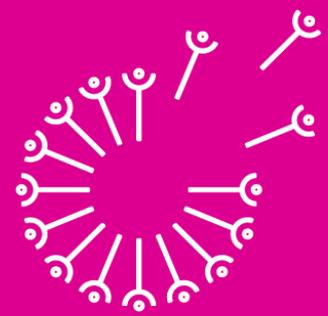# Re-thinking Outcomes:

A practical guide for services designed for people experiencing multiple disadvantage

Fulfilling Lives LSL Research and Learning Partnership
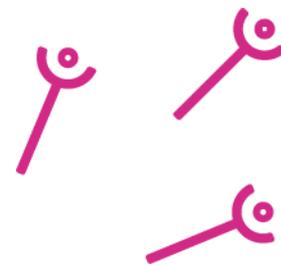NPC, CRESR and Groundswell

2021

1
Introduction

1.1 About this Guide

This guide, by the Fulfilling Lives Lambeth Southwark and Lewisham (LSL) Research and Learning Partnership, provides practical guidance to service providers and managers. It details how to develop approaches to outcomes measurement which better reflect the impacts of relational approaches to supporting people experiencing multiple disadvantage. It covers:

1. Why relational outcomes are important to services designed for people experiencing multiple disadvantage.

2. How services can measure progress against these outcomes.

3. How relational outcomes can be used to develop to be person-centred and person-led services.

This is complemented by a related guide, aimed at commissioners of services which presents evidence detailing the benefits of adopting relational measures to inform the commissioning of services which support people experiencing multiple disadvantage.

1.2 Who is this Guide for?

This guide is aimed at service managers and practitioners who support people experiencing multiple disadvantage. These include:

o   mental and physical health services

o   substance use treatment and support services

o   criminal justice support

o   specialist services - for example, projects that address violence against women and girls, or services aimed at people who are sleeping on the streets.

1.3 The Programme

Fulfilling Lives LSL is one of 12 Fulfilling Lives projects funded by the National Lottery Community Fund designed to improve the lives of people

experiencing multiple disadvantage – people who have interconnecting needs and experiences including mental ill-health, homelessness, substance use, and have interactions with the criminal justice system.

The programme works across three main areas:

o **Co-production**: developing a culture in which people experiencing multiple disadvantage are at the heart of designing and delivering services

o **Service delivery**: testing and learning about different interventions and models of service delivery alongside people experiencing multiple disadvantage

o **System change**: providing an evidence-base to influence the way systems work at a local and national level, with the aim of creating sustainable, long-term change for people experiencing multiple disadvantage.

Three overarching priorities are improving people's access to support, supporting life transitions, and understanding system behaviour. More about Fulfilling Lives LSL can be found at its website: [Home | Fulfilling Lives (fulfillingliveslsl.london)](https://www.fulfillingliveslsl.london)

## 1.4 The Research and Learning Partnership

The Fulfilling Lives LSL Research and Learning Partnership involves Fulfilling Lives LSL, NPC (New Philanthropy Capital), Groundswell and the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University. The partnerships aims to:

o understand local systems

o understand the barriers and challenges that people experiencing multiple disadvantage experience when accessing services, and

o identify key issues in service systems where interventions could make significant differences to service access and/or transitions.

This report draws on findings from the Fulfilling Lives LSL programme and the Research and Learning Partnership's work. The partnership studied published evidence, created an extensive systems map across the Boroughs of Lambeth, Southwark, and Lewisham, and carried out peer-led research to demonstrate the experiences of vulnerable people.

Other outputs from the research and learning partnership can be found on the Fulfilling Lives LSL website (above).
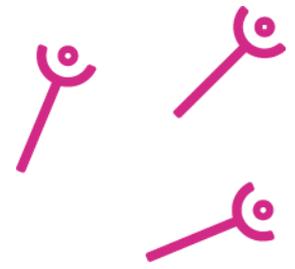
2
The value of relational outcomes for services supporting people facing multiple disadvantage

Fulfilling Lives LSL and other services across the UK have been demonstrating the benefits of designing services aimed specifically at people experiencing multiple disadvantage – of poor health, poverty, inadequate housing, and drug and alcohol use. They have focused on 'relational' approaches that seek to 'get to know' the people they support better. Therefore, providing a platform for creating more trust between people and organisations, better connection with services, and supporting individuals power, choice, and autonomy.

These relational approaches are progressively showing results. They are throwing a spotlight on the difficulties experienced by society's most vulnerable people and are providing a greater understanding of the need for wholescale system change. Other services and programmes are also focusing on relationships, for example, *The Relationships Project*[1] aims to develop a greater understanding of the power of relationships. Its rationale is that if relationships are good, people feel more supported, and better outcomes are achieved.

These approaches are rooted in an emerging evidence-base that demonstrates that services which aim to establish quality relationships for the people they support can be critical to achieving change. For example, research looked at the relationship between people's social networks and clinical outcomes among 130 people experiencing homelessness, substance use and mental ill-health[2]. It found that where social networks and levels of professional and personal support improved, there were improvements in practical outcomes (adequate housing, finances and healthcare) and emotional outcomes (such as a sense of being cared for, valued and worthy of attention).

[1] https://relationshipsproject.org/
[2] Trumbetta, S. L., Mueser, K. T., Quimby, E., Bebout, R., & Teague, G. B. (1999). Social networks and clinical outcomes of dually diagnosed homeless persons. *Behavior Therapy*, 30(3), 407-430. doi 10.1016/S0005-7894(99)80018-5

"I guess communication is probably the most important thing. I think you have got to build a relationship so that the person kind of trust what you are saying" (Interview stakeholder)

Key to the relational services offered by Fulfilling Lives LSL and others is the ability to develop and maintain quality relationships with friends, family, peers, and support practitioners. This support also develops important capacity to form and maintain stable relationships within residential communities, and with communities of interest. Such services make a strong argument that better relationships should be viewed as outcomes in their own right.

For the Fulfilling Lives LSL Research and Learning Partnership, our review of evidence (see report) and our interviews with people with lived experience of multiple disadvantage (see report) confirmed the value of relationships both as outcomes in their own right, and in their influence on people's ability to achieve other key outcomes. One participant, for example, talked about the difference that a new drugs practitioner made, one they could rely on and trust. Having a better relationship and feeling more comfortable with their new practitioner enabled them to open-up more about their drug use and helped in bringing their drug use down. Another participant, who was over two years sober, said that having access to support that had built positive relationships (with staff and friends) at a local day centre was vital to sustaining their recovery:

"A lot of people don't understand because they say, 'you've been, you know, two and a half years sober now, why do you need to go to that?' And it's really difficult to explain to them that, you know, we live in a world where substances are normalised, whether that's alcohol, drugs. And it's really difficult to be in an environment where that isn't the norm. … So, for me, it's just really important that I stay engaged.

Our research confirms the importance of the involvement of people with lived experience of multiple disadvantage (experts by experience) in creating better outcome measures that reflect the importance of relational approaches to recovery. Learning from Fulfilling Lives LSL suggests that it is vital to have an established system in place for people with lived experience to share their skills and expertise. The quote below details the impact that involving people in decision making can have:

"And I now realise that not only … that I should be involved in the decision making, but that I actually can now. I can be involved in those decisions. Rather than being passive about it all and just accepting what was given to me and what was offered. I have kind of had a much better idea of how to be proactive in terms of looking after my support and my care…it's a huge impact, on things like confidence, self-esteem." (Person accessing services)

There is then a strong rationale for capturing outcomes which reflect the impacts of these relational approaches. Projects and services that take relational approaches can struggle to demonstrate the impact of their interventions. This is because traditional outcome frameworks fail to capture evidence of relationships and their quality, people's ability to make progress towards other outcomes (such as improvements to wellbeing) and readiness and capacity to undertake greater changes such as abstinence or engagement in treatment.

This can mean that services are reporting against outcome measures that do not reflect the value of the services they are providing, and the impact they are having on people with experience of multiple disadvantage. The next section of this report looks at ways in which relational outcomes can be measured, by drawing on examples from Fulfilling Lives LSL and case study research from other services supporting people experiencing multiple disadvantage.

3
Measuring relational outcomes
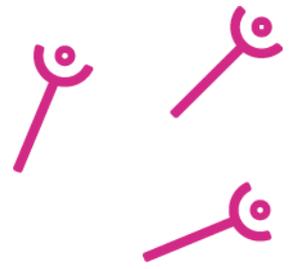
In this chapter we show that capturing the impact of relational approaches involves two key factors:

1) A focus on both 'soft' and 'hard' outcomes to capture improvements to confidence, self-determination and trauma stabilisation (soft outcomes) as well as changes in health status, employment and housing (hard outcomes)

2) Acknowledging the importance of relationships as outcomes, and as meaningful indicators of progress toward other outcomes – and developing measures to capture this.

Each of these is addressed below. In considering the evidence presented several important points should be noted:

o Progression for people experiencing multiple disadvantage is incremental, non-linear and long-term - outcomes may move in both 'positive' and 'negative' directions but the latter does not mean failure (for services or individuals), it may simply be a reflection of a step in a longer-term journey.

o The pace at which people make progress is individual, and unique. It is helpful for services to identify shorter-term and longer-term outcomes, taking into account that for some people, progress may take time. This is particularly pertinent for people whose trust in the system, and trust of people, is diminished.

> *"They were saying that they would come round, and I wasn't there or whatever. And I didn't necessarily agree with all of that…I felt like I was doing the best I could at the time. It might not have been perfect from their point of view, or ideal but I was doing the best I could at that moment." (Person accessing support)*

o Tracking relational outcomes requires innovation and making effective use of quantitative and qualitative data. Quantitative data (see link for more information) can provide measures of change for larger groups (and to benchmark performance across different services or contexts). Qualitative data (see link for more information) is useful when there are

lower numbers of people accessing services, where there are challenges around the statistical validity of quantitative data, and challenges collecting change data (particularly true for more vulnerable and marginalised groups). Qualitative data (captured through interviews, people's stories which share their journey, pictures or artefacts) is also particularly useful in helping to understand individual stories of change, vital in the context of personalised and co-produced service models. It can be used to highlight small, nuanced changes in behaviour, that quantitative (hard) data may miss.

3.1 Focussing on both soft and hard outcomes

Distinction is often drawn between 'hard' outcomes (such as moving into employment, maintaining a sustainable tenancy, or improved health) and 'soft', or 'relational' outcomes (such as improved confidence, quality relationships or engagement with services). Traditionally, far more emphasis is placed on hard outcomes. However, better support for people experiencing multiple disadvantage means changing that convention and placing more weight on relational, or soft, outcomes.

Using a broad range of outcome measures reveals the potential of relational support to transform the lives of those experiencing multiple disadvantage.

Relational (or soft) outcomes are very important for reflecting changes in the perceptions, feelings, attitudes, interpersonal skills, relationships, trust, and behaviours of the people they are supporting. Example of these outcomes for people experiencing multiple disadvantage may include:

o   improved confidence

o   improved self-esteem

o   improved self-regulation and self-care

o   better perceptions of one's self-belief and abilities

o   improvements to overall wellbeing

o   improved understanding by the service of the person seeking support

o   better (or renewed) relationships with family members and friends

o   better relationships within residential communities and with broader groups and communities that people may want to associate with

o   improved engagement with specified services.

Hard outcomes and measures - those that are tangible, objective and can be easily observed - can also be important for services supporting those

experiencing multiple disadvantage. These are often linked to specific interventions which aim to achieve changes in housing, employment or health. Hard outcomes sometimes have a time limitation applied to them as a measure of longer-term improvements (e.g. sustained tenancy for six months or paid employment for six months). They may include:

o   improvements in literacy or numeracy skills

o   educational and training achievements

o   evidence of volunteering activity

o   gaining paid employment

o   reduced reoffending

o   completion of treatment and rehabilitation programmes

o   housing stability (sustainment)

o   objective improvements to physical and emotional health.

The example of the Nelson Trust's Sex Worker Outreach Project demonstrates an approach to capturing relational outcomes in the context of overall assessment of service impact.

The Nelson Trust Sex Worker Outreach Project (SWOP)

SWOP focuses on person-centred outcomes that are crucial in supporting women to manage the long- and short-term effects of trauma and cumulative disadvantage. It aims to give women a safe space and provide emotional and practical support. Rather than focus solely on 'hard outcomes' such as the attainment of exit from sex work, its outcomes include connectedness, shared experience, reframing, exploration of the concept of choice, and understanding of their experiences in the context of long-term trauma and its symptoms.

An evaluation of SWOP suggested that it had successfully delivered hard outcomes in tandem with a long-term, flexible approach to achieving soft outcomes and the formation of reciprocal partnership working across agencies and sectors.

Projects like SWOP demonstrate that relational approaches aimed at confidence building or trauma stabilisation can be transformative in terms of peoples' engagement with other services, their overall wellbeing, and their involvement in the community. The time taken to achieve this is, however, often underestimated. The following case study highlights the benefits of using softer outcomes that better reflect the reality of recovery journeys.

The Trauma and Resilience Service (TRS), Rotherham

The TRS is a multi-disciplinary team which promotes and develops trauma-informed practice and awareness across the Rotherham locality. It works with voluntary and statutory partners to support their interventions with child sexual exploitation survivors and their families.

TRS and voluntary sector partners advocate on behalf of survivors to demonstrate the importance of soft outcomes in understanding the overall recovery process. For example, attending a mandatory counselling session can be a significant step for a trauma survivor, but service targets focus on what attendance has provided to participants, rather than focusing on attendance rates per se. Multiagency practitioner meetings are used to collaboratively discuss care plans, and this has provided an opportunity for TRS to challenge unsuitable targets for counselling session attendance imposed by one service area. Practitioners agreed to record how significant the level of engagement with counselling was, even when 100% attendance was not achieved. Focusing on these aspects increased understanding of how an erratic pattern of engagement is quite typical when trauma survivors are beginning to work with services as this often involves disclosures and discussions that can be unsettling. Because engaging with services often involves survivors learning how to work within their window of tolerance, this can be overwhelming and so people can need to take a break from working with services until they feel comfortable.

A key challenge is how to measure progression that is non-linear. Our research has demonstrated that people's 'recovery journeys' are non-linear – there are ups and downs along the way. One possible approach to measuring such non-linear progress[3] is to track change over time (rather than at a specified 'end' point) and to reflect those ups and downs in the person's journey. This approach is particularly suited to longer-term interventions.

It is valuable to assign appropriate timeframes to monitor change: services should only be capturing outcomes data over a period when it's realistic that change has happened for someone.

Financial pressures often mean that interventions and services can be relatively short-term, and this requires pragmatic approaches to relational outcomes – what can realistically be measured during the lifetime of the intervention. Shorter-term interventions may not allow sufficient time to capture desired long-term, harder outcomes and, therefore, relational outcomes have an important role to play in demonstrating value.

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[3] Welsh European Funding Office, European Social Fund and Great Britain Department for Work and Pensions (2003). A Practical Guide to measuring Soft Outcomes and Distance Travelled.

3.2 The Importance of Relationships as Outcomes

Fulfilling Lives LSL has been working to identify ways in which progress through their relational approach can be measured. A key challenge is the unique encounter between practitioner and the person accessing support. They advocate a focused approach that determines outcomes on an individual basis, where practitioners note the nuances in their observations of people. Examples include a willingness to meet up and talk, willingness to talk about personal matters and share feelings, to reflect on previous behaviours and attitudes, and willingness to try something new or connect with a service that they perceive to have failed previously. The following quote illustrates the importance of relationship building.

"I went through a long period where I was passed from one worker to another. Constantly having to restart a relationship and go through traumatic memories. The new workers just picked up the info the previous worker left, and made their own mind up from that." (Person accessing support)

Fulfilling Lives LSL's Relational Service

Fulfilling Lives Lambeth Southwark and Lewisham (LSL) provides direct support to people experiencing multiple disadvantage. Its community-based practitioners work alongside people to understand their needs and aspirations, and ensure they remain safe from immediate harm. This 'relational' approach recognises that people have experienced great difficulties accessing and sustaining engagement with services such as housing, health, and social care. To overcome this, the service offers consistent person-led support to develop trusted relationships, and then walks alongside people to navigate complex systems to receive the care and support they wish for. Peer support is also offered. The service works to the following principles:

- establish positive and trusting relationships with people;
- support lower numbers of people to build strong and strong responsive relationships;
- be flexible and autonomous and provide the time and resources required to support individuals;
- adopt an approach which is informed by understanding the intersecting experiences of trauma, culture and gender and respond to this in compassionate ways;
- recognise that a sense of community and a sustained connection to others is vital for recovery and long-term resilience;
- and focus on repairing and restoring relationships for the person, and changing the narrative often attached to a person.

The team has found that building relationships and trust can, for some people, take a long time. Often, therefore, interventions are 'imposed' on people before they're ready.

A key question for the team has been how to measure the progress that people accessing the service make and what works. Progress on building trust and developing relationships was recognised by the team's practitioners in subtle ways, such as turning up to more encounters, being more open and sincere

about their challenges. The team also recognised more fundamental behavioural changes in people such as getting in touch with the practitioner directly by phone to seek advice, and showing more willingness to consider things such as supported housing schemes, treatment programmes, and financial support.

While all of these can be measured (or recorded) in some way, the team explained too that everyone had a unique journey to go on and it was very difficult to assign a fixed set of measures to the service. In addition, such a relational approach required flexibility and freedom to respond to the situations, needs and wishes of each person. As such progress had to be judged on an individual, bespoke basis. What may be considered very small steps for one person, could be a huge stride by another.

"You know that you've got somewhere with somebody when it's you they pick up the phone to. And instead of them being out on their own, coping with whatever is happening in their life by themselves, they feel like they've got somebody they can pick the phone up to. And I think that that doesn't get measured."

4

Using relational outcomes to develop person-centred and person-led services: actions for service providers

4.1 Introduction

The previous chapters have looked at why relational outcomes are important to services for people experiencing multiple disadvantage and explored ways in which these outcomes can be captured. This chapter addresses how relational approaches can support services to be person-centred and person-led.

For the purposes of this guide, we define what we mean when referring to 'person-centred' and person-led' approaches. Both are relational in their emphasis on support based on each person's needs, circumstances, and strengths. But there are also differences, as explained in Table 1, below.

Broadly speaking, person-centred approaches are interventions that provide individualised support based on someone's needs, their circumstances, and their strengths. Person-led approaches also do this, and aim to give the individual greater power, control, and choice in their journey towards better health and wellbeing. In practice, projects and services will often pivot between the two, depending on a person's situation, needs and ability and their desire to coordinate their own support.

It is important to ensure that projects have the flexibility and processes to move from person-centred to person-led when it is appropriate to do so. These approaches provide a platform for creating more trust between people and organisations, better connection with services, and giving back to individuals greater power, choice, and autonomy.

Table 1: Traditional, person-centred and person-led approaches: similarities and differences

Aspects	Traditional model characteristics	Person-centred characteristics	Person-led characteristics
Support provided	Services develop support models based on what works for people with that 'issue'.	Services develop individualised and coordinated support based on a person's need.	Services and those they are supporting co-create individualised and coordinated support based on a person's wishes and personal aims.
Philosophy	Service is there for people to access, dependent on meeting a set of defined criteria.	Recognises the strengths and abilities of the person receiving support.	Recognises the strengths and abilities of the person receiving support and prioritises the agency of the individual.
Value judgments	Service decides what is good for that person.	Services do not make value judgements about the choices people make. The approach avoids using labels to describe people.	Services do not make value judgements about the choices people make. The approach avoids using labels to describe people.
Time frames	Support is usually time limited.	Recognises that there are ups and downs in a person's journey. There may be a time limit to the support a person can receive.	Recognises that there are ups and downs in a person's journey. Support is open ended based on a person's wishes.

Decision making	Services make ultimate decisions.	Joint decision making between the person receiving support and support services.	The person receiving support makes decisions based on their wishes.
Reporting	Outcomes are determined by commissioners and service providers.	Outcomes are decided based on individual needs.	Outcomes are determined in partnership between the practitioner and the person receiving support.

Our research revealed powerful examples of relational outcomes being used to support the development of person-centred and person-led services. For example, for a local authority's outreach service for people sleeping on the streets, a hard outcome measure was to reduce the number of people who were sleeping on the streets. But outreach practitioners had only limited control over access to accommodation and soft outcomes were also used to understand the value of the service. These included building relationships with people, and improved engagement. Using these measures, commissioners and service providers could better evaluate the impacts of activities to establish the person's willingness to move off the streets and to develop the skills and competencies to maintain a stable accommodation outcome if they did so.

Focussing primarily on hard outcomes rather than relational outcomes can be a potential barrier to developing person-centred approaches. One commissioner gave an example of the challenges facing people with a dual diagnosis of substance dependency and mental ill-health. Thresholds used by some mental health services required people to stop drug use completely before being permitted to access support, and it was found that this was a significant barrier to treatment. Commissioners were attempting to tackle this by giving mental health services a greater focus on outcomes such as evidence of willingness to have treatment for drug use and engagement with some form of drug support service, rather than binary measure such as cessation of drug use.

"And stop using drug use as an excuse to get rid of somebody. Especially if that person is already engaged in a drug service, then they should think oh well this person is obviously trying to address their drug use." (Person accessing services)

4.2 Key Actions

Principle 1: Design services which aim to work in person-centred and person-led ways

o Relational outcomes are often a prerequisite of hard, longer term outcomes. Recognise the importance of relationships as the foundations of change for people experiencing multiple disadvantage – often the relationship is the catalyst for change rather than the support being offered.

o Recognise that it can take time for people accessing services to develop relationships of trust and lay the 'foundations of change'. Advocate for longer term funding for such approaches and use evidence available.

o Recognise that journeys are not linear and that people experiencing multiple disadvantage may need on-going support. Relationships are especially important during times of transition. Where appropriate provision should be on-going

o Work with people experiencing multiple disadvantage – encourage them to decide their goals – outcomes should be based on lived experience and not expectations of services or commissioners. Work with other service providers where this fits with the wishes of people seeking support.

o Use this guide when working with commissioners and to develop further evidence to support wider change in commissioning practices. Our system map found that commissioners can feel constrained by national funding cycles and siloed policies. Good quality evidence on the effectiveness of person-led and person-centred approaches is needed to support campaigns for them to be more widely adopted and to influence sustainable change in national and local policy.

Principle 2: Build relational outcomes into the service design and reporting frameworks for people experiencing multiple disadvantage

o Include measures in reporting which capture the quality of relationships (for instance with peers, family and services) into reporting cycles.

o Be creative in the way your service captures people's progress and the impact of the intervention. Make use of qualitative methods to generate a comprehensive understanding of impact. Individuals' stories and case studies are particularly useful in understanding individuals' journeys, their encounter with various services, and the progress that they have made

o   Measure relational outcomes using existing measurement tools where these are appropriate, but be prepared to adapt them where necessary or to develop new tools.

o   If the reporting framework given or key performance indicators set are not appropiate for your service – develop your own framework and approach commissioners with this.

Principle 3 Ensure that services are co-produced with multiple voices and experiences, including those with lived experience of multiple disadvantage

o   Ensure that there is a local mechanism in place that provides opportunities for people with lived experience of multiple disadvantage to become experts by experience. Appropriate organisation, training, and mentoring is necessary to achieve this. It should have the ability to maintain an established network of people with lived experience to provide a real-time and deep understanding of emerging needs in the community.

o   Develop greater understanding of the needs and circumstances of people acessing support by involving them directly, to ensure that outcome measures reflect the reality of their lives and their recovery journeys.

o   Bring experts by experience together with commissioners to ensure that multiple voices are heard, and that outcome measures and meaningful and realistic for all.

o   Revisit and review outcomes to ensure that they remain relevant over time. Involve people with lived experience and commissioners in this process.

o   Develop employment pathways and progression for people with lived experience – these should move beyond frontline roles and include roles in all departments and at all levels of a service.

5
Resources
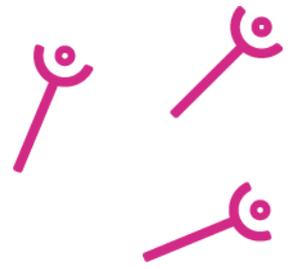
The Health Foundation (2014): Helping measure person-centred care

This report reviews the evidence about common approaches and tools to measure the extent to which care is person-centred. It suggests that there is no agreement about which tools should be preferred. It also shares approaches to measurement which combine a range of tools, tailored to the aims of specific interventions. See also, the Heath Foundation's 2016 report - *Person-centred care made simple: What everyone should know about person-centred care.*

Social Care Institute for Excellence, SCIE (2020): Evaluating Personalised Care

The guide provides advice to practitioners about measuring and evaluating the impact of personalised care programmes and person-centred ways of working. It provides useful information and advice that interventions aimed at people experiencing multiple disadvantage can readily draw on. In addition, SCIE provides a directory of activity and outcome measures which can be downloaded for free, once registered with SCIE.

Fulfilling Lives LSL

Fulfilling Lives LSL has amassed a wealth of information and learning, focusing on system change, co-production, and relational approaches to service delivery. Outputs from the Fulfilling Lives LSL Research and Learning Partnership can also be accessed here.

Mayday Trust's Personal Transitions Service

Mayday Trust's Personal Transitions Service aims to radically change the way in which organisations support people experiencing homelessness, based on two key premises: 1. that current systems were not working for people who became homelessness; and 2. that outcomes for people were poor. It takes 'asset-based and personalised' approaches to intervention. The model also prioritises measurement of outcomes, using a bespoke method – the developmental assets measurement tool - to provide robust evidence to commissioners, other funders, and other organisations.

Responding Effectively to Violence and Abuse (REVA Project)

The REVA project has developed an outcomes framework to reflect the work of services responding to violence against women and girls. It aims to promote suitable measures for use in voluntary and statutory services.

The Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS)

The WEMWBS is probably the most well-known validated scale for measuring mental wellbeing and has been widely used in the evaluation of projects, programmes and policies that aim to improve mental wellbeing. Its emphasis is on positivity and progress and aims to be user friendly for both people using services and practitioners.

NPC's Mental Health Outcomes Map

A series of outcomes maps was produced in 2013 by NPC in partnership with others. The mental health edition outlines outcomes and indicators regularly measured by organisations working in the field and provides a useful source for ideas and inspiration.

Trauma-Informed Practice: A Toolkit for Scotland

This recent, and extensive, toolkit aims to support organisations in planning and developing trauma-informed services. It places emphasis on co-production with trauma survivors and users of services. It poses a set of questions to guide organisations in their self-assessments, offers a set of resources to provide practical help with implementation and provides guidance on co-production.

Making Every Adult Matter (MEAM)

The MEAM approach is a framework for developing a coordinated approach to tackling multiple disadvantage in a locality. Its focus is the creation of sustainable change to the way that complex problems and systems are approached and understood. The framework encourages local areas to consider actions under each of its seven core elements, but the local approach will be shaped by local circumstances.

Personal Outcomes Service, Guide for Commissioners

The Personal Outcomes Network is a Scottish group with membership from the health, social care, education, and housing sectors. It offers a place for reflection and sharing of practice through stories, learning, resources, and evidence. Of particular relevance is the Meaningful and Measurable research project, which highlights approaches to the analysis and use of personal outcomes data.

The National Fulfilling Lives Programme

The National Lottery Community Fund has commissioned a team led by the University of Sheffield and CFE Research to evaluate the Fulfilling Lives Programme. Its website provides outputs from the evaluation, and has a repository of local evaluation reports, practice guides, and briefings from across the programme.