**Table 1: short-term outcomes**

*Note: MD = multiple disadvantage*

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| Level  | **Short-term Outcomes**  | **Proposed measurement metric**  | **Current availability and note on collection strategy**  |
| System  | Co-production partners feel their voices are heard in system design and monitoring |  % co-production partners reporting they feel heard in half-yearly survey % governance boards across system which include experts by experience | New data requiredNew data required |
| System leadership effectively monitors system performance and quickly implements solutions | % resolved system obstacles identified in shared register within specified timeframe (interim outcome will be % issues with corresponding action plan)Attendance rate at leadership meetings | SB: I think if we use the model currently in place for MEAM, the strategic board will get a list of system and service obstacles they need to tackle which forms an action plan to report back on by the next meeting. Important they crack on though and don’t leave it till the next meeting… maybe an on-line tool to track the actions, who agreed etc might help, with the time taken to resolve being part of our metrics? |
| Common definition established across the system ensures individuals experiencing MD identified early on | % relevant agencies adopting shared definition policy  | New data required  |
| Existing services work creatively and in partnership with each other to rapidly address needs of individuals experiencing MD | Number of multi-agency teams, coordinated by trusted person, established for individuals with MDNumber of services jointly commissioned | SB: It this what we have called the team around the person / team around the trusted person? So we could identify he number of individuals identified and of these, how many have a TP and how many have a team around the TP set up? How long that took/ Did everyone who needed to be involved, get involved and fully participate?  |
| Service  | Services develop more user-friendly resources and procedures | % MD service users reporting they feel services they use are user-friendly in half-yearly survey  | New data required |
| No one experiencing MD is required to tell their story more than once  | % MD individuals reporting they have had to tell their story more than once to different providers/service professionals% MD individuals reporting satisfaction with intake processes to new services% MD individuals accepted into a service based on data provided by another service.  |  New data required |
| No one experiencing MD is missed due to lack of data sharing with other services, incomplete assessment | % identified people with MD who report they were turned away from another service in previous 3 months | SB: Can we also ask our existing forums of people with learned experience, to give us an idea? They might run us through some of the obstacles they faced / reasons for the turn away or whatever happened, or maybe we have some of that info already? |
| No one experiencing unmanaged MD is turned away because they don’t meet a service threshold | As above | New data required |
| Individual  | Individuals with MD able to address self-identified priority issues, including small and shorter-term steps | % cohort reporting they have been able to make some progress on an self-identified priority within 3 months of services commencing | Data held (on existing MEAM cohort), can be gathered through existing homelessness outcomes star framework |
| Individuals with MD feel their voice is heard and valued | % cohort reporting they feel their voice is heard and valued  | New data required |
| Individuals with MD feel more in control of the way they engage with services | % cohort reporting they feel more in control of the way they engage with services  | New data required |
|
|  | Individuals are connected to a trusted person to help them navigate the system | Number of individuals connected to a trusted person  | Data held (on existing MEAM cohort) |

**Table 2: long-term outcomes**

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| Level  | **Longer-term Outcomes**  | **Proposed measurement metric**  | **Current availability****(data held/data collected but not held/new data required)**  |
| System  | Reduced reliance on crisis services including drug and alcohol related A&E incidents and drug and alcohol-related deaths | Number of drug & alcohol related A&E incidents for people experiencing multiple disadvantage 6, 12, 18 months after programme commences (at population level) Number of Section 136 referrals for people experiencing multiple disadvantage 6, 12, 18 months after programme commences (at population level)  | Data collected, but not held |
| Fewer people excluded from the system because of digital access, literacy levels, or geographical location | Qualitative survey from experts by experience | New data required  |
| Fewer service gaps and long waiting lists that see people experiencing MD either excluded or failing to see progress addressing their needs | % cohort waiting 2 weeks+ for referrals to commence% of cohort not able to access service to address identified need | Data collected, but not heldNew data required  |
| Service  | Services able to design and deliver trauma-informed, multi-purpose, in-house solutions to address needs of MD clients | % of frontline staff in specified service receiving trauma training% service managers in specified service receiving trauma training% services which are jointly commissioned  |  New data required SB: There is also the possibility of some on-line training, to give an overview to all staff so everone is a bit aware even if not needing in-depth knowledge? Could also help managers who need luring into the more complete training, to give them a 10 min intro so they are more likely to sign up? E.g. county council safeguarding team uses SWAY which is a kind of “slides with voiceover” format and pretty good…. Just an idea |
| Attract and retain knowledgeable, empathetic and culturally competent staff | Rate of turnover among key frontline workers  |  Data collected but not held |
| Staff feel empowered and have resources to build creative solutions in partnership with their MD clients, including working collaboratively with other relevant services  |  % frontline workers reporting they are able to build creative solutions to client problems and work collaboratively with other services |  New data required |
| Individual  | Individuals with MD experience improved quality of life |  % cohort reporting improved quality of life after 3, 6, 12 months  |  Data held (on existing MEAM cohort), can be gathered through existing homelessness outcomes star/NDTA framework |
| Individuals with MD experience fewer interactions with the criminal justice system | Average number of new offences x |  Data held (on existing MEAM cohort), can be gathered through existing homelessness outcomes star/NDTA framework |
| Individuals experiencing MD see reduced level of disadvantage |  % cohort with reduced disadvantage at 3, 6, 12 months  |  Data held (on existing MEAM cohort), can be gathered through existing homelessness outcomes star/NDTA framework |
|  | Where relevant, individuals with MD are settled in stable and supported housing, without repeated cycles of homelessness | % cohort in stable housing 3,6,12,18 months after engagement | Data held (on existing MEAM cohort), can be gathered through existing homelessness outcomes star frameworkSB: depends on the housing they settle in – but we need to gather and report on this for sure! Plus maybe need to add an identifier to new homelessness applications I guess so we can see if anyone is approaching who has previously been through this system – not to penalize of course but to make sure they can pick up again in the system and not be thought of as a totally “new” case |