# People-Powered Partnerships

What happens when brilliant local teams are given the freedom to innovate

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# Introduction

There are some areas within public services where we are consistently failing to achieve what must always be their most important goal: to improve people's lives.

These issues – including family breakdown, long-term health conditions, homelessness and more – are sometimes dismissed as 'wicked problems', because they are seemingly so hard for the state to solve. But in failing to solve them, we are failing some of the people in society who are most in need of help.

So what's going wrong? The fundamental problem is that the traditional public services model – for all its strengths – just doesn't work well in these areas. Achieving better outcomes for these individuals is perfectly possible. But it requires us to think about service design and delivery in a very different way.

## The problem with centralisation

Since the birth of the NHS and the development of the welfare state after the Second World War, an orthodoxy has come to prevail in public service delivery. At its heart is a presumption that centrally-organised services, delivering standardised solutions to specific problems, are the best way for the state to improve people's lives.

In some cases, this centralised, standardised approach works extremely well. Take vaccine delivery, for example. Or routine medical procedures (like hip replacements or appendectomies). Or pension payments. What do these have in common? They all represent discrete, clearly diagnosable 'problems', which fall under the remit of a specific branch of government and can be 'solved' using standardised solutions. So it's relatively straightforward for Government to determine who should pay for the solution; to specify how it should be delivered nationally; and to evaluate front-

line teams according to how well they deliver this specification (thus ensuring consistency of performance).

Unfortunately, many of our 'wicked problems' don't work like this.

For example, homelessness might seem like a discrete problem: a lack of suitable accommodation. But in practice, people who experience homelessness typically find themselves in that situation because of a combination of factors, such as debt, mental health, substance misuse, trauma or legal issues. So it's not a discrete, clearly diagnosable problem; it's a complex mixture of different problems, which affect different people in different ways in different places. The same is true for long-term health conditions, and family breakdown.

Inevitably, this creates difficulties in a system that is set up to provide single, standardised solutions. People experiencing homelessness often end up interacting with multiple branches of Government at the same time – each of which will treat that individual as if they had a single discrete problem (wholly unconnected to their other problems) and offer a specialised solution to that problem. These solutions are rarely coordinated, and sometimes directly conflict with each other. (For example, if a person experiencing homelessness because of addiction issues is placed in a hostel where drugs are rife, it may do more harm than good.)

This approach – trying to fix the various issues in an individual's life piecemeal – is not just inefficient and expensive for Government. It also fails those it is supposed to help. People come to be seen not as a 'whole' person but as a collection of problems, which is demoralising and dehumanising.

And since these solutions often just tackle the symptoms rather than the underlying cause, they often prove to be unsustainable – at which point the whole cycle begins again. »

*Trying to 'fix' the various issues in an individual's life piecemeal is not just inefficient and expensive for Government; it also fails those it is supposed to help*

## A new approach

Over the last decade, however, a new model of public service delivery has been growing in popularity.

It is based on one key insight: that if we want to improve the lives of people facing complex, interconnected challenges, we can't rely on piecemeal, standardised solutions; we need a more targeted, more holistic approach. An approach that looks at the 'whole' person, works to understand what they really need, and empowers them to help themselves – which is, ultimately, the best way to create sustainable change in their lives.

This means turning key elements of the traditional model on its head:

### ≫ Collaborative Design

Instead of trying to design specific solutions to 'fix' narrow issues, work with local groups and expert partners to agree an overall shared vision, grounded in clear, quantifiable metrics that represent genuine improvements in people's lives.

### ≫ Flexible Delivery

Instead of trying to impose standardised, clearly specified solutions, give delivery teams the freedom to tailor their solutions to local and individual circumstances – then collect and analyse impact data dynamically, so we can learn from what works and keep iterating to make programmes more effective.

### ≫ Clear Accountability

Instead of focusing evaluations on short-term KPIs linked to activity or inputs, agree clear metrics that correspond to tangible improvements in people's lives and report transparently against them – while also working to understand the broader systemic impact of each project, and teasing out the lessons learned to inform future projects.

This report contains multiple examples of how this new approach has enabled people to make positive, lasting change in their lives – whilst also vastly improving the effectiveness and efficiency of public spending.

Of course, implementing this model is not straightforward. A local, personalised, holistic approach does not sit easily within a system of public service management built around centralised, standardised, siloed solutions.

However, a number of pioneers have shown that it is possible – by designing, procuring, managing and evaluating services in completely new ways.

In the following pages, we've identified what we think are the 12 most important success factors across these three core areas of Collaborative Design, Flexible Delivery and Clear Accountability. We examine why they don't usually happen within existing services. Then we explain how these pioneers made them happen, and the remarkable difference it made.

Local communities, councils and social enterprises alike have enthusiastically embraced this new way of working, and it is already yielding important data that can help us make better policy choices in the future. So it also aligns well with the ongoing effort by central Government to devolve power away from the centre and 'level up', reducing inter-regional inequality.

Can these innovations be replicated more broadly? It will require strong leadership: leaders who are brave enough to challenge the *status quo* and, in some cases, to overhaul their organisational culture. But if we can find these champions and harness some of these ideas, we have an opportunity to transform the system for tackling these 'wicked problems' – and improve thousands if not millions of lives. ✕

*If we want to improve the lives of people facing complex, interconnected challenges, we need a more targeted, more holistic approach*

# 12 key success factors

## ≫ Collaborative Design

*From:*
Programmes designed by a central department – often in isolation from other departments – and implemented in a top-down way

*To:*
Projects that are collaboratively designed, and designed to be collaborative; they:

1. **Bring local community organisations together around a shared vision of success (via a central coordinating body)**
   » School-based support in West London, p.5

2. **Are co-created with the real experts (by bringing front line teams and people who might access the service into the design process)**
   » New approaches to fostering and adoption in Birmingham and across England, p.9

3. **Work in a joined-up way with other local services (via cross-Government co-payment funds)**
   » Employment, education and training support for young people across England, p.13

4. **Operate as dynamic, actively managed partnerships (by changing the nature of the contractual relationship between Government and delivery organisations)**
   » New approaches to procurement and contract management in the U.S., p.17

## ≫ Flexible Delivery

*From:*
Fixed-specification contracts, delivered to rigid budgets, for groups of people with identical "needs" or "problems"

*To:*
Flexible, personalised services that:

5. **Tailor their approach to people's situations and strengths (by giving front-line teams the freedom to shape their services around individuals)**
   » Housing and employment in Northamptonshire and West Yorkshire, p.21

6. **Invest properly in people (by taking a more flexible approach to resourcing costs)**
   » Family support in London and the East of England, p.25

7. **Embrace continuous improvement (by creating a mechanism that allows the service to be redesigned and 'relaunched' on a regular basis)**
   » Community health and diabetes prevention in North-East Lincolnshire and Devon, p.29

8. **Tackle systemic barriers to progress (by encouraging other parts of the system to be more flexible)**
   » Helping people experiencing long-term homelessness across Greater Manchester, p.33

## ≫ Clear Accountability

*From:*
Arms-length contracts with limited visibility on progress, success, or key learnings

*To:*
Supportive partnerships where progress is constantly monitored (as a way to inform delivery) and all parties are accountable for the extent to which they actually improve people's lives. This requires us to:

9. **Be transparent about progress (by sharing regular updates against objective, clearly defined milestones)**
   » New approaches to tackle homelessness across England, p.38

10. **Be accountable to those who access the service (by asking them carefully whether it improved their lives)**
    » Support for informal carers in Norfolk and for vulnerable women across England, p.41

11. **Consider the broader, longer-term impact of the service (by finding light-touch ways to link into or compare with other Government data)**
    » Asset based community health in Newcastle and Northamptonshire, p.45

12. **Assess & share lessons learned to benefit future services (by investing in more sophisticated evaluations that tease out relative benefits of project features)**
    » New approaches to evaluation for dynamically managed delivery in Manchester, p.49

# 1. Bring the local community together to lead their own solutions

*Services can be much richer and achieve much more impact when they are really integrated into the community*

## Challenge

### Centralised 'top-down' commissioning can alienate local communities

The people that are best placed to understand and own the issues in a local community are those within that community. But over the last 50 years, public services have become increasingly centralised and standardised – so projects are often created and owned solely by a central government department, without reference to local circumstances. This is not just a waste of potentially useful local resources. When communities feel that services are being thrust upon them, it can undermine local buy-in and cause friction with local initiatives. This will ultimately result in poorer outcomes for the people these services are trying to help.

## Response

### Create local delivery partnerships for local services

Services can be much richer and achieve much more impact when they are really integrated into the community in which they operate. That means encouraging local communities to own and deliver solutions, and it means harnessing existing local capacity in the statutory, voluntary and private sectors – empowering these organisations to address the challenges within their own communities.

One way of achieving this is to create a local entity (as advocated in the 'Collective Impact' model) that is responsible for coordinating local resources, while making sure that local voices are heard and that local organisations play a key role in service delivery. These local 'partnership coordinators' are often embraced by local communities in a way that centrally-imposed services are not.

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## COLLABORATIVE DESIGN

**In practice: West London Zone**

## London pioneers galvanise community to better support local children

In Louisa Mitchell's unequal and, in some cases, deprived area of West London, there were lots of services and resources, many managed centrally. However, delivery was fragmented, and the local community was not very involved in how these services operated – leading to uneven results.

Yet unmet needs were high. More than one in five local children were leaving school without basic skills in literacy and numeracy.

"We felt we could help charities, schools, statutory services and local government work better together, to enable the best, most appropriate support at the right time," explains Louisa, Chief Executive of West London Zone (WLZ). "We didn't have to build new services from scratch. We needed to join up and complement what already existed, in a fragmented way, in our area."

### *Building local buy-in*

The first step was to interview local families with children of all ages, ex-offenders, and groups of secondary school students. WLZ then brought together over 40 people, from local government, the voluntary sector, education, community groups, and funders to work together over about six months to design a model.

The goal was to focus diverse resources on supporting individual children, in order to optimise their welfare and achievement. "The key to our model is putting the child at the centre," says Louisa. "We don't bring groups of children to programmes. We bring the right programmes to individual children. This process is made possible by our Link Workers. They are responsible for children and work side-by-side with the school. They have become powerful 'trusted adults,' empowering children to define and achieve goals, supported by their families, and to get what they require." »

*We didn't have to build new services from scratch. We needed to join up and complement what already existed, in a fragmented way, in our area.*

## In practice (continued)

The programme's diverse funding demonstrates impressive local and central collaboration. Central government agreed to pay about a quarter of the cost, with the local authorities bearing a similar proportion, while schools and local philanthropists and businesses shared the rest. So the programme is four times richer than if it had relied on a central government contract alone – and the level of local ownership and design is worth even more than that.

Young people receive an intensive, personalised, 2-year support programme, for which the schools contribute only 12 per cent of the total cost. The richness of these resources proved valuable during lockdowns. "The pandemic took away from children the safety and security of the daily school routine," explains a WLZ link worker. "I spoke to a mum, struggling to get her daughter access to the online learning system. The mum's phone was the only electronic device they could use for access. I processed a request for a tablet which arrived

*The programme is four times richer than if it had relied on a central government contract alone – and the level of local ownership and design is worth even more than that*

within the week and the child was accessing the home learning, reading stories online and listening to bed-time stories."

### Local understanding pays off

Farial Missi, who grew up in the community, is an exemplar of WLZ's locally-rooted link workers. "She understands us on the same level, because you know how she's kind of young, and she knows where we come from and that . . ." explained a 12-year-old pupil.

Her impact has been impressive, working directly with WLZ's young people for four years, and later going on to become a Board member and Trustee. "Before I started with [Farial]," the child added, "I was always fighting, messing about, but ever since then, I've been concentrating more on my lessons. She's really good at getting people on the right path."

The WLZ programme has now expanded to offer help to over 4,000 children across 60 schools; an independent evaluation estimated that the outcomes created achieve savings to Government of £43,000 per child. Collaborative local ownership like this is one answer to squeezed local funding, according to one local authority leader: "At a time when funding for local services has never been tighter – with huge pressure on budgets for children's and young people's services – West London Zone has created a brilliant new model to make our money go further."

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## Further reading

• Thomas, K (2018), Idea from Harlem transforms young lives in west London, The Guardian.

• Creasey, S (2022), How to put our broken support system back together, TES Magazine.

• West London Zone, Collective Impact in Practice 2016-2018.

• West London Zone, West London Zone's Impact 2016-2020.

• West London Zone, West London Zone Collective Impact Bond Savings Case.

• Kania, J and Kramer, M (2011), Collective Impact, Essentials of Social Innovation, Stanford Social Innovation Review.

• Marshall, P (ed.) (2013), The Tail: How England's schools fail one child in five - and what can be done, Profile Books.

• Blundell, J et al. (2019), 'Are we rallying together?', Government Outcomes Lab, University of Oxford, Blavatnik School of Government.

• Rubin, H (2009), Collaborative Leadership: Developing Effective Partnerships for Communities and Schools, Corwin Press.

*West London Zone has created a brilliant new model to make our money go further*

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# 2. Co-creating services with the real experts

## Challenge

### Too many services are designed without input from those who understand them best

**M**any public services are still designed by central Government, based on how services have been delivered in the past.

This top-down approach is (in theory) a good way of ensuring efficiency of procurement, consistency of delivery, and comparability of results nationally. And in areas where there is a relatively simple discrete problem that requires a relatively standard solution, it can be very effective.

However, when the state is trying to support individuals dealing with a more complex set of challenges, this model can break down. Different solutions may be needed in different circumstances. Some solutions may not work in practice. Others may have unforeseen consequences. Others may need to evolve to reflect changing times. It's very difficult to achieve any of this with a top-down, 'one size fits all' approach.

The easiest solution is to listen to those with direct experience of delivering or accessing the service locally, and use their insights to make the programme better. But the traditional model makes this very difficult. When projects try to address this via focus groups (or similar), it often just amplifies the loudest voices, rather than eliciting truly representative feedback. And even when great ideas do emerge from this process, they are often not implemented because they conflict with the original project specification, or they're seen as 'too expensive'.

## Response

### Take a true 'co-creation' approach to service design

**S**ome projects are trying to move away from the narrow, top-down model in favour of a 'co-creation' approach, whereby a representative group of front-line staff and those who have experienced the service are involved right from the start of the service design process.

This can help identify exciting delivery innovations – if we ask the right questions. For front-line teams, that might be: "What have you always wanted to try, but have never been able to do in previous contracts?" Or for the individuals being supported, it might be: "What could be done differently in order for this service to have a much better impact on your life?"

Importantly, this feedback is not only relevant in the design phase. By engaging in a continuous dialogue throughout the project, it's possible to identify genuinely useful and actionable ideas at every stage, and then focus on finding ways to implement them, both operationally and financially.

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**In practice: New approaches to fostering and adoption**

## How listening to children helped to improve the stability and success of foster care placements

Ian Thomas was part of one pioneering approach to helping children transition from residential care into family settings.

Ian worked in Birmingham as an independent 'care-experienced' mentor – a role that involved helping children and young people to make more considered, free and successful decisions about moving into foster care.

He has first-hand experience of this system: as a 9-year-old, he remembers being whisked away suddenly from school and entering care: "I had easily over 20 fostering families and several children's homes. I moved around a lot and the care was consistently inconsistent."

Because of this, young people value his support. "When I was young, I couldn't see past my own pain," explains Ian. "But If I'd met a bigger version of me, saying 'I know it doesn't seem like it just now, but it's going to be alright' – that would have offered me a lot of hope."

### *Learning from lived experience*

Back in 2013, a number of local councils decided

to explore how they could provide more long-term stability for children in the care system. They were concerned about the emotional cost for young people – and the financial cost for councils – of constant back and forth between residential care and failed foster placements.

In Birmingham, for example – which at the time had more children in care than any other local authority in Europe – this resulted in an extensive consultation process, involving in-depth, detailed interviews with young people in care, foster carers / adoptive parents and social workers. These interviews were carried out by academic researchers with a deep understanding of the issues involved, and they focused on identifying really practical ideas that could inform future services. Similar consultations were carried out concurrently by a group of Voluntary Adoption Agencies, to understand more about how to improve adoption processes nationwide.

The introduction of mentors like Ian in Birmingham was one of the innovations to emerge from these processes. But there were also four others. »

*Local councils decided to explore how they could provide more long-term stability for children in the care system*

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## In practice (continued)

The first was the use of an independent physical and psychological evaluation prior to a placement search, so future carers properly understand the young person's history and life experiences. These assessments are not routine in England, in part because it is perceived to involve additional up-front cost.

Second, placement starts were to be planned, not done in emergencies – to include a 'matching period', where a young person could get to know their future carers before formally leaving their children's home.

Third, more investment into carer search and recruitment (and partnerships with a broad range of fostering and adoption agencies) would give children themselves a real choice in where they were placed. "He doesn't have to move in with these people, if he doesn't want to," explains another mentor, following a first potential placement match. "I want him to know that he has quite a lot of control in this situation."

Finally, the project recruited and paid for an additional social worker with strong project management skills, seconded into the council, to lead on placement planning. The local social work teams had expressed enthusiasm for a more strategic approach, but simply didn't have the time themselves due to high caseloads and other emergencies.

A foster carer explains the process. "There was a skeleton plan and [the young person] was asked: 'What do you think about this? What do you think about that?' She was given the opportunity to add her own part of the plan if she wanted to. She took the position that we had a two-hour contact, then we had a whole day, and then she was given the choice of whether she wanted the next one to be an overnight contact, or whether she still wanted to just visit in the day."

It can seem expensive to do all this. For example, councils found the concept of 'double paying' – i.e. paying a retainer to foster parents for one to two months, while also paying for a place in a children's home – difficult to justify; so the projects offered to cover the up-front cost. Sure enough, evaluations have shown that this makes a big difference to the stability of the placements. Unpromising matches were avoided before they began, rather than collapsing a few weeks later; and these more stable placements quickly cost less for the councils, enabling the early investments in innovation to be repaid at the end of the project.

The Birmingham project was praised by OFSTED and its learnings fed into the Narey/Owers report for the Department of Education on fostering, which specifically called for the use of matching processes. It was also lauded in the Barber Public Value Review – which concluded that these innovations not only improved

placement stability but also brought immediate savings to the public purse. All of this helped to dispel the myth that investing into good planning and choice for children should be seen as 'additional cost'.

What's more, the success of this approach clearly demonstrates what can be achieved by listening to those with direct experience of services – and, critically, acting on their recommendations.

> *Unpromising matches were avoided before they began, rather than collapsing a few weeks later; and these more stable placements quickly cost less for the councils*

Despite investing heavily up-front into placement enhancements, after just two years these programmes had already achieved over £50,000 per child of directly attributable net cost savings to the children's' placements budgets of the participating local authorities.

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## Further reading

• Plumridge, G and Sebba, J (2017), Evaluation of Birmingham City Council's Step Down Programme, REES Centre, University of Oxford.

• Plumridge, G and Sebba, J (2018), Evaluation of Birmingham City Council's Step Down Programme, REES Centre, University of Oxford.

• Barber, M (2017), Delivering better outcomes for citizens: practical steps for unlocking public value, Open Government Licence.

• Narey, M (2011), The Narey Report: A blueprint for the nation's lost children, The Times.

• Narey, M and Owers, M (2018), Foster care in England: A review for the Department for Education, Open Government Licence.

• Fox, C et al. (2019), Co-creation of Public Service Innovation, Co-creation of Service Innovation in Europe.

• Fox, C et al. (2020), Where Next for Co-creating Public Services?, Co-creation of Service Innovation in Europe.

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*These funds have spanned multiple years, enabling a longer-term, more strategic approach than is typically possible with annual departmental Government budgets*

## 3. Working in a joined-up way with other public services

### Challenge

#### Coordinating services across government is difficult

Local and central public services are typically organised via departments or policy areas, each with their own budgets and objectives. However, this 'siloed' approach can create difficulties for people whose support needs span multiple policy areas.

Take, for example, a looked-after young person in the social care system. Effective support may require input from carers, social workers, the local authority, schools, employers, doctors, child psychologists, and local charities. Then once these young people turn 18, they no longer fall within the remit of children's services; so much of their support falls away, to be replaced by an entirely new set of services.

### Response

#### Securing more (and bigger) cross-Government co-payment funds

One way of addressing these issues of 'budget silos' and 'boundary transitions' is to create multi-year funding mechanisms that span multiple departments. In recent years, the UK Government has launched a series of funds like this, with the goal of bringing departments together to innovate and tackle challenges that they could not tackle effectively alone.

Recent examples include the Life Chances Fund, the National Lottery Commissioning Better Outcomes Fund, and the Cabinet Office Social Outcomes Fund – all of which enabled central departments and local government to co-pay for specific outcomes, based on a shared, clearly articulated vision. Importantly, these funds have spanned multiple years (even multiple parliaments), enabling a longer-term, more strategic approach than is typically possible with annual departmental Government budgets. They were also able to partner with individual department initiatives such as the Innovations Funds launched by the Department for Education, the Department for Work and Pensions, the Home Office, Ministry of Justice and the HM Treasury Shared Outcomes Fund, to unlock truly cross-governmental outcomes-focused collaborations for the first time.

By creating more (and bigger) funds like these, we can catalyse life-changing projects for people who might otherwise have fallen through the cracks between services – while also ensuring more efficient use of public money. It can also enable a longer-term transition towards all parts of Government focusing on outcomes and true value for money, rather than annual budgets and short-term cost balancing.

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## In practice: Supporting young people

## Co-payment funds bring diverse branches of Government and enable a more holistic approach to support

Some young people face particular difficulties making the transition to adulthood – notably young offenders, those with poor attendance and achievement at school, and those who have been 'looked after' in the care system. These young people, while primarily the concern of local councils, often require support across multiple departments, including criminal justice, employment, education, health and social care – which a centralised, siloed system is not really designed to accommodate.

Ricky, Ellie and Curtis are three young people from different parts of the country. Each was seeking to move into a stable job and accommodation.

Each had challenges to overcome. Ricky lacked confidence in interviews and faced unemployment. Curtis was a bit lost after leaving care. Ellie required support generally – getting a job, housing and managing life.

In each case, these young people got help because of innovative co-payment funds, which enabled

different parts of central and local government, and the NHS, to collaborate more effectively.

"I had a problem looking people in the eye when I spoke to them," explains Ricky, from Merseyside. "Nerves got to me. So I went to interviews and never got in." Career Connect, a local charity, worked with Ricky to build his confidence and mental resilience – then helped him to get a job as an apprentice greenkeeper at a golf club.

Curtis, from Gloucestershire, had just left care. "I was a bit scared about what I was going to do with my life," he recalls. Adam, a coach with the charity 1625 Independent People, worked extensively with Curtis: "His confidence has grown. He is a lot more positive about the future. He is making lots of friends and he can see a lot more opportunities." »

*Innovative co-payment funds enabled different parts of central and local government, and the NHS, to collaborate more effectively*

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## In practice (continued)

In Bristol, Ellie, another care leaver, was supported by her coach Helly to get her first job: a council apprenticeship. But Helly's support for Ellie goes beyond job advice. As she explains: "I will be her coach over a period of four years. So whether it is linked to the job, life in general, or housing, I will always be on hand to support Ellie and work through things with her."

### The value of co-payment

The same co-payment funds that enabled all this support backed a number of innovative, successful projects around the country, working with a range of young people: from teenagers with very severe mental health problems; to children with severe special educational needs; to care leavers and young offenders; to children who were doing OK at school, but were going through a difficult time for other reasons. But while the projects differed in focus, they shared some key characteristics. They took a holistic, long-term approach. They brought together diverse branches of government and local agencies that had previously never worked together, with a focus on innovation. And they had a clearly-articulated shared vision of what they wanted to achieve, with quantifiable success metrics. All of this was facilitated by the co-payment model.

This approach is gradually being introduced in other policy areas. The Refugee Transitions Outcomes Fund (RTOF) is another innovative attempt to overcome institutional silos. This initiative aims to improve outcomes for refugees by supporting their access to employment, housing, digital skills and enhanced wellbeing. It is running initial contracts in key regions across the country, including the Refugee Better Outcomes Partnership in Newcastle and Plymouth, one of the first programmes to focus on supporting refugees holistically. Again, RTOF relies on inter-departmental cooperation: it is an unprecedented active collaboration between HM Treasury, the Department for Culture, Media & Sport, the Home Office and the Department for Work and Pensions.

According to Big Society Capital's recent report 'Outcomes for All', these three 'co-commissioning' government funds have between them created over £1bn of value to the public purse already, at a total cost of only around £100m. The funds themselves have only paid about a third of this cost – with the remainder catalysed from other payers, including local authorities, devolved NHS entities, schools, philanthropists and private businesses. The outcomes achieved by these projects will continue to grow, as their longer-term impact is monitored and validated over the coming years.

### Moving to outcomes models

The success of these projects illustrates the value of taking a more joined-up approach, with longer-term horizons and a focus on cross-department collaboration and innovation – which co-payment funds make possible. And Government has now announced its intention to move more permanently towards a focus on outcomes for all budget planning. In 2020, for the first time, central departments were asked to produce 'outcomes delivery plans' instead of the historic 'departmental spending plans'. This new planning and performance framework should over time shift focus away from counting what is spent, towards investing into what can be achieved for citizens.

According to Kieron Boyle, former Head of Social Investment and Finance at the Cabinet Office, it makes the case for a more outcomes-focused approach to budget planning. He says: "Having to frame future spending in terms of outcome delivery plans means that departments must work across the public sector, with, for example, crime commissioners, mayors and councils, to achieve those outcomes. The success of catalyst pilot funds, then shared funds, and now asking departments to change the way they plan for the future, all show the way forward for more effective public services."

*Having to frame future spending in terms of outcome delivery plans means that departments must work across the public sector*

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# Further reading

- Observatory of Public Sector Innovation, Social Outcomes Fund, https://oecd-opsi.org/innovations/social-outcomes-fund/ (accessed 03/02/23)

- Cabinet Office and Modernisation & Reform (2021), Outcome Delivery Plans, https://www.gov.uk/government/collections/outcome-delivery-plans (03/02/2023)

- Insite Research and Consulting on behalf of the Department for Work and Pensions (2014), Innovation Fund pilots qualitative evaluation, Department for Work and Pensions.

- Insite Research and Consulting on behalf of the Department for Work and Pensions (2016), Qualitative evaluation of the DWP Innovation Fund: Final report, Department for Work and Pensions.

- Powell, A (2021), NEET: Young people Not in Education, Employment or Training, House of Commons Library.

- Foley, N & Library Specialists (2021), Support for care leavers, House of Commons Library.

- Department for Education (2020), Children's Social Care Innovation Programme: insights and evaluation.

- Home Office, New Plan for Immigration: Policy Statement (chapter 2).

- Hill, J (2021), Whitehall to pilot place-based approach to local government, Local Government Chronicle.

- Johal, A and Ng, G (2022), Outcomes for All: 10 Years of Social Outcomes Contracts, Big Society Capital.

- UK Government (Cabinet Office & HM Treasury) (2021), The government's planning and performance framework.

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HM Treasury | Cabinet Office | Home Office | Department for Education | Department for Levelling Up, Housing & Communities

Department for Digital, Culture, Media & Sport | Ministry of Justice | Department for Work & Pensions | COMMUNITY FUND

# 4. Building dynamic, actively managed, long-term partnerships

*The dynamic becomes: 'How can we as partners constantly evolve what we do to help as many people, as much as possible, while achieving the best possible true value for public money?'*

## Challenge

### Traditional procurement encourages compliance & discourages innovation

Commissioners often feel obliged to procure services according to a rigid cost and service specification, in the belief that this is how their stewardship of public value for money will be assessed. This can create an excessive focus on securing the lowest possible 'input price', which can lead to providers underpaying staff and under-resourcing innovation. And it can make the ongoing management of these services primarily an auditing exercise, where Government contract managers focus on checking that activities and spend are in line with what was procured.

This creates a compliance-style relationship between Government and contractor, where success is defined as 'adherence to the original plan'. Any deviation from that specification becomes almost impossible, not least because it would lead to challenges from those not selected in the original competitive process. So there is very little capacity to explore whether a different approach might yield drastically improved results.

## Response

### From contractors to partners: a new kind of relationship

The really pioneering officials take a very different approach to procurement and contract management. They recognise that the true measure of value for money is the cost per outcomes successfully achieved; and to that end, they seek to build deep, trusted, long-term partnerships with the organisations they have engaged to deliver services. That means defining a shared collective vision, which is clearly articulated and quantified. It means engaging regularly, using hard data, welcoming the bad news alongside the good. And it means encouraging rather than guarding against change: constantly asking for and thinking about ways to learn, innovate and rapidly improve the service to achieve that shared vision.

In short, it's about creating a very different kind of relationship. Instead of: "How can I make sure you're delivering the service exactly as it was procured?", the dynamic becomes: "How can we as partners constantly evolve what we do to help as many people, as much as possible, while achieving the best possible true value for public money?"

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## In practice: The Harvard Government Performance Lab

## Results-driven Contracting and Active Contract Management; New Approaches to Public Procurement in the U.S.

In public services procurement, achieving the best possible value for money is often seen as the key priority. However, when this is interpreted simply as driving down input costs, and enforcing compliance against rigid specifications, it can actually result in the service delivering worse outcomes – thus diminishing the true value for money in terms of 'cost per outcomes successfully achieved'.

As one UK official explains: "Under a traditional input price competition, a properly resourced, high-quality bid often scores less than an under-resourced bid that can't possibly deliver what we want. And even if we manage to select the bid which genuinely offers the best team, I worry that once a service is procured, if I allow providers to build in what they are learning – by personalising their service to individuals, or changing their overall service design halfway through the contract, I might receive a legal challenge from the other short-listed providers who were not selected. Post-award

monitoring and compliance has often focused on ensuring that contracts are delivered according to what was procured, for the duration of the contract – even if it is clearly not working."

When the commissioner is mainly interested in buying a set of rigidly pre-specified inputs, at the lowest possible price per input, it creates a very short-term focus and a compliance-style dynamic between the two – one that can sometimes be quite adversarial. This is rarely a great recipe for improving people's lives.

### *From compliance to partnership*

One interesting solution has emerged in the United States. Professor Jeff Liebman, who was chief economist in President Obama's Office for Budget Responsibility, created Harvard University's Government Performance Lab (GPL). Its

work has re-directed more than $6 billion of funds towards results-based programmes across 200+ projects, which have collectively helped nearly 500,000 people. One of these involved supporting Gina Raymondo, the Governor of Rhode Island State, whose children's services division was $16m over budget and delivering poor outcomes.

Professor Liebman's team helped Rhode Island to form a new type of relationship with its contractors. GPL found that "governments often treat procurement and contract management as back office administrative functions, instead of powerful levers for systems change... Procurements can be overly prescriptive and regulated, stifling innovation and reducing competition... Contract management tends to focus on compliance instead of performance improvement, with contractors held accountable for inputs and activities rather than outcomes and impacts." »

*'Contract management tends to focus on compliance instead of performance improvement, with contractors held accountable for inputs and activities rather than outcomes and impacts'*

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## In practice (continued)

In Rhode Island, the GPL team came to a similar conclusion as the children's placements projects described in chapter 2: that a greater investment in planning and matching of children with potential foster families would yield dramatically more stable placements.  To implement these changes, they developed a new kind of collaborative partnership: defining a clear shared vision of what they wanted to achieve, and working together to achieve it. This gave both partners – contract manager and supplier – more freedom to innovate and experiment, for example by spending more time and resources earlier in the process than had been originally envisaged.  So instead of running basic input price competitions against inflexible 'specifications', and then auditing organisations against compliance, Rhode Island contracted for better results. This enabled the partners to embrace continuous change, as a way to achieve their shared vision.

This two-pronged approach – which GPL calls "Results-driven Contracting" at the procurement stage, and then "Active Contract Management" during delivery – had a big impact. The share of young people in local children's homes declined 29 percent; the numbers of children in foster placements rose 63 percent; and the numbers of children in out-of-state institutional care dropped 44 percent. That provided Rhode Island with significant value for money, and critically, better long-term outcomes for the children in their care.

### A better way of thinking about Value for Money and partnerships

Here in Britain, more commissioners are also beginning to work in this way, both in terms of procurement and contract management.

The 'formal relational contract' model for private sector contracting developed by Oliver Hart at Harvard establishes the importance of a partnership mentality, with clearly aligned interests and clear governance structure. Unlike a purely transactional contract, these features enable teams on both sides to innovate together and optimise budgets appropriately.

The adoption of these ideas in the public sector, in addition to the GPL's proven methods, is enabling commissioners to think about value for money in a more sustainable way. If innovations exist that can disproportionately improve long-term outcomes and reduce pressure on future budgets (like investments into better quality up-front matching for foster care), an approach that implements and refines these is clearly the best value for public money over the life of the project.

There is still a widespread fear within procurement teams that their legal requirement to select the 'Most Economically Advantageous Tender' might be interpreted narrowly to mean the bid with the lowest short-term input costs – even if this means selecting under-resourced teams that achieve poor outcomes, and ultimately deliver worse value for money.  However, in reality, procurement

law is much more flexible than many realise: a range of options exist to help commissioners catalyse innovation, drive continuous improvements and achieve true value for money over the entire life of their programmes.

To assist with this, a group of specialist organisations wrote 'The Art of the Possible', which includes a set of case studies and guidance for ways in which procurement teams can enable such approaches. As Dai Powell, one of the UK's leading social entrepreneurs, says in the booklet: "All too often, the innovative commissioners we work with find that they are held back by people saying: 'you can't do that because of procurement law'. Usually, there is actually nothing to stop them and the law is supportive of their ambitions."

There is now a thriving community of public servants in the UK who are actively seeking ways to use procurement and contract management as the 'powerful levers for systems change' that Professor Liebman envisaged, focusing on improved outcomes, and true, long-term value for public money.  Many of the examples elsewhere in this paper were led by these people.  The launch of the Commissioning Academy by the Cabinet Office, the Bold Commissioners Club by E3M, the Government Outcomes Lab at Oxford University, and the Public Service Transformation Academy mean that spaces now exist for these innovators to share ideas, peer-support and learning. (And some of their most inspiring stories are available through Mutual Ventures' Radical Reformers podcast, a deep dive into public service innovation across the UK.)

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## Further reading

• Harvard Kennedy School: Government Performance Lab (2016), Results Driven Contracting: An Overview.

• Harvard Kennedy School: Government Performance Lab (2017), Active Contract Management: How Governments Can Collaborate More Effectively with Social Service Providers to Achieve Better Results.

• O'Neill, R (2018), Performance Specialists, Harvard Alumni Magazine, Harvard Kennedy School.

• Hart, O, Frydlinger, D & Vitasek, K (2019), A New Approach to Contracts, Negotiation Strategies, Harvard Business Review Magazine (Issue Sept-Oct).

• Villeneuve-Smith, F and Blake, J (2016), The Art of the Possible in Public Procurement, HCT Group, Bates Wells Braithwaite & E3M.

• Radical Reformers: The podcast for public service leaders, https://www.radical-reformers.com/ (accessed 22/08/22).

• E3M, Bold Commissioners' Club, https://e3m.org.uk/bold-commissioners-club/ (accessed 22/08/22).

• Ball, N and Gibson, N (2022), Partnership with principles: putting relationships at the heart of public contracts for better social outcomes, Government Outcomes Lab, Blavatnik School of Government, University of Oxford.

• UK Government (Cabinet Office, Efficiency Reform Group & Crown Commercial Service) (2013), The Commissioning Academy.

*All too often, innovative commissioners find they are held back by people saying: 'You can't do that because of procurement law'. Usually, there is actually nothing to stop them.*

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" *If you treat people as individuals, and focus on their strengths rather than treating them as a collection of 'problems', you can create a totally different relationship*

# 5. Creating flexible, personalised services tailored to people's strengths

## Challenge

### The standard 'deficit' focus can ignore underlying causes and build dependency

Public services are often designed to fix a specific 'problem' or address a particular 'need' (e.g. drug or alcohol addiction). As such, people tend to be grouped and referred according to this problem (or set of problems), and receive a specific service focused narrowly on those problems. Not only can this build dependency and reinforce negative self-image; it can also mean that we end up tackling symptoms or coping strategies rather than the underlying cause. Without a more holistic approach – one that looks at the whole person – it is hard to help individuals make really meaningful improvements to their lives.

What's more, some areas of the system have evolved in a way that inadvertently encourages this 'deficit-based' approach. For example, the funding of Supported Housing agencies via enhanced unemployment housing benefits effectively disincentivises them from helping people to transition into employment – thus encouraging long-term dependency.

## Response

### Give front-line teams the freedom to tailor their services to individuals

If you treat people as individuals, and focus on their strengths rather than treating them as a collection of 'problems', you can create a totally different relationship – one where people are empowered to make lasting improvements in their lives.

With that in mind, some pioneering organisations have transformed the way they think about service delivery. Instead of a traditional, problem-focused approach, they now focus on giving their front-line teams the training and the freedom to build close, trusted relationships with the individuals they work with. This helps them to design the right blend of flexible support – specific to that individual's circumstances and strengths – that will enable people to better help themselves.

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## In practice: Mayday Trust

## How a homelessness charity radically transformed its approach to focus on people's strengths

In 2011, Mayday Trust, a pioneering charity which works with people going through tough times, decided that there was a fundamental problem with the way it was operating. "Systems were not working for people who were homeless," explains Pat McArdle, Mayday's Chief Executive.

"Systems reinforced helplessness, hopelessness and exclusion from community among people experiencing homelessness. The humanity and individuality of people's lives was getting lost. And the outcomes were not good enough. Too many people were either trapped in the system or, after engaging with it, became homeless again with a feeling of 'yet another failure under my belt'."

During a series of over 100 "exploratory conversations" that Mayday held with those experiencing services, the charity found that much of the homelessness "industry" was impersonal, deficit-focused, and actually created dependency. The answer was to stop focusing on, diagnosing and medicating people's weaknesses, and instead start focusing on their strengths. In order to help people recognise and build on their capabilities, Mayday had to take a much more personalised approach. This included giving front-line staff the ability to make small discretionary grants – known as 'personal budgets' –

to support that individual's progress in any way they saw fit. The objective was not to create a situation of long-term dependency on the state, but help people transition into independence.

Dave, who would normally have been classified as 'a homeless drug user', exemplifies Mayday's transformed approach. The traditional system approach would have been to find a place for Dave in expensive supported housing, apply for enhanced payments from Government indefinitely, and offer him drug/alcohol rehabilitation courses. Mayday's previous traditional government contract even stipulated a percentage of people who must be sent to rehabilitation courses each year. And Dave would have needed to continue confirming his 'support needs' every few months, in order to keep his home, and for the various organisations 'treating' him to receive their funding. Instead, under Mayday's new approach, Dave agreed to meet a coach for a coffee and a conversation about cars.

"The coach didn't talk about his drug use or that he was living in a tent. We never said Dave had to attend sessions with a coach. We gave him a choice and control. His coach worked to empower Dave to get in contact with his passions – who he was, what he wanted. Dave applied for a personal budget and got a car kit."

Instead of trying to diagnose and medicate a problem (which was actually a coping mechanism, rather than a root cause), Mayday tried to understand Dave's potential, and help him refocus on it. This approach has transformed Dave's life, McArdle explains. "That Christmas, Dave went home to his family who he hadn't seen in 12 years. Within eight months, he had accessed his own flat where he has lived for the last two years. More recently, through his attendance at a car rally, he met someone at BMW, who encouraged him to apply for a position there. He is now working for them in his dream job. Over time, Dave realised what was possible and made it happen."

This story is typical of the charity's new approach. They no longer make people undergo assessments to count 'support needs', in order to justify deficit-linked funding from Government. "We meet people briefly, tell them ≫

> *The answer was to stop focusing on, diagnosing and medicating people's weaknesses, and instead start focusing on their strengths*

## In practice (continued)

what we are about and give them the option to get involved. We don't talk to people about their 'issues'," explains Pat McArdle. "Rather, we begin conversations which are about just getting to know the person. We meet people wherever they want to meet us, and talk about whatever they want to talk about."

"We believe that the fundamental solution to homelessness will not come from psychiatry, sociology, psychology or the housing sector, although all the thinking in that area is helpful. Instead, change will come from listening to people, reflecting, getting to know people's contexts, understanding and always knowing that we are all different. So let's keep it person-led, not system-led."

This pioneering 'asset-based' approach has required Mayday to make some brave decisions. Initially, it had to let go of some traditionally defined contracts, lose staff and shrink in size. But ultimately, the approach has proved to be so popular that Mayday developed an academic qualification in their Personalised, Transitional and Strengths-based (PTS) approach, to assist other organisations wanting to follow suit. It has also launched an initiative called the New System Alliance, which is supporting others to adopt their own PTS approaches.

In West Yorkshire, for example, it is working with an organisation called Kirklees Better Outcomes Partnership (KBOP), a collaboration between eight local charities that is seeking to help 6,000 people to secure or maintain suitable accommodation, improve their health and well-being, and strengthen the skills they have to live independently. All eight of KBOP's charity partners have now adopted Mayday's PTS approach, and it is yielding impressive results. Since September 2019, KBOP has supported over 3,700 people to sustain their accommodation, and helped many of those into education or employment.

Sarah Cooke, Managing Director of KBOP, explains her experience of studying for the PTS qualification: "The PTS course gave me the opportunity to explore the impact of relationships, trust, assumptions, and power in commissioned services. As an introduction, the student is asked to forfeit control and share personal information about their life as though they were accessing a traditional housing service. You must describe your deficits – perhaps you drink too much, have been in trouble with the police over speeding offences etc. The idea is to show people what it's like to interact with these services, and to be defined by their weaknesses. People immediately learn how a deficit-based approach can be disempowering, and better understand the importance of opting for strengths-based interactions instead."

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**FLEXIBLE DELIVERY**

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*The fundamental solution to homelessness will not come from psychiatry, sociology, psychology or the housing sector . . . Change will come from listening to people*

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## Further reading

• Cooke, S (2021), Changing the system not the person: how an asset-based approach can change lives (Kirklees Better Outcomes Partnerships), New Local.

• Mayday Trust (2020), Wisdom from the Street.

• Mayday Trust (2020), Wisdom from behind closed doors.

• Mayday Trust (2021), Wisdom from the system.

• Cottam, H (2019), Radical Help: How we can remake the relationships between us and revolutionise the welfare state, Virago.

• Rosenbach, R and Carter, Dr E (2020), Kirklees Integrated Support Service and Better Outcomes Partnership, Government Outcomes Lab.

• Miller, M L (2017), The Alternative: Most of What You Believe About Poverty Is Wrong, Lulu Publishing Services.

• Naylor, C and Wellings, D (2019), A citizen-led approach to health and care: Lessons from the Wigan Deal, The King's Fund.

• Nussbaum, M, 2011, Creating Capabilities, Cambridge, MA: Harvard University Press.

• Sen, A, 1993, "Capability and Well-being", in Nussbaum and Sen (eds.), The Quality of Life, Oxford: Clarendon Press.

• Wilson, R et al. (2018), Good and Bad Help, The Good Help Project by Nesta and Osca.

• Fox, A and Fox, C (2023), How We Lost Sight of the Point of Public Services, New Local.

• Fox, A (2022), What next for strengths-based areas?, Social Care Institute for Excellence, Mayday Trust and Think Local Act Personal.

• Fox, A and NCVO (2021), Meeting as equals: Creating asset-based charities which have real impact, Royal Society of Arts.

" *To help people recognise and build on their capabilities, Mayday had to take a much more personalised approach*

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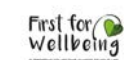Kirklees Better Outcomes Partnership
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# 6. Investing properly in people

_If we want to create more effective services, recruiting and retaining high-performing teams is vital... That means having the flexibility to invest additional funds in these teams_

## Challenge

### Many projects struggle to recruit and retain excellent teams

If people are to achieve genuine lasting change in their lives, they need to build close, trusting relationships with those supporting them. That requires engaged, talented professionals. So if we want to create more effective services, recruiting and retaining high-performing teams is vital.

However, the inflexibility of project budgets often makes it difficult to keep a service fully staffed right through to completion with the best available people. Charities often find themselves under pressure to reduce their costs – which sometimes means cutting down on supervisory and management resources as a way to reduce 'overheads'. But in terms of achieving the best outcomes and the best value for money, scrimping on salaries and supervision often turns out to be a false economy.

## Response

### Budget flexibly, so delivery partners can build the best teams

If organisations want to build effective, motivated, high-performing teams, they need to make sure their people are properly resourced, recognised and supported. That means having the flexibility to invest additional funds in these teams where necessary – perhaps for extra coaching, or boosting clinical supervision, or hiring people before they are urgently required, or helping staff to stay in post until the end of a project.

All of this is hard to do with traditional Government contracts, because it can look like additional cost. But for partnership-based projects, where there is a clear shared vision of what needs to be achieved, the calculus becomes very different. If additional investment in people significantly increases the quality of what is delivered, and the number of people who can be helped, it will more than pay for itself – because it drives down the cost to Government of the improvements to each individual life.

COLLABORATIVE DESIGN

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## In practice: Family therapy

### Investment to build best-in-class family therapy teams transformed lives and saved money for councils across London and the East of England

Melissa* was on the cusp of placing her adolescent son, Mark*, into care, due to his increasingly challenging behaviour. Mark had caused considerable damage to the family home, and had also been truanting for months. Melissa had even had Mark arrested several times and removed from their home.

However, what happened next offers hope to many other families who find themselves in similarly desperate situations, where placing a child in institutional care seems to be the only answer. This family is one of hundreds whose prospects have been transformed through support offered by family therapy programmes that have been operating across Essex, 10 London boroughs and, more recently, in Norfolk and Suffolk. Instead of being placed in care, Mark and his mother were offered intensive therapy that turned their lives around and made it possible for them to stay together – which also saved the council hundreds of thousands of pounds in potential residential care fees.

The therapy itself is not new; it is based on two well-established, evidence-based programmes. The success of the project lay in its flexibility to re-budget at various points in the delivery process. Brigitte Squire, the delivery's clinical

director, explains: "I have supervised the delivery of quality family therapy in a wide range of geographies around the country over the last 30 years, since these highly effective therapies were first introduced in the UK. They rely on extraordinary commitment from the most able therapists. If families receive it, some of the most difficult situations can be turned around. But the interventions represent a big ask of some of our finest therapists.

"Often, we have experienced funding problems with such programmes, which has left therapists under-resourced and exhausted, and families short of what they required. As a result, these therapies have not delivered to their full potential."

Recruiting, retaining, and managing therapists isn't easy. The work is intense and draining; teams are at risk of being understaffed because of turnover and recruitment delays. Resourcing gaps put more pressure on the remaining therapists, which is often reflected in increased sick leave. On paper, a team of therapists should support 40 families a year. In fact, they often help only 25 families because of under-staffing and poor utilisation. »

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*Thanks to flexible budgeting throughout the programme period, we ensured that there were enough therapists, well-supervised and with the clinical support they needed*

## In practice (continued)

For these projects, there were additional funds available to invest in extra therapist resource. Day to day, each of the teams had four full-time equivalent therapists. But an extra, unbudgeted one was also hired to ensure teams worked at full capacity. Senior clinical psychologists were also recruited to improve supervision, efficiency and overall cost-effectiveness.

"It was impossible for a single London supervisor to do the case management in an efficient way because we were covering five boroughs spread all over the city," says Squire. "So we came to a 'two supervisors' model, which ensured that they retained good oversight."

Finally, financial support was offered to ensure that therapists stayed until the project's completion, rather than leaving for another job in the final year.

"Thanks to flexible budgeting throughout the programme period, we ensured that there were enough therapists, well supervised and with the clinical support they needed," Squire explains. "This strategy underpinned the success and sustainability of the programme. And the extra costs actually paid for themselves because we were able to help more families with better quality, more cost-effective therapy, which proved to be lower in price per family than traditionally contracted delivery."

All in all, this flexible budgeting was hugely effective. It helped to build well-motivated, high-performing, award-winning teams, who achieved quality ratings and family satisfaction feedback that far exceeded comparable teams elsewhere. They worked with more families per team than any other service – about 50 per cent more than is usually achieved each year, in fact – without over-stretching individual therapists. And success rates rose dramatically: over three years, 90 per cent of the families remained together, compared to an expected 25-35 per cent without any sort of intervention.

There are currently more than 70,000 Looked-After Children in the UK, and it can cost over £200,000 a year to accommodate a child in residential care. However, even the directly attributable short-term cost-savings of these programmes realise at least three times as much benefit as their cost of delivery – and the broader benefits to government and society are many times greater.

So the value of this extra investment is clear. An independent evaluation found that these projects have already created over £200m of value to the public purse, of which over £50m is direct short-term cost avoidance to local children's placements budgets. And they have only cost £20m to deliver.

The therapy certainly made a big difference to Mark and his mother, Melissa. "If I get into an argument now," Mark says, "I can use them words. Outside, not just inside. And I just walk off, be a bigger man. And I get on with my teachers a lot more. When I started at the school, I didn't really get on with them. Now I have a good relationship with them."

Melissa feels grateful for what has been achieved: "If I hadn't had the sessions," she says, "I don't think I'd have him right now – to the point not just of him being in care. He could be locked away by now if this hadn't happened."

**COLLABORATIVE DESIGN**

**FLEXIBLE DELIVERY**

*The extra costs actually paid for themselves... we were able to help more families with better-quality, more cost-effective therapy, which proved to be lower in price per family than traditionally contracted delivery*

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## Further reading

- Roberts, L and Cameron, G (2015), Evaluation of the Essex Multi-Systemic Therapy Social Impact Bond: Interim evaluation report, OPM.

- Hoong Sin, Dr. C (2016), Evaluation of the Essex Multi-Systemic Therapy Social Impact Bond: Full evaluation, OPM.

- Drew, H et al. (2019), Evaluation of the Multisystemic Therapy Service in Essex, REES Centre, Department for Education and University of Oxford.

- Hunter, D (2013), Working Hard – and Working Well, Hunter Consulting.

- Morino, M (2011), Leap of Reason, Venture Philanthropy Partners.

- Tomkinson, E (2015), Delivering the Promise of Social Outcomes, The Social Investment Lab & Think Impact.

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*Budget flexibility enabled well-motivated, high-performing, award-winning teams. They achieved quality ratings and family satisfaction that far exceeded comparable teams*

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# 7. Continuous improvement of delivery

> *If organisations have the freedom to constantly evolve the design and structure of the delivery based on what they learn, they can create much more responsive, effective, tailored services*

## Challenge

### Traditional service specifications are not conducive to innovation and adaptation

A traditional 'service specification' sets out precisely what activities must be performed by each organisation, and how the budget must be spent.

In some cases – where there is a discrete, clearly diagnosable problem requiring a single, standardised solution – this approach works very well. But there are some areas where this just isn't possible. For example, if we are trying to support people experiencing multiple long-term health conditions, it is pointless to treat this just as a simple medical problem – or even as a set of unconnected lifestyle problems (e.g. poor diet, lack of exercise, loneliness etc.) – and attempt to 'fix' these issues piecemeal, using standardised solutions. There is no single process that will work for everyone; different people will need different support at different times.

For projects working with these individuals, delivery teams learn a huge amount about what works best for each person, which may prompt new ideas about how to make the delivery most effective. But if they are working to a traditional 'service specification', it is very difficult for them to try new ideas or do things differently.

Culture can also be a barrier. If there is too much stigma attached to 'failure', teams are less likely to experiment with radical new approaches that carry some risk but have the potential to achieve dramatic improvements.

## Response

### Flexibly-designed delivery that identifies and implements improvements

If the organisations delivering services in these areas have the freedom to constantly evolve the design and structure of the delivery based on what they learn, they can create much more responsive, effective, tailored services – with a culture of continuous improvement.

This is only possible by moving away from traditional service specifications to embrace a new kind of delivery. The most successful examples of this seem to incorporate three key elements: internal feedback loops that regularly identify potential improvements or innovations; a mechanism to analyse, prioritise and implement these changes; and a legal and funding structure that is sufficiently flexible to allow this implementation.

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**FLEXIBLE DELIVERY**

**In practice: Thrive North East Lincolnshire & Healthier Devon**

## Asset-based community health thrived in Grimsby once people were handed the keys to the social pharmacy

*Flexibility and personalisation... may require going back to the drawing board and rethinking services afresh, based on what has been learned once the delivery is up and running*

In North East Lincolnshire, people have benefited hugely from local health commissioners and delivery partners having both the flexibility and the bravery to rethink their social prescribing service, after realising that their original model was not quite right. Ultimately, the key to success was putting the people on the programme in the driving seat – and being able to adjust the service accordingly.

The programme, Thrive North East Lincolnshire, was set up by local Clinical Commissioning Groups (CCGs), the council, public health teams, and local GPs to provide non-medical support for adults with long term health conditions.

It initially involved GPs referring some of their patients to Link Workers, who worked with each individual to create an action plan, and then offered up a pre-determined set of social activities such as gym memberships, nutritional support and a gardening course. Local charity Centre4 managed the link workers, and local organisations provided the activities.

### Rethinking service provision

However, the link workers soon realised that people wanted more than what was on offer. When they fed this back to Thrive, a decision was made to reconsider what was provided. So the partnership worked with the people using the service to rethink and redesign it – from the activities on offer, to the charities contracted to deliver them (in many cases this led to the creation of new activities and new organisations).

These new arrangements were agreed and implemented rapidly. Now the service has a range of new community groups, often created from scratch and led by the people experiencing the services. These include, for example, a knitting group, a fishing group, a diabetes healthy eating group and a baking club. Such activities can make a huge difference to the well-being and outlook of these individuals, some of whom might otherwise rarely leave their homes. »

## In practice (continued)

### *Helping patients help themselves*

"It's easy to talk about lifestyle changes for long-term conditions such as COPD and diabetes, but many people require a lot of support to make them happen," explains Lisa Hilder, Assistant Director for Strategic Planning at North East Lincolnshire CCG. "That can include making people experiencing a service into not only the co-designers of what is provided, but sometimes also the implementers of provision. Thrive realised that the social prescriptions can work even better when people are involved in actually delivering the prescription via groups that they help to manage themselves. Our partnership has had to be adaptable, ready to change not only the content, but also the structure, of what was originally envisaged."

Hilder adds: "Thrive highlights how flexibility and personalisation must go beyond just being ready to budget differently after a contract has been negotiated. It may require going back to the drawing board and rethinking services afresh, based on what has been learned once the delivery is up and running."

This shift did not have significant overall resource implications for the partnership in North East Lincolnshire. But it made a big difference to outcomes.

"Among people experiencing these flexible, improved services, we've seen dramatic improvements in wellbeing," says Hilder. "They have had to make fewer visits to their GP, and reduced numbers have been admitted to hospital. These groups have also carried on beyond the life of the programme, creating sustainable communities."

The statistics are impressive. For people completing the programme, there has been a 61 per cent reduction in the cost of secondary care, and an 11 per cent drop in the use of primary care.

### *Tackling diabetes in Devon*

Another good example of this is Healthier Devon, a programme which helps people make their own changes that reduce the chances of developing Type 2 diabetes (and its associated health complications). Personalised support encourages people to alter their behaviours and lifestyles sustainably; while the organisation's support network helps individuals to adjust their diet, weight, physical activity and stress management – all of which also eases pressure on GP practices.  Again, a critical element of the programme's success has been the flexibility around which services are provided and when – led by feedback from those using the service.

*Among people experiencing these flexible, improved services, we've seen dramatic improvements in wellbeing. They have had to make fewer visits to their GP and reduced numbers have been admitted to hospital.*

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# Further reading

• Fox, C et al. (2022), Can a focus on co-created, strengths-based services facilitate early-stage innovation within social impact bonds?, International Public Management Journal, DOI: 10.1080/10967494.2022.2078914

• Fox, C et al. (2020), Social Impact Bonds 2.0?, Policy Evaluation and Research Unit & Sol Price Center for Social Innovation.

• Fox, C et al. (2020), Scoping study on strengths-based social outcomes contracts (Social Impact Bonds), Policy Evaluation and Research Unit & Sol Price Center for Social Innovation, Manchester Metropolitan University.

• Kaye, S (2021), Practical Deliberations for Public Services, New Local Innovation In-depth.

• Heitmueller, A (2022), The NHS Refounded: Delivering a Health Service Fit for the Future, Tony Blair Institute of Global Change.

• Lent, A, Pollard, G and Studdert, J (2022), A Community-powered NHS: Making Prevention a Reality, New Local.

• Fox, A (2018), A New Health and Care System: Escaping the Invisible Asylum, Bristol University Press, Policy Press.

• Brogan, A, Eichsteller, G, et al., (2021), Human Learning Systems: Public Service for the Real World, ThemPra Social Pedagogy (alongside Centre for Public Impact, Collaborate CIC, Easier Inc, Institute for Voluntary Action Research, and Northumbria University).

• Marmot, M, Allen, J, Goldblatt, P, et al., (2010), Fair Society, Healthy Lives: The Marmot Review, The Marmot Review.

• Marmot, M, Allen, J, Boyce, T, et al. (2020), Health Equity in England: The Marmot Review 10 Years On, Institute of Health Inequity.

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*Social prescriptions can work even better when people are involved in actually delivering the prescription themselves*

# 8. Tackle systemic barriers to progress

*This isn't necessarily about changing the whole system... It's about making relatively simple, practical adjustments that can have disproportionate results.*

## Challenge

### Public services can sometimes come into conflict with each other, hindering progress

Where projects are dealing with individuals who are interacting with multiple branches of Government, they will often find themselves bumping up against other Government- and council-run services, which may have conflicting objectives and agendas.

If our goal is to improve an individual's life as a whole, this can be a big problem: improvements in one area might be offset or even cancelled out by setbacks in another, severely diminishing the impact of even the most innovative project. The unintended consequence may be that time, energy and limited public funds are wasted, while individual hopes and motivations wane.

## Response

### Encouraging other statutory services to be more flexible

Some innovative programmes have been able to deliver better outcomes for individuals by reaching out to other statutory services, and encouraging them to be more flexible, in pursuit of a shared vision.

This is not always easy to do within public services. But if different departments can be persuaded to embrace shared goals, professionals have shown themselves willing to look past their standard procedures and take a more flexible approach. This isn't necessarily about changing the whole system (although that might be preferable in the long term). It's about making relatively simple, practical adjustments that can have disproportionate results.

In recent years, there have been multiple examples of this – within housing associations, local mental health NHS trusts, drug and alcohol support services, local councils, delivery charities, the probation service and the judicial system. By finding these 'leverage points', we can potentially save public money and improve thousands of lives.

COLLABORATIVE DESIGN    CLEAR ACCOUNTABILITY

**FLEXIBLE DELIVERY**

## In practice: Making the system more flexible

## Changing official systems was vital to helping people experiencing homelessness

When Andy Burnham was elected Mayor of Great Manchester in 2017, his highest-profile pledge was to eliminate rough sleeping in the region. But to have any hope of turning this promise into reality, professionals realised that services would need to start interacting in very different ways.

A new organisation, Greater Manchester Homes Partnership (GMHP), was set up. Its first task was to persuade 20 housing associations, led by One Manchester and Trafford Housing Trust, to provide over 300 properties to rough sleepers. Social housing was already a scarce resource, with a 12,900-strong waiting list, and many of these individuals had been specifically barred from it. As Anne Duffield of Manchester Move, which manages the city's social housing lettings, explains: "We're sticklers for housing to be distributed through our allocations policy. But most of the rough sleepers would have been excluded under the allocations policy, either because they had had a bad tenancy in the past or because they owed us money."

So the first step was to set aside the allocations policy. However, there was a more pressing problem if people sleeping rough were to be kept off the streets.

"The bigger issue was not allocating the properties; they were a small proportion of the 7,500 let out by the city over the three years," explains Duffield. "It was that housing associations were nervous. What if they rehoused someone who then caused problems?"

"I was a fully paid-up advocate of our new approach, but, sometimes, even I felt unsure. As a landlord for social housing, I was mindful that the people next door are just as important as those we were

rehousing. We had to think hard, ensuring that our accommodation working group discussed with delivery partners how we were going to do things differently. We had to decide about protocols to provide 'managed moves' for people if things did not work out, rather than just abandoning them."

### From evictions to 'managed moves'

Peter was one beneficiary of these system changes. Peter had been sleeping rough and using drugs for several years until he got his own flat, thanks to the Greater Manchester policy. However, feeling vulnerable, Peter had allowed former associates into the flat. He was assaulted, and his home badly damaged and used for drug distribution. Normal practice would have resulted in an eviction. But not this time. In Greater Manchester, multiple agencies had committed to offering second, third, fourth and fifth chances; whatever it took.

A 'managed move' out of the area was agreed, and Peter's wrap-around support moved with him. As a result, Peter has sustained the new tenancy, feels safe and is settled in his home.

It's a similar story for dozens of other rough sleepers who have also undergone managed moves when tenancies didn't work out.

### Improving access to mental health support

Another significant benefit came from improved interactions with the health system. GMHP seconded a specialist mental health nurse to work with individuals sleeping rough. This made a big difference, »

*Services have been willing to tear up their old procedures to focus on working together to help people in a new way*

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## In practice (continued)

because people who are using drugs often find that, until they sort out that issue, they cannot access mental health support. Hiring a nurse, qualified to provide dual mental health and drug addiction diagnoses, overcame this barrier to speedy care. It also helped rough sleepers to access statutory mental health services in a format which suited their needs: for example, having nurses and other support workers visit them at home, rather than them having to attend an appointment in a setting that feels unfamiliar or unsafe. This successful innovation has since been widely adopted by other programmes.

### Working with the justice system

Meanwhile, another system problem emerged. Once a vulnerable individual was successfully housed, and registered for support services and welfare benefits, a court summons would often arrive for a minor offence committed in the past, as the criminal justice system caught up with them. This can be a major setback: a short spell in prison will often undo progress, and people end up back on the streets or worse.

So GMHP worked with the justice system to change its interactions with rough sleepers. Remarkably, it was able to agree that continued engagement with the programme would be deemed acceptable in lieu of custody.

For example, Ben had just moved into his own flat, when he received a court summons for a minor offence in the city.

In court, the GM Homes Partnership wrote to the presiding magistrate advising of Ben's progress over the previous 18 months on the scheme. The magistrate told him: "This letter

is the only reason you are not going into custody today. I hope you will continue this work with this project, and the progress you have shown."

### Providing easy access to digital ID

The team also realised that navigating official bureaucracy can be a nightmare for those experiencing homelessness, because they may lack formal identification. That can be a big barrier to living independently, because they cannot access bank accounts, employment, income and housing. They wanted a way to store their ID safely and accessibly. So a biometric ID system was created, with data stored safely in a virtual location. All the key public agencies and banks agreed that ID could be printed off from this source and could serve to, for example, open accounts and access income. This systems innovation may also enable individuals to access publicly-funded training and skills-building programmes to help them progress towards paid employment.

The result of overcoming these systemic barriers was high levels of satisfaction among people experiencing long-term homelessness – who are often wary of official support. One person said of his support worker: "He did more for me than any other worker ever. He didn't leave nothing to chance. He went for 100 per cent and never faltered from it."

Following the success of GMHP, a new partnership was set up to tackle homelessness, but this time with a focus on prevention. The Greater Manchester Better Outcomes Partnership has already helped over 500 young people who were at risk of becoming homeless.

*The result of overcoming these systemic barriers was high levels of satisfaction among people experiencing long-term homelessness – who are often wary of official support*

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## Further reading

• Pidd, H (2021), Off the streets: how Manchester found homes for hundreds of rough sleepers, The Guardian.

• Greater Manchester Combined Authority (2021), Greater Manchester Entrenched Rough Sleeping Social Impact Bond.

• Fitzpatrick, Prof. S and Wood, Dr. J (2020), GM Homes Partnership: Manchester Rough Sleeping Social Impact Bond - Evidence Review, Institute for Social Policy, Housing and Equalities Research, Heriot Watt University and UK Collaborative Centre for Housing Evidence.

• Leadbeater, C and Winhall, J (2020), Building Better Systems: A Green Paper on System Innovation, System Innovation Initiative, The ROCKWOOL Foundation.

• Meadows, D (2008), Thinking in Systems: A Primer, Chelsea Green Publishing.

• Stroh, D (2015), Systems Thinking for Social Change: A Practical Guide to Solving Complex Problems, Avoiding Unintended Consequences, and Achieving Lasting Results, Chelsea Green Publishing.

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*By finding these 'leverage points', we can potentially save public money and improve thousands of lives*

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# 9. More transparency on progress

## Challenge

### Many services are not accountable for their impact on individual people's lives

Too often, public service projects are evaluated against a set of short-term KPIs, which count the number of activities performed, or inputs spent. But this can incentivise counter-productive behaviour, and does not necessarily tell us whether these projects achieved their real purpose: to change people's lives for the better.

Articulating the overall goals of a project, and then regularly sharing progress towards those goals, is a much more effective way of building a broad coalition of delivery partners (and other related services) – and ensuring they all feel jointly accountable for improving individual people's lives.

Unfortunately, progress milestones like these are rarely published across public services. Sometimes that's because the data available is not standardised or robust enough to be meaningful; and sometimes it's because of a fear that variations in performance will be negatively perceived (when in reality, analysing the data behind these variations can be a rich source of learning and improvement).

## Response

### Share regular updates against clearly defined progress metrics

The best metrics translate the shared collective vision of the project into clear, unambiguous, tangible milestones that correspond to genuine improvements in people's lives.

Sharing progress regularly against verified metrics can be a great learning tool: within a specific project; across concurrent projects; and to inform the design of future projects. All the partners involved – commissioners and delivery teams – can use this data collectively to identify areas of strength and areas for (immediate and future) improvement.

It is important to take a patient, considered approach to analysing metrics. For instance, there may be good reasons why achieving or sustaining improvements takes longer in one location than another. But a high-quality shared data set is the first step to recognising such differences, understanding the causes, and finding solutions.

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## In practice: Tackling homelessness

## Sharing more granular data enables more effective delivery of programmes tackling homelessness

Over the last decade, projects to tackle homelessness have become more successful – partly because the Government has changed the types of data collected and shared from projects. Today's metrics tell us much more precisely about the types of housing people occupy, their general well-being and how sustained their progress is over time.

This detailed information has helped projects to spot opportunities to improve mid-delivery, and tweak their approaches. They have also compared their results with comparable programmes and adopted the more promising practices. Equally, later projects have adapted their designs in line with what has worked best in the past. Thus, granular data has led to better delivery – and better value for money – both in the immediate and longer term.

### Using data to inform change

When the Ministry for Housing, Communities and Local Government (MHCLG) – now the Department for Levelling Up, Housing and Communities – asked local councils in 2016 to intervene earlier for people with housing difficulties, the London borough of Brent responded by launching the Single Homelessness Prevention Service (SHPS). This identified people with a clear risk of becoming homeless in the coming eight

weeks, and reached out to help them find solutions. The service captured detailed background information from each person, then tracked each attempt to find housing, the date of a new tenancy starting, and the duration of each stable tenancy.

Delivery partners quickly saw trends in the analysis. For example, an individual's success in gaining employment appeared – surprisingly – to have an inverse correlation with their likelihood of securing a new tenancy. Further exploration revealed that private landlords were worried by low-income work (particularly for those working irregular hours), and feared tenants would struggle to pay the rent; they preferred the stability of housing benefit payments (in particular disability benefits). Armed with this insight, delivery partners were able to put in place dedicated strategies to help people with irregular wages to secure tenancies.

The SHPS service has since scaled to an additional five boroughs and across Norfolk, with eight innovative organisations now delivering preventative support in their local areas. 3,536 people have already been successfully diverted from homelessness, and deeper insights are being generated as the numbers increase – resulting in more learning, and more successes each year. »

*The Department's unusual decision to insist on quarterly, transparent data publication between all the projects enabled continuous improvement in results throughout delivery*

## In practice (continued)

### *Sharing data across multiple projects*

MHCLG also wanted to focus targeted support on young people who had become homeless and unemployed. Between 2014 and 2017, it ran projects across seven different areas to trial different approaches. Each had an identical set of clearly defined, independently verified progress metrics, regularly capturing accommodation, education and employment status, and broader changes in health and wellbeing. MHCLG brought all seven projects together regularly, and shared the full list of progress metrics achieved every three months.

This approach catalysed immediate learning. Projects offering volunteering, employability courses and CV writing classes saw less success than hoped, whereas those working directly with employers to spot vacancies, match young people with them and mediate during rocky patches proved to be highly effective. All seven projects were able to continuously improve by analysing data and sharing hypotheses.

According to the Centre for Homelessness Impact (part of the What Works Network), these projects were "perhaps the stand-out outcomes-based commissioning example so far for improving employment outcomes for people experiencing homelessness with high needs." The Department's unusual decision to insist on quarterly, transparent data publication between all the projects enabled continuous improvement in results throughout delivery.

A third got jobs, with 57 per cent of those sustaining full-time posts for at least three months and 40 per cent for six months, while others gained part-time employment.

### *Learning from past projects*

The granular approach also benefits subsequent projects. Between 2012 and 2014, MHCLG had launched two projects to help people repeatedly sleeping rough across London. It insisted on publishing granular data on the number helped, strategies used and types of accommodation found from both projects each quarter, and also in the final evaluation.

This information was invaluable when MHCLG commissioned similar projects around the country in 2017. Bidders were able to copy the personalised support that had worked so well in the early London projects, but also enhance areas which hadn't worked so well (*cf. chapter 8*). By building deeper relationships with local housing associations, re-thinking mental health support, and redesigning the criminal justice pathway, they were able to house twice as many people with the same budget as the previous projects, while three times as many people were still off the streets 18 months later.

The MHCLG approach to defining and verifying exceptionally high-quality data – and sharing it widely – was recognised throughout the Civil Service. The MHCLG homelessness team won the prestigious cross-government Chris Martin Policy Award, both for its success in tackling homelessness, and for the high quality of information made available.

Tim Gray, a homelessness advisor to the department, said: "The MHCLG's innovative attitude to gathering and publishing data has demonstrated to other parts of Government the potential rewards of being brave about information on the performance of programmes. Sometimes, people are nervous about publishing data. But these initiatives show that openness pays off in terms of benefits to citizens, and that sharing information can drive improved performance. It also means new programmes can be commissioned making full use of the lessons learned from old ones."

> *Sometimes, people are nervous about publishing data. But these initiatives show that openness pays off in terms of benefits to citizens, and that sharing information can drive improved performance.*

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## Further reading

- Mason, P et al. (2017), Qualitative Evaluation of the London Homelessness Social Impact Bond (SIB), Department for Communities and Local Government.

- Department for Communities and Local Government (2017), The impact evaluation of the London Homelessness Social Impact Bond.

- Department for Communities and Local Government (2019), Evaluation of the Fair Chance Fund.

- Ministry for Housing, Communities and Local Government (2018), Evaluation of the Homelessness Prevention Trailblazers.

- Gray, T (2020), Employment and homelessness in the context of the new economy following Covid-19, Centre for Homelessness Impact.

- Gray, T (2021), People Deserve Better – That's the Key Point about SIBs, Policy Evaluation and Research Unit and Sol Price Center for Social Innovation.

"

*Granular data has led to better delivery – and better value for money – both in the immediate and longer term*

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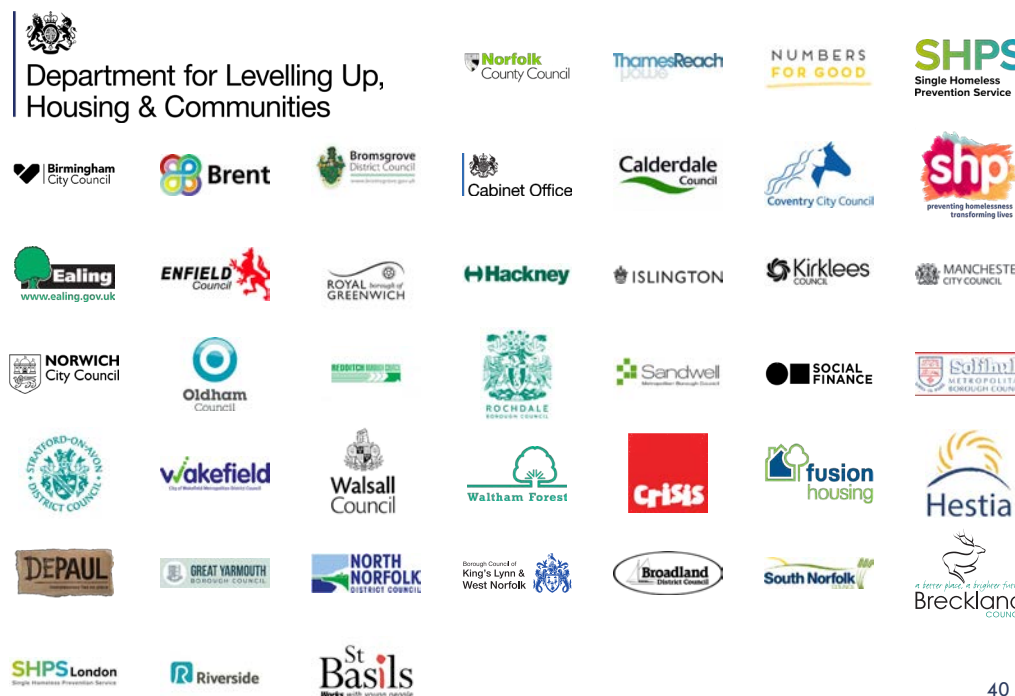
# 10. Being accountable to those who access the service

## Challenge

### A service is only fully legitimate when it is accountable to those who use it

If the central goal of public services is to improve people's lives, it follows that any service must ultimately be accountable to the people it is trying to help. As such, a critical focus of any project evaluation must be on understanding how the people involved experience the project, and what they believe it ultimately achieved.

However, for various reasons (including cost, practicality and sensitivity), the voices of those accessing services are often missing from project evaluations. This not only makes the evaluation incomplete; it can also create feelings of disconnection and powerlessness among those who have not been consulted. Ultimately, this undermines the legitimacy of this and any future services.

## Response

### Investing in feedback mechanisms leads to more effective evaluation

A growing number of projects have recognised that the feedback of those experiencing the service is the most important measure of whether or not it is really working. So they are incorporating feedback mechanisms both during projects, and in post-project evaluations.

If we really want to understand whether these projects have improved people's lives, we must ask them – carefully and sensitively – what these improvements should actually look like (before/ during the project, *cf. chapter 2*); and then whether these improvements have been achieved (at the end of the project).

By doing this, we make people feel more engaged in resolving their challenges, and we remind those delivering the service of what they are trying to achieve for these individuals. That, in turn, helps to define and promote that shared vision which is so central to the success of these projects, and ultimately, to the chances of creating sustainable positive change in people's lives.

Critically, this must be a representative sample; not just those with the loudest voices. And we must also incorporate the feedback of those the project failed to help, so we can understand why this happened and try to prevent it happening in future.

*If we really want to understand whether these projects have improved people's lives, we must ask them – carefully and sensitively*

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## In practice: Investing in listening to people whose voices are rarely heard

## Understanding the views of unpaid carers in Norfolk & Forward Partnerships

Norfolk County Council offers a support service for people who perform a significant caring role (e.g. for unwell relatives). Traditional public services are often designed to focus on the needs of the cared-for individual; but looking after someone with serious illness or disability is physically and psychologically demanding. Many carers need help to be able to sustain their unpaid role – the value of which, across the country, is estimated by the Nuffield Trust to be equal to that of the NHS.

Norfolk's service had been designed in partnership with carers from the outset, and already included an organisation dedicated to bringing their voice to the governance table.  However, the council and delivery partners felt there was room for improvement.

"Finding out and listening to what people really want can be harder than you might think,' says Sera Hall, Head of Integrated Commissioning at Norfolk County Council. "Sending around a survey is clearly not enough. And focus groups don't really work: the risk is that the loudest voice dominates. We needed to work much harder to select genuinely representative groups of people with whom to share deep, exploratory conversations that tease out the issues, and what can be done about them. So the service has now paid a lot of attention to redesigning how we listen to our carers, and really trying to understand what would help them."

### Finding new and diverse ways to listen

The project team redesigned their formal consultations with carers – analysing participation and investing extra effort into attracting under-represented groups.  This included finding ways to encourage quieter people to share their views, changing the interaction for people with visual/hearing impairments, and specifically targeting people from under-represented minority backgrounds.

A new measurement tool was introduced to record carers' own opinions about different aspects of their life – quantified against standardised ranges, and stored securely so it could be analysed and used to prescribe practical solutions.

In addition to these formal feedback processes, project staff were given dedicated training to seek honest feedback on the service informally through regular meetings with carers – so they could capture off-the-cuff remarks or comments over coffee that provided real insight. Teams proactively reached out to a sample of carers who had disengaged or never successfully started the service, to understand why, and what could have been done differently.  A regular 'mystery shopper' exercise was also put in place, to test the carer experience through the service, and how it really compared against what carers said they wanted.

Lastly, carers were invited to participate directly in the evaluation. Academics trained in research-gathering from vulnerable groups selected 100 carers each year to understand their views, and ensure they were represented accurately. The Carers Advisory Board was also re-vamped, both to make it more representative, and to improve its influence and visibility. »

*We needed to work much harder to select genuinely representative groups of people with whom to share deep, exploratory conversations that tease out the issues*

## In practice (continued)

### Systemic influence

The team is now able to share rich learnings with other carers services around the country, and bring back other best practices to Norfolk from these exchanges. The new diverse listening strategy provided so much high-quality information that it was adopted by the Council for other services in adult social care. The contract has been changed to incorporate the carers' own opinion of whether their life has improved as the primary contractual success metric. And in response to the feedback, Norfolk is expanding the availability of its support services to help more carers across the county.

### Developing accountability to vulnerable women whose children are in care

Sadly, being listened to – and having agency – can be a rare occurrence for women who have had children removed from their care. However, listening to this highly vulnerable group and adapting to their needs can catalyse positive change.

The Forward programme – run in conjunction with expert partner Pause, plus delivery partners Trevi and Catch 22 – supports women across Plymouth, Derbyshire, Northamptonshire, and Worcestershire who have experienced, or are at risk of, repeat removals of children from their care.

The programme aims to give women a chance to take control of their lives and break a destructive cycle of repeat removals that causes both them and their children deep trauma.

In the traditional social care pathway, if a child is born who social services deem to be at high risk, the system focuses lots of attention on mother and child during pregnancy, and up to the point where a judge decides the child must be looked after by the state. At that point, as there is no statutory responsibility to support women once their children are removed, the mother is typically cut out of communication and receives little direct support to deal with this deeply traumatic event. The Forward partnerships aim to change that dynamic by not only providing intensive wrap-around help, but also making each of the women's views and opinions the central focus of how this help is delivered.

When the evaluation began for the first Forward project in Plymouth, researchers were given the task of ensuring they interviewed as least half of all women who had been offered the service. The evaluation is based almost entirely on their feedback, following a series of deep, sensitively designed conversations. These were done in real time, with an update report published each year during service delivery. The research was designed explicitly for the results to be easily accessible to the women who had participated, and at every stage the conclusions were verified with them to ensure proper understanding of their recommendations.

Listening to what women in this service wanted meant that every healthcare pathway, practitioner relationship, dental appointment, mental health support, gym membership or other resource was created precisely for someone who would benefit from it, and who would know that their views had been really listened to and acted upon.

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> *The new diverse listening strategy provided so much high-quality information that it was adopted by the Council for other services in adult social care*

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## Further reading

• Boddy, J et. al. (2020), Evaluation of Pause, Department for Education.

• Foley, N et. al. (2022), Informal carers, House of Commons Library.

• Carers UK (2020), Unseen and undervalued. The value of unpaid care provided to date during the COVID-19 pandemic (accessed 23/12/22).

• Paddison, C (2021), "Plans for social care reform must not leave unpaid carers out in the cold", Nuffield Trust comment. (accessed 23/12/22).

• Gordon, B (2020), Vulnerability in Research: Basic Ethical Concepts and General Approach to Review, Ochsner Journal, Vol 20, Issue 1, 34-38.

• Imperial College London, Safeguarding-for-research-projects, https://www.imperial.ac.uk/human-resources/compliance-and-immigration/safeguarding/safeguarding-for-research-projects/ (accessed 01/11/22).

• NSPCC (2020), Research with children: ethics, safety and avoiding harm, https://learning.nspcc.org.uk/research-resources/briefings/research-with-children-ethics-safety-avoiding-harm#article-top (accessed 01/11/22).

• UK Research and Innovation (2022), Research with potentially vulnerable people, https://wwww.ukri.org/councils/esrc/guidance-for-applicants/research-ethics-guidance/research-with-potentially-vulnerable-people/ (accessed 01/11/22).

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Norfolk County Council

Carers Matter Norfolk

Forward

Department for Digital, Culture Media & Sport · Derbyshire County Council · People's Voice Media Connecting Communities · Northamptonshire County Council · SERIO · Norfolk & Suffolk Care Support Ltd · Plymouth City Council

Worcestershire County Council · Community Fund · Carers Voice · Caring Together · Outcomes Star · ipc institute of public care

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> *Linking into other Government datasets gives us much richer information about the impact of a particular service*

# 11. Looking at the broader, longer-term impact

## Challenge

### Integration with government data systems is seen as too burdensome

Even if a project is able to share validated progress milestones, and faithfully reflect the opinion of those whom it was designed to help, true accountability requires us to go further: we must consider its broader impact on other areas of public services, both in the short and longer term.

We can do this by linking or comparing the data from the current delivery with other Government datasets, so we can target the service appropriately, and understand its broader impact.

For instance, when helping people address long-term health conditions, we need to know more than how many participated, and whether they believe it improved their lives. We must integrate with healthcare data systems to understand the profile of who was helped, the impact on their primary care interactions, and their ongoing need for secondary care in the years after the intervention was delivered. It's also useful to know whether the intervention had a positive long-term impact on areas outside health, such as their housing or employment status.

But although this data does exist, projects do not normally have the time or resources to analyse it properly. Privacy concerns can also be a barrier.

## Response

### Invest in secure ways to link into other Government datasets

Government datasets contain rich information that is crucial for targeting a service and understanding its impact – but we must find a way to access this data that does not create an extra administrative burden for front-line teams; and crucially, does not impinge on individuals' privacy.

One way of doing this is to build automated links between different data systems – so a click of a button can link one set of records in one project to another set, or in one branch of Government to another branch. It is possible to de-identify individuals' data records, and if necessary ensure that particularly sensitive information is only available to approved researchers working in secure conditions. Researchers can then track and analyse the data on behalf of the project teams without any personal information being compromised.

Setting this up requires care and effort. But once it's in place, it not only provides invaluable learning for everyone; it can also speed up access and reduce the administrative burden for those on the front line, so their time is freed up to concentrate on building relationships and delivering the best possible service.
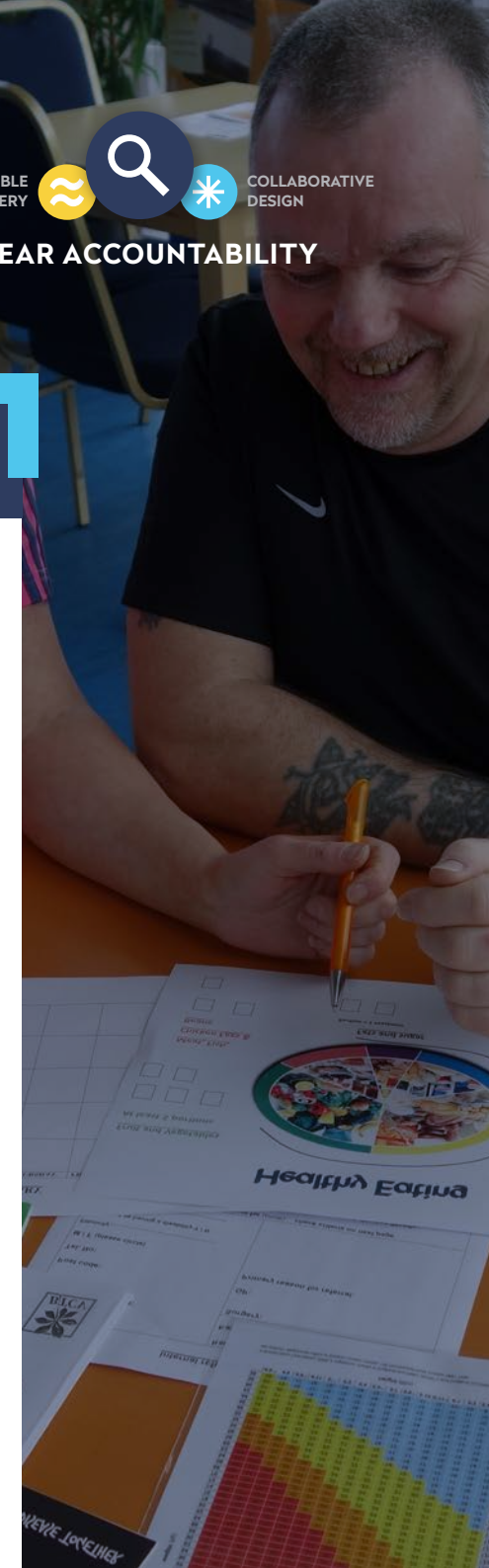
## Secure data sharing reveals large savings to hospital costs

In the past, when Theresa went to her GP to discuss concerns about her life, she would probably have been prescribed some medication. In a short appointment, doctors would have struggled to find time to understand the relative impacts of a recent divorce and emphysema on Theresa's life and health.

However, Theresa's local GP practice had an automated referral process in place that flagged her as someone with one or more long-term health conditions who was at risk of isolation and depression, and could benefit from support in multiple aspects of her life. A remarkably seamless click of a button by her GP was enough to refer Theresa to Ways to Wellness. This is a unique social prescribing programme on a scale unprecedented in Britain, supporting thousands of adults in the west end of Newcastle.

Here again, Theresa' experience was not what she expected. Instead of the form-filling that might have occurred in the past, Theresa's link worker was able to move straight to getting to know her.

"I'd gone through a divorce and my long-term condition had deteriorated," explains Theresa. "The first thing my link worker did was to build up my confidence and get me to talk about myself. I talked a lot about the things I like

to do, and we thought about me going back to creative writing, which I enjoy."

The real value of the Ways to Wellness service lies in this relationship between link workers and individuals. Professor Chris Drinkwater, a retired local GP and chair of Ways to Wellness, says that this one-to-one link worker approach created a space for holistic conversations with patients, whilst simultaneously ensuring that broader impact understanding could be achieved.

"The link workers are there to establish a relationship with individuals and to be their beacon of support. They are trained to listen and understand the many domains of a person's life that can have such an impact on their health and well-being – such as job, family, finances and physical activity.  We needed to make sure that their time was fully focused on this, but also make it possible to really understand the long-term impact of the service on healthcare behaviour."

### Removing the administrative burden to focus on relationships

The investment in sophisticated, secure data-matching enabled GPs to refer patients to the service seamlessly. Once referred, their link worker began the relationship.

People who had previously been coming to GP practices 3-4 times per week to seek medical solutions for illnesses exacerbated by social determinants were now being treated more effectively, in the community. Link workers themselves were able to build their own picture of each patient, focusing on both medical and non-medical categories: lifestyle; looking after yourself; managing symptoms; work, volunteering and other activities; money; where you live; family and friends; feeling positive. The link worker teams were given freedom to understand each person at their own pace, and focus on the information which was important to each person's situation.

All wider 'administrative data' which such teams are normally required to collect was captured automatically through the automated referral form and the data-matching software.

### Understanding the longer-term impact

Professor Drinkwater explains the process: "The link worker is a motivational interviewer, helping the person to think through what and how they want to change. The link worker will help someone, for example, to eat better, to re-establish relationships in their support circle, and to be involved in health-enhancing activities, such as a walking group." »

> *All wider 'administrative data' was captured automatically through the automated referral form and data-matching software*

## In practice (continued)

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Having worked out an action plan together, the person and the link worker can measure progress using the scale of a systematised well-being tool, which encourages continuous learning and improvement. This data can be seen by the GP, who can review a person's situation at a glance, both in terms of the social determinants of their health and their medical indicators. And the delivery is then able to track what happens next. It tracks validated progress milestones (*cf. chapter 9*) and undertakes a deep exploration of patients' experiences (*cf. chapter 10*). However, it also measured appointments taken by GPs across the region, and securely compared data on hospital spend by condition over the next 7 years with the local NHS Clinical Commissioning Group – to build a broad, rich picture of the longer-term impact.

### *Dramatically improved outcomes*

So far, over 6,500 patients have engaged with the service. Ways to Wellness cohort costs per head were 27 per cent lower than comparable areas, and 14 per cent of GPs' time had been released to treat other people. "These outcomes represent a dramatic shift for the west end of Newcastle-upon-Tyne, which includes some of the most deprived areas in England," says Professor Drinkwater. "It shows the importance of exploring with people many dimensions of their lives. By measuring the progress they make – and sharing the learning at all

levels – we can support people more effectively as they try to make further advances in managing their lives."

Or as a Ways to Wellness client puts it: "I do believe that knowing the Ways to Wellness team is like winning a lottery ticket in life."

It is also possible to use these data science techniques to understand impact outside of the health system. For example, projects have been able share anonymised data with HMRC (*cf. chapter 3*) to understand people's earnings evolution during the years after interacting with a specific service – which not only eliminates burdensome data collection but crucially provides better data than simply checking whether someone found a job or not. Projects can see whether they helped people into good-quality jobs, and armed them with the tools to progress further once they were back on the employment ladder. Conversely, if people face difficulties, sensitive data sharing with other government agencies (like the Jobcentre, or probation services) can prevent temporary difficulties from irrevocably undoing the progress made to date (*cf. chapter 8*).

Both the Office for National Statistics and the UK Data Service have invested heavily into 'secure environments' where sensitive data can be housed. Accredited researchers are able to access and link data from a huge array of sources across government. The '5 safes' approach

ensures that individuals remain completely protected from possible identification, and all data privacy legislation is fully respected; while for the first time giving researchers the ability to bring together a complete picture of what is happening to a cohort of people over time.

These sophisticated approaches are now being expanded into an even more ambitious collaboration across public services: Spring, a service in Northamptonshire that builds on the successes of Ways to Wellness and Thrive North East Lincolnshire (*cf. chapter 7*). For the first time anywhere in the country, the local councils, public health services, NHS bodies and central government have come together to jointly commission a service to help people across the region to manage their health and wellbeing, before their conditions worsen. Instead of the tragic (and expensive) amputations required for late-stage diabetes, Northamptonshire is successfully helping people to mitigate and even reverse the condition in its early stages. Instead of seeing people slide into unemployment, and costly mental health treatment, the county is helping people like Theresa to treat loneliness and depression earlier, before it becomes permanent. Life-changing preventative support is offered, and the consortium of government agencies monitors the resultant cost savings and reduction in pressure on other services as they happen.

*Accredited researchers are able to access and link data from a huge array of sources across government*

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## Further reading

• Moffatt, S et. al. (2016), Link Worker social prescribing to improve health and well-being for people with long-term conditions: qualitative study of service user perceptions, BMJ Open, Vol 7, Issue 7.

• Office for National Statistics, Secure Research Service, https://www.ons.gov.uk/aboutus/whatwedo/statistics/requestingstatistics/secureresearchservice (accessed 01/11/22).

• Stokes, P (2017), The 'Five Safes' – Data Privacy at ONS, Office for National Statistics, https://blog.ons.gov.uk/2017/01/27/the-five-safes-data-privacy-at-ons/ (accessed 01/11/22).

•  Nesta (2013), The Business Case for People Powered Health.

• Case, T (2021), The First Six Years: Approach, Findings & Learnings, Ways to Wellness.

• Buckingham, H, Reed, S, Kumpunen, S and Lewis, R (2023), People, partnerships and place: How can ICSs turn the rhetoric into reality?, Nuffield Trust.

• Marmot, M (2005), Social determinants of health inequalities, The Lancet, Mar 19-25; 365(9464): 1099-104, doi: 10.1016/S0140-6736(05)71146-6.

• eds. Wilkinson, R and Marmot, M (2003), Social determinants of health: the solid facts. 2nd edition, World Health Organization.

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*The consortium of government agencies monitors the resultant cost savings and reduction in pressure on other services as they happen*

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# 12. Assessing and sharing the real lessons learned

## Challenge

### Impact evaluations don't always capture the most important lessons

Impact evaluations for public services often tend to focus narrowly on measuring how successfully the intervention was delivered, or in some cases, on how successful it was in achieving the desired outcomes.

In this respect, they work in a similar way to the clinical trials at the end of a drug development process, where the key unit of evaluation is how many patients experience the desired outcome from a standard intervention.

This kind of impact evaluation has some value in terms of accountability. But it's not particularly useful as a way to inform future project design. The goal of clinical trials is to identify a single solution that will work for everyone. But in projects like these, which are dealing with a range of individuals across multiple complex systems, there will never be a single solution that works for everyone. So an evaluation that measures the efficacy of a specific intervention, in specific circumstances, has limited value to future projects.

## Response

### Investing in more fit-for-purpose evaluation tools

Typically, these projects are continuously trialling different approaches (or innovative elements within these approaches), as they look to find the most effective way of working with each individual. So the crucial learning question becomes: "What new approaches were trialled, in what circumstances were they effective, and what can we learn from this that might benefit future services?"

So rather than trying to evaluate these projects as if they were clinical trials, it makes much more sense to think about them like the first phase of the drug development process, where scientists explore a range of hypotheses using different combinations of active ingredients. In a similar way, impact evaluations should focus on which hypotheses have been explored, and which 'active ingredients' were effective in which circumstances. (HM Treasury's official guidance "Handling Complexity in Policy Evaluation" has some great examples of how to do this.)

Truly personalised services will always be heavily reliant on the leadership and culture of the project team, because ultimately, they are the ones who must make the crucial design and delivery decisions for each individual. But by taking this new approach to evaluation, we can arm them with high-quality information about which elements have previously worked best in any given circumstance.

> *"What new approaches were trialled, in what circumstances were they effective, and what can we learn from this that might benefit future services?"*

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## In practice: Housing in Manchester

## Fresh evaluation approaches identify importance of specific innovations

One of the most successful programmes to tackle long-term rough sleeping in the UK took place in Greater Manchester (*cf. chapter 8*). This programme implemented many of the learnings featured in this report, such as peer mentors with lived experience (*cf. chapter 2*), a personalised, asset-based approach (*chapter 5*), and a genuinely different relationship between "commissioner" and "supplier" (*chapter 4*). The combination of these elements has led to a substantial reduction in this seemingly intractable form of homelessness.

This project was clearly a significant breakthrough for Greater Manchester. However, it would have an even greater impact if we could use its lessons to deliver similar results on a much larger scale. To that end, it was important to tease out the individual components of operational management and delivery that really mattered, so they could be shared and implemented elsewhere. To achieve this, a different approach to evaluation was needed.
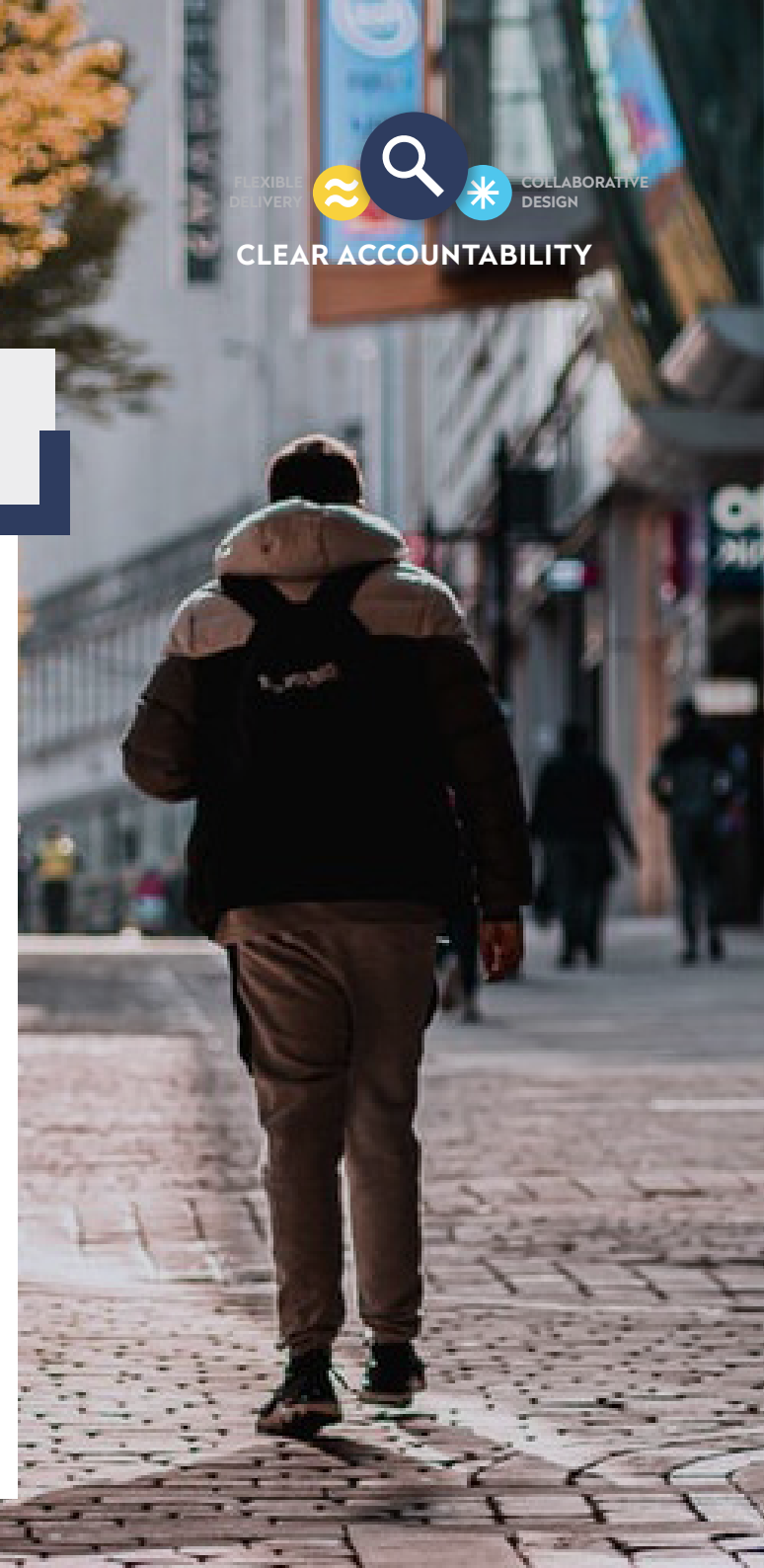
### *What really worked in Manchester?*

The first priority was to understand the key design features and the delivery pilots that were trialled. This was the focus of the excellent evaluation produced by the Greater Manchester Combined Authority, which listed the elements found to be important, and made recommendations for future homelessness policy in the region.

But in order to broaden the learning, it was then necessary to dig further into the relative impact of each change. Which design features and delivery pilots were the game-changers that reduced rough-sleeping?

Was it, for example, the commitment of housing agencies to avoid evicting someone if a tenancy went wrong?

Or did directly employing a qualified mental health professional make the real difference? »

> *It was important to tease out the individual components of operational management and delivery that really mattered, so they could be shared and implemented elsewhere*

## In practice (continued)

### New evaluation techniques tease out causality

Chris Fox, Professor of Evaluation and Policy Analysis at Manchester Metropolitan University, is examining the Greater Manchester homelessness programme. Among his evaluation tools are "Qualitative Comparative Analysis" (QCA) and "Process Tracing".

"QCA looks in depth at a number of cases to find causal patterns," explains Professor Fox. "It compares different combinations of interventions and the outcomes. This helps us to work out which combinations lead to what outcomes. It helps to show which conditions are essential to produce certain outcomes.

"This approach recognises that different interventions can produce the same outcome. So, for example, providing a 'managed move', instead of eviction, can keep someone off the streets. Likewise, preventing someone being jailed for a minor offence might also avoid a return to rough sleeping.

"Additionally, this approach recognises that a single intervention can produce different outcomes, depending on the circumstances. So, for example, receiving personalised mental health support in your own home might turn around one person's life. But it might not be a game-changer for someone else."

> *QCA helps us to work out which combinations of interventions lead to what outcomes, [and] which conditions are essential to produce certain outcomes*

### Process tracing

A second form of analysis tries to uncover any links between possible causes and outcomes. It does this by studying how causal mechanisms might work. This is called "process tracing", explains Professor Fox. "You start by suggesting some possible causes. Then you identify what you would expect to see if these causes really do exist. Next, you identify pieces of evidence which you would expect to find at each step of a causal chain, if a hypothetical explanation is true. Practical evidence is then gathered to overturn or support rival hypothetical explanations.

"Process tracing helps to establish whether the actual mechanisms at work fit with those that you might have predicted. Assessing each hypothesis alongside the available evidence can help you to understand what causes a given set of outcomes in any given case."

### Sharing the learning

The use of these sophisticated evaluation tools (by Professor Fox and others) should help us to better understand the key factors behind the programme's success.

"Our hope is that this approach to evaluation will make Greater Manchester's success more useful to other parts of the country, because we can be more confident about what really matters," says Professor Fox. "It should also encourage greater application of these innovative evaluation tools to other programmes, and therefore greater devolution of design authority to where it is most effective. When we have a concrete understanding of the key components that are at work, leadership teams in other projects will be able to benefit from this, and central government may become more confident in trusting these teams to work out how best to help people locally."

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## Further reading

• Bicket, M, Christie, I, et al. (2020), The Magenta Book 2020, Supplementary Guide: Handling Complexity in Policy Evaluation, CECAN – Centre for Evaluating Complexity Across the Nexus, HM Treasury.

• Greater Manchester Combined Authority (2021), Greater Manchester Entrenched Rough Sleeping Social Impact Bond.

• Gellen, S, Ozan, J and Fox, C (2021), GM Homes Partnership Evaluation Report: A Qualitative Comparison Analysis, Policy Evaluation & Research Unit, Manchester Metropolitan University.

• Fox, C, Grimm, R, Caleira, Rute (2016), An Introduction to Evaluation, SAGE Publications Ltd.

• North, J (2018), Rapid cycle testing – inspiration from the US, Dartington Service Design Lab.

• Dartington Service Design Lab (2022), An integrated approach for those working to improve outcomes for children & young people, Dartington Service Design Lab's Strategy.

• Knott, D, Muers, S and Aldridge, S (2008), Achieving Culture Change: A Policy Framework, Strategy Unit, Cabinet Office.

• Muers, S (2020), Culture and Values at the Heart of Policy Making, Policy Press.

• Ebrahim, A (2019), Measuring Social Change: Performance and Accountability in a Complex World, Stanford University Press.

• Deutsch, D (1998), "A conversation about justification", The Fabric of Reality, Penguin UK.

• Deutsch, D (2011), "The reach of explanations", The Beginning of Infinity: Explanations that Transform the World, Penguin Books.

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> *Our hope is that this approach to evaluation will make Greater Manchester's success more useful to other parts of the country, because we can be more confident about what really matters*

Bridges Outcomes Partnerships is a not-for-profit social enterprise. We work with governments, community groups and specialist delivery partners to help radically improve human services and environmental initiatives, enabling better outcomes for people and the planet, and value for society.

Many of the examples in this report were funded by a pioneering group of social investors, who are all motivated by a common desire to improve individual lives and strengthen local communities, while making public services more impactful:

We would also like to thank Freshfields Bruckhaus Deringer for their tireless *pro bono* support of these projects, which has been vital in growing their impact.

**Freshfields Bruckhaus Deringer**

**N.B.**

This document was created primarily as a learning and discussion resource for the BOP team, and our various partners across Government and the social sector. But if you are reading this as a third party, and have any feedback on any of the themes we've covered in this document, we'd love to hear from you! Please do get in touch via:

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