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Improving lives, saving money

An economic and outcome evaluation report of You First, the Lambeth, Southwark and Lewisham Fulfilling Lives Partnership Programme
Author: This report was written by Aly Bingham-Smith, Evaluation lead, Resolving Chaos and Professor David Parkin, Honorary Visiting Professor, City, University of London and Senior Visiting Fellow, Office of Health Economics. Support was provided by the You First Core Strategic Group, Resolving Chaos evaluation team and senior management team.

Design: By Bright Butler, www.brightbutler.co.uk

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The following organisations work alongside Resolving Chaos, providing governance of the You First programme, through the Core Strategic Group.
Summary

You First, the Lambeth, Southwark and Lewisham Fulfilling Lives Partnership (referred to as You First) works with people who have multiple and complex needs and are known to have generated high service costs within the three boroughs, yet consistently achieved poor outcomes.

You First is one of 12 Big Lottery-funded Fulfilling Lives programmes across England which are seeking to improve support for people with multiple and complex needs including mental illness, homelessness, substance misuse and offending. Fulfilling Lives began in 2014 and is due to run until 2021. This report uses the term beneficiaries, for those supported by the programme, the term commonly used across the Big Lottery Fulfilling Lives programme.

Beneficiaries are nominated to You First by partner agencies, on the basis of need, service use and potential for improvement. The team and individual decide if they can work together and if so the beneficiary is supported by a multi-disciplinary team, peer adviser and personal budget. An evaluation of the programme is built in to the programme.

In first two years, there were 160 nominations for potential beneficiaries from partners. By the end of 31 December 2016 the You First team have worked with 46 people, however this report focuses on a group of 33 who have worked with the You First team for one year. We recognise the number of people we support must increase and are actively working to grow the number of beneficiaries by developing six new cohorts with different needs, agreed with the strategic leads of each borough.

Whilst this report investigates in detail where costs have decreased, it is clear that most cost reduction has been a consequence of fewer incidences of crisis, alongside greater engagement in community support services, such as:

- Reduced demand for mental health assessments and hospital in-patient stay, as a consequence of increased engagement with community services, particularly mental health services.
- Fewer presentations to accident and emergency departments, including arrivals by ambulance. This has been a positive outcome of work with our beneficiaries to make plans for their time, also ensuring their health and well-being needs are addressed.
- Less interaction with criminal justice agencies, in particular a reduction in nights spent in prison, with fewer prosecutions for criminal behaviour orders, arrests and police call-outs.

In conjunction to You First’s impact on cost benefit, we are pleased to highlight that information collected throughout the team’s work demonstrates overall improvements in beneficiaries’ outcomes, measured by both Outcomes Stars and New Directions Team assessments. The partnership is therefore achieving the aims set out in its original business plan of improving lives and saving money through making better use of resources.

Numbers cannot always adequately communicate the positive difference that has been made to the quality of people’s lives and we hope the case studies in this report give some sense of the progress made by beneficiaries, supported by You First.

34%

The percentage saved in the cost of service use since the programme began as beneficiary outcomes have improved.
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1 About You First

You First aims to ensure that people with multiple and complex needs in Lambeth, Southwark and Lewisham are effectively supported to move from dependence and isolation to independence and engagement: with homes, jobs and meaningful relationships.

It focuses on the most chaotic people, who have multiple needs and have generated high service costs with poor outcomes over some years. A key feature is the provision of user-led choices about the support that they receive, especially access to personal budgets. It also incorporates an evaluation of the programme designed to test its approach and provide evidence about its potential if adopted elsewhere.

It is one of 12 Fulfilling Lives programmes. Each includes an evaluation element, and these are coordinated by CFE Research and the University of Sheffield, who have been commissioned by the Big Lottery Fund to undertake national performance monitoring of the Fulfilling Lives programmes. Resolving Chaos have led the delivery of You First in partnership and have conducted this evaluation.
1 About You First

1.1 Our aims

The business plan for You First, written in 2013, proposed an eight-year programme that would demonstrate that user-led choice both delivers better outcomes for people with multiple and complex needs and is cost effective. The proposal aimed to be bold, radical and ambitious, with system transformation at the heart of its delivery.

Its key aims are:

1

Improved outcomes – to demonstrate a transformational delivery model developed over eight years, that can improve outcomes for people with multiple and complex needs.

2

Personalised approach – to investigate whether a personalised approach including the use of personal budgets is cheaper and more effective than separate spending and eligibility criteria for different services, which has the effect of excluding these people from appropriate mainstream services and results in heavy use of expensive crisis care.

3

Development of a robust business case – to make the case for investing differently in services for people with the most complex and multiple needs.

4

Shared learning and prototyping – to share our learning and offer system and service redesign options that transform future local investment, and provide a prototype business model for application to other groups, such as older people, who may also generate high crisis management costs.

These aims are met through a support delivery team, (the You First team) and an evaluation team that collects and analyses data to measure the impact of the partnership. The You First team’s clients are referred to as ‘beneficiaries’.

The key features of the You First team are:

Intensive support
Caseloads of no more than 10 beneficiaries per worker.

High quality front-line team
Multi-disciplinary skills and background, including lived experience.

Personal budgets for beneficiaries
Giving flexibility in working towards short and long term goals.

A personalised approach
The agenda is set by the beneficiary, consistent with their motivations, assets, goals and interests.

Use of lived experience
Expert Service User Reference Group (ESURG) provides advisory role and assists You First in co-design, peer advisors work alongside keyworkers, to provide practical assistance and support.

The success of You First will be judged by its impact on both service costs and beneficiary outcomes. Ideally, the programme will both improve outcomes and lower service costs. In some circumstances an increased cost can be a positive development if, for example, a beneficiary is supported to access intensive mental health or substance misuse treatment that aids their recovery.
1 About You First

1.2 Our beneficiaries

The beneficiaries that the partnership supports have diverse circumstances, but many of them have common characteristics. Resolving Chaos have also undertaken research (described below) that enables beneficiaries to be described in terms of ‘archetypes’ that depict key features of their lives. The You First team, work with:

Archetype 1
Women who have experienced exploitation and trauma
This is primarily a group of women who have faced domestic violence, who have had children removed from them, many have been involved in sex work. The group are often dependent drinkers, including binge and street drinking, yet also are known drug users. The group has a history of both acquisitive and anti-social crime, some are known to be prolific offenders. The women are well known to services, yet have high levels of mistrust of public and support services. Limited literacy and numeracy is common.

Archetype 2
Severe health problems – both physical and mental health
This archetype involves people who are engaging with primary care services, yet also people who need, but do not have ongoing access to community, or specialist, mental health support. The group is likely to have severe physical health problems. Many will have experienced street homelessness. Addictions will include poly drug use and alcohol, including binge drinking. The archetype will be known to police for acquisitive and anti-social crime, some will be prolific offenders. Many will have children removed from their care. Other factors include limited numeracy and literacy levels also isolation and loneliness.

Archetype 3
Long term rough sleeping and homelessness
This archetype is predominately male. The group will have experienced rough sleeping and homelessness, some being classified as intentionally homeless. Known in the local community for street drinking, begging and anti-social crime. The archetype will be dependent on alcohol, also a poly drug user. Complex physical problems are common, as is a confirmed or suspected diagnosis of personality disorder. Both men and women are likely to have experienced domestic violence and sex work, and children are likely to have been removed. The group will report loneliness, also to mistrust services. Literacy and numeracy will be poor.

Archetype 4
Crisis driven, barred from services
History of non-compliance of mental health support and medication, likely to have suspected or confirmed diagnosis of personality disorder. This group are frequent users of emergency services, including emergency department presentations. Rough sleeping is likely to have been experienced. Addictions include alcohol and non-intravenous drugs. There will be a history of violent and anti-social crime, also may experience short term exclusions from services. As with other groups, there are high levels of mistrust of others, loneliness, also of poor literacy and numeracy.

Archetype 5
Severe and enduring mental health support needs, often compounded by rough sleeping
This archetype will have severe and enduring mental health needs, likely to have a personality disorder and well known to mental health services. Street drinking and begging is typical, as is poly drug use. Limited literacy and numeracy.
“Through working with the service my confidence has grown, I am happy with myself and getting along with family.”
1 About You First

1.3 Where we work

Lambeth
Lambeth is the eighth most deprived borough in London and 22nd most deprived in England and Wales.

Lambeth Council runs or funds a range of initiatives to ensure that vulnerable people are not excluded from the success of the borough including the Living Well Collaborative for people with mental health needs, a safer streets outreach team for rough sleepers, integrated offender management provision and a range of targeted employment and training services. Lambeth is facing significant reductions to funds; by March 2017, funding from government will have reduced by £183 million from 2010 levels, with a further £55 million planned for reduction over the next three years (over 50% in total).

Southwark
Southwark is the 41st most deprived borough in England and Wales but, similar to other inner London boroughs, has a mixed profile with areas of affluence and deprivation often side by side.

Southwark is ethnically diverse with over 120 languages spoken in the borough. In 11% of households nobody speaks English as a first language. Southwark has the highest proportion of African-born residents in England and Wales (12.9%), as well as significant populations from Latin America, the Middle East, South East Asia and China. 75% of reception-age children are from Black and Minority Ethnic (BME) groups.

Southwark Council is the largest social landlord in London and the fourth largest in the country.

Two thirds of Southwark’s working age residents are employed, similar to London averages. 12% of Southwark’s working age population has never worked, higher than the London average of 7%. The median income of council tenants (31% of all households) is £9,100 – five times less than home owners.

Lewisham
Lewisham is home to over 250,000 residents from a range of diverse communities, neighbourhoods and localities. Currently there are over 130 languages spoken by different communities across the borough.

Lewisham is the 31st most deprived local authority in England and Wales.

23% of households have an income of over £40,000, however 42% of households have an annual income of £15,000 or less due to the high number of households which do not contain any employees. 26% of households in Lewisham claim housing benefit, while 16% of households contain only pensioners.

While children and young people (0-19 years) make up 25% of the population, elderly residents (over 75) make up just 5% — the average age of the population in Lewisham, at 34.7 years, is young compared to other London boroughs.

Overall, employment levels in Lewisham are buoyant and have risen in line with London — with seven in 10 of those residents in work, working outside the borough; principally in central London.
1 About You First

1.4 How the partnership works

You First works in collaboration with many other agencies regarding the support given to beneficiaries through a personalised delivery model; a collaborative approach to working with partner agencies; evaluation of impact. The model below summarises this approach.

The partnership model which governs You First includes Resolving Chaos, who hold the contract with Big Lottery Fund, lead operations and employ or second staff and lead the evaluation of the programme.

The partners form the Core Strategic Group (CSG) – membership includes representation from:

- Lambeth, Southwark and Lewisham council’s adult services
- The chair of Lambeth’s clinical commissioning group, also a GP
- South London and Maudsley NHS Trust’s addiction services
- Certitude
- Thames Reach
- The London Community Rehabilitation Company.
2 What we have done
2 What we have done

2.1 How we have worked with beneficiaries

Delivery of support is provided through the You First team: comprising of six keyworkers and team manager, supported by the head of programme.

The staff team are highly skilled and bring knowledge from a range of disciplines in their previous career, including lived experience, so expertise is shared. The team work with peer advisors who are recruited, trained and supported by the peer development manager, also advised by ESURG. The You First team work in the community with beneficiaries.

Throughout the first two years of the programme the You First team received 160 nominations for potential beneficiaries from partnership agencies, typically through multi-disciplinary borough specific panels to agree nominations and co-ordinate support packages to beneficiaries. As at the end of 31 December 2016 there have been 46 new starts with an active caseload of 33, which includes three re-engagements of beneficiaries who had previously been closed.

You First plans to work intensively with 270 people with multiple needs, throughout the life of the programme.

The approach differs to other Fulfilling Lives programmes in that the programme planned to work with people with all four needs, rather than two or three as other areas accept.

Whilst recognising the intention to work intensively with relatively small numbers of people and to extract learning from that experience, it is recognised that the programme has to date worked with fewer numbers of people than was planned. The main factors we believe led to the low conversion rate from nomination to beneficiary are outlined below, along with the action that has been taken to increase the numbers of those supported:

- The method of ensuring information was gathered on two years’ past use of services, to gauge who was a high cost user of services and work to reduce this. In practice, it was time consuming to obtain this information, and some data were not available at all. This led to a decision that the programme will continue to support those who demonstrate ‘high cost, poor outcomes’, but nominations will be led by need, with information gathered on the previous two years’ service use once the beneficiary is working with the You First team.

- Early findings showed that some of the people nominated at the beginning of the programme were not inclined to change, despite the opportunity of having access to a personal budget and the support of a You First worker. We now consider this in making decisions for who is suitable. These tended to be entrenched street drinkers with physical health needs are more suited to a social care package.

- Early experience also showed that some beneficiaries were unwilling or unable to give consent. This is now considered when decisions are made regarding suitability.

- To ensure scope of working with people who are known to have complex needs, repeated crises which incur high costs of service use, yet poor outcomes, nominations criteria changed early in the programme at the request of the partnership and nomination panels, to require nominations to have any combination of three of the four areas of need.

- Work has taken place to ensure nominations are consistent with strategic needs within the three boroughs, to explore areas of focus for system change. This work has led to decisions to develop cohorts of needs within the service. The first cohorts include: women who have had children removed from their care; young people at risk, typically care leavers; people known to mental health services for repeat psychiatric admissions; as well as retaining nominations of adults with multiple and complex needs. The cohort model is being rolled out from April 2017.
2 What we have done

2.2 Details of our beneficiaries

The following charts show socio-demographic characteristics of the 46 beneficiaries, which include three re-engagements. These are compared with the profiles of the local population and local service users, where available.

Gender

LSL Gender % – Beneficiaries (active and closed) compared to London population, mental health and criminal justice

Of 46 beneficiaries supported to date, 28 are male (61%) and 17 are female (37%). One transgender beneficiary was also supported. The gender balance has remained at a similar level throughout the duration of the programme. Analysis highlights that You First are working with significantly higher rates of females than the London-wide criminal justice data, however fewer females than males are supported by SLaM mental health services. The You First gender balance is consistent with national Fulfilling Lives data.

Age

LSL Age % – Beneficiaries (active and closed) compared to homelessness average for Lambeth & Southwark

Most beneficiaries are between 25-44 years, a figure reflected across national data from all 12 Fulfilling Lives programmes. The most comparable information on age within the three boroughs was available on presentations of homelessness. This highlights that You First beneficiaries are broadly in line with local authority homelessness presentations within Lambeth and Southwark, however these services also work with more people in the 16-24 bracket than You First does, reflecting both the need for the boroughs to assist those in priority housing need, also that the team is working with people whose complex support needs have developed over many years.
2 What we have done

2.2 Details of our beneficiaries

Ethnicity

The majority of beneficiaries are white (72%, n=33), with black being the second largest cohort (21%, n=10), three were from other ethnicities. This is a similar proportion of ethnic breakdown as represented across the national Fulfilling Lives programme. The You First caseload does however represent a higher proportion of white people than is within the local inner London population, SLaM mental health or the criminal justice pathway, this is believed to be due to the number of beneficiaries nominated from rough sleeping pathways within the boroughs, which traditionally work with higher levels of white people than other ethnicities.

Disabilities

12 (26%) of our beneficiaries identify themselves as having a disability. If a beneficiary identifies as having a disability, they usually identify as having more than one disability (the Equality Act 2010 classifies disability as being the extent to which an issue has a substantial or long term effect on your life, e.g. depression is not a disability but can be classified as such if it has a substantial impact on your life). National data portrays a higher rate of disability within 43% of service beneficiaries.

Needs

We can compare the level of needs of You First beneficiaries to those in the 12 Fulfilling Lives programmes as a whole, and four ‘counterfactual’ areas, using the CiE Research Tableau dashboard. The counterfactual areas do not have Fulfilling Lives programmes, but have been chosen as similar to the areas in which the programmes are operating, and therefore act as control comparators.

The You First business case outlined that it would support people who had all four areas of need, covering mental ill-health, offending, homelessness and substance misuse. Whilst operational experience has led to a revision that the programme will support people who require support in at least three of the four areas, to date 68% of those supported by You First have needs spanning the four areas, whereas across the 12 national Fulfilling Lives programmes, the average is 46%, and within the counterfactual areas used as control group, the numbers of people presenting with all four areas of need drops to 28%.

When looking at the proportion of people supported who have three of the possible four areas of need, only 19% of those supported by You First have three reported areas of need, whereas across the national Fulfilling Lives areas this figure is 39% and 31% within the counter factual groups.

The table below further highlights the complexity of need that the You First team works within, detailing the prevalence of each area of need within the local programme, compared to average findings of both the national Fulfilling Lives programmes and counterfactual groups.

<table>
<thead>
<tr>
<th></th>
<th>LSL</th>
<th>National FL</th>
<th>Counterfactual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness</td>
<td>74%</td>
<td>62%</td>
<td>58%</td>
</tr>
<tr>
<td>Mental ill-health</td>
<td>91%</td>
<td>80%</td>
<td>53%</td>
</tr>
<tr>
<td>Offending</td>
<td>94%</td>
<td>74%</td>
<td>58%</td>
</tr>
<tr>
<td>Substance misuse</td>
<td>91%</td>
<td>84%</td>
<td>59%</td>
</tr>
</tbody>
</table>

40% of You First’s beneficiaries have difficulties with literacy, compared to 20% in the Fulfilling Lives programmes as a whole.
"I’m doing well now, the workers helped build my confidence."
2 What we have done

2.3 Data collection and analysis

Data are collected on known service use before beneficiaries engage with the programme, forming a baseline pattern of service use, which is used to compare against service use during the support intervention and after it has finished.

Specifically, two years’ data are collected retrospectively to provide the baseline information, data during and after the intervention are collected quarterly. Data on service use and cost cover support that is nationally provided. The data includes the common data set specified by CFE Research but goes beyond that both in the scope of services and the period of data collection.

Data collection and evaluation is undertaken by the Economics and Evaluation team within Resolving Chaos, involving the evaluation co-ordinator and her manager. To enable data collection, detailed work has been undertaken to identify and engage partners who provide data, agree information sharing protocols and establish processes to request, collect, store, quality assure, and analyse information, to report on data and their findings. The approach has evolved throughout the first two years of You First including reviewing what data that is collected, unit costs, reporting of outcomes and the electronic storage of information.

Information sharing protocols have been established that enable Resolving Chaos to gather and use information supplied by partners across health care, police, probation and local authorities. Where possible, You First staff collect data directly, but in most cases we require assistance from partners, in particular the Lambeth Integrated Offender Management Service, Guys & St Thomas Hospital, and SLaM Addiction.

The following table shows the service use data that are collected.

<table>
<thead>
<tr>
<th>CFE Research national dataset</th>
<th>LSL Fulfilling Lives Partnership local data set</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Housing</strong></td>
<td></td>
</tr>
<tr>
<td>Eviction – both “complex” which involves legal proceedings and “simple” which do not require legal action, within temporary accommodation</td>
<td>• Assessment Centre – Lambeth and Lewisham</td>
</tr>
<tr>
<td></td>
<td>• Bed and breakfast / temporary accommodation</td>
</tr>
<tr>
<td></td>
<td>• Hostel – 24 hour staffing</td>
</tr>
<tr>
<td></td>
<td>• Hostel – day time staffing</td>
</tr>
<tr>
<td></td>
<td>• Supported housing</td>
</tr>
<tr>
<td></td>
<td>• Tenancy support</td>
</tr>
<tr>
<td></td>
<td>• Street outreach (night)</td>
</tr>
<tr>
<td><strong>Criminal justice</strong></td>
<td></td>
</tr>
<tr>
<td>• Arrests</td>
<td>• Criminal Behaviour Order (CBO) being placed</td>
</tr>
<tr>
<td>• Police cautions</td>
<td>• Prosecution for CBO</td>
</tr>
<tr>
<td>• Police custody</td>
<td>• Acceptable Behaviour Order</td>
</tr>
<tr>
<td>• Magistrates courts</td>
<td>• Police call-outs</td>
</tr>
<tr>
<td>• Crown courts</td>
<td>• Probation – Community Rehabilitation Company</td>
</tr>
<tr>
<td>• Convictions</td>
<td>• Probation high risk management</td>
</tr>
<tr>
<td>• Nights in prison</td>
<td></td>
</tr>
<tr>
<td><strong>Physical health</strong></td>
<td></td>
</tr>
<tr>
<td>• Presentations at A&amp;E</td>
<td>• Ambulance call outs</td>
</tr>
<tr>
<td>• Outpatient attendances</td>
<td>• Hospital inpatient (days)</td>
</tr>
<tr>
<td>• Hospital inpatients episode</td>
<td></td>
</tr>
</tbody>
</table>
The costs of service use are calculated using a set of unit costs compiled by Resolving Chaos, using national or local data where appropriate. Key sources for national unit costs are the PSSRU unit costs for health and social care and the New Economy unit cost database for homelessness and housing and criminal justice. The same set of costs are used for both comparison periods, updated for inflation to reflect the most up-to-date current costs.

The services that are included in the evaluative model can be categorised as crisis management. Public sector support such as housing and other welfare benefits are therefore not included, although costs of providing support within supported housing is. Health care costs are included, but again focus on crisis management such as accident and emergency use.

The resulting costs are intended as an estimate of what economists call ‘opportunity costs’, the value of the resources used in terms of how they might otherwise be used. In a budget constrained environment, reductions in costs permit service providers to offer the same or other services to other users, generating benefits to those other uses. This is a more plausible outcome than so-called ‘cash savings’, which are only achievable by ending or severely restricting services.

A review of the data that are collected has been undertaken within the CSG evaluation workstream group. This led to a decision to retain focus on services that are high cost, associated with poor outcomes, yet that are national in order that the model can be considered for replication elsewhere. The workstream group has advised on what information should be presented to CSG and ideas for improved presentation.

The You First economic model was devised by Resolving Chaos and more recently undertaken in collaboration with economic expertise through a working relationship with Kings Health Economics (KHE) at Kings College London. When he left, it was decided to collaborate with a renowned economics institute rather than replace him. Resolving Chaos developed a working relationship with King’s Health Economics (KHE) at King’s College London, who contracted for a member of their team to work with Resolving Chaos for one day a week for six months. Unfortunately, this contract could not be renewed due to work commitments, but we retain a strong working relationship. KHE recommended David Parkin, Visiting Professor at City, University of London and Senior Visiting Fellow, Office of Health Economics, to undertake the economic analysis within this report.
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2 What we have done

2.4 Other work

System change evaluation

Resolving Chaos has been contracted by the Big Lottery to work with three Fulfilling Lives programmes (Newcastle and Gateshead; Camden and Islington; Brighton, Hastings and Eastbourne in addition to LSL) to assess how support needs are impacted upon and whether use of other services, particularly crisis-led, expensive services such as arrests, presentations to accident and emergency, or psychiatric inpatient stay, vary due to the support provided by the programme. Resolving Chaos has been contracted to carry out an economic analysis that can influence system change, focusing on creating a business case that will outline the impact upon use of services and how spending flows change due to interventions of the programme.

The aim is to create a tool which can be used nationally to analyse the impact on services, that is proportional to issues of collecting data, recognising the current method requires the collection of a large amount of data on beneficiaries, with consequent additional resource implication for both our staff and those from whom we request data.

This project across the two years of the Fulfilling Lives programme, has worked with the four programmes to understand their needs and begin development of a business case that evidences the impact of work they are undertaking locally.

Development of archetype model of analysing outcomes

A key element of this project is to identify archetypes which identify the people that the different programmes support, grouped into clusters of needs. The rationale is that this is an efficient way of measuring impact in detail across a service, that will identify possible improvements in service approach, such as focussing activity on groups of needs, rather than the entire current client group.

Workshops were planned and facilitated by Resolving Chaos, to engage co-production with the four local programmes, through discussion as well as statistical analysis of data, to gather knowledge from front-line teams regarding their client group, then develop a set of archetypes appropriate to each service. Presentation was made to the Newcastle and Gateshead Fulfilling Lives Partnership regarding this project and work to date, both to develop local archetypes, as well as share results and plans for other areas.

Once the archetype descriptions were agreed, local teams advised which archetype description was most suitable for each service’s beneficiaries. Resolving Chaos analysed results from both baseline and recent NDT and outcomes stars, in order to assess individuals per archetype, whose scores were most representative of the group.

This analysis has led to a set of archetypes agreed with local teams, an example is provided in section 1.2 of this report. The outcome of this co-produced work is the identification of several beneficiaries per archetype group, whose service use can be studied in detail, in order to reduce the burden of expecting partners to gather service use information across the entire caseload.

This exercise has highlighted the difficulties across the system in gaining information from external, typically statutory partners. Partners reported difficulty in achieving senior buy-in to provide data, also of stakeholders being willing to help, but changing role before mechanisms can be put in place. Resolving Chaos will work to assist the South-East Fulfilling Lives programme and Fulfilling Lives Islington and Camden in making a case for data, that can be used to assess the impact of both programmes upon statutory services and highlight the reduced demand that we believe crisis and emergency response services are facing, because of effective support.
The system change evaluation is currently at the stage whereby:

- Three areas have agreed archetype groupings and selected individuals as representatives for further study of service use and outcomes.
- In two areas Resolving Chaos will help facilitate access to greater sharing of data and information sharing protocols.
- Feedback will be sought regarding the archetype model used by LSL within this study, so that we learn from this work.
- One meeting has been held which brought together the four areas and demonstrated: a desire to meet regularly; share experiences of improving access to data and the learning that comes through greater data analysis; also report to wider Fulfilling Lives fora. To meet these requests, a programme of meetings across the four areas will be agreed and ongoing workplan developed for the system change evaluation.
2 What we have done

2.5 Summary of learning

Summary of learning

• The method of gathering baseline data to ensure that nominees were users of high cost and crisis services, yet had consistently poor outcomes, became time-consuming to administer. This led to delays converting nominees to beneficiaries, baseline data is now gained at the beginning of working with beneficiaries.

• The development of archetypes has potential to link to a better understanding of prior service use. This will be investigated over the forthcoming year, with the aim of reducing the need to require individual baseline data across all beneficiaries.

• Nominations are now sought with the understanding that they can give informed consent and will be able to make meaningful use of the personal budget to support their goals and aspirations.

• The cohort model offers the opportunity to work with nominations of strategic priority to each of the boroughs and to add real value to existing service models.

• The CSG has developed more active involvement within evaluation, through a period of review, revised governance and development of a workstream model, including an evaluation workstream.

• Cost data is focused on services that are national, rather than respond to local needs, in order that the case for replicating the model may be considered elsewhere. Data collection focuses on service use which may be impacted through working with the You First team.

• Focus on providing key evidence of reduced crisis use of services, and the evidence of reduced demand, rather than cashable savings.

• Mobilising the service, commencing work with beneficiaries and then gathering outcome data that demonstrates impact has taken longer to achieve than had been initially considered. Whilst reporting is typically made on 12 months’ outcomes, we are mindful that more significant findings can be observed after 18 or 24 months.

• Data collection from independent sources is hard to achieve and maintain. We acquire direct information on rough sleeping, mental health and substance misuse. We will continue to pursue methods of achieving information ideally directly from source for criminal justice, as well as working to maintain and improve collection regarding housing and physical health.

• The majority of the reduced service use results from reduced demand on emergency services, which releases resources that can be used to provide services to other users or to improve service quality.
3 What are the results?

In looking at the impact on costs and outcomes, it is important to note that the evaluation is based on an observational study that has a small number of observed cases. It is therefore both possible and informative to analyse data on individual cases in addition to analysing aggregate figures.

Moreover, in observational studies, aggregate data can sometimes mislead, especially where there are ‘outlier’ cases who, because of special circumstances, have outcomes that could not be attributed to the programme. Although it is legitimate to exclude such outliers, this should be done openly, with full explanation of why.
3 What are the results?

3.1 Cost analysis

One of the key aims of You First is to reduce the burden of avoidable additional public sector costs incurred by people with multiple needs. An assessment of the success of the partnership therefore includes the net change in overall costs. But it is sometimes difficult to separate avoidable from unavoidable costs, and to take account of the fact that some increases in costs may result from an increased uptake of beneficial services.

There may also be some cost changes that occur even though they are not a direct focus of the partnership’s work, such as physical health care.

This section deals mainly with the overall cost assessment, but includes some analyses and commentary that deals with this question of how changes in some costs should be interpreted.

Changes in service use costs were analysed by comparing an average one year’s service use costs, from the two years prior to engagement with You First, to those in the first year after engagement.

The service use costs are divided into five areas of expenditure: homelessness and housing; criminal justice; mental health; physical health; and substance abuse services. The total net cost changes over all services are compared with the programme costs.

We have cost information covering the whole of the first year following engagement for 33 beneficiaries. However, we excluded one case from the analysis of service cost changes, although we included the cost of You First.

The reason was that the beneficiary had a terminal illness that resulted in spending almost half of the year following engagement with the programme as an inpatient, with consequent very large costs to the NHS. To include these increased costs as an outcome of the programme would clearly be misleading. It would also be misleading to include costs that were lower, such as housing and criminal justice, as these will also be affected by the fact that the person was an in-patient for such a long time. The assumption is therefore that the service costs associated with this person did not change, but You First costs were incurred.

The following chart summarises the overall outcomes, detailing total costs incurred by beneficiaries averaged over the two years before being supported by You First, and changes from this in the year following engagement, broken down by type of service.

### Annual cost before engagement and cost changes in the first year for 33 beneficiaries

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total Service Use Costs</th>
<th>Cost Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness and housing</td>
<td>£278,393</td>
<td>-£49,393</td>
</tr>
<tr>
<td>Criminal justice</td>
<td>£447,840</td>
<td>-£188,554</td>
</tr>
<tr>
<td>Physical health</td>
<td>£61,955</td>
<td>£30,845</td>
</tr>
<tr>
<td>Mental health</td>
<td>£233,204</td>
<td>£100,679</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>£96,647</td>
<td>-£30,845</td>
</tr>
<tr>
<td>Total service use</td>
<td>£312,669</td>
<td>-£363,449</td>
</tr>
<tr>
<td>You First</td>
<td>£61,955</td>
<td>£6,021</td>
</tr>
<tr>
<td>Net cost</td>
<td>£447,840</td>
<td>-£188,554</td>
</tr>
</tbody>
</table>

This shows that a total of £1.12 millions was incurred annually by these 33 beneficiaries before engagement, averaged over two years. In the first year after engagement it was £363,000 lower, a reduction of one-third. The total cost of You First for the same beneficiaries was £313,000, giving a total reduction in costs of just less than £51,000.

The largest cost element was for criminal justice, for which the reduction in cost was also the largest. Homelessness and housing and mental health care were the next highest costs and of similar size, but the cost reduction was very much higher for mental health care. The smallest cost and cost reduction was for physical health care.
3 What are the results?

3.2 Service costs before engagement

The following charts show how service costs in the two years before engagement, averaged over the two years, vary between the 33 individual beneficiaries. Each bar represents one beneficiary.

Annual total service use costs in the two years before engagement for 33 beneficiaries

The average cost was £33,879; the lowest cost recorded was £5,884, but there were two beneficiaries whose costs were much higher than others, at £146,901 and £86,573. The highest resulted from use of mental health care services, the second highest from involvement in the criminal justice system.

Annual homelessness and housing costs before engagement for 33 beneficiaries

Costs ranged from £0 (four people) to £18,564, with an average of £8,436.16. More than half of these costs were a result of overnight stays in hostels with 24-hour staffing, and a further quarter resulted from bed and breakfast provision. Again, there were two beneficiaries whose costs were notably higher than others. In both cases, this was due to very high costs of maintaining them in bed and breakfast accommodation in both of the previous two years.
3 What are the results?

3.2 Service costs before engagement

Annual Criminal Justice costs before engagement for 33 beneficiaries

All beneficiaries generated at least some costs for the criminal justice system. Costs ranged from £719 to £55,683 with an average of £13,570. There were three large sources of cost: arrests and imprisonment each accounted for one quarter of total costs and police call out costs formed one-sixth. One beneficiary incurred much higher costs than others, resulting from many different events resulting in police call-outs, arrests, convictions and imprisonment.

Annual Physical Health care costs before engagement for 33 beneficiaries

Four people had no physical health care costs. The highest was £11,900, and the average was £1,877. Half of these costs were due to A&E attendances, and a further third resulted from ambulance call outs. Both of the people who had the highest costs experienced a very large number of events leading to the use of those two services.
3 What are the results?

3.2 Service costs before engagement

Annual Mental Health care costs before engagement for 33 beneficiaries

One beneficiary had very much greater costs than others – £142,390, which is 61% of the total over all beneficiaries. This was due to high cost mental health inpatient stays, resulting in these forming 85% of total costs. The chart excludes the person with very high costs to illustrate how costs are spread over others – two of these also had higher costs than the rest, again resulting from inpatient stays. 10 people generated no mental health costs, and the average (including the person not shown in the chart) was £7,066. The largest of other costs, 10% of the total, was for face-to-face contacts with the community mental health teams.

Annual Substance Misuse before engagement for 33 beneficiaries

10 people generated no costs for substance misuse services. The average was £2,928, and the highest was £10,230. 69% of these costs resulted from appointments with the drug and alcohol services, the rest being inpatient detoxification and residential rehabilitation.

The distribution of these costs before engagement over different archetypes has patterns consistent with their descriptions.
3 What are the results?

3.2 Service costs before engagement

The following chart shows costs for the different archetypes averaged over the number of beneficiaries in that archetype. Two beneficiaries are excluded from this chart. One is described well by archetype five, but is the only person in that archetype and is the person with the very high mental health costs. The other is the only beneficiary who does not fit easily into the archetypes. This chart is illustrative rather than definitive, because the small numbers of beneficiaries in each archetype does not permit stronger conclusions.

### Average annual service use costs for 31 beneficiaries by archetype

<table>
<thead>
<tr>
<th>Archetype</th>
<th>Homelessness and housing</th>
<th>Criminal justice</th>
<th>Physical health</th>
<th>Mental health</th>
<th>Substance abuse</th>
<th>Total service use costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archetype 1</td>
<td>£5,123</td>
<td>£10,971</td>
<td>£2,916</td>
<td>£1,212</td>
<td>£2,880</td>
<td>£28,733</td>
</tr>
<tr>
<td>Archetype 2</td>
<td>£10,629</td>
<td>£15,533</td>
<td>£6,414</td>
<td>£6,414</td>
<td>£3,911</td>
<td>£34,122</td>
</tr>
<tr>
<td>Archetype 3</td>
<td>£11,069</td>
<td>£18,949</td>
<td>£4,816</td>
<td>£4,816</td>
<td>£3,054</td>
<td>£32,633</td>
</tr>
<tr>
<td>Archetype 4</td>
<td>£5,347</td>
<td>£12,910</td>
<td>£2,181</td>
<td>£893</td>
<td>£1,822</td>
<td>£29,754</td>
</tr>
</tbody>
</table>

The overall costs of all archetypes are similar, but there are differences in how these are distributed between different sources of cost. The 10 beneficiaries characterised as archetype one (women who have experienced exploitation and trauma) generated relatively high average homelessness and housing costs but lower physical health care costs. The seven in archetype two (severe health problems – both physical and mental health) generated the highest overall costs and in particular had the highest mental and physical health care costs. The nine in archetype three (long term rough sleeping and homelessness) generated the highest homelessness and housing costs, but lower mental health care costs.

The five in archetype four (crisis driven, barred from services) generated the highest criminal justice and substance misuse costs, but lower mental health and homelessness and housing costs.
I feel my mental health has come a long way.
3 What are the results?

3.3 Service costs in the year after engagement

These charts show the changes in service use costs in the year after engagement, showing how they vary over different beneficiaries by service use type. Each bar shows one beneficiary. The upward bars show where costs have decreased, the downward bars show increases in service use cost.

Annual Substance Misuse before engagement for 33 beneficiaries

Many more beneficiaries generated lower than higher costs overall, with an average decrease of £11,013. The highest decrease was £143,879, although this was much greater than any other, the second highest being £45,507. The highest cost increase was £24,816.

Reductions in annual Homelessness and Housing costs for 33 beneficiaries

Most beneficiaries generated lower costs of homelessness and housing, with an average decrease of £1,496, ranging from a decrease of £13,135 to an increase of £15,235. Most of the cost reduction resulted from lower use of bed and breakfast and to a lesser extent overnight hostel stays and street outreach, offset by small increases in use of day time hostels.
3 What are the results?

3.3 Service costs in the year after engagement

Reductions in annual Criminal Justice costs for 33 beneficiaries

Again, most people generated lower criminal justice costs, with an average of £5,713 and ranging from an increase of £14,728 to a decrease of £49,598. Overall, there were large reductions in cost due to fewer nights spent in prison, prosecutions for criminal behaviour orders, arrests and police call-outs. This was offset by increased use of probation.

Reductions in annual Physical Health care costs for 33 beneficiaries

More people had reductions in physical health care costs than increases, with the highest decrease being £11,543, but one person’s costs increased by £17,968, which resulted in an average increase overall of £182. An important point is that presentations at A&E were reduced, giving lower costs of £11,067 overall. The increase is due to more use of inpatient care.
3 What are the results?

3.3 Service costs in the year after engagement

The beneficiary who generated very high mental health costs prior to engagement generated none in the following first year, and as a result generated a very large cost reduction of £140,989, very much higher than anyone else. To illustrate the range amongst others, this chart again excludes that person. More people had reduced than increased costs, with an overall average decrease of £3,050. The highest increase was £33,086. Most of the reduction in lower costs was for inpatient care, but there were also fewer face-to-face community mental health team contacts, offset by a small increase in use of counselling services.

Slightly more people generated lower than higher substance misuse costs, with an average decrease of £934. The highest decrease was £8,934, and the greatest increase was £10,152. Half of the cost decrease was due to reduced residential rehabilitation stays, with reductions also in drug and alcohol service contacts and inpatient detoxification.

We can also examine this by archetype for the same beneficiaries as before.
### What are the results?

#### 3.3 Service costs in the year after engagement

The greatest cost reductions are generated by those in archetype four (crisis driven, barred from services) largely due to less involvement with the criminal justice system, though offset by a small increase in mental health care costs.

The smallest reduction was for those in archetype two (severe health problems – both physical and mental health), largely due to increased costs of mental health care offsetting reductions in all other cost categories. This could be explained by a continuing deterioration in their health consistent with the archetype.

Those in archetype one (women who have experienced exploitation and trauma) generated modest cost decreases in every category.

Those in archetype three (long term rough sleeping and homelessness) had a large decrease in criminal justice costs, but this was offset by small increases in costs of substance abuse and physical health care use.
The personal budget helped make my house a home. I'm doing lots of work for college on my new laptop.
3 What are the results?

3.4 Personal budgets

We have identified two phases where personal budgets are used, with different expenditure patterns for each. The engagement phase is where expenditure is on essential immediate needs to stabilise the beneficiary’s position. After that, expenditure is concentrated on supporting the beneficiary’s choice and independence.

The following charts show the breakdown of expenditure for 30 of the 33 beneficiaries, for whom we have full personal budget information for one year.

**Personal budget use during engagement phase for 30 beneficiaries**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Rent arrears</td>
<td>£140</td>
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<tr>
<td>Food – shopping</td>
<td>£928</td>
</tr>
<tr>
<td>Bridging accommodation</td>
<td>£1,693</td>
</tr>
<tr>
<td>Tobacco and/or e-cigarette</td>
<td>£1,463</td>
</tr>
<tr>
<td>Bridging accommodation</td>
<td>£1,463</td>
</tr>
<tr>
<td>Rent arrears</td>
<td>£133</td>
</tr>
<tr>
<td>Bridging accommodation</td>
<td>£1,693</td>
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<tr>
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<tr>
<td>Bridging accommodation</td>
<td>£1,693</td>
</tr>
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</table>

Expenditure in the engagement phase therefore has a pattern which is consistent with the aim of dealing with immediate needs and generating stability. The large expenditure on clothing reflects a basic need for warmth and clothing beyond what they currently wear. Travel is largely to appointments with other agencies. Food expenditure is on meals in cafes whilst waiting for appointments and in initial engagement. Phone credits allow contact with our workers and others who the beneficiary engages with, as well maintaining contact with family. (Beneficiaries are no longer permitted to purchase cigarettes and tobacco from their personal budget.)
3 What are the results?

3.4 Personal budgets

The pattern of later expenditure is consistent with its aim of making positive changes, including costs related to education, training and employment, both direct and indirect, such as travel. The largest item is food, reflecting work that the You First team undertake to assist beneficiaries in learning how to make sensible choices when buying and preparing food, in terms of healthy choices and value for money. The team work with beneficiaries to share the cost of shopping and reduce the proportion of spend from the personal budget over time.

The total expenditure for all beneficiaries was £82,097. Of this 64% (£52,493) was to support choice and independence. The following chart shows total expenditure by each of the 30 beneficiaries.
### 3.4 Personal budgets

It shows that there is considerable variation between individuals in the amount spent, ranging from £56 to £9,747 for total costs, from £23 to £2,016 in the engagement phase and from £32 to £9,108 for later support. The average amounts spent were £2,737 (total), £987 (engagement) and £1,750 (support), but the median amounts spent, which give a better picture of the typical beneficiary, were lower at £1,546, £925 and £364. The percentage spent in the engagement phase varied from 7% to 90%, around a median figure of 58%. Six beneficiaries spent more than £5,000, but they had very different patterns of expenditure. All but one spent more on the support stage than during engagement, and that beneficiary spent approximately equal amounts on each.

One of the beneficiaries who spent the most, just under £10,000, spent most of it in the support stage dominated by, in decreasing order of expense, education, training and employment, food shopping, home improvements, technology, and planned travel.

Another beneficiary had a similar pattern of expenditure. The other highest spender also had large education, training and employment and technology expenditure as well as a home start-up kit, but by far the largest item, one-third of the total, was on a car and associated costs, which was essential to travel to employment that he was supported to access.

The beneficiary who had a terminal illness was a special case, spending most on a funeral along with higher expenditure on health and well-being and family engagement.

One of these higher-spending beneficiaries spent equal amounts during engagement and in support, spending most on food and personal items such as clothes, personal care, health and well-being, and fitness. Another higher spender had the same pattern of expenditure, but spent more during the support phase. Another spent most on clearing rent arrears and paying utility bills.

A recent development within the You First team has been to use the case management system to link every item of expenditure, across both engagement and supporting independence and choice, to a category of both the Outcomes Star and NDT Assessment. This will enable keyworkers and beneficiaries to assess and record the impact of spend on key outcome measures whilst reviewing progress on both outcome measures.

This important information will allow future reports to directly review impact of spend on goals, for example the extent to which an anger management course may reduce offending, or whether technology impacts positively to managing social networks and well-being.
3.4 Personal budgets

E-Choice Channel

The E-Choice Channel has been developed throughout this programme as a pioneering online platform, enabling individuals with complex needs to identify and purchase support services. The tool was developed in recognition that there needs to be a change in the way that services are provided for people with complex needs that will improve effective outcomes for the end user and provide an opportunity to maximize and sustain the availability of local services.

With initial seed funding from Big Lottery Fund and Guys and St Thomas Charity, E-Choice has developed successfully from a concept to a co-produced, user-led web tool.

E-Choice enables users to identify services of their choosing, directly purchase them and in doing so, manage their own personal budget. They can access services already available on the platform, or request others that reflect their goals, interests and aspirations. For services not already on the channel, staff will source and verify the services requested, making them available through the platform and building up the catalogue of services.

Underpinning E-Choice is a theory of change; that service users can be supported and empowered to make their own choices about the local services that they want and need. Those choices will lead to better outcomes at a lower cost.

Experience of using E-Choice

E-Choice has been used within the You First team, however take-up has been low. Beneficiaries supported to date have had little prior knowledge of digital technology, however it is of interest to several who have used personal budgets to purchase laptops and broadband, and grown in IT skills through training and advice from keyworkers and others in their personal networks.

During initial roll-out E-Choice developed several bugs, also faults were identified which required swift remedy to retain user confidence.

Future developments for E-Choice

The You First team will continue to encourage use of the E-Choice Channel as a mechanism for beneficiaries to record their goals, interests and aspirations, also plan how to meet these through use of personal budgets and purchasing services. It is expected that uptake will increase through the development of new cohorts, including those who are younger and more familiar with technology than the client group to date.

Work continues, beyond the scope of the You First team, to assess opportunities to scale up E-Choice.

A marketing plan is being written that will address the interest that shown in purchasing the tool by differing markets, including local authorities, clinical commissioning groups, as well as voluntary sector interest in social prescribing.
3 What are the results?

3.5 Beneficiary outcomes

You First measures the outcomes achieved across all beneficiaries of the service. Outcomes are measured through two measures of well-being, the Outcomes Star and NDT assessment, in line with BLF requirements.

The NDT assessment
Completed by the keyworker and scores the client’s behaviour across 10 areas. This includes the level of engagement with frontline services, the risk of harm to self or others, housing situation and the extent of alcohol and drug abuse.

The Outcomes Star
Keyworker and client complete the homelessness Outcomes Star questionnaire together to measure the client’s progress towards goals such as maximising their independence, managing money better and reducing offending.

NDT assessment outcomes
NDT assessments were carried out on three occasions for 26 beneficiaries, at baseline, at six months and one year later. The scores range from zero being the most positive response, to four being the most concerning.

Average scores have improved over all areas at each of the assessment points, with one exception, ‘risk from others’. This deteriorated slightly in the final assessment over the previous one, but was still a large improvement over baseline.

NDT assessments for 26 beneficiaries who have had 3 assessments
Ranked 0 to 4 (0=positive; 4=negative) | Risk to and from others are double weighted

<table>
<thead>
<tr>
<th></th>
<th>1st 6m as Beneficiary</th>
<th>2nd 6m as Beneficiary</th>
<th>3rd 6m as Beneficiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement with frontline services score</td>
<td>2.9</td>
<td>2.4</td>
<td>2.0</td>
</tr>
<tr>
<td>Intentional self-harm score</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
</tr>
<tr>
<td>Unintentional self-harm score</td>
<td>2.2</td>
<td>2.3</td>
<td>2.0</td>
</tr>
<tr>
<td>Risk to others score</td>
<td>3.6</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Risk from others score</td>
<td>3.5</td>
<td>3.7</td>
<td>3.7</td>
</tr>
<tr>
<td>Stress and anxiety score</td>
<td>2.6</td>
<td>2.8</td>
<td>2.6</td>
</tr>
<tr>
<td>Social Effectiveness score</td>
<td>2.4</td>
<td>2.6</td>
<td>2.4</td>
</tr>
<tr>
<td>Alcohol / Drug Abuse score</td>
<td>3.7</td>
<td>3.7</td>
<td>3.7</td>
</tr>
<tr>
<td>Impulse control score</td>
<td>1.8</td>
<td>2.3</td>
<td>2.6</td>
</tr>
<tr>
<td>Housing score</td>
<td>2.0</td>
<td>2.6</td>
<td>2.6</td>
</tr>
</tbody>
</table>
“I was very isolated, however I now feel less so. Through working with the team my confidence has improved.”
3 What are the results?

3.5 Beneficiary outcomes

Outcomes Star assessment outcomes

Keyworkers and service beneficiaries complete assessments on the homelessness version of the Outcomes Star at the beginning of the support relationship to assess baseline score and thereafter every six months. This report, highlights the well-being of 20 beneficiaries who have had at least three assessments, in order to study the impact on well-being over a significant length of time. Higher scores indicate improved well-being.

Across all 20 beneficiaries it is clear to see improvements in all areas from initial to third assessment.

Outcomes Star for 20 beneficiaries who have had 3 assessments
Scores ranked 1 to 10 (1 = negative; 10 = positive)

Greater depth of analysis of outcomes has been undertaken according to the Outcomes Star’s ladder of change. This enables reporting on progress towards beneficiaries’ motivation to change and take control of their lives. The Outcomes Star’s ladder of change outlines movement between the levels classified as being Stuck; Accepting help; Believing; Learning; and the final goal of having Self-reliance.
3 What are the results?

3.5 Beneficiary outcomes

The Outcomes Star’s ladder of change:

- Stuck
- Accepting help
- Believing
- Learning
- Self-reliance

Within the 20 beneficiaries to have three assessments, which cover one year of support, average assessment scores across all beneficiaries began at the lower or mid-level of Accepting Help within all categories. Average outcome measurements across beneficiaries increased across all categories, moving to mid and higher levels of Accepting Help.

The areas of greatest change were of Motivation, Offending and Self-care, each of which noted a shift from the average response recognising that the individual should Accept Help, with a shift into the category of Believing they can make and sustain a change. Elsewhere all categories noted positive improvement, yet remaining within the category of Accepting Help.

Applying the Outcomes Star’s ladder of change to You First

Within the categories of Motivation and Self-care, change was reported that within one year of support, average scores shifted from Accepting Help to Believing that changes can be sustained.

The reporting of needs within the You First results on Outcomes Star is consistent with findings reported across national Fulfilling Lives programmes, ascertained from CFE Research dashboard. The four counterfactual areas reported higher scores within the Outcomes Star than did all Fulfilling Lives programmes, suggesting people supported by counterfactual areas have lower requirement for help and support, than those supported within the 12 Fulfilling Lives programmes.
3 What are the results?

3.6 Comparison of outcome and cost changes

It is possible to compare outcomes with cost changes for the 26 beneficiaries for whom three NDT assessments have been carried out. The following chart compares the change in total NDT with change in cost.

Comparison of outcomes and cost changes for 26 beneficiaries

Beneficiaries can be placed into one of four quarters, depending on whether their outcomes improved or became worse, and whether their costs were higher or lower. Those in the North-Western quadrant were unequivocal successes, with both an improvement in outcomes and a lowering of costs. Most people are in that quadrant.

One person is in the South-Eastern quadrant, experiencing both a small decline in outcome and a small increase in costs. Those in the other quadrants experience a mixed pattern, with more having an improved outcome/higher cost pattern than lower cost/worse outcome. However, there is no obvious relationship between costs and outcomes such that higher cost reductions are associated with either lower or higher outcome changes.

This follows from the fact that the You First team’s work impacts on beneficiaries in different ways according to their needs and behaviour — for example, two beneficiaries might experience similar improvements in outcomes, but one has many fewer high cost contacts with the criminal justice system and the other has reduced use of relatively low cost substance abuse services.

We have looked in more detail at the four cases highlighted in red, one from each quadrant. The beneficiary who had both higher costs and lower outcomes (SE quadrant) had decreased costs of substance abuse but this was countered by very high homelessness and housing cost increases compared with others.
3 What are the results?

3.6 Comparison of outcome and cost changes

This was associated with a slightly improved housing score, but that was dominated by deteriorations in other aspects of outcomes.

The person who experienced the greatest deterioration in outcomes, with no improvements in any of its components, nevertheless had lower costs (SW quadrant), especially in homelessness and criminal justice.

Both of the people who generated the greatest reductions in costs experienced improved outcomes (NW quadrant); the cost reductions were due to lower use of mental health services.

The person highlighted in the same quadrant also had lower mental health costs, but in addition reduced criminal justice costs. An increase in mental health service costs was also associated with the person who had improved outcomes and higher costs (NE quadrant).
The personal budget really helped get me back on my feet.
Improving lives, saving money

3 What are the results?

3.7 Beneficiary surveys

National peer led qualitative research

You First has complied with all methods of national monitoring, including recruiting and training peer researchers to undertake interviews with beneficiaries, asking questions prescribed by the national evaluators, QA Research and CFE Research.

The programme has developed a strong, working relationship with Mosaic Clubhouse, a Brixton based charity that provides support and opportunities to people living with a mental health condition, whereby members are trained and supported by our programme to undertake the peer research, on behalf of You First. This arrangement enables Mosaic Clubhouse members to independently ask the questions posed by CFE Research and QA Research. The questions include support provided by the project; reasons for leaving the project (if applicable); project helpfulness; other services offered; and well-being. Responses are not seen by our local programme and sent directly to national evaluators.

During the writing of this report, we have had confirmation that the results will be included within national findings, rather than locally to our project. The findings of this research will be welcomed, due summer 2017.

Consulting beneficiaries

During the writing of this report, a survey was conducted of the 29 active beneficiaries, asking about their general level of satisfaction with the You First team, the impact it has had on their lives, how effective a personal budget has been in meeting needs and their views of working with a Peer Advisor.

Two Peer Advisors contacted all beneficiaries for a face-to-face or telephone survey and discussion. The survey was also available on-line for those who preferred to complete it anonymously. Nine people undertook the survey, 33% of beneficiaries at that time, this figure is low, therefore difficult to use as representative of the wider group, however the results are summarised as follows.

All respondents reported feeling very supported, with the 88% saying it is easy to contact their worker all or most of the time, however one respondent did comment they had had several keyworkers which made contact more difficult. General comments included strong praise for the service and the support it gave respondents to have made certain changes in their lives.

The support given was noted in the following priority; housing was the most common need, which applied to 88% of respondents; drugs and alcohol and mental health was noted by 77% of respondents; making a positive use of time and rebuilding contact with family for 66%; whilst 55% said they were supported regarding offending. The support given helped all respondents to state that they felt their needs had improved by a little or a lot in the fields of drugs and alcohol, offending and family contact. Interestingly, housing was noted as a little or a lot worse for 29% of respondents. Comments included confidence having grown; being happy with oneself; appreciation for the worker making efforts to keep the respondent busy, so out of trouble; pride at being self-employed; happy but isolated. Importantly, a few comments gave feedback that the You First team can consider and respond to, including being isolated; needing to talk more when anxious; and having better cover for keyworker’s absence.

The survey asked service beneficiaries to name three items they had bought with personal budgets, answers highlighted key spend in work and college materials; homeware; clothes; food and travel. One person was still waiting to make the purchase they had requested and was dissatisfied waiting. Comments were that the personal budgets improved lives, stating “they got me on my feet” and “very happy, made the house a home”.

The programme has developed a strong, working relationship with Mosaic Clubhouse, a Brixton based charity that provides support and opportunities to people living with a mental health condition, whereby members are trained and supported by our programme to undertake the peer research, on behalf of You First. This arrangement enables Mosaic Clubhouse members to independently ask the questions posed by CFE Research and QA Research.
Peer Advisors were described as being very or fairly helpful by 70% of respondents, whilst 28% had not yet worked with one, no one found their support unhelpful.

Learning will be taken from this experience of the first You First satisfaction survey, working with the CSG to plan frequency and delivery of future questionnaires. Expertise will be utilised within the CSG as to whether future surveys are longer, have mechanisms to encourage higher uptake, also whether a standard format should be devised, in order to compare results across time, yet allowing some variation to specific needs at that time.

Case studies
This report has focused on economic data as a means to provide information regarding impact made by the You First team. Qualitative data can complement facts and figures, and within this report, five case studies are provided that summarise work undertaken with five beneficiaries, selected one per archetype group.

The five case studies provide a range of issues which this programme has experienced, difficulties that are encountered both according to the system and the individual’s personal motivations, also examples of positive differences being made in the lives of people with very complex, entrenched and multiple needs.
3 What are the results?

3.8 Case studies

Nicole – Archetype 1:
Women who have experienced exploitation and trauma

History and presenting issues

Nicole did very well at school, she is clearly academic and did well despite suffering with anger issues from the age of eight. She was also involved in local gang culture and in minor criminal activity from an early age. She was in a relationship from the age of 15 with a man who she described as ‘the love of her life’. She became pregnant by him aged 19, but lost the baby following complications during delivery. Two months later, her partner died in police custody following an arrest. She believes she had a breakdown at this point and her drug use escalated from cannabis to regular crack and heroin use. When the key worker first met her she was on probation following a short sentence for theft. She was working with specialist support services as she was well known for her chaotic behaviour and sex work.

You First interventions

The keyworker’s first few meetings with Nicole were at probation. During these meetings, she was supported to get her benefits started, move into a hostel, and began to build a rapport with her keyworker. She was encouraged her to engage with the nursing staff within the hostel and they started to treat the wound on her neck. The keyworker was able to meet her in locations that were convenient for her and had the flexibility to wait for her as she was often extremely late for appointments.

Outcome

Nicole was accepted onto a substance misuse day programme, however despite encouragement she did not start the programme nor move into the supported accommodation that was offered to her. Unfortunately, as her substance misuse escalated again she lost her hostel bed space and disengaged with both her keyworker and with probation.
3 What are the results?

3.8 Case studies

Maggie – Archetype 2:
Severe health problems – both physical and mental health

History and presenting issues
The beneficiary led a relatively uneventful life until a genetically inherited condition left her as a wheelchair user in her teens. The majority of people who develop this condition also develop a personality disorder and entrenched behavioural issues. Maggie gradually became isolated from her family and had few friends. Her personality disorder made building and maintaining new relationships very difficult. She spent much of the day without leaving her bed. This would leave her awake at night with little to occupy herself. Being alone and requiring attention, she would call the police and/or ambulance services almost nightly, threatening suicide and self-harm, forcing emergency services to attend.

You First interventions, and how this is different to other agencies
Maggie used her budget to engage in regular low cost social activities with her You First keyworker who was friendly but also demonstrated strong boundaries. Maggie has a daily late afternoon phone call with her keyworker. This helps to alleviate her feelings of isolation.

Outcome
Maggie is now active during the day leading to her sleeping more during the night. This is particularly important as most of the attention seeking incidents occurred at night. She reports feeling happier and having an increased sense of purpose since engaging with our service. The local police team have praised the approach given to supporting Maggie and are delighted that she no longer calls for help in distress.
3 What are the results?

3.8 Case studies

George – Archetype 3: Long term rough sleeping and homelessness

History and presenting issues
George has longstanding and entrenched substance misuse issues, long-term untreated mental health issues and an unwillingness to appropriately engage with treatment services and/or adhere to even the most basic of behavioural contracts. He has long history of frequent arrests and short prison sentences due to non-compliance with sex offenders’ register requirements, plus numerous evictions from supported accommodation due to aforementioned behavioural issues, resulting in long-term street homelessness.

You First interventions
Our initial engagement phase was a lengthy one due to the client’s challenging behavioural issues and his complete mistrust towards all services. This was addressed by rewarding socially acceptable behaviour with continued attention and by cutting the sessions short when the client became threatening or abusive. As a result, his behaviour began to improve to some degree although he was still periodically verbally abusive. Prior to his referral to our service, the beneficiary had been repeatedly evicted from every hostel in the local authority pathway. This, as well as his consistently poor outcomes in supported accommodation compelled You First to consider a Housing First model. During this period, the beneficiary’s engagement with the police team monitoring him in the community improved. That lead to a reduction in his arrests for breach of the sex offenders’ register. After this initial period of stability, the housing provider began to receive complaints of anti-social behaviour. Numerous attempts were made to save the tenancy but eventually, the beneficiary was evicted. The local authority provided another self-contained tenancy while he awaited an offer of a permanent home. After a short period and despite our efforts the beneficiary abandoned this tenancy and returned to rough sleeping.

Outcome
In the past few months the beneficiary has not made any progress towards a more independent life. The You First team are disappointed to note that they see little prospect of any further improvement under the current circumstances. Although the service assisted the beneficiary in improving aspects of his anti-social behaviour, it did result in making him any more independent of services.
3 What are the results?

3.8 Case studies

Mark – Archetype 4:
Crisis driven, barred from services

History and presenting issues
Mark is a 52 year old man who arrived in London in his teens in search of work. Mark had a difficult childhood. He grew up in extreme poverty, experienced physical and psychological abuse, parental alcohol misuse, and witnessed political violence. Mark started drinking at a young age and has been dependent on alcohol for most of his adult life. Mark struggles to control his emotions. Social interaction is difficult, and often results in outbursts of anger and aggression. He has a substantial history of offending and street homelessness.

You First interventions
The You First worker meets Mark on outreach in the community and in services. Mark requires flexible intervention and catching him on a good day, due to his varying levels of intoxication, changeable moods, unpredictable behaviour and forgetting or cancelling appointments. Mark needs frequent and assertive prompts to attend appointments due to memory impairment. At one point Mark had two You First workers to help manage risk when dealing with challenging issues or visiting him in his flat.

There has been great improvement in positive engagement due to a reduced alcohol intake which also decreased the risk of lone-working. Mark has used his personal budget to buy mobile phone and credit, clothes, shoes, toiletries, and items for his flat. These purchases encouraged positive engagement and were a great boost to his self-esteem.

Outcome
Mark now takes more responsibility for rent payments and understands the importance of maintaining his tenancy. Interaction between Mark and his housing association has much improved. There have been no complaints of anti-social behaviour.

Mark continues to manage his drinking in the community, having reduced his alcohol intake significantly.
I'm very happy with the work of the You First team, I made so many changes in my life and could not have done it without them.
3 What are the results?

3.8 Case studies

Sean – Archetype 5: Severe and enduring mental health support needs, often compounded by rough sleeping

History and presenting issues
Sean is a man in his 40s who lives in South London. He has had many inpatient admissions for mental health breakdowns and previous suicide attempts. Sean has used crack and cannabis in the past. Prior to Sean joining You First, he was in hospital as an inpatient after a mental health breakdown. Throughout his life, he has been admitted as an inpatient in 10 different wards and he has spent on average 700 days as a mental health service inpatient. Whilst Sean engaged with his local community mental health services, he experienced difficulties with medication compliance for his fortnightly depot injection and oral medication. He experienced difficulties in engaging with aftercare and has an extensive history of relapse and readmission into hospital. In addition he has had difficulties communicating his views and treatment wishes with mental health services.

You First interventions
An intervention from the You First Team allowed Sean to have personalised support and a personal budget which has significantly improved his health, well-being and independence. Specifically, he has experienced improvements in his mental health, substance misuse, life skills and social effectiveness.

Outcome
Sean has been out of hospital for more than two years now and he has been able to cope more effectively with stressful situations, managing his anger and impulsive behaviour in healthier ways. With the support of his key worker at the You First team, Sean attended appointments with a psychologist for over a year, where he could explore his emotions in a safe space and work on relapse prevention. Sean has engaged positively with both his You First key worker and his local community mental health services. Sean is more able to express his treatment plans, attend and participate in his Care Plan Approach Reviews. Sean has also started to receive support from our peer advisors on a weekly basis, which he has reported has contributed positively to his well-being and reduced his social isolation.
3 What are the results?

3.9 Summary of learning

Summary of learning

• Baseline data reports and summary of needs indicates that those supported by You First are the client group targeted for the programme. They have complex and multiple needs, are frequent users of crisis services and incur high cost across the system.

• Effective support and positive outcomes does result in cost reduction, this has been evidenced across all areas of spend, with most notable reductions in demand and associated cost for psychiatric in-patient stays, arrests and convictions. It is also noted that change can occur in stages, that positive work has not always been sustained.

• Cost reduction is typically in the form of reduced demand on emergency services, which frees resources across the system. Costs can also increase as keyworkers support beneficiaries to access the support they need.

• The archetypes are potentially a means to demonstrate the beneficiaries’ needs and outcomes, keyworking approach, also where there are problems within the system and how to address these.

• The survey gives strong support from service beneficiaries for the You First team. It also offers some opportunities to consider improving access to support during changes of worker or their holiday periods, also to ensure personal budget requests are dealt with swiftly.

• Significant change is possible within this client group – this report evidences major reduction in requests for help from emergency services; two people have been assisted into employment; crime and anti-social behaviour has reduced and mental health in-patient stay reduced through provision of holistic support within the community. Often the work that results in these changes require a worker’s time, skill and flexibility, however many services work with large caseloads and struggle to offer the flexibility of the You First team.

• Personal budgets are an effective way to respond to beneficiaries’ needs and plans for their future. Services need to be flexible to allow for the wide range of requests that will be made. We have found most requests were for activities, education, food, clothing and household goods. Future learning will be gathered on linking outcomes to personal budgets through the E-Choice Channel and the case management system recording against outcomes.

• The ladder of change for outcomes star reporting is useful and will be further developed.
4 Next steps
4 Next steps

4.1 Shared learning

There has been much learning to date within You First. The learning covers mechanism for partnership, service delivery, staffing and workplace development, as well as the evaluation model.

The CSG plans to recruit a practice-focused shared learning lead, who will work with You First to gather and collate learning that has taken place to date. Learning will be gathered from perspectives of beneficiary, peer advisors, front-line workers within our own team and others working with our client group within the three boroughs, as well as other agencies we work with and gain referrals from, also our commissioners.

This issue is of keen interest to the CSG, who wish to ensure the learning from this project is obtained and acted upon.

4.2 Increasing numbers of beneficiaries

The number of beneficiaries supported is below target. To ensure the numbers of people supported by the You First team increase, work has been focused on both gaining data quicker and responding to local priorities by working with new cohorts of need.

The evaluation of two years’ past service use as baseline data was, in the early part of the programme delivery, taking too long to gain and believed to act as an impediment to swift provision of support. We now operate a system where decisions regarding suitability for the You First Team are made between the Team Manager and the local multi-agency partnership group, with prior service use data being sought after engagement with the team.

In addition, the evaluation team aims to develop systems, utilising learning gained over the past two years to be able to assess what prior service use was likely to be, using information on needs, given at nomination. We hope this will enable us to use the data gained to date, to reduce future requests for baseline data from our partners.
4 Next steps

4.3 The cohort model

To ensure that we are working with nominations of strategic priority to the boroughs, we have worked with commissioners in Lambeth, Southwark and Lewisham to develop a model whereby we will pilot approaches to working with cohorts of need.

We will be rolling out a new ‘cohort model’, where nominations of people with complex and multiple needs reflect the borough’s priorities for our service. The cohort model brings challenges to the delivery team; however, it also poses questions for the evaluation team of which data should be captured to report outcomes and success.

The cohorts the You First team will work with continue to have experience of homelessness, mental health support needs, offending and substance misuse problems. Whilst Southwark and Lewisham have selected to retain working each with a cohort of 10 adults with complex needs, the additional cohorts are:

- **Southwark vulnerable women who have had children removed**
  
  10 women will be referred to You First from a specialist provider in Southwark, Pause, who will have worked with women for one year to provide support and empowerment to build resilience that will prevent continued destructive behaviour of pregnancies and children being removed from the parent and taken into the care system. The evaluation of this cohort group will continue to apply the current methodology, with additional tools developed to make cost assessment of the pregnancies that have not occurred, where there is confidence in preventing the child being removed and taken into the care system.

- **Lambeth mental health**
  
  Building on successes working with beneficiaries who had extensive histories of psychiatric in-patient, Lambeth plan to refer 10 people with complex mental health needs to You First. The current data collection methodology will allow measurement of impact when supporting this cohort.

- **Young people, particularly care leavers**
  
  Lambeth and Lewisham have confirmed their intention to each develop a cohort of ten young people, who have high costs through either the care system, or young offending. They face a potential future of continued poor outcomes and using high cost, often crisis services. The evaluation team will put in place measures to collect information on education, training and employment.

In each of these cohorts, literature reviews are being conducted to measure performance and outcomes, against expected outcomes, as detailed in respected publications.
4 Next steps

4.4 Personal budgets

The You First business plan made a case for each beneficiary to have access to a personal budget of up to £12,000 per person, over the eight year period, in which they may receive support from the programme.

You First continues to put personalisation at the heart of our service model, and key to this is the ability to use personal budgets to allow positive change. When working with beneficiaries for an average of 12-18 months, this is likely to bring a reduced spend per person than was originally forecast, however the You First model retains the emphasis on using personal budgets flexibly in line with individual goals.

4.5 Economics expertise

To ensure continued robust economic analysis, Resolving Chaos has contracted to work with the London School of Economics’ (LSE) Personal Social Services Research Unit (PSSRU) to engage their expertise to our work. The PSSRU will be involved in You First through carrying out additional economic analysis based on data provided by Resolving Chaos. The focus of additional economic analysis will be to complement the data analysis carried out by the evaluation team within Resolving Chaos, to consider potential cost savings and return-on-investment from the perspective of funders and government.

Where feasible, LSE’s work will consider:
- Wider economic impact from a societal perspective
- Regression analysis (individual level data) of pre-post analysis of individual level data to identify significant changes linked to the interventions provided
- Economic modelling (aggregate level data) will be where it is suggested (based on the literature) that short-term outcomes (measured in data collected) are linked to long-term economic consequences (not measured in the data collected).

4.6 Personalisation study

In 2016, You First commissioned an independent evaluation from researchers based at the Institute of Psychiatry, Psychology and Neuroscience at King’s College London. The evaluation will focus on the personalisation element of the work programme, particularly the personal budgets component, and test the core programme theory that a choice led, personalised system is cheaper and achieves better outcomes for those disadvantaged by multiple and complex needs. This work will complement Resolving Chaos’s own economic evaluation, service use evaluation, peer evaluation and routine monitoring for the Big Lottery Fund via Outcomes Stars and NDT assessments. In addition, it will provide much needed evidence about the effectiveness of new – but as yet unevaluated – models of service delivery for people with multiple needs.

The central aim of this study is to conduct an in-depth evaluation of You First, with particular reference to the role of personal budgets, personalisation and user led choice when working with individuals who have multiple and complex needs.

Specific objectives are to ascertain:
- How, why, when and for whom the You First Programme works (including the use of personal budgets, and the emphasis on personalisation and user led choice)
- How, why, when and for whom the You First Programme does not work (including the use of personal budgets, and the emphasis on personalisation and user led choice)
- Whether and how the You First Programme might be improved (including the use of personal budgets, and the emphasis on personalisation and user-led choice)
- What positive components (or ‘active ingredients’) of You First, and particularly what aspects of personal budgets, personalisation and user led choice, might be transferred to other services and settings
- This work will report in December 2017 and will have a programme of disseminating the findings and learning obtained.
I’m so pleased with the service and could not have asked for more.
4 Next steps

4.7 Personalisation initiative

This year Resolving Chaos have led an initiative that brings together seven of the other National Fulfilling Lives Projects to provide a shared learning opportunity across different areas and organisations. This group meets quarterly. Think Local Act Personal (TLAP) also attend as advisory members.

The group have agreed the key principles of personalisation is about the relationship between the individual and the key worker and the actual time spent to build trust.

It was also agreed that personalisation means thinking differently and requires a system shift to service led traditional ways of working and there is a need to build the principles of delivery to enable this to happen. Most areas have some type of personal budget. The group were keen to ensure that an organic approach to service development is needed to achieve success that is at the heart of all personalised services.

Key themes discussed:

- Understanding the ethos
- Working with small caseloads in an intensive personalised way achieves better outcomes and reduces costs
- A balance been an organic choice based service response and proper process
- Undoing traditional service led only processes and ways of working
- To undertake a mapping exercise of what person centred planning tools look like
- Use of peers
- A review of what makes a good multiple needs worker – what makes the difference? What does success look like for user and key worker?
- Development of good decision making – what that looks like
- Link of goals aspirations and ambitions with outcomes
- Money – The impact of direct purchasing power dynamics on individuals, the power relationship between key worker and client
- Development of local market place using different types of services and purchases – led by user choice (as opposed to case worker)
- Investment in services in a sustainable way – must see a process from engagement to sustainability.

Sharing evaluation and research

The group discussed potential joint working opportunities and the sharing of resources.

There are a number different local evaluation processes going on in different areas currently – some are particularly focused on personalisation and some are more generic. Some are more focused on potential cost savings as well as peer evaluation.

It was agreed that evaluation across the 12 Fulfilling Lives areas could provide both a qualitative and quantitative evidence base for personalisation to influence shifts in systems thinking. Evidence provided should not always be ‘glowing reports’ but based on shared learning.

It was agreed to identify opportunities for shared evaluation and the possibility of undertaking new work together. The group could see the benefits of pooling knowledge, resources and different approaches. Each area has shared types of evaluation already being undertaken in relation to personalisation and are in the process of working to identify and maximise future possibilities for joint working.
5 Conclusions
5 Conclusions

The You First team started working with an initial cohort of people with multiple needs, who experienced very poor outcomes despite many years frequently using high cost services.

Since the programme began beneficiary outcomes have improved and the cost of the services they use has reduced by over a third, 34%.

Numbers cannot always adequately communicate the positive difference that has been made to the quality of people’s lives and we hope the case studies in this report give some sense of the progress people have made.

Looking forward, we intend to increase the number of beneficiaries and will do so by working with six new cohorts with different needs, agreed with the strategic leads of each borough. The development of the new cohort model offers the opportunity to evaluate the impact of working preventatively, to address multiple needs, within young people at risk and also women who risk of having children removed from their care.

Our support seeks to empower the people we are working with to make choices about the support they need and how to achieve lasting positive change.

King’s College London are researching the effectiveness of the You First personalisation approach with findings due later this year.

This research will be useful to the programme and all those working to give adults with multiple needs more choice, confidence and ability to improve their own lives.

The model of evaluation used within the early stages of the programme has evolved, and will continue to do so, in line with experience and business needs. Through our relationship with the London School of Economics, Personal Social Services Research Unit we look forward to building on the economic analysis undertaken to date and developing further methods of presenting the impact of our work.

Partnership is at the heart of this programme and the Core Strategic Group will continue to govern and drive activity, leading shared learning and areas to focus on in future local evaluation reports.
References

http://mcnevaluation.co.uk/about/evaluation-team/


