MEAM

MEAM Approach evaluation: evaluation framework

May 2018





Table of contents

1	Int	roduction	3
	1.1	Overview	3
	1.2	About the MEAM Approach	3
	1.3	Methodology	5
	1.4	Key audiences for the evaluation	5
2	Th	eory of change	7
3	Ev	aluation Questions	9
	3.1	Outcomes questions	9
	3.2	Process questions	10
4	Ev	aluation framework	11
5	De	elivering the evaluation	22
	5.1	Proposed methodology	22
	5.2	Reporting timetable for evaluation	35
	5.3	Timetable for 2018-19	37
	5.4	Key considerations when developing the methodology	41
6	Ap	pendix A: approach to developing the evaluation framework	45
	6.1	Overview	45
	6.2	Review of documentation	45
	6.3	Interviews with representatives from local areas	45
	6.4	Interviews with MEAM coalition staff	46
	6.5	Discussion with CFE research and the Big Lottery Fund	46
	6.6	Regional workshops	47
	6.7	Circulation of draft framework and feedback phase	47

1 Introduction

1.1 Overview

This is the evaluation framework for the longitudinal evaluation of the MEAM Approach. The evaluation has been commissioned by the Making Every Adult Matter (MEAM) coalition and is being delivered by Cordis Bright, an independent research and consultancy organisation. The evaluation will take place over five years between 2017and 2022 and involves five core elements. These are:

- Building research capacity in local areas developing work using the MEAM Approach.
- · An outcomes evaluation of this work
- An economic evaluation of this work
- A process evaluation of this work
- Comparison to the outcomes and process of the Big Lottery's Fulfilling Lives areas¹.

This evaluation framework should be read in conjunction with the Year One (scoping) report, available on the MEAM website.

1.2 About the MEAM Approach

The MEAM Approach is a non-prescriptive framework developed by MEAM, a coalition of three national charities – Clinks, Homeless Link, and Mind. Its purpose is to help local areas design and deliver better coordinated services for people facing multiple disadvantage.

The MEAM coalition defines people facing multiple disadvantage as people who are experiencing:

"a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health. They fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives".²

The MEAM Approach includes seven core elements that should be considered by local areas, but it does not prescribe a particular way in which these elements should be achieved. The framework is summarised in Figure 1.

¹ The comparative component of the evaluation will draw on data and findings from CFE Research (who are leading on the national evaluation of Fulfilling Lives).

² MEAM (no date) About multiple and complex needs http://meam.org.uk/multiple-needs-and-exclusions/ [Accessed 14/03/2018]

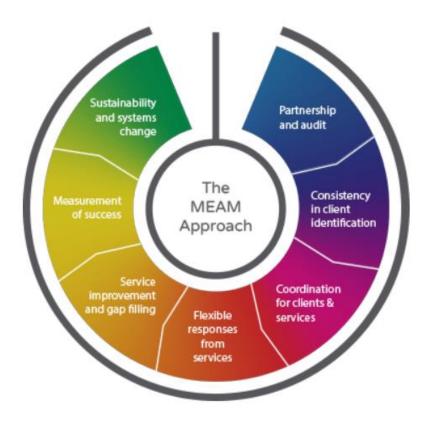


Figure 1: Seven elements of the MEAM Approach

Source: MEAM website (2018)3

Any local area can design and deliver work using the MEAM Approach, regardless of whether they are receiving support from the MEAM coalition. However, in practice the MEAM coalition works with a fixed cohort of local areas across the country who are receiving support from the MEAM Local Networks Team and working together to share practice and provide peer support⁴.

There is no central funding available for local areas using the MEAM Approach; the local partnerships - formed of voluntary and statutory sector agencies - must come together to fund and deliver the local work. The "critical friend" support provided by the MEAM coalition is free of charge to the current MEAM Approach network members.

In 2017 the MEAM coalition received funding from the Big Lottery Fund to expand its work on the MEAM Approach.

³ MEAM website: http://www.meam.org.uk/the-meam-approach [Accessed 14/03/18]

⁴ MEAM (no date). Multiple and complex needs nationwide: a strategy for the Making Every Adult Matter coalition April 2016 – March 2022

The Big Lottery Fund money will enable the coalition to:

- Expand the number of areas involved in the MEAM Approach network.
- Bring together data from MEAM Approach and Fulfilling Lives areas to make a stronger case to government about the impact of local interventions for people facing multiple disadvantage.
- Share good practice across the MEAM Approach and Fulfilling Lives networks.
- Ensure that more individuals are empowered to tackle their problems, reach their full potential and contribute to their communities⁵.

1.3 Methodology

This evaluation framework was co-produced by MEAM coalition staff, local areas who are involved in the MEAM Approach Network, experts by experience and Cordis Bright.

The work to develop the framework took place between January and May 2018. Figure 2 summarises the approach taken.

Figure 2: Summary of approach to scoping phase, 2017-18



The approach is described in more detail at Appendix A.

1.4 Key audiences for the evaluation

During the scoping phase we consulted with the MEAM coalition team, representatives from local areas (including staff members and experts by experience), experts by experience from other areas not currently involved in the

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⁵ MEAM Approach areas: Terms and Conditions.

MEAM Approach network and the Big Lottery Fund to establish a shared understanding of the key audiences for this evaluation. Figure 3 presents these audiences.

Figure 3: Evaluation audiences

Local audiences

- People involved in planning, developing and delivering services
- Potential future partners who are not yet engaged with the MEAM Approach
- Commissioners (e.g. local authorities, clinical commissioning groups, offices of police and crime commissioners, hospital trusts)
- Local networks of people with lived experience
- Council members
- Local media
- The local community

National audiences

- Ministry of Housing, Communities and Local Government
- Department of Health and Social Care
- Ministry of Justice
- Cabinet Office
- Parliament
- Policy specialists
- Funders and grant makers
- National networks of people with lived experience
- National media
- The general public

These audiences inform the methodology and approach to the evaluation. They will also inform how findings are reported. For example, an emphasis will be placed on identifying and reporting findings which are practically useful to those involved in policy and practice.

2 Theory of change

Figure 4 presents a theory of change for the MEAM Approach, which was developed during the scoping phase of this evaluation. To develop the theory we drew on:

- A shared understanding of the MEAM Approach, its over-arching aims and its core elements.
- The knowledge and expertise of people who participated in scoping interviews and/or the regional workshops and who have used, delivered, commissioned and/or designed services and/or who have contributed to the policy debate in this area.
- Emerging evidence of what works in supporting people facing multiple disadvantage from previous evaluations of local work using the MEAM approach, Fulfilling Lives and other programmes aimed at effectively supporting people facing multiple disadvantage.
- Understanding of the current activities being delivered in local areas as part of their work using the MEAM Approach.

This theory of change represents our shared understanding at this time. As work using the MEAM Approach takes place in a wider range of local areas we hope to be able to test our assumptions and build our understanding of the inputs, activities and enablers which contribute to the achievement of the outcomes and goals in the model. Therefore we expect that this theory of change may be modified over the course of the next four years and beyond.

There is also work underway by MEAM, the Big Lottery Fund and partners to develop a definition and parameters for systems change, which enables clear articulation of the difference between systems change and system flex. Once this definition is available, we will seek to incorporate it into the theory of change.

In addition, we recognise that if work using the MEAM Approach is successful, the ultimate goals and the outcomes included in the theory of change will potentially be achieved at very different rates. It may be possible, for example, to achieve improved outcomes with individuals at a quicker rate than outcomes relating to systems change. In addition, learning from successful work to achieve outcomes with individuals might be useful in informing developments in services and systems. However, successes with individuals might also reduce the pressure to change the system if it appears that individuals' needs and preferences can be met within the existing system. Therefore there is a complex relationship between the ultimate goals and outcomes within this theory of change.

Ultimate goals

Services/systems and the people involved in them work better for and with people facing multiple disadvantage

People facing multiple disadvantage achieve their goals and improve their lives

Systems and people supporting people facing multiple disadvantage use available resources efficiently and avoid unnecessary costs



- Experts by experience are meaningfully involved in developing services and systems.
- Services are commissioned, designed and delivered based on evidence of what works best for people facing multiple disadvantage.
- People who would benefit from support are supported to access, engage and remain engaged with services.
- People receiving support have a positive experience of this support.
- Services are better coordinated so that people can be supported effectively by the services they need.
- Services, systems and people offer flexible support when, where and how people need/want it.
- People delivering services have more autonomy to shape support around people they are supporting.
- People delivering services receive appropriate support and supervision and experience higher job wellbeing and satisfaction.

- People facing multiple disadvantage achieve their own goals to make changes that are important to them.
- People facing multiple disadvantage experience improvements in areas such as (but not restricted to):
 - Emotional and mental health
- Physical health
- Social networks and relationships
- Accommodation
- Financial situation
- Drug and alcohol use
- Offending
- Motivation

- A higher proportion of support is planned and provided earlier in people's journey.
- A lower proportion of support takes the form of unplanned interventions, including services which might be accessed in an unplanned manner at times of crisis.
- Cost are avoided or saved through reduced provision of unplanned interventions, including services which might be accessed in an unplanned manner at times of crisis.
- The costs of delivering planned and earlier interventions increase as needed.
- Commissioning is more closely integrated and efficient; the right services are commissioned in the right places, based on the right intended outcomes.
- Delivery is more closely integrated to create a system which can meet a wider range of needs/preferences than it did previously.



- Experienced and passionate people (included people with lived experience) who want to improve support and outcomes with people facing multiple disadvantage.
- Shared understanding of what needs to change at a local and national level.
- Dedicated resource to design, commission and implement effective services and pathways, including training and development for people delivering these services and pathways.
- National and local policy environment which is conducive to making these changes.
- Networks of local areas, providing opportunities for peer support to share learning and good practice.
- A team supporting the local areas in the network, gathering understanding from different areas and acting as a critical friend.



- Flexible and personalised support for individuals.
- Dedicated workers offering intensive support and care coordination.
- Multi-agency operational groups focused on planning support for individuals and/or improving local coordination and pathways.
- Multi-agency strategic partnerships to explore and implement system change, including allowing for the provision of flexible responses and planning pathways.
- Pooled budgets or other integrated commissioning arrangements.
- Meaningful involvement of experts by experience in planning and delivering services.



- Local areas:
- Time, expertise and skills development of people involved in designing, commissioning, delivering and using services (including people with lived experience).
- Varied funding levels from no additional resource to specific funding to develop the local approach to supporting people facing multiple disadvantage.
- National:
- Time and expertise of MEAM coalition team (including local networks team and policy team).
- Funding from Big Lottery Fund to enable the MEAM coalition team to develop the MEAM Approach network and support local areas to roll out work using the MEAM Approach.
- Co-production and greater involvement of experts by experience will result in improved understanding of what works best in supporting people facing multiple disadvantage, and application of this understanding.
- People are more likely to succeed in making changes if the support they are offered builds on their own strengths, recognises the impact of their past experiences and is focussed on enabling them to achieve goals that are important to them.
- Greater personalisation, flexibility and coordination of services will make it easier for people facing multiple disadvantage to engage with the people and services who can support them.
- Crisis-driven support is less effective and empowering than planned and earlier intervention. It ultimately costs more to deliver.
- Integrated commissioning can support a whole system approach to support, allocating resources so that the right services are available in the right places and people working in services are enabled to work in the right way.
- There will be continuing need and demand for support for people facing multiple disadvantage and the profile of people facing multiple disadvantage will not change significantly.
- Limitations on local resources affect the nature and scale of services and available resource for planning and transformation.



3 Evaluation Questions

The evaluation will seek to answer a number of key questions about the MEAM Approach and local work developed using it. The questions are linked to the theory of change and seek to address areas of interest to the key audiences for the evaluation. They are also informed by a sense of the data which is likely to be available for the evaluation, and the types of question this will realistically enable us to answer. The key evaluation questions are:

3.1 Outcomes questions

- 1. a.) Does the MEAM Approach and local work using it enable people facing multiple disadvantage to achieve better outcomes?
 - b.) If so, why is this? What factors contribute to people achieving these better outcomes?
 - c.) Are any improvements in outcomes experienced equally across all profiles of people experiencing multiple disadvantage? If not, which groups experience differential improvements in outcomes?
- 2. a.) Does the MEAM Approach and local work using it improve the quality of services and support available to people facing multiple disadvantage and their experience of being supported?
 - b.) If so, in what ways does quality and experience improve? What factors contribute to these improvements?
- 3. a.) Does the MEAM Approach and local work using it result in culture change, such as changes in people's attitudes and behaviours towards people facing multiple disadvantage and how they can be supported?
 - b.) If so, how do people's attitudes and behaviour change? What factors contribute to these changes?
- 4. a.) Does the MEAM Approach and local work using it bring about wider systems change, resulting in more effective use of resources for the benefit of people facing multiple disadvantage?
 - b.) If so, how have systems changed? Where are efficiencies experienced and in what ways are resources used more effectively? What factors contribute to this systems change?

- 5. a.) Does the MEAM Approach and local work using it avoid costs or save money in any aspect of public services⁶?
 - b.) If so, where are costs avoided and savings made? What is the scale of the cost avoidance or savings? Are any of the savings cashable? What factors contribute to it?
- 6. a.) How do the outcomes of the MEAM Approach and local work using it compare to the outcomes of other approaches to improving support for people facing multiple disadvantage (such as, for example, approaches in the Big Lottery's Fulfilling Lives areas)?
 - b.) If there are differences in outcomes compared to other approaches, what is the nature and scale of these differences? What factors might explain them?

3.2 Process questions

- 7. How has the MEAM Approach been rolled out and implemented in different local areas and how well has the process worked?
- 8. Are there examples of particularly successful partnership approaches in local work using the MEAM Approach? If so, what distinguishes these partnerships from other, less successful ones? How can successful partnerships be replicated elsewhere?
- 9. What are the common strengths and areas for improvement of local work using the MEAM Approach? Can these be used to inform policy and practice in supporting people facing multiple disadvantage? If so, how?
- 10. What are the common challenges experienced by local areas in their work using the MEAM Approach and by the MEAM coalition team in their work to roll-out the approach (including local and national factors)?
- 11. Are there any unexpected consequences of the MEAM Approach and local work using it? If so, what are these consequences? What factors contribute to them?
- 12. Can the MEAM Approach be sustained in the future? Does it require specific future funding or can it be incorporated into business as usual?

⁶ This might include avoided costs from, for example, avoided service use by people supported by work using the MEAM Approach. It might also include efficiencies such as reduced costs involved in commissioning services.

4 Evaluation framework

Figure 5 outlines a framework to guide the evaluation. This centres on the outcomes and impacts defined in the theory of change in chapter 2. For each outcome/impact it details:

- The indicators which would demonstrate that the outcome/impact has been achieved.
- The evaluation questions which relate to the outcome/impact.
- The method(s) which will be used to capture evidence.
- The frequency with which the methods will be used.

Figure 5: Evaluation framework

	Outcome	Evaluation questions	Indicator(s)	Method(s)	Frequency
1	Services/systems and t	he people in	volved in them work better for and with people fac	ing multiple disadvan	tage
1.1	Experts by experience are meaningfully involved in developing services and systems.	6a, 6b, 7.	Local staff consultation. MEAM staff consultation. MEAM Approach reporting tools.	Field work annual. MEAM Approach reporting tools completed quarterly. Analysis biannual.	
1.2	Services are commissioned, designed and delivered based on evidence of what works best for people facing multiple disadvantage.	2a, 2b, 4a, 4b, 6a, 6b, 7.	 People who have been supported under the MEAM Approach report that support and services were delivered in the way that best suited them. Local staff can articulate what works best for people facing multiple disadvantage and can highlight evidence on which their understanding is based. Local staff can describe how their understanding of what works best for people facing multiple disadvantage informs local work. 	Client interviews. Local staff consultation. MEAM staff consultation. MEAM Approach reporting tools.	Field work annual. MEAM Approach reporting tools completed quarterly. Analysis biannual.
1.3	People who would benefit from support are supported to access,	1a, 1b, 1c, 2a, 2b, 3a, 3b, 6a, 6b.	People who have been supported under the MEAM Approach report that the way support was delivered enabled them to engage and remain	Client interviews. Case studies.	Field work annual.

	Outcome	Evaluation questions	Indicator(s)	Method(s)	Frequency
	engage and remain engaged with services.		 engaged with services, and can provide examples of this. Local staff report that the way in which support was delivered enabled people to engage and remain engaged with services, and can provide examples of this. Data from local areas indicates that a cohort of clients is being engaged through work using the MEAM Approach and that they are maintaining this engagement for the period where support is required. 	Local staff consultation. Common data framework	Quarterly submission of CDF data. Analysis biannual.
1.4	People receiving support have a positive experience of this support.	2a, 2b, 3a, 3b, 6a, 6b.	 People who have been supported under the MEAM Approach report that they had a positive experience of this support, including (for example): Trusting relationships with people supporting them. Feeling listened to, respected and selfempowered. Feeling that support was tailored to them. Not waiting for the support they need/want. Local staff report that the way in which support was delivered resulted in a more positive experience of support than would have been the case without work using the MEAM Approach, and can provide examples of this. 	Client interviews. Local staff consultation. Case studies.	Annual.

	Outcome	Evaluation questions	Indicator(s)	Method(s)	Frequency
1.5	Services are better coordinated so that people can be supported effectively by the services they need.	2a, 2b, 6a, 6b.	 People who have been supported under the MEAM Approach report that their support was well coordinated. There is evidence of local mechanisms through which support and services are coordinated, such as (for example): Named care coordinators for individual clients. Appropriate information-sharing agreements. Multi-agency operational groups. Multi-agency strategic partnerships. Local staff and MEAM staff report that coordination is better than it was prior to work using the MEAM Approach and can provide examples of this. 	Client interviews. Local staff consultation. Local staff E-survey. MEAM staff consultation. MEAM Approach reporting tools.	Field work annual. MEAM Approach reporting tools completed quarterly. Analysis biannual.
1.6	Services, systems and people offer flexible support when, where and how people need/want it.	2a, 2b, 3a, 3b, 6a, 6b.	 People who have been supported under the MEAM Approach report that their support was flexible and tailored to them. Local staff and MEAM staff report that support is more flexible and person-centred than it was prior to work using the MEAM Approach and can provide examples of this. The attitudes and behaviours of local staff suggest that they respect people facing multiple disadvantage and take a strengths-based approach in their work to develop and deliver services and support. 	Client interviews. Local staff consultation. Local staff E-survey. MEAM staff consultation. MEAM Approach reporting tools.	Field work annual. MEAM Approach reporting tools completed quarterly. Analysis biannual.

	Outcome	Evaluation questions	Indicator(s)	Method(s)	Frequency
1.7	People delivering services have more autonomy to shape support around people they are supporting.	2a, 2b, 3a, 3b, 6a, 6b.	People delivering services report that they are given the necessary autonomy to shape support around individual people facing multiple disadvantage, and can provide examples of this.	Local staff consultation. Local staff E-survey. Case studies.	Annual.
1.8	People delivering services receive appropriate support and supervision and experience higher job wellbeing and satisfaction.	2a, 2b, 3a, 3b, 4a, 4b, 6a, 6b.	 People delivering services can provide examples of how they are supported and supervised by their colleagues, and report that these arrangements are appropriate to their role and promote their wellbeing at work. People delivering services in local areas working with the MEAM Approach report that they experience higher job wellbeing and satisfaction and that this is the result of changes in the working culture and systems attributable to the MEAM Approach. 	Local staff consultation. Local staff E-survey.	Annual.
2	People facing multiple	disadvantag	e achieve their goals and improve their lives		
2.1	People facing multiple disadvantage achieve their own goals to make changes that are important to them.	1a, 1b, 1c, 6a, 6b.	 People who have been supported by work using the MEAM Approach report that they have achieved goals and made changes that are important to them. Staff who have been supporting people report that people have achieved their own goals and made changes that are important to them. 	Client interviews. Local staff consultation. Case studies.	Annual.

	Outcome	Evaluation questions	Indicator(s)	Method(s)	Frequency
2.2	People facing multiple disadvantage experience improvements in areas such as (but not restricted to): • Emotional and mental health • Physical health • Social networks and relationships • Accommodation • Financial situation • Drug and alcohol use • Offending • Motivation	1a, 1b, 1c, 6a, 6b.	 People who have been supported by work using the MEAM Approach experience positive change over time in areas included on the Homelessness Outcomes Star and the New Directions Team Assessment scores. Any improvements in outcomes are experienced equally across all profiles of people experiencing multiple disadvantage. People who have been supported by work using the MEAM Approach report that they have experienced improvements in these and/or other areas of importance to them. Staff who have been supporting people report that they have experienced improvements in these and/or other areas of importance to them. 	Common data framework. Client interviews. Local staff consultation. Case studies.	Field work annual. Quarterly submission of CDF data. Analysis biannual.
3	Systems and people su unnecessary costs.	pporting pe	ople facing multiple disadvantage use available res	sources efficiently and	d avoid
3.1	A higher proportion of support is planned and provided earlier in people's journey.	of 4a, 4b, 6a, • People who have been supported by work using		Client interviews. Case studies. Local staff consultation.	Annual.

	Outcome	Evaluation questions	Indicator(s)	Method(s)	Frequency
			effectively in planned support and/or that they have been able to support people effectively at an earlier point in their journey.		
3.2	A lower proportion of support takes the form of unplanned interventions, including services which might be accessed in an unplanned manner at times of crisis.	4a, 4b, 6a, 6b.	 People who have been supported by work using the MEAM Approach experience a reduction over time in their unplanned use of services, including those which might be accessed at times of "crisis". This includes (for example) reduced: Emergency department attendances. Non-elective acute hospital admissions. Mental health inpatient admissions. Nights in different types of accommodation (and nights not in accommodation). Arrests. Nights in prison. 	Common data framework. Client interviews. Local staff consultation.	Field work annual. Quarterly submission of CDF data. Analysis biannual.
3.3	Cost are avoided or saved through reduced provision of unplanned interventions, including services which might be accessed in an unplanned manner at times of crisis.	5a, 5b, 6a, 6b.	 The costs associated with providing unplanned and/or crisis interventions for people who have been supported by work using the MEAM Approach reduce over time. This includes (for example) costs avoided by reduced: Emergency department attendances. Non-elective acute hospital admissions. Mental health inpatient admissions. Nights in different types of accommodation (and nights not in accommodation). 	Common data framework. Local staff consultation.	Field work annual. Quarterly submission of CDF data. Analysis biannual.

	Outcome	Evaluation questions	Indicator(s)	Method(s)	Frequency	
			Arrests.Nights in prison.			
3.4	The costs of delivering planned and earlier interventions increase as needed.	5a, 5b, 6a, 6b.	The costs associated with providing planned and/or earlier interventions for people who have been supported by work using the MEAM Approach increase over time if this is required.	Case studies. Local staff consultation.	Annual.	
3.5	Commissioning is more closely integrated and efficient; the right services are commissioned in the right places, based on the right intended outcomes.	4a, 4b, 6a, 6b.	 Local staff and MEAM staff report that commissioning is more integrated, and can provide examples of this, such as: Relevant strategic commissioning plans. Pooled or integrated commissioning budgets. Alliance contracts (if appropriate). Outcomes-focused commissioning. Local staff report that closer integration of commissioning has led to an improvement in the suitability and efficacy of services. 	Local staff consultation. MEAM staff consultation. MEAM Approach reporting tools.	Field work annual. MEAM Approach reporting tools completed quarterly. Analysis biannual.	
3.6	Delivery is more closely integrated to create a system which can meet a wider range of needs/preferences than it did previously.	very is more closely grated to create a em which can meet der range of ds/preferences than 4a, 4b, 6a, 6b. Local staff and MEAM staff more closely integrated an in better pathways, fewer of local support offer which more people facing multiple of		Local staff consultation. Local staff E-survey. MEAM staff consultation. MEAM Approach reporting tools.	Field work annual. MEAM Approach reporting tools completed quarterly. Analysis biannual.	

	Outcome	Evaluation questions	Indicator(s)	Method(s)	Frequency	
4	Process factors					
4.1	The roll-out of the MEAM Approach enables the Approach to increase its scale/reach.	7.	New areas join the MEAM network as anticipated and the planned number of areas are involved in the network (25 in 2018-19 and 2019-20; 40 in 2020-21 and 2021-22).	MEAM staff consultation. MEAM Approach reporting tool.	Field work annual. MEAM Approach reporting tools completed quarterly. Analysis biannual.	
4.2	Work undertaken by local areas is aligned with the elements of the MEAM Approach	7, 8, 9, 10, 11.	Local staff and MEAM staff report that work in local areas is aligned with the elements of the MEAM Approach, and can provide examples of this alignment.	Local staff consultation. MEAM staff consultation. MEAM Approach reporting tool.	Field work annual. MEAM Approach reporting tools completed quarterly. Analysis biannual.	
4.3	Local areas progress with their local plans to develop and implement work using the MEAM Approach.	7, 8, 9, 10, 11.	MEAM Approach reporting tools show evidence that local areas are making progress towards their vision and aims and are delivering their intended activities.	MEAM Approach reporting tools. Local staff consultation. MEAM staff consultation.	Field work annual. MEAM Approach reporting tools	

	Outcome	Evaluation questions	Indicator(s)	Method(s)	Frequency
			Local staff and MEAM staff report that local areas are progressing with their local plans and can provide examples of this progress.		completed quarterly. Analysis biannual.
4.4	Local areas are well supported by the MEAM coalition team.	7, 9, 10, 11.	 Local staff report that they are happy with the level and type of support provided by the MEAM coalition team, and can provide examples of how this support has improved their local work. MEAM coalition staff can describe how the support they have provided has helped local areas to progress in their work using the MEAM Approach. 	Local staff consultation. MEAM staff consultation.	Annual.
4.5	Local areas share learning and good practice	7, 9, 10, 11.	Local areas have opportunities to meet and discuss learning and good practice, and report that this contributes to their understanding and implementation of work using the MEAM Approach.	Local staff consultation. MEAM staff consultation.	Annual.
4.6	Lessons from implementing the MEAM Approach and the work using it inform future approaches to supporting people facing multiple disadvantage.	7, 8, 9, 10, 11.	Local staff and MEAM staff identify lessons learned through their work using the MEAM Approach and can provide examples of how approaches have been adapted in response to this learning.	Local staff consultation. MEAM staff consultation.	Annual.

	Outcome	Evaluation questions	Indicator(s)	Method(s)	Frequency
			MEAM staff can describe how local knowledge and learning has been collated and fed into the policy debate.		
4.7	Work developed using the MEAM Approach represents value for money.	5a, 5b, 6a, 6b.	 Avoidable costs relating to service use have reduced in local areas and this is attributable to local work using the MEAM Approach. Local staff and MEAM staff report that any outcomes achieved by work using the MEAM Approach justify the cost of delivering the work, and can provide examples to support this view. 	Common data framework. Local staff consultation. MEAM staff consultation.	Field work annual. Quarterly submission of CDF data. Analysis biannual.
4.8	Work developed using the MEAM approach is sustainable	6a, 6b, 12.	 Those working with the MEAM Approach report that the work is sustainable and can provide examples of how it will be sustained. Those working with the MEAM Approach report that it has become embedded locally. The intended outcomes of the MEAM Approach have been achieved and therefore systems and culture change has occurred. 	Local staff consultation MEAM staff consultation. Local staff E-survey. MEAM Approach reporting tools.	Field work annual. MEAM Approach reporting tools completed quarterly. Analysis biannual.

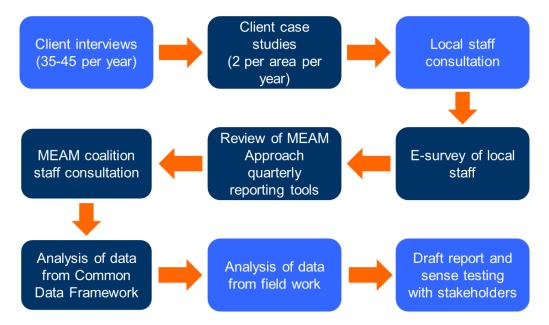
5 Delivering the evaluation

5.1 Proposed methodology

5.1.1 Summary of methodology

Figure 6 summarises the planned approach to the evaluation between 2018 and 2022. Whilst we would welcome the involvement of suitably experienced researchers with lived experience in any aspect of the evaluation, boxes shaded in light blue represent the elements where we believe the evaluation would most benefit from their involvement.

Figure 6: Summary of evaluation approach, 2018-22



5.1.2 How the methodology addresses the evaluation questions and core elements

The different methods are each intended to gather data in relation to a number of the key evaluation questions and to contribute to more than one of the five core elements of the evaluation. Figure 7 indicates how the methods relate to the questions and core elements.

Figure 7: Questions and elements addressed by evaluation methods

Method	Eval	Evaluation questions								Core elements							
	1a; 1b; 1c	2a; 2b	3a; 3b	4a; 4b	5a; 5b	6a; 6b	7	8	6	10	11	12	Capacity	Outcomes	Economic	Process	Comparative
Client interviews	✓	✓	✓	✓					✓	✓			✓	✓		✓	
Case studies	✓	✓							✓	✓			✓	✓		✓	
Local staff consultation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓
Local staff E-survey	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓		✓		✓	
MEAM Approach reporting tools		✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓		✓	✓
MEAM staff consultation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Common data framework	✓			✓	✓	✓							✓	✓	✓		✓

5.1.3 Interviews with people supported by work using the MEAM Approach (client interviews)

We would like to undertake 1-to-1 interviews with people who are currently being supported by work using the MEAM Approach, or who have recently been supported. These interviews will be face-to-face and will be jointly conducted by researchers with lived experience of multiple disadvantage and Cordis Bright researchers⁷. They will focus on people's experience of the support they received, as well as any changes or goals that the support helped them to achieve.

We propose conducting interviews with approximately five people in seven of the local areas in 2018-19 and 2019-20 and in nine of the local areas in 2020-21 and 2021-22. The selection of local areas will take place on an annual basis in consultation with local leads, frontline practitioners and the MEAM coalition team. A number of factors will be considered including:

- Highlighting areas where work using the MEAM Approach is progressing particularly well.
- Focusing on particular elements of work using the MEAM Approach, such as intensive care coordination or multi-agency operational groups.
- Choosing areas where a number of people facing multiple disadvantage have expressed an interest in taking part in interviews.

5.1.4 Case studies focusing on people supported by work using the MEAM Approach (case studies)

We would like to ask each local area to provide us with two anonymised case studies per year focusing on people who have been supported by work using the MEAM Approach. This would ideally include one case study focusing on someone who has had a positive experience and achieved goals and one case study focusing on someone who may not have been supported as effectively, whose story might highlight challenges and learning for the MEAM Approach and people working with it.

Some local staff indicated that they are already developing case studies using local tools or are ready to do so. We have therefore developed a case study template and guidance to support the development of any future case studies. This is included below:



⁷ Information on the role of researchers with lived experience in the evaluation is included in section 5.4.1.

The tool is designed to be completed ideally by a practitioner and the person who is the focus of the case study. However, during the scoping phase some participants highlighted that it may not always be feasible or appropriate to develop case studies with clients and we therefore recognise that some case studies may be completed by practitioners without the involvement of the person who is the focus of the case study.

Researchers or others with lived experience and local practitioners have not been involved in the development of this tool because we wanted to make a version available to local areas as soon as possible and are not yet in a position to develop tools with researchers with lived experience, having not recruited or trained them. We propose that during 2018-19 we will pilot the tool in a small sample of local areas and amend it based on feedback. We would then consult on the tool with researchers with lived experience once they have been trained and either amend the tool or develop a new tool with them, depending on their feedback.

5.1.5 Consultation with people working in local areas (local staff consultation)

We would like to consult with people who are working in the local areas involved in the MEAM Approach network. We are interested in the views of those who value the work and those who may be more critical of it. We anticipate that this consultation will be completed in a number of ways, including:

- 1-to-1 or group telephone interviews with staff.
- Visits to local areas to conduct interviews or focus groups, which may be combined with observations of activities that are part of local work using the MEAM Approach⁸.
- Workshops and focus groups at a regional level or network-wide level, which
 may be scheduled alongside Learning Hub events organised by the MEAM
 coalition team.

In different years, we may consult more closely with staff in different roles and/or may focus more closely on particular local areas or specific components of work using the MEAM Approach, including those who are less closely involved in work using the MEAM Approach. This would be discussed and agreed with the researchers with lived experience, MEAM coalition staff and local area leads.

As a minimum, we would expect to consult with local area leads in all areas on an annual basis.

⁸ If we are observing practice, we will ensure that appropriate arrangements are in place to protect clients' confidentiality.

5.1.6 E-survey of staff in local areas

We will conduct an annual survey of staff in local areas. We hope that local leads will be able to support us to circulate the survey widely amongst local staff in both operational and strategic roles who might be involved or have insight into local work using the MEAM Approach and/or into how wider services are working with people facing multiple disadvantage.

The primary functions of this E-survey will be:

- Capturing data about the attitudes and beliefs of people working in the local areas in relation to valuing people with lived experience, partnership working and coordination between agencies, flexibility, person-centred support and other elements which might act as enablers to providing better support and services for people facing multiple disadvantage.
- Capturing data about the extent to which staff working with people facing
 multiple disadvantage feel that they are given appropriate autonomy, support
 and supervision and have job wellbeing and satisfaction.

Responses to the E-survey will be anonymous. Respondents will be asked to indicate their local area so that we can understand the extent to which each local area is represented by E-survey respondents and analyse responses at a local area level if appropriate.

We hope that the E-survey will enable us to gather the views of a wider range of stakeholders in local areas than will be feasible in the available resource for interviews, focus groups and workshops. For example, in addition to those who are regularly involved with local work using the MEAM Approach, we would like to be able to circulate the E-survey to stakeholders who have less regular involvement and/or buy-in to the MEAM Approach or those who may have a more critical view of the work.

5.1.7 Analysis of MEAM Approach reporting tools

We will conduct an analysis of the MEAM Approach reporting tools completed quarterly by the regional partnership managers. This will enable us to:

- Review the progress of local areas towards their local visions and aims.
- Understand the extent to which local work using the MEAM Approach is aligned with the core elements of the MEAM Approach.
- Create typologies of local areas (e.g. based on their local approaches and activities they are delivering, or their fidelity to the elements of the MEAM Approach) to support comparative evaluation.

Why are typologies useful?

Typologies are useful in helping to understand common characteristics and variation across local areas. They will also be useful for the evaluation of the MEAM Approach as they will enable:

- Comparison between groups of areas with different characteristics, or combination of characteristics.
- Comparison within groups of areas with the same characteristic, or combination of characteristics.
- Focused research on areas with characteristics that are of particular interest (e.g. because they appear to be associated with positive outcomes for people facing multiple disadvantage or with progress towards desired changes to services, systems and culture of working).

These typologies are likely to change over the course of the evaluation as we build our understanding of characteristics associated with success, or with differences in levels of success.

In addition, individual local areas may move between the different typologies over the course of their involvement in the MEAM Approach network as they amend their approaches or progress with their plans to implement change.

We will check with local areas and MEAM regional partnership managers annually prior to using the typologies to ensure that they are in agreement with the way that areas have been categorised.

5.1.8 Consultation with MEAM coalition staff

We will formally consult with MEAM coalition staff on an annual basis, via a combination of 1-to-1 interviews and focus groups. However, we anticipate that informal consultation with MEAM coalition staff will take place across the year, in line with our action research approach.

5.1.9 Common data framework

Local areas will be asked to collate client-level data relating to the cohort of clients they are supporting with their work using the MEAM Approach, to anonymise these data by using a Unique Reference Number for each client and to share these anonymised data with Cordis Bright.

We would like to ask local areas to submit this data for the first time by the end of July 2018 and thereafter update it every three months. This will result in data submissions every three months in January, April, July and October from July 2018 until January 2022.

Please note: the first data return in July 2018 should include entries on the personal details spreadsheet relating to all clients who have been supported through local work using the MEAM Approach since April 2017 and who have

provided their consent for data to be shared. They should also include any available data from Homelessness Outcomes Stars and NDTAs for these clients, as well as any available data on previous service use or service use during or post MEAM.

All subsequent data returns should include:

- Entries on the personal details spreadsheet for clients whose support has commenced in the quarter preceding the data return.
- Any available data from Homelessness Outcomes Stars and NDTAs
 completed in the last quarter in relation to these clients or any clients whose
 personal details were entered in previous quarters but who are still being
 supported under the MEAM Approach.
- Any available data on previous service use or service use during or post MEAM for clients whose support has commenced in the previous quarter.
- Any service use data not previously provided for clients whose support commenced earlier than the previous quarter.

When requesting your data return each quarter, we will provide you with a copy of your previous return and details of time periods and clients to which the return relates.

Informed consent from clients

It is important that all clients provide consent for their data to be collated and shared with Cordis Bright evaluators. It is the responsibility of local areas to gather clients' informed consent prior to collating and sharing their data. Cordis Bright has developed an information sheet and informed consent form to be used for this purpose. This is available below.



Local information governance arrangements

Partner organisations in local areas who will be involved in sharing the information for the evaluation (either in providing or receiving/collating the information) will need to develop and sign up to appropriate Information Sharing Agreements. In our experience, these agreements will need to be drafted locally because the required wording and processes vary across local areas and depending on the organisations who will be signing up to the Agreement. We have produced guidance for local areas in developing their agreement and this is available below.



Data required

We ask that local areas collate and share the following data for each client.

Demographic information

- · Date of birth.
- · Gender identity.
- Trans identity.
- Nationality.
- Ethnicity.
- Sexuality.
- Accommodation situation on first contact⁹.

Support information

- Start date for support under the MEAM Approach.
- Frequency of contact with MEAM coordinator or equivalent practitioner¹⁰.
- · Number of services involved in delivering support.
- End date for support under the MEAM Approach (if applicable).
- Reason for support ending (if applicable).

Homelessness Outcomes Stars^{™, 11}

This will provide ratings agreed by the client and practitioner in relation to:

- Motivation and taking responsibility.
- Self-care and living skills.

⁹ A menu of categories will be provided to support respondents to categorise a client's accommodation situation on first contact.

¹⁰ A menu of categories will be provided to support respondents to categorise the frequency/intensity of support.
¹¹ The Homelessness Outcomes Star was developed by Triangle Consulting Social Enterprise Ltd. For more information please see: http://www.outcomesstar.org.uk/using-the-star/see-the-star/homelessness-star/

- Managing money and personal administration.
- Social networks and relationships.
- Drug and alcohol misuse.
- Physical health.
- Emotional and mental health.
- Meaningful use of time.
- Managing tenancy and accommodation.
- · Offending.

We would like to ask practitioners to aim to complete the Homelessness Outcomes StarTM with a client within the first month of working with a client and thereafter on a quarterly basis with each client. We recognise that this may not always be feasible depending on the priorities and circumstances of individual clients but ideally this would be the target.

NB. For clients who are already being supported by practitioners not already using the Homelessness Outcomes StarTM, we would like to ask practitioners to complete the first Homelessness Outcomes StarTM with the client as soon as possible and thereafter on a quarterly basis with each client.

Training on the Homelessness Outcomes Star™

There is no licencing requirement for local areas to use a paper-based version of the Homelessness Outcomes Star. However, Triangle Consulting consider that training is advisable for all workers to use the Outcomes Star confidently and effectively with those they support. As at May 2018, we are in discussion with Triangle Consulting about how best to organise this training and will update local areas as soon as possible.

New Directions Team Assessment scores¹²

This will provide ratings by the practitioner in relation to:

- Engagement with frontline services
- Intentional self-harm.
- Unintentional self-harm.

¹² For more information on the New Directions Team Assessment, please see: http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf

- Risk to others.
- Risk from others.
- Stress and anxiety.
- Social effectiveness.
- Alcohol/drug abuse.
- · Impulse control.
- Housing.

We understand that a number of practitioners are already using the New Directions Team Assessment as part of the referral and assessment process for clients to receive support. If this is not the case, we would like to ask practitioners to aim to complete the New Directions Team Assessment for a client within the first fortnight of working with a client and thereafter on a quarterly basis with each client. We recognise that this may not always be feasible depending on the priorities and circumstances of individual clients but ideally this would be the target.

NB. For clients who are already being supported by practitioners not already using the New Directions Team Assessment, we would like to ask practitioners to complete the first New Directions Team Assessment for the client as soon as possible and thereafter on a quarterly basis with each client.

Service usage data (ideally collected directly from the relevant agencies)

- Accident and Emergency department attendances.
- Non-elective acute hospital admissions (number of nights in hospital).
- Mental health inpatient admissions (number of nights in hospital).
- Arrests.
- Nights in prison.
- Accommodation situation at end of each quarter⁹.
- Nights in different types of accommodation (and nights not in accommodation).

We would like to receive these service usage data for each client for the 12 months prior to them starting to receive support using the MEAM Approach for the whole period during which they are supported and (if applicable) for the 12 months after they stop receiving support.

We would ideally like this data to be collected directly from the relevant agencies and the MEAM Approach cohort are committed to putting in place processes to enable this to happen. However, we understand that accessing the data in this way may take time in some local areas. Therefore we have also allowed for the inclusion of data which is self-reported by clients or reported by staff members working with clients, as an interim measure.

We will provide areas with an Excel spreadsheet to return the data to Cordis Bright. This will be password-protected with a unique password for each local area.

A note on the Homelessness Outcomes Star[™] and New Directions Team Assessment

A number of participants in the scoping phase of the evaluation raised concerns about the use of the Homelessness Outcomes Star and New Directions Team Assessment. These included:

- They ask clients and workers to rate specific issues, and therefore do not allow scope for clients to select the issues which are most important to them (and which may not feature on the Star or the New Directions Team Assessment).
- They are not adequately strengths-based.
- The ways in which individual practitioners use the Star or the New Directions Team Assessment can vary so there is an issue of consistency.
- The Star and New Directions Team Assessment capture ratings at a moment in time, and therefore may be heavily affected by fluctuations in people's wellbeing, mood or circumstances. This is particularly true of the Star, which is based on clients' self-ratings.

We acknowledge these concerns but have opted to use both tools for the purpose of the evaluation because:

- We need to be able to comment on outcomes and change over time for as many clients as possible who are being supported under the MEAM Approach and there is not enough evaluation resource to interview all of these clients individually or review their case files or support plans (with their consent). The Star and New Directions Team Assessment provide a way to collate data on a range of outcomes and change over time for a large number of clients.
- The tools are already in use in some local areas.
- The tools are widely-recognised outcomes tools and therefore are likely to be credible to evaluation audiences.
- The tools are in use in Fulfilling Lives areas, which should enable us to compare data more effectively.
- The consistency of application of the tools by practitioners is not too significant because we are interested in change over time for individual clients (whose tools will most likely have been completed by the same practitioner at different points in time).

 We are not aware of other widely-used outcomes tools which address the concerns above, and the Star and New Directions Team Assessment emerged during the scoping phase as the most favoured of the available tools.

We recognise that it may be challenging for practitioners and/or services not already using these tools to introduce them into their day-to-day practice. We would ask local areas to aim to use both tools and submit data from these as part of the quarterly CDF returns. However, if it is only possible for local areas to use one tool, we ask that they prioritise the Homelessness Outcomes StarTM.

Approach to the counter-factual

Our approach to the counterfactual is a before/after method, where we assume that clients' levels of wellbeing and service use in the 12 months before the introduction of the local MEAM Approach interventions would have remained the same in subsequent periods, had the MEAM Approach intervention not been introduced. We have considered reversion to the mean, but assumed that most clients would not improve their situation without further support.

In addition to this, we plan to use data from other areas to strengthen our counter-factual evidence. In particular, if possible we aim to compare and contrast:

- Findings for areas in the MEAM Approach network to findings in the Fulfilling Lives areas.
- Findings for areas in the MEAM Approach network to the findings in the Fulfilling Lives comparator areas identified by CFE Research. (Please see further information on this below).
- Findings for areas in the MEAM Approach network which have higher levels of fidelity to the MEAM Approach with those which have lower levels of fidelity.

Using this approach we expect to be able to create a counterfactual that is both robust and feasible.

Planned analyses

We will compare individual clients' ratings on the 10 areas on the Homelessness Outcomes Stars completed at the start of their support with their ratings at each later point when they complete a Star. This will enable us to comment on change over time in these outcome areas for individual clients and also the average change over time experienced by the whole cohort of clients. This will help us to evaluate whether clients supported by work using the MEAM Approach are achieving improved outcomes.

We will compare individual clients' New Directions Team Assessment scores completed at the start of their support with their scores at each later point when a New Directions Team Assessment is completed. This will enable us to comment on change over time in these areas for individual clients and also the average change over time experienced by the whole cohort of clients. This will help us to evaluate whether clients supported by work using the MEAM Approach are achieving positive change over time in these areas.

The support dates will be used alongside the service usage data to enable us to compare individual clients' use of services in the 12 months prior to receiving support, in the period whilst they receive support and up to 12 months after receiving support (if applicable). This will provide an indication of whether the use of unplanned and "crisis" services reduces for people who are supported by work using the MEAM Approach.

We will also use the New Economy Manchester Unit Cost database and PSSRU Unit Costs of Health and Social Care to calculate the costs associated with clients' service usage prior to, during and after support. This will enable us to comment on whether costs have been avoided or costs savings have been made as a result of work using the MEAM Approach.

We will use the demographic data alongside data relating to outcomes and service use in order to consider whether people experience differential outcomes based on any of the above demographic characteristics.

We will also work with CFE Research (the national evaluators of the Fulfilling Lives Programme) to compare data for areas in the MEAM Approach network to data for Fulfilling Lives areas¹³, which can act as comparator groups for one another.

We have deliberately selected variables for inclusion in the Common data framework which we know were included in a similar framework for the Fulfilling Lives areas. The evaluation's ability to take this comparative approach will depend on the quality of data returned under the Common data framework. It will also be dependent on the quality of data which CFE Research has been able to collate and share with us.

In addition, CFE Research has been pursuing data from a number of areas which are not Fulfilling Lives areas or areas in the MEAM Approach network. In the event that data is available for these areas, we can also compare their data to the data provided by MEAM Approach areas under the Common data framework. This may enable us to comment on differences in outcomes between the MEAM Approach areas and areas which are not currently using the MEAM Approach or funded as Fulfilling Lives areas. However, at this stage there are a number of potential challenges to this, including:

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¹³ Client-level data will not be shared between Cordis Bright and CFE Research.

- CFE Research is currently in discussion with the Big Lottery about the
 approach to the national evaluation of Fulfilling Lives, which may result in the
 discontinuation of their counter-factual approach. In this case, the data will no
 longer be collected by CFE Research and therefore will not be available for
 use in the MEAM Approach evaluation.
- Areas which volunteered to act as counter-factuals for the national Fulfilling Lives evaluation may also be undertaking development work or other programmes of work in relation to support for people facing multiple disadvantage. Therefore caution will be required when comparing data for counter-factual areas with that of MEAM Approach areas.
- One counter-factual area has since joined the MEAM Approach network and their data can therefore not be used in the analysis.

5.2 Reporting timetable for evaluation

Cordis Bright will produce evaluation reports on a six-monthly basis. We appreciate that local areas may wish to use the findings of these reports in their own local discussions about the development of systems and services to support people facing multiple disadvantage. Figure 8 summarises the reporting timetable for the evaluation, alongside the types of analysis we hope to be able to include in each report.

Figure 8: Evaluation reporting timetable

Report	Date produced	Likely to include
Year 2 interim report	Sep 18	 Progress report on evaluation implementation: Analysis of data quality in CDF quarterly monitoring returns and suggested steps to improve quality if needed. Account of recruitment and training of peer researchers. Analysis of MEAM Approach quarterly reports.
Year 2 final report	March 19	 Full account of findings to-date on the outcomes and implementation of the MEAM Approach, including: Analysis of CDF data to comment on outcomes with clients and related cost calculations. Analysis of data from consultation with clients, local staff and MEAM coalition staff to comment on outcomes and implementation process. Review of client case studies to comment on outcomes and experience for individual clients. Review of MEAM Approach quarterly reports to comment on local areas' alignment with the MEAM Approach and on progress made by

Report	Date produced	Likely to include
		local areas against the principles of the MEAM Approach.
Year 3 interim report	Sep 19	Progress report on evaluation implementation, details to be confirmed.
Year 3 final report	March 20	 Full account of findings to-date on the outcomes and implementation of the MEAM Approach, including: Analysis of CDF data to comment on outcomes with clients and related cost calculations. Analysis of data from consultation with clients, local staff and MEAM coalition staff to comment on outcomes and implementation process. Review of client case studies to comment on outcomes and experience for individual clients. Review of MEAM Approach quarterly reports to comment on local areas' alignment with the MEAM Approach and on progress made by local areas against the principles of the MEAM Approach.
Year 4 interim report	Sep 20	Progress report on evaluation implementation, details to be confirmed.
Year 4 final report	March 21	 Full account of findings to-date on the outcomes and implementation of the MEAM Approach, including: Analysis of CDF data to comment on outcomes with clients and related cost calculations. Analysis of data from consultation with clients, local staff and MEAM coalition staff to comment on outcomes and implementation process. Review of client case studies to comment on outcomes and experience for individual clients. Review of MEAM Approach quarterly reports to comment on local areas' alignment with the MEAM Approach and on progress made by local areas against the principles of the MEAM Approach.
Year 5 interim report	Sep 21	Progress report on evaluation implementation, details to be confirmed.
Year 5 final report	March 22	Full account of findings to-date on the outcomes and implementation of the MEAM Approach, including:

Report	Date produced	Likely to include
		 Analysis of CDF data to comment on outcomes with clients and related cost calculations. Analysis of data from consultation with clients, local staff and MEAM coalition staff to comment on outcomes and implementation process. Review of client case studies to comment on outcomes and experience for individual clients. Review of MEAM Approach quarterly reports to comment on local areas' alignment with the MEAM Approach and on progress made by local areas against the principles of the MEAM Approach.

5.3 Timetable for 2018-19

Figure 9 presents a provisional timetable for the next year of evaluation, i.e. 2018-19.

Figure 9: Evaluation timetable 2018-19

Activity												
	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
	AF	Ĕ	u۲	J.	Aı	Se	ŏ	ž	Ď	Ja	Fe	Ĕ
Co-production preparation												
Finalise evaluation framework based on feedback from stakeholders	•	•										
Recruit and train researchers with lived experience				•	•	•						
Develop research tools					•	•	•					
Interviews with clients			•	-		•		•				
Arrange interviews via local areas							•	•				
Conduct interviews								•	•	•		
Client case studies												
Pilot case study tool			•									
Receive case studies from local areas			•	•	•	•	•	•	•			
Consultation with local staff												
Arrange and conduct consultation (timings tbc)						•	•	•	•	•		
E-survey of local staff					•			•				

Activity	~	œ	_		8	m		8	m			
	Apr 18	May 18	Jun 18	ul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
	4	2	7	7	٩	()	U			7	ш	2
Survey in the field – receive responses from local staff								•	•			
Review of MEAM Approach quarterly reports												
Receive quarterly reports from MEAM Local Networks Team				•			•			•		
Conduct analysis of reports				•						•		
Consultation with MEAM coalition staff												
Arrange and conduct consultation								•	•			
Analysis of data in Common Data Framework												
Receive Common Data Framework submissions from local areas				•			•			•		
Conduct analysis of data					•						•	
Analysis and reporting												
Submission of 6-monthly working paper (based on analysis of MEAM quarterly reports and CDF data)						•						
Analysis of field work data									•	•	•	
Report drafting									•	•	•	•
Sense testing and feedback from stakeholders												•

Activity	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Produce final version of report												•

5.4 Key considerations when developing the methodology

In developing this proposed methodology, we have tried to reflect the views shared by people who participated in interviews and workshops during the scoping phase. In particular, two important considerations were raised by a number of people during the scoping phase. These were:

- Ensuring that the evaluation takes a co-production approach where possible.
- Building intersectional ¹⁴ approaches into the evaluation where possible.

5.4.1 Co-production

We recognise that local areas, the MEAM coalition team and Cordis Bright have varying levels of experience and expertise in co-production approaches involving people with lived experience of multiple disadvantage. We are committed to building involvement and, where feasible, co-production into the evaluation and also to supporting the work being done by local areas and the MEAM coalition to increase involvement and co-production in their work. Beyond the involvement to-date of people with lived experience in developing the evaluation framework, the main mechanisms by which we hope to do this are:

- Designing and delivering the evaluation with researchers with lived experience.
- Taking an action research approach to ensure that learning from coproduction, involvement and consultation with people with lived experience is fed back into the MEAM Approach and local work using it.

Researchers with lived experience

We propose to recruit a core team of researchers with lived experience who will work across the MEAM Approach areas, rather than recruiting researchers from every area. The scoping phase has been useful in helping us to meet with a number of people who are interested in the researcher role and we will also produce a leaflet to circulate to local areas to ask for their help in promoting the researcher role locally.

We envisage that this core team of researchers will be involved in:

- Co-producing the topic guides and tools to guide the consultation.
- Conducting the consultation, and especially the interviews with people who
 have received support under the MEAM Approach (where participants in the
 scoping phase felt that their input would be especially crucial).

¹⁴ Intersectionality is an analytic framework that considers the various aspects of human identity, for example: class, race, sexuality, disability, and gender, do not exist separately from each other but are complexly intervaled.

- Conducting the analysis from the consultation and/or analysis of case studies.
- Taking part in workshops to test out and refine initial findings.

We understand that researchers may only wish to be involved in some elements of the evaluation or may only be available for some of the evaluation period, and we can work flexibly with individual researchers to agree on the level of involvement that is right for them.

Cordis Bright evaluators will provide comprehensive training to enable people to develop their research skills. We will also provide support for peer researchers to be involved in research activities and deal with any safeguarding or ethical concerns that might arise in the course of the research. However, we would need to be able to refer people back to local support services should a support need arise in the course of researcher's involvement with the evaluation.

Peer researchers will be compensated for their time in participating in evaluation activities. The approach taken to compensation will be in line with the MEAM coalition's approach. This is currently under review so the position is not yet defined.

Action research

Over the course of the evaluation we would like to work with the researchers with lived experience, local areas and the MEAM coalition team to ensure that learning from the evaluation informs the future development of the MEAM Approach and other work to improve support and outcomes for people facing multiple disadvantage.

We expect to do this through highlighting emerging evidence of good practice and strengths as soon as they become evident so that the elements can be promoted and built upon. Equally, we expect to be open about challenges and areas for development and to contribute to identifying solutions to these.

We also anticipate that we will learn from implementing the evaluation and will adapt our approaches and methods as needed.

Based on views expressed during the scoping stage of the evaluation, we anticipate that one co-produced output of the evaluation may be the development of a bespoke outcomes tool to be used by and with people facing multiple disadvantage.

5.4.2 Intersectional approaches

In order to ensure that Cordis Bright's evaluation of work developed using the MEAM approach takes an intersectional approach, we will draw upon established guidance on incorporating intersectionality into evaluation such as Palència et al. (2014) and Intersectionality-based Policy Analysis (developed by Hankivsky et al. 2012a). Following this guidance, we will keep the following principles in mind throughout the research process:

- Intersecting categories: We recognise that social categories interact with and co-constitute one another to create unique social locations that vary according to time and place. Interview guides developed for staff and service user interviews, as well as questions developed for the staff value survey, will focus on capturing the ways in which individuals' intersecting experiences of gender identity, sexuality, race, ethnicity, nationality, disability and class inform and influence their experiences of facing multiple disadvantage and their interactions with work developed using the MEAM approach. In taking this approach, we will focus on equity of outcomes and on the extent to which outcomes align with principles of social justice.
- Reflexivity: We will aim to recognise a diversity of perspectives through the
 evaluation, highlighting voices typically excluded from evaluation work. This
 will include encouraging the participation of current service users and experts
 by experience, for example through the recruitment and employment of peer
 researchers.
- **Diversity of knowledge:** We recognise the role of existing power structures in shaping knowledge production. We will aim to recognise a diversity of forms of evidence, knowledge, and theoretical perspectives in the evaluation. This may include providing a variety of options for service users' qualitative engagement with evaluation such as engagement through writing life stories, poetry, audiovisual methods, and informal interviews¹⁵.
- A multi-level approach: We aim to understand how macro (national-level institutions and policies), meso (regional-level institutions and policies), and micro (community level/grassroots institutions and policy as well as the individual or 'self') levels interact to impact the extent to which people facing multiple disadvantage can achieve their goals.

Sources: Palència et al. (2014), Hankivsky et al. (2012a)

Due to the small number of metrics included in the common data framework (developed to ensure that local areas can feasibly collect consistent data), it is not feasible for the common data framework to capture quantitative data that directly examines how variation in the intersecting identity of service users impacts their interaction with work developed using the MEAM approach. However, we can disaggregate data on quantitative metrics by demographics of service users.

5.4.3 Further considerations

Alongside an emphasis on co-production and intersectionality, further considerations when developing the evaluation methodology included:

¹⁵ We would involve researchers by experience and MEAM coalition staff in discussions to determine the most suitable methods. In the event that these were not methods in which Cordis Bright evaluators are experienced we would discuss the availability of additional resources and expert facilitators to facilitate these approaches.

- Budget and resources available for the evaluation. We have sought to
 maximise evaluation activity within the budget and ensure that the evaluation
 is able to use a range of data which is as robust as possible to report on the
 impact and implementation of the MEAM Approach and local work using it.
- Ethics and confidentiality. We ensure that all the research that we conduct is ethical and is conducted in line with current Data Protection regulations. Our ethical approach is summarised by five key principles, which are:
 - Sound application and conduct of social research methods and interpretation of findings.
 - Participation based on informed consent and securing appropriate organisational permissions.
 - Protection of confidentiality and data security.
 - Avoidance of personal and social harm.
 - Promotion of equal opportunities.
- Safeguarding. In the event that we identify any safeguarding concerns during our evaluation activity, we would notify the relevant authorities at the earliest opportunity, in accordance with Cordis Bright's safeguarding policy (available on request).
- **Feasibility and practicality.** We have tried to choose methods which we believe from experience will capture the data required and also be practical to use in the field.
- Burden of participation on local staff and MEAM coalition staff. Where possible, we have sought to limit the time and input required by local staff and MEAM coalition staff for evaluation activity. For example, we have utilised data already collected (such as the quarterly MEAM Approach reporting tools). However, some evaluation methods do require set up time and ongoing input from local area leads and staff, and from MEAM coalition staff. In particular, the common data framework will only include robust data if local areas can establish information sharing arrangements and collate the data to share with Cordis Bright. We would really appreciate local area's support with this.
- Burden of participation on evaluation participants. We will seek to minimise demands on evaluation participants' time by:
 - Ensuring that interviews, surveys and other consultation tools are as concise as possible whilst still collecting the information we need for the evaluation.
 - Allowing adequate windows for response to surveys and reminding prospective participants about participation and deadlines.
 - Building in flexibility to conduct interviews at times which suit participants, and making adjustments to the consultation approach if required, in order to ensure that people feel able to share their knowledge, views and experiences.

6 Appendix A: approach to developing the evaluation framework

6.1 Overview

Figure 10 summarises the key stages in the approach to developing this MEAM Approach evaluation framework. A more detailed description of each stage is provided below.

Figure 10: Summary of approach to scoping phase, 2017-18



6.2 Review of documentation

Cordis Bright evaluators reviewed a range of documents provided by the MEAM coalition team and by local areas developing work using the MEAM approach, including:

- Websites and documentation produced by the MEAM coalition, including their current strategy and information on the MEAM Approach network.
- Applications to join the MEAM Approach network submitted by local areas.
- Previous evaluations of work developed using the MEAM Approach.

6.3 Interviews with representatives from local areas

Representatives from the 23 local areas who were members of the MEAM Approach network as at February 2018 were invited to take part in telephone interviews with a Cordis Bright evaluator. A team of three evaluators were involved in conducting the interviews. All local areas who were invited to take part

completed an interview. This resulted in 23 interviews with a total of 30 stakeholders¹⁶.

Cordis Bright developed a topic guide in collaboration with the MEAM coalition team designed to help gather further information about local work using the MEAM Approach, context and progress, as well as participants' views on evaluating the MEAM Approach, including:

- The intended outcomes and impacts of the MEAM Approach and local work using it.
- The most appropriate and feasible methods to use to evaluate the MEAM Approach.
- Key stakeholders in the MEAM Approach and work related to it.
- Key audiences for the evaluation findings.

Interviews lasted approximately one hour and all responses are reported in an anonymised format within this evaluation framework and the associated scoping report.

Due to time and resource constraints we were only able to conduct one interview with each local area. While multiple representatives were present in interviews for some local areas, we must be aware that in some cases the individual interviewed may not represent the views of all parties involved in delivering the MEAM Approach in that area.

6.4 Interviews with MEAM coalition staff

12 MEAM coalition staff were also invited to take part in telephone interviews with the team of three Cordis Bright evaluators. All 12 took part.

Cordis Bright developed a topic guide in collaboration with the MEAM coalition team which was closely related to the topic guide for local areas.

Again, interviews lasted approximately one hour and all responses are reported in an anonymised format within this evaluation framework and the associated scoping report.

6.5 Discussion with CFE research and the Big Lottery Fund

A representative of the Big Lottery Fund took part in a phone interview with a Cordis Bright evaluator to discuss their views on the evaluation of the MEAM Approach.

¹⁶ Some local areas fielded more than one representative for the interview.

In addition, Cordis Bright evaluators met with an evaluator from CFE research, who are leading on the national evaluation of Fulfilling Lives. The purpose of this meeting was to discuss how the evaluations could complement each other, particularly in terms of utilising a common data set, which would provide comparators for the Fulfilling Lives areas and areas involved in the MEAM Approach network.

6.6 Regional workshops

Five regional workshops were conducted with representatives from local areas (including staff members and experts by experience), experts by experience from other areas not currently involved in the MEAM Approach network but who had attended a regional workshop due their interest in the MEAM Approach, MEAM coalition staff and Cordis Bright evaluators.

The workshops were held in different parts of England to try to enable stakeholders from as many locations as possible to attend. The workshops were attended by 71 participants in total, with 2 further stakeholders providing written feedback instead of attending.

Cordis Bright evaluators facilitated the workshops, which were designed to:

- Present and sense test early findings from the interviews with local area representatives and MEAM coalition staff about the intended outcomes and impacts of the MEAM Approach and types of work being undertaken in local areas to achieve these outcomes and impacts.
- Begin the process of developing an evaluation framework through discussing how intended outcomes and impact might be measured and understood and which methods might best be used to capture data.
- Discuss possible challenges to implementing the evaluation and understanding the process of change in local areas.

6.7 Circulation of draft framework and feedback phase

Cordis Bright drafted an initial evaluation framework based on the above discussions with stakeholders and the review of documentation. This was then circulated to MEAM coalition staff, representatives from local areas (including staff members and experts by experience) and experts by experience from other areas not currently involved in the MEAM Approach network but who had attended a regional workshop due their interest in the MEAM Approach. The framework was also presented to the MEAM coalition Programme Board. Amendments were made based on feedback from these stakeholders in order to produce this final version of the evaluation framework in May 2018.



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