Wrestling with SUMO: monitoring outcomes with former homelessness service users

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Abstract

The purpose of this paper is to contribute to the methodology of service outcome measurement by testing a tool with a particularly challenging group of service users *after* their formal use of services has been completed. Providers of housing support for homeless people are subject to the performance monitoring culture like any other services dependent on public funding. They have therefore given a good deal of attention to the measurement of outcomes with their service users. However, the tools that have been developed are of questionable value with *former* service users, despite fears about the 'revolving doors' syndrome and the long-term sustainability of the benefits of housing support services.

After a brief review of some of the outcomes measures currently available, this paper gives an account of a new tool – SUMO (Service Users Monitoring of Outcomes) – that uses a benchmarking approach by inviting people who were using services to consider their lives in relation to 12 benchmark statements. SUMO was tested with a small sample of users of direct access accommodation, supported housing and tenancy support services. The tool was tested twice, first when service use was about to end and again three months later.

The findings from the pilot study revealed that life improvements that had been achieved as service users were largely maintained in the first three months after service use ended. This was more noticeable for housing, budgeting and life skills than for physical and mental health and managing substance use. It was also more apparent for women than for men and for former tenancy support clients than former direct access clients.

The benchmark approach had a number of advantages for use with former users with whom contact was rare, but the pilot study begged further research. For instance, the tool was designed for use by telephone interview or self-completion questionnaire, but the pilot study used face-to-face interviews in order to catch a richer stream of data. It triangulated benchmark compliance with two other measures – user satisfaction and desire for change – potentially increasing reliability. Moreover, it raised the possibility of user involvement in the composition of benchmarks, the conduct of interviews and the analysis of results. However, it left questions about whether the three month time lag between first and second interviews was sufficient for participants to become properly established as *former* service users.

Introduction: measuring the outcomes of homelessness services

This project grew out of the needs of a housing association in the East Midlands. The housing association is the principal provider of a range of services for homeless and vulnerably housed people with complex needs covering a county that includes a major conurbation. Services range from street outreach to direct access, supported housing and tenancy support. Measuring the long-term impact of services has become a priority for policy makers and service providers. They have been concerned that, despite the good that services do, little is known of what happens when people cease to be service users, except when they reappear in a crisis. The difficulty has been the lack of reliable and usable tools for assessing the difference that services make to people's lives, especially when they cease to be service users. In the proposed project, the housing association was interested in showing how improvements in the quality of service users' lives are sustained once contact with services has ceased.

As a beneficiary of public funding under the Supporting People (SP) programme, the housing association is expected to demonstrate its contribution to long-term policy goals. Stakeholders in the business of policy implementation who might be interested in measuring outcomes fall into three broad categories. First, there is a strategic need for funding bodies like SP to demonstrate their contribution to broad policy goals like promoting independent living, for which they need to gather data that can be compared with data gathered from other programmes. Secondly, commissioning authorities need data on service outputs so that they can compare the costs and benefits of different services. Thirdly, service managers and users are interested in the achievement of personal goals and what services work most effectively in improving the quality of people's lives. In the field of supported housing, there is a further interest in preventing the 'revolving door' syndrome, whereby service users who leave services having succeeded in managing a range of complex needs, are next seen at emergency services some months later after a crisis has occurred. A way needs to be found to measure outcomes and check any deterioration among former service users so as to trigger interventions that might prevent such crises. A review of outcomes measures currently being used in the supported housing field revealed two to be particularly significant.

The Supporting People outcomes framework

Supporting People (SP) is a Central Government fund for supported housing, administered by local authorities in England and Wales since 2003. It describes itself as 'a programme that delivers quality of life and promotes independence' (ODPM, 2004: 1). This was re-iterated in its consultation on the development of a programme strategy. 'Preventative approaches continue to be developed which enable independence and quality of life and avoid unnecessary use of costly crisis services.' (ODPM, 2005: 10) This implies a focus on the pursuit of particular outcomes, on which, according to the consultation, the programme should lay greater emphasis. The question is therefore, 'How could we ensure appropriate and useful outcome measures for housing-related support at the national level?' (*ibid:* 19)

In response, SP with the help of the Centre for Housing Research at St. Andrews University (CHR), embarked on a programme for developing a national outcomes framework. There was felt to be a need to generate outcome data that were comparable both geographically and inter-departmentally, so that SP could prove itself to other government departments in competition for scarce resources. Commissioning authorities also needed better contract management information and the whole monitoring process needed to be simplified. Given the desire for

comparability, it is therefore not surprising that the architects of the new framework seized on the five higher level outcomes of the *Every Child Matters* framework: achieve economic well-being; enjoy and achieve; be healthy; stay safe; make a positive contribution (Chief Secretary to the Treasury, 2003). The task was to generate a set of outcome measures under each of these broad headings that could be used across the board for all short-term services. After a brief pilot, the new framework was launched at the end of May 2007 (DCLG, 2007).

Completion of the new outcomes form is mandatory for all users of SP funded services for at least 28 days. Primary support workers are expected to complete the form regardless of service users' co-operation. After a lengthy request for service user information, the form follows a standard format for a series of measures of the five broad outcomes. The support worker first has to say whether the service user needed support for the particular issue to which an indicator relates, e.g. claiming benefit entitlement for 'achieving economic well-being'. If yes, he or she then has to say if the associated outcome was achieved. If it was not, reasons have to be given according to three types of factors to do with the service user, the service provider or the external environment.

The new outcomes framework has raised a number of concerns. It is clearly designed to meet the needs of SP managers rather than service users. It does not supersede existing monitoring requirements generating considerable extra work for support workers. The lengthy preamble involves the gathering of user information already known, raising the danger of 'assessment fatigue'. Completion involves the frequent exercise of subjective judgements in the absence of the service user, questioning the validity of the data collected.

However, the framework throws up deeper issues about the appropriateness of applying an outcomes framework that was originally developed for children to a world of vulnerable adults with special needs, for whom we might have expected some element of restoration to have been built into the measurement of outcomes. Thus health is only expected to be 'managed' rather than improved. While children were systematically consulted in the construction of the *Every Child Matters* framework, there was no consultation of vulnerable adults in the development of the SP framework.

Moreover, the desire for data comparability has necessitated an aggregation of indicators that further undermines the validity of the information gathered. Furthermore, there is little differentiation by client need, service type and user group; neither are alternative outcomes recognised. The assumption appears to be that client support can be neatly compartmentalised into logically related, cause-and-effect, support-and-outcome couplets, implying that if support achieves an outcome other than its designated aim, it has failed. Furthermore, in focusing on outcome *failure,* the standard format begs all manner of questions about the processes by which outcomes were *achieved.*

The Outcomes Star

The 'Outcomes Star' (London Housing Foundation, 2006; MacKeith et al., 2008) is currently the most widely publicised of a range of measures being used in the voluntary housing sector to monitor progress among service users by measuring the distance travelled along a range of parameters, thereby avoiding the snapshot measurement of the SP framework. The Star involves key workers undertaking periodic interviews with service users who are invited to undergo a 'journey of change' by tracking progress in a number of areas. These include things like 'managing money', 'drug and alcohol misuse' and 'emotional and

mental health'. They are arranged in the form of a 10-point star, each with a 10-point scale known as a 'ladder of change', to give service users a visual image of their progress, the goal being to achieve a life with all points fully developed. (See Appendix where the Star's outcomes are compared with those proposed for SUMO.) Anything short of this leaves service users with a distorted 'star', which might signify failure.

In the more recent version of the Star, the ten rungs of the ladders of change are sub-divided into five stages to indicate common points in service users' journeys up the ladders. The stages are labelled 'stuck', 'accepting help', 'believing', 'learning' and 'self-reliance'. The generic definition of the final rung of the ladders gives an indication of what the Star is trying to measure.

> *We have no issues in this area and behave in ways that work well for us and for those around us. We don't need any outside help to maintain this way of doing things. We know when we need support and know how to get it.* (MacKeith et al., 2008: 9)

The implication is that the only outcome being measured is independence, the ten ladders merely distinguishing different areas of life in which independence is to be demonstrated. There is no attempt to specify a quality of life to be achieved as a result of independence. This issue will be picked up again when the Star is compared with SUMO in the concluding discussion.

There is no doubt that the Star gives service managers and users an instant picture of progress over time. Aggregated data will also give service managers an indication of what is working well by highlighting areas of progress among several users. With its 10-point scales for each point on the Star, an attempt is made to quantify the measurement of soft outcomes. Each Star is typically drawn up by means of a quarterly meeting between service users and their key workers, giving the former a high degree of personal responsibility for monitoring their own progress. Validity depends on a continuous relationship for the interpretation of evidence, creating problems if the key worker should move away and making adaptation for use with former service users especially difficult. Positions on the 10-point scale are each given a precise definition, but even so some subjective judgement about where service users are located on the scale is still inevitable. We are therefore left with concerns about the reliability of data based on the subjective judgements of two parties, both of whom have an interest in demonstrating progress. The Star gives a measuring tool that is adaptable across a range of needs and services, but the 'star' image makes a critical judgement about the equivalence of the different life goals whose progress is being measured. There is thus no opportunity for service users to prioritise, say, dealing with substance issues over promoting employability skills.

The Star is still in the process of being developed, but it has been the subject of an early consultation in which homelessness organisations around the country were invited to participate (Outcomes consultation, 2009). Of the 84 respondents, nearly half were from London. The consultation form was mainly completed by service managers, with only a fifth completed by frontline workers, and only one by a service user. Two thirds of respondents said their organisations were using the Star, but a substantial minority wanted to revise it in some way, because, for instance, it was not suitable to their work, or service users found the ladders too complicated or wordy. At least two thirds of organisations also thought aggregated data from the Star could be used for comparing the effectiveness of different services and as an evidence base for policy, but some organisations thought the data would be too subjective. However, the main practical drawback which was not considered in the consultation was that the Outcomes Star and models like it have mainly been developed for use with *current* service users and require a periodic lengthy interview to gather data. They would encounter

significant obstacles when used with *former* users. A different approach was therefore needed.

Developing an outcomes monitoring tool

The analysis of outcomes measures led to the conclusion that a suitable monitoring tool needed to satisfy a number of methodological criteria:

- The *purpose* needs to be specified. Who are the intended beneficiaries of the data: service users, service managers or policy makers?
- What the tool is *measuring* needs to be made clear. Is it broad lifestyle outcomes, or narrower outputs that can be linked to specific services?
- The tool needs to be able to capture *change over time*. Vital to this is the ability to replicate its use with *former* service users.
- It should use *valid* indicators that capture data on what they claim to measure. The importance of involving service users and support workers in the validating process should not be under-estimated.
- The tool should be able to generate *reliable* data using measures that can be replicated with different service users or with the same service users at different times. As far as possible, objective measures are preferred to the subjective assessments, for instance, of key workers.
- Ideally, the tool's use should be *generalisable* between different services and user groups, measuring broad outcomes with wide applicability.
- Importantly, the tool should be *practicable,* easily used by support workers with *former* service users, and requiring minimum training.
- Using the tool should generate data that is *meaningful* to service users, enable them to see stability and change in things that matter to them.
- Most vital of all, the tool needs to be *acceptable* to service users and sensitive to their individual circumstances.

It was agreed that the tool should be tested with the help of services indicative of the range of the housing association's facilities, both functionally and geographically. Discussions were held with staff and service users that led to the selection of a city-based direct access hostel (DA), two city-based supported housing projects (SH) and a county-based tenancy support service (TS) as suitable sources for the selection of a pilot sample of service users whose formal use of services was about to come to an end. Seven service user households at the end of their tenure agreed to participate: a man, a woman and a mixed gender couple from the DA hostel; two men from SH projects; and two women from TS services.

Following these meetings, it was concluded that a suitable outcomes monitoring tool would need to satisfy a number of further criteria, in addition to those listed above. It would need to be sufficiently brief and straightforward to be administered over the telephone with former service users. It would have to be used first with service users immediately prior to departure to provide a baseline from which to measure subsequent changes. It should cover the full range of lifestyle issues included in the Supporting People outcomes form in order to provide broadly comparable data. It should measure long-term outcomes, not service outputs, and it should be usable with all types of service users.

The approach that was adopted was loosely based on the CUES (Carers and Users Evaluation of Services) model developed by the Institute of Psychiatry in the late 1990s for use with mental health service users living in the community (Lelliott et al., 1999). 'CUES' was a self-assessment tool designed to measure outcomes from the perspective of the users of community mental health services and their carers. The purposes were to inform care workers of care outcomes and how they

changed over time, to facilitate care plans and to provide aggregated data for use in evaluation and service planning. There were two versions, one for users and one for carers. The tool consisted of 16 benchmark statements that each corresponded to a domain of the service user's life. Respondents were invited to assess their current quality of life against each of the benchmarks, to say whether they were satisfied with their quality of life with respect to each domain, and to say whether they would change any aspect of their lives. The tool was subjected to extensive field trials which revealed a good level of test-retest reliability when respondents were invited to repeat the self-assessment within a fortnight. It was therefore decided to adopt a similar benchmarking approach to assessing quality of life outcomes for the former users of homelessness services.

The tool that emerged – SUMO (Service Users Monitoring of Outcomes) – consists of a questionnaire that includes 12 benchmark statements, one for each lifestyle domain: housing, money, life skills, activities, family and friends, social life, physical health, mental health, substance use, keeping within the law, staying safe and getting help (see Appendix for list of benchmark statements). The statements are based on a minimum acceptable and sustainable lifestyle for a formerly homeless service user living in their own accommodation. As with CUES, for each statement, three questions are asked:

1. How close is your current situation to this benchmark: as good as this, worse than this or much worse than this?
2. Are you satisfied with your current situation: yes, no or unsure?
3. Would you like to change anything about your current situation: yes, no or unsure? If yes, what would you like to change?

The purpose of asking three questions is to get away from the subjectivity of satisfaction surveys by providing three corroboratory measures, one based on the objective assessment provided by the benchmark, one based on the respondent's own subjective assessment of satisfaction, and one based on willingness to change regardless of the other two assessments.

The tool was designed for self-completion, but could also be completed by a member of staff over the telephone or face-to-face with a service user. Text was therefore kept to a minimum, and every effort was made to couch the benchmark statements in language with which service users would be familiar, even at the expense of some conceptual precision. Text was also re-enforced with the use of suitable visual images. Moreover, statements needed to be brief if they were to be used in an interview context.

The pilot study

The plan was to complete SUMO with participants at the point where they ceased to be service users and then three months later. In the event, all participants preferred to complete SUMO by face-to-face interview rather than by self-completion questionnaire. This was helpful in enabling their comments to be tape-recorded and compared with what was written on the SUMO form during the interview, and with what they said at the second interview. However, it meant that the use of SUMO by telephone interview – the method likely to be used by staff – could not be tested.

Although all seven participants agreed to be interviewed a second time, only four could be traced. After completing SUMO on each occasion, they were asked a further brief series of questions about how well they understood the benchmark statements, how relevant they found the 12 topics, and whether there were any important issues in their lives that the questionnaire missed. This final part of the

interview served as a de-briefing and provided a further opportunity for service users to evaluate SUMO.

The findings were analysed from two angles. The first looked at the experience of completing SUMO, including our reflections and participants' comments, and drew conclusions about its usability as an outcomes measure with former service users. The second pulled together the substantive results around the three main measures: compliance with the benchmark statements, participant satisfaction and perceived need for change.

The process of completing SUMO

Participants reported few difficulties understanding the benchmark statements, though they occasionally had to be read to them a second time. Moreover, the topics were relevant to participants' lives, and nothing significant was left out. SUMO worked well as an interview tool, and should be used this way rather than as a self-completion questionnaire.

Despite SUMO's overall user-friendliness, participants encountered one or two difficulties in handling some of the questions. Despite the use of simplified language, the benchmark statements are all quite complex and respondents did not always grasp that the situations described are merely illustrative and did not require compliance with each in detail. Moreover, some participants wanted to be able to break up complex benchmarks and say that they were satisfied with one aspect, but not another. For instance, participants wanted to distinguish between drugs and alcohol with regard to substance use. There was also a need in some cases to stress that benchmark compliance was to be assessed in the light of *current* circumstances and not past experiences, which frequently fell well short of the benchmarks.

The use of the three measures – benchmark compliance, satisfaction and desire for change – was vital to a full understanding of service users' situations and their perceptions of them. Findings on a given lifestyle issue were frequently inconsistent between the three measures, and with good reason. For instance, a TS participant felt her money situation fell short of the benchmark because of her debts, but she was satisfied because she was coping, yet she still hoped for a better standard of living when her partner got the job he was applying for. However, we should not exaggerate the reliability afforded by this pattern of triangulation. Participants' estimations of their benchmark compliance, their degree of satisfaction and their desire for change, must all be seen in the context of past experiences of damaged lives and the frequently low expectations that they bequeath. For instance, two respondents felt their mental health was OK because they weren't currently seeing a psychiatrist.

A number of practical issues arose from the process of working with *former* service users. The loss of participants between interviews in the space of three months may have reflected a genuine desire not to be contacted again, but might also have been the result of changes in mobile phone facilities. This suggests that regular contact needs to be maintained if former service users are to be monitored reliably. However, former service users were only 'former' in the sense that formal service arrangements had ceased, but without exception participants at the second interview had retained informal contact with their former services, typically seeking advice in dealing with official letters. This meant that the circumstances of the two TS participants had changed little in the intervening period. Ideally, SUMO should have been tested six months or a year after people had ceased to be formal service users.

Substantive findings

At the first interview, when participants were still service users, all participants considered their lives to be as good as the majority of benchmarks. However, while 'life skills' and 'keeping within the law' were the only ones that all participants felt were met, three out of the seven participants felt their current situation fell short of the 'housing', 'money', 'use of time' and 'social activities' benchmarks. Greatest frequency of benchmark compliance was noted by TS participants and greatest infrequency was recorded by those in the DA hostel; moreover, greater frequency of compliance was noted by women than men.

By the time of the second interview, average frequency of benchmark compliance had deteriorated. 'Keeping within the law' was now the only benchmark that all participants felt was met, while the benchmarks of which participants now most commonly fell short were 'physical health' and 'mental health'. Meanwhile, the benchmarks against which participants fell short at the first interview all registered a higher frequency of compliance three months later. Moreover, the first interview comparisons between TS and DA participants, and between men and women, persisted at the second interview. If we can deduce anything from such a small sample, it is that the benefits that can be attributed to services, especially re-housing, budgeting and life skill training, tended to be maintained, but former service users appeared at risk from new vulnerabilities that affected their physical and mental health. The overall deterioration in benchmark compliance might be explained by rising expectations, rather than deteriorating circumstances.

On average, participants reported dissatisfaction in areas of their lives more frequently than might be expected from the findings on benchmark compliance. At the first interview, all participants were satisfied with their life skills and their ability to keep within the law. However, only three of the seven were satisfied with their use of time and their social activities. Moreover, as with benchmark compliance, TS participants were more often satisfied than DA and women were more often satisfied than men.

Changes in frequency of satisfaction by the second interview, to a degree, mirrored changes in benchmark compliance findings. Thus, once again, all participants were satisfied with their life skills and ability to keep the law. However, no participants were satisfied with their physical health and only one with their mental health. There was also some decline in satisfaction with money, as the costs of independent living became apparent, and substance use issues re-emerged in one case. Nevertheless, every participant but one was now satisfied with use of time and social activities, pointing to the benefits of independent living in improved occupation and social contacts.

The inferences from the satisfaction findings reflect those on benchmark compliance regarding worsening perceptions of physical and mental health. However, altered perceptions had less to do with new illnesses to be overcome as with a desire to get to grips with long-standing issues and improve health more generally. The findings may therefore be explained by the raised expectations and sense of responsibility that sometimes come from independent living. However, independent living for one case where long-term substance use was the main issue clearly generated challenges in negotiating and meeting appointments that had not been encountered in the hostel setting with its readily accessible sources of support. Failure to rise to these challenges was threatening other areas of life crucial to tenancy sustainability.

The perceived need for change was more often encountered than dissatisfaction and this was true at both interviews. At the first interview, some desire for change was expressed by at least one participant for all topics. Five participants wanted a better use of time, and four sought improvements in their money situation, their relationships, their social activities and their physical health. This could be understood as a reflection of the aspirations of people about to move into their own tenancies, and explains why desire for change exceeded levels of dissatisfaction. As before, men wanted change more than women, and DA participants wanted it more than TS respondents.

At the second interview, no-one was seeking change in their ability to keep within the law, but everyone wanted to improve their physical health, though more in the sense of physical fitness than the need to overcome ill-health. Apart from these findings, the desire for change had not declined noticeably in the three months since participants ceased to be service users. Whether this indicates disillusionment with independent living is not clear.

Discussion: SUMO and the Outcomes Star as outcomes measures

The purpose of this final section is to compare SUMO with the Outcomes Star and test both against the criteria set out earlier (p.5) by which the adequacy of outcomes measures can be gauged. Both tools satisfy the *purpose* criterion, having the potential to be used by service users to gauge progress, service managers to evaluate service effectiveness and policy makers to plan on the basis of what works. Early aggregated data from the Outcomes Star has already been analyzed to generate findings on the effectiveness of St. Mungo's hostels (Triangle Consulting, 2008).

Conclusions on what the tools are *measuring* are more mixed. Both tools attempt to measure broad lifestyle outcomes across a number of domains, but the wording of the Star outcomes suggests that the over-riding concern is with service user independence rather than distinct lifestyle conditions. The Star defines its domains in terms that show many similarities with SUMO's benchmark statements, but their function is different. They are domain descriptors rather than yardsticks against which current circumstances can be compared. The goals that relate to each descriptor (rung 10 on the 'ladders of change') all relate to the service user being able to manage an aspect of life *without outside support.* The substantive domains show a high degree of comparability in nine cases, but some of SUMO's domains – staying safe, getting help and, to a degree, social life – have no equivalent in the Star's domains, while one of the latter – motivation and taking responsibility – is not covered by SUMO. In short, the Star is measuring service user *attitudes and capabilities*, whereas SUMO is measuring *conditions of life.*

Both tools are designed to capture *change over time,* but it is hard to see how the Star's complex data-gathering could be used with *former* service users. Against this conclusion, difficulties in tracking former service users had not been resolved in the SUMO pilot. With regard to *validity,* the Star can be commended for not only specifying *goals,* but also identifying indicators of progress at each stage in a process of change in considerable detail. But herein lays its principal weakness, for it is hard to see how service users won't interpret this as an exercise in mapping their lives out for them. One of the weaknesses of the SUMO benchmarks was that service users often wanted to disaggregate their components. With the Star, service users can only move in a pre-determined direction, with each stage set in advance. Moreover, the Star does not allow them to prioritise domains, being required to give equal weighting to each. Because

SUMO not only asks respondents to compare their lives with a benchmark, but also invites them to express degree of satisfaction and any desire for change, they are given the opportunity to attach their own importance to each domain.

Reliability raises the issue of triangulation. The Star typically gathers data through interviews between service users and their key workers, both of whom have an interest in demonstrating progress, and commentators have already commented on the subjectivity of this process. SUMO potentially suffers from the same problem, but by asking three questions of each domain, the service user's situation is examined from three angles, increasing reliability. Further criteria for judging the two measures include the *practicality* of their use, and whether they are *meaningful* and *acceptable* to service users. Space does not allow a full examination of these issues, but both tools suffer from shortcomings in these respects. Critics have found the Star's use of detailed and complex verbal criteria to be problematic to service users with literacy or language problems. For the most part, respondents understood the SUMO benchmark statements, but sometimes needed clarification, for instance, that benchmarks were referring to current circumstances, not past experiences of homelessness.

References

Chief Secretary to the Treasury (2003), *Every Child Matters,* Cm.5860, London: The Stationery Office. Available at http://www.everychildmatters.gov.uk?_files/EBE7EEAC90382663E0D5BBF24C99A7AC.pdf [Accessed 24.10.08]

DCLG (Department for Communities and Local Government) (2007), *Framework and Guidance for Completing Supporting People Outcomes for Short-Term Services,* London: DCLG

Lelliott, P., Beevor, A., Hogman, G., Hyslop, J., Lathlean, J. and Ward, M. (1999), *The CUES Project: Carers' and users' expectations of services,* London: Department of Health

London Housing Foundation (2006), *The Outcomes Star,* London: LHF and Triangle Consulting

MacKeith, J., Burns, S. and Graham, K. (2008), *The Outcomes Star: Supporting change in homelessness and related services,* 2nd ed., London: Homeless Link

ODPM (Office of the Deputy Prime Minister) (2004), *What is Supporting People?*

ODPM (2005), *Creating Sustainable Communities: Supporting Independence. Consultation on a Strategy for the Supporting People Programme*

Outcomes consultation (2009) available at http://www.homelessoutcomes.org.uk/resources/1/Outcomes%20consultation%20March%202009.pdf [Accessed 4th June 2009]

Triangle Consulting (2008), *First Research Results from the Outcomes Star,* London: St. Mungo's

Appendix: Comparison of outcome statements between SUMO and Outcomes Star

SUMO outcome domains	SUMO benchmark statement	Outcomes Star domains	Outcomes Star final outcome statement
Housing – where you live	The place you live in meets your individual needs. You don't have to worry about having to move out, and it's somewhere that doesn't make you afraid. You are able to come and go when you want, be alone when you want, and not be harassed by anyone.	Managing tenancy and accom-modation	This ladder is about how well you comply with the terms of your tenancy – things like paying rent and bills, getting on with your neighbours and taking responsibility for visitors. Goal: Can manage my accommodation without external support.
Money – rent, bills and budgeting	You have enough money to pay your bills, eat enough to stay healthy and reduce your debts or stay out of debt. You don't feel isolated or cut off from people you care about because of lack of money. You are getting all the benefits you are entitled to and you are able to budget.	Managing money and personal adminis-tration	This ladder covers all aspects of managing money, including filling in forms, sorting out benefits and taking responsibility for them, budgeting, paying bills, managing and reducing debt, lending and borrowing money appropriately and being able to live within your income. Goal: Can manage my money fine – don't need support with it.
Life skills – looking after yourself	You have the skills to look after yourself. This includes dealing with paperwork, cooking, washing, cleaning and keeping your things safe. It also includes being able to talk to important people like your landlord, your doctor or the Council.	Self care and living skills	This ladder is about how well you are able to look after yourself and your home. It is about basic living skills and self care, such as keeping yourself and your home clean, keeping safe at home, shopping for the things you need and cooking healthy meals. Goal: Can look after my place and take care of myself without outside help.
What you do – how you spend your day	You are able to spend your day doing things that you enjoy and that give you fulfilment. This could include having a job, doing voluntary work, doing some training or looking after someone you care about. Nobody makes you do things you don't like and you can choose the things you do. You feel valued by other people in the things you do.	Meaningful use of time	This ladder is about how you spend your time – whether you find the things you do interesting and satisfying and if not, how clear you are about what you would like to do instead. It's also about building the skills and confidence you need to do these things. For some people this will mean moving towards education, training or employment. Goal: Satisfied with the way I spend my time – don't need any extra help.
Family and friends – those who care about you	There is at least one person whom you care about and who cares about you. You are able to maintain close relationships with these people. You are able to choose with whom you have close relationships, including family members. There is someone who can give you help with your relationships if you need it.	Social networks and relation-ships	This ladder is about your relationships – who you mix with, whether your social circle supports you in achieving the things you want in life, and whether you feel you can trust and rely on people. You may start the journey on your own and end it having contact with others, or you may start the journey spending time with people who keep you stuck in old ways and end it with people who support you more positively. Goal: Have the friends and contacts I want and need and no major family issues.
Social life – activities and others	You are able to do things to stop you being lonely, like going to places or joining groups where you can mix with people. You have enough money, access to transport and a phone for this to happen. You are able to express any political, cultural or religious beliefs that you hold, including attending meetings or public worship.	[Nothing equivalent, but partly covered by social networks]	
Physical health – staying healthy	You feel physically well most of the time. You are able to do things to take care of your health, like eating healthily, keeping warm and taking exercise. You are registered with a doctor (GP) whom you are able to visit whenever you need to. You have access to the medication you need for any illness you might have. If you have a disability, you have help with your daily activities.	Physical health	This ladder is about how well you look after yourself – noticing when you don't feel well, doing what you need to do to deal with any long-term conditions and living a healthy lifestyle so that you can enjoy a good quality of life. Goal: Looking after my physical health well.
Mental health	You feel mentally well most of the time. You don't feel depressed or anxious. You are able to do things to keep mentally healthy, like finding time to relax or getting out and meeting people. You are registered with a doctor (GP) whom you are able to visit whenever you need to. You have access to the treatment and help you need for any mental ill-health you might have.	Emotional and mental health	This ladder is about how you are feeling. How aware you are of your emotional health, how often you feel low, depressed, stressed or anxious or experience panic attacks. … You may have symptoms of post-traumatic stress or a diagnosed or suspected mental health issue that needs medication or treatment. Goal: No emotional or mental health issues or can manage without outside support.

SUMO outcome themes	SUMO benchmark statement	Outcomes Star themes	Outcomes Star final outcome statement
Substance use – drugs and alcohol	If you use drugs or alcohol, you are able to control the amount you take. You do not take so much that it does you harm. You are able to talk to someone about controlling your substance use. You have access to clean needles if you inject drugs. You can choose to avoid people who try to sell you drugs or alcohol or who encourage you to take them.	Drug and alcohol misuse	This ladder is about whether you use drugs, whether your drinking has a bad effect on your life and how you are dealing with any drug or alcohol issues. It is about how aware you are of any problems you have with drugs or alcohol and whether you are working to reduce the harm it may cause you. Goal: No problem with alcohol or drugs and no support needed.
Keeping within the law	You understand how to keep within the law, what unlawful activity is and what anti-social behaviour is. You are able to avoid breaking the law and to comply with statutory orders. You are able to get help in reducing offending behaviour. You are able to avoid people who might make you commit crimes.	Offending	This ladder is about you and the law – whether you have got into problems with the law, how well you are complying with any legal orders or terms that you are under, whether you understand what causes difficulties and are making changes to stay within the law. Goal: No offending and no need for support in this area.
Staying safe	You feel safe and other people do not harass, exploit, frighten or abuse you. Nobody looks down on you or denies you things because of your race, gender, disability, age, religion, sexuality or any other reason. You are able to get help if you ever experience any of these things.	[Nothing equivalent]	
Getting help – knowing where to go	You know where to go to get help with managing your money, claiming benefits, contacting your landlord, sorting out your bills, dealing with people who are harassing you or anything else that is bothering you. You are able to contact or visit someone who can help you.	[Nothing equivalent]	
[Nothing equivalent]		Motivation and taking responsibility	This ladder is about your feelings about making changes – whether you are ready to make changes, whether you are going along with help or are actively creating change yourself. Goal: Independent of the agency. Friends and/or family provide help, if needed.