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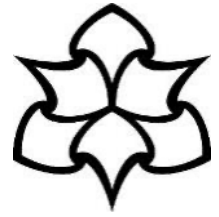
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# **Scoping study on strengths-based social outcomes contracts (Social Impact Bonds)**

## **Main report for Bridges Outcomes Partnerships**

Harry Armitage  
Chris Fox  
Hilary Olson

December 2020

**PERU** Policy Evaluation  
& Research Unit

**USC**Price  
Sol Price School of Public Policy  
*Sol Price Center for Social Innovation*

## Executive Summary

The focus of this report is social outcomes contracts a well-established mechanism for commissioning services to deliver social outcomes using a 'social investment' model. In the UK the term Social Impact Bonds (SIBs) is often used as a 'catch-all' phrase to describe social outcomes contracts, although some argue that the term is misleading since these are not bonds in the strict sense of the term and the term covers contracts that exhibit significant variation in their structure united by a focus on delivering social outcomes and the use of social investment (Albertson et al. 2018).

### ***Social Impact Bonds***

About ten years ago the first Social Impact Bonds (SIBs) appeared. They are a form of outcomes-based commissioning where the finance needed to make the contract work comes, not from government or the service provider, but from third-party investors who provide up-front capital to organisations, often from the voluntary, community and social enterprise sector, to delivery services. The investors then receive their investment, plus a return, from local and/or central government if outcomes are achieved.

Commentators including policy-makers, think tanks and academics distinguish SIBs from other forms of outcome-based payment by emphasising that they:

- are a catalyst for innovation in the design and delivery of front-line services and, in turn, a driver of public sector transformation;
- bring new, socially motivated investors into public services by aligning social and financial returns on investment; and
- minimise risk for service commissioners who only pay for agreed outcomes that are delivered and, at the same time also minimise risk for smaller, third sector providers whose costs are covered by investors' up-front investment.

### ***Mixed results to date on innovation***

Research to date suggests that, while SIBs have had some success in bringing social investment into public services and have, in the process, transferred risk away from service commissioners and third sector providers, their record on innovation is less clear. SIBs have undoubtedly exhibited elements of financial innovation and often encouraged a greater emphasis on performance management and accountability within delivery organisations, but they have yet to demonstrate that they are an effective model for fostering innovation in the design and delivery of services. Studies of individual SIBs and analysis of secondary data from across the sector suggests that SIBs are less effective at early stage innovation of services and more likely to either pilot previously developed approaches or to 'scale-up' delivery of previously evaluated interventions. Evidence that they are 'positive disruptors' driving public service transformation is limited.

### ***Time for a new type of Social Impact Bond?***

In a recent paper<sup>1</sup>, members of this research team looked at current thinking on how to encourage innovation, particularly social innovation, and argued that for SIBs to realise their full potential as incubators of innovation they needed to incorporate a stronger element of co-creation, which is an integral part of the social innovation process.

In co-created services, people who use services work with professionals to design, create and deliver services. Not only would this help in developing more truly innovative approaches to meeting

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<sup>1</sup> Albertson, K., Fox, C., O'Leary, C., Painter, G., (2020) 'Towards a Theoretical Framework for Social Impact Bonds', *Nonprofit Policy Forum*, <https://doi.org/10.1515/npf-2019-0056>

pressing social needs, but it would provide a stronger challenge to established systems of public service delivery, allowing SIBs to play a more significant role in public sector transformation.

Members of the team have also shown<sup>2</sup> how co-creation in public services requires services to re-think how they relate to and engage with people who use their services. They argue that adopting asset or strengths-based approaches to service delivery is implicit within co-created services. Asset or strengths-based approaches start from the position that people have assets or ‘strengths’, including both their current intangible resources (perhaps skills, experience or networks) and their potential to develop new community and personal assets. Strengths-based approaches support citizens’ development of their capacity and their opportunities to exercise agency in undertaking small acts that build meaningful relations. These are services that ask questions such as ‘what matters to people?’ and not ‘what is the matter with them?’

Bringing together these ideas the research team suggested that for SIBs to reach their potential on innovation they needed to do some or all of the following:

- co-create service solutions with citizens;
- adopt strengths-based ways of working;
- draw together broader and more inclusive partnerships in which a wider range of organisations with experience of delivering services in a locality and a better understanding of the needs of local people had a greater say in service development;
- allow for more experimentation in service delivery; and
- tackle more complex social outcomes.

### ***Researching ideas in practice***

Working with Bridges Outcomes Partnerships (hereafter ‘Bridges’) we identified four SIBs to test these ideas. All four use social outcomes contracts and employ strengths-based working in the services that are commissioned through the SIB. All of the SIBs are managed by Bridges and were at different stages of development, from early delivery to close to completion. Three of the SIBs had a focus on housing and homelessness and one on wellbeing. They operated in public service delivery systems with different scales of size and complexity. More information about these SIBs is set out in Table 1. In each SIB we reviewed key documentation and carried out a programme of key informant interviews with a local authority payers, the SIB manager, front-line service delivery staff, partner agencies and investment managers,. For this scoping study volunteers and people who used services were not included.

### ***Headline findings***

All four SIBs have developed strengths-based service delivery models. Strengths-based services are multi-faceted, supporting people to address their holistic needs, generally within a community setting, while also challenging current systems to move away from deficit-based thinking. Strengths-based work necessitates community development work to ensure that the services that people need are available to them. All four SIBs supported individuals to expand their own social and interest-based networks whilst also supporting the growth of new place and interest-based network relations. A key challenge is to bridge the psychological gap many feel in terms of their relationship with service provision. In this regard, a key area of development is in challenging existing relationships and narratives held by individuals, and addressing issues related to various forms of ‘institutionalisation’.

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<sup>2</sup> Fox, C., Baines, S., Wilson, R., Martin, M., Ganugi, G., Prandini, R., Bassi, and Gründemann (2020) *Where Next for Co-creating Public Services? Emerging lessons and new questions from CoSIE*, Turku: Turku University of Applied Sciences

Strengths-based working has had significant impacts on organisations, staff practice and professional development. Strengths-based services entail front-line staff adopting new roles with increased levels of communication, collaboration and reflexivity delivered by staff with more autonomy. Organisations that embrace strengths-based models of service delivery must also change, devolving responsibility to front-line staff and moving away from highly specified 'interventions' to flexible working models that foreground values and prioritise co-production with people who access services. The way organisations delivering strengths-based approaches recruit and train staff change with greater emphasis on values-based recruitment and new approaches to training.

Strengths-based working entails radically different approaches to individual assessment, planning and managing risk. Assessment processes change significantly within a strengths-based approach to working with more emphasis on relationship building, developing an understanding of people's goals and less bureaucracy. Planning is characterised by greater flexibility and more informality than traditional service plans in deficit-focused services. Plans place individuals at the centre of any intervention, prioritising their voice and needs above the organisation's.

Strengths-based service delivery can be a catalyst for the design of innovative services to meet pressing social needs. Strengths-based, personalised service delivery requires day-to-day, on-the-ground innovation by front-line workers and participants to respond to each individual's unique context. Many stakeholders entered into the SIB due to a need and desire to innovate, for instance in order to respond to urgent social issues or to access vital funding.

Strengths-based working tends to challenge the wider public service delivery systems within which it takes place, but making the model sustainable and resilient in wider systems that are still deficit-based is challenging and gains are often modest. Delivering strengths-based approaches through a SIB commissioning model encourages services to collect evidence of outcomes and hence can support arguments for the extension of strengths-based working models for a wider public service delivery model.

Strengths-based working at the service delivery level has significant impacts on both the overall structure of SIBs, encouraging broader based partnerships, and on partnership working with organisations beyond the SIB, encouraging more collaborative approaches. Outcome-based commissioning and person-centred practice are not incompatible and tensions between their sometimes differing priorities can be managed. It is vital for SIBs to give considerable discretion and autonomy to service providers with experience and established ties to the local communities due to the importance of the place-based component within the strengths-based approach.

While co-production of services for individual people was integral to person-centred practice and led to innovation, more democratic co-creative approaches to designing SIBs were yet to emerge. We found some evidence of tentative moves towards greater co-creation in the design of SIBs and plans for greater co-creation in the future.

### ***What have we learnt about SIBs?***

Theory suggests that for SIBs to realise their full potential as incubators of innovation they need to incorporate mechanisms that allow people with lived experience to work with other stakeholders to co-create services that meet people's needs and that draw on the strengths and assets of people who use services, allowing them to exercise agency. This model of working provides strong foundations for challenging established ways of working in public services and changing local systems. Co-creation generally attempts to reposition people who are usually the targets of services (i.e. have services done to them) as asset holders with legitimate knowledge that has value for

shaping service innovations<sup>3</sup>. SIBs that unlocked these possibilities could play a more significant role in public sector transformation.

This study of four SIBs provides some evidence of how adopting a strengths-based approach can support and is intertwined with delivering social innovation, although we found more evidence of people working with organisations to *co-produce* personalised services that met their specific needs than we did of people being involved in *co-creating* whole services. There was some evidence that some of the SIBs were moving towards greater co-creation in the design of whole services and the SIB framework itself.

The experience of the four SIBs suggests that the implementation of strengths-based approaches often involves organisations and the people who work in them discarding cherished assumptions. Previous studies have found that the support of people who deliver services is vital if co-created, asset-based services are to be designed and realised but that the involvement and the contribution of professionals in co-creation are often taken for granted. But previous studies are often sketchy when it comes to describing what is actually involved in transforming an organisation to deliver strengths-based approaches. This study has identified practical solutions that managers and staff in front-line delivery organisations can adopt.

This study shows how the structure of the SIB can facilitate a move to strengths-based working. Key elements of the SIB structure included:

- involving a wide range of local partners in the design of the SIB, rather than appointing a service provider once the SIB contractual framework was complete;
- moving away from using standardised delivery models towards service delivery models that emphasised individualised or personalised services;
- adopting a rate card that allowed for multiple outcomes at the level of the individual so encouraging service providers to closely monitor individual progress and adjust individual service offers if one approach didn't work; and
- flexibility around levels of investment in the SIB to allow for new service offers to be developed as new needs were identified.

Overall, our findings suggest that for SIBs 2.0 to facilitate greater co-creation and social innovation through strengths-based approaches, they need to allow for higher degrees of flexibility in funding and service personalization, establish strategies to support systemic change past the terms of the contract, and engage service users earlier in the design process.

#### **Funder**

This work was undertaken as a short scoping study in preparation for a larger research project. This project received no external funding.

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<sup>3</sup> Bassi, A, Baines, S, Csoba, J and Sipos, F (2019) Social Investment in theory and praxis: A 'quiet revolution' in innovative local services? in Baines, S, Bassi, A, Csoba, J and Sipos, F (eds) *Implementing Innovative Social Investment: Strategic Lessons from Europe*, Bristol, The Policy Press, pp 195-213.

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# 1 BACKGROUND

## 1.1 Social Impact Bonds as a driver of innovation

Governments in some of the world's richest nations appear to be caught in a double challenge of declining social budgets even as social needs are increasing. In this context Outcomes Based Commissioning (OBC), has been suggested as one way in which 'more' social services can be provided for 'less' public resources. These forms of commissioning are often linked with a new financing tool for social services, referred to in the UK as a 'Social Impact Bond' (SIB) but in the US, perhaps more accurately as a 'pay for success' contract.

SIBs are a class of OBC contract where the finance needed to make the contract work comes, not from government or the service provider, but from third-party investors, although in the UK this investment is often subsidised by central government SIB capacity building funds. Proponents distinguish SIBs from other forms of outcome-based payment by emphasising: their alignment of social and financial returns on investment; that service provider costs are covered by investors' up-front investment (in theory minimising risk transfer to smaller, third sector providers); and, the potential for SIBs to bring together groups of social investors and portfolios of interventions (e.g. Social Finance 2009).

From the earliest work on SIBs, their potential to be a source of innovation has been a consistent narrative. Innovation could take several forms. SIBs could be understood as an innovative form of financing social services. Their focus on outcomes could encourage the development of innovative interventions to address social issues. Finally, they could motivate new interactions between stakeholders which may spark synergies and efficiencies (for example Moore et al. 2012). Early discussion of SIBs stressed only the former two modes of innovation. For example, Social Finance (2009) in a discussion paper on SIBs argued both that SIBs were an innovation in financing social services and that the outcomes focus of SIBs would encourage social service providers to innovate. In the UK some of the earliest SIBs were supported through a government Innovation Fund (Albertson et al. 2018) and within the United States, the Social Innovation Fund within the Corporation for National and Community Service has supported the development of an ecosystem for SIBs. However, reviews of SIBs consistently suggest that the locus of innovation has been financial, rather than innovation in service delivery.

- A survey of SIBs by Gustafsson-Wright et al. (2015) found that the most significant motivation for senior investors and intermediaries in SIBs was the opportunity to test an innovative financial model to address social problems. In the same survey actors also mentioned the opportunity to test innovative social interventions as a motivation for involvement in SIBs, although this motivation was less significant (ibid.).
- A review of outcome-based commissioning in the UK by the current research team (Albertson et al. 2018) that included both Payment by Results and Social Impact Bond programmes found that while SIBs were associated with some innovation in the commissioning of services, there was relatively little evidence that SIBs were leading to innovation in the design of service delivery.

Insofar as there is evidence of service innovation in SIBs the available evidence suggests that that SIBs are less effective at early stage innovation of services and more likely to either pilot previously developed approaches or to 'scale-up' delivery of previously evaluated interventions. Evidence that they are 'positive disruptors' driving public service transformation is limited.



## **1.2 Developing a theoretical framework for SIBs as a driver of social innovation**

A recent paper by this research team (Albertson et al. 2020) sought to develop a stronger theoretical framework for explaining the potential that SIBs have to drive innovation in public services. The authors noted that there are many different innovation models that might be applied to better understanding innovation in SIBs. They looked first at the concept of 'Open Innovation' with its focus on distributed innovation processes in which knowledge flows across organisational boundaries and more recent articulations – Open Innovation 2.0 – which place greater emphasis on mixed economy collaborations involving: industry; government; universities; and communities and users (the so-called 'quadruple helix') to solve societal challenges. They then considered social innovation, with its clearer focus on using social means to deliver social outcomes and asked whether SIBs can be theorised through this lens. They set out a theoretical framework for better understanding SIBs that combines elements of New Public Governance (Osborne 2006, 2018) with elements of Open Innovation 2.0 (Curley and Salmelin 2013). In this theoretical framework co-creation is key to creating innovative approaches to the delivery of public services and the innovation in financing and commissioning that SIBs introduce is then directed towards creating innovative new approaches to delivering public services that are social in their means as well as their ends.

Co-creation is an integral part of the social innovation process (Murray et al. 2010). Voorberg et al. (2015) make a link between the co-creation and social innovation, describing them as 'magic concepts' that have been embraced as a new reform strategy for the public sector in the face of social challenges and budget austerity. For Fox et al. (2020), SIBs that incorporate co-creation have more potential to deliver real innovation in the delivery of public services and they concluded their paper by suggesting that SIBs with interventions that are explicitly designed to promote asset or strengths-based approaches (what Wilson et al. 2018 term 'good help') might provide the best framework for co-created innovation in service delivery to take place.

## **1.3 Strengths-based approaches**

Strengths-based approaches start from the position that people have assets or 'strengths'. These include both their current intangible resources (perhaps skills, experience or networks) and their potential to develop new community and personal assets. Baron et al. (2019) note that strengths-based approaches explore, in a collaborative way, the entire individual's abilities and their circumstances rather than making the deficit that brought them to the service the focus of the intervention. Strengths-based approaches do not impose the same structure on diverse communities. Instead they support citizens' development of their capacities and their opportunities to exercise agency in undertaking small acts that build meaningful relations. These can make huge differences in people's lives. This implies that services should be personalised and contextualised by community, asking questions such as 'what matters to people?' and not 'what is the matter with them?'. Thus, asset-based or strengths-based approaches are based on people exercising agency to define their own goals in order to meet needs that they define as important. But this is not simply about giving people choice. Alongside choice, people need a guiding vision of a good life, well lived (Cottam 2018). As Fox argues:

Choice cannot be the organising principle of life. Human beings want and need to organise themselves around the hopes, interests and ambitions for themselves, their family and their community. If they had the choice, people would choose the 'good life' above all other things." (Fox 2013: 2)

However, the evidence base supporting strengths-based approaches is limited (Rippon and South 2017, Andrade and Angelova 2018). Most evidence is qualitative, although where there is quantitative evidence, methodology is often weak (Rippon and Hopkins 2015, Bagnall et al., 2018). This extends to related concepts such as Asset-Based Community Development (Blickem et al. 2018).

Theoretical debates about strengths-based approaches, that question whether they address social and structural determinants of health and inequality or encourage individualisation and marketisation add further complexity to research and evaluation (Friedli 2013, Roy 2017).

## **2 RESEARCH QUESTION(S) AND OBJECTIVES**

The aims and objectives of the study were as follows:

Aim 1: To explore strengths-based approaches to service delivery as a means of operationalising the intersection between social innovation and co-creation.

- i. Explore the influence of strengths-based working on professional & practice development;
- ii. Assess the effect of strengths-based working on individual assessment and planning, particularly in relation to managing risk;
- iii. Explore whether strengths-based service delivery is a catalyst for the design of innovative services to meet pressing social needs.

Aim 2: To assess the potential for SIBs to be a means of funding strengths-based approaches that deliver co-created, socially innovative services.

- i. Describe how strengths-based service delivery has been incorporated into the design of a SIB;
- ii. Investigate whether strengths-based working at the service delivery level has implications for the overall structure of SIBs and the relationships between key partners;
- iii. Explore whether strengths-based working is sustainable in wider public service delivery systems that still tend to operate deficit-based models and assumptions.

This is a scoping study and these research questions, by focussing upon the lesser researched areas of strengths-based interventions, co-creation and public service reform will provide a basis for considering the potential for more ambitious and longer-term research.

## **3 RESEARCH DESIGN**

This is a small-scale scoping study to investigate the potential for SIBs, where strengths-based working is integral to service design, to create innovative service delivery designs.

Four case studies were selected. All of the case studies are social outcomes contracts, often referred to as SIBs that employ strengths-based working in the services that are commissioned through the SIB. All of the SIBs are managed by Bridges Outcomes Partnerships (Bridges) and initial access to SIBs was brokered by Bridges following an initial, desk-based review of a long-list of possible SIBs for inclusion in the study.

Selection of specific cases was purposive and theoretically driven to reflect a range of dimensions that theory suggests might influence design and delivery. Selection sought to cover the following dimensions:

- SIBs at different stages of development: One SIB (Northamptonshire) is very close to completion, one SIB (Manchester) is over half-way through its delivery phase, and two SIBs are in the early stages of implementation (Grimsby and Kirklees).
- SIBs operating with different client groups: Three of the SIBs have a focus on housing and homelessness (Northamptonshire, Manchester and Kirklees) and one SIB has a focus on wellbeing (Grimsby).

- SIBs operating in public service delivery systems with different scales of size and complexity: One SIB (Manchester) is operating across 10 local authorities in a large urban area). Three SIBs operate in single local authority areas (Northamptonshire, Kirklees and North East Lincolnshire) of which two (Northamptonshire and Kirklees) are predominantly urban areas and one (Grimsby/NE Lincs) is an urban area with a large rural hinterland.
- SIBs operating in communities with different resources upon which to call in strengths-based working. All four SIBs are in very different places with local communities that can be compared and contrasted in many different ways including contrasts in deprivation and inequality, more or less ethnic diversity and younger or older populations.
- SIBs that are new services and SIBs that build upon existing services: Three SIBs (Manchester, NE Lincolnshire and Northamptonshire) were new services whereas two SIBs (Kirklees and Grimsby) involved taking over and re-designing existing services previously delivered through conventional commissioning models.

In each SIB we undertook:

- A review of available project documents.
- A review of available, aggregated performance management data.
- A programme of key informant interviews with the aim of undertaking semi-structured interviews with investors, local authority payers, the SIB manager, front-line service delivery staff and partner agencies involved in referring clients to the SIB or delivering other service to them. For this scoping study volunteers and people who used services were not included.

Interviews were originally booked with the intention of them being conducted face-to-face. However, due to the COVID-19 pandemic and the resulting nationwide lockdown, interviews were conducted on-line instead. Prior to interviews participants were supplied with an information sheet and consent form and were asked to give consent prior to interview. In total, we conducted 12 interviews (both individual and group) between March 16 and April 1, 2020. We spoke with 19 individuals from 9 different organizations that were involved in one of the 4 case study SIBs. Of these, 1 group interview focused on the Northamptonshire Homelessness SIB, 1 on the KBOP SIB, 3 on the Healthy Lives Together SIB, and 4 on the GM Homes SIB. We also conducted 3 interviews with Bridges staff which touched on each of the SIBs to varying degrees.

Anonymised notes of interviews were written up. Interview notes and documents collected were all stored on a secure site only accessible by the research team. For the analysis of all data from interviews, SIB documentation and SIB performance management reports we read and coded the documents using thematic coding. Definitions of initial codes for analysis were developed based on the research questions (see above) and the initial theoretical framework (see above). The coding structure then developed in a grounded manner to allow for emergent themes to be explored and refined. Throughout the process the research team engaged in discussion and debate to ensure consistency in data coding and interpretation. Ethical approval for the research was secured from Manchester Metropolitan Faculty Ethics and Governance body.

## **4 RESULTS**

### **4.1 Description of the SIBs**

The SIBs were selected because they all employ strengths-based working in the services that are commissioned through the SIB. All of the SIBs are managed by Bridges. The 'SIBs' studied in this report have two distinct features related to their objectives and their sources of working capital.

Whereas some SIBs in the UK (particularly earlier SIBs) and many of the projects which are referred to as 'SIBs' in the USA are designed to test a specific, very codified intervention, many UK SIBs have evolved in a different direction. This uses the outcomes contract as a way to commission flexible services, leaving the specification of services to the discretion of those running the service. Successful bidders are encouraged to deliver a different service to every individual referred, based on their personal circumstances. Service deliverers are encouraged to constantly evolve whatever they deliver, based on what they are learning. The move away from specifying a service, to instead specify the targeted results is made possible through the use of a 'rate card' of prices). This is the model adopted initially by Tim Gray<sup>4</sup> and colleagues working on the London Homelessness SIBs in the Ministry of Housing, Communities and Local Government in 2012, and then copied by many subsequent national and local 'SIBs'.

The sources of working capital for these projects have also evolved in a distinct way. Whereas some early SIBs in the UK and most SIBs in the USA tend to raise bespoke capital for each project, in the UK, pools of investment have tended to be raised in advance into 'Funds', by dedicated 'social investment' fund management organisations. Bridges manages three such funds<sup>5</sup> which provide risk-taking, flexible working capital for SIBs, and other similar funds are managed by Social Finance, Big Issue Invest, Social and Sustainable Capital, Resonance, CAF Venturesome, Key Fund and others.

A feature of many of Bridges more recent social outcomes contracts has been an emphasis on strengths-based approaches to working with people who access services. This has followed a period where Bridges trialled a range of different approaches during the delivery of their early SIBs and found that strengths based components and approaches seemed to show a lot of promise.

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<sup>4</sup> Based on personal discussion with Tim Gray on 26<sup>th</sup> November 2020.

<sup>5</sup> Social Entrepreneurs Fund (2009-19), Social Impact Bond Fund (2013-23) and the Social Outcomes Fund II (2018-30)

	<b>Be the Change, Northamptonshire</b>	<b>Greater Manchester Homes Partnership</b>	<b>Kirklees Better Outcomes Partnership</b>	<b>Thrive.nel, North East Lincolnshire</b>
Start and end	October 2017 – October 2020	January 2017 – January 2021	September 2019 - 2024	August 2018 – July 2025
Theme	Youth homelessness	Entrenched rough sleeping	Homelessness	Long Term Conditions
Issue	Young people who are homeless with complex needs such as total relationship breakdown, physical and mental health problems including addictions, long-term unemployment, disrupted education and trauma.	Entrenched rough sleepers have complex needs and access to stable housing is not in and of itself likely to address these needs. Thus, even if a person is able to secure a tenancy they often struggle to maintain it.	People over 16 who have support needs that impact on their ability to live independently and who may be at increased risk of homelessness due to their disabilities, vulnerabilities, issues or lifestyle factors.	Adults with Long Term Conditions place increasing demand on NHS services. These demands correlate strongly with issues linked to aging, deprivation and loneliness.
Target group	Target of 97 homeless and NEET (Not in Employment, Education or Training) unemployed young people aged 18 - 30. Eventually 111 young people were accepted onto the programme.	Original target to help around 200 individuals who have slept rough at least six times in the past two years and/or are well known to homelessness services. Contract increased in 2018 by 45%, to help around 290 individuals. Programme actually supported 406 and housed 356.	6,000 vulnerable people in Kirklees who are homeless or at risk of homelessness. Includes offenders, people with mental health problems, learning disabilities, those who abuse substances, those at risk of domestic abuse, refugees and care leavers or young people at risk including young parents.	450 people aged 18 – 75 (originally 65) living in NE Lincolnshire have started the programme to date. Individuals have at least one of several (Long Term Conditions: Atrial Fibrillation; Asthma; COPD; Diabetes; Hypertension; Chronic Heart Disease; Diabetes Type 1; Epilepsy; Osteoarthritis & osteoporosis; and Fibromyalgia) and fit with programme because of their wider psychosocial situation, particularly being isolated and sedentary.
Outcomes	Sustained accommodation, sustained employment, education/training	Sustained accommodation, wellbeing, access to and sustained engagement with mental health, alcohol and drugs services, training, and sustained employment.	Achieving long-term independence for participants, including improved wellbeing and sustained accommodation and employment.	Improvement people's wellbeing; increases in people's ability to effectively manage conditions; reductions in Primary and Secondary care usage.
Core intervention	'Be the Change' based on Mayday Trust's Personal Transitions Service, an assets-based approach that focuses on identifying people's strengths and the providing personalised support to help them achieve their goals. The model also challenges the current system of provision and includes a strong focus on identifying system barriers and working out how to 're-enfranchise' front-line workers.	Wrap-around support needed to enable individuals to sustain a tenancy in homes made available by partners. Services are strengths-based and delivered by Asset Coaches (many of whom have lived experience) using an assertive outreach model to ensure individuals receive intensive emotional and practical support to access appropriate health, training and employment services.	Community based service offering peripatetic support for individuals in Kirklees who may be experiencing or at risk of homelessness, helping them to access or sustain suitable accommodation. Working with them to enable development of skills required to sustain tenancies independently over time. Person centred approach covers four main inter-related areas: housing; health	Community-based social prescribing model to put people in control of their lives and develop their capacities and capabilities, matched to opportunities locally. Link workers co-develop an Action Plan with people in the programme and support them to access community-based support. Link-workers have access to a flexible fund to support participants in achieving their goals. Where no

			and wellbeing; education and employment; and support to stay safe if at risk of domestic abuse.	community interventions exist the programme develops new community-based interventions.
Commissioner (payor)	First for Wellbeing CIC, a social enterprise set up as a partnership between Northamptonshire County Council, Northamptonshire Healthcare NHS Foundation Trust and the University of Northampton.  The National Lottery Community Fund.	Greater Manchester Combined Authority with funding from Ministry for Housing, Communities and Local Government (MHCLG)	Kirklees Council and Department for Culture, Media and Sport (via the Life Chances Fund)	North East Lincolnshire Clinical Commissioning Group and the National Lottery Community Fund
Delivery partner	Mayday Trust	<i>Delivery Partners</i> – Shelter, Great Places, The Brick <i>Housing Partners</i> – Bolton at Home, First Choice Homes Oldham, ForViva, Great Places, MSV, New Charter Group, Jigsaw (replaced New Charter after merger), Northwards Housing, One Manchester, RBH, Salix Homes, Salix Living, Stockport Homes, The Bond Board, Guinness Partnership, Irwell Valley, Onwards, The Regenda Group, Trafford Housing Trust, Wigan Council	Fusion Housing, Foundation, Community Links, Horton Housing, Connect Housing, Home Group, The Penine Domestic Abuse Partnership, Making Space, Richmond Fellowship	Centre4 is the main delivery partner and provides the link-worker roles. Centre4 works in partnership with a range of organisations, mostly from the voluntary sector, to deliver the social prescription including: The Community Shop; Mind; Carers Support Service; Lincs Inspire; Port Restyle (sewing and crafts group); Bradley Lakes; Welhome Works (arts and crafts); Your Place; Well Being Team; Navigo; Open Door; Centre4 Advice; Green Futures; VANEL (voluntary action North East Lincolnshire); and Fire Service Community Team
Partnership Coordinator	Homelessness support	The GM Homes Partnership which consists of One Manchester, Trafford Housing Trust, Bridges Outcomes Partnerships	Kirklees Better Outcomes Partnership	Healthy Lives Together
Role (if any) of national government and funds:	One of the outcome payors was Big Lottery Fund using National Lottery funding.	The sole outcome payor was the Ministry for Housing, Communities and Local Government (MHCLG)	Kirklees Council applied to Department for Digital, Culture, Media and Sport to convert their preventative supporting people services into an outcomes contract. They were awarded £6.6m by DCMS.	North East Lincolnshire Clinical Commissioning Group was supported by just under £1.1 million from the Big Lottery Fund

Figure 1: Overview of four social outcomes contracts (SIBs)

#### **4.1.1 Northamptonshire Homelessness**

The Mayday Trust is coming towards the end of delivering a three-year programme designed to combat homelessness among 111 homeless and NEET (Not in Employment, Education or Training) unemployed young people aged 18 - 30 in Northamptonshire.

The SIB is funding Mayday to deliver the 'Be the Change!' intervention. This uses the Personal Transitions Service (PTS). The purpose of the PTS is to:

“... develop new structures, systems and processes that are centred on the person, that can be personalised and as a result people can achieve whilst feeling respected and taking back the power and control over their own lives.” (Mayday Trust 2018: 3)

The model includes a coaching element delivered by 'Asset Coaches' who support people link to a range of community resources and opportunities and support to help people build positive networks in their local communities (Mayday Trust 2018). Individual Learning Mentors are a separate role and each service user has both an Asset Coach and a Learning Mentor. Although the primary focus of the intervention is on a personalised service for individual service users, Mayday also emphasise<sup>6</sup> that their model challenges the current system of provision to move away from deficit-based models of support and there is a strong focus on identifying system barriers and working out how to 're-enfranchise' front-line workers.

The model of strengths-based working with homeless people is innovative, as is the intention that this model should also challenge the current system. The Mayday Trust also state that this is the first homelessness SIB in the UK where local commissioners are the primary outcome payers<sup>7</sup>.

The outcomes payors are First for Wellbeing CIC, a social enterprise set up as a partnership between Northamptonshire County Council, Northamptonshire Healthcare NHS Foundation Trust and the University of Northamptonshire, and the Commissioning Better Outcomes National Lottery Community Fund (as was). The sole investor is Bridges and the sole service provider is the Mayday Trust.

The outcomes agreed for the approximately 100 homeless young people within the programme were to assess 94, support 94 into accommodation, 20 into education and 29 into employment. For each of the accommodation, education and employment targets there were further targets linked to sustaining outcomes over time. The contract was capped at £473,000 by the commissioners, however Bridges wanted to be more ambitious so target outcomes with Mayday were set originally to be above the contract cap. At the point this research was undertaken, close to end of the SIB's life, £513,700 worth of outcomes had been achieved with Bridges forecasting that approximately 20 percent more outcomes would be delivered than the contract cap. Additional outcomes are delivered free to the commissioner. Key to Mayday's approach is to achieve system change in housing services and although this outcome is not quantified and rewarded financially within the SIB it is nevertheless seen as vitally important by the Mayday Trust and Bridges.

#### **4.1.2 Greater Manchester Homes**

The Greater Manchester Homes (GM Homes) SIB started in 2017 and at the time of the research was close to completion scheduled in January 2021. It eventually worked with 406 entrenched rough sleepers in Greater Manchester.

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<sup>6</sup> Conversation with Chief Executive of Mayday Trust prior to start of research project.

<sup>7</sup> <https://maydaytrust.org.uk/personal-transitions-service/social-investment/>  
<http://www.bridgesfundmanagement.com/mayday-trust-launches-innovative-outcomes-based-homelessness-programme-northamptonshire/>

The SIB aims to provide the wrap-around support needed to enable individuals to sustain a tenancy in one of 300 homes made available by 20 Greater Manchester housing providers and two private rented sector partners. Charities Shelter, Great Places and The Brick provide wrap-around services ensuring individuals receive the intensive emotional and practical support they need to access appropriate health, training and employment services<sup>8</sup>. The Brick has adopted the Personal Transitions Service developed by the Mayday Trust (see above) and is delivering a strengths-based approach delivered by Asset Coaches (many of whom have lived experience) using an assertive outreach model.

A number of elements of the service delivery model are potentially innovative including the strengths-based approach to supporting people delivered by The Brick. Several innovations have been designed to challenge the way the system currently works and in particular to 'join-up' different services in different organisations. One example of this is that the GM Homes Partnership funded a worker employed by Greater Manchester Mental Health Trust who sits within the Shelter team to identify housing clients with mental health needs. This was a response to the challenges of working with clients with a dual diagnosis (mental health and substance misuse) that was impeding access to mental health because substance use had to be stabilised first. Another is the rough sleeper's photo ID card and 'virtual locker' for people to scan and save personal information that is accessible biometrically (thumb print) but could also be accessed by professionals. This was designed to help people access services where proof of identity is a precondition of service access. The Card includes chip and pin to give access to free transport and foodbanks. Another example is a new inter-agency communication process for clients at the point of arrest, breach of probation or recall to prison. This was not necessarily linked to new offending behaviour recall would often be considered if an individual was not engaging with the probation service. When these occur the relevant criminal justice agency can contact the GM Homes Partnership to see if GM Homes is already working with the person and, if they are, this can result in no further action in some cases, although this would not negate an appropriate criminal justice sanction if criminal activity had taken place. Rather the aim was to consider the wider socio-economic impact of the offence and whether a return to custody would hinder positive work regarding accommodation or sustained engagement with other services.

Some of the investors in the SIB are also service providers. Thus, One Manchester and Trafford Housing Trust, two Housing Associations in Greater Manchester are accommodation providers who are co-investors in a social enterprise partnership coordinator called GM Homes Partnership, along with Bridges. However, they are not paid to delivery services as part of the SIB, but pledged access to their properties alongside other housing providers in the partnership. The Ministry for Housing, Communities and Local Government (MHCLG) is the outcomes payor, commissioned by Greater Manchester Combined Authority.

Agreed outcome targets in the form of a rate card included: accommodation; wellbeing; engagement with mental health; alcohol and drug treatment services; improved education or training; and entry into volunteering and part-time and full-time employment. For all of these targets with the exception of the one around improving education or training there were further targets linked to sustaining outcomes over time. The full rate card, together with targets and achievement against targets is set out in Figure 2. The original contract outcome payments were capped at £1.8m and this was then expanded to £2.629m in 2019. The distribution of the outcomes was left for the project to determine against the contract cap and the rate card. As can be seen in

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<sup>8</sup> [https://www.theguardian.com/society/2017/nov/21/manchester-rough-sleepers-to-be-offered-homes-in-investor-backed-plan?CMP=share\\_btn\\_tw](https://www.theguardian.com/society/2017/nov/21/manchester-rough-sleepers-to-be-offered-homes-in-investor-backed-plan?CMP=share_btn_tw)  
<http://www.bridgesfundmanagement.com/bridges-support-1-8m-rough-sleeping-sib-greater-manchester/>



Figure 2, the contract has performed particularly strongly in relation to accommodation, wellbeing and entry to mental health and drugs services. Other areas, particularly related to employment have been less successful. However, it is not expected that performance against all elements of the rate card will be equal and factors outside of the control of the project such as the needs of people referred and the availability of third party services will impact on the ability of the programme to meet different outcomes included in the rate card. At the point the research was undertaken Bridges reported that the project was on track to exceed the contract cap by approximately 25 percent, although the subsequent COVID-19 pandemic might impact these estimates.

Correct as at May 2020	Total					
Actuals versus current targets	End Target	Total Expanded Contract	Original contact - Base	Actuals at point of fieldwork	Bridge's predicted outcomes at end of contract	Actuals over expanded targets
Entered accommodation	307	293	196	325	325	111%
Sustained Accom. 3mth.	301	261	185	326	328	125%
Sustained Accom. 6mth.	272	240	169	308	313	128%
Sustained Accom. 12mth.	225	223	155	258	277	116%
Sustained Accom. 18mth.	178	174	105	177	247	102%
Sustained Accom. 24mth.	146	135	95	54	179	40%
1st Wellbeing Assessment	388	331	196	390	390	118%
2nd Wellbeing Assessment	255	244	147	280	280	115%
3rd Wellbeing Assessment	131	181	59	163	190	90%
Mental health entry into services	96	69	49	126	127	183%
Mental health sustained engagement	66	44	36	71	78	161%
Alcohol entry into services	13	33	38	16	16	48%
Alcohol sustained engagement	8	17	19	7	7	41%
Drugs entry into services	72	54	18	71	73	131%
Drugs sustained engagement	92	57	8	87	96	153%
Improved educ/training	52	78	71	29	32	37%
13 weeks vol/self employment	45	63	64	17	19	27%
26 weeks vol/self employment	27	47	52	12	16	26%
13 weeks P/T Employment	26	37	46	3	3	8%
26 weeks P/T Employment	20	36	35	1	1	3%
13 weeks F/T Employment	19	30	27	5	5	17%
26 weeks F/T Employment	14	21	15	3	3	14%

Figure 2: Delivery of targets against rate card for Greater Manchester Homes Partnership correct as of May 2020, a few months before the end of the contract.

#### 4.1.3 Kirklees Better Outcomes Partnership

The Kirklees Better Outcomes Partnership (KBOP) SIB started in September 2019. The service delivered by the SIB is for people at risk of homelessness, but not necessarily at immediate risk of homelessness. Instead it is often for people struggling to maintain housing tenancies due to substance misuse, domestic violence, poor mental health, offending, being a refugee or a care leaver.

The first stage of the intervention funded by the SIB is that a caseworker visits the person and helps them navigate existing services (for example, access to housing), makes sure they are receiving benefits they are entitled to and helps them manage their finances. The overall aim is to support independent living with KBOP taking a person-centred approach, tailoring its support to the needs of each individual facing homelessness and offering support across four main areas: housing, health and wellbeing, education and employment and domestic violence. There is an element of 'social prescribing' with a strong strengths-based approach to work with individuals. As part of the model KBOP also aims to identify people's systemic needs and challenge the current system of provision.

The development of this SIB was unusual because it is not launching a new service. Instead it is taking over the old Supporting People service that has been delivered for 15 years by the Council (Supporting People was a nationally funded 'floating support care package' for people at risk of homelessness). As part of Supporting People, Fusion Housing delivered a service for 16 - 24 year olds that was seen as a success, so the Council decided to roll the approach across all Supporting People services<sup>9</sup>. KBOP draws together nine social sector organisations and is the delivery vehicle. KBOP is owned by Bridges which holds the contract with Kirklees Council which is the outcomes payor.

KBOP's goal is to help the people using the service to secure or maintain suitable accommodation, to improve their health and well-being, and to develop the skills they need to live independently. At the point this research was undertaken no information on whether outcomes had been achieved was yet available.

#### **4.1.4 Healthy Lives Together, North East Lincolnshire**

This SIB, based in Grimsby, North East Lincolnshire, started in August 2018 and is not due to finish until 2025. It is supporting 1,744 people aged 18 – 75 (originally 18 – 65) who have at least one of the following Long-Term Conditions: Atrial Fibrillation; Asthma; COPD; Diabetes; and Hypertension. Referrals into the programme will be accepted for the first 5 years with a two year 'tail' to work out the later cohorts.

Thrive is the operational name of the Social Outcomes Contract that is operated by Centre4, a Grimsby based charity. Thrive has three main stages. The first is referral with referrals coming from General Practitioners (GPs) and self-referral. This is followed by assessment which incorporates the Well-Being Star and a Personalised Action Plan and involves the Centre4 link worker. Based on this plan, people are sign-posted and referred to a broad range of community support structures and receive on-going support from a Centre4 Link Worker who works with them in a coaching relationship. People are supported for 2 years. If no structure exists to meet demand, the Healthy Lives Together Board will seek to finance and support new community-based support structures.

There are a number of innovative elements to the model. This is a social prescribing service that incorporates a strengths-based approach. For instance, early in the life of the SIB a Personal Budget was created in response to people's feedback on quality and choice of provision and the need to be more flexible in meeting their needs. Also important to the success of the SIB is its ability to bring about organisational behaviour change within commissioning and service delivery.

The outcome payors are North East Lincolnshire Clinical Commissioning Group and the National Lottery Community Fund and social investment Social investment from The Office for Civil Society, Esmee Fairbairn Foundation, Big Society Capital, Pilotlight, the European Investment Fund and other organisations is sourced via Bridges Outcomes Partnerships. Centre 4 is the main delivery partner and it works in partnership with a range of organisations, mostly from the voluntary sector, to deliver the social prescription model.

Outcomes are set around: completion of assessments and Action Plans; Tier 2 progression; and increases in people's ability to effectively manage conditions (measured using the Well Being Star). For all of these targets there are further targets linked to sustaining outcomes over time. A recent review of the project by the Bridges Manager reported that although early referral rates to the project were lower than expected, the performance of the project against outcomes was better than

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<sup>9</sup> <https://numbersforgood.com/case-studies/fusion-housing/>

expected suggesting that “the model will strongly exceed performance expectations for the 7-year period.” (Bridges 2020)<sup>10</sup>

Although they are not part of contract outcomes in the initial period, the project team also gather data on reductions in Primary care usage and reductions in Secondary care usage (inpatient admissions) because these are intended longer-term outcomes for the project. The aim is to have these included as outcomes from Year 3 of the programme.

#### **4.2 Thematic analysis**

Through the analysis process we identified a set of themes as follows.

Three themes examine how strengths-based service delivery models have been used across the four SIBs:

- The development of strengths-based service delivery models
- The impact of strengths-based working on organisations, practice and professional development
- The effects of strengths-based working on individual assessment, planning and risk

Three themes examine the relationship between strengths-based approaches, innovation and SIBs:

- Strengths-based service delivery as a catalyst for the design of innovative services to meet pressing social needs
- Making strengths-based working sustainable in wider public service delivery systems
- The relationship between strengths-based working at the service delivery level, the overall structure of SIBs and the relationships between key partners

Each of these is described in more detail below.

##### ***4.2.1 The development of strengths-based service delivery models***

###### **Headlines**

- Strengths-based services are multi-faceted, supporting people to address their holistic needs, generally within a community setting, while also challenging current systems to move away from deficit-based thinking.
- Strengths-based work necessitates community development work to ensure that the services that people need are available to them. All four SIBs supported individuals to expand their own social and interest-based networks whilst also supporting the growth of new place and interest-based network relations.
- A key challenge is to bridge the psychological gap many feel in terms of their relationship with service provision. In this regard, a key area of development is in challenging existing relationships and narratives held by individuals, and addressing issues related to various forms of ‘institutionalisation’.
- While some co-production is integral to person-centred practice, more democratic co-creative approaches to designing SIBs have yet to emerge.

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<sup>10</sup> Bridges (2020) Thrive Review

***Strengths-based approaches are multi-faceted, supporting individuals and challenging systems***

All of the SIBs we looked at had, to varying degrees, implemented strengths-based approaches. The clearest articulation of a strengths-based approach was within the Personal Transition Service (PTS) developed by the Mayday Trust and used by them in the Northamptonshire Homelessness SIB as well as by The Brick in the GM Homes SIB.

Strengths-based work can involve many elements and there is not a standard model. However, some common elements we saw across the four SIBs included the people using services setting the agenda for meetings with staff and volunteers, a focus on aspirations and future ambitions, thinking about how to support people to develop their capabilities and capacity, conscious attempts to change the balance of power between people and services in favour of people, and the use of strengths-based language. Thus strengths-based approaches develop individual's capacity for independent living whilst simultaneously ensuring that the relationship between service providers and citizens is redressed and made more mutual.

This approach was often accompanied by a move away from thinking or talking in terms of 'outcomes' for people. Instead the focus of services was often on helping people to recognise their strengths and gain a new sense of their own identity, based on their aspirations. At The Brick, emphasis was placed on developing people's capacities rather than seeing the provision of housing as the only measure of success, recognising that this could disenfranchise individuals and make them reluctant to access services. In the Northamptonshire Homelessness SIB emphasis was placed on 'advantaged thinking', which involved having positive conversations about 'thriving and not just surviving' and offering hope and aspirational thinking, instead of interventions that attempt to 'fix weaknesses'. Independent living, not reducing homelessness was the broader and longer-term outcome that often motivated the work of staff and the people they worked with.

Strengths-based approaches are, almost by definition, personalised and the development of services that were more personalised was also a common theme across the SIBs. This involved developing services more tailored to individual needs and desires, placing the individual at the centre of the intervention, and encouraging interaction between service providers and service users. Maximising people's choice and control, moving away from 'one size fits all' approaches, and changing the balance of power between people and services were common themes across the SIBs and were particularly clearly articulated within the MayDay Trust's PTS model used in both Northamptonshire and by The Brick in Greater Manchester. More personalised services were described as being more responsive to individual needs, speeding up the delivery of services and making service delivery more intense.

The adoption of strengths-based approaches involves changes in staffing services including recruiting different kinds of people (see below) and changing staffing models. For example, in the Healthy Lives Together SIB the new service increased the use of one-to-one work and required more front-line staff who were given flexibility to tailor support to each individual. Whereas, previously each support worker was assigned to work with a certain number of clients, in the new more client led model, caseloads were divided more flexibly between link workers and the team was restructured accordingly. In the GM Homes SIB The Brick, using the Mayday Trust's PTS approach has reconfigured services so that two or three key workers, rather than only one, work with each individual. The role of front-line workers changed significantly when Mayday adopted strengths-based approaches. Two specific roles were created to deliver the SIB: Asset Coaches and Individual Learning Mentors. Mentors were also a common element of new service configurations in several of the SIBs.

Across the four SIBs, a move to adopt strengths-based approaches was also accompanied by challenging deficit-based practices in other organisations and wider systems. This work was seen as essential if strengths-based approaches were to flourish, ensuring that people were respected and ideas about taking back power and control over their own lives were to be realised. This view was expressed forcibly by the Mayday Trust who, rather than seeing the problem to be addressed as homelessness per se, saw that the main difficulty for people was a sense of ‘institutionalisation’ within service provision. We also heard about examples of the challenge SIBs provided to local systems of service delivery helping to lead to important changes within those systems. For example, it was reported to us that housing providers in Greater Manchester have started to amend their referral forms to be more strengths-based and have reduced evictions, and engaged with individuals in order to pursue resolutions to issues rather than having a zero tolerance approach to behaviours that would previously have resulted in eviction.

### ***Strengths-based work necessitates community development work***

Working in an asset or strengths-based way with individuals normally requires working in communities. In the four SIBs we examined there were two main reasons for this. First, people were often distrustful of services because of poor experiences of services in the past. Therefore front-line staff often found it helpful to meet people in community settings to help redress power imbalances associated with either meeting in offices or people’s homes and thus helping develop relationships based on mutual respect. Secondly, meeting in the community facilitated productive discussions about people’s assets or strengths, emphasising the importance of each individual’s lived experience, communities, relationships, and capacities.

However, community working went beyond simply situating work in the community. For all four SIBs, to a lesser or greater extent, work was underway to develop new community resources to respond to the needs identified by people they worked with. For example, a core element of the PTS developed by the Mayday Trust involves building positive networks. Volunteers work with people to connect with other individuals and organisations in their local community, develop friendships and build positive attachments. Widening people’s positive support network beyond their coach was seen as critical to building a sustainable way of living with people. While in some services and for some individuals this took the form of ‘brokering’ positive relationships, in others cases this involved making funding and resources available to establish new community-based services, an approach that was being used in the Healthy Lives Together SIB where, if no service or network existed to meet demand, the Healthy Lives Together Board would seek to finance and support new community-based interventions.

### ***A key challenge is to bridge the psychological gap***

Many of the people the SIBs work with have experienced repeated breakdowns in service delivery leaving them feeling ‘disenfranchised’ and distrustful of services. All of the SIBs have introduced services to counter these feelings. For example, Mayday Trust’s theory of change is centred on helping individuals to overcome disenfranchisement and disillusionment from their previous experiences of the housing system. For the Mayday Trust, people’s experience of housing and related services could reinforce their sense of helplessness and feelings of failure, in the process increasing the likelihood of their exclusion from their local community and ultimately reducing their sense of agency and personal capacity. This experience can feed back into a negative cycle of dependency. The focus of the programme implemented in the Northamptonshire Homelessness SIB is to help individuals build capacity in order to foster resilience and perseverance. The GM Homes SIB introduced life skills classes for the programme participants. This was reported as helpful, because many individuals face huge barriers to pursuing education due to a lack of confidence which could discourage them from going to college. By organising smaller, community situated, and more

tailored life skills classes, people were better placed to build confidence and overcome such barriers. Similarly, classes run by the Healthy Together SIB helped to build individuals' self-confidence.

Recognising the psychological barriers that people have to accessing services requires innovative thinking to reconfigure routes to accessing and maintaining services. For example, prior to the GM Homes SIB, referrals to the Growth Company could only be made through job centres, but programme participants were reluctant to attend job appointments, creating barriers to employment. In its latter stages the GM Homes SIB did a lot of work with the Growth Company around direct referrals and adaption of referral processes. The SIB has also had recent success with referrals to housing provider's education training and employment (ETE) services who are engaging with their tenants housed through the SIB. Also in Greater Manchester, Independent Living Mentors at The Brick helped with practical and immediate barriers to accessing mainstream services, such as making sure that people have bank accounts, are registered with a GP or can access crisis services for substance misuse or mental health needs. Another example of bridging the gap between people and services comes from a strategy that registered housing providers have employed to keep individuals housed is to use a 'managed move'. If accommodation is not right for someone they will use a managed move to help that person relocate to another home. This is part of their person-centred approach which helps individuals evaluate all the options they have to stay in housing, with as much face-to-face support through this process as possible.

#### ***Co-production and person-centred practice***

Co-production tends to be integral to person-centred practice. Particularly in the Health Lives Together and Mayday Northamptonshire SIBs, the programmes are facilitating co-production through the use of highly personalised service delivery. For example, social prescribing, a core component of the Healthy Lives Together SIB, is an intervention that is inherently personalised given its focus on empowering individuals. Each person's experience within the programme is specific to that individual, with activities ranging from participating in a social group to receiving more specific support. The programme has helped individuals in creating a variety of such interest-based social groups, such as walking groups and sewing groups, which are managed by the individuals themselves.

Mayday's PTS programme also fundamentally relies on personalisation, which it describes as: "Giving maximum choice and control to people, and delivering on what they want to change, when and how they want to do it. Moving away from 'one size fits all' culture... [which uses] standardised and time limited interventions that deliver to the lowest common denominator". The services thus give individuals control over their experience within the programme from all angles; all engagement is voluntary, and the steps that each individual takes are determined by themselves, not a coach. Such personalised services are intended to give power, control, and confidence back to individuals, as well as to help instil a sense of identity, hope, and motivation within individuals – a radical approach to service delivery in which co-production is essential.

The research also sought to determine to what extent the programs were also engaging in co-creation. In co-creation, people who use services work with professionals to design, create and deliver services (SCIE 2015). Involvement of people in the planning process as well as in service delivery is what distinguishes co-creation from the closely related concept of co-production (Osborne and Strokosch 2013). However, this distinction goes deeper than simply specifying the point at which people get involved in the co-design of services. Osborne (2018) argues that co-production assumes a process in which the public service organisation is still dominant and logic is linear. By contrast co-creation assumes "an interactive and dynamic relationship where value is created at the nexus of interaction" (Osborne 2018:225).

We did not see many examples of true ‘co-creation’ in our review of the four SIBs, although some programmes were clearly moving in this direction. However, we did find evidence that contrasted with prior research findings that SIBs in the UK have been designed top-down (Albertson et al. 2018) with providers only being involved later in the set-up phase. In the SIBs we examined, this was generally not the case and service providers were often involved at all stages of the SIB design. For example, in the KBOP SIB all nine service providers were involved in all stages of programme design and in the GM Homes SIB housing providers were similarly involved.

Only in the Healthy Lives Together SIB did we find some tentative moves towards co-creation where the programme engaged with all major programme stakeholders in the design of the SIB including the clinical commissioning group, GPs (as the primary referral point), delivery partners, and various participant groups. This input revealed that individuals felt comfortable with the non-medical approach of social prescribing, and that they wanted to establish social groups as part of the programme. These social groups, which have since turned into powerful networks, have further been supported through the creation of personal budgets (see below) which also came about due to participant feedback on the quality and choice of provision and the need to be more flexible in meeting their needs. Since implementing these personal budgets, the programme partners have received additional ideas on how to enable participants to have a greater say in how they become more independent in the management of the groups. Participant feedback was also instrumental in adjusting the programme to rely less on other service providers, and to instead allow participants to work more with Centre4 link workers in following their personalised action plans. Additionally, the NE Lincolnshire programme partners offer coffee mornings for programme participants where individuals can share feedback. They are also now considering moving towards the use of community champions and volunteers to provide more feedback on behalf of the programme participants to make further improvements and their efforts to enhance participant participation in designing services is ongoing. However, moving closer to co-creation is not straightforward. For instance, the partners have considered involving participants in their board meetings, but the number of individuals who could participate would be limited and there are concerns that some people would be more likely to participate than others, allowing certain voices to dominate. Moreover, the partners still consider the most important source of participant feedback to be the conversations being had between participants and front-line workers, as every person has a unique perspective.

#### ***4.2.2 The impact of strengths-based working on organisations, practice and professional development***

##### **Headlines**

- Strengths-based services entail front line staff adopting new roles with increased levels of communication, collaboration and reflexivity delivered by staff with more autonomy.
- Organisations that embrace strengths-based models of service delivery must also change, devolving responsibility to front-line staff and moving away from highly specified ‘interventions’ to flexible working models that foreground values and prioritise co-production with people who access services.
- Organisations delivering strengths-based approaches place greater emphasis on values-based recruitment and take new approaches to training.

##### ***Person-centred, reflexive services delivered by more autonomous staff***

All the SIBs developed services that were person-centred and this in turn led to changes for front-line staff who were given greater levels of autonomy and encouraged to see people as assets, not as

'problems'. Ways of working have tended to become more reflexive with more time for staff to reflect on what they are trying to achieve and how they are working. This in turn has entailed new working relationships between managers and front-line staff. For example, it was reported to us that once the KBOP SIB was launched, the staff began to change the way they worked and, at the same time, the relationship between the front-line workers and managers changed, with less paperwork and more face-to-face contact between managers and front-line staff. Team meetings now take place every two to four weeks, rather than every four to eight weeks. During these meetings, staff discuss progress towards individual outcomes for the people they support with a particular focus on progression to independence, and any difficulties that they are facing. At the Northamptonshire Homelessness SIB the Mayday Trust offers ongoing support for staff, including through 'moving the model forward days' during which the staff talk about what is and is not working and 'MOT days, which help staff overcome the temptation to return to their previous ways of thinking. Staff also engage in more reflective practice.

All four SIBs we looked at involved some elements of brokering, coaching and mentoring. One of the key elements of Mayday Trust's PTS is coaching. Asset Coaches develop strong and trusting relationships with people, build on the individual's capabilities and facilitate individual progression. Asset Coaches not only build the critical initial relationship with the individuals, they also work autonomously and creatively with the individual to ensure that the balance of power remains with them and not the coach. The Brick also uses asset coaches who focus on supporting aspiration and personal growth, challenging dependency. Asset coaches or a similar role were a common approach across the SIBs.

"The asset coach helps individuals to identify their strengths and interests, as well as supports individuals in becoming more involved in their communities" (Interview with service provider)

Even before the COVID-19 crisis several organisations were experimenting with more flexible working arrangements for their staff, for instance by allowing staff to conduct distance work through the provision of smartphones and laptops.

The SIBs also all used mentors. At The Brick independent living mentors support is focused on more immediate and practical needs that people may have such as helping people set up bank accounts, register with a GP or access substance misuse or crisis mental health services. These approaches to working are also often more outward facing with a greater emphasis on front-line staff engaging with other services, both services that are part of the SIB and services in the wider system. For example, in the GM Homes SIB once a month the partnership comes together to look at how each of their clients are progressing and to reflect on their own practice; for instance, how well they are meeting their needs and what, if anything, they need to do to change their approach. Also in the GM Homes SIB service providers have launched pilots with other agencies to address gaps in accessing mental health services.

### ***Organisational changes***

Organisational change as organisations adapted to strengths-based working was a theme in all the SIBs we examined. The biggest challenge that KBOP faced in launching the new programme was helping long-standing members of the team through the transition to a new way of working. It was reported that implementing new services was stressful for staff, because while they still worked with the same colleagues and clients, their day-to-day activities were different and while a more autonomous role with less paperwork can be liberating, the autonomy and emphasis on greater use of professional discretion can also be stressful for staff. It can also be challenging to keep everyone informed, especially in a fast-moving change process. For KBOP, an added complication was that



there was still 'legacy work' to complete, working with existing clients using the old model of delivery. Managing such changes required higher degrees of supervision and stress management in the short-term.

The extent of this was clearest in the Northamptonshire Homelessness SIB which was close to completion and delivered by the Mayday Trust that had begun its journey towards strengths-based service delivery prior to becoming the service provider for the SIB. Over a number of years the Mayday Trust had seen a complete shift in their service provision towards a more person-centred, personalised service model. As described to us, this meant that the whole organisation had to change, particularly due to the need to give coaches autonomy. Over eight years, the organisation underwent significant transformation, including in management processes, systems, and culture. A similar process was underway at the GM Homes SIB. Part of The Brick's organisational culture change involves avoiding the use of the word client; instead, they refer to them as people that they work with. At its core, The Brick's approach is about working *with* people, empowering them and giving people choices. As such, it's vital that staff know that people should be able to make their own choices. This often involves staff 'unlearning' deficit-based mindsets. For example, those we spoke to at the Mayday Trust reported that coaches had to learn how not to see people in terms of problems and avoid negative labels and language.

Making substantial changes to the way services are organised and delivered sometimes required additional resources. In several cases it was suggested to us that new models were, at least in the shorter term, more resource intensive, although providers were often convinced that such models would, in the longer-term deliver considerable returns. The limited analysis of SIB outcomes achieved and payments accrued provides some support for this possibility, but further research is needed. Questions remain though about scaling up such approaches. One provider told us they were concerned about how such a model could be made to work at scale.

### ***New approaches to recruiting and training staff***

In several of the SIBs delivery organisations had recruited new staff to deliver the services they developed. However, they had also started to change the way that they recruited and then trained staff. Again, this was clearest in the Northamptonshire Homelessness SIB. Interviewees in Northampton explained how, over a number of years they had to change their recruitment strategies to ensure they could recruit people who were open to personal development, had a strong sense of identity, were passionate about social justice, and were 'mavericks'. This has resulted in a staff group from diverse backgrounds but with a shared set of values. The training the Mayday Trust gave their coaches evolved from an intensive two-day training to education offered through two learning modules delivered by Coventry University, which provides coaches with a Level 4 qualification<sup>11</sup>. These modules help coaches understand the current social care and criminal justice systems, as well as the barriers (psychological, social, etc.) faced by people who are homeless.

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<sup>11</sup> Equivalent to a certificate of higher education or completion of the first year of an undergraduate degree course.

### **4.2.3 Strengths-based working individual assessment, planning and risk**

#### **Headlines**

- Assessment processes change significantly within a strengths-based approach to working with more emphasis on relationship building, developing an understanding of people's goals and less bureaucracy.
- Planning is characterised by greater flexibility and more informality than traditional service plans in deficit-focused services. Plans place individuals at the centre of any intervention, prioritising their voice and needs above the organisation's. There is some evidence that more person-centred planning speeds up the support that individuals receive as services can be delivered more intensively.
- Strengths-based approaches encourage new approaches to assessing, recording and working with risk, including positive risk taking.

#### **Strengths-based assessments**

Within strengths-based approaches 'assessments' are configured very differently to traditional deficit-based assessments. All of the service providers in the different SIBs tended to undertake assessments in the community at a location chosen by the person accessing the service, typically a café or a park. One service provider explained that meeting individuals within the community reduces the risks to both programme participants and staff, as people may feel anxious in service's offices or in their own homes where staff might be perceived to impose on their personal space. A neutral, community location also challenges the potential you/us dichotomy by placing meetings in places local to individuals and further emphasising the person-centred nature of the service.

In the Northamptonshire Homelessness SIB the Mayday Trust 'traditional' needs assessments which tend to focus on deficits have been replaced with a person-led approach that focuses on strengths. Instead of a standardised assessment, staff collect some basic information at the point of referral and during their initial meeting with a person accessing their service they explain the programme and then facilitate a conversation about the individual. In early contacts the emphasis is on building trusting relationship and through this process people are able to talk about their goals and aspirations. A similar approach is used at The Brick and people are under no obligations to share their stories with their Asset Coach. Asset Coaches are given minimal information about people at beginning of their engagement in order to build a more authentic relationship. They want to build trust with individuals and demonstrate that their organisation is respectful, for instance that they "don't talk about people behind their backs" (Staff at The Brick).

The work of the Asset Coaches at the Northamptonshire Homelessness SIB and The Brick in Greater Manchester is supported by the use of a developmental questionnaire which focuses on a person's assets. Asset Coaches not only build the critical initial relationship with the individual, they also work autonomously and creatively to ensure that the balance of power remains with the person and not the coach. The intention is for each individual to continually build evidence of their ability to achieve their goals for themselves. The Asset Survey is repeated every three months, but people are not under any obligation to look at the results. In the Greater Manchester Homelessness SIB other providers also use assessment approaches that are person-led. Rather than going through a formal form with individuals, front-line staff conduct 'getting to know you' sessions designed to demystify and humanise the service provider and ensure that early contact with the service is person-centred. They also use the Warwick and Edinburgh Mental Wellbeing tool (WEMWBS).

A more structured assessment is used in both the KBOP SIB and the Healthy Lives Together SIB. Staff use laptops when conducting the assessment, which allows them to enter the information straight into the system, making the assessment process easier and faster. These assessments are not completely led by the person, with information being collected that aligns with the various outcome targets within the SIBs

### ***Person-centred planning***

Across the four SIBs we looked at, planning was person-centred. The various approaches used in the SIBs allowed for co-creation through greater focus on listening, learning, and adapting with attention given to the person's strengths, interests and goals. For example, in one service during their meetings with beneficiaries, coaches worked with people to create personal transition plans, but these were brief and not presented to the client in the form of a plan or 'contract'. Coaches did not take any notes during meetings, but recorded headlines for themselves later. These individual transition plans centred on the individual's aspirations and emphasised the importance of building relationships.

In the KBOP SIB and in the Healthy Lives Together SIB it was reported to us that more person-centred planning speeds up the support that individuals receive as services can now be delivered more intensively. The action plans used in both SIBs contain a summary of the services that people need to access, as well as next steps based on what people want to happen. More personalised planning also encourages more effective inter-agency working. For example, delivery partners within the GM Homes SIB come together once a month to look at how each of their clients are doing; for instance, how well they are meeting their needs and what, if anything, they need to do to change their approach. In this sense, an increased emphasis on the individual puts onus onto service providers to be adaptive and creative with developing individualized plans and strategies in order to best suit their users.

One question that intensive, person-centred approaches raise is at what point and how to exit from relationships with people who access the services. Within the context of a SIB contract this question has additional implications. Staff at the Mayday Trust in the Northamptonshire Homelessness SIB are currently debating the point at which to end communication with people when they are moving on with their life, outside of the programme. They are concerned about following-up people primarily to gather evidence in order to fulfil the SIB contract.

### ***Assessing and working with risk***

In the GM Homes SIB risk to people is taken extremely seriously. For instance, night shelters are available for those that require immediate rehousing. It was reported to us that a more person-centred approach has encouraged providers within the GM SIB to move away from a 'box ticking' deficit-based understanding of risk to one that is better able to contextualise the individual's risk: an approach characterised as 'positive risk-taking'. This leads to more and better conversations about risk both with individuals and within and between organisations.

#### **4.2.4 Strengths-based service delivery as a catalyst for the design of innovative services to meet pressing social needs**

##### **Headlines**

- Strengths-based, personalised service delivery requires day-to-day, on-the-ground innovation by front-line workers and participants to respond to each individual's unique context. One example is the use of personal budgets.
- Many organisations are pilot testing new approaches to meet emergent gaps and to improve programmes, for instance in order to overcome implementation barriers.
- Many stakeholders entered into the SIB due to a need and desire to innovate, for instance in order to respond to urgent social issues or to access vital funding.

##### ***On-the-Ground Innovation***

Given that strengths-based service delivery seeks to build upon each individual's personal strengths and aspirations, front-line staff must frequently innovate in order to respond to unique contexts. Such innovation can be seen in the "little things" like various approaches to relationship building, or in more experimental intervention strategies like personalisation funds, which provide resources to help individuals in overcoming barriers. Regardless of the scale, to empower front-line workers to innovate, SIB stakeholders must give service providers a relatively high degree of autonomy, as flexibility can be vital in creating the rapid momentum needed to facilitate innovation within organisations.

For instance, within the Healthy Lives Together SIB, Bridges realised that for the programme to be most effective, it had to take a less rigid approach to social prescribing than other programs in order to support on-the-ground adaptation. Adaptation is vital to the programme's use of personalisation, as social prescribing involves assessing, matching and building on the individuals' needs and community assets to improve the health and lives of programme participants. The Healthy Lives Together SIB also utilizes customised action plans which can again lead to innovation, because where no community structure exists to meet demand, the Healthy Lives Together board will seek to finance and support new community-based interventions.

Several programmes have also created personal budgets, to support personalised, co-produced approaches. The Healthy Lives Together SIB provides individuals with personal budgets which can be spent according to each individual's preferences. These personal budgets amount to around £200 per individual over two years, and can be used for a variety of purposes, such as to purchase a gym pass or educational classes. However, link workers can use discretion to use more of the budget when necessary, as the programme administrators manage these budgets more like a monthly pool of money which can be used for individual purposes, rather than as individual pools of money.

Similarly, the Mayday Trust now provides personal budgets which enable individuals to purchase items that help build on their individual assets. While individuals have to submit proposals to get such funding, about 90% of these requests are approved. The programme has a budget of £10,000 per year for these individual funds, amounting to around £500 per person. However, a lot of coaches are able to broker opportunities to help individuals obtain sponsors for higher amounts of funding as needed. Some individuals even pay Mayday back for these funds.

##### ***Innovation through Testing***

Along with spurring on-the-ground innovation, the programs have also experimented with innovative approaches to service delivery through more targeted pilot tests. Within the Healthy Lives Together SIB, pilots have been helpful in two main ways: in encouraging more engagement

from GPs and in establishing social groups. First, the SIB stakeholders have piloted clinics at local GP practices in order to recruit participants to become members of specific health-related groups. One such clinic was held at Dr Kumar's practice. After identifying 140 people with diabetes on the register, Dr Kumar started two diabetes groups with 40 members in total. Demonstrating the success and popularity of these groups, there is now a waiting list for participants to join and additional GPs want to get involved. Second, the Healthy Lives Together SIB's use of social groups – now a key element of the programme – was initially tested through a pilot group of women. The SIB partners found that women who were originally reluctant to take a gym (or other) class on an individual basis became more willing to participate once they joined a social group. This women's group now has 15 members who are all very supportive of each other. The positive experience of this group led to the creation of additional social groups which have similarly proven successful. Overall, the SIB partners have been surprised by how quickly the social groups have been successful and are endeavouring to set up more.

Meanwhile, within the GM Homes SIB, pilots have been instrumental in creating partnerships to address gaps and obstacles in the system. One example is the pilot that GM Homes launched with the Growth Company, an organisation that provides education and training support in Greater Manchester. Previously, referrals to the Growth Company could only be made through job centres, and GM Homes participants were reluctant to attend job appointments, creating barriers to employment. Through this pilot, the Growth Company now accepts referrals directly from GM Homes into its programs. The Growth Company is now also working at each individual's pace and supporting them based on their individual preferences. The GM Homes SIB partners have also launched pilots with other agencies to address gaps in accessing mental health services. While previously individuals had trouble accessing both mental health and drugs/alcohol services at once, the GM Homes programme created a dual diagnosis nurse to help individuals overcome these barriers. The programme partners are now looking to see if such a strategy should be scaled. In fact, One Manchester is considering taking a similar approach in Wigan where 15 to 20 programme participants are struggling with mental health difficulties.

### ***SIB-Related Innovation***

For many programme stakeholders, SIBs offer the flexibility to try new things, unlike when delivering to 'traditional' commissioning contracts. SIBs can also provide more opportunities to innovate by enhancing access to new partners or to new streams of funding. For example, Horton Housing Association ("Horton") entered into the KBOP SIB because it realised that in order to achieve its desired outcomes it could not just continue to deliver services in the same way, but would have to take a new approach. Another motivation for Horton entering into the SIB was that the social investor would carry the risk as opposed to the service providers, which was an uncommon funding arrangement. The KBOP SIB further allowed Horton to take a long-established programme and turn it into something different by not being told what the programme had to look like.

Similarly, the Healthy Lives Together SIB allowed the programme partners the freedom to innovate significantly within the field of social prescribing. For instance, a main objective of the local NHS in joining the SIB was to test the hypothesis that the social prescribing approach of assisting participants with long-term health conditions would allow participants to manage their conditions more effectively and thus reduce their use of primary care and secondary care. Moreover, due to the significant impacts on the health system and wider society associated with the five health conditions, many stakeholders saw great benefits in collaborating to address this issue. This was summarised in a review of the programme written by the programme manager: "HLT requires significant levels of behavioural change in order to bring about sustainable change. To achieve the level of social innovation which will enable tackling of this specific health and social challenge - change is required across all partners".

The GM Homes partners also found the SIB budget and approach helpful for testing their new model. For example, as a part of trying to do things differently to achieve better outcomes the partners agreed not to evict anyone from the GM Homes SIB programme. Instead, the organisation keeps asking: how else do we need to adapt to continue providing support? How can we provide support rather than coming down heavy-handed in order to break the cycle of individuals gaining and losing accommodation? The GM Homes partners are also now thinking more about how they can influence systems change. While the SIB is a 3-year pilot project, the partners want to create a legacy beyond that timeframe; they do not want the programme to end and for the system to go back to square one. Instead, through the SIB, they want to test and learn in order to provide as much feedback as possible to the Greater Manchester authority. They have therefore developed a set of 'SIB Principles' that they hope registered accommodation providers will follow and which are asset-based and also informed by Trauma theory<sup>12</sup>.

Meanwhile, the Mayday Trust joined the Northamptonshire SIB to test PTS as an innovative method of service delivery, not to test funding a programme through a SIB. The SIB allowed Mayday to pursue such testing as the contract was not prescriptive, so had no top-down specification – something that Mayday generally pushes against. In fact, what was vital for Mayday to consider prior to entering into the SIB was if the funder would sufficiently recognise the scope of the project as well as give the space to fail and to innovate.

#### **4.2.5 Making strengths-based working sustainable in wider public service delivery systems**

##### **Headlines**

- Delivering strengths-based approaches through a SIB commissioning model encourages services to collect evidence of outcomes and hence can support arguments for the extension of strengths-based working models for a wider public service delivery model.
- The effective use of collaborations and partnerships can help promote strengths-based working in other parts of the system.
- The pace of change and the scaling-up of new ways of working can be slow but it is important to recognise changes that occur within the wider system and find ways to consolidate them beyond the lifetime of the SIB.

##### **Produce evidence base of programme successes**

Delivering strengths-based approaches through a SIB commissioning model encourages services to collect evidence of outcomes and hence can support arguments for the extension of strengths-based working models for a wider public service delivery model. For example, through the SIB, the Mayday Trust in the Northamptonshire Homelessness SIB are now reporting on outcomes and not outputs. They report that, even though it can be hard to collect data, they are collecting meaningful evidence. Collecting such outcomes has helped them show the programme in a new light and support their case for commissioners giving service providers greater autonomy in service delivery. Similarly, in the KBOP SIB service providers are collecting more data and reporting in more detail than before, with highly detailed monthly reports. While this is driven partly by the need to report outcomes relevant to the SIB framework it is also partly a response to the autonomy service providers enjoy, meaning that they need better performance data to guide management decisions, rather than relying simply on fulfilling the requirements of a tightly specified contract. This commitment to

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<sup>12</sup> A psychological theory developed in recent years that emphasises how traumatic events in early life can lead to serious and long-term consequences in later life that limit people's ability to function.

evidence collecting is also present in the GM Homes SIB, who want to test and learn in order to provide as much feedback as possible to the Greater Manchester Combined Authority.

### ***Using collaboration/partnerships as a way of promoting change***

Effective partnership working is integral to the service delivery models developed by the four SIBs because strengths-based approaches require that people who access the SIB services are also able to access a range of other, complementary services to achieve the goals that they set themselves. For example, one of the core tenets of the Personal Transition Service – used by the Mayday Trust in the Northamptonshire Homelessness SIB and by The Brick in the GM Homes SIB - is building positive networks. This involves people who access the service working with volunteers to connect with other individuals and organisations in their local community, develop friendships and positive attachments. The service run by the KBOP SIB has similar expectations. In these models, partnership working happens at multiple levels, both at the level of individual service users and key workers, but also at the level of organisations. It also supports the broader aim of such models: to challenge current, deficit-based models of service delivery and affect broader systems change. Work to promote strengths-based and person-centred approaches was a common feature across the four SIBs we looked at. For example:

- KBOP is now working together with other organisations in ways that they couldn't work together before. They report that, while they previously thought of other service providers as competition, they are now collaborating much more. The KBOP SIB has also helped improve the broader service system by marketing and raising awareness about its strengths-based strategies, which has helped other organisations to develop a greater understanding of this approach and its benefits.
- Similarly, among the main goals of the Healthy Lives Together SIB is building capacity among volunteer organisations and social enterprises, as well as promoting person-centred practice. Overall, nearly all of the other external stakeholders in North East Lincolnshire are supportive of the Healthy Lives Together SIB's strengths-based approach, aside from GPs, who have been the slowest to acknowledge the work.
- Perhaps the most surprising systems impacts have been seen in relation to the GM Homes SIB. A distinct feature of the SIB is the size of the partnership that has been brought together. This stems from acknowledging the limitations that housing shortages place on addressing homelessness and a recognition that the programme would need to have the housing sector involved to be successful. The GM Homes SIB reports that it has influenced potential systems change by for example, facilitating more coordination between mental health and drugs and alcohol support services. While previously individuals had trouble accessing both mental health and drugs/alcohol services at once, the programme created a dual diagnosis nurse to help individuals overcome these barriers. The programme is now looking to see if such a strategy should be scaled. After Shelter launched its new approach, housing providers, rather than waiting to be contacted by housing services, contacted the housing services and began offering accommodations and other support to help the programme get up and running. This represented an unprecedented and an important and positive shift in partnership relations for Shelter.

### ***The pace of change and the challenge of scaling-up***

The SIBs are realistic about the scale and pace of change that is possible. The GM Homes SIB reports that collaboration across Greater Manchester has been strong, with organisations supportive of the ethos of the SIB. While systems actors (in the GM SIB) have not made massive changes to their approaches, there has been useful movement. One encouraging example of such changes, as mentioned above, is that after Shelter launched their new approach, housing providers increased their offers of accommodation and support. This was described as a cultural change for Shelter who

were unused to organisations proactively looking to provide accommodation. Other partners in the GM Homes SIB are thinking about legacy beyond the lifetime of the SIB. The GM Homes Partnership holds regular meetings with housing providers in order to reinforce their messages, and they have developed an action plan outlining how the housing providers should continue working in these new ways once the project comes to end. Providers we spoke to were also thinking about the legacy from the SIB and how they could sustain important elements of practice in the future.

#### ***4.2.6 The relationship between strengths-based working at the service delivery level, the overall structure of SIBs and the relationships between key partners***

##### **Headlines**

- It is vital for SIBs to give considerable autonomy and discretion to service providers with experience and established ties to the local communities due to the importance of the place-based component within the strengths-based approach.
- There is some tension between the SIB model, which evaluates progress against specified outcomes within a certain timeframe, and the strengths-based approach, which is based on personalisation and thus results in a variety of improvements in wellbeing, which can be hard to predict. Rate cards where there is some choice around outcomes for which payments can be made can alleviate these challenges, particularly if outcome measures are broader and linked to the concept of individual wellbeing.
- There can be tensions between outcome targets and professional practice but these can be resolved through effective management.
- More flexible and longer-term SIB funding allows service delivery partners to engage with people for longer and offer second chances.
- Tracking progress towards SIB targets allows service providers to adjust programmes and individual plans to achieve higher levels of success, including by collaborating with other SIB partners on programme management.

##### ***Service Provider Autonomy***

In order for SIBs to effectively facilitate strengths-based service delivery, the managing partners must give the service providers a high degree of discretion, as they are the organisations with the most localized knowledge and experience. For instance, when selecting service providers for the KBOP SIB, Bridges placed a lot of weight on finding organisations that had been providing services for a number of years, as the programme involves linking individuals with other services in the system. In fact, the KBOP programme administrators were surprised by how little they were told what to do, as they were used to operating under prior models which were very prescriptive in nature. Now the KBOP service providers are able to approach the people accessing the service however they see fit, which allowed them to design and launch services faster. The Healthy Lives Together SIB managers also chose their service provider based on the fact that it was already operating an strengths-based approach and the programme was designed to give a high degree of autonomy to the service providers and the link workers. For example, Centre4, one of the SIB's service providers, takes a person-centred approach which empowers link workers to use more flexibility when working with individuals. Similarly, Trafford, as an investor in the GM Homes SIB, recognised the importance of not being too controlling over the service providers, and accepted both the trust and risk necessary to leave service design and delivery to the experts. Instead, Trafford wanted some visibility of the programme and the opportunity to help manage the programme if needed. Meanwhile, the Mayday Trust, a service provider itself, realised that its whole organisation had to change in order to give its coaches the autonomy, discretion, and flexibility needed to deliver the PTS. Notably, these changes were supported by the structure of the SIB, which was unspecified and thus offered Mayday the opportunity and freedom it needed to deliver the PTS in this way.



### ***Designing outcome measures***

All of the SIBs we looked at used a rate card. Rate cards offer a 'menu' of options as to which individual outcomes can be tied to payments throughout a SIB's duration. The use of rate cards is a common feature in UK SIBs, giving SIB stakeholders the ability to choose which outcomes to focus on, as opposed to requiring more specification, with the expectation of incentivising more experimentation and innovation in service delivery. From the perspective of Bridges Outcomes Partnerships the rate card has been a facilitator of more person-centred, strengths-based approaches to service design and delivery. However, the design of the rate card is important and tensions between SIB outcomes and person-centred practice are possible. Within the GM Homes SIB the partners have faced many outcomes-related challenges.

When designing the programme, setting targets gave the investors more confidence in the model and their investments, although there is always some uncertainty in expected outcomes, which remain forecasts. However, the SIB partners did not necessarily discuss what individual success would look like aside from defining these outcome targets. As a result of working in this programme, the partners report that they have realised that taking a more personalised approach to service delivery requires tailoring outcomes to each individual and being less paternalistic about defining success, as some individuals might view success as simply sustaining accommodation or even just surviving. For example, the GM Homes SIB was one of eight programmes funded throughout the country to address rough sleeping based on the model of St. Mungo's SIB in London. Although each of these programmes was able to design their own rate cards in order to align their services with the local context, the GM Homes SIB partners decided instead to follow St. Mungo's example. Programme outcomes related to drugs, alcohol, and mental health are based on entry into and sustainment of services, but the rate card does not take into account that certain individuals might not need help resolving such problems to begin with. By contrast, the more recent SIBs we looked at tended towards more broadly defined outcomes centred on the concept of 'wellbeing'.

Defining timescales for achieving outcomes can also be difficult. At an overall contract level a challenge for the GM Homes programme was that the SIB contract was based on a relatively short commissioning timeframe of three years, despite the complexity of the issues that the programme addresses. But when the GM Homes SIB targets were initially set, the partners did not know the exact cohort with which they would be working. In reality, the programme participants have had more complex needs than they had anticipated, and as a result many individuals have not yet been able to work due to long-standing health reasons and drug/alcohol dependencies. However, in contrast, the more recently developed SIBs we examined were of longer duration. For example, Staying Healthy Together is a seven year contract. At the level of individual outcome measures there have sometimes been mismatches between timescales defined in the measure and the reality of service delivery. For example, in the GM Homes SIB, in order to claim payment related to training, individuals must undergo a minimum of 13 weeks of training, despite the fact that a lot of training courses only last about 4 to 8 weeks. Since these Employment Education and Training targets have been too challenging to meet, the programme has instead been recording progress towards smaller outcomes, such as creating a CV and building confidence in preparation for pursuing employment.

### ***Outcomes and professional practice***

While SIBs can be designed to give service providers the autonomy necessary to effectively implement strengths-based service delivery, there are still some tensions between the SIB's focus on outcomes and the personalised nature of the strengths-based practice. Different SIBs have addressed this tension in different ways.

The Healthy Lives Together SIB measures outcome using the Wellbeing Star, which is also a tool used as part of the assessment and planning process with people accessing the service. Staff are aware that, for example, a participant advancing two points on the Wellbeing Star can determine whether the organisation gets paid or not for that participant. In this SIB the link workers are aware of the target outcomes and recognise the impact of achieving improvements at the various review stages. However, they try not to focus on the financial aspect of the SIB and appreciate the importance of working in the best interests of the person they are supporting. They report that there is a balance between giving participants the autonomy and discretion to define their own success and responsibly managing the outcomes-based budget.

The Mayday Trust staff have also struggled with keeping themselves 'in check' and not to track outcomes in ways that would compromise their work. When starting the SIB, the team decided that they did not want to know the numerical outcomes associated with the people they worked with to avoid the possibility of outcomes creating perverse incentives. The Mayday Trust does not undertake traditional 'assessments', believing that these encourage deficit-based thinking. Consequently, their coaches focus more on working with each individual rather than thinking of how to achieve targets/outcomes, and instead view the outcomes as by-products of the programme's approach.

### ***National funding***

Notably, three of the four SIBs received top-up funding from national funds like Commissioning Better Outcomes with top-up funding supplementing commissioning by local commissioners. One SIB, GM Homes, was commissioned entirely by the Ministry for Housing, Communities and Local Government. Central outcomes funds co-commission services alongside local commissioners, thus allowing services to be commissioned which wouldn't otherwise be possible. In some cases this can incentivise preventative services which generate benefits to central government departments in the future, but don't generate casheable savings for the local authority commissioning them and in other cases it can help overcome the challenge of 'silos'.

### ***Longer periods of engagement and second chances***

Participating in a SIB allowed partners to start taking a more personalised approach to service delivery. For some programmes, an advantage of this has been the ability to work with people for longer and to offer people second chances. For example, previously, the KBOP programme was only able to support people for up to two years before it had to discharge them from the programme. Now that the programme is funded for 5 years, people can return to the programme for continued support even after being discharged, and can continue working with the same key worker as before. This opportunity to reconnect with the programme if any crisis arises provides a big benefit for the service users, and differs from the previous system in which individuals had to be referred back into the programme. Now, instead of waiting for weeks for this referral process to go through, staff can conduct more intensive and meaningful work with the people they support. Additionally, because the KBOP programme previously always had a waiting list, a new person would enter into the programme as soon as another was discharged. This process created a relatively short turn-around time, with most people discharged after 6 to 12 months, not allowing the programme to focus on longer-term outcomes. Through the SIB, the programme partners are now able to focus on longer-term outcomes, making it more likely that individuals will achieve sustainable outcomes. Through the SIB, KBOP has also been able to both hire an ETE worker and draw in ETE workers from other providers to introduce classroom-based life skills classes for the programme participants.

Working through a SIB has also given GM Homes the opportunity to give people a 'second chance'. Unlike deficit-focused programmes, which create grounds for exclusion, strengths-based programs encourage optimism. In addition, longer programme durations encourage deeper connections and relationships. Thus, the SIB model has also helped the GM Homes programme build upon The Brick's

relationship and network-centred approach. Additionally, the SIB provided GM Homes with enough funding to hire a mental health practitioner who was able to achieve more positive outcomes by taking a more flexible approach.

### ***Programme Management and Collaboration***

There are also many benefits to participating in SIBs related to programme management and collaboration. For instance, the focus on outcomes through SIBs does not just help with setting targets but helps organisations to reflect on what is possible and experiment with how to be more effective – both in increasing quantity and quality of services. SIBs also typically have longer programme durations than traditional commissioning, which allows for partners to make necessary programme changes. However, successful SIBs also require trust among stakeholders to do the right thing and not the easy thing. As Bridges is working with a lot of charities that are doing contracts for the first time, it is able to draw on its background experience in dealing with management issues to assist these organisations in resolving the inevitable tensions between the design and the reality of a programme model.

For example, in order to address their boards' concerns about risk, Trafford and One Manchester partnered together in bidding on the GM Homes SIB, as neither organisation had participated in a SIB before. For similar reasons, Trafford did not want to be the sole investor in the SIB, and so pitched the model to Bridges given its prior experience investing in SIBs. Now that the SIB is underway, the investors have taken on more of a project management role. For instance, rather than telling the GM Homes service providers what they need to achieve by when, the investors are instead asking the service providers what they want to achieve and how they can help.

For the Healthy Lives Together SIB, although the contract took a long time to set up, it offered each partner a big opportunity to coordinate with other stakeholders. In fact, the “collaborative partnership” between the SIB managers and the services providers plays a large role in facilitating effective project management, as the SIB managers check in every couple of days (or daily) with the service providers to offer their assistance. One major advantage of such collaboration is that the various SIB partners are able to contribute a lot of solutions from their experiences with other organisations. For example, Bridges brought many ideas from the Ways to Wellness programme, which was the pioneer in social prescribing, thus providing many helpful approaches to the Healthy Lives Together SIB. Bridges has also helped with capacity building for those partner organisations that were adopting the strengths-based approach for the first time. Additionally, the programme's front-line staff are very aware of their progress towards the SIB outcomes as the programme has active and transparent performance management mechanisms in place.

The KBOP SIB has similarly implemented many programme management practices. For instance, the SIB partners hold monthly strategy meetings which discuss technology and communications strategies and include representatives from all service providers organisations, KBOP, and sometimes members from the council. Additionally, although the service providers, such as Horton, are not paid based upon each outcome they achieve, they still need to be realistic about what they can achieve in order to use the outcome targets as a management tool. As such, for setting the KBOP SIB targets, the partners used mapping exercises about what was achieved under the old model to guide what outcomes could be expected under the new model. Horton has also taken advantage of the SIB as an opportunity to look at new areas of its programme that it had not focused on before with regards to using an strengths-based approach. Further, the organisation is more aware of key performance indicators (KPIs) than before. While previously it only tracked 3 main KPIs per quarter, it is now tracking 3 categories of individual targets, each of which has its own set of outcomes. Tracking these outcomes requires a lot of forecasting, and if any KPIs are not met, then performance is managed, as missing targets can lead to delays in receiving overhead budgets. Consequently,

Horton is conducting much more reporting than before, with highly detailed monthly reports, to generate more in-depth knowledge on programme performance – such reporting is also partly in response to a lack of formal guidance from the SIB managers.

## 5 CONCLUSIONS AND DISCUSSION

### 5.1 Discussion

In a recent paper, members of this research team argued that for SIBs to realise their potential as incubators of (social) innovation they needed to incorporate a stronger element of co-creation, which is an integral part of the social innovation process. Not only would this help in developing more truly innovative approaches to meeting pressing social needs, but it would provide a stronger challenge to established practice in public service delivery, allowing SIBs to play a more significant role in public sector transformation. Specifically, the research team suggested various ways in which this might be achieved including the development of:

- Social Investment Partnerships as suggested by Jupp (2017), which might provide a more inclusive framework within which to accommodate user and community voices in co-creative processes;
- SIBs with more experimentation built into development of their service delivery;
- SIBs which tackle more complex social outcomes; or,
- SIBs where interventions are explicitly designed to promote asset or strengths-based approaches.

Bridges have developed a number of social outcomes contracts that are tackling more complex social outcomes and explicitly using strengths-based approaches and ongoing experimentation within their delivery model.

A number of themes have emerged from this scoping study. Some themes are primarily about service delivery (Fig. 3) and centre on the potential of strengths-based working and person-centred practice to drive social innovation and some are primarily strategic (Fig. 4) and concentrate on the potential of social outcome contracts to contribute to public service reform in ways that can be scaled-up. We discuss these themes in more detail in the remainder of this section.

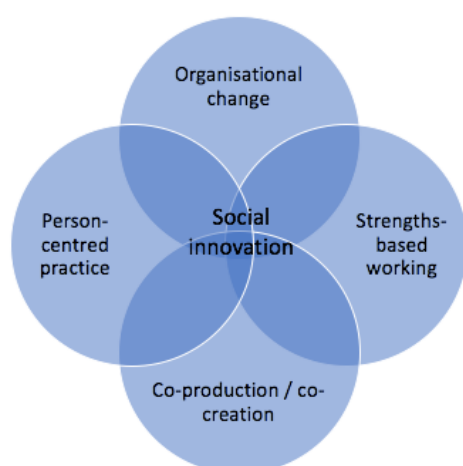


Figure 3: Delivery level themes

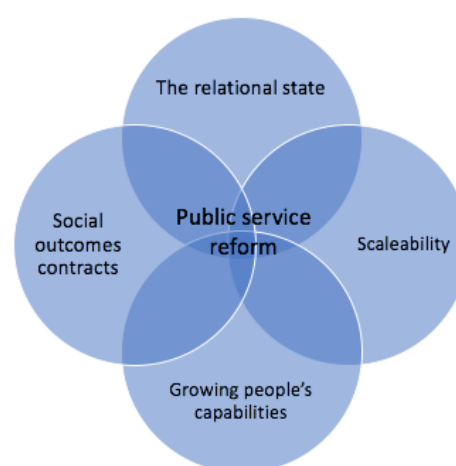


Figure 3: Strategic level themes

### **5.1.1 Social innovation, strengths-based working and organisational change**

Asset-based approaches start from the position that people have assets or 'strengths'. These include both their current intangible resources (perhaps skills, experience or networks) and their potential to develop new community and personal assets. They therefore draw together concepts of participation and citizenship with social capital (Mathie and Cunningham 2003). This implies that services should be personalised and contextualised by community, asking questions such as 'what matters to people?' and not 'what is the matter with them?' (Prandini 2018). However, the starting point for many public service is that they try to fix things for people in the short-term or encourage them to take action that fits the service's priorities, not their own (Wilson et al. 2018). This is a deficit-based approach that:

"leaves people without clarity about the changes they want to make or the knowledge, confidence or support to get there. It often only addresses a single (and often most visible) aspect of people's lives, without taking account of what else is going on." (Wilson et al. 2018: 5)

Wilson et al. characterise this as 'bad help', which can be ineffective in a number of ways including failing to identify the underlying issue that led to the person accessing the service and failing to share power and responsibility with the result that people feel disempowered (or 'done to') reinforcing inaction and dependency. Instead, public services need to adopt asset or strengths-based approaches, something that is often assumed in the for-profit sector. We have seen numerous examples of services strengths-based services being delivered by the four SIBs, although we have not yet had the opportunity to talk directly to people with lived experience about their perception of these new services.

Empirical study of social innovations across Europe highlights aspects of co-creation such as new provider – user relationships, revision of professional roles, collaborative forms of governance, and an increased focus on social justice (Evers and Brandsen, 2016). Voorberg et al. (2014) link co-creation and social innovation as 'magic concepts' that have become widely recognised as a reform strategy for the public sector (Fox et al., 2019). In public services there is evidence that citizens and intended beneficiaries - with many other stakeholders - can enhance mutual learning and help develop new solutions (Hartley et al., 2013). The research and literature on innovation suggests different ways in which co-creation might support innovation. There are variations in detail and emphases but co-creation invariably attempts to reposition people who are usually the targets of services (i.e. have services done to them) as *asset holders* with legitimate knowledge that has value for shaping service innovations (Bassi et al, 2019). This study provides some evidence of how adopting a strengths-based approach can support and is intertwined with delivering social innovation although we found more evidence of co-producing individual and personalised services than we did of people co-creating broader service designs.

The wider use of asset-based approaches in public service raise several questions. At the service delivery level questions are raised about how to organise and structure co-created, asset-based services implying as they do the need to change service environments and change the roles of professionals.

The experience of the four SIBs suggests that the implementation of strengths-based approaches often involves discarding cherished assumptions. The support of public servants (and employees of independent service providers) is therefore vital if co-created, asset-based services are to develop. But, there is a systematic underestimation of the role, tasks and responsibilities of professionals in the co-creation and co-production processes (Osborne and Strokosch 2013, Mortensen et al. 2020). The involvement and the contribution of professionals in co-creation are often taken for granted,

and it represents, in Osborne and Strokosch's view, one of the main weaknesses of the scientific studies on co-production. Mortensen et al. (2020) describe the challenges facing frontline staff. They argue that co-production creates a break with the former roles of frontline staff as either the providers of services to passive clients or customers, instead giving them the role of the 'professional co-producer' expected to motivate and mobilise service users' capacities and resources. Mortensen et al. argue that these 'professional co-producers' are often subject to multiple pressures as they handle top-down and bottom-up expectations simultaneously as well as potential horizontal pressures stemming from the expectations of staff from other organisations. This change leads to a requirement for frontline staff to build new capacities, professional competencies, and skills to take on a more responsive and inclusive approach (Mortensen et al. 2020). But the existing literature is often sketchy when it comes to describing what this actually means. This study has identified the practical solutions that staff in front-line organisations can adopt.

Previous studies have drawn attention to the importance of relational working, and skills and values such as empathy and good communication and listening skills (Mortensen et al. 2020, Needham and Mangan 2016), but creating these is challenging. The experience from the four SIBs suggests it may well start with value-based recruitment practices, but also implies new approaches to staff training, different ways of assessing people's needs and different understandings of how 'cases' are managed with new connections and divisions of labour that lead to new professional roles and ask profound questions about the reconfiguration work and who performs it (Glucksman 2009). Reflective practice is likely to be central to the new, relational way of working if 'trained incapacity' is to be avoided where professional co-producers struggle to respond to competing requirements of top-down, bottom-up and horizontal pressures while trying to work in new ways when their training took place in an earlier service delivery paradigm (Mortensen et al. 2020). However, perhaps more fundamentally, professional co-producers will have to 'unlearn' previous practice and make a conscious break with previous value systems that shaped their prior professional training and practice – something illustrated particularly well in the experience of the Mayday Trust and the Northamptonshire Homelessness SIB.

In addition to changing the way that professionals work, organisations can also change by adopting the Open Innovation model in which the focus is on distributed innovation processes where organisational structures are flatter, based on networks rather than hierarchies, organisational boundaries are more permeable and knowledge flows across organisational boundaries (Chesbrough and Bogers 2014). Several of the SIBs including the Greater Manchester Homes Partnership and the organisations within the partnership exhibited elements of this way of working. One potential model that might address some of the challenges associated with the move to asset-based working is the self-managing team (Laloux 2014), defined as by Vregelaar (2017: 4) as "groups of interdependent individuals that can self-regulate their behaviour on relatively whole tasks". Vregelaar (2017) identifies the advantages of self-managing teams as: bringing more flexibility; increasing quality of work life; reducing absenteeism and employee turnover; increasing job satisfaction; and organisational commitment. While none of the SIBs had fully developed a self-managing team, several seemed to be moving in this direction.

### **5.1.2 Public service reform, the relational state and scalability**

At a strategic, policy level the wider use of strengths-based and co-created approaches to designing and delivering services has implications for public service reform policies and the way that government and public services relate to citizens.

"The current welfare state has become an elaborate attempt to manage our needs. In contrast, twenty-first-century forms of help will support us to grow our *capabilities*." (emphasis added) (Cottam 2018: 199)

The Capabilities Approach is referenced in both the literature on co-creation and asset-based approaches. For example, discussion of capabilities and explicitly the capability approach (Sen, 1990, Nussbaum, 1988) have feature in the approach to asset-based working or ‘radical help’ advocated by (Cottam 2018) and underpin the concept of ‘good help’ promoted by NESTA (Wilson et al. 2018). The basic insight behind such a capabilities approach is that acquiring economic resources (e.g. wealth) is not in and of itself a legitimate human end (Sen, 1990, 2009). Such resources, commodities, are rather tools with which to achieve wellbeing, or ‘flourishing living’ (Nussbaum, 1988). Thus, individuals co-create with public services to grow their capabilities. From a policy perspective this implies that co-creation necessarily involves adopting asset-based practices and that co-creation is a necessary practice in public service reform, not merely desirable. From a practice perspective, the focus on supporting individuals to develop their capabilities suggests new modes of working for organisations and front-line staff, which are radically different, requiring organisations and staff to fundamentally re-think their purpose and how they relate to service users. Our research to date in the four SIBs provides some glimpses of this debate in action: a more intensive and longer-term project would allow us to properly explore these issues in a practical setting. Such research would potentially have practical applications. For example a deeper understanding of capabilities might feed into the definition of key social outcomes and hence the design of rate cards found within social outcomes contracts.

New Public Governance provides a useful theoretical framework for thinking about a relational approach to broader public service reform. It acknowledges the increasingly fragmented and uncertain nature of public management in the twenty-first century (Osborne 2006) and envisages both a plural state, where multiple inter-dependent actors contribute to the delivery of public services and a pluralist state, where multiple processes inform the policy making system. In this model, just as the relationships between organisations that deliver services are based on “relationships, where trust, relational capital and relational contracts act as the core governance mechanisms” (Osborne 2006: 382–383), so human relationships are given greater priority in the design of public services (Cooke and Muir 2012). We see elements of this in the four SIBs that we have examined, although further research is required to reach any firm conclusions around whether changes to systems will be fundamental and long-lasting.

Strengths-based and co-produced services often start with like-minded groups of individuals, but this raises questions about their potential to be scaled-up. A stream of the social innovation literature (eg Mulgan et al. 2007) has recognized the fact that (social) innovation processes seems to follow a sort of “spiral path” (Figure 5) starting from the recognition of a need to change (or an unmet demand) and eventually ending with a complete *systemic change* (when the innovation is adopted by all the actors involved, it stops to be an “innovation” and became a “common praxis”). This path usually follows six steps (in a later version they became seven) but the authors admit that not all the social innovation processes end with their full adoption, generating a “systemic change”. Actually, the majority of them are barely able to overcome the third step (prototyping phase). A very successful social innovation often ends at the level of *sustainability* (of the specific program, or project, or service or process) and very few of them are able to reach the further step “*scaling up*” the experience to other context, services or programs.

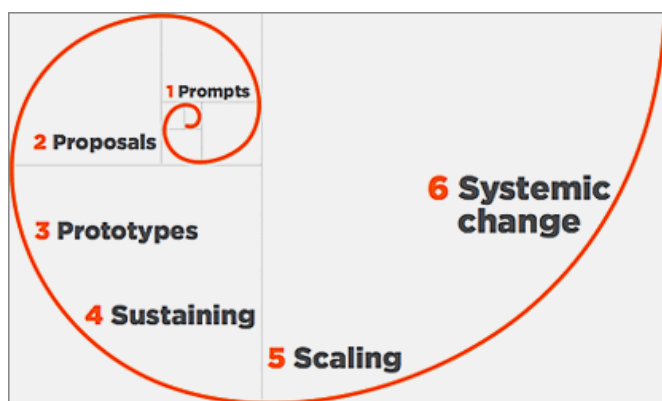


Figure 5: Social innovation spiral (Mulgan et al. 2007)

There are clear implications here for strengths-based and co-produced services. Often local experiences remain at the stage of *prototyping* (*piloting* in case of services).

Albury (2015) challenges the idea that scaling-up is primarily about informational issues or primarily a supply-side issue (ie by increasing the pipeline of innovations the likelihood of spread and diffusion is increased). Instead, he draws attention to the importance of thinking about and shaping the demand for innovation. Albury (2015) also challenges the assumption that innovations spread and scale through transfer from one organisation or locality to another. Instead he notes that while this might work for some incremental innovations, for more systemic, radical or disruptive innovations scaling-up involves the innovative organisation scaling-up, increasing its market share and displacing less innovative organisations. The social outcome contract model implemented by Bridges fits well with this notion. In interviews with Bridges management and a review of Bridges literature the idea of growing innovative and disruptive organisations was a recurring theme and can be contrasted with more ‘traditional’ SIB models where the emphasis tends to be on scaling a standardised intervention (Albertson et al. 2018).

Albury (2015) develops a conceptual framework of three mechanisms for scaling and diffusion that research has shown to be promising in health and social care. The first mechanism is based on organic growth situated in three interacting communities: a community of innovators (or practice) who are structured, facilitated and supported to use disciplined co-design and innovation methods; a community of potential adopters; and, a community of interest, not yet committed to adoption, but interested in developments. The second mechanism focuses on building the widest possible range of stakeholders (service users, citizens, policy-makers, managers and professionals) to mobilise demand and build a movement. The third mechanism concentrates on developing an enabling ecosystem covering dimensions such as culture, leadership, investment funds, rewards and incentives and an appropriate regulatory framework. The Bridges approach seems to be a promising fit with the third mechanism – developing an ecosystem covering dimensions such as culture, leadership, investment funds, rewards and incentives and making use of the system level enablers identified by Albury (2018). These are issues to explore further in a more intensive, longer-term study.

## 5.2 Conclusions

The aim of this research was to explore the potential for strengths-based service delivery to drive innovation in service delivery within the funding framework of SIBs. Before proceeding to address this aim the main limitations of the research should be recognised. This is a relatively small-scale scoping study, based primarily on a programme of interviews and a document review, which has limited our ability to triangulate results. In particular we have not engaged directly with people who use the services delivered within the SIBs. Further, all of the SIBs are managed by Bridges, the



principal investor in the SIBs and therefore findings will, to some extent, reflect Bridges ethos and management approach and this limits the potential to generalise these findings to the wider sector. That said, these SIBs were selected primarily because they held out the possibility of implementing strengths-based approaches, a model which Bridges has promoted within its SIBs, but is not common in the wider UK SIB community.

Our findings clearly describe how models of strengths-based service delivery have been central to the delivery of SIB-funded services across a number of sites. All four SIBs have developed strengths-based service delivery models. Strengths-based working has had significant impacts on organisations, staff practice and professional development. It entails radically different approaches to individual assessment, planning and managing risk and our research highlights some of these challenges and how they can be overcome.

The links between strengths-based approaches and innovation are clear in the SIBs we examined. Strengths-based service delivery can be a catalyst for the design of innovative services to meet pressing social needs. It is a model that tends to challenge the wider public service delivery systems within which it takes place. Making the model sustainable and resilient in wider systems that are still deficit based is challenging and gains are often modest.

Strengths-based working at the service delivery level has significant impacts on both the overall structure of SIBs, encouraging broader-based partnerships, and on partnership working with organisations beyond the SIB, encouraging more collaborative approaches. Outcome-based commissioning and person-centred practice are not incompatible and tensions between their sometimes differing priorities can be managed

Overall, this research adds to the evidence on the challenges of developing strengths-based approaches, highlighting some important challenges and many practical examples of how these can be addressed, but perhaps its most novel feature is the suggestion that social impact bonds and outcome-based commissioning models might provide one route to commissioning strengths-based approaches. As such, these cases demonstrate that SIBs have the potential to be catalysts for innovation in the design of services, the potential for which has yet to be fully realised.

This was a scoping study designed to start exploring the potential for strengths-based service delivery to drive innovation in service delivery within the funding framework of SIBs. As such it has demonstrated the potential for further, more intensive and longer-term research in this area.

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