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Kirklees Integrated Support Service And Better Outcomes Partnership

The first report from a longitudinal evaluation of a Life Chances Fund Impact Bond

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1 Now: Civil Society and Youth (directorate)

About the Government Outcomes Lab

The Government Outcomes Lab (GO Lab) is a research and policy centre based in the Blavatnik School of Government, University of Oxford. It was created as a partnership between the School and the UK Government and is funded by a range of organisations. Using qualitative, quantitative and economic analysis, it investigates how governments partner with the private and social sectors to improve social outcomes.

The GO Lab team of multi- disciplinary researchers have published in a number of prestigious academic journals and policy-facing reports. In addition, the GO Lab hosts an online global knowledge hub and data collaborative, and has an expansive programme of engagement and capacity-building to disseminate insights and allow the wider community to share experiences with one another.

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Overview

The Kirklees Integrated Support Service (KISS) Social Impact Bond (SIB) seeks to improve a range of social outcomes for vulnerable adults who are understood to need support to live independently. The project is commissioned by Kirklees Council, with the outcomes contract held by a special purpose vehicle[2] (Kirklees Better Outcomes Partnership, KBOP), which in turn manages individual service delivery contracts with independent provider organisations. KBOP is supported by Bridges Fund Management, a specialist impact investment fund manager. The SIB also receives financial support from central government through the Life Chances Fund (LCF).

The KISS SIB is the first site to feature in the LCF supplementary evaluation. This stream of research seeks to rigorously and deeply engage with individual LCF projects. While there have been a number of SIB evaluations to date, most have focused on the effectiveness of the frontline intervention rather than the contracting model. The LCF evaluation aims to grow the evidence base surrounding the application of the SIB commissioning model. The KISS SIB is a particularly promising evaluation site, as it was preceded by similar provision of 'Floating Support'[3] under bilateral fee-for-service arrangements between the Council and the same providers[4]. Analysis of this changed contractual arrangement may help to disentangle the effect of the SIB model from that of the intervention.

This report is the first interim output from a multi-year research project. The report focuses on the fee-for-service legacy contracting arrangement in operation since 2003 prior to the adoption of the SIB in September 2019. It looks to provide an in-depth understanding of the implications of the fee-for-service contract on service delivery. The research aims to identify a set of hypotheses through which the SIB model will influence the contracting environment, and ultimately shape management practice and frontline delivery. This will serve as a scaffold for future evaluation activities. Findings relate to early-stage research and are limited and tentative at this point. The findings are specific to the KISS SIB and are not readily generalisable to other SIB projects.

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2 A special purpose vehicle is a legal entity that is created solely for a financial transaction or the management of a contract.

3 The Floating Support service provides flexible packages of support to help people to sustain independent living. It has been commissioned under the umbrella of the national Supporting People programme.

4 One of the Kirklees Floating Support providers, the Richmond Fellowship, left the Kirklees Better Outcomes Partnership (KBOP) in October 2020. However, initially it was part of KBOP.

Methods

To develop a clear picture of services under the fee-for-service arrangements, and to prepare hypotheses about the expected consequences of the new SIB model, a range of primary data collection methods were used. Logic models were developed with frontline staff from four different provider organisations[5], intended to represent how the frontline intervention produces change in the lives of people accessing services. This was accompanied by in-depth, semi-structured interviews with a range of stakeholders, including Council contract managers, provider managers, the social investment fund manager and referral partners from local voluntary sector organisations and public sector social care and housing representatives. Documentary analysis of secondary sources, including service contracts, was used to supplement the primary data.

NVivo, a software data analysis tool, was used for data management, transcription and coding. Data were analysed using inductive coding informed by grounded theory (Strauss & Corbin, 1998). Through multiple revisions overlaying codes (e.g., 'implications for SIB service') were created. These codes were reflective of the perceived functional (e.g., 'enhanced innovation') and dysfunctional implications for service delivery as well as on the expectations allied to the SIB model. Based on these analytical clusters, the research team drew together overarching themes related to the challenges associated with the fee-for-service contracts and to the promises of SIB contract.

Key findings

This report identifies four broad challenges faced under the fee-for-service arrangements and commissioning environment prior to the adoption of the SIB model in 2019. Importantly, these challenges (outlined below) are not inherent or solely attributable to the legacy fee-for-service contracting arrangements: significant issues also stem from the constrained funding environment. These challenges provide hypotheses for future waves of research, which will explore the adoption of the new SIB model.

Challenge 1: Limited practice of market stewardship
Public service commissioners are expected to create the conditions for an effective market of providers. However, during the fee-for-service regime, the Council engaged in a limited practice of market stewardship. This included a lack of competitive pressure; limited transparency on the demand for, and performance of, services offered by different providers; and uncertainty over funding, diverting providers' attention from service provision.

The SIB might enable an enhanced practice of market stewardship, including increased constructive performance competition, a central intelligence system to record performance and service demand, and a stable, long-term contracting environment.

Challenge 2: Limited contract and performance management
It is important to ensure that providers are adhering to the terms of the contract and delivering effective provision for people using services. Under the legacy arrangements, the Council engaged in limited contract management of provider organisations. This was driven by capacity limits, with resource-constrained staff responsible for managing many bilateral contracts. In addition, limited contractual levers provided perverse incentives or lacked clear, well-defined measures of success.

The SIB might facilitate enhanced performance management, with contracts managed through a single external entity and payment tied to the achievement of sustainable outcomes.

Challenge 3: Limited flexibility in the delivery of services
Providers often require flexibility in order to meet the needs of individual service users. However, the legacy contracts under the Supporting People grant imposed tight specifications on service intensity and length, restricting the adoption of creative, tailored approaches. This ultimately limited the likely effectiveness of the intervention, especially for 'harder to engage' service users.

The SIB may bring enhanced flexibility in service delivery, with autonomy for providers in service design and an adaptive approach to management by the social prime, KBOP.

Challenge 4: Limited collaboration across provider organisations
Supporting service users with multiple, complex needs often requires collaboration between different service providers. Under the fee-for-service contracts, service users were expected to be enrolled with only one provider at any one time (unless they had a secondary or tertiary need). This meant that the infrastructure for collaborative working was underdeveloped with a lack of formal procedures for co-working. In addition, the requirement to evidence demand for individual services fuelled competition for referrals between providers, further inhibiting collaboration.

The SIB might enable enhanced collaboration between providers, with improved information sharing and co-working towards a shared interest in achieving outcomes.

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5 The initial number of KISS provider organisations was nine. In October 2020 the Richmond Fellowship left KBOP, leaving eight active provider organisations.

1. INTRODUCTION: THE USE OF SOCIAL IMPACT BONDS IN PURSUIT OF IMPROVED PUBLIC SERVICES

In the UK, Government has been testing new approaches for structuring and incentivising the provision of public services, including the use of Social Impact Bonds (SIBs). Outcomes-based contracting and SIBs have emerged as a potential tool through which to configure the provision of services so that they better respond to people's needs and lead to improved social outcomes.

In its most basic form, a SIB is a tripartite relationship between a government commissioner who defines social outcomes and expresses a willingness to pay for them; a service provider who delivers an intervention or programme of support with the people using services; and a social investor, who covers the up-front costs of the intervention in order to achieve social impact and make a financial return on their investment if payable outcomes are successfully achieved (Disley et al., 2011; Fraser et al., 2018). Compared to more conventional ways of commissioning or contracting for public services, there are two dominant distinguishing elements of SIBs: i) the use of an outcomes contract and ii) the involvement of social investors in pre-financing services.

The particular SIB under investigation in this report – the first part of a multi-year mixed method longitudinal study – is based in Kirklees, Yorkshire. This SIB seeks to improve the accommodation, health, employment and wellbeing outcomes for vulnerable adults who are in need of support to live independently. The Kirklees SIB project has received financial support through the Life Chances Fund (LCF), and therefore the local government commissioner, Kirklees Council, receives a partial contribution towards outcomes payments from central government.

There are a range of alternative justifications for commissioning services through a SIB model. From a public sector perspective, the rationale can be distilled into one of three overarching justifications: i) to overcome fragmentation by drawing together multiple streams or tiers of government spending and/or bringing multiple provider organisations together to provide holistic, integrated services; ii) to expand preventative services by following an invest-to-save logic and enabling the double running of services[6] as investors fund 'upstream' interventions; iii) to challenge poorly performing services or test innovative approaches by only paying for success and rewarding a learning environment which adapts to deliver the best possible social outcomes. Crucially, the existing evidence base is not yet able to concretely respond to the question of *whether and how SIBs deliver against any of these promises* (Carter et al., 2018).

Although a series of SIB evaluations have been carried out previously, the existing evidence base remains partial. A rapid evidence review conducted in 2017 identified 33 empirical evaluations on UK SIBs (Carter et al., 2018). Most of these evaluations have focussed on the implementation or efficacy of specific interventions, though often without robust quantitative impact evaluation (Carter et al., 2018; Fox & Morris, 2019). This means that the extra efficacy or efficiency (if any) added by the particular SIB commissioning strategy has not been evaluated. These evaluations do not provide analysis of how the different dimensions of the SIB advanced or undermined the setup and running of a given project. Policymakers, practitioners and researchers are keen to develop a more detailed understanding of the SIB model.

A key contribution of the LCF evaluation is to clarify whether, where, and how SIBs add value when compared to other, more conventional public service commissioning approaches. The LCF evaluation strategy document sets out a proposed approach to investigate the impact, mechanisms and value for money associated with LCF SIBs with the objective of estimating the contribution that the SIB model has made to the observed social outcomes. This evaluation approach strives for balance between developing an understanding of all LCF SIB projects (referred to as the "Primary" evaluation stream) and ensuring a sufficiently deep and rigorous engagement with projects where a robust impact, process and value for money evaluation is viable (referred to as the "supplementary" evaluation). The *Kirklees Integrated Support Service* (KISS) SIB for vulnerable adults is the first supplementary evaluation site.

The KISS SIB brings a particularly valuable learning opportunity since Kirklees Council have previously commissioned a group of voluntary sector provider organisations to deliver comparable provision – similar to that offered via the newly developed SIB programme – under a fee-for-service contracting arrangement. A chronology for the high-level shifts in commissioning arrangements for the Floating Support service for vulnerable adults in Kirklees is shown in Figure 1, on page 8. This local support service has its origins in the national-level Supporting People programme, launched in 2003, as a £1.8 billion ring-fenced grant. This programme aimed to bring together at a local level better integrated and more securely funded housing-related services such as tenancy management, drug and alcohol support or employment support for vulnerable people (ODPM Committee, 2004). This flexible, non-accommodation-linked service (i.e., provision of accommodation is not part of the service) is commonly referred to as 'Floating Support'. The aim of the Supporting People programme was to "enable people to remain in a more independent living situation, avoiding institutional care such as hospitals or, at the extreme, prison or a life on the streets. Equally it aims to help people in such institutional care to move to a more independent and stable home in the community" (Department for Environment, Transport and the Regions, Supporting People – Policy into Practice, January 2001 cited in Jarrett, 2012, p.6).

The evolution of the contracts and governance arrangements in Kirklees Floating Support provides a key learning opportunity and brings the ability to trace shifting practice. The KISS SIB, in replacing a legacy set of fee-for-service contracting arrangements, means that the GO Lab research team can work collaboratively with those involved in the SIB project to investigate its implementation over time and trace any implications arising from the introduction of 'payment-for-outcomes' and the involvement of social investment fund managers.[7] Crucially, this will enable analysis of the SIB commissioning model (and its individual-level and system-level effects) when compared to a more conventional commissioning approach.

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6 Under the 'double running' of budgets, both preventative and remedial services are delivered simultaneously. Provided that the preventative services improve outcomes, the demand for remedial or crisis support in the future may be reduced. It is this reduction in future demand that is anticipated to generate future budgetary savings.

7 An introductory guide to social impact bonds is available here.

The primary research described in this report was conducted in Spring and Summer 2019 (marked by the final portion of the blue bar in Figure 1). This is the period immediately prior to the adoption of the SIB arrangements. The SIB service went live in September 2019. Importantly, the SIB has taken considerable time to develop (the expression of interest to the LCF was submitted back in September 2017) and therefore although the new SIB-related contracts themselves had not been enacted at the time of the research, preparations were well under way.

Figure 1 Overview of shifting arrangements for Floating Support services in Kirklees since 2003[8]

The shift towards the adoption of the SIB from September 2019 marks a key juncture in the local commissioning approach. Figure 2 below, offers a stylised description of the commissioning and contracting approaches pre-SIB under the legacy fee-for-service contracting arrangements (up to September 2019) and post-SIB following the introduction of an outcomes-contract and the involvement of social investment fund managers who have responsibility for the 'Social Prime' contracting vehicle. The Social Prime is the contract holding and management entity which – in the KISS SIB approach – sits between the Council and the alliance of service provider organisations. A visual representation of the shift in contracting arrangements is shown in Figure 3 and Figure 4.

	Legacy fee-for-service Contracts (in place up to 2019)	Forward look to SIB Contract (enacted from September 2019)
Contract Partner	Individual Provider Organisations	Social Prime
Number of Contracts held by Kirklees Council	15	1
Contractual imperatives	Deliver 1:1 support of a pre-specified length and intensity (low, medium or high). Most of the contracts were short-term contracts (<2 years) and provided 4-8 hours of weekly support per service user	Achieve specified social outcomes: sustained accommodation; education and qualifications; employment; volunteering; engagement with drug and alcohol services; stability and wellbeing
Payment made by Council	Block fee paid monthly in advance to provider; Fixed fee based on weekly placement costs multiplied by weekly capacity	Performance-based (i.e., outcome contingent) payment to social prime
Performance Metrics	Utilisation; 'Throughput' of service users	Achievement of 'hard,' sustained outcomes featuring: - standardised definition of outcomes - pre-specified requirements for evidencing outcomes - standardised frequency of measurement
	Independent Living indicator flexibly interpreted and with limited evidence requirements	
Referral System	De-centralised referral system	Centralised referral system
	No consistency in referral forms, needs assessment, or referral pathways	Standardised referral forms, needs assessment, and referral pathways

Figure 2 Alternative contractual arrangements pre- and post- SIB. Key information is sourced from LCF application forms and supplemented by stakeholder interviews.

8 'SP ring-fence removal' refers to the removal of the Supporting People ring-fenced grant programme in 2010. With the Supporting People (SP) ring-fence removal, Kirklees Council gained more financial flexibility in the spend of the grant.

Figure 3 Legacy bilateral fee-for-service contracts between Kirklees Council and provider organisations. PDVG have subsequently changed their name to Pennine Domestic Abuse Partnership. The visualisation is informed by research with Kirklees Council and the Alliance of service providers.

Figure 4[9] Impact Bond contracting arrangements where KBOP acts as a 'Social Prime' by holding an outcomes contract with Kirklees Council. KBOP is supported by Bridges Fund Management, a specialist social impact investment fund manager. The visualisation is informed by research with Kirklees Council and Bridges Fund Management.

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9 The figure reflects the provider organisations at the point of SIB launch in September 2019. In October 2020 the Richmond Fellowship left KBOP, leaving eight active provider organisations.

2. RESEARCH APPROACH

Across a multi-year research programme, the Kirklees evaluation will focus on three questions informed by the LCF evaluation strategy:

- What is the quantitative impact of services commissioned by the KISS SIB on the targeted social outcomes (especially on sustained accommodation, employment and training)?

- Through what mechanisms do specific aspects of the KISS SIB contribute to these impacts? For example, by what means does the SIB appear to alter the achievement of social outcomes for those using the service, with particular reference to former operating approaches?

- Do the benefits of the KISS SIB approach outweigh any additional costs associated with this model, when compared to legacy contracting arrangements? And, if possible, what is the cost benefit analysis of the SIB?

The research methods are tailored to these distinct research questions. Proposed methods will include an impact evaluation (research question 1), a process evaluation (research question 2) and economic analysis (research question 3).

2.1 Objectives for the first evaluation report

This is the first report from a longitudinal process evaluation of the SIB commissioning approach. A process evaluation is guided by an underpinning theory of how an intervention works (Fitz-Gibbon & Morris, 1996). To gain a better understanding of the SIB 'mechanism', the SIB itself is studied as a complex intervention in its own right. The overall evaluation compares the two intervention approaches, i.e., the SIB and fee-for-service commissioning approach. This report investigates the operation of, and perspectives on, the Floating Support service under the legacy contracting arrangements prior to the SIB. The ambition is to gain an in-depth understanding of the implications of the fee-for-service contract on service delivery. Moreover, the report outlines a set of preliminary testable assumptions or hypotheses through which the SIB model will shift management approaches and practices adopted by both the Council and providers and how this will ultimately shape services at the frontline. These anticipated logics will then serve as the scaffold for future waves of evaluation activity.

2.2 Overview of methods and research activities supporting this report

In order to build a rich description of service operation under the fee-for-service arrangements and derive SIB hypotheses a series of primary data collection approaches were used by the research team.

- *Four separate logic model workshops*[10] were conducted with frontline staff from each of four provider organisations. A minimum of five frontline staff and managers attended each of these sessions. The logic model diagrams developed in these sessions are shown in the appendix.

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10 The logic model workshops were conducted with Horton Housing Association, Community Links, Home Group Limited and Foundation Housing. Information on provider organisations can be found in Appendix 6.1. Logic models can be found in Appendices 6.3 to 6.6.

A logic model is a graphic representation of the theory for how an intervention produces outcomes. It is a tool through which service teams were encouraged to identify, describe and arrange the critical aspects of their intervention to represent how the service produces change, with arrows used to indicate threads of causal or contributory aspects. This participatory workshop enabled frontline teams to collaboratively map out the key elements of the service that they are currently providing. It is important to note that these logic models relate to the intervention at the time the research was conducted prior to the introduction of the SIB. This aspect of the research was conducted in Spring 2019.

Once service delivery under the SIB arrangement has become established (likely in year 2 of SIB operation) the research team will work again with provider teams to develop a second wave of logic models. By capturing comparable service descriptions at two time points it will be possible to trace changes in the way that frontline teams describe their services and any shifts in the priorities and mechanisms by which services are expected to achieve social change. A survey with frontline staff was also implemented prior to the roll out of the SIB approach and the results of this survey will be reported alongside subsequent survey waves, once the SIB has become more established.

A series of semi-structured interviews were used to elicit reflections from staff working close to or within the pre-SIB Floating Support service. These interviews included:

- Two in-depth semi-structured interviews with Council contract managers. One interview was conducted with a senior contracting and procurement manager and one with a Council employee alongside a contracts officer.
- One in-depth semi-structured interview with the investment fund manager.
- 10 in-depth semi-structured interviews with provider managers who held different levels of managerial responsibility ranging from team lead to regional director. This involved a total of 12 interviewees.
- Two in-depth semi-structured interviews with referral partners from the public sector social care and housing sector, involving four interviewees in total, two participants per interview.
- One in-depth semi-structured interview with two representatives from local voluntary sector organisations who work in Kirklees and make referrals to the Floating Support service but who are not themselves providing services under contract to the Council for Floating Support.

People participating in the research either in semi-structured interviews or as participants in logic model workshops gave their consent to be involved in the research. The research team have masked research participant identities but, given the specific and localised nature of the research, some participants may be identifiable, particularly those working for Kirklees Council. The research participants directly quoted in this report have seen the quotes and are comfortable with their use.

The interview protocols were designed to prompt reflections on the legacy fee-for-service contracting arrangements and the approach to contract management and stewardship offered by the Council. It is notable that the interviews were conducted when the SIB arrangements

were already well developed but prior to the formal commencement of the SIB contracts. The research team shadowed two 'Kirklees Better Outcomes Partnership' operational planning meetings (13.02.2019 and 02.07.2019). Although all primary research was conducted prior to the adoption of the SIB contracting arrangement there was a considerable degree of anticipation for the SIB and the reformed ways of working which this was expected to entail. Moreover, research participants were well aware that the evaluation was dedicated to investigating the SIB as a commissioning tool and this may have encouraged research participants to emphasise (and potentially over-emphasise) the limitations of the legacy contracting arrangements. The known focus of the research team may also have encouraged research participants to amplify the promises of the SIB approach to reform – and, as expressed as a common theme in interviews, to improve – service delivery and outcomes for adults receiving support. This is an important consideration for the interpretation of findings which may, in places, be seen to herald the SIB as a unilateral 'fix' to a range of resourcing and operational challenges experienced under the legacy arrangements.

Secondary sources were also analysed via documentary analysis. Documents from provider organisations included support guides for staff, client support tools and training documents. The fund manager provided relevant documents and offered an overview of the contracting arrangements and governance structures. Council staff gave access to the contracts underpinning the legacy fee-for-service arrangements. These documentary materials facilitate triangulation with the primary data.

NVivo, a software data analysis tool, was used for data management, transcription and coding. Data were analysed using inductive coding informed by grounded theory (Strauss & Corbin, 1998). Through multiple revisions overlaying codes (e.g., 'implications for SIB service') were created. These codes were reflective of the perceived functional (e.g., 'enhanced innovation') and dysfunctional implications for service delivery as well as on the expectations allied to the SIB model. Based on these analytical clusters, the research team drew together overarching themes related to the challenges associated with the fee-for-service contracts and to the promises of SIB contract.

A notable limitation of the study is the lack of comparable representation across all provider organisations. Only four out of nine Floating Support provider organisations participated in the development of logic models. Some of the provider organisations participated more intensely in the research than others (for example, several staff participated in semi-structed interviews, frontline teams contributed to logic model workshops and access was given to detailed support documents). The views from staff in organisations which did not engage in the research to this degree may be under-represented.

Importantly, this report is the first interim output from a multi-year research project. Findings relate to early-stage research and are limited and tentative at this point. The findings are specific to the KISS SIB and are not readily generalisable to other SIB projects.

The remainder of the report is structured across three overarching sections:

• Firstly, a description of the Floating Support services and the legacy operating environment is outlined.

• Secondly, the report sets out the key aspects of the legacy contracting and commissioning arrangements which have informed the substantive form and provision of services at the frontline.

• The third section provides an initial set of hypotheses through which the new SIB contracting arrangements are anticipated to differently shape and reform the management and delivery of services for people in need of accommodation-related help. The report concludes by trying to disentangle the effects of the wider public sector environment from inherent features of the fee-for-service contract on service delivery.

3. DESCRIPTION OF THE PRE-SIB FLOATING SUPPORT SERVICE IN KIRKLEES

In Kirklees the provision of services for adults with housing-related support needs has previously been commissioned as a housing Floating Support service under the umbrella of the Supporting People programme. The Floating Support service provides flexible packages of support, usually for a specified number of hours per week, and is not tied to accommodation. This stream of services is expected to function as a preventative service, that is, supporting a person to sustain independent living and avoid tenancy issues. The Floating Support service sits alongside accommodation-based services which deliver interventions for people who are homeless.

On its launch in 2003, funding for the Supporting People programme was ring-fenced. This meant that local authorities had to spend the grant they received from central government on Supporting People initiatives related to housing-related support (Jarrett, 2012). From April 2011, the Supporting People allocation was subsumed in the Formula Grant paid by central government to local authorities. The Formula Grant functions as a single grant pot and hence there has been no specific budget line for Supporting People services. This ring-fence removal has occurred in parallel to considerable budget pressures experienced by local government. Cuts to funding from central government have led to a 17% fall in councils' spending on local public services since 2009-10 – equivalent to 23% reduction in real terms (Phillips et al., 2019). The House of Commons library note indicates that the size of the Supporting People grant has decreased almost every year since its launch in 2003.
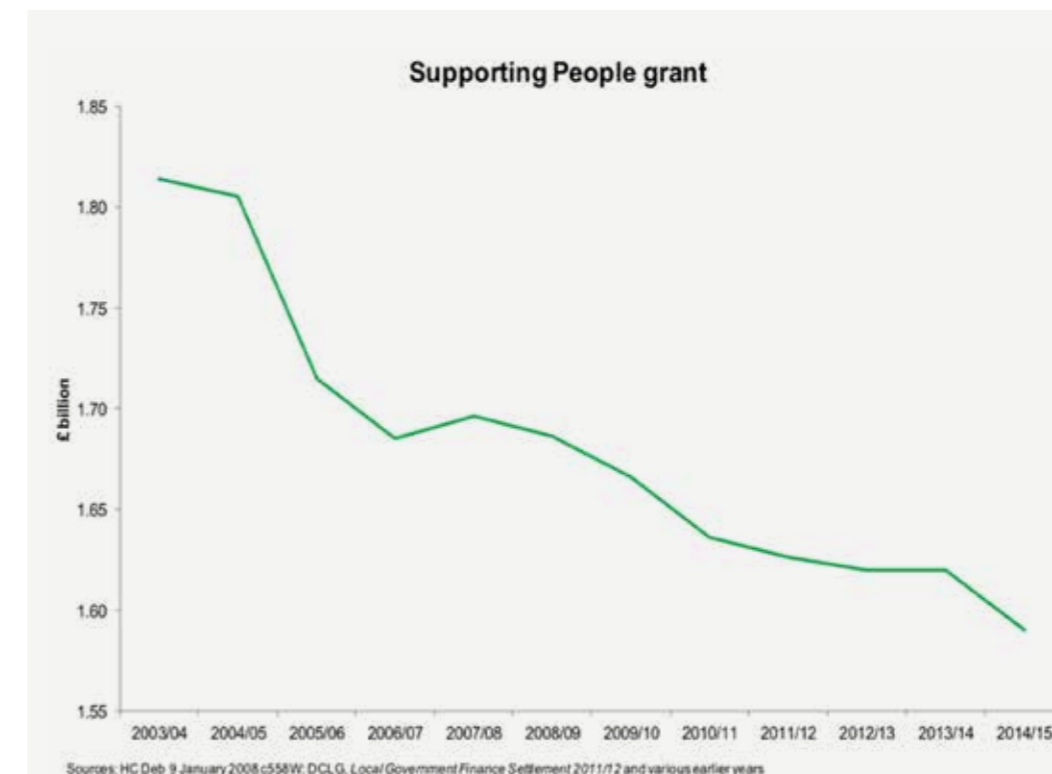
Figure 5 Size of Supporting People grant. Reproduced from Jarrett, 2012

Kirklees Council have been managing a reducing budget to deliver Floating Support services. Council staff view the Floating Support service as a crucial area of provision for some of the most vulnerable adults and therefore have sought to retain services in the face of budget reductions. In 2019 the total budget allocation was £ 3.4 million to support services for approximately 2,000 adults per year. This budget was distributed across nine voluntary sector provider organisations delivering 15 separate contracts. The reduction in budget has been managed through a dialogue between Council staff and service providers who offered to scale back service provision. The Council managed budget reductions by shortening the service duration, increasing thresholds for access and reducing the number of staff on the service. Importantly, the funding cuts have also implied a reduced capacity for service monitoring and contract management by the Council.

In terms of the service itself, under the legacy arrangements the intervention duration has been reduced from a maximum of 24 months to 12 months. Support services can be characterised as a 1:1 relationship between a vulnerable adult, who is understood to be in need of housing-related support, and a dedicated support worker or case worker. The nature of support provided by case workers is tailored to each service user but is typically directed by a support plan document. These support plans are jointly developed by the service user and support worker to define goals and activities which would ultimately allow the person using the service to manage independent living (the Theory of Change examples in the appendix provide more detail).

Beyond their shared need for housing-related support services there is considerable variation in the characteristics, ambitions and likely support needs for each of the programme participants. Common characteristics include experiencing mental health problems, addiction to drugs or alcohol, experience of domestic violence, and a lack of confidence in accessing wider support services or benefits for which they are eligible.

Across the nine provider organisations a number of the charities deliver similar services to similar groups of service users with little detectable variation in the approach taken to support plans or engagement. There is a small amount of specialist provision, particularly for people experiencing more severe mental health conditions or with experience of domestic violence.

3.1 How people have accessed the programme

Under the legacy fee-for-service contract arrangements each of the nine provider organisations administers its own particular referral process. Referrals are made to a specific service provider rather than to a central intake panel or single triage service. People are able to access services through a range of routes including self-referral (where people either have previous experience with providers or have heard about the service offer through word-of-mouth), via local agencies, such as council housing teams or adult social care, or via family members or other voluntary sector organisations (such as the local foyer cafe). Service provider organisations are also able to directly refer people to their own services. Figure 6 illustrates the typical referral process experienced when staff in a local government team recommend a person to the legacy Floating Support provision.

Figure 6 Example of referral process where an external - non-Floating Support - agency is supporting someone to access the legacy fee-for-service arrangements.

At the point of referral there is no shared or standard referral form or process. Those making referrals need to compile different information on a different form for each service provider. A decision over which provider to approach would therefore be made by the person making the referral (and there is no standardised tool or set of considerations to inform this decision). There are no shared eligibility criteria nor is information readily available on whether service providers had the capacity to accept new referrals. Typically, referral agencies exerted considerable discretion in their referral decisions with strong ability to shape referral pathways.

Under the legacy Supporting People arrangements neither Kirklees Council nor any single provider agency is able to draw a comprehensive picture of who is entering, is in need of, eligible for, or accessing the service at any point in time. The initial arrangement of the Supporting People programme did not call for a 'single front door' nor for tight demand management processes.

The introduction and referral of people to service providers was influenced by personal relationships and experiences with referral actors and staff in provider organisations:

"…if you looked at it on a year-by-year basis, referral pathways changed around quite a bit and I think this is down to the individual worker's knowledge of services, due to changes in staffing etc."[11]

11 Senior Manager, Provider B.

This was confirmed by a public sector referral partner:

"Officers might have developed good relationships with particular services and therefore may be more likely to tap into [one, rather than] another, just because they are familiar with them."[12]

The dominance of personal relationships suggested that in some cases personal animosities meant that referrers didn't introduce people to particular services, as the senior contracting and procurement manager of Kirklees Council explained:

"So, for example we had the housing solutions officer say 'I'm not referring to [Provider x]'. When you get to the bottom of why, they will go 'well once upon a time they challenged our decisions'. That could have been like 10 years ago."[13]

Still, these personal networks and connections appeared to give referral teams a sense of confidence in introducing someone to a trusted and known service provider. This was particularly the case in urgent or crisis situations where referrers considered their network and informal processes to be crucial: *"…we bypassed the referral scheme because we have that relationship of working with each other."[14]*

What has contributed to these challenges?

Interview data suggests two overarching drivers for the informality and lack of coordination in service demand management and referral process. Firstly, in relation to contract imperatives, the 'utilisation' Key Performance Indicator (KPI, in the Council-provider fee-for-service contracts, described further below) may have a role in incentivising service providers to focus on a target number of programme participants. This KPI measures the number of people that the service has been working with, in a given quarter. The calculation is derived from the number of people on service and the number of days over which they have been enrolled. Providers are required to demonstrate that their service utilisation is reaching capacity. This implies that provider staff may have been incentivised to sign people up as programme participants regardless of whether their respective organisation was actually best placed to serve the person's needs. Moreover, the utilisation metric may also have incentivised providers to accept referrals that did not need the full service. There weren't any additional contract specifications for triage.

Secondly, there are key capacity constraints which limit the degree of coordination across the referral process. Chiefly, research participants described insufficient resource within the local system to provide a single 'front-door' to access Floating Support. There was insufficient capacity to develop either personal or technical (e.g., an integrated IT referral system) processes through which to ensure that people eligible for the service are smoothly introduced to an appropriate service provider, which has capacity to provide support. The mismatch between the number people who are understood – based on indicative, informal data from

other public sector organisations – to be in need of Floating Support and the capacity of current service providers also means that there are often either waiting lists and/or no spaces available for additional referrals to be taken on. Likewise, the lack of a centralised referral system implied that there was limited visibility of service users who are re-entering services.

Findings suggest that these constraints are linked to particular implications for the quality and appropriateness of services as experienced at the frontline as illustrated in Figure 7, below.

Referral challenges under legacy commissioning arrangements		Implications for service experience
Theme	**Illustration**	
Contractual incentives	KPI 'utilisation'	Allocation of people to specific providers is not necessarily needs-led or informed
Limited capacity	Insufficient availability of services to meet service demand	Service users sitting on multiple waiting lists leading to delays in referral allocations and requiring greater effort by referrer to secure access
		Service users allocated to any available provision rather than the support that best matches them
	Lack of a centralised referral system	Replication and inefficient form-filling for referrers
		Patchy capture of service user histories and the potential need to 're-tell' details several times
		Referral allocations are not made in a transparent way
		Limited visibility of service users who are re-entering services ('revolving door' issue)

Figure 7 Perceived referral and access challenges under the legacy, pre-SIB arrangements

Those making referrals to the service may need to duplicate their efforts: if services are full, multiple referral paths will need to be pursued. Moreover, the specific support needs and characteristics of the person being referred may not be matched appropriately to the specialisms of the provider contacted.

3.2 The practice of 'market stewardship' under the legacy Supporting People arrangements

Since the 1990s, Governments are expected to create the conditions in which networks of non-state provider organisations, badged as 'public service quasi-markets', can work effectively (Gash et al., 2013; Le Grand & Bartlett, 1993). This market stewardship means ensuring that:

- New providers can enter the market and grow;
- Providers are competing actively, and in desirable ways;
- Providers are able to exit the market [in an orderly way];
- Those choosing services (whether service users or public officials choosing on their behalf) must be able to and motivated to make informed choices;
- Levels of funding must be appropriate to achieve government's objectives; (Gash et al., 2013 as described in Carey et al., 2020).

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12 Senior Manager 01, Housing Referral Agency.
13 Senior Contracting and Procurement Manager, Kirklees Council.
14 Senior Manager 01, Housing Referral Agency.

Under the legacy Supporting People arrangements, research participants from within the Council and provider organisations described a limited and constrained practice of market stewardship on the part of the Council. Importantly, however, some of these limitations sit beyond the specificities of *contract terms* themselves and reflect wider capacity constraints. In unpacking this it is important to consider the particularities of the contracts as one lever among several that *could* be used to steward providers and hold them to account. The broader practice of contract management and service stewardship was constrained both in terms of available levers and in the limited amount of Council staff time which could be dedicated to market-shaping activities.

Providers were only exposed to a limited threat of contract termination. In order to decide whether the contract gets extended, a business case was established which assessed the service's performance against quality benchmarks, performance indicators, strategic relevance, service user feedback and cost and efficiency savings. Amongst providers included in this research, the common experience is one of contract renewal or rollover rather than a highly competitive commissioning environment. In part this is an artefact of selection bias, since the providers who are now involved in the KISS SIB are those with a proven track record. Council staff suggested that less successful provider organisations no longer feature in the roster of organisations delivering Floating Support services. Research participants suggested that provider organisations also had limited appetite to actively compete for what they saw as another provider's contract. A provider director[15] explained *'On the other hand … we didn't have to go out and compete against each other.'*

Under austerity conditions and with a limited ability to predict future budget, Council staff practiced repeated renewal or extension of contracts (amongst providers who were seen to be performing successfully). Only new services were subject to competitive procurement processes. Limited competition potentially lowered incentives for the Floating Support providers to advance service delivery. Constrained funding and the short-term contract duration may have lowered incentives for alternative ('out of area') providers to develop new services and tender for Floating Support services. In some instances, Council staff reported challenges in addressing service gaps. There had occasionally been issues in replacing poorly performing services through decommissioning. A senior contracting and procurement manager at Kirklees Council explained that the Council was unable to decommission a poorly performing service for a number of years due to a lack of alternative provision. *"There have been [quality] issues for a number of years … At the time where we had this service there was very little else around Huddersfield in terms of homelessness. And then we built our new homeless hostel … We got to a point where we could lose that service because we could mitigate that risk..."*

There is limited information on the relative demand for, and performance of, services offered by different providers. This is despite the acknowledgement that there are several organisations simultaneously delivering very similar contracts. Critically, the absence of granular or meaningful performance information has inhibited the Council's ability to identify and nurture

quality service provision. Council managers indicated that a key obstacle to better oversight was the failure to establish a central intelligence system. An attempt to establish a cross-Council intelligence system had failed due to austerity measures.

There was no ability to track service users who re-enter the system (referred to as a 'revolving door'). There has been no central referral or allocation process but rather a common practice of putting service users on multiple waiting lists. As a result, it has been impossible for the Council to estimate the overall demand as well as the range of individual needs. Similarly, Council staff have not been able to use repeat-referral numbers, i.e., people who are re-entering the service after 'successful' completion, as an indicator of potential under-performance by individual providers.

When renewing or extending contracts, from around 2017, it appears that very few, if any, substantive changes were made to the objectives or specifications. Research participants suggested that the contract specifications around caseload numbers, support hours and service length did not correspond to contemporary demand or challenges. This made it more challenging for providers to respond appropriately to user needs.

Post-2010 financial pressures and uncertainty over the Council's funding arrangement for Floating Support appears to have cultivated an unpredictable contracting environment for providers, with one-year rolling arrangements having become common. As a result, provider managers increasingly spent more time on logistical issues linked to a potential contract termination or reduction rather than on advancing service provision. One provider manager noted: *"I think the main focus of the contract has been whether or not they will get extended or what the notice periods are. So, actually the concerns of providers have become much more focused around staff redundancies and de-mobilisation because we have been awaiting a decision for future funding."*[16] Likewise, the short-term arrangements made it difficult for providers to efficiently address the more complex underlying needs of users, seen as fundamental for achieving long-term outcomes. It was not clear to what extent the financial pressures due to reduced funding for providers had led to 'creaming' of potential service users but this was a cause for concern. A senior contracting and procurement manager at Kirklees Council stated:

"It turned out that providers had been turning referrals down. They would also lose contact with an awful lot of people. Usually in the first 4 weeks so that they haven't had to declare it in the workbooks."

3.3 Multiplicity of contracts and limited contract management

The large number of bilateral contracts between the Council and service providers for Floating Support provision (but for slightly different groups of service users across the provider organisations) suggested that the already scarce contract management function of the Council was thinly spread across these contracts.

Until the merging of contracts in 2017/2018 for efficiency and demand reasons, the Council managed 27 individual provider contracts. At the time of the research in 2019, the team

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were managing 15 separate contracts which still challenged the Council's contract management capacity.

Limited contract management of provider organisations appeared (in the view of the research team) to emanate from capacity constraints within the Council as well as insufficient contractual levers to assess or challenge performance. This resulted in a process-driven contract management approach, with considerable provider discretion in determining the "success" of the intervention as well as a focus on evidencing user numbers and throughput of service users.

The contract management approach of the Council has been described by providers as not very robust and in general "pretty hands-off". One provider manager voiced: "I have been working with a number of local authorities and I have to say that Kirklees is probably the least managed authority in contract terms"[17]. Budget cuts for the Floating Support services coupled with Council staff being overloaded with the number of contracts to manage meant that contract monitoring only happened on a risk-minimisation basis. A senior contracting and procurement manager at Kirklees Council explained: *"We had so many contracts and so few resources that we were only contract monitoring on a risk basis because it was all about making budget reductions."*

It is important to stress that this appeared to have been the predominant approach in the later stages of the fee-for-service contracts when the Council had sufficient confidence in providers' capacity to deliver quality services based on past site visits and historically good provider performance. Findings from documentary analysis and conversations with Council officers suggest that the Council's contract and performance management approach was more involved than was perceived by providers.

The Council used four steering devices to assess the performance of providers. In summary:

1. Submission of quarterly 'workbooks' which required providers to report on their KPI achievements. The workbooks, in particular the KPIs for 'utilisation' and 'throughput' (discussed below) appeared to be a key accountability mechanism for the provider-Council relationship. The workbooks were used to illustrate ongoing demand and utilisation of services – and although acknowledged as providing partial insights – gave assurance for the Council.

2. Annual quality assessment – referred to as the 'QAF' (quality assessment framework). The quality assessment process emerged as a point of service intelligence and interaction for Council staff and service delivery teams. This is discussed further in section 3.3.3.

3. Annual gathering of service user feedback. The service user feedback was collected alongside the QAF.

4. Annual rating of efficiency gains. Efficiency gains were rated by the Council on a traffic light system. This was not mentioned by provider staff as a touch point for contract monitoring or engagement with the Council.

3.3.1 Unpacking the KPIs in the fee-for-service arrangements

The workbooks are submitted quarterly by providers and emerged as a key accountability device between the Council and service providers. Workbooks are structured around three KPIs:

1. **Service Utilisation** is a ratio reported as a percentage and compares the specified capacity of the service to the number of placement days that were occupied by people using the service each quarter. Contract capacity is specified as the number of people who could be enrolled in the service at any one time e.g., 115.

Example: Calculation of utilisation percentage	
Contract Capacity	115
Total number of placement days in Q (contracted) (115 x # of days in quarter) (A)	10,465
Total number of placement days in Q (provided) (Average weekly capacity i.e., mean number of people on service each week x # of days) (B)	10,532
Total Capacity (B/A)	100.6%

2. **Throughput** captures the progression of people through the service. It is expressed as a percentage and captures the ratio between total number of service users per quarter (both those who have been discharged from the service and those who are still enrolled) and the contract capacity.

Example: Calculation of throughput percentage	
Clients signed up to the service at the end of the Q	121
Number of clients who ceased to use service during Q	40
Total service users (A)	161
Contracted Capacity (average over quarter) (B)	115
Throughput (A/B)	140%

3. **Achieving independent living** is measured as the percentage of leavers during the quarter who were assessed by the provider to be capable of managing independently without support. The recorded achievements in the support plan were typically used to evidence this outcome by providers.

Example: Achieving independent living
Provider organisations determine whether the 'independent living' outcome has been achieved and appear to have developed their own internal definitions. For instance, one provider organisation defines the achievement of independent living as completing 2 actions on the support plan. This may include; • Accessing emergency accommodation[18] • Claiming appropriate benefits • Participation in literacy/numeracy training courses

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17 Senior Manager, Provider A.

18 Contrary to the accommodation support service, the Floating Support service only provides emergency accommodation, such as for victims of domestic abuse.

These KPIs were developed by central government more than 10 years ago. The KPIs were assessed against benchmarks every quarter and scored on a traffic light system. When the Council repeatedly renewed contracts, it appears that the contract specifications, including the cohort size, were not updated. This implies that the KPI benchmarks may not necessarily reflect contemporary demand.

The KPIs place an emphasis on ensuring not only that the service is used but that people are encouraged towards independent living and ultimately out of Floating Support service provision. Indeed, there is a potential tension – or perhaps moderating effect – across the utilisation and throughput objectives. This implies that service providers may be incentivised to ensure that their service is accessible and well used but without 'hanging on' to service users for excessively long periods.

Compared to the utilisation KPI, the throughput indicator appeared to have less traction for service providers and was mentioned less often in open lines of questioning on the KPIs and incentives within the contracts. The following section describes reflections from the Council and delivery partners on how these contractual KPIs may have informed the prevailing nature of Floating Support services.

Interviews with provider and Council staff revealed that the KPIs at Spring 2019 were considered to be meaningless as tools for measurement and accountability by the majority of interview participants.

"…I would say in the last five years they have become a bit meaningless. I think most providers feel that as well: that they are not that helpful any longer. Were they ever meaningful? I think at one point they probably were: they were a good place to start. I've been in housing for a long time."[19]

"…And in one of them we were in the top quartile and on the other we were in the bottom quartile. I tried to find what the difference was: less than one decimal point! The difference was so marginal if you did it as one decimal point, we would have jumped up to the third top quartile. So, then I realised how stupid it is. Because it varied between 98% and 99%."[20]

Research participants suggested that the focus on aggregate numbers in the service utilisation and throughput metrics didn't create the right incentives. One manager from a provider organisation[21] stated:

"They don't focus on the rights things. You could end up working in a way that isn't necessarily very customer focused. Because it's not about the outcomes necessarily, it's not about the support you are providing. It's just about the how many you've got on your service and how long they are on your service for. It can become a bit about numbers, rather than the actual quality."

The criticism was confirmed by the statement of a contract officer at Kirklees Council:

"It doesn't say that they are in a much better place, a little better place. It doesn't say that they got any more skills when they came through. Because it's only figures you can kind of say what you want."

More specifically, the 'utilisation' KPI was seen to have three key implications. First, in order to hit utilisation targets there was '…no incentive to move people on quickly or when they were ready.'[22] The perverse implication is that in some cases people might have been kept in services: preventing new referrals from receiving support. Second, the reliance on the utilisation metric didn't create an incentive to work towards the achievement of long-term outcomes for the service user. The focus was largely on ensuring that the service was used to capacity. This was underlined by a contract manager[23] at Kirklees Council:

"At the moment all you do is figure out how many people you have. There's no distance travelled for each client. There's no 'do you think they're going to come back round again?' It's just such a high level that you actually lose track that these are people not just a figure."

Lastly, it created the perverse incentive to sign up users although other services might have been better placed to serve that particular person's needs or characteristics. Importantly, the degree to which this occurred in practice was not formally assessed and interview participants did not indicate that this was a cause for concern within the legacy Floating Support arrangements.

The KPI 'independent living' also showed several weaknesses. First, there was no consistent measurement approach across providers. It was at the discretion of the providers to assess the ability of the user to live independently. Reflecting on the contractual incentives, a Kirklees Council employee remarked:

"…it's just finding an outcome, rather than being the right thing for that person. The contracts currently don't really allow a holistic solution."[24]

In terms of finding an outcome, contracts referred to a bucket of potentially relevant 'outcomes' from the original Supporting People tracking sheets that were understood to be linked with independent living. These included: 'Achieve economic wellbeing', 'Enjoy and Achieve', 'Be healthy', 'Stay safe' and 'Make a positive contribution' with each sitting over a series of suggested indicators or tick boxes. Council staff acknowledged that the achievement of these indicators (e.g. access to benefit entitlements) was a necessary and valuable part of the service. Research participants noted that support to navigate and access benefit entitlements had become increasingly complex: unlocking access was fundamental. Nonetheless, there was concern that this approach did not prioritise or incentivise the achievement of outcomes which would enhance participants' chances to maintain independent living in the long-term such as entry into employment. Council staff referred to the following example:

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19 Senior Manager, Provider A.
20 Senior Contracting and Procurement Manager, Kirklees Council.
21 Senior Manager, Provider A.

22 Employee, Kirklees Council.
23 Contract Officer, Kirklees Council.
24 Employee, Kirklees Council.

"One of the outcomes might be 'achieve economic wellbeing'. Some providers took that to mean maximising income was making sure you have done the benefit check and making sure somebody got all the benefits they are entitled to. They were like 'we have achieved economic wellbeing'. But you have not really maximised somebody's income. They all stopped at that point, there wasn't any incentive to get people into employment because that's too hard. So, we created a bit of a dependency culture. There was almost like a perverse incentive to keep people slightly dependent, so you can prove you are in demand: 'they are on the list.'"[25]

Further, neither the contracts nor the Council required providers to actually evidence the achievement of the independent living outcomes other than to record this in the Support Plans which were subject to occasional file auditing as part of the Quality Assessment Framework (QAF). While one provider organisation had adopted their own approach to measure outcomes by using the 'outcomes star' model (shown in Appendix 6.10), systematic, long-term outcome measurement tended to be neglected across the other interviewed providers. One provider manager explained:

'Because there is no formal recording of outcomes that's not necessarily the thing that has been monitored. It's more about "are you working with the customer? Are you seeing the customer? Are you following the process, how much contact do you have with the customer?"'[26]

Relatedly, service provider representatives did not consider it difficult to achieve the KPIs.

3.3.2 Management practices within provider organisations

Within provider organisations, frontline staff were encouraged to document activities and process-targets were common. Staff were monitored and closely managed to ensure that they had completed and reviewed support plans and that risk reviews were conducted within specific timescales. Face-to-face visits and staff absences were also closely tracked and used as informal indicators of service functioning. The lack of requirements to evidence outcomes also appeared to impact staff supervision, with this being very much centred on the user journey rather than on destinations or longer-term outcomes. Provider managers stressed that the supervision is likely to change in a SIB delivery arrangement:

"We need to change the supervision of our staff because at the moment what is more important under the SP contract is the journey the client goes through, rather than the destination, whereas under the outcomes contract, it's more about the destination and less about the journey."[27]

In future, managers expect to ensure that frontline staff are focused on achieving contracted outcomes and busting the barriers to achieving outcomes. For some research participants, the outcomes-focus was expected to bring a substantive shift: "I think that conversation will take place which doesn't at all at the moment".

Some staff were concerned about this anticipated shift in emphasis. Team leaders at some

provider organisations were particularly concerned about the future outcomes contract. One team leader emphasised that the current (pre-SIB) offer is a 'very person-centred service'. There was some anxiety that supervisions with frontline staff will become focussed on a linear process about 'what outcomes were agreed in the assessment, how far are we doing' and that this may become less person-centred. There was some suggestion that the only change will be the way that work is reported.

The 'snapshot' nature of the independent living KPI was also commented on as a limitation of the fee-for-service approach. This indicator only represents a static snapshot of the moment when the service user was leaving the service as there was no tracking for the sustainability of the outcome achievement.

The degree to which service users were repeatedly re-referred to the service and a perceived 'revolving door issue' was mentioned across both Council and fund manager interviews. A survey of current service users across the nine Floating Support providers undertaken by the social investment fund management team (not conducted by the research team) revealed that approximately 20 percent of service users, the majority of them signed off as 'successful cases', re-entered services within 2-years. Since the research team did not conduct this survey, it is not possible to comment on the robustness of this figure. The limited information – and indeed inability to assess the long-term outcomes for those using the service – meant that neither the Council nor providers themselves were able to influence services such that they supported longer-term outcomes such as sustained independent living.

3.3.3 Monitoring and managing service quality under the legacy Floating Support arrangements

Monitoring

To assess the quality of the service the Council used the Quality Assessment Framework (QAF). The QAF is an auditing tool whereby Council staff would check – through annual validation visits – whether required policies were applied and whether quality client support was delivered. The QAF standards covered: assessment support and planning, security, health and safety, safeguarding and protection from abuse, fair access and diversity, and client involvement and empowerment. The validation visit was preceded by a self-assessment phase and providers received a two-week notice ahead of the visit. Whereas in the early phase of the Floating Support services (in the mid-2000s) the QAF was conducted quite thoroughly – including client file auditing, talking to staff, checking policies, conducting user focus groups and rating provider performance – it became less stringent over time.

Capacity constraints within the Council's contract management team meant that by 2019, the service rating was no longer taking place and some of the quality objectives were no longer being closely audited. Although there was blind file auditing, the participants of user focus groups were pre-selected by the providers, thus potentially reducing their usability as an objective performance tool. Alongside the reduced scope, the frequency of the QAF became less regular and was conducted on a risk management basis. The light-touch regime was in part justified by the confidence of Council staff in providers' service quality due to long-standing relationships with providers.

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25 Senior Procurement and Contracting Manager, Kirklees Council.

26 Service Manager 01, Provider D.

27 Senior Manager, Provider C.

Providers experienced the council's QAF approach as process-driven. The implications for the providers' contract management were explained by a provider manager:

"You knew you're going to be assessed. You knew you're going to be reviewed very regularly. You expect that SP are going to come out. You had to be process ready because you would go through the quality assessment framework. So, you would be working quite process-driven in order to make sure that you're going to meet the Quality Assessment. I think it became possible for providers in some ways to game the system because you know what supporting people officers were looking for and if you put the measures in place …The outcomes that are the way of working, but you would make sure that the procedures were in place.' [28]

The process-driven nature of the QAF implied a potential for 'gaming', i.e., providers putting measures in place to give the image of a good service. This effect was strengthened by providers employing former Supporting People staff from the Council. Such practice – or fear of such practice – reduced the informative value of the QAF and made it difficult for the Council to distinguish between good and bad services. Moreover, the heavy preparation of evidence for the QAF drew resources from other provider activities. One interview participant explained: "what we used to have was a group where certain members of staff were making sure that we have this information and that things were up to standards".

Managing service quality

In situations of under-performance the contract provided several tools ranging in severity from issuing an action plan to payment deduction through to the default tools of contract suspension and contract termination. However, in practice the Council made limited use of these tools. Payment deduction was applied twice, contract suspension a few times and contract termination has never been applied. Decommissioning[29] - that is, the non-renewal of contracts – for reasons of low service demand or poor performance had been used in the very beginning of the Supporting People programme where a number of services failed to meet the quality standards for the service. The hesitance to apply stronger disciplinary measures arose from Council staff's resolve to ensure that measures were proportionate to the breach of contract. Minor breaches were resolved on a conversational level. For serious breaches contractual default mechanisms were applied. A senior procurement and contracting manager of Kirklees Council explained:

"The way the contract was set up - there was almost some circumstances where you didn't want to go down the contract default route because the implications of defaulting people more than twice were quite harsh."

The tool most frequently used by the Council were action plans. These plans defined measures to be put in place in a specific period and were subject to monitoring by the Council. Since the Council pursued a balanced approach in the management of the contracts, the use of action plans was not made in direct response to contract compliance issues but from a 'wider conversation' on quality:

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28 Service Manager 02, Provider D.

29 Contract termination implies a termination before the contractually defined contract end; decommissioning means that services have not been re-commissioned after the contractually defined contract end.

"Contract management was very much around quality rather than contract compliance because the contracts were quite vague…" [30]

3.4 Contractual limitations for service flexibility

Under the Supporting People grant, there were tight contractual specifications on service intensity (i.e., the number of weekly support hours) and service duration for participants. While the Council allowed for more flexible ways of working when the grant ring-fence was removed, providers still seemed to have experienced the operating environment as very strict. Specifications on service intensity and length were identified as an inherent limitation in the fee-for-service contracts:

"… we are currently commissioned to deliver a Floating Support service for around an hour a week for up to a year and people need to have this, this and this done for them." [31]

Reduced funding for services due to budget cuts for the Council, may have compressed providers' scope for delivery, forcing them to implement rigid provision where support was limited to one hour a week per service user. This made it difficult to address the underlying, complex needs of users, and hence contributed to the 'revolving door' issue:

'A lot of these Floating Support services, if they have the capacity to take that person on, can only offer an hour a week. But actually, you are setting up this person to fail because they are not going to manage their own tenancy in an hour a week. So that's when it falls down and you get that revolving door, people coming back to the services.' [32]

The aspiration to develop more innovative service delivery under the new outcomes contract regime emerged strongly from the interviews, particularly from Council staff. A provider manager[33] emphasised that the outcomes contract would change practice:

"Now with people not engaging, we can't just say 'oh they are not engaging'. We can be more creative in the way that we challenge, the way we dealt with that…"

The perceived inflexibility in the scope of support provision has been a particular obstacle in relation to 'harder to engage' service users. One provider manager explained:

'I think it will really benefit with the clients, more flexibility. We do one hour of support a week. But going by Payment-by-Result the client could get additional hours a week. That is an area where we struggle with the chaotic client.' [34]

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30 Senior Contracting and Procurement Manager, Kirklees Council.

31 Undisclosed service manager 1.

32 Undisclosed service manager 2.

33 Service Manager 01, Provider D.

34 Interim Service Manager, Provider A.

Perceived challenge	Evidence	Implications for service
Initial narrow contractual specifications on service intensity and length	Contract terms specifying number of weekly support hours per individual service user	Limiting more creative and tailored support approaches by frontline staff
		Limiting chances of an intervention success for harder to engage service users
		Potential neglect of harder to engage service users
	Limited flexibility by Council to grant support extension	Limiting the potential success of the intervention as support is not provided as required

Figure 8 Perceived challenges associated with limited flexibility in fee-for-service delivery arrangements

3.5 Limited collaboration or joint-working across provider organisations

A final challenge emerging from multiple research participants and sources was the limited collaboration across providers in the fee-for-service regime. It is important to note that this is not necessarily an artefact of a fee-for-service contract directly. The expectations of the Supporting People arrangements meant that in the majority of cases a person receiving support should only be enrolled and working with one provider organisation at any one time, unless the person has been identified with a secondary or tertiary need. Prior to the formation of the provider partnership in 2015 – formalised under an 'Alliance agreement' in 2018 – it was suggested that there was an under-developed infrastructure to support joint working across providers. Moreover, the need to evidence demand under the utilisation KPI meant that providers may have prioritised recruiting people to their own services directly, fuelling a competitive dynamic for service user enrolment. When these issues were described in more detail, research participants were typically making reference to a period prior to the establishment of the Alliance and preparations for the SIB, since which there had been higher levels of interaction between providers.

The underdeveloped infrastructure for collaboration was reflected in a lack of formal procedures for co-working. Co-working across Floating Support providers took place on an ad-hoc basis, and often depended on the individual relationships of frontline staff:

"I think we have done that to some degree, but I think not in any kind of co-ordinated way. Quite often we might get another agency referring to us asking whether we can jointly work with that kind of person. That tended to be the main way that we might do that."[35]

The lack of a central intelligence system, and hence the absence of consistent referral or case management data, was identified as a major impediment to joined-up working between providers and to cross-agency working. This was discussed in both Council staff and fund manager interviews. It became clear that neither the providers nor the Council were able to readily access information on those using the service, including their past experiences, unless that information happened to be held by the same, single provider organisation who they had been referred to previously. Providers were not able to access or consider service user histories or prior support experiences. This duplicated effort and meant that similar – and previously inappropriate or unsuccessful – support practices may be re-produced.

The expertise and specialism of other providers was rarely drawn on. This was illustrated by one provider manager, in relation to the future SIB arrangements:

"I think we are expecting the contracts to change in terms of drawing much more on the expertise and the skills of the different organisations."[36]

The requirement to evidence demand induced through the 'utilisation' KPI also appeared to inhibit shared or co-ordinated support. One of the ways providers attempted to evidence demand was being able to refer to a long waiting list. A senior contracting and procurement manager at Kirklees Council explained:

"The way the grant condition was looked at, you had to prove that it was 'strategically relevant and serving demand'. And how you were looking at demand, you end up with providers going 'oh, look how long the waiting list is,' as if that was a pride thing. And that broke my heart because these were obviously people that needed support and weren't getting it. What we found was there were multiple people sat on multiple waiting lists. And they were highly likely never to get on any of them until they escalated and things became more complex."

Similar views emerged from another manager at Kirklees council:

"The impression I got when I first started was very much along the lines of the person walking through the door is actually money to that provider. 'We want them. Nobody else is having them. Why would we share that with somebody else?'. Because that would mean somebody else would get part of that money or they will go there and we will lose all the money."[37]

The Kirklees contracting manager referred to the lack of willingness to cooperate in some cases:

"Some of the managers and some of the staff – the impression was – 'I work for provider organisation x and I don't work for anybody else and we have always done it that way'.[38]

The waiting list issue was also mentioned by provider managers. Moreover, some providers may have knowingly accepted referrals in situations where other organisations would have been more qualified in a particular aspect of service delivery, thereby reducing the chances of intervention success.

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35 Service Manager, Provider B.

36 Senior Manager, Provider B.
37 Contract Officer, Kirklees Council.
38 Contract Officer, Kirklees Council.

Interview participants were also keen to stress that with the formation of the Alliance, much more collaborative relationships have developed under the leadership of the Council. There is widespread recognition for the need to collaborate in order to achieve successful outcomes for users with multiple complex needs. Collaboration is happening at a managerial level through the participation in networking events and inter-agency forums. Amongst frontline staff the description of collaboration was more hesitant. Co-ordination within provider organisations amongst frontline staff was strong, but joined up working across organisational boundaries appeared to be infrequent and ad-hoc. Future expectations for the new outcomes contract were framed optimistically for the growth of collaborative working:

"I think we will get to the stage where we can all discuss who is best placed to work with certain individuals and be very specific".[39]

Perceived challenge	Evidence	Implications for service
Former Supporting People grant condition restricts co-working to specific user groups resulting in an underdeveloped collaborative infrastructure	Lack of formal procedures for co-working	Joint working takes place on an ad-hoc basis dependent on individual relationships of frontline staff
	Lack of central intelligence	Inefficiencies through potential duplication of treatment efforts which have proven to be unsuccessful in the past. Prevents more holistic support provision across multiple providers
Need to evidence demand fuels competition for enrollment	Service users sitting on multiple waiting lists	Hampering council's efforts to estimate demand. Delaying service allocations
	Lack of information-sharing and co-working	Prevents more holistic support provision
	Referral acceptance despite not being best placed to meet user need	Reduced chances of intervention success

Figure 9 Challenges related to limited collaboration across providers

4. 'HYPOTHESISED' FEATURES OF THE SIB APPROACH WHICH MAY SERVE TO IMPROVE SERVICE DELIVERY

Interview participants were generally optimistic that the challenges associated with the legacy fee-for-service arrangements would be overcome through the revised approach bound up with the SIB commissioning model. A distillation of research participant insights offered four overarching features of the SIB model which may promote improvements in delivery compared to the fee-for-service model. These features, elaborated in the sections below, are i) an enhanced practice of market stewardship, ii) heightened pressure to improve performance, iii) enhanced flexibility in service delivery and iv) enhanced collaboration across providers.

Research participants were not unquestioningly optimistic about the potential of the SIB approach. A number of concerns were raised. Foremost was the perceived departure from the prevailing person-centred service provision towards a stronger focus on measurable outcome indicators. This portion of the report centres on the 'hypothesised' mechanisms by which the SIB may improve the service offer and social outcomes. Risks and challenges associated with the SIB will be investigated in more detail in subsequent waves of research.

The justifications for pursuing the SIB in many ways were directly framed in response to the identified challenges in the fee-for-service contract and commissioning environment. Council staff were keen to retain Floating Support provision and the SIB approach was often framed as a device to enhance current services and secure valued provision in the longer term. It is important to note that these assumptions are as yet promises allied to the SIB approach. Future waves of research will be dedicated to investigating the degree to which these 'SIB hypotheses' are detected in practice.

4.1 Enhanced market stewardship

Under the umbrella of an insufficient practice of market stewardship four key challenges have been identified in the fee-for-service contract and prevailing environment: a lack of constructive competition;[40] limited transparency on performance and demand; short-term and unpredictable contracting environment; and multiple bi-lateral contracting arrangements. The SIB is expected to feature enhanced market stewardship via increased competition and transparency on performance and demand, a stable multi-year contracting arrangement and a significant reduction in the number of contracts requiring direct management by Kirklees Council.

Access, demand management and pressures to improve performance

Under the new KISS SIB arrangements, it is expected that practices of direct recruitment by service providers and the fragmented approach to waiting lists will be overcome via the use of a central intelligence system. This system is intended to collect standardised information on people who may be eligible for the service and their previous history of service use. A co-ordinated, centralised referral panel are expected to make assessments and manage the smooth

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39 Service Manager, Provider B.

40 Specifically, a lack of competition to promote improved service quality or effectiveness rather than competition for numbers of service participants.

allocation and transition of people in need of support to the appropriate provider organisation. This is expected to bring greater visibility of service demand. This approach will prevent people accessing the service from needing to 're-tell' their history and relay information several times.

Under the SIB, enhanced pressures to improve performance are expected to arise through the focus on outcomes and use of 'payment-by-results' as well as via the social prime's ability to induce the entrance of new providers and services through the provision of additional capital. This enhanced performance pressure is expected to be reflected in changes in the provider landscape. New organisations or streams of provision may be introduced. In the extreme, this may take the form of current providers exiting the 'market' and no longer providing services in Kirklees. There may also be shifts in 'market share' across the provision of Floating Support services in Kirklees i.e., the quantity or value of support delivered by particular provider organisations may change over time.

A stable, **multi-year funding environment** will be enabled through the multi-year outcomes contract offered by the Council and the ability of an external investment fund manager to provide long-term financing for services. This commitment is expected to justify an investment in specific assets – for example, human capital investment in staff training and development of technical IT infrastructure – to enhance service provision.

Streamlined contract management on the part of Kirklees Council will be facilitated in particular through the use of a single, overarching outcomes contract between the social prime and the commissioner. The features and implications of the outcomes contracting approach will be investigated in future waves of research.

Perceived Challenge	SIB Promise	Potential Evidence	Hypothesised Mechanism
Limited competition	Enhanced competition	Changes in provider landscape: exit and/or entrance of providers; Change in services offered by existing providers; Volume changes in user numbers allocated to each provider	Outcomes focus and payment-by-results used to reveal performance variation across providers; Social prime facilitates the entrance of new providers/ services through provision of additional capital; Social prime encourages better performing providers to grow/ share best practice and worse performing providers to improve or reduce involvement.
Limited transparency on performance and demand	Enhanced transparency on performance and demand	Available data for benchmarking across different providers	Performance requirements for providers made clear by the social prime; Central intelligence system records outcome achievements across different providers Benchmarking/performance targets used to drive services
		Available data on service user history, in particular on frequency and number of service users re-entering the service	Central intelligence system records service user history; History and details accessed by staff to inform service matching and design
		Rejection/sign-posting of service users with lower-level housing support needs	Central intelligence system filters inappropriate referrals
Short-term and unpredictable contracting environment	Multi-year funding security	Contract terms between Council-Social Prime and Social Prime-provider organisations	Provision of capital through social investment and longer-term contract than typically offered by Kirklees Council
Multiple bi-lateral contracting arrangements	One single overarching outcomes contract between the commissioner and the social prime	Contract configuration between Council-Social Prime and provider organisations	Kirklees Council only to manage a single outcomes contract with KBOP social prime; other performance management expectations are subsumed by KBOP

Figure 10 Hypothesised facilitators to enhanced market stewardship under SIB arrangements

4.2 Enhanced performance management

The SIB is expected to bring about an enhanced capacity for service monitoring and contractual levers which induce the achievement of longer-term outcomes.

A key enabler for **enhanced service monitoring** is expected to be the social prime, as an external entity with strong expertise in performance management. It is assumed that KBOP will practice an active and tighter contract management regime, reflected in monthly performance reviews of providers and monthly contract review meetings with the Council. Investment in management information systems is expected to be complemented by support for provider capacity in monitoring and reporting.

Long-term social outcomes are expected to be fully embedded in contracts since the payment-by-results mechanism will make payment dependent on the achievement of pre-specified outcomes. Payment to KBOP by the Council is made conditional on the achievement and sustainment of specified outcomes such as accommodation, education, training and employment. A central intelligence system will facilitate the tracking of outcomes achieved and the sustainment of outcomes over time. Default mechanisms will apply in the case of under-performance against specified outcome measures.

Perceived Challenge	SIB Promise	Potential Evidence	Hypothesised Mechanism
Capacity constraints for Council in monitoring and adjusting services	Enhanced capacity for service monitoring	Enhanced reporting requirements for providers and regular performance review meetings by the social prime (KBOP). Review meetings between the social prime and the Council.	Single, external entity (KBOP) takes on service monitoring using granular data. The social prime (KBOP): - introduces data management systems and analysis expertise; - facilitates active and tighter contract management
		Improved data collection and monitoring systems with the support of the social prime. Capacity building for providers in monitoring and reporting.	Widespread use of management information system and data-led management.
Insufficient contractual levers to challenge poor quality aspects of provision	Contractual levers inducing the achievement of (long-term) social outcomes	Payment based on the achievement of outcomes. Payment triggers linked to the sustainability of the outcome. Consistent measure of intervention success through pre-specified outcomes, payment triggers and frequency of measurement.	Payment-by-result mechanism. Central intelligence system enables the tracking of the sustainability of the outcome achievement. Default mechanisms linked to the failure to achieve outcomes.

Figure 11 Hypothesised facilitators to enhanced performance management under SIB arrangements

4.3 Enhanced flexibility in the delivery of services

While the fee-for-service contract has been characterised by limited delivery flexibility due to (initial) narrow contractual specifications on service intensity and length, the SIB is expected to enhance flexibility as service requirements only involve some **light touch definitions.**

"We will be less concerned about numbers of customers and length of time and it's much more customer focused around their needs and doing what we need to do to support them rather than being concerned about the contract that is more about numbers, not about the customer."[41]

"We will be focusing on what we will be delivering for those clients and it gives staff more flexibility not to have just one hour a week. You have got a client in complete crisis who actually needs 2 days with support from 2 different support workers, you can deliver that because we are looking at outcomes not numbers which I think will be a big difference. I think it's that flexibility. At the moment I know the team tries enough of that but if you've got a caseload of 16 and you have for them one hour a week, it's difficult. Whereas in an outcomes contract you can be more flexible how you approach that case load. That's what we see as the most exciting part of it."[42]

The perception of greater flexibility is expected to be unleashed either by the social prime supporting provider managers and frontline staff in exercising autonomy in the service design or through a highly adaptive approach to service management. The enhanced flexibility in service delivery is expected to be reflected in a greater variety of service interventions in intensity, duration and substance alongside greater variation in service scope depending on the complexity of user needs.

Perceived challenge	SIB Promise	Potential Evidence	Hypothesised Mechanism
Tight contractual specifications on service intensity and length	Light touch service specification alongside outcomes-focus	Greater variety of service interventions in terms of intensity, duration and substance; Greater variation in service scope depending on complexity of service user needs	Autonomy for provider managers and frontline staff in service design or Highly adaptive approach to service management by the social prime

Figure 12 Hypothesised facilitators to enhanced flexibility in service delivery under SIB arrangements

41 Senior Manager, Provider A.

42 Service Manager 01, Provider A.

4.4 Enhanced collaboration

An underdeveloped infrastructure for collaborative working and a competitive dynamic around enrolment (that was described as unhelpful), triggered by a need to evidence demand, have been recognised as inhibitors to more collaborative relationships in the fee-for-service commissioning model.

The SIB is expected to feature enhanced collaboration facilitated by a **greater capacity for co-working** and by **emphasising collaborative relationships**. A central intelligence system providing information on service users and their histories will enable providers to collaborate with previous providers. This is expected to bring enhanced information-sharing and co-working. Likewise, it is assumed that the social prime will facilitate cooperative working evidenced in a greater institutionalisation of joint-working and sharing of best practice.

Perceived Challenge	SIB Promise	Potential Evidence	Hypothesised Mechanism
Former Supporting People grant condition prohibits co-working for the majority of users resulting in an underdeveloped collaborative infrastructure	Greater capacity for co-working	Enhanced information-sharing between providers	Central intelligence system provides information on user history and allows providers to collaborate with previous providers and other agencies
		Greater institutionalisation of cross-provider working, e.g. forum to share best practice, joined up services where providers jointly provide a package of support	Social prime facilitates co-operative working across providers
Need to evidence demand fuels competitive relationships for referral of participants	Improved collaborative relationships	Provider staff regularly and confidently work across organisational boundaries	Aligned interest to mutually co-produce outcomes across providers

Figure 13 Hypothesised facilitators to enhanced collaboration across providers under SIB arrangements

5. CONCLUSION

This evaluation report focuses on the implications of a fee-for-service contract – specifically the case of Kirklees Floating Support services – on contract management practices, service delivery and collaboration. These services, formerly funded under the 'Supporting People' grant, were highly valued by Council staff who retained the provision of floating support services whilst managing budget reductions.

We identified four main challenges associated with the legacy contracting arrangements and commissioning environment:

i.   Limited practice of market stewardship

ii. Limited performance management

iii. Limited flexibility in the delivery of services

iv. Limited collaboration across provider organisations.

However, it is important to note that not all of these challenges are inherent to the fee-for-service contract. Issues also stem from the constrained funding environment and consequent barriers to change management and delivery improvements. As mentioned, the framing of this research may have encouraged a favourable portrayal of the SIB model by research participants. There is a potential challenge in defining what counts as 'the SIB'. Should this be constrained to consider the specific outcomes contract and availability of social investment? Or does the 'SIB project' encompass wider changes afoot in the delivery of Floating Support in Kirklees?

When service improvements and funding have been so hard to come by, staff in Kirklees are understandably optimistic about the advances that the new impact bond approach can bring. It is however, crucial to acknowledge that the roots of the identified challenges do not exclusively relate to the legacy contracting arrangements. The evaluation of the KISS SIB will also need to be sensitive to wider contextual factors and changes that sit beyond the contract terms.

The *limited practice of market stewardship* is not distinct to the fee-for-service contract. The short-term contracting environment and limited transparency on performance and demand can, at least in part, be traced back to austerity. Constrained financial resources and unpredictable budget arrangements mean that Council staff have been unable to procure longer contract periods or to set up a central intelligence system. Relatedly, the multitude of bilateral contracts to manage can be understood as a legacy from limited capacity to rationalise or update contracts.

The *limited practice of contract management* is in part linked to constrained staff time to perform this function. Beyond this, the fee-for-service contract provides insufficient contractual levers to assess or challenge performance. The KPIs 'Utilisation' and 'Throughput' did not incentivise providers to work towards the achievement of long-term outcomes for service users. The assessment of the 'Independent Living' KPI was arbitrary and gave considerable discretion to providers.

The *limited flexibility in the delivery of services* is solely attributable to the fee-for-service contract. Legacy contracts narrowly and tightly defined service requirements. However, it is important to note that once the grant ring-fence was removed the Council granted more flexibility to providers. Budget cuts for the Council and a consequent income reduction for providers presumably forced providers to be quite restrictive in the intensity of service delivery.

The *limited collaboration across provider organisations* is again linked to the austerity context on the one hand, and contractual features of the fee-for-service contract on the other. Capacity constraints within the Council hindered the nurturing of a more collaborative environment. The need to evidence demand induced through the 'utilisation' KPI fuelled competitive relationships for referrals between providers, preventing more collaborative relationships.

Ultimately, only a minority of challenges emerged as inherent features to the fee-for-service contract. Particular concerns relate to the payment structure, ineffective KPIs and initial tight contractual specifications for service delivery.

Future evaluation reports will focus on the implications of the SIB contracting arrangements for service delivery. The research will aim to distil facilitating factors (as well as inhibitors) by comparing the new SIB commissioning arrangement to the preceding fee-for-service model. Particular attention will be paid to where the SIB offers unique responses to identified challenges, for instance through its payment structure. The research will also seek to surface insights on facilitators of improved service delivery which can readily be transferred to other commissioning arrangements. These learnings will contribute to the evidence base around appropriate contracting and commissioning instruments for complex public service delivery systems.

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SUMMARY OF FINDINGS

Fee-for-service contract and commissioning environment[43]: *Challenge and Implication for Service Experience*		SIB Contract[44:] *Promise and Hypothesised Mechanism*	
Limited practice of market stewardship		**Enhanced practice of market stewardship**	
Lack of competitive pressure	Reduced incentives to advance service delivery; Limited ability to address gaps and quality issues in service delivery.	**Enhanced competition**	Outcomes focus and payment-by-results; Social prime enables the entrance of new providers/services through provision of additional capital
Limited transparency on performance and demand	Limited ability to identify and nurture quality service provision; Duplication and gaps in service delivery due to difficulty in estimating demand and range of individual participant needs	**Enhanced transparency on performance and demand**	Performance requirements placed on providers by the social prime; Central intelligence system records outcome achievements of individual users across different providers. Service user history is recorded by the central intelligence system and provides an overview on number of users cycling in the system; inappropriate referrals automatically rejected/ signposted through the central intelligence system.
Short-term and unpredictable contracting environment	Shift in resource allocation from delivery to logistical issues related to service termination/reduction; Reduced capacity to attend to the more complex underlying needs of users.	**Long-term contracting environment**	Multi-year outcomes contract and ability of external investor to provide a long-term assurance of financing for services.
Multiple bi-lateral contracting arrangements	Meagre contract management function of the Council was thinly spread across large number of contracts	**Single overarching outcomes contract**	Dedicated resource (i.e. the social prime) facilitates close management of a single outcomes contract. Obligation to manage multiple provider relationships is outsourced to a dedicated function.
Limited performance management		**Enhanced performance management**	
Capacity constraints	Limited staff resource dedicated to monitoring contracts and adapting contracted provision to meet needs	**Enhanced capacity for service monitoring**	Single external entity (the social prime) improves management information systems; brings data analysis expertise; and facilitates active and tighter contract management.

43 The findings relate solely to the Floating Support service in Kirklees.

44 The findings relate solely to the Kirklees Integrated Support Services (KISS) Social Impact Bond.

Limited contractual levers **KPI 'Utilisation'**	Providers incentivised to keep users in service which in turn block required spaces; few incentives to work towards the achievement of long-term outcomes for users; Potentially incentivises providers to accept referrals despite other (specialist) services being better able to meet user need	**Contractual levers inducing the achievement of long-term outcomes**	Payment-by-results; Default mechanisms linked to under-performance in outcome achievement; Payment amounts are linked to the sustainability of the outcomes over time
KPI 'Independent living'	The lack of a consistent measure allows for a flexible interpretation of intervention success. There are no contractual incentives to ensure that providers prioritise the achievement of outcomes which would enhance users' ability to maintain independent living in the long-term. This was amplified by a lack of tracking of the sustainability of the outcome achievement.		
Process-driven auditing tool (Quality Assessment Framework)	Intensive preparation for QAF by providers, but limited ability for Council to distinguish bad vs. good service quality as providers were able to convey the impression of quality against tick-boxes		
Limited flexibility in the delivery of services		**Enhanced flexibility in the delivery of services**	
Initial tight contractual specifications on service length and intensity	Limits adoption of creative and tailored approaches by frontline staff; Limited chances of intervention success, especially for harder to engage users who require more intense or flexible support.	**Light touch definition of service requirements**	Autonomy for provider managers and frontline staff in service design and/or highly adaptive approach to service arrangements and management by the social prime.
Limited collaboration across provider organisations		**Enhanced collaboration across providers**	
Former Supporting People grant condition prohibits co-working for the majority of users, resulting in an underdeveloped collaborative infrastructure	Co-working takes place on an ad-hoc basis dependent on individual relationships of frontline staff; Inefficiencies through potential duplication of treatment efforts which have proven to be unsuccessful in the past; Infrequent adoption of holistic support provision across multiple providers.	**Greater capacity for co-working**	Social prime facilitates co-operative working across providers; Central intelligence allows for improved information-sharing and co-working.
Need to evidence demand fuelling competitive relationships	Multiple providers deliver similar contracts, leading to potential duplication and inefficiencies for Council managers; Separate management of providers means joined-up support was not common; Providers are potentially incentivised to accept referrals despite other (specialist) services being better able to meet user need	**Improved collaborative relationships**	Aligned and shared interest on outcome achievement

6. APPENDICES

6.1 Table of Providers and Services in the Kirklees Floating Support Programme

Name of Provider[45] Organisation	Provider Type	Provider Size[46]	Service Name	User Group
Fusion Housing Kirklees Limited	Registered Charity	Large	Bond bank support services	Homeless people with support needs
			Refugees Service	Refugees
			Floating Support	Young People at risk; Teenage parents
			Pregnancy Training	Generic
Horton Housing Association	Registered Society	Major	Horton Intervention and Prevention Service	Generic; Homeless people with support needs; People with alcohol / drug problems
The Pennine Domestic Violence Group	Registered Charity	Medium	Sanctuary Scheme	People at risk of domestic violence
			Staying Safe in Kirklees	People at risk of domestic violence
Foundation Housing	Registered Charity	Major	Offenders	Young people at risk; Offenders or people at risk of offending
Making Space	Registered Charity	Major	Making Space - Floating Support	People with mental health problems
Community Links	Registered Charity	Large	Dual Diagnosis	People with alcohol /drug problems; people with mental health problems
Home Group Limited	Registered Society	Major	Single Parent Service	Homeless people with support needs
			SOS Outreach Support and DOTS	People with alcohol / drug problems; Generic
			Youth Offending Service	Offenders or people at risk of offending
The Richmond Fellowship	Registered Charity	Major	Kirklees Floating Support	People with mental health problems
Connect Housing Association Limited	Registered Society	Super-major	Dispersed and Visiting Support Service	People at risk of domestic violence; Homeless people with support needs; People with mental health problems

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45 Providers and services as of August 2019.

46 The classification of provider size was made on the basis of their annual income using the classifications of the UK Civil Society Almanac 2019 classification of UK voluntary organisations.

6.2 Glossary

Commissioning The cyclical process by which entities assess the needs of people in an area, determine priorities, design and contract appropriate services, and monitor and evaluate their performance. This term is used widely in the UK public sector context, but less so elsewhere. It is sometimes used interchangeably with "contracting".

DCMS The Department for Digital, Culture, Media and Sport (DCMS) is a department of the United Kingdom government, with responsibility for culture and sport in England, the building of a digital economy, and some aspects of the media throughout the UK, such as broadcasting and Internet. In 2016, DCMS launched the Life Chances Fund, within which it acts as the central government outcome payer. It also hosts Civil Society and Youth and the Centre for Social Impact Bonds, who hold policy responsibility for this area within UK central government.

Fee-for-service contract Payment based on service levels or outputs delivered, rather than outcomes.

Floating Support service Terminology commonly used to refer to the Supporting People programme. The Supporting People programme was a national commissioned programme which aimed to bring together at a local level better integrated and more securely funded housing-related services such as tenancy management, drug and alcohol support or employment support for vulnerable people.

Legacy contracting arrangement Terminology used to refer to the fee-for-service contract preceding the Kirklees Integrated Support Services SIB.

Life Chances Fund (LCF) The Life Chances Fund (LCF) is an £80m fund committed in 2016 by UK central government (DCMS) to help people in society who face the most significant barriers to leading happy and productive lives. It will provide top up contributions to outcomes-based contracts involving social investment, referred to as Social Impact Bonds (SIB). These contracts must be locally commissioned and aim to tackle complex social problems.

Logic Model A logic model is a graphic representation of the theory for how an intervention produces outcomes. It is a tool through which service teams are encouraged to identify, describe and arrange the critical aspects of their intervention to represent how the service produces change.

Payment-by-results (PbR) The practice of paying providers for delivering public services based wholly or partly on the results that are achieved.

Outcomes The outcome is a result of interest that is typically measured at the level of service users or programme beneficiaries. In evaluation literature, outcomes are understood as not directly under the control of a delivery organisation: they are affected both by the implementation of a service (the activities and outputs it delivers) and by behavioural responses from people participating in that programme. Achieving these outcomes 'triggers' outcome payments within an outcomes contract or social impact bond arrangement.

Outcomes-based contracting Outcomes-based contracting is a mechanism whereby service providers are contracted based on the achievement of outcomes. This can entail tying outcomes into the contract and/or linking payments to the achievement of outcomes.

Outcome payer The organisation that pays for the outcomes in an impact bond. Outcome payers are often referred to as commissioners.

Service provider Service providers are the entity(ies) responsible for delivering the intervention to service users. Providers work in collaboration with the outcome payer(s) and the investor(s) to make the impact bond work. A provider can be a private sector organisation, social enterprise, charity, NGO or any other legal form.

Service users Description of the targeted population of beneficiaries or service users.

Social Impact Bond (SIB) A type of outcome-based contract that incorporates the use of private funding from social investors to cover the upfront capital required for a provider to set up and deliver a service. The service is set out to achieve measurable outcomes established by the commissioning authority and the investor is repaid only if these outcomes are achieved. Increasingly, SIBs are also referred to as Social Outcome Contracts (SOCs).

Social investor An investor seeking social impact in addition to financial return. Social investors can be individuals, institutional investors, dedicated social investment funds and philanthropic foundations, who invest through their endowment. In UK SIBs, these are often 'investment fund managers' rather than the original asset-owning institutions or individuals who provide the capital.

Social Prime In a prime contracting model a commissioner (or outcomes payer) contracts with a single organisation – the 'Prime' – which then sub-contracts further service providers.

Special purpose vehicle (SPV) A legal entity that is created solely for a financial transaction or the management of the contract

6.3 Example of the Process of Support Provision

ASPIRE
Assessment & **S**upport **P**lanning **I**ntegrated from **R**eferral to **E**xit

Referral
Identifies main areas of support needed.
Identifies other parties involved.
Complete Referral Risk Assessment.
Decision to assess/not assess.
|

Needs and Risk Assessment
Identifies and explores main areas of support and risk.
Decision to offer/not offer service.
|

Outcome of Assessment Letter
Lists areas of support as identified on the Needs and Risk Assessment form.
(Or decision not to offer service, reasons, signposting, right to appeal).
|

Support and Risk Management Plan & Risk Contingency Plan
Addresses main areas of support and risk. Including those listed in Outcome of Assessment Letter.
|

Support Record
Demonstrates how support needs/risks identified on SRMP and RCP are being met.
|

Reviews of Support and Risk Management Plan and Risk Contingency Plan
Demonstrates which needs have been met (i.e. outcomes/results) and records new support
needs and risks.
|

Exit Plan
Ties up any loose ends.
Demonstrates 'tenancy-ready'.
Demonstrates that support has been ended in a fair and appropriate manner.
Puts follow-on services in place if needed.
|

Discharge Summary
Notes that all needs and risk (originally identified at referral, assessment and on SRMPs and
RCPs) have been met or gives reasons for outstanding needs/risks.
|

Outcomes Monitoring
Records that support needs identified at assessment and during support have been met.
(Or if not, the reason).
Reports results of support to relevant funding body/authority.

6.4 Example Summary of a Needs and Risks Assessment

SUMMARY OF NEEDS AND RISKS HIGHLIGHTED BY ASSESSME			
1) Achieve Economic Wellbeing, 2) Enjoy & Achieve, 3) Be Healthy, 4) Stay Safe, 5) Make a Positive Contribution	Priority Need/Risk Score		
	H	M	L
1 Check that current benefits are correct	☑	☐	☐
Address debts with utilities companies	☑	☐	☐
Explore how to pay utility charges in future	☐	☑	☐
2 Identify and assist client to attend groups/activities	☐	☑	☐
Explore volunteering opportunities	☐	☐	☑
3 Register with a G.P	☑	☐	☐
Improve diet and eating habits	☐	☑	☐
4 Maintain accommodation to avoid eviction	☑	☐	☐
Report repairs to landlord	☑	☐	☐
5 Attend local client forum	☐	☐	☑

6.5 Example of a Support and Risk Management Plan

Support & Risk Management Plan

Client _____ Date Completed _____

Support Worker's Name _____

Others Present & Relationship to Client _____

Priority areas identified from the Needs & Risk Assessment and reviews

1. **Achieve Economic Wellbeing**
   a. Maximising income/benefits/I.D ☐
   b. Reducing debt ☐
   c. Paid work ☐

2. **Enjoy & Achieve**
   a. Training, education or qualifications ☐
   b. Leisure, cultural, faith or informal learning ☐
   c. Voluntary work ☐
   d. External services, family & friends ☐

3. **Be Healthy**
   a. Physical health ☐
   b. Mental health ☐
   c. Substance use ☐
   d. Aids & adaptations ☐

4. **Stay Safe**
   a. Obtain or maintain settled accommodation/avoid eviction/develop tenancy skills ☐
   b. Statutory orders e.g. offending, ASBO ☐
   c. Managing – self-harm/harm from others or to others ☐

5. **Making a Positive Contribution**
   a. More choice and/or control in the client's life ☐
   b. More involvement in decisions about support or other service(s) ☐
   c. More involvement or control in the wider community ☐

6. **Discharge**
   a. Planning discharge: when ☐
   b. Actual discharge: when/where ☐

Client's Comments:

Support Worker's Comments:

Others' Comments:

Is a Risk Contingency Plan required/in place? Yes ☐ No ☐

Risk information has been covered and updated: ☐ Frequency of Reviews: _____
(On SRMP and/or Risk Contingency Plan)

Copy Offered to Client: ☐ Accepted Copy? ☐ Date of Next Review: _____

Key: this is the number of the priority areas identified on the Needs & Risk Assessment that your goal is aiming to change and get risks under control.

SRMP: V5 28.06.18.

Support & Risk Management Plan No. ____

Key	My Goals	Risk HML	Tasks to be Undertaken to Achieve Goal & Reduce Risk	Who is Responsible for Task & Timescales	Tick ✔	Task Progress Notes	Task Outcome & Date
	My Goal Outcome & Date:						
	My Goal Outcome & Date:						
	My Goal Outcome & Date:						

Signatures: Client's .... Support Worker's .... Others Present & Role................................

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6.6 Example of Service Intervention Activities

Asset	Area	Interventions
Independence	Budgeting	Welfare benefit check / Opens bank account / direct debits
		Signed up to utility companies
		Budgeting to pay bills and rent regularly
		Cooking on a budget & SHOPPING
		Addressing debt / Arrears
		Meeting DWP expectations to retain benefits
	Independent living	Identified and successful move onto permanent / long-term accommodation
		Knows how to access services and support within own community
Wellbeing	Health	Registered with Drs and dentists
		Referral and Access to appropriate health services
		Accessing Mental health issues
		Accessing Drug and Alcohol services – healthy eating / addressing health (for example gym etc.)
	Community involvement	Knows how to access services within community
		Actively participates within community
	WARWICK WELLNESS	Assessment and improvement in score
E.T.E.	Job ready	CV
		Job Club attendance
		Volunteering
		Meeting DWP signing on and job search expectations
	Training and Education	Work based training
		Accessing Adult education
		Work experience / placements
		Accessing college
		Work related training
	Employment	Gaining employment
		Sustaining employment
Housing	Maintaining property	Level of cleanliness – bins, property, Hording etc.
		Repairs and maintenance – reported and addressed
	Maintaining Tenancy	Meeting tenancy expectations
		Addressing property related ASB – good neighbour
		Rent and Arrears paid regularly
		Appropriate and timely HB claims and maintaining the claim
		Appropriate agreements to payment and arrears plans
		Allowing access to the property in line with tenancy agreement

6.7 Example of a Provider Outcomes Monitoring Tool

6.8 Logic Model of the Horton Housing Service Intervention as described in April 2019

Ultimate goal: client able to live indepedently

Activities*

Mediating Mechanisms (Intermediary Outcomes)

Outcomes

Referral:
- Self-referral
- Family referal
- Drop-in sessions (conducted at accessible locations: e.g. churches, libraries; drug and alchol services, 'women send out')

Participant characteristics:
- Homeless or at risk of homelessness with likely secondary conditions (substance misuse, mental health issues, financial issues -access to Universal Credit/debts) .
- age: 16+, no upper limit
- Living in N or S Kirklees
- Individuals and families

Referral into central administrative system
Eligibility check (housing need, 16+, Kirklees resident)

Needs and risk assessment conducted by 1 support worker and 1 triage worker

Referral acceptance/ rejection: based on recommendation of triage worker, signed-off by manager

Rejected: signposting to other services

Accepted for Triage if issue which can be dealt with quickly

Accepted for HIPS (Full support)

Waitinglist, meanwhile support by Triage worker (= service start); exit in case no further full support required

Allocation of support worker (criteria: capacity, gender requests)

Support Plan (paper based)
- drafted by support worker based on needs and risk assessment, additonal emerging needs are considered
- collaboartive process: support worker + client jointly decide on priority of goals and ways to achieve those
- Max. review period: 3 months; family members are permitted to attend (if client agrees), other agency staff invited if joint working
- Max. service duration: 12 months, avg. 9 months

Risk contingency plan:
- Risks which can 't be dealt with
- Risks client refuses to work on

Ongoing phone support during the week (registration updates, urgent deadlines)

Facilitating engagement of client in the wider community (eg quaterly client forum)

Meetings with support worker
- 1:1 at client's home (enables Horton to check clients physical environment), office or other venue convenient for client
- potentially attended by staff from involved agency
- 1x week (flexible according to client's needs), reduced towards service end
- Support availlable flexibly (e.g. medical assessments on the weekends)

Support worker and client perform tasks during agreed timescales
Checked in weekly meetings, on completion support plan is updated

Support client in accessing and attending other interventions/ services (in particular: health, accomodation, welfare; safeguarding for adults + children)

Exit: Structured discharge plan; continuing on demand support available through drop-in sessions and triage service

Reduced debts

Recovery from substance misuse, management of substance misuse

Reduced number of ASB or offending incidents

Trusting relationship between support worker and client/ Positive feedback

Client engages with support throughout the service duration (attends meetings + performs tasks); Engagement is recorded in support diary (checked by manager)

Involvement in sport and volunteer activities; engagement in the community

Improved access to services - in particular health, mental health, drug and alcohol, welfare services

Ability to manage welfare benefits

Reduced offending

Improved health (physical and mental) and wellbeing

Access to education and training

Enhanced confidence in social interaction

Stable accomodation

Maintaining independence

Moderating Factors

Client
Barriers: Homelessness, dual diagnosis, addiction, lacking willingness to enage in support work, language barriers, remote living which lack support structures, difficulties in managing Universal Credit (very time demaning support work, less time to work on other goals), risk factors don't allow staff to meet client at home (unable to check their physical environment), destabilising family/social network
Facilitator: stable accomodation (staff able to contact and reach out to client), supporting family/ social network

Staff
Characteristics/ Abilities: majority are long-standing staff members, passion to help people ('going the extra mile'), able to build trusting relationships, common sense
Background: no formal qualifications required, diversity of work (qualified social workers + lateral entrants), great bandwidth in age; triage and intervention workers are similar in background, but triage worker is more experienced
Training: New staff: induction and shadowing
Staff Development Fund to obtain further qualifications
Online Training + Training Centre in Bradford
Aspire Training (Assessment, support planning, integrated referral, exit)
Facilitators: drop-in sessions across Kirklees every week, availability of 25 additional accomodation units for clients who are not able to manage their tenancy indepedently; good relationships with staff from other agencies

Context
Barriers: Enhanced complexity of needs - Universal Credit and austerity associated with greater financial pressure; strict referral criteria mental health and drug and alcohol services (problem for dual diagnosis cases); long waiting list for services; Horton balancing out service cuts: long waiting list and more referals to triage; no availability of community care grants (e.g. for furtniture) anymore - accessing VSCE funding takes a lot of time; constant changes to benefit system: requires a lot of training
Facilitators: Additional resources through the engagement of volunteers and social work students; Council recognises importance of homelessness prevention; joint-working with other agencies; collaborative networks (sharing of best practice, resources - eg. facilities)

*Activities compromises the overall components of the intervention. The logic model focuses on the procedures of Horton Housing's service; the model's implied inputs such as office facilities and devices, staff, financial resources and travel to client have not been included .

6.9 Logic Model of the Community Links Service Intervention as described in April 2019

Ultimate goal: service user able to live indepently and access required services.

Activities *(Input)*

Mediating Mechanisms *(Intermediary outcomes)*

Outcomes

- Multi-agency referral: Police, Employment services, GPs, Social and Community Services, Safeguarding.
- Self-referral
- Service user features: mental health, substance misue and/or housing issues (at risk of homelessness, losing housing), ASB. 16+, no upper age limit, often 50+. Female and Male (referral agencies vary).

CL staff takes in referral and initiates assessment. If there is sufficient capacity, the future support worker is already conducting the needs assessment.

Assessment
- Assessment process is collaborative and allows service user to describe his needs and past service experiences.
- Double-checking details from the referral.
- Risk assessment. Explorations of service user's expectations.
- Usually in service user's home (depending on risk), lasts for 1-2 hours.

Support Plan
- Drafting of a support plan doesn't always take place immediately after assessment, depending wether further trust needs to be established.
- Use of an Outcomes Start consisting of 10 areas. Used to align the different areas service user wants help with.
- Co-produced with service user: service user voices goals, support worker outlines different options and service user identifies the solution for himself.
- Plan is, depending on service user preferences, drafted in his presence or afterwards.
- Outcomes are reviewed every 3-6 months, up to 2 years. Support plan is flexible.

Meetings with service user
- Weekly basis, increased frequency if required; reduced frequency towards of the end of service. In general, 1:1 meetings.
- Service user gets a text message reminder on the day of the meeting.
- Duration of the mtg. depends on service user's needs.
- Can take place at various locations (eg home, cafe, GP). CL tries to get service users out of their "comfort zone".
- Checking progress towards achievement of goals as defined in the support plan.

Enabling access to other services
- Brokering access to services: building relationships with key workers from other services.
- Linking service user with sustance misuse service (part of the risk mgmt.)
- Making service user aware of other service offers.

Engaging with other services (contacting services, registering with GP/dentist/optician)

Debt management; keeping appointments; leaving the house

Opening up about problems

Reduction in logged incidents; Getting off an order with probabtion

Healthier living (excercise; regular eating). Reduction in alcohol and substance misue. Reduction in self harm. Reduction in anxiety/mental health issues.

Maximising benefits

Living indepently

Trusting/positive relationships with others

Reduction in ASB. Reduction in criminal behaviour.

Improvements in physical and/or mental health

Secured housing

Support into employment, volunteering and education.

Integration into the community/ Expansion of social network

Better GP and mental health service attendance, Reduced hospital visits

Moderating factors

Service User
- Substance misuse history
- Severity/complexity of service user need
- Past experience with public services
- Social environment
- Chaotic lifestyles
- Stigma around mental health and substance misuse
- Demographic characteristics: access issues to services among certain populations.

Staff

Approach to Delivery
- Fexible to service user needs
- Trusting relationship with service user
  Characteristics
- Being patient
- Being approachable
- Being non-judgemental
- Being able to listen
- Being flexible to a variety of different needs
Background/ experience
- Majority has a broad social care background
- Lived experience Safe space for meetings

Context
- Austerity: services are shifting responsibility to other services
- Unresponsive pathways: too strict onward referral requirements or removal of service if service users missed appointments.

6.10 Logic Model of the Home Group Service Intervention as described in April 2019

Ultimate goal: client able to llive independently in own accomodation.

Activities *(Inputs)*

Moderating Mechanisms *(Intermediary outcomes)*

Outcomes

- Referral from Clare House, hostel, social services, YOT
- Self-referral (minority)
- Participant characteristics: *SP*: generic housing need, 16+, Kirklees resident ; *Lone parent:* housing need, 16+, single parent : *YOT*: 16-18. Female & Male.
- 2 referral pathsways: normal and fasttrack for previous clients
- Home Group staff promote service to referral agenicies

Co-ordinator
- takes up referral
- uploads referral information into central system

Assessment
- conducted by co-ordinator in client's home or in HG's office
- informal conversation guided by HG's assessment form
- exploration of client's support needs and double-checking of information from referral actor

Referral acceptance or rejection in agreement with manager

Rejection: signposting to other services

Acceptance: co-ordinator
- matches client with most appropriate support worker
- checks back with referral actor and investigates for duplicatons with other services
- risk-assessment
- drafts support plan

- Introduction of support worker to client by co-ordinator
- Completion of support plan with client

Initial review by co-ordinator after 6 weeks, then every 6 months, unless acute incident

Support worker
- meets client 1x week for 1 hour to identify which support is needed in order to achieve progress towards goals in support plan; reminder text msg. send before meeting; control visits at clients home if client doesn't turn up
- additional flexible support during the week: face-to-face, phone or vdeo calls if required
- signposting to additional support service and support in assessment prcoess

Engaging client in social activities
- 'Inspire calendar' of interactive events
- awareness raising for activities of other services

Continous wellbeing check (YOT + LP: every 6 weeks ; SP: service beginning and end)

Provision of accredited trainings (e.g healthy relationships, tenancy) and travel training; Support in the use of budget mgmt. sheets

Provision of additional drop-in sessions

Service closure
- the latest after 2ys. (in general max. 1.5 ys.)
- mutual agreement
- completion of support plan goals
- further support strategy determined

Provision of light touch support after service end

Crisis: opportunity to self-refer back into service

Client opening up

Engagement of client in social activities

Engagement with peer-mentors and in apprenticeships

Engagement of client with other services

Benefits management

Debt management

Improved (physical/ mental) health and wellbeing

Client able to manage everyday tasks

Managing independent living in own accomodation

Prevention of homelessness Securing more permanent accomodation

Moderating Factors

Client
- *Barriers*: non- supportive family/social network mental and/or physical health issues; bad experience with public services in the past; lacking willingness to work on support plan goals; financial circumstances (delay in benefit access)
- *Facilitator*: meeting with support worker at confidential space

Staff
- *Background:* no formal qualifcations requirements, variety of professional/educational backgrounds
- *Characteristics and Capabilities*: 'people person', compassionate, caring, adaptable, proactive, enthusiastic, charismatic, ability to build trusting relationships
- *Facilitators*: experience, exchange with colleagues, participation in HG training (e.g.mental health, health & saftey, benefits)

Context
strict referral criteria of services (particular problem in the dual diagnosis cases)

6.11 Logic Model of the Foundation Service Intervention as described in May 2019

Ultimate goal: clients are able to live independently

Activities*	Mediating Mechanisms	Outcomes

Referral from: probation/ prison services; youth offending services; social services; Foundation's triage service
self-referral (often YP)
Client characteristics:
- offending (youth and adult)
- mental health issues
- drug and alcohol issues
- experience of domestic and/ or sexual violence
- often high risks clients who have been rejected by other services
- female and male
- age: 16- appx. 70

Identification of required support service
- SP: floating support and accomodation need
- Triage: on-demand, shorter-term support with issues related to tenancy maintenance (e.g. ASB)

Assessment
- Exploration of client's needs and expectations; double-checking of referral information
- Face-to-face meeting conducted by support worker in Foundation's office; occasionally at probation office; **eventually** attended by family member or referral actor
- Information compiled in assessment form (paper or electronic)

Risk assessment based on information from referral form and assessment

Staff
- *Abilities/ characteristics*: open-minded; humorous; resilient (physically & emotionally); non-judgemental; empathetic; sincere; persistence when advocating on behalf of client; passion for particular service area; experience with diffcult life situations
- *Background*: variety of backgrounds; no formal training requirements; staff induction includes online training, health & saftey training
- *Faciliator*: lived experience; good communication within team (in particular between housing mgmt. and support staff)

Rejection of referral (reasons: danger to staff, no chance of success, other family member uses Foundation services, unsufficient information in referral form)

Acceptance of referral

Allocation of support worker to client
- agreed in team meeting
- criteria: available caseload of individual support worker (13 SP clients + triage); previous work with client

Progress Plan
- based on priorities identified in needs assessment
- asset-based focus
- reviewed every 3 months with support worker

Support by support worker
- Consistent relationship with one support worker (different in triage)
- Flexible - depending on individual needs (minimum of 1 meeting /week)
- Meetings are conducted face-to-face; F.'s office or client's home
- Purpose: identification of required actions to achive goals of progress plan
- Additional ad hoc support (text messaging, phone calls, check-in at client's home if not turning up to meetings)
- Signposting to required services (e.g. CLEAR); lobbying on behalf of client

Health assessment (drug & alcohol use; depression & anxiety issues; every 6 months)

Engaging client in social activities offered by Foundation and other services in Kirklees

Pointing anxious/ depressed client to self-help tools

Service closure
- varies, in general after 3 months
- mutual agreement between client and support worker; before sign-off support worker checks back with manager

◆ **Moderating factors**

Clients
Barriers: previous negative experience with public services; very chaotic lifestyle; poor English language skills

Mediating Mechanisms:
- Reduced use of drug and alcohol
- Trusting relationship between client and support worker
- Client accessing relevant services
- Client engaging in social activities
- Client changing behaviour: becoming more proactive, independent and confident

Outcomes:
- Reduced criminal recidivism
- Improved physical/ mental health
- Client able to manage every day tasks
- Client able to maintain tenancy
- Client able to live independently

Context
- Funding cuts: less support services; Foundation-higher caseload and less staff; social group activities can only be offered on a very limited scale
- Reduced availability of short-term accomodation
- Time consuming arguments with service agencies on behalf of client due to lack of technical expertise of public service staff
- Change in approach to service delivery: shift of responsbility towards client to approach support worker. Needs training for staff and diffcult approach considering general mistrust of client towards services.
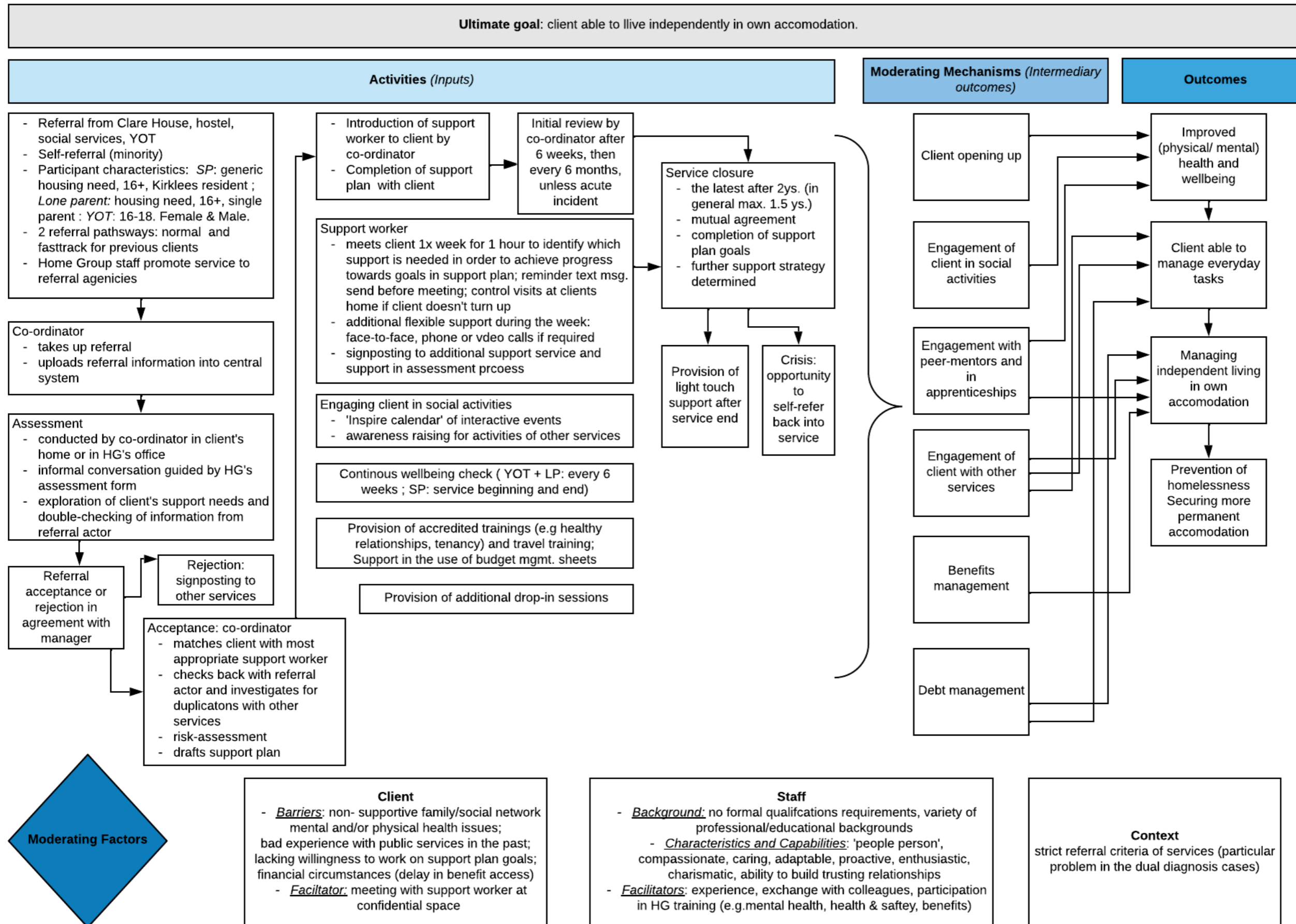
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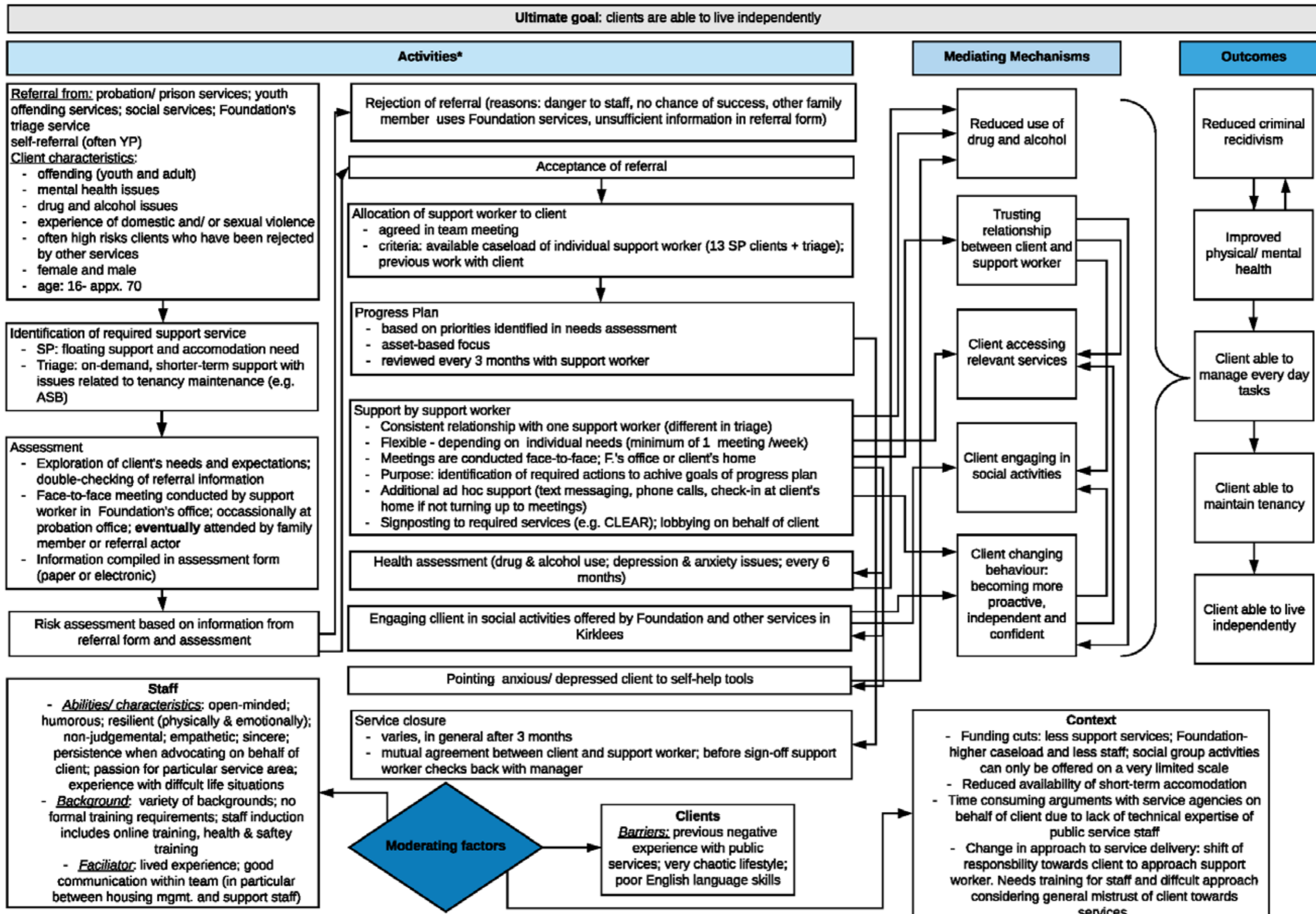
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