Measuring the Impact of Supporting People:
A Scoping Review

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Glossary

ASP – Accredited Service Provider.

SPG - Supporting People Grant.

SPRG – Supporting People Revenue Grant.

SPPG – Supporting People Programme Grant.

Project – A Supporting People funded service.

Unit – a place, such as a housing unit or a bed, within a Supporting People funded project.

1 Summary

Key findings

1. When data collection took place between April and September 2012, the study found that there were inconsistencies in how Supporting People projects were defined, classified and recorded by different local authorities and service providers. Some issues appeared linked to the presence of two funding streams and three sets of service commissioning arrangements in operation at the time which did not share recording systems.

2. Collecting definitive data on Supporting People projects proved difficult. It was found to not be possible to entirely accurately map Supporting People projects, largely because services were funded by through two separate funding streams with very different commissioning arrangements. Data sources on services were sometimes inconsistent and there was some fluidity in data definition and commissioning arrangements, such as the use of flexible commissioning. However, it was possible to establish a broad picture of the nature and extent of Supporting People projects at local authority and national level. Supporting People in Wales now operates under a single funding stream which will help to address some of the complexity of data collection which was experienced in the study.

3. Key points from the data collection were as follows (all points relate to the snapshot date of 30th April 2012):

    - Supporting People projects were mainly focused on older people (75 per cent of units).

    - Many of the units in Supporting People services for older people appeared to be in relatively low intensity services, such as community alarm schemes.

    - Services most commonly provided for other client groups included those for people with learning difficulties (9 per cent of units), homeless people (4 per cent) and people with mental health problems (4 per cent).

    - There was quite high use of flexible commissioning arrangements, with some authorities having arrangements that had meant they had a flexible number of Supporting People units available.

    - Nearly 1 in 10 units funded by Supporting People were 'generic' units, designed to support a wide range of client groups.

    - Floating support was widely used for some groups. For example, 69 per cent of units for homeless people were floating support delivered to people living in the community, rather than direct access, hostel or supported housing units. By contrast, 90 per cent of units for older people were housing with a community alarm or sheltered housing.

4. Existing classifications of project types and Supporting People client groups appeared to not fully reflect the diversity of Supporting People projects and service users.

5. The sampling and the focus of a main evaluation would need to ensure that the relatively smaller numbers of projects that were not designed to work exclusively with older people were represented. In addition, there would be a need to ensure the relatively smaller numbers of people whose 'lead needs' (client groups) included domestic violence, homelessness, learning difficulties, physical disabilities and various other groups were well represented in an evaluation of Supporting People outcomes.

6. Sampling for any main evaluation of Supporting People projects may have to take account of both current and future commissioning patterns. For example, lower intensity services for older people were relatively common in 2012, if this pattern were to change sampling for a main evaluation would need to be modified.

7. The scoping study included an exploration of the kinds of data held by service providers on service users. Knowledge of the nature of data collection by service providers was useful in exploring the extent to which a possible main evaluation of Supporting People would require new data collection and how far it could draw upon data already being collected by service providers.

8. Data collection by service providers was extensive, but also inconsistent in the sense that they used a mix of data collection systems, some of which were unique. There was good data on basic demographics, but service providers were less likely to collect data on other characteristics, such as religion and sexuality.

9. Outcomes data collection by service providers was also extensive, but was not standardised as it reflected the different needs of different groups of service users and the different goals of Supporting People project providers. Data on costs were also widely collected, but again the approaches used were varied.

10. A possible 'main evaluation' of Supporting People at national level would be taking place in a context where service providers were well used to outcome monitoring, although capacity to collect further outcome data was limited, which meant service providers could not necessarily provide all the data on Supporting People impacts that might be required.

11. The findings on outcomes and impact data collected by service providers suggested that at the time of the study, their data collection was too diverse, specific and also sometimes too limited to enable it to be used to assess the impact of Supporting People at local and national level. Separate outcomes and impact monitoring and evaluation would be required.

12. There was longitudinal outcome monitoring by some service providers (the tracking of service users over time to see if positive service outcomes were sustained). However, this was relatively unusual and did not use a single standard approach.

13. The views of service providers on responding to data requests from service commissioners were mixed. Overall, 44 per cent of service providers called data reporting 'time consuming' and 23 per cent reported it was 'difficult to relate to our services'. Housing associations tended to have more negative views on reporting requirements.

14. The scoping study reviewed existing monitoring systems for Supporting People projects and also included a review of monitoring systems used in Scotland and England. While housing support services have long been in existence, Supporting People itself is a relatively recent programme and one that is now developing in very different ways across the different UK nations. The review of existing monitoring of Supporting People outcomes found that existing measures were arguably still underdeveloped. Clarity in service definition, clear and validated outcome measurement, the trustworthiness of data and the levels of precision in existing outcome measurement were all concerns in relation to existing outcome monitoring systems.

15. Cost benefit analysis of Supporting People project outcomes is still in its infancy.

However, there may be lessons from the field of Health Economics which can be employed in the future evaluation of Supporting People project outcomes.

16. Data collection on service users' experiences and views of services is generally underdeveloped. Beyond outcome monitoring, large scale sample surveys, including longitudinal surveys, can be used. There are some challenges in getting a representative sample because some Supporting People user groups, particularly older people, greatly outnumber others.

17. A combination of enhanced outcome monitoring and detailed service evaluations would increase understanding of the outcomes and cost benefits of Supporting People projects. Detailed service evaluations should be experimental or quasi-experimental, which means they must be precise, comparative and longitudinal, requiring quite significant resources. However, providing these evaluations are of widely used service models (or new service models that are being considered) they can be generally applicable and help inform policy planning and commissioning decisions. Enhanced outcome monitoring can give a good overall picture of service outcomes and the cost effectiveness of Supporting People, though again there are resource implications if existing outcome monitoring systems are to be reviewed.

18. A large scale longitudinal statistical sample survey would generate useful data. However, there are challenges centred on the extent to which existing service provision is both simultaneously focused on older people and also at the same time quite diverse in terms of how it supports various client groups and in the range of different groups supported. There is scope to run two surveys, one focused on older people and one on other groups, but this would be expensive and the data on any one service type and any one client group would be limited, even if the sample were large.

19. A sample survey approach is not recommended. There are issues with obtaining a truly representative sample and with describing a complex array of projects and diversity of Supporting People service users with the relatively 'thin' data a sample survey would generate. There is too much risk that a large sample survey would only 'skim the surface' of Supporting People while at the same time being expensive to undertake.

20. Alternative lower cost evaluative methodologies can be used to assess Supporting People impacts. Relatively large scale qualitative longitudinal work, which follows people using Supporting People projects and explores the outcomes for them over time, could generate useful and detailed data and help provide a 'voice' for Supporting People project users. In addition, observational approaches can be used for service evaluation.

2 The scoping study

Aims of the scoping study and main evaluation

The aims of the scoping study

2.1 The Aylward Review of Supporting People (2010) recommended that outcomes measurement and monitoring of Supporting People projects be reviewed and this scoping study was designed to inform a national level 'main evaluation' of Supporting People project outcomes. The scoping study was commissioned to provide an overview of the nature and extent of Supporting People projects and to scope the options for the commissioning of a large scale research project to evaluate the impact of the Supporting People programme. This included:

- Collecting and summarising data on the nature and extent of Supporting People project provision, including data for each local authority area, on the:
  - range and nature of Supporting People projects;
  - numbers of service users;
  - demographic and equalities characteristics of service users (where available);
  - support needs of service users;
  - nature and mode of services provided and on the agencies providing Supporting People projects.

- Identifying data collection methodology issues, including the capacity of service providers to provide data that would inform the Welsh Government's future work on collecting national-level statistics on Supporting People.

- Suggesting methodological options for the procurement of the main evaluation study and provide approximate costs of these options.

The aims of the main evaluation which the scoping study was designed to inform

2.2 At the time the scoping study was commissioned, the Welsh Government's aims for the main evaluation study, which the scoping Study was designed to inform, were:

- To gain a complete, accurate and detailed picture of the recipients of Supporting People projects and the nature of the Supporting People projects they received.

- To understand the expenditure on Supporting People services.

- To provide a clear understanding of the effectiveness of the Supporting People programme and the different models of service delivery that it employs.

- To provide a clear understanding of the effectiveness of Supporting People projects for service users in maximising their independence.

- To provide a clear understanding of the indirect benefits and effects of the Supporting People programme (for example, potential cost savings for health and social services) and to also understand the wider benefits and effects of Supporting People for Welsh society.

- To explore any unintended consequences the Supporting People programme might have.

- To provide evidence that could be used to inform any potential improvements to Supporting People projects and the wider Supporting People programme.

Methods

2.3 The scoping study used four methods:

- A rapid evidence assessment of existing studies of Supporting People projects and evaluations of the effectiveness and costs of Supporting People conducted throughout the UK.

- An exercise designed to understand the nature and extent of Supporting People project provision at national level.

- An online survey of service providers to gain an overview of the people using Supporting People projects (as at 30th April 2012) and to understand current data collection by service providers. .

- Consultation with service providers and key agencies on data collection and providing and collecting information on service users (via a single focus group conducted in Cardiff[1]).

The rapid evidence assessment

2.4 The rapid evidence assessment (REA) method reflects the approach taken for systematic reviewing but with a modification to the criteria used for inclusion of research. REA uses assessment criteria based on the relevance and methodological standards of a study, accepting work that reflects good research practice but not requiring the equivalent of a scientific or clinical research standard. Taking this approach allowed the scoping study to review relevant material of at least a reasonable standard that had evaluated or which was intended to inform the evaluation of Supporting People projects in Wales and also in Scotland and England.

Data collection on Supporting People projects

Limitations in available data on Supporting People projects

2.5 An attempt to map Supporting People projects for the scoping study proved to be a challenging exercise. Ultimately it did not prove possible to generate an accurate map of Supporting People projects. However, a *general* picture of the nature and extent of Supporting People project provision was generated by the scoping study.

2.6 At the time the scoping study was conducted, Supporting People projects could be commissioned via Supporting People Grant (SPG) and through the use of Supporting People Revenue Grant (SPRG). Only accredited service providers (ASPs), which could be local authorities, charities or voluntary sector agencies, could provide Supporting People projects through SPRG funding. The ASPs could also subcontract Supporting People projects to other agencies. The recent Aylward review (2010) had concluded that commissioning arrangements for Supporting People should be revised

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[1] Two major service providers and a Supporting People specialist working for a local authority took part.

and since the scoping study took place, SPG and SPRG have been brought together in a single Supporting People Programme Grant (SPPG)[2].

2.7 The SPG/SPRG commissioning arrangements meant there was no unified national record of Supporting People project commissioning. In order to look at the extent and nature of Supporting People projects it was decided to undertake two separate tasks:

- Contact the local authorities (LAs) to ask for lists of all the SPG and SPRG services in their area, requesting the name, type, lead need/primary client group, number of units and funding source (SPG, SPRG or both) for each Supporting People project in their administrative area. The level of funding for each service was also requested. The data were requested for Supporting People projects as at 30th April 2012.

- Contact the ASPs (drawing on lists of ASPs held by the Welsh Government) to ask them for lists of the services they were providing or subcontracting using SPRG. The data were requested for Supporting People projects as at 30th April 2012.

2.8 This exercise was undertaken in the summer of 2012. Response rates to the request for lists of services from LAs were high, with only two authorities out of 22 failing to respond or giving a partial response to the request for lists of services (a response rate of 91 per cent), along with 92 per cent of ASPs (based on a list of non-LA ASPs provided by the Welsh Government).

2.9 However, data limitations meant it was not possible to generate an accurate 'map' of Supporting People projects:

- Projects were described in different ways and sometimes given different names. For example, sometimes the same project was described as one project which offered three kinds of support, such as supported housing, floating tenancy sustainment and transitional housing and sometimes as three separate projects. This made it difficult to reconcile the LA and ASP data.

- The data collected were a 'snapshot' or cross-sectional description of the units in Supporting People funded projects. For some services, such as sheltered housing, the turnover (rate at which units are occupied) is relatively low. However, for services such as direct access or supported housing for homeless people, the rate of turnover may be high, i.e. ten units might be occupied by 40 or 50 people making short term use of the service over the course of one year. The distinction between provision of Supporting People funded *units* and total Supporting People *activity* is an important one.

- While the response rates from the LAs and ASPs were high, the attempted mapping exercise did not provide a complete picture of Supporting People projects.

- Some flexible commissioning arrangements were in place, meaning that the total number of Supporting People units funded fluctuated over the course of a year in some LA areas.

- There were likely to have been variations in data quality provided by ASPs and LAs. Some authorities and agencies recorded more detail – and may have updated records more regularly – than others.

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[2] http://wales.gov.uk/docs/desh/publications/120816sppgrantguideen.pdf

- Attempts to use the Internet to cross check incompatible information on projects provided by ASPs and LAs met with only mixed success. Sometimes the Internet provided current and detailed information that clarified service provision arrangements, but online information could also be outdated and contradictory.

2.10 Following attempts to cross check the data on services from ASPs and LAs, it was determined that the most uniform data set available was the lists of Supporting People funded projects provided by local authorities. With support from the Welsh Government, a 100 per cent response was secured, with all LAs listing the Supporting People projects in their area as at 30th April 2012. The data collected included:

- Project name.

- Service provider (if different).

- Lead need (primary client group) and up to three additional client groups who could be supported by the project, using the Welsh Government definitions of Supporting People client groups.

- Type of project, based on Welsh Government categorisations of Supporting People projects.

- Number of units provided.

- Funding source (SPG or SPRG or both SPG and SPRG).

2.11 These LA provided data did cover the whole country. However, there were still some issues with the completeness of data and potential limitations with accuracy that meant they could *not* be used as the basis for an accurate 'map' of Supporting People projects. The limitations of the data included:

- Different levels of detail were recorded by different local authorities. Some authorities only listed what were in effect block contracts covering commissioning arrangements with several service providers, whereas others provided much more detailed breakdowns of individual projects.

- It was not clear how regularly LA data were updated or the priority which was given to data collection. Whereas some authorities responded very rapidly to a request for information on Supporting People funded projects in their administrative area and provided detailed information, others only responded slowly or provided only broad information.

- The detail of ASP service provision was unlikely to have been fully captured by this exercise. For example, LAs may not have been fully aware of subcontracting arrangements through which ASPs commissioned Supporting People projects.

- The 'Lead need' (client group) categories and the project type categories used for data collection on services by the scoping study were broad classifications based on Welsh Government definitions[3]. Using these definitions to classify services, it was not possible to accurately differentiate between relatively high intensity Supporting People funded projects (such as extra care housing) and relatively lower intensity services (such as

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[3] The Welsh Government *Supporting People projects Outcomes and Exit Framework* lists "Sheltered/Older persons floating support", "Direct Access", "Temporary supported housing", "Floating support" and "Permanent supported Housing" as types of support. This scoping study used a slightly expanded version of this definition.

communal alarm services) for older people. Projects providing two or more forms of support, such as supported housing and floating support services, were also not covered by the categories employed.

The online survey

2.12 The online survey conducted for the research was designed to capture data about service users of Supporting People projects as at 30th April 2012. Overall, 125 service providers responded to the survey, collectively providing data from 825 Supporting People-funded projects. There were some limitations with the data collected:

- There appeared to be an underrepresentation of service providers delivering lower intensity Supporting People funded projects for older people, such as sheltered housing and communal alarm systems.

- Response rates were varied across different types of service provider working with different lead need or primary client groups.

- Only around 18,800 units of Supporting People provision were represented in the survey responses. These units were also not necessarily full on 30th April 2012.

- The data provide a 'snapshot' of service provision. All short and medium term services would have had significantly more service users over the course of a year than they would on any one day. For example, a short term supported housing project with 20 units might see 60-80 people making short stays over a course of a year, but only be recorded as having 20 service users on 30th April 2012.

- Some service providers appeared to be unable to provide subtotals on service users for the selected date of 30th April 2012.

About this report

2.13 The remainder of this report is divided into four chapters. Chapter three reviews the data collected on the extent and nature of Supporting People project provision and also the data collected on the characteristics of service users. Chapter three concludes by considering both the findings and the lessons from the attempt to collect data on services and services for the design of the main evaluation. Chapter four reviews existing data collection and outcomes monitoring by service providers and concludes by considering the implications of patterns of existing data collection for the main evaluation. Chapter five reviews existing attempts to monitor Supporting People project and programme outcomes and considers good practice in evaluation and how this should be drawn upon for the main evaluation. The report concludes by discussing possible approaches for the main evaluation in Chapter 6.

3 Supporting People projects in 2012

Introduction

3.1   This chapter provides an overview of Supporting People projects. The chapter begins with an overview of service provision, providing an approximate overview of the number of services, their type, lead need (primary client group) and the number of units provided. The final section of this chapter reports the results of the short survey of service providers and provides some data on the characteristics of people using Supporting People projects.

The approximate distribution of Supporting People projects

The types of Supporting People projects provided

3.2   Figure 3.1 shows the types of Supporting People projects on 30th April 2012 based on lists of Supporting People projects provided by all LAs (see Chapter 2). These *approximate* data covered 1,211 Supporting People funded projects. The most common forms were long term supported living projects, floating support services, community alarm/sheltered housing and short-term supported housing models.

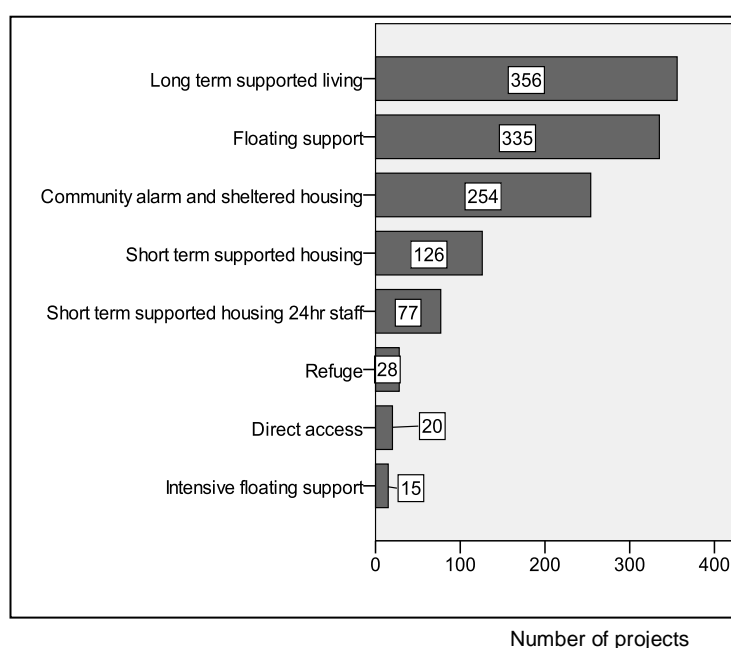Figure 3.1**:** Supporting People projects by broad service type

Source: Local Authority data. Data are for 30th April 2012. Data are not comprehensive.

3.3   Some services, such as refuges for people at risk of domestic violence, direct access accommodation, sheltered housing and communal alarm services for older people, were conflated into single categories by the Welsh Government descriptions of

services which were used for this research. In the case of refuges, it was possible to separate out some services that were named 'refuges' and which listed their only client group as being women at risk of domestic violence (see Figure 3.1). However, as there was not a distinct category of 'refuge', there instead being a category of 'refuge/direct access' it cannot be certain that the full range of refuge services was represented.

3.4   The data shown in Figure 3.1 should only be regarded as an approximation of the mix of types of Supporting People project provision. It is also important to again bear in mind that the data should not be seen as entirely accurate and that the level of detail provided on service provision was not consistent across LA areas (see Chapter 2).

3.5   Looking at these data in terms of service provision by primary client group (Figure 3.2) it can be seen that projects for people with a learning difficulty, older people and people with mental health problems predominated. A total of 27 per cent of the 1,211 Supporting People projects reported were for people with a learning difficulty, 25 per cent for older people and 12 per cent for people with a mental health problem. Drug and alcohol services, ex-offender services, and support services for people with a history or offending or who had a chronic illness (including HIV/AIDS) were much less common. Homelessness and domestic violence services respectively accounted for 6 per cent and 7 per cent of total number of projects, with what the local authorities described as generic services (for any client group) representing 5 per cent of reported service provision

3.6   Reported services for older people appeared to be lower intensity provision such as sheltered housing or community alarm projects that could support a large number of individuals and couples. By contrast, services for people with a learning difficulty were smaller and more intensive. Some reported services, like those for older people and people with a learning difficulty were long stay, others, like some homelessness services and some supported housing, were short stay. The next section describes the units of reported Supporting People funded support available for each service type and lead need (primary client group).

3.7   Data were sought on the detail of expenditure on Supporting People services in each local authority. However, there were some inconsistencies in the level of cost data available and analysis of expenditure for the purposes of this report was not possible.
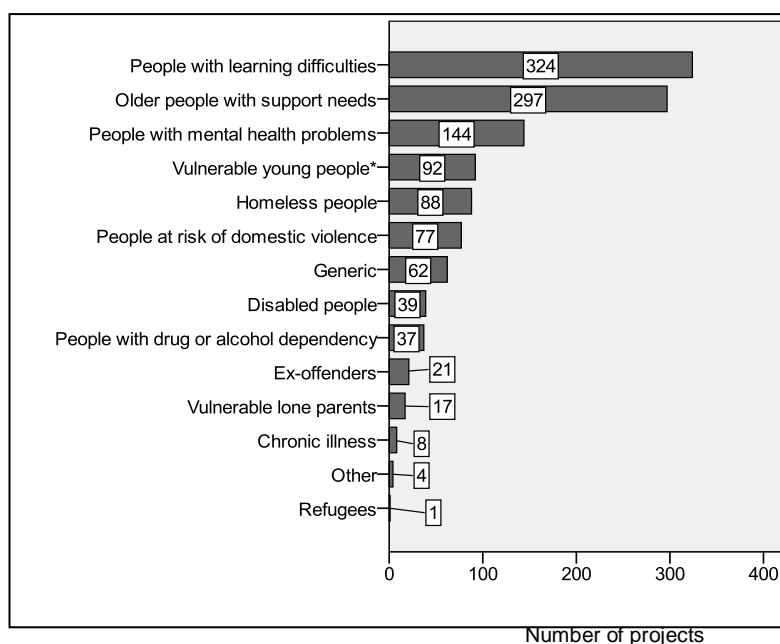
Figure 3.2: Numbers of Supporting People projects by primary client group

Source: Local Authority data. Data are for 30th April 2012. Data are not comprehensive.

Funded units of Supporting People project provision

Flexible commissioning

3.8 Forty Supporting People projects out of 1,211 reported by local authorities were flexibly commissioned. These flexible commissioning arrangements meant that the number of units funded could vary. These services represented 3 per cent of the Supporting People projects reported, but were a more significant element of service provision in some authorities than others, with flexible commissioning being used in:

- 33 per cent of Supporting People projects in one authority

- Between 1-3 per cent and 17 per cent of Supporting People projects in seven other authorities.

The distribution of funded Supporting People units by service type

3.9 In total, the LAs reported 56,225 units of Supporting People provision. Figure 3.3 shows the distribution of units in Supporting People projects by broad type of service as at 30th April 2012. Supporting People funded a large number of reported units in community alarm and sheltered housing provision. Collectively, units provided through Supporting People in these types of service provision represented 73 per cent[4] of reported units. Floating support was also quite significant among reported units, with 10,515 out of the reported 56,225 Supporting People units (19 per cent).

[4] All percentages in the text are rounded up to the nearest 0.5%.
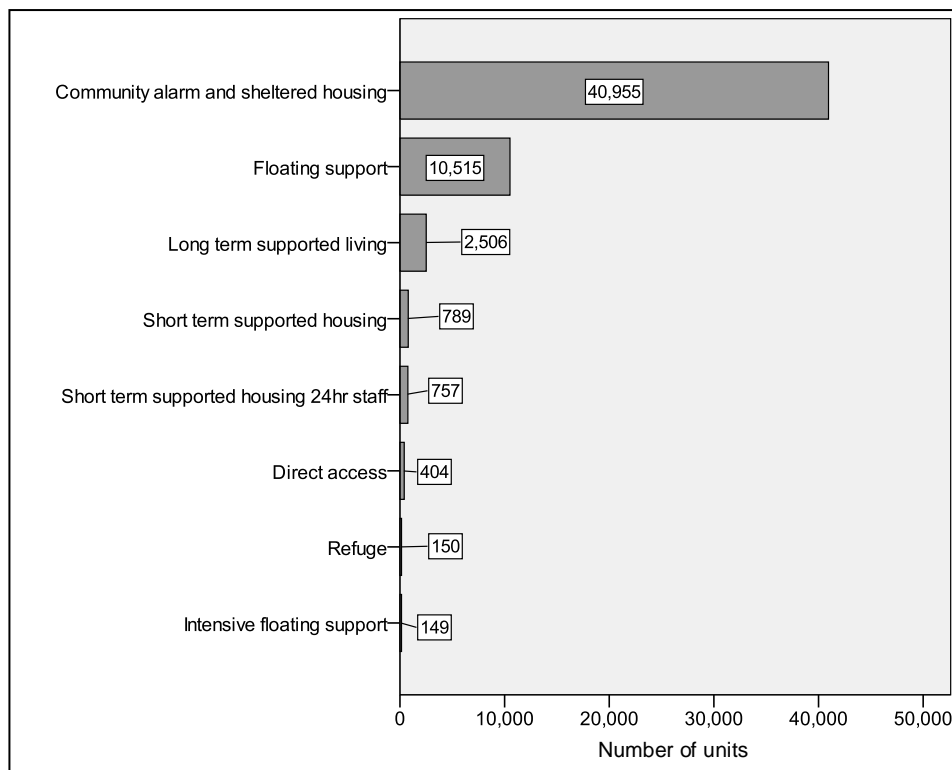
Figure 3.3: Units in Supporting People projects by broad service type

Source: Local Authority data. Data are for 30th April 2012. Data are not comprehensive.

3.10 92 per cent of reported community alarm and sheltered housing was described by local authorities as primarily for older people with support needs. A further 8 per cent of available reported units were described by local authorities as 'generic' services (i.e. usable by all or multiple client groups). Overall, 67 per cent of the total of 56,225 reported units provided in Supporting People projects were community alarm and sheltered housing services used by older people.

Units in reported Supporting People projects by lead need

3.11 Table 3.1 shows the distribution of units in Supporting People projects by lead need (primary client group). Again, services with a lead need of older people predominated, representing three-quarters of reported units. The next largest set of services were those described by local authorities as 'generic', with just under one tenth of reported units. Units in services for people with a learning difficulty and homeless people each represented around one twentieth of units in reported Supporting People projects (Table 3.2).

Table 3.1: Units in Supporting People projects by primary client group

Primary Client group	Units funded	As percentage
Older people with support needs	41,928	74.6%
Generic	4,984	8.9%
People with learning difficulties	2,416	4.3%
People who are homeless or potentially homeless	2,007	3.6%
People with mental health problems	1,962	3.5%
Young single homeless care leavers	922	1.6%
Women fleeing domestic violence	581	1.0%
People with physical disabilities	408	0.7%
People suffering from alcohol dependency	263	0.5%
Vulnerable single parents who require support	262	0.5%
Ex-offenders	165	0.3%
People with chronic illness including HIV/AIDS	104	0.2%
People suffering from drug dependency	101	0.2%
Other	96	0.2%
Refugees	19	<0.1%
Men fleeing domestic violence	7	<0.1%
Total	56,225	100%

Source: Local Authority data. Data are for 30th April 2012. Data are not comprehensive.

3.12 Table 3.2 summarises the provision of units in different models of Supporting People projects by lead need (primary client group). The table shows the proportion of reported provision of units by client groups. For example, 26 per cent of the units provided for people at risk of domestic violence were provided in refuges, with another 63 per cent of units provided in floating support services and 11 per cent in short term supported housing. By contrast, 90 per cent of units provided in Supporting People projects for older people were within community alarm/sheltered housing projects, with 10 per cent of the total Supporting People project units for older people provided by floating support services. The bulk of units for older people were in sheltered housing and community alarm projects (90 per cent) and most units for people with a learning difficulty were concentrated in long term supported living projects (85 per cent).

Table 3.2: Reported Supporting People units by lead need and service types

Summary client group	Summary of units for each primary client group by summary service type					
	Refuge & Direct Access	Floating support	Long term support	Community alarm & sheltered	Short term support	Total client group
People at risk of domestic violence	26%	63%	0%	0%	11%	100%
People with learning difficulties	0%	14%	85%	0%	<1%	100%
People with mental health problems	0%	65%	17%	0%	18%	100%
People with drug or alcohol dependency	6%	66%	0%	4%	24%	100%
Refugees	0%	100%	0%	0%	0%	100%
Disabled people	0%	74%	14%	9%	3%	100%
Vulnerable young people	5%	47%	0%	0%	49%	100%
Ex-offenders	0%	33%	0%	12%	55%	100%
Homeless people	11%	69%	0%	0%	20%	100%
Chronic illness	0%	100%	0%	0%	0%	100%
Vulnerable lone parents	0%	86%	0%	0%	14%	100%
Older people	0%	10%	<1%	90%	<1%	100%
Other	0%	58%	%	42%	0%	100%
Generic	2%	34%	<1%	63%	<1%	100%

Source: Local Authority data. Data are for 30th April 2012. Data are not comprehensive. Percentages are rounded.

The geographical distribution of reported Supporting People units

3.13 Some LAs had a greater proportion of services focused on client groups other than older people. Although the majority of LAs had dedicated Supporting People project provision for most client groups, there was also quite extensive use of generic service provision in several areas. Generic services and distinctions in data definition could be used for groups including women at risk of domestic violence, homeless people and ex-offenders which may explain the apparent absence of refuges and domestic violence services and dedicated homelessness services in this research. In addition, services with a particular lead need (primary client group) also sometimes provided support for secondary client groups. For example, the data appear to show that 6 per cent of reported units for vulnerable single parents had a secondary client group of women at risk of domestic violence. Drug and alcohol services were commonly

described as offering services to people with both problematic drug and alcohol use (46 per cent of units identified with a lead need of drugs reported a secondary client group of people with alcohol dependency). Almost one fifth of reported units with a lead need of homeless people reported a secondary client group of generic (19 per cent).

3.14 These findings suggest a quite complex mix of Supporting People projects existed in April 2012. Multiple function services with multiple client groups appeared to be quite widespread. Nine per cent of all reported Supporting People units were described as generic (Table 3.1) and generic units formed 20 per cent or more of total reported units in five LA areas. While single client group services of one type clearly existed, Supporting People did not appear to only consist of single function services providing services to a single client group.

3.15 Figure 3.4 summarises the extent of reported Supporting People units by local authority area. The measure used is the number of places per 100,000 population. As a number of authorities have a population under 100,000 an *equivalent* rate is shown (i.e. what the number of places would be if these authorities had 100,000 or more people). The authorities with apparently low levels of total Supporting People units included those that had flexible commissioning arrangements. Authorities with flexible commissioning sometimes had a low number of Supporting People units that were funded on a long term basis and *variable* levels of flexibly commissioned short-term units (see above). Some LAs reported higher numbers of relatively lower intensity units for older people, i.e. units in communal alarm schemes and sheltered housing, and it was these LAs that reported the highest total numbers of units and which also had the highest (equivalent) rates of units per 100,000 population[5].

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[5] The data collected from LAs did not contain a means by which to separate out relatively intensive services for older people such as very sheltered or extra care housing. If commissioning patterns were similar to England, these services would have been relatively unusual compared to ordinary sheltered housing and communal alarm systems but it is not clear if this was the case.
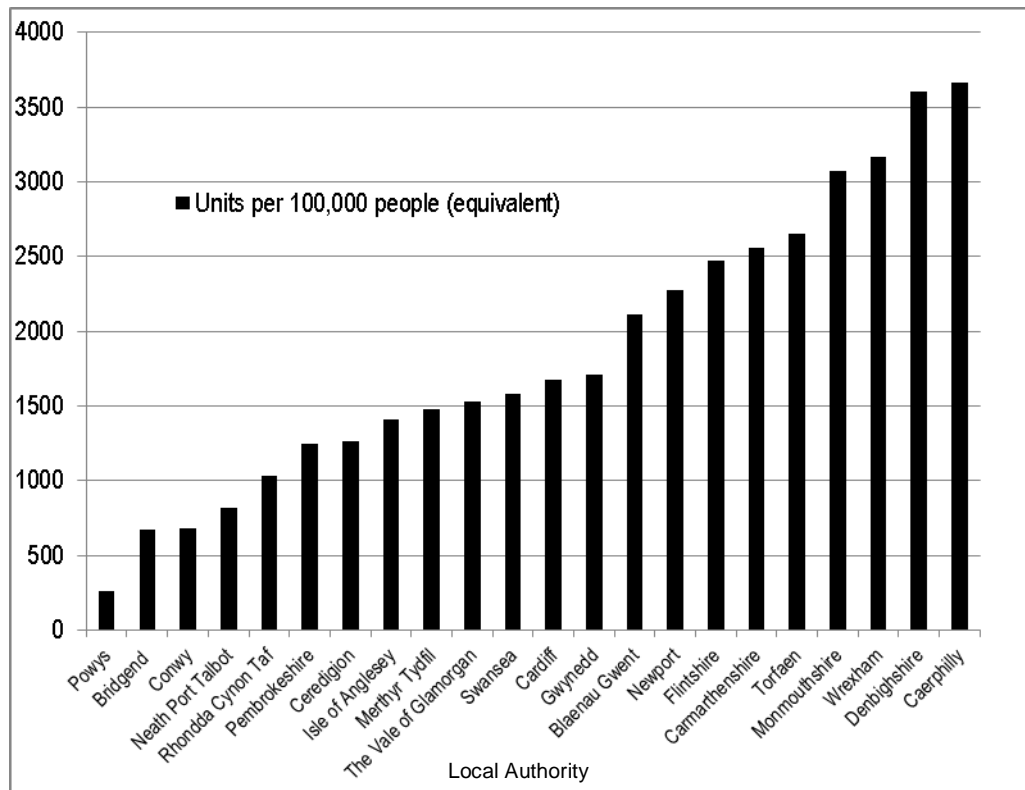
Figure 3.4: Reported Supporting People units by local authority area (number of units per 100,000 people or equivalent)

Source: Local Authority data. Data are for 30th April 2012. Data are not comprehensive.

People using Supporting People projects

Results of a survey of Supporting People project providers

3.16   An online survey of Supporting People project providers was conducted. The service providers were asked about the range of services they provided and the characteristics of their service users as at 30th April 2012. The survey received responses from 125 service providers collectively providing 18,800 units of supported housing and floating support services. Representation of services for older people was limited, particularly for lower intensity services such as communal alarm services or sheltered housing using mobile warden cover (Figure 3.5).
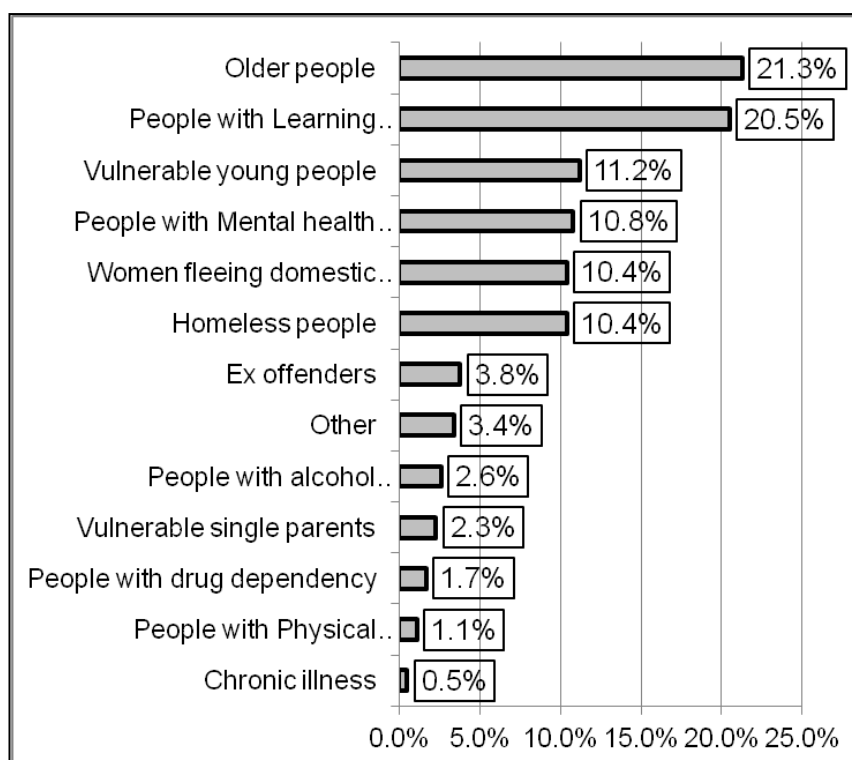
Figure 3.5: Primary client groups of services provided by agencies responding to the online survey of service providers

Source: Online survey of service providers. Base: 125 service providers.

Characteristics of service users

3.17 Figure 3.6 shows the age and gender of the people using Supporting People projects on 30th April 2012. Women aged over 65 were the largest single group (30 per cent), followed by men aged over 65 (17 per cent). Projects for young people were not strongly represented; with women aged 16-24 representing 7.1 per cent of service users and young men aged 16-24 representing 4.3 per cent of service users. After older people, the largest groups of service users were women aged 50-64 (10 per cent) and men in the same age group (also 10 per cent).

3.18 In total, 6,424 people, approximately 41 per cent of the 15,764 service users on whom age and gender data were available, were described as having a limiting illness as at 30th April 2012[6]. These data were collected as a simple count that could not be related to other demographic characteristics.

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[6] Someone who "has physical or mental health conditions or illnesses lasting or expected to last 12 months or more which reduce his/her ability to carry out day to day activities".

Figure 3.6: The age and gender of people using Supporting People projects

Source: Online survey of service providers. Data were provided on 15,764 people.

3.19 Data on marital status were reported for 9,514 individuals. Not all services appeared to collect these data and some were unable to provide them as at 30th April 2012. Projects reported that 85 per cent of service users were single and 15 per cent were married[7].

3.20 The bulk of people for whom data on ethnicity were available were of White EU origin (95 per cent) with low representation of other groups (Table 3.9)7. Census 2011 data show that just over 7 per cent of the Welsh population was not of White EU origin, close to the overall levels found here[8].

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[7] The data were collected as a simple count that could not be related to other demographic characteristics.
[8] http://www.ons.gov.uk/ons/guide-method/census/2011/index.html

Table 3.9: The ethnic origin of people using Supporting People projects

Ethnic Origin	Number	Percentage
Gypsy or Irish traveller	68	0.5%
Irish	66	0.5%
Preferred not to say	62	0.4%
Pakistani	59	0.4%
African	54	0.4%
Any other White	52	0.4%
Other Black background	52	0.4%
Bangladeshi	51	0.4%
White and Asian	48	0.3%
Caribbean	43	0.3%
Indian	34	0.2%
Other Mixed ethnic background	28	0.2%
White and Black Caribbean	26	0.2%
White and Black African	25	0.2%
Other Asian background	22	0.2%
Total	14,379	100%

Source: Online survey of service providers.

3.21 The largest group of service users were people who were Christian (53 per cent), followed by a group who reported no religion (32 per cent) and then smaller groups who belonged to other belief systems (Figure 3.7). Data were less commonly collected on religious faith than some other characteristics such as ethnicity. Some service providers reported a difficulty in producing data on religious faith among service users as at 30th April 2012.

3.22 Data on sexuality was only provided by one responding service provider and the data were incomplete. There was no collection of data on gender reassignment among the service providers at the time of writing.
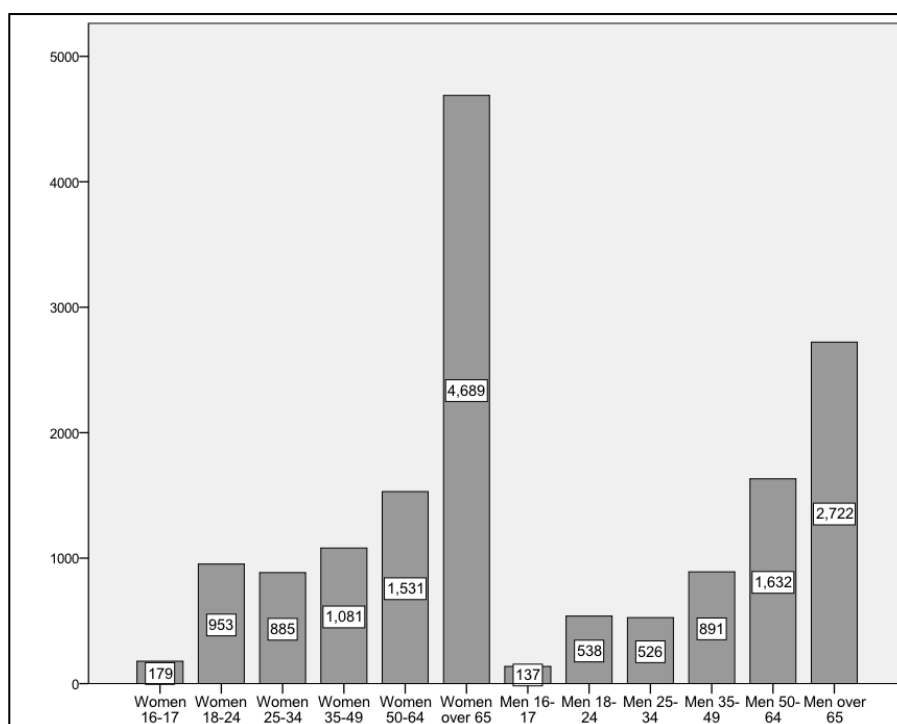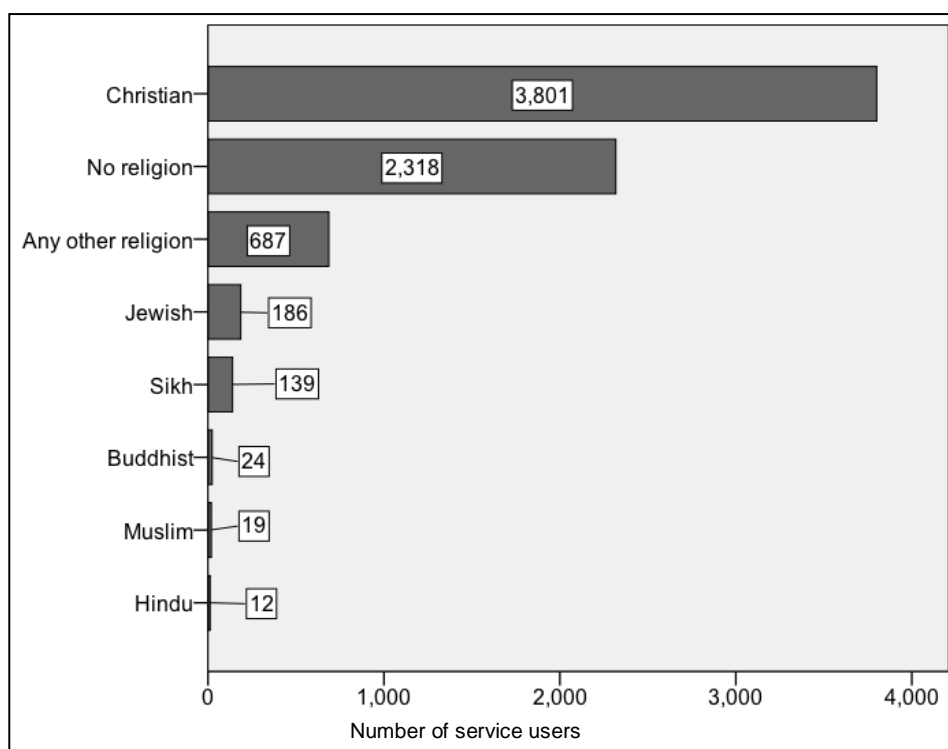
Figure 3.7: The religion of people using Supporting People projects

Source: Online survey of service providers. Data were provided on 7,186 people

Implications for a main evaluation of Supporting People

3.23 Administrative data tend not to be perfect or consistent. Authorities and service providers collect different levels of detail and some record data which others do not. For example one local authority might simply list all its provision of community alarm services as one, large contract with one or more service providers, another might administer essentially the same pattern of community alarm service provision as five smaller contracts, described as five separate services. Time can also be a factor, commissioning of Supporting People projects may often be relatively stable, so that there are not constant changes to which services and service providers are being funded. However, changes in commissioning do happen and even small changes can, if data are not regularly updated, lead to discrepancies between what is recorded and what is actually happening.

3.24 There is some evidence suggesting that these issues with Supporting People administrative data may not be unique. In England, prior to the changes that saw the end of Supporting People as a dedicated funding stream that was just for housing related support, a major and highly detailed mapping exercise of Supporting People funded domestic violence service was undertaken. One of the main findings was that domestic violence services, funded largely by Supporting People, were recorded in

different ways, described in inconsistent ways and that local authority data and service provider data did not reconcile[9].

3.25 Many of the challenges in consistently describing and thus in mapping Supporting People projects should diminish as commissioning arrangements change from those in use in 2012. The introduction of the *Supporting People projects Outcomes and Exit Questionnaire* by the Welsh Government will improve the data on service activity, showing the greater throughput of service users for short-term services.

3.26 The findings from this study on outcomes and impact data collected by service providers suggested their data collection was too diverse, specific and also sometimes too limited to enable it to be used to assess the impact of Supporting People at local and national level. Separate outcomes and impact monitoring and evaluation would be required.

3.27 Three further points are worth noting:

- Current Welsh Government project type classifications do not really reflect the diversity of provision. It would be useful to clearly differentiate between community alarm systems, sheltered housing, very sheltered housing and extra care housing for older people as these are very different types of service. Similarly, being able to differentiate between direct access and refuge provision and a recognition of the rising numbers of generic services would also be useful.

- There is also a case for thinking about the level of detail collected on client groups. Some quite varied groups of people are described by one client group category. For example 'older people' actually might be usefully divided into groups who are more and less vulnerable, as what a frail older person or an older person with dementia needs is different from an older person who is still independent, but who may need access to a community alarm in case they fall[10]. By contrast, some very small groups, such as refugees and men at risk of domestic violence are separated out. Similarly, with groups like homeless people, support needs may be highly varied, being typically lower for groups like homeless families than for lone chronically homeless people with sustained or recurrent experience of homelessness.

- There is a difficulty at the time of writing in assigning a number of units to flexible commissioning arrangements. Some agreed mechanism by which a nominal number of units, perhaps based on typical numbers supported over the course of the last financial year, could be assigned to flexible commissioning arrangements would be useful. For planning and evaluation purposes it would be good to have a broad measure of the total extent of flexibly commissioned service provision.

[9] Quilgars, D. and Pleace, N. (2010) *Meeting the Needs of Households at Risk of Domestic Violence in England: The Role of Accommodation and Housing-Related Support Projects*, London: Communities and Local Government.
[10] Pleace, N. (2011) *The Costs and Benefits of Preventative Support Projects for Older People,* Edinburgh: Scottish Government.

4 Existing impact evaluation

Introduction

4.1   This chapter reviews current data collection by Supporting People project providers. This part of the scoping study was designed to understand the extent to which service providers were already collecting outcomes and impacts data, what the implications were for future evaluation of Supporting People and whether any lessons could be learned from how service providers analysed their own activities.

The service outcomes data collected by Supporting People project providers

The reasons for exploring data collection

4.2   The possible 'main evaluation' that this scoping study is designed to help inform would need to consider the extent to which service providers are able and willing to provide data on their service delivery and service outcomes. Understanding existing data collection is useful because it can help ascertain what it is realistic to expect service providers to collect and also what sorts of information they already collect which might be useful to a main evaluation.

Data collection on service outcomes

4.3   Outcomes data collected by the 125 service providers that responded to the online survey[11] is summarised in Table 4.1. Outcome indicators that were very commonly collected centred on housing stability, physical health, friendships and partnerships, community participation, self-confidence, mental well-being and reducing risks and hazards in the home.

4.4   Contrasting data collection by service providers with the Welsh Government *Supporting People projects Outcomes and Exit Questionnaire* it can be seen that there was considerable overlap between service provider outcomes data collection and that required by the Welsh Government. Key indicators for the Outcomes and Exit questionnaire include feeling safe, contributing to the well-being and safety of others, managing accommodation, managing relationships, feeling part of the community, managing money, engaging in education and learning, engagement in employment and voluntary work, being physically healthy and leading a healthy and active lifestyle. These were questions that the service providers also tended to be asking, sometimes in similar ways and sometimes in more detail.

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[11] See Chapters 2 and 3.

Table 4.1: Service outcomes data collected by service providers

Indicator	Number	Percentage
Housing stability	113	90%
Physical health	113	90%
Friendships/partnerships	112	90%
Community participation	112	90%
Self confidence	112	90%
Mental well-being	112	90%
Reduce hazards/risks at home	112	90%
Choice and control	110	88%
Ensure access to social work/services	110	88%
Counteract boredom	109	87%
Family relationships	108	86%
Meet housing needs	108	86%
Ensure access to NHS	108	86%
Welfare benefits claimed	102	82%
Debt management	102	82%
Appropriate community	102	82%
Access to education	101	81%
Access to training	99	79%
Work related activity	96	77%
Basic literacy & numeracy	93	74%
Reduce/end ASB	90	72%
Resettlement	85	68%
Manage self-harm	85	68%
Paid work	82	66%
Cultural activity	82	66%
Harm reduction (drugs & alcohol)	80	64%
Reduce need for hospital admissions	70	56%
Reduce/end crime	61	49%
Reduce need for residential care	60	48%
Spiritual/religious activity	56	45%
Abstinence (drugs & alcohol)	46	37%
Provide settled/safe homes at risk of DV	38	30%
Immediate safety for risk of DV	37	30%

Source: Online survey of service providers. Base: 125 service providers. Not all service providers were collecting all data as some outcomes were not relevant to their service provision.

4.5 The scoping study suggests that detailed data collection on service activity and outcomes was being undertaken by many service providers. This suggests there is potential to consider enhancement of existing Welsh Government Supporting People data collection. This point is returned to later in this chapter and in the final chapter.

4.6 There was variation in the ways that outcomes monitoring data were collected by service providers. Service providers often used their own computer systems to record outcome monitoring data for their own purposes. The service providers sometimes

used 'off the shelf' software designed for Supporting People project providers and sometimes built their own bespoke systems.

4.7   Complexity in data collection tended to increase along with the size and complexity of the service provider. Regional and national level service providers tended to have integrated databases covering their entire service provision into which individual Supporting People funded projects fed outcomes and other administrative data.

4.8   Use of the Welsh Government *Supporting People projects Outcomes and Exit Questionnaire* was not reported as universal by the service providers who responded to the online questionnaire, although 80 per cent were using it (Figure 4.1). This may have been because it had only quite recently been introduced.
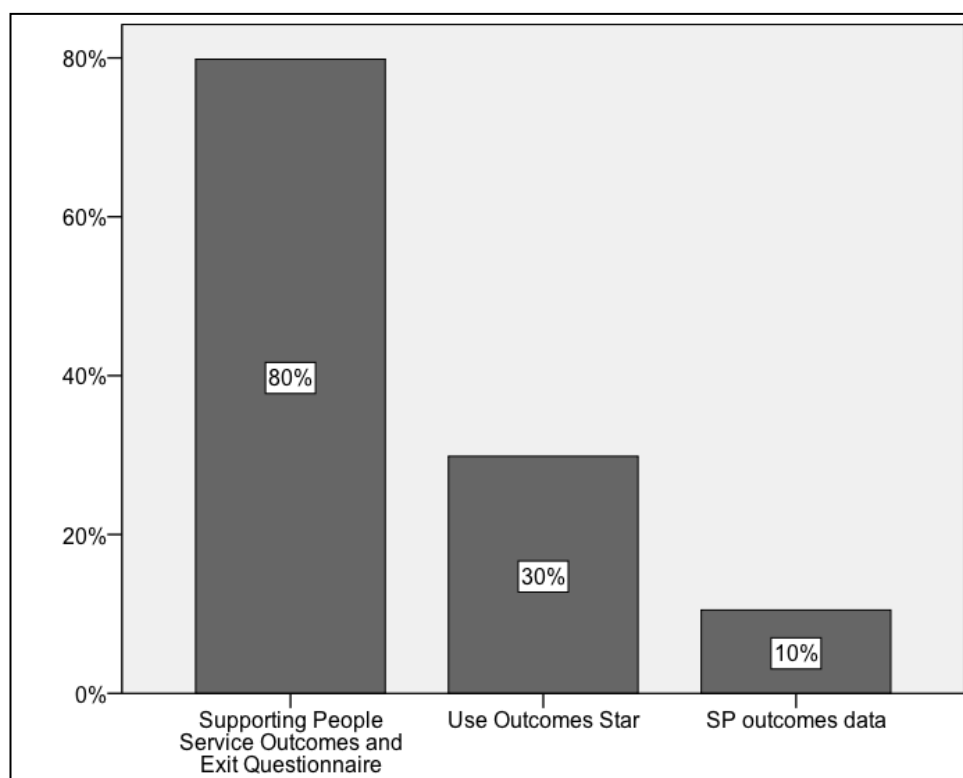
Figure 4.1: Outcome monitoring by service providers

Source: Online survey of service providers. Base: 125 services.

4.9   The 'Outcomes Star' (described in more detail in Chapter 5) was quite widely used by responding service providers, with just under one third of service providers reporting they were using one or more versions of this outcome monitoring system. One tenth of service providers were completing the Supporting People Outcomes Data return for England, because they were active in England as well as within Wales. The Supporting People Outcomes Data are still being collected in England with financial support from service providers, but financial support from DCLG has been discontinued[12].

Longitudinal monitoring of service outcomes

4.10   Longitudinal monitoring refers to the collection of data on service users over time. This can refer to the collection of data on someone's needs and characteristics at the point

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[12] https://supportingpeople.st-andrews.ac.uk/

service delivery starts, during the process of service delivery and at the end of service delivery.

4.11 Longitudinal monitoring can also involve tracking of service users for some time *after* their use of Supporting People projects ceases. This form of monitoring allows assessment of whether any positive outcomes in health, well-being and social and economic integration are sustained once contact ceases with Supporting People projects.

4.12 Longitudinal monitoring of service users after service contact had ceased was quite common. Almost half of the service providers that responded to the online survey reported that they undertook at least some longitudinal monitoring (49 per cent). It was most common for services to keep an informal eye on people they had formerly worked with, which covered most of the activity listed under the 'other' category (21 per cent). In some instances, longitudinal monitoring was much more formalised, 11 per cent of services kept track of all their service users for six months, a further 6 per cent for three months and 5 per cent for nine months or more. Samples of former service users were tracked for between three and six months by 5 per cent of service providers responding to the online survey (Table 4.2).

4.13 Charities and local authorities were the service providers most likely to undertake longitudinal monitoring of former service users (62 per cent and 57 per cent). The practice was much less common among other forms of service provider (Table 4.2).

Table 4.2: Longitudinal monitoring after service contact by service provider type

Monitoring of outcomes	Housing Association	Charity	Local Authority	Private sector	Social enterprise	Other	All
None	69%	38%	43%	73%	100%	50%	51%
For up to 3 mths	6%	5%	7%	18%	0%	0%	6%
For up to 6 mths	9%	18%	0%	0%	0%	0%	11%
9 mths or more	0%	8%	7%	0%	0%	0%	5%
Sample 3 mths	0%	3%	7%	0%	0%	0%	2%
Sample 6 mths	3%	5%	0%	0%	0%	0%	3%
Other	14%	22%	36%	9%	0%	50%	21%
Total	100%	100%	100%	100%	100%	100%	100%
Base	35	60	14	11	1	4	125

Source: Online survey of service providers. Base: 125 services.

Data collection on service costs

4.14 Assessing the cost of Supporting People projects is important. Good quality cost data on outcomes can be used to determine which services provide best value for money (see Chapter 4).

4.15 Cost data collection was variable. Most service providers reported collecting data on the duration of service use for each service user. However, a record of the total expenditure on each person using a service was only collected by a minority of service providers (Figure 4.2).
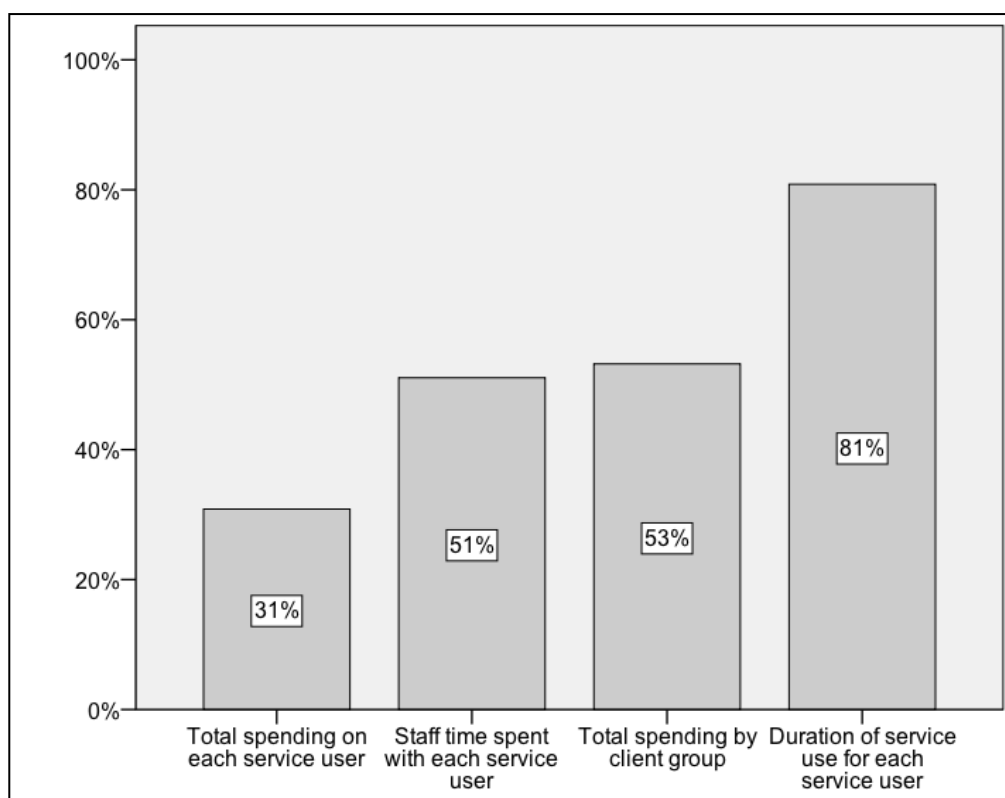
Figure 4.2: Cost data collection by service providers

Source: Online Survey of Service Providers. Base: 125 service providers.

Service provider views on existing data collection

4.16 Service providers had mixed views on the collection of data on Supporting People projects by service commissioners. Only a minority reported that the information collected was "not time consuming or difficult" to supply (22 per cent). Just over one half of service providers agreed with the statement that information requests were 'logical' (55 per cent) and 23 per cent reported the view that it was difficult to see how some of the information requested by service commissioners related to their services (Figure 4.3).
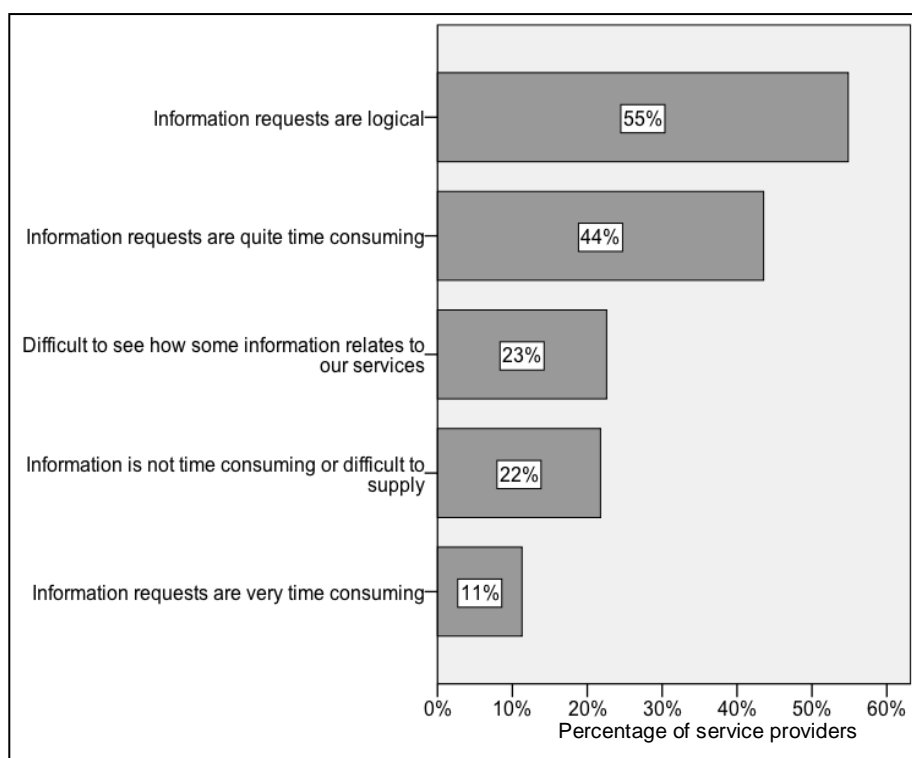
Figure 4.3 Service Provider views on data requested by Welsh Government

Source: Online Survey of Service Providers. Base: 125 service providers.

4.17 Overall, 77 per cent of housing associations, 57 per cent of local authorities, 45 per cent of charities and 44 per cent of other types of service provider reported that information requests were "quite" or "very" time consuming to supply. Only a minority of each type of service provider reported that data requests were not time consuming or difficult to supply (Table 4.3).

Table 4.3: Views on data collection by Welsh Government

Information requests from Welsh Government are:	Responses	Other	Housing Associations	Charities	Local authorities
Logical	No	63%	50%	33%	64%
	Yes	38%	50%	67%	36%
Not time consuming or difficult to supply	No	81%	94%	67%	86%
	Yes	19%	6%	33%	14%
Are very time consuming	No	100%	79%	92%	86%
	Yes	0%	21%	8%	14%
Are quite time consuming	No	56%	44%	63%	57%
	Yes	44%	56%	37%	43%
Base		16	35	60	14

Source: Online survey of service providers. Base: 125 services.

Implications for a main evaluation

4.18 Outcome data collection was routine, extensive and a part of the day to day operation of Supporting People projects. Supporting People project providers already extensively monitored what they do and what the outcomes for service users were. In many instances, that data collection appears to be extensive. The partial exception was cost data, where cost-per-service-user information that could be clearly related to service outcomes was not always being collected.

4.19 Attitudes to data collection by service commissioners were mixed. For the main evaluation a greater exploration of why a quite substantial number of service providers did not always view data collection by service commissioners as being "logical" would be useful. This might be a particularly valuable process in determining whether existing outcome measures are fit for purpose from the perspective of service providers.

4.20 Some service providers also reported finding it hard to relate data collection to their services. The overview of Supporting People project provision collected through contact with LAs and described in Chapter 3 did suggest the Supporting People sector was diverse in 2012. There does seem to be some evidence that the ways in which Supporting People projects, service users and outcomes are categorised by commissioners and government monitoring systems may not properly reflect the scope, diversity and range of outcomes and activities funded through Supporting People. In essence, the categorisations of service type and client groups may not be sufficiently detailed and may omit some service types and groups of service users altogether.

4.21 The findings were quite positive in the sense that the design and development of a possible main evaluation would take place in a context where outcome data collection was routine and well established. Supporting People projects are a sector that is well-used to detailed outcome monitoring and which expects to be able to demonstrate what they do and how they do it. A possible main evaluation will not involve asking service providers to move into unfamiliar territory, although the variation in data collection does show that it will require greater standardisation of data collection among any services that are evaluated. This is because standardised measures must be employed when comparing services (see chapters 5 and 6).

5 Lessons from other impact monitoring

Introduction

5.1 This chapter considers the experience of previous attempts at Supporting People outcome measurement that are of interest in thinking about the possible main evaluation. The first section looks at outcome monitoring systems, the second section at costs and benefits analysis, the third at surveys of service users and the fourth and final section at individual Supporting People project evaluations.

Lessons from previous attempts to measure the impact of Supporting People

The different broad types of Supporting People impact evaluation

5.2 Attempts to measure the impact of Supporting People have involved four types of evaluation:

- The development of outcome monitoring systems both for Supporting People as a whole and for particular types of housing support services.

- Attempts to explore the costs and benefits of the Supporting People programme.

- Attempts to understand the outcomes of Supporting People projects from the perspective of service users, including surveys of service users.

- Detailed evaluations of housing support services.

Existing Supporting People outcome monitoring

The different types of outcome monitoring systems

5.3 Outcome monitoring systems are designed to collect data on outcomes for Supporting People project users. These systems are web-based and often try to use generic, standardised data collection on outcomes to cover all services. Outcome monitoring systems can be used to collect data on service user characteristics, service activity and on outcomes for service users.

Supporting People projects Outcomes and Exit Questionnaire

5.4 The *Supporting People projects Outcomes and Exit Questionnaire* developed by the Welsh Government is designed to monitor service user outcomes for an individual or household every six months and also at the point someone leaves a service. Data are collected on service type (defined as Sheltered/ Older persons floating support, Floating support, Direct Access, Permanent supported housing or Temporary supported housing). In addition, questions are asked about the types of need and characteristics a service user has. These questions ask if someone has the following needs or characteristics and which of their needs is the 'lead need' (i.e. primary client group):

- Domestic abuse

- Learning difficulties

- Mental health issues

- Alcohol dependency
- Drug/substance misuse
- Refugee issues
- Physical mobility issues
- Young and vulnerable
- Criminal justice issues
- Homeless/potentially homeless
- Chronic illness
- Vulnerable single parent
- Older persons
- Frail persons
- Care leavers
- Ex armed forces
- HIV and AIDS
- Autistic spectrum disorder including Asperger's
- Sensory impairment
- Migrant workers
- Gypsies and travellers
- Vulnerable two parent families
- Black, minority ethnic person

5.5 The outcomes data collected by the *Supporting People projects Outcomes and Exit Questionnaire* covers several variables. The questionnaire also asks whether each outcome was recorded in a support plan and what the level of progress is in addressing that particular need. Progress is measured according to a five level indicator, which is as follows: 1) Barriers exist; 2) the area is beyond the control of the service provider; 3) non engagement by service user; 4) the service provider unable to meet needs or address the risk and 5) the service provider is still working towards support outcomes. The outcomes measured are:

- Feeling safe
- Contributing to the safety and well-being of themselves and others
- Managing accommodation
- Managing relationships
- Feeling part of the community
- Managing money
- Engaging in education and learning
- Engaged in employment and voluntary work
- Physically healthy

- Mentally healthy

- Leading an active and healthy lifestyle

The Outcomes Star

5.6 Another example of service user outcome monitoring is the *Outcomes Star* for housing support services; this was first piloted in London and now exists in several forms for different client groups[13]. The Outcomes Star is designed to monitor the 'distance travelled' by collecting baseline data on service users, tracking progress over time and eventually recording their situation when service use stops. Using a score between 1-10 (a higher number indicates more progress) various versions of the outcomes star covers distinct areas for specific service user groups.

5.7 The Outcomes Star is built around the idea of progression towards independent living for people who have been institutionalised and are returning to the community and for groups like homeless people who have lost an existing home or have never been able to live independently. Success according to the Outcomes Star is the maximisation of capacity for independent living. This has different implications in terms of specific outcome monitoring for specific groups.

5.8 One example of the Outcomes Star is the *Homeless Star*. The Homeless Star monitors progress on the following areas:

- Motivation and taking responsibility

- Self-care and living skills

- Managing money and personal administration

- Social networks and relationships

- Drug and alcohol misuse

- Physical health

- Emotional and mental health

- Meaningful use of time

- Managing tenancy and accommodation

- Offending

5.9 By contrast, the *Older Person's Star* has the following indicators, within a framework of maximising independence and well-being:

- Staying as well as you can (physical and mental health)

- Keeping in touch (use of time and social networks)

- Feeling positive (motivation and managing change)

- Being treated with dignity (choice and control)

- Looking after yourself (self-care and mobility)

- Staying safe (safety)

- Managing money (economic well-being)

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[13] http://www.outcomesstar.org.uk/

5.10 The Housing Support Enabling Unit (HSEU) in Scotland is promoting a system of outcomes data collection called *Better Futures*[14]. Better Futures collects information on each service user. The system allows service providers to create a service user plan in which goals can be identified around the following areas and like the Outcomes Star uses a scoring system where a higher number indicates more progress, collecting data at a series of intervals and ending when service contact ceases. *Better Futures* records data on:

- Accommodation
    - Suitability
    - Security (of tenure)
- Health
    - Physical
    - Mental
    - 'Addictions'
- Safety and security
    - Risk from Gender based/intimate partner violence
    - Legal issues
    - Safety from harassment and abuse
    - Safety risks and emergency procedures
    - Use of technology (alarms etc.)
- Social and economic well-being
    - Life skills (for running a home successfully)
    - Money matters and personal administration
    - Leisure activity
    - Social interaction
    - Self-esteem
- Employment and meaningful activity
    - Core skills
    - Training and education

Supporting People Outcomes Data

5.11 Outcome monitoring in England was until recently focused on the *Supporting People Outcomes Data*[15]. This English system did not involve any longitudinal data collection, instead recording whether identified needs had been met at the point of service exit. Two systems were in place; an outcomes measure for all users of short term Supporting People projects and an outcome measure for long term services based on a 33 per cent sample of older people and 50 per cent of all other client groups using

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[14] http://www.ccpscotland.org/hseu
[15] https://supportingpeople.st-andrews.ac.uk

long term Supporting People projects. The Supporting People Outcomes Data ceased to receive central government support though many Supporting People project providers and local authorities are continuing to support the Outcomes Data collection at the time of writing. The focus of the Outcomes Data is very similar to that of the Welsh Government *Supporting People projects Outcomes and Exit Questionnaire*, though the level of detail collected is greater.

Lessons from existing outcome monitoring systems

5.12 The great strength of outcomes data collection which is designed to encompass all Supporting People projects is that it can be used to generate a global picture of the impact of Supporting People projects. Careful design of these sorts of outcome monitoring systems is however of fundamental importance if they are going to be as useful as possible. There are some caveats that need to be borne in mind if considering using these existing models to monitor Supporting People outcomes and impacts.

5.13 There are several key considerations that should be reflected in the design of any evaluation or outcome monitoring system which apply to assessing the impact of Supporting People projects:

- A Supporting People project has to have *clearly defined* goals that are *clearly and accurately measured* by an outcomes monitoring system. This might seem an obvious point on some levels, but having clear goals for which there are clear metrics (outcome measures) is a fundamental principle as described in the *Magenta Book*[16] (2011) and *Green Book*[17] (2003) which are used by government as guides to evaluation. An evaluation is unable to be precise about whether the goals of a service has been achieved if that goal is not clear or specific. This logic is also fundamental to evaluation of publicly funded services (Orwin, et al, 1998; Orwin 2000). Outcomes monitoring systems for Supporting People must be *precise* in defining what they are measuring and in how they are measure it.

- The use of *validated measures* is very useful when monitoring service outcomes and impacts. A validated measure has been tested across a range of different situations and found to generate a clear, consistent answer, i.e. it is a 'robust' measure. The advantages of using a validated measure are twofold. First, validated measures increase confidence that outcomes are being accurately measured. Second, validated measures generate data that can be used to *reliably* compare results between services (Pleace with Wallace, 2011).

- The *trustworthiness* of data is also important in the design of an outcomes monitoring system. Reliance on data collection undertaken by service providers who may have a vested interest in showing their own apparent success is not ideal. However, research and inspection can be used to help ensure that what is being reported in outcomes monitoring is subject to external verification.

- Monitoring *paradigm drift* is also very important for outcome monitoring. Supporting People projects may change over time. This can be for two reasons. The first is that a service changes in who it works with and what it

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[16] http://www.hm-treasury.gov.uk/data_magentabook_index.htm
[17] http://www.hm-treasury.gov.uk/data_greenbook_index.htm

does over time. This might happen when a new form of service is being piloted and takes time to 'bed-down', perhaps eventually operating rather differently from how it was envisaged when still on the drawing board. The second reason is a change to the population that the service is working with, which may not necessarily be a rapid process, but can be important in how Supporting People services work and what they do. In the last 20 years, housing support services for people sleeping rough have seen increases in young people and women and a shift away from problematic alcohol consumption towards problematic drug use. This has meant the nature of the users of these services has changed over time, requiring those services to adapt their approach (Pleace, 2008). Outcome monitoring systems have to be able to change alongside services to properly evaluate the impact of those services.

5.14 The existing outcome monitoring systems for Supporting People do suffer from some weaknesses. There can be issues with the precision with which service goals are defined and how precisely they are measured. A key issue here is the use of generic indicators to cover all Supporting People client groups and all service types. In seeking to design a common outcome monitoring system for a diverse sector, existing outcome monitoring may provide a useful overview, but risks not giving a complete picture of what specific services are achieving. As was shown in Chapter 4, existing Supporting People projects often collected outcome measures that were specific to their goals, they do not use a shared single set of generic indicators because such a system would not reflect their particular focus. Some outcomes monitoring systems reflect these variations in service goals, for example the Outcomes Star has been designed in 15 versions for different client groups.

5.15 Difficulties in defining workable common outcome measures for Supporting People projects have been noted elsewhere (Rogers *et al*, 2007). Outcome monitoring systems have tended to react by developing very broad outcome measures. However, the broader an outcome measure becomes the greater the risk that ambiguity will arise around what a 'success' recorded by that broad outcome measure actually means. This is arguably a problem for all the outcomes measures discussed, as none use very precisely defined outcome indicators and the meanings of specific 'scores' are open to interpretation (Pleace with Wallace, 2011).

5.16 It is the case that what is a realistic goal for one service working with one client group and what is a realistic goal for another service working with a different client group may not be the same. Variations in individual support needs and characteristics are also important, it cannot be expected that a service will be able to achieve the same goals with all the people within whichever client groups that service works with. Some services are also more highly resourced than others and may be able to set higher goals than other services.

5.17 Outcome monitoring systems that assess 'distance travelled' have been designed to try to control for variations in who services work with and what resources they have. A service working with a high need group with little resource might achieve less impressive 'end of service use' outcomes than a service that is well resourced and working with a lower need group. However, a distance travelled measure is designed to ensure that the gains made by the first service are documented. Showing relative progress is also important for those Supporting People projects that have a high attrition rate, i.e. services for client groups that include chaotic individuals whose well-being may improve while in contact with a service, but who abandon that service before the service has achieved what it sought to.

5.18 However, distance travelled outcome measures still work against a clear model of what a 'success' is. Success is generally measured in terms of progress towards independent living and what may be an important gain for a service user may ultimately look like a 'low score' when that service user leaves a Supporting People project. The gains made will have been recorded, but those gains are still measured against a standard of independent living. Independent living is not something some services working with very high need groups may always be able to achieve and may not be a desirable goal for some Supporting People project users. There is a risk that achievements will be downplayed by the logic of distance travelled measures and also in the assumption within such measures that there is ultimately only one form of 'success' that Supporting People projects should aim to achieve.

5.19 Reliance on services and front line staff to complete outcome monitoring returns raises two risks. First, staff across different service providers or within the same service provider may not be consistent in how frequently and how fully they complete an outcomes monitoring return. Second, these systems tend to assume a certain degree of honesty, which may well generally be fine, but which does not really deal with the vested interests service providers in competition for funding may have in showing that their services are effective.

Cost benefit analysis

Lessons from different types of cost benefit analysis

<u>Government practice in cost benefit analysis</u>

5.20 The *Magenta Book* (2011) and the *Green Book* (2003) used by government for service evaluation define cost benefit analysis (CBA) in terms of the question "do the benefits outweigh the costs?" Cost benefit analysis basically tests the expected benefits of spending public money at societal level.

5.21 The simplest form of cost benefit analysis considers an investment worthwhile as long as the expected benefits exceed the expected costs. This basic approach is used to assess alternative ways to invest public money in everything from health care through to transport infrastructure. Cost benefit analysis can become highly complex, because it can also include testing the benefits of spending on one area, such as health care, against spending on another area, such as Supporting People.

<u>Lessons from government practice</u>

5.22 The cost benefits for Supporting People should centre on generating cost offsets for health, social services, the welfare system, the criminal justice system and other services. There can also be a kind of 'internal' cost offsetting process between different Supporting People projects. For example, housing-led services such as Housing First models, which could be funded through Supporting People, have the potential to reduce sustained and recurrent or 'chronic' homelessness. Using housing-led services could eventually reduce the need for emergency homelessness services such as direct access schemes, which are also funded through Supporting People.

5.23 The ways in which Supporting People might potentially save public money are potentially numerous. Supporting People projects might directly contribute to stopping an unplanned psychiatric admission and sectioning under the mental health act, the most expensive single activity the health service undertakes, or Supporting People projects might produce marginal savings by slightly reducing the frequency with which

an older person visits the doctor. Equally, Supporting People might help reduce reconviction rates among offenders, reduce A&E use by homeless people, enable people to secure employment through providing assistance and a settled address, producing savings for criminal justice services, the NHS and the benefits system.

5.24 There are some challenges for measuring the cost benefits of Supporting People which can be summarised as follows:

- Separating out the specific impacts and cost benefits of a Supporting People project may be challenging within relatively 'service rich' environments, i.e. other types of services, such as health and social care will also often be assisting people who are using Supporting People projects.

- There are challenges linked to the availability of detailed cost information for some Supporting People projects.

- It is not possible to directly explore alternative scenarios in which no Supporting People projects were available and other services bore the costs of providing support.

5.25 Supporting People never works in a vacuum. Supporting People project users are quite likely to be reliant on benefits, to be receiving medical attention if they need it, may get assistance from a social landlord and may also be receiving personal care from social services. Some groups will be getting other forms of specific support; a homeless person may be getting food, counselling and being assisted into training, education and work by a daycentre which is supported through charitable donation or a Welsh Government grant. Ex-offenders on probation will have a probation officer focused on their support needs.

5.26 The available cost data on Supporting People project costs are often limited (Ashton and Turl, 2008; Matrix, 2006; Tribal Consulting, 2007). In 2006, when assessing the costs and benefits of Supporting People, Matrix Consulting noted the lack of a strong evidence base on Supporting People project costs (Matrix, 2006).

5.27 As noted in Chapter 4, cost data were being collected by Supporting People projects in 2012, but the extent of data collection was variable. In particular, the bulk of service providers did not collect or calculate a total cost per service user for their Supporting People project provision.

5.28 It is not easy to explore what would happen if Supporting People projects were not present. Provision across different LA areas does not appear to be entirely consistent but each LA tends to have at least some services for most client groups and there is no part of the country where Supporting People is effectively 'absent' and where other services have to cope without it. One of the most robust ways to test what cost benefits something generates is to compare the costs and benefits when that something is present with a situation in which it is not present. This is not achievable at present. However, provision of some forms of Supporting People projects may now cease in some parts of England, which might allow for new forms of cost benefit study.

Existing cost offset evaluations of Supporting People

5.29 Existing evaluations of Supporting People cost benefits have tended to employ what can be broadly termed a *cost offset* model. A cost offset is a saving generated by one public funded service for another publicly funded service.

5.30 Supporting People could be enhancing the independence and well-being of older people with support needs, people with a learning difficulty and people with mental

health problems. This should help improve their health and well-being and thus help reduce potential costs for the health service and social services. Supporting People may also reduce costs when working with groups like ex-offenders and young homeless people. The potential cost offsets centre on Supporting People projects helping to meet support needs, preventing and reducing homelessness, providing support with drug and alcohol issues and help to access education, training and paid work. If people are helped into sustainable housing and paid work and to develop positive social supports, this reduces the potential costs of those people to society, because they are less likely to be workless and reliant on benefits for long periods and likely to have better mental and physical health than people who are long-term workless.

5.31 One approach to understanding cost offsets for Supporting People has been to work with a series of theoretical examples, i.e. determining what a person with a given set of needs cost to support via Supporting People and then comparing that 'Supporting People cost' with the 'cost' that would have been paid if that same person had been, for example, supported by existing health and social services rather than via Supporting People.

5.32 Studies of the cost effectiveness of Supporting People tend to look at the following three related questions (Ashton and Turl, 2008):

- The total costs of providing Supporting People projects to service users.

- The likely alternatives if Supporting People projects were not available, and the proportions of clients who would be allocated to them if their best interests were to be served; and

- The impact that Supporting People projects and alternatives would have in reducing adverse outcomes for the client groups.

Lessons from existing cost offset evaluations of Supporting People

5.33 Existing attempts to undertake cost offset evaluations of Supporting People have a number of limitations (Ashton and Turl, 2008; Matrix, 2006; Tribal Consulting, 2007; SITRA, 2011):

- The use of models is not the same as exploring the cost offsets generated by the actual use of Supporting People projects by the population who are using those services.

- Supporting People can meet the same set of needs in different ways. An individual may be able to have their needs met by accommodation based services or by floating support services, equally, a combination of services can be used. Routes through Supporting People projects can be varied and only actual study of service use and associated costs can give an understanding of the patterns involved and the cost benefits.

- Care is needed in interpreting results. Increases in costs may occur as a result of service effectiveness. A marginalised or hitherto poorly supported individual or household may be helped to claim benefits they are entitled to, access NHS Wales provided treatment or support from social services. Enhancements to health and well-being may result, which could actually have long term cost benefits over their life course, e.g. they live a healthier and more productive life. A 'positive' result from the exploration of the costs and

benefits of a Supporting People project is not necessarily just an immediate financial saving to the public purse.

<u>Cost effectiveness and cost utility analysis</u>

5.34 Cost effectiveness analysis was developed by health economists in an attempt to monetarily value the effects of health care consumption. Cost-effectiveness analysis differs from cost-benefit analysis as it does not require the monetary valuation of 'benefits' (i.e. putting a cash 'value' on well-being) and from 'cost offset' evaluations because effectiveness is not assessed in terms of potential savings for other services.

5.35 In a cost-effectiveness analysis the effects and costs of investments are compared. This technique might be used to compare the costs of a health care screening programme (looking for preventable disease or disease that can be better treated if found early on) and the costs of a programme to improve healthy living. Some potential problems with this approach are evident. For example, if only the preventable disease *or* the healthy living programme could be afforded, and the investment into and gains from two programmes were identical or very similar, it would be very difficult to decide which programme to invest in.

5.36 Cost-utility analysis is used by health economists as a measure that tries to capture, at least in theory, *all* the potential effects of health care investments. This includes economic, social and other benefits alongside relative cost effectiveness in treating health problems. A cost utility approach should overcome the potential problem of a cost effectiveness analysis result that shows choosing between two options is difficult owing to very similar benefits from the same level of spending.

5.37 One way of assessing the costs and benefits of a Supporting People service might be to look at health economics techniques such as quality adjusted life years (QALYs) which are used to measure benefits of interventions in health care. QALYs do not assess services in terms of cost offsets or relative cost, but are instead a measure of service user *well-being*. The value of services is assessed by how much they increase QALYs for service users and services can be compared by looking at what improvement in QALYs is delivered at what cost.

5.38 QALYs combine length of life and morbidity in a single number between 0 and 1. The EQ-5D is an instrument that is recommended by the National Institute for Health and Care Excellence (NICE) to measure and value QALYs. To measure the benefits of a service using QALYs, groups of patients (or service users) complete the EQ-5D questionnaire. This allows an analyst to calculate the benefits of a service by comparing the average QALY gained by patients receiving the intervention with patients in a control group (not receiving the same service).

5.39 The QALY questionnaire asks a series of very short questions on mobility (walking about), looking after oneself (washing and dressing), doing activities (including sport, hobbies and doing things with family and friends), whether in pain and discomfort and whether feeling worried, sad or unhappy. This is combined with a scale where people are asked to rate their health, from 0, which is the worst they ever felt to 100, which is the best they have ever felt[18].

5.40 Comparisons and analysis effectively look at gains in QALYs and it is possible to see how Supporting People projects for groups like older people, people with chronic illnesses and disabled people might be evaluated and cross compared. The benefits of

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[18]https://www.wp.dh.gov.uk/publications/files/2012/07/proms-framework-standards-k-m-050712.pdf

Supporting People projects can be assessed in terms of their costs against the 'benefits' delivered in gains in QALYs for service users.

5.41 It has sometimes been argued that QALYs are too narrow to measure benefits of interventions in social care. Two instruments have been developed in the UK to try to explore the use of QALY-like approaches in assessing social care. The ASCOT (Adult Social Care Toolkit) and ICECAP (ICEpop CAPability) are the two instruments. Both these measures are designed as series of questions which people using services are asked, with the emphasis being on whether individual preferences are being met.

5.42 ASCOT defines quality of life using eight domains: personal comfort and hygiene; social participation and involvement; control over daily living; meals and nutrition; safety; personal cleanliness; clean and accessible accommodation; work and occupation; dignity (related to treatment by care providers[19]) The domains (areas measured by) ASCOT are summarised in Table 5.1. There are clear parallels between ASCOT and the Welsh Government Supporting People projects Outcomes and Exit Questionnaire though ASCOT is arguably more precise and explicitly designed to be used in analysis comparing costs with benefits.

Table 5.1: The Domains of ASCOT

Domain	Definition
Control over daily life	The service user can choose what to do and when to do it, having control over his/her daily life and activities
Personal cleanliness and comfort	The service user feels he/she is personally clean and comfortable and looks presentable or, at best, is dressed and groomed in a way that reflects his/her personal preferences
Food and drink	The service user feels he/she has a nutritious, varied and culturally appropriate diet with enough food and drink he/she enjoys at regular and timely intervals
Personal safety	The service user feels safe and secure. This means being free from fear of abuse, falling or other physical harm and fear of being attacked or robbed
Social participation and involvement	The service user is content with their social situation, where social situation is taken to mean the sustenance of meaningful relationships with friends and family, and feeling involved or part of a community, should this be important to the service user
Occupation	The service user is sufficiently occupied in a range of meaningful activities whether it be formal employment, unpaid work, caring for others or leisure activities
Accommodation cleanliness and comfort	The service user feels their home environment, including all the rooms, is clean and comfortable
Dignity	The negative and positive psychological impact of support and care on the service user's personal sense of significance

Source and copyright: PSSRU http://www.pssru.ac.uk/ascot/domains.php

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[19] http://www.pssru.ac.uk/ascot/

5.43   The ICECAP index of capability for older people suggests the main domains of quality of life are: connectedness (feelings of love, friendship, camaraderie and affection, from partner, family, friends and pets), role (having a purpose that is appreciated by others or oneself), enjoying oneself (experiencing a sense of satisfaction and joy as a result of undertaking social as well as non-social activities), safety (not worrying about the future) and control (independence). Table 5.2 presents the ICECAP-O questionnaire[20]. Again, there are some parallels with existing monitoring of Supporting People projects.

Table 5.2: The ICECAP-O questionnaire

ABOUT YOUR QUALITY OF LIFE

By placing a tick (✓) in ONE box in EACH group below, please indicate which statement best describes your quality of life at the moment.

1. Love and Friendship

I can have all of the love and friendship that I want	4
I can have a lot of the love and friendship that I want	3
I can have a little of the love and friendship that I want	2
I cannot have any of the love and friendship that I want	1

2. Thinking about the future

I can think about the future without any concern	4
I can think about the future with only a little concern	3
I can only think about the future with some concern	2
I can only think about the future with a lot of concern	1

3. Doing things that make you feel valued

I am able to do all of the things that make me feel valued	4
I am able to do many of the things that make me feel valued	3
I am able to do a few of the things that make me feel valued	2
I am unable to do any of the things that make me feel valued	1

4. Enjoyment and pleasure

I can have all of the enjoyment and pleasure that I want	4
I can have a lot of the enjoyment and pleasure that I want	3
I can have a little of the enjoyment and pleasure that I want	2
I cannot have any of the enjoyment and pleasure that I want	1

5. Independence

I am able to be completely independent	4
I am able to be independent in many things	3
I am able to be independent in a few things	2
I am unable to be at all independent	1

Tick one box only in each section

Source and copyright: Joanna Coast and Terry Flynn

Lessons from cost effectiveness and cost utility analysis

5.44   These three instruments, the QALY, ASCOT and ICECAP-O may form the core of an approach - or a starting point - for looking at the costs and benefits of Supporting

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[20] www.birmingham.ac.uk/research/activity/mds/projects/HaPS/HE/ICECAP/index.aspx

People by assessing the gains in well-being that Supporting People produces for individuals and households. There are four potential advantages to using these kinds of methodologies:

- It is a clearly achievable goal to monitor service outcomes longitudinally during service contact and to monitor service outcomes following service contact using methods employed by health economics.

- Existing instruments are robust, validated measures of well-being that can be employed with confidence.

- The outcomes data collected by these measures is directly applicable to Supporting People projects for older people, people with mental health problems, people with learning difficulties, people with chronic illness and disabled people. Direct comparison of Supporting People costs with costs for health or social services using QALYs and the other measures is possible.

- The relative benefits of services are clearly visible. Estimates based on former, projected or estimated patterns of non-Supporting People funded service use are not required in order to assess cost utility or compare different kinds of Supporting People services.

5.45   Some Supporting People projects have specific concerns, such as tenancy sustainment or reducing offending. There may therefore be a need to develop an equivalent measure for Supporting People projects for groups like homeless people. A careful study that compared QALY, ASCOT and ICECAP-O scores for people using different Supporting People projects, or which compared those receiving Supporting People projects with those only receiving health and social care, could clearly show the costs and benefits of Supporting People.

Lessons from exploring Supporting People project users' opinions and experiences

Sample surveys of service users

5.46   The largest single attempt at surveying Supporting People project users conducted to date is the *Supporting People Baseline User Survey,* which took place in England (BMRB, 2005). This survey used a representative sample of all Supporting People project users and was based on surveys conducted with 3,617 service users, the bulk of whom (71 per cent) were older people. There were also samples of people with mental health problems, single homeless people, ex-offenders, homeless families, women at risk of violence and young people at risk (young homeless people and care leavers). This was an administered survey, i.e. it used a field force of trained interviewers who gained cooperation from and then interviewed Supporting People project users.

5.47   The Baseline User survey was a cross-sectional or 'snapshot' survey, based on one contact with service users. The questionnaire explored attitudes to support being received and gaps in services identified by Supporting People project users. The main areas analysed – reflecting patterns of outcome measurement found in Supporting People outcome monitoring systems - centred on:

- Practical advice (including looking after one's home)

- Help with accessing/dealing with other services

- Behavioural help (including self-confidence and issues like anti-social behaviour)

- Health and well-being

- and 'horizon broadening' (community participation and social support).

5.48 The Baseline survey also looked at service users' *preferences* and whether their needs were being met. The results of survey showed that Supporting People projects appeared to be meeting with mixed success in England.

5.49 The survey found that 42 per cent of older people and 35 per cent of other service users had unmet needs (i.e. they had at least one identified need that was not being met). Some unmet needs were reported in most aspects of Supporting People project delivery, though around two-thirds of service users reported themselves 'very satisfied' with the help they were receiving. Other issues identified were that less than half the service users who were sampled described their lives as 'very happy' (39 per cent), though another 37 per cent reported their lives were 'fairly happy' (BMRB, 2005).

5.50 Surveys can identify strategic issues for Supporting People planning, highlighting areas where services are performing well and areas where they are performing less well. With careful design, representative samples can be drawn that would enable the results to be applied to the majority of the population using Supporting People projects.

5.51 Sample size and composition is of crucial importance. Surveys can be designed to represent different populations through using weighting of data or through the collection of stratified samples. One potential issue here is that a sample drawn from existing Supporting People project users might not be representative for three reasons:

- Older people using low intensity services predominate among Supporting People project users, the sampling methods or the focus of a survey would need to be modified in order to represent other groups of service users.

- Existing service users might have higher needs than typical service users, for example because people with higher needs take longer to resettle from short-term services, or remain with floating support services for longer because they have higher support needs. This would mean the sample could be potentially unrepresentative.

- Some short-term services have a high throughput; a sample drawn at any one point in time will not capture the extent or the characteristics of the populations with whom they work.

5.52 The very high proportion of older people using what appear to be lower intensity services might be a reason to consider using a survey for older people and a *separate* survey or surveys of other Supporting People project users. The reason for this is that a representative sample of all service users would be dominated by older people and there would have to be stratification and weighting to try to compensate for the predominance of older people when looking at other groups. This was a limitation in the 2005 Baseline survey because it ended up only having a strong representation of older people, with less robust data on other groups of Supporting People project users (BMRB, 2005).

5.53 The experience in England suggests that two sample surveys would be the preferred method, one focusing on older people, the other on other users of Supporting People projects. In both cases, a sample of 2,000 would be sufficient. Increasing sample size beyond this level adds very little to the reliability of data on the overall population, despite significantly increasing costs. Most groups of interest represent a sufficiently large element within the population of Supporting People project users, excluding older people, to mean that a 2,000 person survey will represent them reasonably well. This

sampling design should provide data accurate to approximately +/- 5 percentage points. Sampling would still need to take into account the need to represent longer and shorter stay services.

5.54   Other alternatives to sampling might also be explored. For example, one sample survey of users of relatively more intensive Supporting People projects, like 24 hour staffed supported housing, floating support services offering 24/7 cover and high contact rates, extra care and very sheltered housing and another sample survey of less intensive services such as low intensity, short-term floating support services or sheltered housing.

5.55   In order to avoid over-representation of people with higher needs, one alternative is to adopt an 'in-flow' approach, which would involve drawing a sample from all those people who use Supporting People projects over a given period of time. Rather than drawing the sample from all those people who are using Supporting People projects on a given day – which might risk over-representing people with higher needs - this technique involves drawing a sample from everyone who uses Supporting People projects over the course of several weeks or months, which should be more representative.

5.56   Employing an 'in-flow' sampling framework means that people experiencing shorter periods of Supporting People project use are as likely to be selected as those who will go on to experience longer periods of Supporting People project use. If fieldwork takes place a few months after sampling, this design allows for some people to have already been through Supporting People projects at the point at which they are surveyed, while others will still be using Supporting People projects. This allows examination of a diversity of experience and the factors that are associated with 'early' and 'late' exits from Supporting People projects. The technique was used in 2005 to capture diverse experiences and varying rates of transition through the statutory homelessness system in England (Pleace *et al*, 2008).

5.57   A longitudinal survey would be advantageous because it would show the 'before, during and after' situations of people using Supporting People funded projects. This would enable improvements in health and well-being, economic and related activity and in community engagement and social supports to be tracked by monitoring robust, validated indicators over time, ideally at the point service use starts, during service use and following Supporting People project use, if possible at a point at which people left services and then again some months afterwards. This would involve talking to the same individuals and households four times over a given period, which would be somewhere between 18 months and two years.

5.58   It is possible to explore outcomes by conducting a cross sectional sample survey of former Supporting People project users. One advantage of this technique is that it reduces costs because there is no tracking required. However, the approach is reliant on former service users' memories, which may be unreliable.

5.59   As with outcome monitoring systems, questions asked in surveys need to be clear, validated where possible and straightforward and accessible. Obscure, long or difficult to answer questions will not work well in a survey. Surveys must also be piloted and cognitively tested (i.e. it must be clear that respondents are interpreting questions in the way the survey designers intended) in order to be certain data collection will be effective.

5.60   Surveys should use a Computer Aided Personal Interviewing (CAPI) which enables the completion of sensitive questions by a respondent selecting options presented on a laptop. This method has been used to obtain highly sensitive information, for example

on criminal activity and child maltreatment in the UK. As some respondents will have a low literacy level, consideration should be given, in self-keyed sections, to using software that makes a portable computer speak the questions to the respondent (via headphones for privacy) rather than requiring them to read these sensitive questions on-screen.

<u>Lessons from sample surveys of service users</u>

5.61 The issues that can arise in securing a representative sample of Supporting People project users have already been discussed and there are ways to avoid undertaking surveys that over-represent older people and people with higher needs. There are four other general points about sample surveys that are useful to bear in mind:

- Surveys are highly effective at asking consistent, concise, simple questions that can be used to explore relationships between service activity, service outcomes and service user well-being. However, the time available for interviews is restricted, which means the level of detail that can realistically be gathered about an individual or household is limited and that the space in which any one issue can be explored is limited. Sample surveys cannot capture individual opinion and experience with the same level of detail as qualitative evaluation using service user interviews (see Chapter 6).

- Costs are high. Administration by a large survey company with a group of trained interviewers is essential to ensure a reasonable response rate. The need to pilot and cognitively test a large scale survey or surveys increases costs and the use of a longitudinal approach is very expensive. Actual costs are not available, because that is commercially sensitive information that agencies undertaking such surveys will only release when tendering for work. However, it can be estimated that the 2005 Baseline survey would have been at least some £800,000 to conduct and analyse, based on similar sized survey work (2,500 interviews) conducted by the University of York during the same period.

- Even with careful sampling, surveys may not represent all groups or services of interest because response rates overall and response rates in terms of specific subgroups cannot be guaranteed. Some groups, such as people with high support needs using Supporting People projects, may find participation in a survey more difficult, other groups may be underrepresented because they are relatively mobile (such as users of some short-term services). In all statistical analysis, the cell count for any subgroup analysis cannot be allowed to fall below 100. This limits the extent of subgroup analysis that can be achieved within longitudinal research if sample attrition were significant. A sample of 2,000 for a single survey of Supporting People project users would be recommended to allow for subgroup analysis, but there would *still* be challenges in representing all groups of Supporting People project users, particularly if all older people were included alongside other service users. Some smaller groups of service users would also not be represented well enough for any robust analysis to be possible.

- Surveys provide only *limited data* on the *effectiveness of specific services*, this is because unless a survey is focused solely on the users of a specific model of Supporting People project the numbers using any one type of service may be too low to make any statistically robust conclusions. Data on smaller groups using specialist or less common services would be restricted, even if an

approach using separate surveys for older people and other client groups were adopted.

- A key concern with longitudinal surveys is sample attrition (survey respondents from the first wave cannot be found again for the second and third waves). If a longitudinal approach were pursued, the sample tracked would have to be large enough, allowing for likely attrition rates, to permit robust statistical analysis. Clearly, the larger the (achieved) sample size at each wave of interviews, the greater confidence with which the results can be treated. The risk with longitudinal surveys is that significant attrition can undermine the validity of the results and keeping track of a sample of any size over 18 to 24 months is expensive. Analysis of the longitudinal survey, *The British Household Panel Survey* (BHPS) a major study which has a high level of resources available to it, shows that between the first wave and the fourth wave (i.e. the first and fourth interviews), a total of 29 per cent of the original sample was lost[21]. Attrition becomes more serious when sample sizes are relatively small, such as 1,000 or 2,000, where the loss of 20-30 per cent of the original sample at the third or fourth wave of interviews undermines confidence in the results. Proxies can be used to compensate, but there are questions about how 'longitudinal' a survey is when it includes a considerable number of people who were not part of the original sample.

Detailed service evaluations

5.62 Individual service evaluations can be variable in quality. Detailed and impartial work looking at Supporting People funded projects is relatively unusual, though there are examples of careful evaluations in extra care housing and services for people with mental health problems as well as homelessness services. Rigorous evaluation of Supporting People funded projects is however actually quite rare (Croucher, 2009; Pleace with Wallace, 2011).

5.63 Service evaluations are useful because they can demonstrate that a model of service delivery is effective or ineffective. A service evaluation is not a separate methodology in its own right, but the application of a range of techniques. An evaluation might encompass detailed qualitative interviewing of service users and staff using semi-structured techniques, focus groups, sample surveys (both cross sectional and longitudinal), outcome monitoring and cost benefit, cost effectiveness or cost utility analysis.

5.64 A service evaluation should ideally employ an experimental or quasi-experimental approach (i.e. a control group or a comparison group) and be longitudinal. This can be done to compare a service model with other services that have equivalent objectives but which operate in different ways.

5.65 A good example in the field of Supporting People project provision is floating support services and short-term supported housing, both of which seek to resettle people in the community in ordinary housing and to enhance their independence, social supports, community engagement, health and well-being and, where appropriate, economic engagement. These services work in different ways. Short term supported housing aims to make service users 'housing ready' i.e. able to live independently at the point they move on. Floating support services seek to move people immediately into ordinary

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[21] https://www.iser.essex.ac.uk/files/iser_working_papers/2008-05.pdf

housing and provide support that helps them work towards independent living. An evaluation that tracked two groups of 50 similar or matched service users through short term supported housing and floating support services would provide insight into the effectiveness and value for money of each type of service and help inform commissioning decisions. Providing the services being evaluated are typical of their sort and are fairly widespread, this kind of evaluation can be very useful at strategic or national level.

5.66 Comparison or control groups can also be used to compare different types within the same broad model of service provision. For example 'very sheltered' or extra care housing could be compared with one another and with other sheltered housing services for older people.

5.67 The subject areas to be included in an evaluation of the impact of Supporting People project should include the following. This is based on evidence of individual service evaluations and other research on what makes Supporting People projects successful. Key considerations are that adequate housing or accommodation over which the service user exercises control is available, that the service user has a sense of safety, access to social support and meaningful activity and also access to services to help maintain health and well-being (Pleace with Wallace, 2011). The key service outcomes for evaluation are:

- Housing, including
  o Tenancy sustainment
  o Affordability
  o Space standards
  o Adequate repair
  o Privacy
  o Physical safety
  o Safety of neighbourhood
  o Sense of control over housing
  o Security of tenure
  o Location, including proximity to services
- Social support, including
  o Preventing isolation and boredom
  o Access to positive social support from friends and family
- Health and Well-Being
  o General health and well-being
  o Assessment of physical and mental health using validated scales and questions
- Crime and anti-social behaviour (not applicable to all groups)
- Cost effectiveness, including
  o Impact of Supporting People project on QALY, ASCOT or ICECAP-O scores
  o Changes in patterns of clinical service use

- o Changes in use of A&E and community mental health services

- o Changes in use of emergency accommodation (not applicable to all groups)

- o Any changes in contact with the criminal justice system (not applicable to all groups)

- o Changes in offending behaviour and convictions (not applicable to all groups)

- o Changes in anti-social behaviour (not applicable to all groups)

- Operating costs of the service

- Promotion of work related activity, including

- o Education, training and paid work (not applicable to all groups)

- o Sustainment of education, training, paid work (not applicable to all groups).

Lessons from detailed service evaluations

5.68 As with other forms of outcome and impact evaluation, much depends on how the evaluation is conducted. The more robust the design, the more carefully the evaluation is conducted, the more trustworthy and useful the results of the evaluation will be. The concerns are very similar to those when designing an outcomes monitoring system which are that service goals have to be clearly understood and measurable, validated measures should be considered where possible (e.g. QALYs), data should be trustworthy and systematically collected and the evaluation should make allowance for paradigm drift. Insofar as possible, evaluations should take into account the context in which a service is working to try to control for the possible effects of context on service outcomes.

5.69 Data collection should be longitudinal, establishing a benchmark/baseline at the point at which service contact starts, looking at progress over time and assessing how well needs have been addressed when an exit from a service occurs. Ideally, this data collection should extend beyond the point at which service contact ceases, to assess impacts over time.

5.70 Service evaluations are useful for assessing *new models* of service delivery, including innovative new services that seek to deliver the key outcomes for Supporting People using resources in an imaginative way. To be really robust, the use of longitudinal quasi-experimental and experimental methods is ideal. Contrasting the outcomes for matched groups using two or more services to test new service models against established service models may be particularly useful.

5.71 Service evaluations represent a good opportunity to determine the views of Supporting People project users on the kinds of services they want and what they feel about the services they are using. While a sample survey can also provide some data on this subject, evaluations allow the use of qualitative interviewing and focus groups that can really help give the people using Supporting People projects a voice.

5.72 Robust service evaluations are expensive. The use of this evaluative technique needs to be very carefully considered and only deployed under certain circumstances. Two examples of when it would be appropriate to undertake a service evaluation are when the effectiveness of existing services which are being widely commissioned needs to be confirmed or when a new potentially effective service needs to be piloted. A robust evaluation of one type of service model might well cost in the order of £150-£200,000, assuming several services are compared using a large longitudinal survey of service

users over the course of 2-3 years, along with focus groups and semi-structured interviews to seek service users' views, cost benefit analysis and staff interviews.

5.73 With the right design of evaluation, significant savings and enhancements to service outcomes and impacts can be made, a good example is the replacement of 'treatment led' services for chronically homeless people in the USA with 'Housing First' models, which was a direct result of robust service evaluation (USICH, 2010).

Implications for the main evaluation

5.74 There is no one method or approach that can be used to fully understand Supporting People project outcomes and impacts. Outcomes monitoring systems, various models of cost benefit analysis, sample surveys and detailed service evaluations all have a role to play, all offering advantages as well as presenting some limitations. With this in mind the report of the scoping study now turns to the final chapter on the design of the main evaluation.

5.75 It is important to note that evaluation can demonstrate failure as well as success. Evaluations can highlight the differences in outcomes between services with similar costs, or contrast the relative effectiveness of one service model over another. Relative differences in performance can also be shown by comparisons from a robust outcome monitoring system. Failure to deliver on the key targets for Supporting People projects can also be shown by these various methods of outcome monitoring.

6 The design of a main evaluation

Introduction

6.1   This final chapter discusses the design of the main evaluation in the light of the lessons from the scoping study. The Welsh Government's aims for the main evaluation study, which the scoping Study was designed to inform, are as follows:

1.   To gain a complete, accurate and detailed picture of the recipients of Supporting People projects and the nature of the Supporting People projects they received.

2.   To understand the expenditure on Supporting People services.

3.   To provide a clear understanding of the effectiveness of the Supporting People programme and the different models of service delivery that it employs.

4.   To provide a clear understanding of the effectiveness of Supporting People projects for service users in maximising their independence.

5.   To provide a clear understanding of the indirect benefits and effects of the Supporting People programme on the costs and services of provided by agencies outside the programme (for example, health and social services) and to also understand the wider benefits and effects of Supporting People for Welsh society.

6.   Explore any unintended consequences the Supporting People programme might have.

7.   Provide evidence that could be used to inform any potential improvements to Supporting People projects and the wider Supporting People programme.

The recommendations of the scoping study

Enhancing existing outcomes data and conducting service evaluations

6.2   Broadly speaking the most expensive methods will yield the best results. An 'ideal' main evaluation would involve the following:

- Detailed longitudinal service evaluations of the main types of Supporting People funded projects and longitudinal pilot studies of innovative service models that might help increase outcome delivery effectiveness and increase cost benefits. Assuming each evaluation was approximately 2-3 years, involved statistical analysis, including longitudinal survey and qualitative work and that one study represented each major sector of provision, the cost of each evaluation would be of the order of £150-£200,000, depending on the agency used and the exact scope of the work. A series of 4-5 studies could encompass and generate a full understanding of the bulk of Supporting People activity covering, for example, short-term supported housing, long stay supported living, floating support services and highly supported housing for older people such as extra care projects. Each of the five studies should include a full cost benefit analysis drawing on health economics techniques and explore using QALY, ASCOT and ICECAP-O scores. This would inform the objective of the main evaluation numbered above as 3, as well as objectives 4, 5, 6 and 7.

- Replacement of the existing outcomes monitoring system used by the Welsh Government with one designed in collaboration with service providers. The *Supporting People projects Outcomes and Exit Questionnaire* has strengths and is concise, but it uses very broad descriptions of service user groups, has very broadly defined outcomes monitoring that does not really reflect the differences between Supporting People projects and their goals and there is some ambiguity in the outcomes it is designed to monitor. A more detailed, precise and clearly measurable set of outcomes indicators that records more detail on who is using Supporting People projects, what their needs are, what support they are receiving and whether their needs have been met would be more useful. It is difficult to estimate the cost of this exercise, but redesigning systems would be expensive and there would need to be a particularly strong focus on working collaboratively with service providers. Insofar as possible any replacement outcomes monitoring would need to dovetail with the administrative and other data needs of service providers, reducing as much as possible and ideally ending any need to undertake separate data collection to provide outcomes data to the Welsh Government. This would fulfil the main evaluation objectives numbered above as 1, 2 and to a lesser extent 3 and 7, with modifications (such as tracking changes in health service use prior to, during and after service contact), this could also inform main evaluation objective 7.

6.3 The two elements of this approach would combine to provide, detailed, precise data on which Supporting People project interventions were most effective and generated the highest benefits for the money that was spent on them along with global outcomes data of sufficient quality to monitor the programme as a whole. The use of focused, detailed and robust service model evaluations combined with quite detailed and precise monitoring of all service activity has been the basis of US housing support service evaluations for some years.

6.4 These are relatively expensive suggestions and it is not anticipated that they will be implemented for the main evaluation. A budget running into the order of £1-2 million for evaluative research in a time of great austerity when Supporting People and other services are seeking funding in increasingly difficult circumstances cannot be afforded. It would also be practically difficult to replace the *Supporting People projects Outcomes and Exit Questionnaire* when it has just been introduced. Long term, if this approach were followed, there would be likely to be gains, because there would be a detailed understanding of which aspects of Supporting People project provision were most effective.

The possible limitations of a sample survey-based approach

6.5 The findings of this scoping study suggest that better 'mapping' of Supporting People projects, using a wider range of categorisations of service models than has been employed in this scoping study would help inform the sampling. Alongside securing more detailed information on exact patterns of service provision, more detailed and nuanced client group data would help inform the sampling. For example, it would be very useful to be able to differentiate between groups of older people with higher and lower needs and between relatively higher (e.g. extra care housing) and lower intensity (e.g. communal alarm schemes) services for older people when drawing a sample.

6.6 While the approaches have advantages, neither a large scale cross-sectional sample survey nor a large longitudinal survey is recommended. This is an expensive

methodology and while it would generate a lot of useful information there is a danger that it would only 'skim the surface' of Supporting People in some respects.

6.7 A survey, whether longitudinal or cross sectional, that included older people using low intensity services would struggle to fully represent the other client groups and the other forms of service provision. Of course, samples can be stratified and weighted, but the sheer bulk of Supporting People project use that involves older people and low intensity services would create difficulties in fully representing all the service users and service types provided by Supporting People. This was, as noted, a limitation for the 2005 English survey of Supporting People project users.

6.8 Two surveys, one of older people and one of other Supporting People project users can be conducted. This of course increases the costs significantly and even though it would overcome the challenges of representation of all service users to some extent, there would still be a question mark over how far it could accurately represent the smaller client groups.

6.9 If a survey or surveys were broadly representative of people using Supporting People projects, those surveys would not be sufficiently representative of the different kinds of service. This would mean there were not enough service users for any one type of service to be to be certain that anything very meaningful about how effective that service type was could be said from the survey results.

6.10 Very broad definitions of Supporting People projects are sometimes used and on the surface it might look like a simple random sample would represent people using four or five main 'types' of Supporting People project well. However, the reality of service provision is more complex than that. For example, a mobile support service for older people is referred to as a 'floating support service' the same service category as a tenancy support service for people with a sustained history of sleeping rough. These are different types of service, working with different client groups with very different needs, they might be described under one broad category of floating support services, but they are not the same as one another.

6.11 Analysis of the effectiveness of Supporting People projects using a sample survey would be problematic in three respects, all of which relate to the level of *detail* a sample survey can collect and the apparent *diversity* of Supporting People projects across the country:

- Supporting People funded projects working across all client groups offer different forms of support at different intensities, there appear to be many *specific* types of Supporting People project. A sample survey could provide a statistically representative sample of broad types of project, but it could not represent all the diversity of Supporting People projects.

- There may be difficulties in securing a sufficiently large sample of people in the less common lead need/primary client groups.

- A sample survey cannot collect all the detail of how and why a specific project model delivers the outcomes that it does or how variations in project form or context might impact on effectiveness. By contrast, full scale service evaluations can form the basis of a clear guide as to which services work well and can directly inform service commissioning.

6.12 Variations between Supporting People projects of the same broad 'type', in how they work and whom they work with, may often be significant. This means that if a survey did find an apparent association between say, better outcomes in tenancy sustainment for people receiving "floating support services" than those who stayed in "short term

supported housing" (as a theoretical example), the comparison could actually be between two broad "sets" of broadly defined services. This is potentially important, because if floating support projects are diverse, and short term supported housing projects are also diverse, the validity of the comparison might be unclear. For example, short-term supported housing projects might look less effective overall because one specific type of supported housing project performed very poorly, 'dragging down' the performance all short-term supported housing projects of that broad type. It might be that other types of short-term supported housing project had comparable success rates with floating support projects. This would not however be clear from sample survey data that could not clearly identify sub-sets of floating support and short-term supported housing projects.

6.13   Highly *detailed* mapping of Supporting People projects has only been undertaken once in the UK, with an exhaustive attempt using a substantial budget to look at Supporting People funded provision for women at risk of gender based violence in England that was completed in 2010 (Quilgars and Pleace, 2010). This study found that the variation in provision funded by Supporting People for one client group, which could only in theory encompass refuges, supported housing, floating support services and sanctuary projects, was in reality far more diverse. Variations centred on scale, intensity of support, range of services offered, nature of services offered and operational structure with the sector also containing hybrid forms of Supporting People funded services that combined elements of supported housing, short term supported housing and floating support services. A better understanding of Supporting People project provision is still needed, but enough data has been gathered on Supporting People projects for this scoping study to suggest that there is far more diversity in Supporting People provision than is allowed for in the current categorisations of Supporting People projects (see Chapter 2).

6.14   If a survey were focused on the users of specifically selected service models, it would under-represent the Supporting People programme as a whole. Again, there would be dangers that too much would be missed while a significant amount of money was spent.

6.15   A related point is how rapidly the relatively 'thin' data from a sample survey would date if it were cross-sectional, as changes in context, service user characteristics or the introduction of new service models could potentially quickly outdate a large scale sample survey.

6.16   A longitudinal survey is another option. This allows the monitoring of service outcomes over time, to see if there is a lasting positive effect from receiving Supporting People projects. However, the issue is that it would be difficult to be certain that sufficient numbers of people in different types of service to assess each service type or cross-compare services. This is in addition to the difficulties of ensuring that small client groups and unusual forms of service provision are included in meaningful numbers.

6.17   A concern in longitudinal surveys is the rate at which sample attrition occurs. Even a large sample might degrade sufficiently not to be representative for at least some groups of service users, attrition can be a significant issue for even the best resourced surveys.

6.18   There would be a risk that a survey, whether cross sectional or longitudinal would at least partially fail to deliver on objective 1 of the main evaluation (as listed and numbered at the start of this chapter). A survey would not be able to provide data for objective 2, would not provide complete data on objectives 3, 4, 5 and 6 and might not provide sufficient data on service operation and effectiveness to answer objective 7.

Alternative methodologies

6.19 Modification of existing outcome monitoring and detailed service evaluations is potentially expensive and there are questions about both the effectiveness of sample survey approaches relative to the cost of conducting this sort of work. This raises the question of what a practical, affordable 'main evaluation' might look like. The remainder of this chapter makes some suggestions as to how it might be shaped.

A longitudinal qualitative cohort study

6.20 One alternative approach is to consider the use of a smaller qualitative longitudinal cohort study focusing on the experiences of Supporting People project users and using a qualitative methodology. Such an approach cannot be statistically representative of service users as a whole, because qualitative research is simply too expensive to do with a very large group, but this is not really the main point of such an approach. Qualitative research gives service users a chance to identify issues that are of concern to them and to talk in detail about their lives and the role Supporting People projects play in their lives. While this would not be statistically representative, a carefully drawn purposive sample would allow the collection of richer, more nuanced data on how service users felt about Supporting People projects, what their needs were and how they could be met.

6.21 A qualitative longitudinal cohort study looks at any positive changes in the lives of people who have used Supporting People projects over two or three years. This methodology 'tells the stories' of people using Supporting People projects from their own perspectives, fully exploring their views on any role Supporting People projects have taken in changing their lives. The research team remains in contact with former Supporting People project users after they have stopped using Supporting People projects. This enables exploration of any lasting benefits from contact with Supporting People projects such as securing paid employment and work-related activities, housing sustainment, improvements in health and well-being and in personal relationships, social networks and community engagement.

6.22 Experience at the University of York and elsewhere has demonstrated that a high rate of participation in a series of qualitative cohort interviews can be attained with the correct methodology. Three main methods can be used:

- Informed consent given on a 'permission to locate' form that gives permission to contact all the individuals, services, friends and family members who are likely to know the location and contact details of an individual (the form also records the contact details of each person listed).

- A upward rolling thank-you payment for participation in each successive cohort interview. For example, respondents might receive £10 for the first interview and then £5 more for each subsequent interview.

- A "prize draw" held during each of the stages of a cohort study, for example offering the opportunity to win a prize if someone participates in subsequent stages.

6.23 Some attrition is inevitable in any longitudinal work. Consideration needs to be given to using replacement longitudinal qualitative cohort study members to join the cohort study to replace any attrition that occurs between stages. Individuals who are as close as practical in characteristics and experiences should replace anyone with whom contact is lost after stage 1 and be asked to participate in the subsequent stages. If

anyone is lost after stage 2, the same exercise will be repeated and new 'matched' individuals will be asked to participate in a third and, if used, a fourth stage. Any attrition that occurs at the final stage can be handled by conducting interviews with new participants with 'matched' characteristics to anyone who has been lost, focusing on a retrospective discussion of their experiences of using Supporting People projects.

6.24 Sampling should be purposive as it cannot be statistically representative in a qualitative longitudinal cohort study. The main concerns would be to represent the main service user client groups, i.e. ensure all the main 'lead need' groups were represented and to ensure all the main service types were represented. As this type of study becomes larger, there is more opportunity to represent smaller client groups, subgroups within larger client groups and less common types of services.

6.25 Any measure of Supporting People service outcomes must have a good representation of service users and service types. However, there is a need to ensure that any evaluation of Supporting People is not skewed toward or away from potentially important contextual factors. One of these is where services are located, as there may be logistical differences between service delivery between cities, towns and villages and between the provision of Supporting People services within the most urban and rural areas. Sampling should avoid concentrating entirely on cities, where Supporting People services will naturally be at their most concentrated and ensure that Supporting People services working in other contexts are included.

6.26 The chief determinants of cost in longitudinal qualitative cohort studies are size and duration. Different research and consultative agencies will charge differing rates and it is advised that any commissioning of a main evaluation that involves a longitudinal qualitative cohort study should not disclose a guide price, allowing for maximum price competition. A relatively small study, for example tracking 100 people over two years and interviewing them three times, might cost in the order of £150,000. This is because of the efforts involved in tracking and the staff time involved in interviewing and analysis of what is a substantial amount of material (300 interviews of 45 minutes duration would yield 225 hours of experiences, opinions and insights from Supporting People project users). Increasing the duration of the study and the number of participants would increase the cost, but would allow a wider coverage of different groups, using a wider range of Supporting People projects and also a fuller analysis of the lasting benefits of using Supporting People projects.

6.27 A study of for example 200 people over three years might cost in the order of £400-£450,000, but would allow for four rather than three interviews and the capacity to look at specific subgroups. For example, such a study could look at frail older people using very sheltered or extra care services, older people with lower needs in sheltered housing and community alarm projects and older people with dementia receiving Supporting People projects. However, the costs of researching this sometimes very frail group of people can be high. Making the study still larger would add further to the range of services, client groups and sub-groups that could be covered, with a study of a group 350-400 people over three years, perhaps costing as much as £700-£750,000. A large study of this sort could look at groups like former offenders, people sleeping rough, young homeless people and women at risk of domestic violence and allow more detailed exploration of specific service types, for example contrasting experiences in refuge services with services for people at risk of domestic violence based on floating support.

Data merging

6.28 Another option that can be explored centres on data merging to explore the outcomes of Supporting People services. Using this kind of approach, which 'matches' data across different aspects of health, welfare and other publicly funded services could theoretically allow the longitudinal tracking of how Supporting People outcomes have influenced a range of outcomes for other services and for each individual Supporting People service user. For example, individual well-being and social and economic integration could be monitored over time as well as whether there have been changes in patterns of service use that can be linked to Supporting People. By combining data using a common identifier, such as a National Insurance Number, data on someone's use of health and social services, any benefits they claim and any tax they pay, plus any engagement with criminal justice systems might they have, could all theoretically be combined to look at the effects of their Supporting People service use. In practice, though there have been some interesting experiments with anonymised data (Rodgers *et al*, 2012), some practical and also some legal barriers exist to merging data. It is important to note that current data protection legislation does *not* prohibit data merging, but specific arrangements do need to be made if data are to be combined in this way (Pleace and Bretherton, 2006).

Observational service evaluation

6.29 Another option is to consider undertaking what might be termed relatively 'light' observational studies of Supporting People projects using observational techniques. This involves researchers or evaluators visiting services collecting data and talking to service providers using a light touch methodology, i.e. collecting a minimum rather than detailed data set and does not employ either a comparison or control group. In practice, this approach is less rigorous than evaluations using an experimental or quasi-experimental design, because the performance of an individual service or specific type of service is not contrasted with equivalent services. This means there is no 'context' for the data and judgements about service effectiveness are confined to whether or not the service meets the targets it sets for itself. Effectiveness and cost benefits can only be partially understood from such data. However, this kind of analysis can at least tell one whether or not a service is doing what it is supposed to be doing at the kind of cost that it is supposed to involve, and that does give at least some data on effectiveness.

6.30 This kind of observational evaluation is the most common form of evaluation that service providers funded by Supporting People undertake for themselves or commission external agencies to do. While it is closer to a detailed 'journalistic' enquiry, it is not a pointless exercise, because as noted it does yield data that tell one something about service effectiveness at least on the service's own terms. This approach should always include qualitative gathering of the views of Supporting People project users as it provides a means for them to express their own opinions and report how well the service meets their needs.

6.31 In summary, the following approaches might be used for the main evaluation of Supporting People :

- If resources are available, generalisable experimental and quasi-experimental evaluations of Supporting People project models and piloting of potentially effective new models of service provision is recommended.

- Modification of the existing outcomes monitoring system to collect more detailed data that are focused on clearly defined and measurable outcome measures is also recommended, if resources are available.

- Observational studies of Supporting People projects can be used to answer some of the questions for the main evaluation at a lower cost than experimental and quasi-experimental service evaluations.

- The experiences, views and needs of Supporting People project users might be better understood through a longitudinal qualitative study that focused on gathering and understanding their opinions.

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