



FIRST CONTACT CLINICAL
ENABLING HEALTHY CHANGE



Commissioners, Funders and Policy Makers:

Creating the Conditions for Relational, Purpose-Led Practice

A guide for commissioners, policy makers, funders and decision makers. A companion briefing to sit alongside From Playbook to Practice and the Changing Futures Northumbria open-source playbook.

Foreword

Many services say they want to work in a more relational and person-centred way. Far fewer are commissioned, funded or performance-managed in ways that make that possible.

This guide has been developed to help commissioners, policy makers, funders and other decision makers think about what it takes to create the conditions for relational, purpose-led practice to grow. It sits alongside the Changing Futures Northumbria open-source playbook and the companion implementation guide, From Playbook to Practice.

Changing Futures Northumbria spent four years learning in practice. Their strongest message is not “copy us.” It is: start somewhere, stay curious, keep learning, and expect your first version to change. That message matters just as much for commissioners and funders as it does for delivery teams.

If services are asked to work differently, but are still specified, measured and funded in ways that reward throughput, compliance and narrow risk management, then relational language will remain aspirational. This guide is intended to help close that gap.

1. Why this guide matters

People with complex lives often experience support as fragmented, transactional and difficult to navigate. Different services may each hold part of the picture, but no single part of the system consistently organises itself around what matters most to the person.

Commissioners and policy makers are rarely trying to create this outcome. More often, it is an unintended consequence of how services have developed over time: different funding streams, different eligibility criteria, different risk thresholds, different reporting expectations, and different timescales for success.

What CFN’s learning highlights is that relational, purpose-led practice does not emerge only from workforce values or better conversations. It also depends on operating conditions. If those conditions are not aligned, even skilled and committed teams are pulled back towards transactional delivery.

2. What relational, purpose-led practice means in service terms

Relational, purpose-led practice is not simply about being kind, flexible or person-centred in a general sense. It is a way of organising support around what matters to the person and then aligning action, judgement, review and partnership working around that purpose.



It usually involves several features working together:

- building trust and rapport in a deliberate way rather than treating relationship as an optional extra
- agreeing a clear purpose in everyday language and returning to it regularly
- giving workers bounded autonomy so they can respond proportionately in the work
- creating reflective spaces where teams can learn, challenge assumptions and adapt
- bringing together communities of support around the person rather than relying on one service in isolation
- measuring progress in relation to what matters to the person, not only service activity

This kind of practice can look deceptively simple from the outside. In reality, it demands careful thought about service design, workforce support, risk, supervision, governance and what counts as success.

3. What CFN's learning suggests

CFN's legacy is not a finished model. It is the learning that came from testing, noticing, adapting and challenging assumptions over four years.

Three messages stand out for decision makers.

1. The legacy is the learning. The value lies not only in the final playbook, but in the disciplined way CFN changed its own approach in response to what practice revealed.
2. Version 1 is only the beginning. Teams and systems should expect their first design to change if they are genuinely open to learning.
3. The person must stay in the middle. No system design should drift so far from practice that it loses sight of what matters to the person.

For commissioners and funders, this means creating enough permission for services to test, review and refine, while still staying legal, safe and accountable.

4. Why good intentions are not enough

Many services already describe themselves as person-centred, trauma-informed or relational. That language is important, but it does not on its own change the conditions in which practice happens.

A service may say it wants staff to build trust, follow what matters to the person and work collaboratively across systems. But if the same service also expects high volume throughput, rigid appointment models, narrow activity targets and little protected reflective time, then workers are being asked to hold two conflicting models at once.

This is one of the most useful tensions surfaced by CFN's learning: the tension between compliance and compassion. Staff often face it every day. Decision makers have an important role in reducing that tension rather than reproducing it.



5. What needs to be commissioned, funded or enabled differently

If relational, purpose-led practice is to flourish, several design features usually need explicit attention.

- Caseloads and intensity. Teams need enough capacity to build trust, sustain purposeful contact and work flexibly when needed.
- Flexibility in delivery. Rigid assumptions about venue, frequency, contact type or pathway progression can work against purposeful support.
- Lived experience roles. In some contexts, lived experience can strengthen authenticity, challenge, visible hope and system understanding.
- Reflective structures. Learning review, supervision, journaling and team development need time and legitimacy, not just goodwill.
- Network coordination. This way of working relies on building communities of support around the person rather than adding another silo.
- Bounded autonomy. Workers need clarity about the decisions they can make in the work, the boundaries around those decisions, and how to escalate when needed.
- Leadership and workforce conditions. Recruitment, induction, management style and role clarity all shape whether autonomy becomes usable or overwhelming.

Not every service will be able to commission all of these features immediately. The important thing is to be explicit about which conditions are essential for the outcomes you want, and which compromises may weaken the approach.

6. What to look for in service design and specifications

This approach does not require one perfect specification. It does require a specification that protects the core conditions of the work rather than undermining them.

When reviewing or designing a service, it may be helpful to ask the following questions.

- Does the service description make room for purpose-led, person-centred work, or is it still dominated by transactional tasks?
- Are expected caseloads realistic for the intensity of relationship-building and coordination being asked for?
- Is there space for workers to exercise bounded judgement, or is delivery tightly scripted?
- Are reflective spaces such as supervision, learning review and team development protected?
- Is the role of lived experience considered where relevant?
- Do expectations support network coordination around the person, not just activity within a single service?
- Are timeframes and discharge expectations shaped by purpose and progress, or mainly by organisational convenience?
- Do contract terms allow learning and adaptation, or do they lock the model too early?



7. What to measure differently

Traditional service measures often privilege volume, speed and compliance. Those indicators may still have a place, but on their own they do not tell you whether support is becoming more purposeful, more joined-up or more meaningful to the person.

A more balanced approach includes a mix of activity, quality, learning and outcome measures.

- Progress around agreed purpose
- Quality of engagement and continuity of relationship
- Evidence of network coordination and shared action
- Reflective learning and service improvement activity
- Reduction in repeated unmet need or avoidable system churn
- Workforce confidence, role clarity and use of reflective structures
- Service user feedback about whether support feels purposeful, joined-up and relevant

The point is not to abandon all traditional measures. It is to avoid relying on measures that unintentionally reward the opposite of the practice you are asking for.

8. Common commissioning and funding risks

Several risks repeatedly undermine this kind of practice. Many are not caused by poor intent, but by misalignment between aspiration and operating model.

- Wanting relational outcomes while specifying transactional delivery.
- Assuming person-centred practice can flourish in any operating model.
- Over-reliance on short-term activity measures.
- Underestimating the protected time needed for reflection, supervision and learning.
- Funding a role without funding the conditions that make the role workable.
- Treating workforce development as a one-off training issue rather than an ongoing organisational issue.
- Scaling version 1 too quickly before enough has been learned.

9. Questions for commissioners, policy makers and funders

This section can be used as a self-check before commissioning, redesigning or scaling a more relational service model.

- What outcomes are we really seeking for people, and do our current specifications support those outcomes?
- Which of our performance expectations currently help relational, purpose-led practice, and which may hinder it?
- What assumptions are we making about pace, throughput, risk and discharge?
- What workforce conditions would need to be in place for this way of working to be realistic?



- How will we support learning and adaptation rather than freezing the model too early?
- What would need to change in our specifications, KPIs or reporting to create better alignment?
- Where could we start small and learn before scaling further?

10. What support is available

Teams and organisations may need more than a document to move from curiosity to implementation. Support can include practice development, training, leadership development and hands-on implementation help.

Based on First Contact Clinical's experience, support could include the following.

- Relational practice training focused on working with service users around what matters to the person, including purpose-led conversations, engagement and enabling healthy change.
- Team development support focused on how staff work with each other, including team agreements, reflective learning, high support and high challenge, and conditions associated with more autonomous ways of working.
- Leadership and implementation consultancy to help services adapt the playbook locally, develop version 1, test implementation conditions, and build structures for reflection and ongoing improvement.

This kind of support is most effective when it is linked to live implementation, not delivered as training in isolation.

11. Next steps

If this guide resonates, the next step is not to commission a replica of the CFN model. The next step is to open a more honest local conversation about what you are trying to achieve, what conditions currently help or hinder that, and what you could change first.

That conversation may start small. It may focus on one cohort, one pathway, one team or one place. The most useful question is often not “how do we implement the whole model?” but “what can we enable now that moves us closer to more relational, purposeful and learning-led practice?”

Used alongside the implementation guide and workbook, this document can help decision makers ask better questions, commission more realistic conditions and support services to begin building their own version 1.



Appendix. A quick self-check for decision makers

You may find it useful to rate your current position as Ready, Partly Ready or Not Yet Ready under the following headings:

- Leadership understanding of relational, purpose-led practice
- Alignment between specification and intended practice
- Realistic caseloads and delivery expectations
- Reflective structures and supervision
- Workforce fit, role clarity and support
- Permission to test, learn and adapt
- Measures that capture more than activity alone

Use that conversation as a starting point, not an audit. The aim is to identify what needs attention if you want a more relational model to take root.