Whose Outcomes are They Anyway? Report of the Pilot Evaluation of a Joint Service knowledgebase

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Abstract

Health and social care partnership working is often predicated on the notion that it improves outcomes for service users. Yet there is a lack of evidence linking partnerships to changes in outcomes. Against this background, the Health Services Management Centre at the University of Birmingham designed the Partnership Outcomes Evaluation Toolkit (POET) specifically to evaluate health and social care partnerships in terms of service user outcomes. This paper reports on the field testing of POET with Sandwell Integrated Support Service. This research provided a number of interesting insights into this service, and indicated some dissonance between staff and service user and carer expectations.

Introduction

As has been well-documented, partnership working has been a central policy tool of the New Labour administration since their election in 1997 (Glasby & Dickinson, 2008). This interest in partnership is particularly pronounced in the field of health and social care, where a whole range of policy initiatives and legal flexibilities have been introduced to encourage more effective joint working. Health and social care partnership working is predicated on the belief that working together will improve services and consequently outcomes for those who use these services (DH, 1998). However, despite this interest and a frenetic pace of partnership-based activities, several commentators have noted that there is little empirical evidence that partnerships improve outcomes for service users (Evans & Killoran, 2000; Glasby & Lester, 2004; Dowling et al, 2004; Leathard, 2005; Hudson, 2006).

Given this background, the Health Services Management Centre at the University of Birmingham designed the Partnership Outcomes Evaluation Toolkit (POET). POET was devised in order to assist health and social care partnerships to evaluate their work, particularly in terms of outcomes for service users. POET was field-tested with a number of sites in order to verify its usefulness and further to develop this resource.
The first site to test POET was Sandwell Integrated Support Service (SISS), which is a multi-agency service supporting children and young adults with special needs and/or disabilities from birth to the age of 25 and their families. This paper reports primarily on the findings of research undertaken with SISS, particularly in terms of the types of outcome which staff and families value, and then comparing them with those which are suggested in the wider literature.

Sandwell Integrated Support Service

SISS is composed of a number of teams which bring together professionals who are employed by health, education, social care and Connexions services. SISS was set up to bring together a number of the specialist teams working with children and young adults with special needs and/or disability into a single service. The purpose of bringing these individuals together is to ensure that their work is co-ordinated effectively and that the support they provide is based on the needs of the child or young adult and their families. SISS was set up in spring 2006, and the teams are based in the same building which provides a single public access in a physical location, complemented by a single phone number and email address. A number of services (for example Early Years and Parent/Carer Information and resource base) are provided on-site, but staff also visit children, young adults and their families in their own homes and community settings (such as schools and nurseries).

SISS is monitored and reviewed by the Service Management Group, which includes parents/carers, local voluntary organisations and senior representatives from the agencies that have staff based in the integrated service. This group reports to the Children and Young People with Difficulties and/or Disabilities Sub-Group within Sandwell’s Children and Young People’s Strategic Partnership. It also links to the Learning Disability Partnership Board in relation to its work with young adults with a learning disability. The principles of SISS are outlined in Box 1, below.

<table>
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<th>Box 1: SISS PRINCIPLES</th>
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<td>• Children and young adults with special needs and/or disability have the right to be supported to participate in family and community activities and facilities</td>
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<td>• Children and young adults have a right to achieve their full potential</td>
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<td>• Services should be organised around the needs of children, young adults and their families</td>
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<td>• Children, young adults and their families are actively involved in all decisions affecting them and in shaping local services</td>
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<td>• Parents need support as carers of a child or young adult with a special need or disability and have a right to a fulfilling life</td>
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<td>• Services will be sensitive to the cultural needs and requirements of children, young adults and their families and will work with them to address discrimination positively</td>
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Partnership Outcomes Evaluation Toolkit

As earlier suggested, POET is a resource, based partly on the Web, developed to assist health and social care partnerships to evaluate their work. It recognises the importance of both process (how well partners work together) and outcome (whether the partnership makes any difference to those who use services). As Dowling and colleagues (2004) note in their review of the literature on partnership research, much has been written about the way in which health and social care organisations work together and how it can be made more effective. Much of it has been enshrined in partnership ‘health assessment’ tools, such as the Partnership Assessment Tool (Hardy et al, 2003) and the Working Partnership (Markwell et al, 2003), which are available to assist partnerships by assessing the key features of effective ‘process’ of partnership working. However, there is very little evidence demonstrating the types of service user outcome which health and social care partnerships specifically produce. As Dickinson (2008) notes,
though, this lack of evidence does not necessarily mean that partnerships are ineffective. Partnerships are incredibly difficult to evaluate (Glendinning, 2002; Hudson & Hardy, 2002), and it may be that we do not have this evidence because we have not yet managed to evaluate these entities effectively in terms of service user outcomes.

The range of definitions associated with the partnership concept is one of several evaluation challenges related to this way of working. Partnerships may take a number of different forms, and tend to be implemented locally, rather than existing in some centrally mandated form. It is therefore quite likely that each partnership will have slightly different aims and consequently different understandings of what constitutes success for that partnership. As Dowling and colleagues (2004) note, the aims of partnerships are often similar to those of other public sector policies (for example improved efficiency and effectiveness), so demonstrating what it is specifically that partnerships aim to achieve outside traditional modes of service delivery is difficult. Thus, there is no single set of outcome indicators which can be used to assess whether a partnership has been successful.

Drawing on evidence from the US, Schmitt (2001) suggests that what is often missing from evaluations of collaborative efforts is an explanation of why certain outcome indicators were selected. In other words, outcome indicators have been selected, but it has not been clear what the rationale behind this selection is, or how working in partnership should affect these indicators. As different types of partnership might aim to achieve very different things, it is important that the most appropriate outcome indicators are selected for that partnership – and these may differ from the outcomes another partnership is aiming to affect. Investigating the types of outcome which health and social care partnerships are specifically set up to achieve is therefore a key feature of the POET process.

Dickinson (2006, 2007) provides a more detailed overview of the POET approach. Given that the focus of this paper is on the results of the evaluation, we outline briefly this process here before giving details of how it was conducted in this research. POET essentially consists of a two-pronged approach:

• inviting all staff members to complete an online survey which analyses how the partnership ‘feels’ to them and surfacing all the underpinning assumptions about what the partnership is aiming to achieve in terms of outcomes for service users
• using the information from the staff survey, designing a research schedule which checks with service users and carers whether these are the ‘right’ outcomes to be aiming for, and the degree to which the partnership has been successful in changing these outcomes.

In this way, POET is both:

• formative, because it seeks to evaluate how well partners are working together, helps people to understand and make sense of their current context, and highlights areas for celebration within the partnership as well as areas where development work is needed
• summative, because POET is evaluative in that it requires partnerships to be explicit about desired outcomes and then analyses the degree to which the partnership is successful in achieving these aims.

After a workshop which explained the purpose of the research, all staff members were invited to complete the online assessment (N = 75), which is anonymised and accessed by individual confidential user name and password. Of the invitations sent out, 52 were completed and submitted (69% completion
rate), but five of these were not sufficiently completed to be used. In terms of usable returns, this equates to 46 completed questionnaires (61%). A report was produced for SISS, presenting back the ‘process’-based findings, and an overview was provided for teams at a workshop. The outcomes which staff members suggested that the integrated team was set up to achieve were also presented back to the staff, and they conducted a group exercise to discuss them further and narrow them down to a more concise list.

After the workshop, all the families who had recent contact with SISS were sent a postal questionnaire which was informed by the findings of the first phase of the research. This survey had three substantial sections covering the experiences of the families in terms of the support they received from SISS, which of the outcomes identified by staff members families valued and would prioritise in the services they receive, and perceptions of any barriers that they have faced when trying to access services. This questionnaire garnered a response rate of 10% which, although relatively low, is comparable with rates of return in other research projects where unsolicited postal questionnaires have been used (Oppenheim, 1992). A further report was produced, setting out these findings, and was followed by seven semi-structured interviews with families (which were tape-recorded and transcribed) to investigate further the outcomes which families privilege and value in services in more detail.

The findings of this process are set out below in more detail, before moving on to reflect on them in relation to the wider health and social care partnership literature.

**Findings**

**Online survey**

In response to the first stage of the research, staff were on the whole very positive in their views of how it felt to work within the integrated service. Most of the process issues which are highlighted as imperative to partnership working in the academic literature seemed to be present and fairly well-developed in this service. A number of people stated clearly that they enjoy working in an integrated team, with the opportunities it affords to advance their professional learning and support children and families better.

The main issues highlighted in terms of working together related to feelings of ownership of the integrated service and whether a specific culture had been forged but, given the early days of the service, these issues were, to a certain degree, anticipated.

Although staff members found it relatively simple to respond to the more process-related questions, outlining the types of outcome the service was set up to achieve proved more challenging. From the outset the research team had anticipated that the process of surfacing the outcomes which the integrated team was trying to achieve would be difficult. Respondents had agreed strongly in previous questions that SISS has clear aims and objectives for the organisation. However, actually articulating this in terms of service user outcomes posed difficulties for some respondents. This may be due partly to the fact that the guidance might have needed further development, but also because it is a fundamentally difficult task (and other sites where POET has been used have encountered similar problems).

Many of the outcomes identified were aspirations for the future rather than things currently being worked towards. Again, though, this may be a reflection of the early stage that the integrated service was at. A number of outcomes tended to be more orientated to organisational aspirations than service user aspirations – although in a number of cases one could see the logical progression from these towards better services for families and children. For example, ‘creating an integrated IT system’ was one service user outcome stated by several respondents. Although an integrated IT system might make it easier for staff to interact with one another and, as a consequence, could improve outcomes for children and young
people and their families, this is an organisational outcome rather than a service user outcome. As outlined above, given the difficulties with this process, outcomes were discussed further in a workshop with staff members where small group work was done to develop them further. The end list which staff agreed they were trying to achieve is outlined in Box 2, opposite. This is a list of aims and aspirations for the service rather than necessarily service user outcomes, which illustrates the difficulty which the staff members had with this process (and we reflect on this further in the discussion section).

Postal questionnaire

The families who responded to this survey were largely very positive about the services that they receive in relation to a broad set of attitudinal statements. Interestingly, in the free-text sections some of the responses outlined resonated with staff opinions about the length of time it took for the team to ‘get going’, but suggested that now it had been operational for a while it was working much better. The outcomes in Box 2 were presented to families to check whether they agreed that they are all important in service delivery. Again the responses were positive in relation to these statements (Figure 1, below).

Perhaps this could be expected to a certain degree, since many of the statements are probably difficult to disagree with (such as wishing to be treated with kindness and care). However, these were the outcomes identified by the staff members, and they clearly, albeit to differing degrees, resonated with families. The survey also asked about factors inhibiting access to services, and this was the section which got the most mixed responses from families. Interestingly, a number of the barriers which staff members highlighted as causing difficulty were not identified by families in the same manner (particularly in terms of access and parking at the integrated team site).

Overall, the responses from families seem largely positive. However, these are just a snapshot representation of families using the service who are responding to pre-determined statements and priorities, so semi-structured interviews were undertaken to investigate these factors in more detail.

Interviews

A psychologist who was based in the integrated team (LMcc) undertook the interviews. Given her familiarity with the families and setting, it was felt that she would be able to establish a better rapport than external researchers from a university. After taking some initial entry questions relating to the contact that they had had with the teams, interviewees were presented with a sheet with an extended list of outcomes which had been suggested by staff members in the earlier phases of the research. Interviewees were asked to identify which of these they thought were most important, which were not important and whether there were any which were not on the list but were perceived as being important. The added value in terms of the semi-structured interview approach was that follow-up questions could be asked to investigate these preferences and perceptions in more detail.

Again, responses from interviews were very positive in terms of SISS, and families suggested that they were receiving good-quality services. Families outlined that keyworkers play a crucial role in providing a
single and consistent point of contact, which is very highly valued. The biggest difficulties which families seemed to be facing were access to and knowledge of a wide range of services – most had contact with an incredibly wide range of services. This concurred with what staff had suggested in the survey. Staff and family opinions did, however, contrast in relation to a couple of issues relating to the facilities and appearance of the building that hosts the service and the need to repeat information a number of times. Staff suggested in the survey that they felt that the quality of facilities were poor and that this was having a significant impact on the services offered to families, but families cited this as not a major issue and of little concern. According to the (then) manager of SISS, staff had long had complaints about the building and parking facilities, and in this case had seemed to suggest they had a significant impact on service users – even though this perception was not shared by families. Indeed, the majority of families interviewed did not visit the site where the team was housed frequently, and instead received home visits from their keyworker.

It is frequently suggested in the wider partnership literature that service users are often reluctant to repeat information to professionals (Audit Commission, 1998). In this case families seemed to suggest that this was not at all a concern. Given that circumstances change quite quickly as children grow up, a number of parents felt it necessary to be able to give information fairly often, while others said that it could even be quite therapeutic to be able to talk regularly about their circumstances.

Discussion

Partnership working is often predicated on the notion that it will make services easier to access and less complex for those who use them. This seemed to be largely the experience of the families who were receiving services from the integrated team, who reported that this was in large part a consequence of the role of the keyworker. However, an important point to note – and one which is less considered in this discussion – is that, although this makes access easier for service users and their families, essentially it internalises the organisational complexity and makes it less visible to people accessing these services – but it exists nonetheless. Staff members need specific support mechanisms in place to help them deal with this organisational complexity, and recognition that it does not simply go away.

Glendinning and colleagues (2006) undertook research into the types of outcome which older people value. This report distinguishes between three different types of outcome:

- those involving change (for example physical functioning, morale, behaviours)
- those involving maintenance or prevention (such as safety, cleanliness, physical needs)
- service process outcomes (for example being valued, having a say in services, respect for cultural preferences).

Interestingly, most of the outcomes that appeared to be important to families related more to service process outcomes than to change or maintenance outcomes. Clearly the research undertaken here tended to involve the opinions of carers much more than those of the children and young people themselves, and these findings concur with work undertaken with carers in other settings (Miller et al, 2008). This also underlines the importance of the relationship between those operating in the role of keyworker and the families of the children and young people.

One important factor which became apparent from the interviews was that the difficulties which families were facing often arose because they could not access other teams or services which fell outside the remit of the integrated service. This seemed to be a clear illustration of one of Walter Leutz’s (1999) five
laws of integration: ‘your integration is my fragmentation’. If partnerships of this type are about co-ordinating services around the needs of children, young people and their families, then there is clearly an important role in deciding which teams come within the boundaries of the service and which sit within a wider partnership. Although Leutz’s warning might be true, his first law –

you can integrate some of the services for all of the people, or all of the services for some of the people, but you can’t integrate all the services for all the people –

also needs to be taken into consideration in practice.

It is often suggested that partnership working exists on some form of continuum, such as Hudson and colleagues’ (1997, 1999) ‘framework for collaboration’, which is a continuum of isolation, encounter, communication, collaboration and integration. Isolation is a situation where there is a total absence of joint activity, while integration is a point where there is so much collaboration that the separate identities of the organisations are insignificant. In talking about the integrated service, it may be useful to define with families the services with which they need close links and therefore close relationships, and those with which they need links but ones which take a different form.

What is interesting from the research undertaken here is the dissonance between what staff members seem to see as the primary purpose of the partnership and what families suggested they wanted from integrated services. This is an interesting point, given that central government has not been very specific about what partnerships should achieve, other than that they are a ‘good thing’ that will improve service user outcomes in some way. It is not altogether surprising that staff were unable to articulate service user outcomes, given that central and local policy has not been explicit about them either. Local staff were able to appropriate this term and use it to frame issues which were of concern to them in this language of service user outcomes. In other words, as it has not been stated explicitly what, specifically, partnerships are supposed to achieve, this term (and the associated language of services user outcomes) can be appropriated to make these changes seem more appealing. After all, who could argue against partnership?

References


