



Andrew Provan House

Report from Charities Evaluation Services on outcomes: support for developing an outcomes monitoring system, and a review

24 October 2008

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1. Background

Field Lane has recently opened a new residential service for families who are homeless, Andrew Provan House (APH). APH provides self-contained flats and holistic support to help families move on later to stable permanent homes.

Field Lane wanted help to ensure that:

- the monitoring system for the work at Andrew Provan House is sound
- in particular, that the intended outcomes (effects on beneficiary organisations) are clear and can be measured
- the system is streamlined, with no redundant information collected
- all staff understand the system and are competent in using it
- there is a third-party scrutiny, with an independent annual review and recommendations

2. The overall approach

2.1 Theoretical basis used by CES

CES has for some years used a simple model to help ensure that any monitoring system works well. This model helps the organisation to be very clear about:

- its overall aim – the mission of the organisation
- its more specific aims
- its activities

and how these relate to each other. It is then possible to devise simple ways of measuring what is achieved (outcomes).

Using the model has the several benefits; it:

- makes very explicit exactly what changes the organisation really wants to achieve, and for whom
- ensures everyone involved understands the above
- provides the basis for agreeing simple ways of measuring what is achieved
- is motivating because what is achieved becomes explicit
- ensures that data is collected only when it has a useful purpose.

The work by CES aims to help APH strengthen their routine monitoring and will provide data for the independent review. CES also collected further data independently for the review.

2.2 Elements of the work

The main stages of the work were as follows.

2.2.1 Familiarisation

Discussion, documents and information about the database provided CES with the necessary background and context.

2.2.2 Agree detailed work plan and key stakeholders

CES and a core group from APH agreed a detailed work plan. Key stakeholders' information needs were identified at this stage, including the requirements of Supporting People.

2.2.3 Establish measurable outcomes

This involved using the CES model to be very clear about the overall aim of the work, the intended outcomes, the various activities, and how they all relate. Information needs of key stakeholders were considered.

Methods of measurement were set up.

2.2.4 Decide on the analysis of the data

The stages at which data will be gathered and analysed, and broadly how it will be analysed, were decided.

2.2.5 Establish intended use of the above data (in broad terms)

It is likely that APH will want to use the data it generates on the progress of the service for both internal developmental purposes (providing information for strategic planning and service development) and for accountability. Both types of use were planned for.

2.2.6 Data collection by APH

APH collected data routinely, using the new monitoring system, from March 2007.

2.2.7 Direct data collection by CES

APH developed its monitoring system for collecting data, as indicated above. This will be a continuing system, providing valuable information for APH, and showing trends in development. It also provided information for the CES review. CES gathered additional data for the review directly, by interviews with staff.

2.2.8 Review report

Based on all the information in 2.2.6 and 2.2.7 above, CES drafted a review report, liaised with APH and presented this final review report.

3. Work in year one (2006)

Work in 2006 included the following.

3.1 Briefing for CES, and work plan

Familiarisation and briefing was provided the CES by documents, discussions, seeing the premises and meeting some residents. The work plan for the year was set out.

3.2 Applying the CES model to the work of APH

3.2.1 Deciding what the intended outcomes are

A steering group was set up, including the Chief Executive, a Trustee and appropriate staff. CES briefed the steering group on the CES model, and the steering group then worked out the 'triangle', that is, the overall aim, the specific aims and the activities of APH. See appendix one for the triangle. Staff then worked on subsequent stages of applying the model, by developing ideas about what outcomes APH hopes to produce, and how they might be measured.

It was then decided that the requirements of Supporting People should be closely supported in developing an outcomes framework for APH, so the outcomes were redeveloped to reflect these requirements.

It was finally agreed that the intended outcomes of the work of APH are improvements for residents in:

- housing
- social skills
- living skills
- finance
- health
- interests
- spiritual
- specialist (e.g. getting access to specialist services such as psychiatric services)
- parenting skills.

This list combines key aspects of the triangle, shown in appendix one, and key requirements of Supporting People, a major funder of APH.

3.2.2 Measuring the outcomes

3.2.2.1 The measuring tools

It was important to create methods of measuring outcomes which fit comfortably into existing recordkeeping at APH. All forms recording relevant aspects of life at APH were collected, and sorted out according to whether they were directly related to the new outcomes monitoring system or not.

It was agreed that the measures to be used in the outcomes monitoring system worked and would come from the:

- assessment form -- amended from the existing format
- support plan form -- amended from the existing format
- review form -- amended from the existing format
- exit interview form -- newly created
- cameo form -- newly created, combining the earlier 'story' and 'case study' format
- housing statistics

By the end of 2006, a first draft of all forms needing amendment or creation was available, that is of the:

- assessment form -- amended from the existing format
- support plan form -- amended from the existing format
- review form -- amended from the existing format
- exit interview form -- newly created
- cameo form -- newly created, combining the existing 'story' and 'case study' format.

The exercise of systematically going through the various records also revealed that some of them, not immediately related to outcomes of measurement, nevertheless needed more attention. For example, the contact sheets, recording contact that staff have with residents, needed simplifying, and this was done.

3.2.2.2 The exit interview

The creation of the exit interview was particularly important. Each newly arrived resident, when they arrive, is asked to score themselves on each of the nine outcomes. This scoring is repeated at the reviews which occur at intervals during the resident's stay. When the resident is ready to move on from APH, there is exit interview, in which the resident reflects on their outcome scores over the period of their stay, and provides a final score. Further questions are asked about the resident's experience of their stay. This makes it possible to show, for each outcome, the progress or otherwise that the resident makes, and to see some of the reasons as perceived by the resident.

4. Work in year two (2007)

In 2007, momentum was maintained in spite of some difficulties due to staff illness, resignations and restructuring. All forms were further developed and piloted. APH wrote up how the procedure for collecting and analysing information routinely works.

APH also wrote a summary of how work at APH is done, showing what is unique about it -- see appendix two.

It was confirmed early in 2007 that the focus of the outcomes work is people who have a support plan and their outcomes.

5. Work in year three (2008)

By the end of February 2008, APH provided CES with analysed data for the agreed sample period. Having reviewed this information, CES conducted interviews with staff, providing additional information for the review.

6. Development of the outcomes monitoring system: summary

In summary, developing the full outcomes monitoring system included the following stages:

- CES briefing APH on outcomes and the outcomes model
- APH, supported by CES, applying the outcomes model to their own work
- setting out clearly the intended outcomes of work at APH
- ensuring that the set of outcomes chosen is partly influenced by the requirements of Supporting People, as a major stakeholder of the work of APH
- deciding how to measure the outcomes
- ensuring that this was done by amending, coordinating and extending existing recordkeeping, rather than by creating a separate system of monitoring.

7. Summary of methods of information collection

Information for the Charities Evaluation Services report came from the following sources.

7.1 Information from routine monitoring by APH

7.1.1 Statistical information about the residents and where they moved to

This was provided for every resident who was at APH at any stage during the period June 2007 to May 2008.

7.1.2 Information about outcomes for residents

Using the outcomes monitoring system described in section 3.2.2 above, exit interviews were conducted during the period June 2007 to May 2008 with every resident who was ready to move on, or had moved on during this period. This gave a total of 10 exit interviews. Each exit interview includes a log of all previous outcome scores, making it possible to track individual progress on each outcome.

7.1.3 Perceptions about what helped achieve the outcomes for residents

From the 10 exit interviews referred to above, information was obtained about what residents felt had helped them at APH.

7.1.4 Information about resident involvement in APH

APH provided a description of the ways in which residents are involved in and influence life at APH.

7.1.5 Case studies

A case study is a short account of the experience of an individual resident, provided by APH staff, to exemplify some of the information above, from the perspective of staff. Three case studies were provided, relating to three tenancies which also provided exit interviews.

7.2 Interviews with staff, by Charities Evaluation Services, for this report

Charities Evaluation Services interviewed three members of staff at APH about their experiences of setting up and using an outcomes monitoring system, and their learning from the new information generated.

8. Results

From the information described in section 7 above, we see the following picture.

8.1 Information about the residents and where they move on to: output information

During the period June 2007 to May 2008, there were a total of 26 residences. The period of residence varied from two weeks to 111 weeks, averaging 51 weeks. In 13 cases (50%), at least one teenage parent was involved, and in 13 cases (50 percent) social services were involved at the point of admission. There was one child protection order.

In May 2008, 14 of these families were ready to move on, but could not do so because of the shortage of suitable accommodation, so were still resident at APH. Five had moved to temporary accommodation, three to permanent accommodation, three to family, and one to private accommodation.

APH has 17 units, and the occupancy level during this period varied from 14 (82%) to 17 (100%), averaging 94 %.

8.2 How residents benefit at APH: outcomes information

8.2.1 Outcome scores

Averaged across the 10 residents for whom an exit interview was available, outcome scores went up across all nine outcomes. This can be seen in the figure below, which compares the average (self-assessed) score when residents arrive with the average (self-assessed) score at exit interview, when they are ready to leave.

Changes in outcome scores: average for the group

Outcome (improvements in the resident – see section 3.2.1)	Average score when resident arrives	Average score at exit interview	Average increase in score
Overall (assessment of the resident's overall situation)	2.9	4.2	1.3
Housing	1.5	4.3	2.8
Social skills	2.7	4.2	1.5
Living skills	3.4	4.1	0.7
Finance	3.0	4.1	1.1
Health	2.4	3.8	1.4
Interests	2.6	3.9	1.3
Spiritual	3.2	4.0	0.8*
Specialist**	3.7	4.4	0.7*
Parenting skills	2.6	4.7	2.1
Total average across all outcomes	2.8	4.2	1.4

*This outcome was often not scored, so this figure should be viewed with caution.

**This means access to special services, such as psychiatric services.

We see that the greatest benefits which residents perceive relate to housing and to parenting skills. Definite progress is also shown as regards social skills, finance, health and interests.

Residents' overall assessment of their situation (a score increase of 1.3) is remarkably similar to the average across all other outcomes (or 1.4). On a scoring system of one to five, this suggests definite improvements.

It is worth noting that while scores typically increase over the duration of the residency for the individual, they may go up and down during that period. This is shown by looking at the scores for one individual, as follows.

Changes in outcome scores: an example of one individual

Type of outcome	Initial Assessmt 22.8.06	Support Plan 29.8.06	Support Plan 19.4.7	Support Plan 2.7.07	Support Plan 11.10.07	Support Plan 23.1.08	Exit Interview
Overall	3	3	3	4	4	5	4
Housing	2	3	4	4	4	3	4
Social Skills	1	3	4	4	4	3	3
Living Skills	2	2	3	5	2	3	5
Finance	1	2	4	5	3	3	5
Health	1	3	4	5	4	4	5
Interests	3	3	3	5	4	3	5
Spiritual							
Specialist							
Parenting	3						5

The above figure shows how, for this individual, taking two particular scores as examples (living skills and finance), scores rose (as assessed on 2.7.07) and subsequently fell back (11.10.07), and then rose again by the point of exit interview. While ultimately the most important score is that at the exit interview, because that shows the overall progress, it can be valuable to have the intermediate scores, particularly for communication between the resident and staff.

Not all outcomes are relevant for all residents, and we see from the above figure that two outcomes ('spiritual' and 'specialist') were not relevant for this particular resident and hence were not scored. It should also be noted that parenting skills were also worked on, but in an informal way, which resulted in the increase shown.

8.2.2 Case study information

The case studies are an informal kind of information, provided by APH staff to exemplify some of the points above and to round out the picture, as seen by staff. Three case studies are given in appendix three. Some points which stand out from the case studies are as follows.

8.2.2.1 Situation on arrival

New residents may be in a state of shock, anxiety, or depression, with financial difficulties and not receiving the services they need. They may be struggling with issues such as an unwanted pregnancy, or mental illness, without adequate support. With support from staff which is tailored to their particular needs, their situation gradually improves, as follows.

8.2.2.2 Progress made

Residents get access to the services and activities they need, and personal support. Their financial situation improves. They learn a wide range of skills,

from cake baking to parenting and language skills. They learn how to get involved in the life of the community at APH. This progress helps them to regain confidence and dignity and build a better basis for the future of themselves and their family.

8.3 How APH helps achieve benefits for residents

In the exit interviews, residents are asked to say in their own words what has worked best for them while they have been at APH, and anything that has not worked out at APH. They were also asked to reflect on their outcome scores over their period at APH. This section summarises their views.

8.3.1 What it is about APH that helps residents

Residents referred to the following aspects of life at APH as having helped them.

8.3.1.1 The accommodation

Residents valued having suitable, settled accommodation, without having to share facilities and with access to a playroom:

‘ Having somewhere decent to live with support has helped my marriage as well as with my health. ’

‘ Having settled accommodation took away a lot of stress. ’

The feeling of safety and security was referred to, for example:

‘ The best thing for me at APH is the security it offers as I have suffered from domestic violence in the past. ’

8.3.1.2 The support from staff

There were many references to the value of the support received:

‘ My support worker understood my dilemmas and was not judgemental towards my needs. ’

‘ [I had] a lot of problems with housing and benefits. But staff helped me throughout. ’

‘ The support of my support worker and parenting advice... gave me confidence in my role as a parent. ’

8.3.1.3 Improvements in health

Some residents reported improvements in health, including stress reduction and being able to come off medication:

‘ I felt so depressed and vulnerable... [APH] services helped increase my confidence as a new mother and gave me the tools to establish a healthy relationship with my daughter. ’

‘ I was very depressed before I moved in APH...[now] we are in a comfortable, safe, suitable accommodation... I stopped taking my depression medication, because I feel more confident and empowered about my life.’

8.3.2 Things which did not work out at APH

For some residents, some of the rules, for example about visitors or about noise, were irritating:

‘ I found some of the rules restrictive, although I understand why they were in place. I felt that I should be able to have overnight visitors without asking permission.’

Two residents found problems negotiating the stairs with a baby. One resident was not happy with her mattress, fan, bathroom rack, carpets, fire doors and the price of utilities. One disliked the use of CCTV, but realised that it would be useful in an emergency.

8.3.3 Explanations of changes in particular outcomes

8.3.3.1 Housing

Before coming to APH, all residents had been in difficult housing circumstances:

‘ I came home to find my belongings in the street. I had a three-month-old baby and was in complete despair.’

‘ I had been sleeping on the floor of different friends’ flats, I would move from one to the other so as not to outstay my welcome. I was eight months pregnant and I was traumatised.’

At APH, their new accommodation is very welcome:

‘... safe, there’s no damp, it’s a big flat and it doesn’t feel cold.’

8.3.3.2 Social skills

APH can help people to overcome isolation, lack of self-confidence and limited English language skills, and deal positively with their relationships:

‘ Without staff advice my relationship with my boyfriend would have finished for good, they gave me choices to follow.’

‘ I am by nature quite reserved, but the homelessness experience made me even more reclusive.... my support worker encouraged us both to join in activities at APH. This was very difficult at first but gradually we began to integrate more and I was able to share my cooking skills which in turn made me feel more confident in myself.’

‘ I have always been very sociable but when I'm depressed I retreat into myself and do not want to see anyone, staff at APH had been very sensitive to my moods and I have been supported through my bad times by staff.’

‘ Through a variety of activities I have interacted and made new friends within the house... I was also able to make new friends outside the house through the mother and baby groups.’

8.3.3.3 Daily living skills

Some residents said that they did not need any support on this, but others reported learning about cooking and parenting.

8.3.3.4 Finance

Some residents reported that they did not need any help on this:

‘ I only spend what money I have.’

Others received help:

‘ My support worker helped me with a budget plan and this helped me live within my means.’

‘ My benefits had been suspended for five weeks without me knowing... my support worker helped me through this very difficult time.’

Advice on for entitlement to benefits was very important for some residents:

‘ My support worker advised me of what benefits I could claim and we worked together... in time my benefits came through and I was able to provide for my family as well as payback family members who had supported me in the past... I have been able to go back to work part-time which has also helped financially as well as emotionally.’

8.3.3.5 Health

Some residents reported benefiting from advice at APH:

‘ I was breast-feeding and I lost a lot of weight, staff were concerned and encouraged me to look after myself... my weight is now stable.’

Residents also reported attending Narcotics Anonymous and Alcoholics Anonymous, being able to access medical services, and reduction in stress levels.

8.3.3.6 Interests

Some residents referred to courses which they were either doing, or plan to do, including: going back to college; learning English as a second language; studying hairdressing and studying childcare.

8.3.3.7 Spiritual matters and access to specialist services

Some residents referred to their religion being important to them, and for others religion was not an issue.

Some residents referred to specific services they had accessed such as counselling, drugs, alcohol or psychiatric services.

8.3.3.8 Parenting

Some residents felt they were already skilled in this area:

‘ This is one area where we felt the most confident, although the housing issue made us very vulnerable we have never doubted our parenting skills.’

Others reported receiving significant help:

‘... attending the parenting classes has helped me a lot.’

‘ My support worker helped me through my daughter's weaning stage and introduced me to the playroom.’

‘ Without the support of APH... I do not think I would have coped, I was at one point ready to give the baby away.’

8.4 Information about resident involvement in APH

Staff at APH provided an overview of the various ways in which residents are involved in life at APH -- see appendix four.

In summary, we see that residents are involved primarily in the following ways.

8.4.1 Influencing aspects of daily life at APH

For example, residents have negotiated changes in the frequency of meetings and amendments to rules about visitors.

8.4.2 Making practical suggestions

For example, residents have suggested practical ways of keeping toddlers safer in the playroom, and of running the laundry arrangements better.

8.4.3 Access to learning

Residents have initiated various sessions, where they could learn about first aid, food hygiene, and sexual health and family planning.

8.4.4 Fundraising

Residents have successfully fundraised for APH.

8.4.5 Residents have initiated Internet access in the family lounge, enabling them to get information about jobs, health, training and housing.

8.5 Interviews with staff

Charities Evaluation Services interviews with three staff showed the following.

8.5.1 The value of the new monitoring and evaluation system

Staff find the new system valuable.

It shows clearly the good results achieved for clients, and how the culture, the emotional environment and being in a safe place allow residents to develop.

It provides information which staff can use:

‘ staff can capture what's going on with the client in a more informed way, can see at a glance progress and areas for more work’

It provides information which managers can use, to review information about individuals and see where more work is needed.

It provides information for accountability, for example in reporting to funders and preparing the annual report:

‘ having the information will avoid a last-minute panic.’

It will be used in strategic planning, and to check that any changes made have achieved their effect.

It will be used in looking for new work:

‘ There is a great interest in having good monitoring evidence.’

APH is likely to develop new types of services and the system will be useful there too.

8.5.2 Initial problems with inputting and analysis

As with any new monitoring system, staff found that doing the necessary inputting was a bit of a chore to start with, especially when the level of admin help reduced. However, each member of staff now inputs their own scores, and it has become part of routine practice. A more ‘ empowering’ approach to supporting staff has included showing staff the benefits of the system and how they can see clearly where they are with each of their clients.

While the information the system produces is fully used at the level of individual clients, it will have additional value when staff are confident in generating graphs of group scores, showing the overall value of their work.

9. Review of outcomes at APH

In considering the benefits which residents get from their stay, it is important to note that the evidence comes primarily from 10 'exit interviews'. Exit interviews cannot be conducted on demand, they only occur when a resident is ready to move on. During the period of the evaluation, it was possible to gather 10 exit interviews. These interviews have been used to show the kind of changes that residents experience.

9.1 Outcomes: what benefits do residents get from their stay at APH, and why?

The beneficial changes (outcomes) which APH seeks to encourage for its residents are summed up by APH as improvements in:

- housing
- social skills
- living skills
- finance
- health
- interests
- spiritual
- specialist (access to specialist support)
- parenting.

On average, residents report improving on all these nine outcomes (section 8.2.1). The degree of improvement is in some cases low, but for finance, interests, health, and social skills there is a marked improvement, and there are particularly strong improvements in parenting skills and housing circumstances.

The relatively low increase in scores which residents give themselves for living skills is surprising, since the overall evidence shown above in this report (especially from exit interviews and case studies) suggests that residents do make progress in how they run their daily lives. It may be that there is some ambiguity about this term, which has artificially depressed the scores which residents gave themselves. It may also be that the focus staff support was elsewhere, in which case additional attention may lead to a greater increase in scores.

Case studies confirm, from the point of view of staff, that many residents begin their stay at APH in a state of considerable disarray and difficulties and progress through their stay, for example, becoming less stressed, overcoming depression, becoming better parents, learning how to deal successfully with problems such as claiming benefits, learning new skills, regaining their dignity and having more confidence to face the future.

Exit interviews show what it is about APH that residents believe has helped them. Residents typically come from very difficult housing circumstances, and

being at last in settled and safe accommodation is a major improvement for them. It is therefore not surprising that residents should feel positive about this particular outcome. However, it is clear from what residents report that the advice and encouragement they receive from staff is also very important for their progress. Staff support, given in a non-judgemental and sensitive way, helps residents to parent better, improve their health, become more sociable, learn to manage money, deal with their relationships more successfully and make new friends.

As residents progress, they can begin to be active in life at APH, negotiating changes, making practical suggestions, initiating sessions to learn about matters such as first aid, and fundraising for APH.

9.2 The new outcomes monitoring system: how well does it work?

APH staff have developed an outcomes monitoring system which enables them to show, in detail, what outcomes they are aiming for their residents, and how far each one is achieved.

The system is based on self-assessment scores by residents on their arrival and at periodic reviews during their period of stay. Residents score themselves on each outcome, showing their progress or otherwise. When ready to move on, the resident makes the final score and reflects, with a staff member, on progress made and on what helped that progress. This system is economic with staff time and helps give staff a systematic access to the development of the individual resident over time. The fact that for most people, scores go up gradually and at different rates, and sometimes fall and then rise again, suggests that this system of assessment is a realistic way of picking up progress or otherwise. While this evaluation report is based, as regards scores, on averages, the pattern of scores for any one individual is clearly a value in many ways within APH.

The structured reflection during the exit interview provides two things:

- the opportunity for the resident to see how far they have come, in detail, and to notice what it is that has helped
- the opportunity for staff to see the pattern of progress to which they have contributed, and to know from the resident what it was about APH which helped changed their life.

Each outcome (for example, social skills; budgeting) which is scored is one of a set of outcomes which APH hoped to achieve for their residents, and which Supporting People are interested in. The system therefore provides information for:

- developing the service where necessary
- for Supporting People and other funders.

For the system to run properly, it requires the scoring and the exit interviews to be done accurately. Considering that staff were learning how to use the system, the accuracy level appears reasonably high. However, the relatively low scores which residents gave themselves on daily living skills suggests that there may be some ambiguity about this term, and the importance of defining carefully and repeatedly to residents what each score is about should not be overlooked.

The following two questions were asked at the exit interview:

- 'Were there any big problems that could have got worse but didn't because you were here? E.g. court cases, domestic violence issues, drug or alcohol abuse', and
- 'Are there any stories you would like to share?'

These questions were asked in an attempt to understand:

- the role of APH in helping residents to avoid imminently disastrous situations, and
- life events of APH residents which seem to them particularly salient.

The wording of these questions did not successfully illicit the desired information, and needs rethinking.

The system also requires that data is accurately input and appropriately analysed. Staff with skills to do this have been available at APH so far, but problems would arise if this were not the case in the future.

The needs of Supporting People has been a considerable influence on the choice of outcomes which APH specify they are aiming for residents to achieve, and it will be important to ensure that these outcomes do:

- continue to meet the needs of all existing funders, and
- will meet the needs of future funders.

10. Conclusions

10.1 Outcomes residents achieve

APH residents report that over their period of stay, they make progress on all nine of the desired outcomes. Their lives improve as regards their:

- housing
- social skills
- living skills
- finance
- health

- interests
- spiritual
- specialist (ie access to specialist services)
- parenting skills.

In many cases, these achievements are made in spite of the fact that residents, on arrival, may be in serious difficulties, not only with housing but with personal circumstances such as an unwanted pregnancy, and have problems with money, health, and stress.

Overall, most progress was reported as regards housing, which is not surprising. Having decent, settled accommodation is not just intrinsically valuable, but can have far reaching benefits:

‘ Having somewhere decent to live with support has helped my marriage as well as with my health. ’

‘ Having settled accommodation took away a lot of stress.’

The feeling of safety and security was referred to, for example:

‘ The best thing for me at APH is the security it offers as I have suffered from domestic violence in the past.’

Considerable improvements as regards parenting are reported, and this clearly benefits not only the individual resident, but children too.

Particular progress was also made as regards finance, interests, health and social skills. This demonstrates that individuals are developing in a wide range of important life skills, which should stand them in good stead as they move into more independent living.

Overall, we see that APH accommodation is giving people a housing ‘ haven’, and during their stay they are developing in a range of ways, including being better parents, better with money, having wider interests, learning more social skills, and benefiting from improved health and mental health.

10.2 Why they achieve these benefits

A major factor in helping the improvement summarised above is the fact that residents find themselves, often after substantial housing difficulties, in safe and settled accommodation. Knowing that, for example, they will not abruptly lose the tenancy, are free from harassment in their home, and have somewhere for children to play, is clearly very important to them.

But equally, the role that staff play in working with residents over the months is vital. Residents report that the advice and encouragement they receive from staff is crucial in helping them make progress. Staff support, given in a non-

judgemental and sensitive way, helps residents to parent better, improve their health, become more sociable, learn to manage money, deal with their relationships more successfully and make new friends:

‘ My support worker understood my dilemmas and was not judgemental towards my needs.’

‘[I had] a lot of problems with housing and benefits. But staff helped me throughout.’

‘ The support of my support worker and parenting advice... gave me confidence in my role as a parent.’

‘ I felt so depressed and vulnerable...[APH] services helped increase my confidence as a new mother and gave me the tools to establish a healthy relationship with my daughter.’

‘ I stopped taking my depression medication, because I feel more confident and empowered about my life.’

‘... my support worker encouraged us both to join in activities at APH. This was very difficult at first but gradually we began to integrate more and I was able to share my cooking skills which in turn made me feel more confident in myself.’

‘...staff at APH had been very sensitive to my moods and I have been supported through my bad times by staff.’

The activities provided can also help residents:

‘ Through a variety of activities I have interacted and made new friends within the house... I was also able to make new friends outside the house through the mother and baby groups.’

Overall, we see that support, understanding, advice and activities provided by APH staff help residents to develop positively.

10.3 The outcomes monitoring system

Staff are using the new outcomes monitoring system successfully. The system is integrated into their routine assessments and reviews of residents, and is therefore economic with their time.

The exit review, looking back is a structured way at overall progress, at the point where the resident is ready to move on, is very important. It shows the resident how far they have travelled, and it allows staff to hear how the resident feels that APH has helped them.

Ensuring that residents all understand the description of each outcome is important, and may mean repeating it at every point on which a score is made.

There were two particular outcomes for which many residents did not give a score: 'spiritual', and 'specialist' (ie access to specialist services). While the system allows residents to omit scoring themselves on anything which they do not consider to be relevant, if only a few residents score these outcomes in future, it may be useful to consider whether these outcomes should be amended or deleted from the scoring system. However, if this information is required for a specific reason, such as a funder's requirement, it will be important to find ways of getting more data on these outcomes.

Accuracy in inputting information, and appropriate skills of analysis, will continue to be important as the system is used in the future. In future, it would be useful to make one person responsible for ensuring that all data is collected and analysed in the way APH decides. To simplify future APH reporting about outcomes it may be possible to create a simple standard way of presenting the outcome data in narrative as well as quantitative form.

It will be important to ensure that the staff team has the IT skills to make full use of the data.

It is good practice to review a monitoring and evaluation system regularly, and it will be important, as part of this, to check that the requirements of all major stakeholders, such as key funders, are met.

10.4 Use of this report

APH intends that this report will go personally to each member of staff, underlining their success. Because the report is seen as readable and accessible, even to people with limited education, it can go to service users. It will be used immediately for strategic planning.

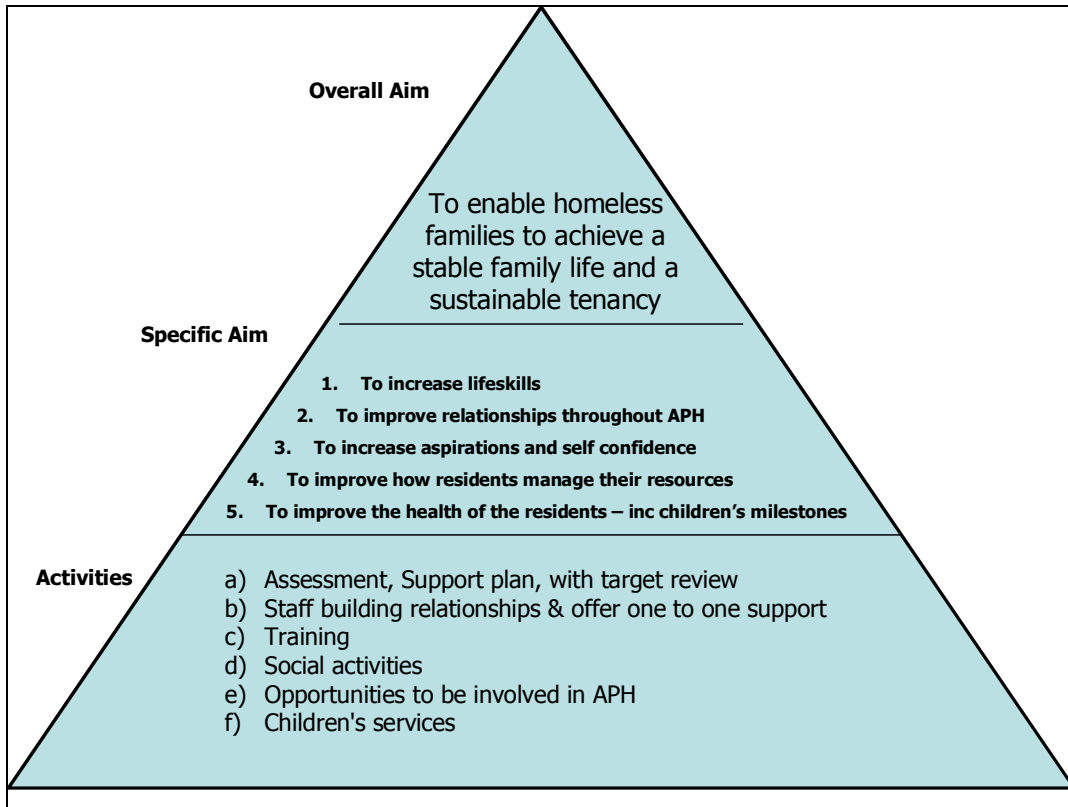
It will be used to explain what the organisation is about, for example: when showing other housing associations around; in communications with Supporting People and in seeking future work and funding.

As one member of staff commented:

' This review highlights progress in people's lives -- it is something to shout about.'

Appendix one: The triangle, showing aims and objectives

25.1.07



Appendix two: APH -- how it works (the model of support)

FIELD LANE FOUNDATION - ANDREW PROVAN HOUSE

(described by staff)

Andrew Provan House is part of the Field Land Foundation and the opened in March 2005. The project comprises of 17 self contained flats and to date we have housed and supported 42 families.

Our work covers many areas and includes:-

- Assisting families to deal with the after effects of domestic violence
- Providing support around tenancy sustainment and debt management
- Working on confidence and self esteem
- Providing in house training on accredited courses
- Liaising with Children and Families when there is a child on the at risk register
- Parenting Groups
- By providing emotional, practical and social support
- Refer and link to external agencies
- Providing information on contraception, housing and education
- Assistance in obtaining a nursery placement
- Advocacy

The Field Lane Foundation is a long established charity and Registered Social Landlord that has worked with homeless families for over twenty years. In that time, family support concepts and techniques have been developed by Field Lane and are the basis for the work undertaken at Andrew Provan House.

At Andrew Provan House, we specialise in providing good quality housing for vulnerable families and young parents and going the extra mile in providing support services to help families effectively sustain their tenancies and make a successful move onto more permanent accommodation. The accommodation facilities are spacious and fully furnished taking into account the basic needs of individual families. Easy to use communal laundry facilities for families are also accessible in the House at a minimum cost.

Referrals and/or allocations to Andrew Provan House are done through the Temporary Accommodation Team at the Royal Borough of Kensington and Chelsea. These referrals/allocations take into account the families needs and their capacity for making the changes that would enable them to move towards successful independent living.

The Initial Support Needs Assessment interview takes place with the families to assist them in organising the support and services they require to help them improve their quality of life and achieve their own independence. Risk Assessments, including health and safety issues, are also done and

addressed with families to determine the type of support required to enable them live more independently.

At Andrew Provan House families are given access to structured support through individual Support Plans to help them plan their future reflecting what is important to them, their capacities and acting upon this in alliance with their families and friends. This enables them make more informed choices reflecting their values and aspirations in life as well as improving their skills for independent living. The regular Support Plan Reviews conducted with families ensure that they are supported in achieving their objectives as well as their social and economic aspirations.

Key work sessions play a crucial part in supporting families they are informal and can be arranged around the families needs. These sessions give the client valuable time in which they can share their anxieties and concerns by providing emotional support at vulnerable times. Clients have likened this time to mini counselling sessions and have been grateful for the opportunity to open up at their own pace.

By focusing on the family as a unit, Andrew Provan House aims to provide families with opportunities to work towards stable family life. Through Andrew Provan House families access welfare services, education, health services, parenting, child care and relationship skills, as well as skills of interest to a potential employer. Catering training is delivered at Andrew Provan House to promote healthy lifestyles and nutrition awareness. Training in courses such as Food Hygiene and First Aid are also available.

Andrew Provan House also runs a children's service with a crèche facility where children play, learn and interact in a safe and stimulating environment while their parents attend training courses and other activities.

At Andrew Provan House, diversity is recognised and valued by celebrating faith based cultural events such as Easter, Eid, Christmas, Halloween, etc., through shared suppers and parties. These events are usually held in the communal lounge and/or the garden. These activities/events form an opportunity for social gathering aimed at encouraging client involvement and reducing isolation. Through these celebrations social confidence is increased, language barriers are overcome and mutually supportive relationships are formed which enables families to enjoy a richer and more satisfying life.

Andrew Provan House recognises the need for families to feel safe and secure in their homes and the 24 hour staffing on site ensures that vulnerable adults and children can be supported at their own pace and subject to their own circumstances. Security is enhanced with CCTV and restricted entry. Tenant participation in updating rules relating to acceptable behaviour and the entry of visitors also ensures that anti-social behaviour is kept in check and that families take basic responsibility for their own safety with consideration for others.

The support provided to families at Andrew Provan House extends beyond their tenancies and this is followed up in the floating support available. Our services support families who have settled in their own accommodation so they can build up their capability to sustain their tenancies, children continue to achieve and thrive and family life is stabilised.

Andrew Provan House aims to support families experiencing homelessness in making informed choices and achieving better outcomes with positive changes from supported housing to independent living.

Appendix three: Three case studies

(provided by staff)

Note: all names have been changed

Case study one

Ms L was referred to Andrew Provan House through the Royal Borough of Kensington and Chelsea. She was heavily pregnant and still coming to terms with her shock pregnancy. She also had to deal with the baby's partner abandoning her. Ms L was in despair, a woman with a Muslim upbringing, Ms L's family, in France, were oblivious to her pregnancy and Ms L didn't know how to tell them. As well as this Ms L was still coming to terms with the stroke she suffered in 2003 and the discovery of a hole in her heart which required immediate medical intervention.

During the Support Needs Assessment it was identified that Ms L was receiving counselling, but could not access this service as it was in Harrow. Ms L was also on maternity leave. It became obvious that Ms L was in desperate need of counselling to prepare herself mentally for the birth of her unwanted child through a local counsellor. Ms L had no idea how to care for a child as she did not consider herself to be maternal, neither did she know what facilities she needed to care for a new born baby.

Ms L had no concept of how to claim for benefits as it was her first time claiming for any kind of government based benefit.

It was also identified that Ms L had not had a fixed address for the previous six months and was calling her friends on the day asking if she could stay the night.

Soon after arriving at APH, Ms L gave birth. Life was tough for Ms L, a first time mother with no family for support. Ms L had friends but she was a very independent and proud person; she did not want to be a burden on anyone.

Three months later and with help from her Support Worker and Children Services Manager Ms L is a doting mother who loves her child, and intuitively knows her child needs. Her key worker has arranged parenting classes which also offers counselling services.

Ms L is in receipt of Housing Benefit, Child Tax Credit and Child benefit. She is in a unit that she likes and has made it her home. She is making full use of all the services offered her especially making use of the playroom. She has attended house Meetings, yoga, cake baking sessions in the training kitchen and generally fully participated in the day to day life at APH. Today she is a very happy and confident young woman, who looks forward to a bright future with her son.

Case study two

Esther moved in Andrew Provan House having fled war and violence in her home country, the Ivory Coast. She was pregnant and under the age of 18 years.

Esther was referred to Andrew Provan House through temporary accommodation in partnership with Social Services. At her first Support Needs Assessment interview, it was identified that;

- Esther was apprehensive about moving into Andrew Provan House
- She was confused, worried, traumatised and unable to communicate effectively and appropriately her needs
- She was on very low financial support from social services
- She was isolated, had little or no support network and was very stressed
- She had little or no English language which made it more difficult for her to express herself
- She wanted to enrol in college to do ESOL and further her career in Food and Nutrition
- She was not registered with a GP, Dentist or Optician
-

After series of support work and informal meetings with Esther she started accessing activities organised by Andrew Provan House. The staff at Andrew Provan were very supportive through out her pregnancy period. When Esther went into labour support staff from APH accompanied her to the hospital and remained by her side until she gave birth this helped in building our relationship with Esther, she was very appreciative of the support as she was feeling very low due to having no family members to support her.

Esther slowly integrated and settled effectively, over a period of time she built a trustworthy and good working relationship with her key worker and other members of staff. She accessed social activities organised by APH: the crèche facility and house meetings. Esther participated fully in the social and recreational activities and trips provided at APH. Esther went on the week holiday trip to Yarmouth and this helped her to integrate with other families, at the same time this contributed to her improvement in speaking English and boosted her confidence.

Esther accessed mainstream services: which included registering with a GP, Dentist and Optician. She accessed health services applicable to her and her son's health and mental development. Embracing diversity and settling in a different country with different cultures, systems and procedures was very frustrating for Esther. Her key worker assisted her to apply for Income Support, Milk tokens and Child Benefit; she is now in receipt of all applicable benefits.

Esther's key worker based some of her support work around helping her to integrate into this society giving her helpful advice. Esther takes responsibility for her financial obligation to AHP, paying her service charges and utility bills.

When Esther turned 18 years she was assisted by her key worker to apply for housing benefit of which she is in receipt.

Esther has now enrolled in Hammersmith College studying ESOL and she has been accepted to study Food and Nutrition in September '06. Esther's English language has improved considerably well and she communicates her needs effectively. She has a good relationship with members of staff and she has also found a friend in one of the residents, with whom she shares a similar background, experiences and culture.

Esther is a happy young woman in retrospect; she has great potential to be a productive individual in her community. She has met all the objectives set in her support plan and she has been co-operative. She is very independent and takes initiatives to meet her needs and that of her son. She deals with day to day issues methodically. She has re-gained her confidence, self esteem and dignity.

Case study three

AB and his family were referred to Andrew Provan House by Temporary Accommodation as homeless with support needs. During our needs assessment interview with AB and his family it was identified

- that he was urgently in need of suitable accommodation
- he was emotional and psychologically distraught by the experiences of his homelessness
- he is clinically depressed, and was exhibiting serious anxiety and nervousness
- He was not in receipt of housing benefit, Child Tax Credit, Income Support
- He was on sick leave
- His wife, MB has little or no English
- They were isolated and vulnerable
- MB needed to establish a support network in the community
- They lacked confidence, self-esteem and felt degraded

AB and his family was then offered a two bed room, self contained and fully furnished flat. When AB and his family first viewed the flat, they very emotional they could not hold back the tears of joy.

AB and his wife and new born baby girl, moved in on the 13/ 4/06. A support worker was assigned to the family, to work with them and enable them meet their short and long goals.

AB was able to complete some of the information needed on the his housing benefits and the support worker ensured that the all information was recorded appropriately and relevant information sent to housing Benefit and Child Tax Credit . AB provided all the relevant documents needed for both forms and took the housing benefit to the housing department. AB's rent is being paid by the council. He is now receiving Child Tax Credit, although that took a long time to come through.

AB and his family registered with local GP, dentist and optician and they accessed all health services applicable to their well-being. AB is seeing his psychiatrist and is attending counselling sessions to help him deal with his depression

AB and his family do take part in all services and events to enable them to build their confidence, have a quality life style and be independent. AB and his family are actively involved in house meetings and also participate a great deal in all activities organise by APH. Over the past few months, they have regained some of their confidence, self esteem and dignity

AB now work 16 hours per work and MB is attending college studying ESOL to improved her English and build her communication skills.

AB and his wife have established a good working relationship with staff and other residents. Recently AB organised a dinner party for all resident and the

food was excellent and showed what could be achieved on a limited budget. The dinner was attended by staff and other residents and he was congratulated by those who attended on the quality of the food he prepared. For the staff conference, AB was part of the team who prepared the lunch for all Field Lane Staff. He was so pleased to be part of such a sociable and empowering event; this made him feel a sense of belonging.

AB and his family are very happy and very cooperative and pleasant family to work with. They have developed in all areas of their lives and this has built a solid foundation for the future.

AB and his family were able to access mainstream services, support network groups, college, health, immigration, state benefit with the support of the their support worker and the team in APH.

AB and his wife discovered she was pregnant with their second child in July 2007, although they were initially delighted it brought back memories of when they first faced homelessness and AB struggled to cope.

AB'S mental health declined with the uncertainty of their housing future. AB discussed with his support worker the possibility of his mother coming over to stay closer to the birth. This was discussed and agreed which took a huge weight off his shoulders. AB was also reassured that APH would not be seeking to end his tenancy as we considered that he and his family still required ongoing support.

MB gave birth in February 2008 and is coping well with the assistance of her mother-in-law. AB remains mentally fragile but has resumed counselling, during a recent support meeting he expressed how grateful he was to all at APH and acknowledged that the security and assurance he had received had helped him from slipping into further decline.

Appendix four: Changes influenced by residents at APH

(described by staff)

Residents asked to have a focus group meeting with a professional from the Housing Need Department to discuss their housing needs and the various housing options available. All our residents are affected by housing issues and it is of paramount importance to their stability and quality of life. The workshop with the Housing Need Department was organized in January 2008 by staff and most residents attended. Even though some were not happy with the some of the facts and figures about the Housing Market in RBKC, most were pleased to have been up-dated with relevant information. This gave some the opportunity to follow-up or challenge issues that are holding up their progress into permanent/temporary accommodation in the borough.

Another issue that residents have influenced in the past few months is the House Meetings which were being held once a month. It was proposed that the meeting should be held more frequently, every fortnight. However, most residents stated that they have appointments to go to, take their children to nursery/schools and also some attend college, so it was not realistic to have the meetings more often. It was therefore decided to continue with monthly meetings.

It has always been the procedure at APH that only overnight visitors over the age of 16 were allowed to spend the night with family and friends. This rule was put in place as there had been concerns when younger family members had stayed over and accidents had occurred. Because some of the residents have family and friends below the required age, the issue was discussed at a House Meeting in September 2007 some of residents expressed their discontent about this and suggested that the limit could be lowered to 10 years of age when children can be reasoned with and act more responsibly. The situation was discussed with management and after consideration the minimum age was agreed to be lowered to 10 years. This has helped maintain contact with siblings and allowed the babysitting exchanges to take place.

LAUNDRY

There have always been complaints about residents leaving their clothes in the laundry for hours, preventing others from using the machines. This issue was discussed at every house meeting. Residents came up with the suggestion of a white board to be filled in with the flat number using the machine, staff could then be advised if washing remained in the machines after use and the relevant flat contacted.

CHRISTMAS 2006 and 2007

Christmas dinner was influenced by residents both years running. They unanimously agreed that we should have a traditional Christmas Dinner, and

follow with music and dancing. Every aspect of the dinner was at their suggestion and they helped in the preparation of the food as well as getting the tables laid and the tree decorated.

VISITORS

When the project was first set up there was a very strict policy in place no overnight visitors were allowed under any circumstances. This rule was very strongly opposed by residents which led to constant problems and complaints. Visitors were still spending the night without staff's knowledge and permission, which undermined the Health and Safety Procedure. After a series of meetings and consultations with residents, the visiting hours were changed. Sunday to Thursday remained the same with visitors required to leave by 10.30pm. However Fridays and Saturdays were extended until midnight on the understanding that residents accompanied their visitors and ensured they left the building quietly and signed in and out.

Visitors were also not allowed to go to residents' flats unaccompanied; whoever they are visiting had to come down to accompany them to their flats. Most residents opposed this procedure, as they were sometimes in the middle of cooking, or attending to their children. They said this was tiring and unreasonable for a lot of them, and as a direct result of their comments staff now announce their visitors via the intercom thereby saving residents the need to come down to the office.

INTERNET

Because phone lines are not allowed in residents' flats, they suggested that a computer plus internet be made available in the family lounge, so that they can access information and other resources. This was put in place as well as the WIFI facility which enables residents to access the internet via their laptops. Most residents are using the internet facility to download information on job opportunities, health, resources on colleges, training and development and also to bid for housing.

TRAINING

Residents emphasised the need for cooking sessions as most of them had no idea of how to cook from scratch. Sessions were set up over a six week period covering dishes from around the world and were well attended, and a certificate of attendance was awarded. Residents also asked for training in First Aid and Food Hygiene. Accredited courses were run by Field lane and those that attended were proud to receive their certificates.

SEXUAL HEALTH

At a House Meeting in 2007, we discussed sexual health and contraception, and it was suggested by residents that they would like a focus group/workshop to discuss this subject with a professional about sexual health and family planning. It was also suggested that condoms could be put in the laundry room as it was the only area that is accessible by adults. This facility has proved that the residents take their sexual health and family planning seriously.

FUNDRAISING

For the first time at APH, residents decided to fundraise for Children In Need, and amazingly, they raised £300. They made leaflets, had meetings with other residents and invited their friends and families. They did a walk from APH to Hyde Park and completed a circuit of the park which took 3 hours. The buggies were decorated with balloons and stickers. The event was organized entirely by residents and was very successful.

ACTIVITIES

Last year parents started giving support to the crèche staff by assisting in organising activities for the children such as reading stories and becoming part of the play sessions. The support given by parents is important to the development of their children. Children thrive when their parents are involved in their development.

Arts and Crafts sessions were organised at the suggestion of residents and once funding was sourced the sessions began with the residents indicating what activities they would like. One of the suggestions was for 'Hand and Foot' Print Moulding. Staff provided the relevant resources and worked with parents to mould the feet of their children. Most parents were extremely happy to have a sculpture of their children's feet as a lasting reminder of their early years. Residents asked for canvases so they could produce artwork to brighten up the lounge.

Residents have also brought changes in the play room, such as the following suggestions which led to changes and innovative activities for both the child and the parent.

- Painting/Puzzles activities
- Sand play area
- Music sessions
- Baby massage
- Daily Communication Sheet
- Barriers to be placed if there are toddlers
- Art and craft activities
- The opening of the playroom from 10:30 to 2:30 instead of the 12am - 3pm
- Visit to see Father Christmas
- Storytelling.

SUPPORT PLANNING

Residents were unhappy about the frequency of support plans reviews and at the times some of these were carried out. It was therefore decided to review plans every 3 months instead of monthly, and the rota was changed to enable staff to see residents during the day when they were able to concentrate on discussing support needs without worrying about getting their children ready

for bed or cooking a meal. Residents have reported that they are much happier with the new system.

POLICIES

Residents at APH are regularly involved with policy reviews and any suggestions they make are passed on. Changes have been made to the policy regarding visitors and complaints as a result of their input.