodation Assessment Current with Support v without Support represents NUMBER of places moved (ii) – (iii) e.g. E to D = -1 place. The difference in this score is that the service user is currently assessed as requiring a fairly high level of support, but were the intervention to be removed at that stage it is felt that they would require an even greater level of support so the movement would be backwards and is presented as a negative assessment.

**Figure 2.5 – Extract from Outcomes Model Distance Travelled Matrix**

ELEMENT OF SUPPORT	RATING OF SUPPORT LEVEL		PLACES MOVED
	E-A		
<b>SECTION 1 – ACCOMMODATION</b>			
<b>1.1 - Accommodation</b>		<b>Section Relevant</b>	Yes
(i) Baseline Assessment	E		
(ii) Current Situation with Support	D		
(iii) Current Situation without Support	E		
1.1 - Accommodation Assessment Current with Support v Baseline			1
1.1 - Accommodation Assessment Current with Support v without Support			-1
<b>1.2 - Security of tenure</b>		<b>Section Relevant</b>	Yes
(i) Baseline Assessment	E		
(ii) Current Situation with Support	D		
(iii) Current Situation without Support	E		
1.2 - Security of Tenure Assessment Current with Support v Baseline			1
1.2 - Security of Tenure Assessment Current with Support v without Support			-1
<b>1.3 - Other Accommodation support</b>		<b>Section Relevant</b>	No
(i) Baseline Assessment	E		
(ii) Current Situation with Support	D		
(iii) Current Situation without Support	E		
1.3 - Other Accommodation Assessment Current with Support v Baseline			-2
1.3 - Other Accommodation Assessment Current with Support v without Support			-1
<b>ACCOMMODATION ASSESSMENT CURRENT WITH SUPPORT VERSUS BASELINE</b>			1
<b>ACCOMMODATION ASSESSMENT CURRENT WITH SUPPORT VERSUS WITHOUT SUPPORT</b>			-1

Therefore, the ideal would be for the Current Situation with Support versus Baseline to be a high positive score (from 0 to 4) and the Current Situation with Support versus without Support to be a low negative score (from 0 to -4).

## 2.6 Outcomes Model – Reporting

As shown above, for each of the 4 sections of the matrix a single assessment of distance travelled will be calculated from the sub-categories that will then feed into the summary sheet as illustrated in Figure 2.6. As explained above, through the option for the selection of the relevance of each element of support the spreadsheet is set up to only consider those elements of support that apply to each individual case so service users’ assessments are not under-represented by having a number of zero scores due to an element of support not being applicable, for example the use of assistive technology.

**Figure 2.6 – Outcomes Model Distance Travelled Matrix Summary Score**

ELEMENT OF SUPPORT	PLACES MOVED
<b>SECTION 1 – ACCOMMODATION</b>	
ACCOMMODATION ASSESSMENT CURRENT WITH SUPPORT VERSUS BASELINE	1
ACCOMMODATION ASSESSMENT CURRENT WITH SUPPORT VERSUS WITHOUT SUPPORT	-1
<b>SECTION 2 – HEALTH</b>	
HEALTH ASSESSMENT CURRENT WITH SUPPORT VERSUS BASELINE	2
HEALTH ASSESSMENT CURRENT WITH SUPPORT VERSUS WITHOUT SUPPORT	-1.25
<b>SECTION 3 – SAFETY AND SECURITY</b>	
SAFETY AND SECURITY ASSESSMENT CURRENT WITH SUPPORT VERSUS BASELINE	1
SAFETY AND SECURITY ASSESSMENT CURRENT WITH SUPPORT VERSUS WITHOUT SUPPORT	-1
<b>SECTION 4 – SOCIAL AND ECONOMIC WELLBEING</b>	
SOCIAL AND ECONOMIC ASSESSMENT CURRENT WITH SUPPORT VERSUS BASELINE	0.75
SOCIAL AND ECONOMIC ASSESSMENT CURRENT WITH SUPPORT VERSUS WITHOUT SUPPORT	-0.75

In recognition of the fact that a low score in one or more sections of the matrix may mask the importance of one particular section or indicator for individual, there will also be a section to make a qualitative judgement of the overall position of the service user. The most appropriate terminology to use in order to capture this will be discussed further with the Advisory Group, but as a starting point we have suggested the following categories:

- In crisis situation;
- Stable with continuing support;
- Independent after completing programme; and
- Unplanned exit from programme.

In terms of national reporting, the data can be presented in a number of ways. The average scores can be shown in terms of the average number of places moved (or distance travelled) by service users. As discussed previously, we would strongly recommend that the reporting be split by the users’ risk profile so it is possible to distinguish between clients with ongoing versus more focussed support needs.

The total number of clients classed in each monitoring category at any one time can also be presented. There is an option to report by type of service, but is beyond the scope of this piece of work to develop this categorisation.

To illustrate, it will be possible to say that over a particular period the Supporting People Programme provided support to 10,000 older people of whom 9,000 have been assessed to be in a stable position in terms of managing risk factors with the intervention provided through SP, but 8,000 would be in crisis if the intervention were to be removed.

It will also be possible to report on the number of “positive outcomes”, for example to report that SP clients assessed as being at risk of offending, on average have moved 2 places down the risk or support scale as a result of the SP intervention.

The outcomes model will allow reporting of particular policy areas both locally and nationally. To use homelessness as an example, it will be possible to identify those clients previously presenting as homeless who have sustained their tenancies over a particular reporting period. Appendix A shows a potential structure for national reporting of outcomes based on the outcomes model.

As noted earlier in this section, the piloting of the model will have to be used to explore particular issues such as how to identify and record when someone leaves the service and potentially rejoins, such as cases of repeat homelessness. Where the support provided is short-term and, moreover where the objective is to assist the client to independence, the ultimate outcome is withdrawal from the service.

While this in itself is straightforward to record as an outcome, there is no guarantee that this outcome is a measure of success over time as the client may re-engage with support, possibly through another service provider, thus making it difficult to track the ultimate outcome as service users are caught in a “revolving door” scenario. It is the longer-term picture that will allow a more robust measurement of the true outcomes of SP support. The piloting of the model will also have to be used to develop guidance for service users and local authorities on consistency on these points.

### 3 Next Steps

#### 3.1 Introduction

Following the discussion with the Research Advisory Group, the Scottish Executive asked DTZ Consulting & Research to develop a model based on a distance travelled system, and to work along side a local authority to take forward its development. The City of Edinburgh Council has been approached for this purpose. Following completion of the draft model, further consultation was undertaken with stakeholders to test views on its application. The system is now in a suitable format to allow piloting.

#### 3.2 Piloting

DTZ Consulting & Research will take the model to piloting stage, including the scoping of the pilot operation (e.g. set up, the number and nature of pilot authorities, the monitoring and evaluation requirements), after which the Scottish Executive will proceed with implementation of the pilot with an expected start date of April 2007. It is outwith the remit of DTZ Consulting & Research's current contract to implement the pilot.

The main objective of the pilot should be to test whether or not the framework works rather than to secure the buy-in of all local authorities and providers. There will be a later stage of wider consultation to be undertaken to ensure buy-in, but this should only be undertaken once there is a tried and tested model to disseminate. In order to ensure that stakeholders buy-in to the model they should be presented with something that has been proven to be workable. In terms of the pilot there are three key tasks to be undertaken:

1. **Selection of pilot areas** – Clearly the scale of the pilot is dependent on the resources that the Scottish Executive decides to allocate and will be subject to a tendering exercise. As a starting point, we would suggest that a minimum of 3 local authorities be selected for the pilot. Clearly Edinburgh should be included given their work to date in developing the model. In terms of the remaining authorities, the key factor is that the local authority has to be happy to participate in the pilot. We would suggest that the local authorities should be selected to have coverage of geography, urban/rural areas, authority size and progress towards monitoring outcomes. We are aware that a number of local authorities have volunteered for the pilot, it is possible that the pilot could include a wider number of local authorities who could pilot the model and feed back their experiences without being part of a detailed review.
2. **Process of implementation** – Once the authorities have been agreed the pilot should move towards implementation with an ongoing process of review to monitor operational issues. This stage of the pilot will have to consider any issues relating to the systems supporting the model i.e. should it be an excel or web based system. The potential integration of the model into existing reporting systems should be investigated.
3. **Case studies of assessment** – Once the model has been piloted there should be a “consistency check” of assessments by undertaking case studies of a sample of client records in order to learn lessons and anticipate any issues in the completion of the distance travelled matrix.

We recommend that the pilot be run for a minimum of 6 months to allow an assessment of distance travelled. In terms of the scale and coverage of the pilot, we suggest that the

selected local authorities only pilot with a sample of service providers in a sample of client groups, for example each of the 3 authorities could select 2 client groups – one with underlying, ongoing support needs and one with immediate, focussed support needs – and run the pilot with a sample of providers delivering support to these client groups. In addition to covering clients with different risk profiles the pilot should ensure coverage of different age groups. By selecting providers with a geographical coverage wider than the immediate local authority area it will be possible to get a view on the suitability of the model in different authorities.

Both the authorities and service providers selected for the pilot will require support and training in the implementation and operation of the model and in particular on the distance travelled matrix. This is beyond the scope of our current contract.

This report and the accompanying spreadsheet are intended to be our best attempt to deliver a model that is ready to pilot. However, we recognise that it is crucial to obtain the input and buy-in of the stakeholders and it is likely that the model will require further refinement prior to the pilot going live.

### **3.3 Cost of Implementation**

It is our recommendation that the framework should not be implemented by means of developing a bespoke software system. At the local authority level, providers can use Excel for individual assessments and by the authorities to collate assessments by client group. Due to the volume involved, at the national level it might be necessary to create a database perhaps using Access.

Therefore, the costs of implementation should be minimal and as the new outcomes framework model should replace previous monitoring activity rather than be an additional requirement. As noted above, there will be a training element to the roll out of both the pilot and the full implementation.

The practicalities of the proposed implementation specification should be discussed further with the Advisory Group.

### **3.4 Summary**

In summary, this report has presented our recommendations for the outcomes model that is to be taken forward and piloted in selected local authorities. The recommended model is based on the distance travelled model developed by the CEC and has been modified to allow the measurement of change over time and to allow for reporting at the national level.

## Appendix A – Potential Structure for National Reporting of Outcomes

Policy interest	Possible Outcomes
Independent living	Number of clients currently assessed as independent, but only with continuing support
	Number of clients currently assessed as independent (i.e. who have left programme in last 12 months or no longer require support)
Alleviating crisis	Number of clients who were assessed as being in crisis but with support are no longer in this position (i.e. who were rough sleeping/no fixed abode, evictions pending, living with an abusive partner)
Preventative services	Number of clients currently sustaining independent living in a stable position who would otherwise have been in a crisis or at risk of a crisis
	Number of clients who identify that without support they would likely be in a care home or hospital
Resettlement	Number of clients that with support have been resettled into their own home from short term accommodation, care home or hospital
Homelessness	Number of clients originally homeless or sleeping rough where accommodation has been safely occupied for more than 12 months
	Number of people who had evictions pending who with support have secured their tenancies over the past 12 months
	Number of people who have moved from temporary accommodation to their own tenancy within the past 12 months
	Number of people over the past 12 months who had no fixed abode or were rough sleeping have been accommodated in temporary accommodation awaiting planned move to their own home
	Number of clients who have been occupying safe and secure accommodation for the past 12 months who have identified that without support they would be homeless
Health	Number of clients where an improvement in their health support needs has occurred in last 12 months (with the ability to report by physical health, mental health and hospital admissions)
	Number of clients showing reducing number of hospital admissions in last 12 months
	Number of clients assessed as likely to have had a greater number of hospital admissions in last 12 months without SP support
	Number of clients with serious untreated health issues, who are registered with a GP and are attending health appointments
	Number of clients with untreated mental health problems who are now stable and receiving treatment/medication
	Number of clients who are registered with their GP and are supported to attend medical appointments identify that without support they would have serious health problems

Addictions	Number of clients who have successfully managed addictions following a period of counselling / treatment in the last 12 months
	Number of clients not yet managing any addiction successfully, but who have made progress with addressing their addiction in the last 12 months (e.g. moved from crisis to stable)
Domestic violence	Number of clients now in a refuge, are seeking alternative accommodation and are currently safe from abusive partners
	Number of clients suffering previous domestic abuse now living in safe permanent accommodation
Re-offending	Number of clients on probation or with past history of offending which has improved in last 12 months (e.g. moved from crisis to stable)
	Number of clients with previous history of offending, but with no current problems in last 12 months
Safety	Number of clients where the risk to their safety is assessed to have reduced over the past 12 months
	Number of clients where the risk to their safety hasn't reduced, but where the safety risks would have escalated without support over the past 12 months
Poverty	Number of clients where benefits / income has been maximised and managed in the last 12 months
	Number of clients where benefits / income hasn't yet been maximised and managed, but where progress has been made in last 12 months?
	Number of clients who were in debt/rent arrears no longer have issues with money management
Wellbeing	Number of clients showing improved well being and self esteem in last 12 months
	Number of clients needing support to sustain meaningful activities, where well being and self esteem are assessed as likely to have deteriorated without support in last 12 months
	Number of clients with minimal social interactions who have developed confidence and are sustaining social networks without support