TRANSLATING EVALUATION INTO EFFECTIVE PRACTICE: APPLYING THE AAAQI MODEL TO JOINT AGENCY PLANNING FOR CHILDREN WITH COMPLEX NEEDS IN CORNWALL AND ISLES OF SCILLY HEALTH ACTION ZONE

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ABSTRACT

Health Action Zones (HAZs) represent a very new approach in British health policy. Designed to help a variety of statutory and non-statutory agencies and local communities develop new ways of working together, the main objectives of HAZs are to tackle the root causes of ill-health and to realign local services so that they better match local needs. As 'learning initiatives', HAZs are encouraged to place strong emphasis on the role of evaluation in providing opportunities to learn about how particular approaches and interventions work and to share that learning. To this end, the 'Theory of Change' approach has been advocated by the National HAZ Evaluation Team. Drawing upon work undertaken within the Children and Young People's Programme of Cornwall and Isles of Scilly HAZ, this paper presents a case study analysis of the process by which a local project was able to translate the theory of change approach into an applied evaluative methodology. This involved the development and implementation of the AAAQI (assumptions, aims, activities, research questions, and indicators) model of evaluation.

Keywords: *Health Action Zone, Theory of Change, AAAQI Model, Children with Complex Needs*

INTRODUCTION

The first Health Action Zones (HAZs) were designated in 1998 with the overall aim of pioneering innovative approaches to tackling health inequalities and modernising local health, social care and other services. Although HAZs represent a very new approach in British health policy, they share a number of key characteristics with other government area-based initiatives such as Education Action Zones and Sure Start. These include the provision of non-recurring resources to support service reconfiguration and the importance attached to partnership working. The latter rests in part on the further consolidation of joint working practices between health and social services. However, broader stakeholder involvement is also clearly called for; policy documents referring variously to other local authority agencies, community groups, the voluntary sector and local businesses as key players in HAZ development. Recognition has also been given to the need to reduce barriers to the building of partnerships at the joint agency level (e.g. the sharing of information) by proposing the introduction of freedoms and flexibilities.

Cornwall and Isles of Scilly (CioS) became a second wave Health Action Zone (HAZ) in May 1999. This designation acknowledged the existence of persistent health inequalities and deprivation in the county. Of the 26 HAZs around the UK, Cornwall is one of only four rural zones. As such, the ways in which deprivation and ill-health are expressed and the problems that arise relating to service provision differ to those in the majority of urban zones. Truro, the county town has a population of only just over 20,000 and agencies have long struggled to provide cost-effective services to a population spread across many small towns and villages.

As a first stage, partners within CIoS HAZ agreed four priorities for action that have been subsequently translated into work programmes. Two, children and young people, and eldercare, focus on particular target groups known to suffer disadvantage. A further two aim to modernise and improve primary care and community services and to stimulate and support local communities in actions that will improve their quality of life and equality of opportunity (Cornwall & Isles of Scilly Health Action Zone, 1999). Each of these programmes includes a number of distinct projects that combine to make up a coherent initiative for change. A fifth programme now focuses on smoking cessation.

Like the National HAZ initiative, CIoS HAZ identifies evaluation as a key to ensuring the transition from policy to effective practice. Two specific needs have been identified. The first is a requirement to assess the effectiveness of the HAZ and its component programmes and projects. Here the focus is on the advancement of partnership working and organizational development together with community involvement in healthy living initiatives. The second is a requirement to increase evaluative capacity locally so that stakeholders themselves can actually assess what is working and why. To this end CIoS HAZ has appointed a team of independent evaluators that reports regularly to the HAZ Steering group on an iterative basis but also works closely with project leads to develop practical evaluation strategies.

This paper draws on this evaluation structure. Specifically, it focuses on the Children and Young People's Programme and the process by which one project within this programme, a proposal for a Joint Agency Strategy to address the needs of children with complex needs, has been able to work with the evaluation model to practical effect.

The paper starts by outlining the rationale for evaluation and introducing the Theory of Change approach advocated by the National HAZ Evaluation Team. A key benefit of this approach is that it allows each project to focus on the process by which desired outcomes are achieved. However, our early work also suggested that the Theory of Change is an academic construct that does not readily correspond with practitioners' views of their work. In attempting to increase evaluative capacity locally, we have in effect translated the Theory of Change model into a series of ordered questions, now locally-termed the AAAQI model. Using a case-study approach, we show how this model has helped an individual project to begin to move towards effective practice.

THEORY OF CHANGE

HAZs are 'learning initiatives' – one of the seven underpinning principles is that they should be evidence-based. Each HAZ thus has a responsibility to not only achieve beneficial change, but to communicate the results in a way that helps promote understanding about how and why outcomes emerge in the way that they do.

One of the problems about evaluating interventions designed to address health inequalities is that the outcomes of such interventions may take years (if not generations) to be expressed. In such instances, evaluation approaches that focus on the formal measurement of outcomes are unlikely to be satisfactory. It is also axiomatic that the process of evaluation requires close engagement with stakeholders. Evaluation cannot, as the National HAZ team points out “afford to be too distant from the messy realism of strategy development, project design and implementation” (***Is this the right reference?*** Learning for Change).

Several different frameworks have been designed to address these problems. The National HAZ Evaluation Team recommends the “Theory of Change" approach. In essence this is a simple model although the language in which it is couched can be off-putting. It has been defined as “a theory of how and why an initiative works” (Weiss). It involves taking a number of basic steps:

- Define the intended *outcomes* – differentiated by time. The first step requires the definition of long term outcomes. The next two steps then define what needs to happen in the medium and early terms
- Define what *activities* need to be put in place in order to achieve these outcomes
- Articulate the *contextual factors* that may have an effect on the implementation of activities and their potential to bring about desired outcomes
- Devise clear *indicators* – (focused on these outcomes and activities) that show whether this has happened or not.

Proponents of this approach stress that a Theory of Change should be plausible, doable and testable. In essence, it is plausible if evidence and common sense suggest that the activities defined will lead to the desired outcomes. It is doable if the resources are available to actually to put it into effect. It is testable if the theory is laid out in a specific and complete enough way to track progress.

The main benefit of the Theory of Change approach is that it allows one to focus on the *process* by which desired outcomes are achieved rather than the outcomes themselves that may not be measurable in the short term. One of the pitfalls of the approach is that much rests upon the *assumptions* that one makes about the links between activities and outcomes. These are not always as unproblematic as they at first appear.

In practice many stakeholders are also uncomfortable with the language of the theory of change. In order to help them through the process, we thus introduced them to a series of ordered questions. Specifically, they were encouraged to:

- Explore the ***Assumptions*** that underlie their work,
- Look again at the ***Aims*** of their project,
- Check that the ***Activities*** they have planned are really likely to contribute to these aims,
- Think about the kind of ***Questions*** they need to ask if they are to establish the success of their project and
- Look at the kind of data they therefore need to collect i.e. establish baseline ***Indicators***.

The remainder of this paper draws on a specific case study to show how this 'AAAQI' model has allowed projects to make an objective assessment of their strategy and to devise operational plans that are not only capable of evaluation by the stakeholders themselves but also likely to translate into effective practice.

THE JOINT AGENCY STRATEGY

The joint agency strategy focuses on need to improve service planning and provision for children with complex needs. Primary focus of this project is developing a team approach towards multiagency team assessment. Complex needs in terms of this project has been defined as:

"This joint assessment should be initiated when it becomes clear to an agency working with a child that he or she has complex health, education and social care needs which will require more than mainstream services from more than one agency. This definition includes children and young people who have emotional and behavioural, physical, sensory, communication and learning difficulties. The complexity of the need is defined, not by the medical diagnosis, but the impact of the disability on the way the child is able to function in society. This will be influenced by:

- The severity or complexity of the child's developmental needs
- The parenting capacity of the child's carers
- Environmental factors that inhibit or encourage the child's potential."

The common factors are both the complexity of the child's needs and the need for a package of care involving partnerships between more than one statutory agency, the voluntary sector and the children and their families.

Due to the diverse nature of their problems, children with complex needs commonly require input from more than one agency or service provider. In order to avoid duplication of effort and, importantly, ensure that the services children receive are responsive and effective, co-ordination between different service providers is desirable. However, a review by an inter-agency working party in Cornwall revealed a lack of such co-ordination and effective service provision for children who require significant services from more than one agency

In response, a sub-group of the Children's Plan Steering Group (CPSG), the body charged with coordinating inter-agency planning for children's services in Cornwall, drafted the Joint Agency Strategy (JAS). This highlighted the need for health, social services, education and voluntary agencies in Cornwall to subscribe to a single assessment and care planning process and to coordinate their efforts around the individual needs of each child. The task of the JAS, which is funded by the Health Action Zone, is now to make this vision a reality. The project, has two broad strands:

- The development and implementation of an integrated assessment planning approach that builds on the model of effective care planning available to children who are deemed to be at risk, and seeks to extend this model to other children with complex needs
- The creation of pooled budgets in order to facilitate joint agency planning for this group of children and young people.

Because the JAS is a pilot project that addresses a priority area with regard to service improvement, considerable emphasis has been placed on the need to integrate practice with research/evaluation. This is particularly critical given the intention to roll out 'good practice' demonstrated by the project to other service areas throughout Cornwall. Thus, evaluation has become an integral component of the JAS. To this end, the project's managers and practitioners are encouraged to develop skills and strategies that allow them to ground their practice in empirically-

based knowledge; systematically monitor and evaluate their work; and, ultimately, demonstrate how the activities they have implemented will contribute to the achievement of their original aims. To assist them in this process, they have been guided through a model of conceptualizing, questioning and ultimately implementing their strategy. The following discussion illustrates how the JAS project has translated a theoretical model of evaluation (AAAQI) into a practical, workable and sequential framework for monitoring and evaluating its aims and objectives.

IMPLEMENTING AAAQI

As outlined above, many HAZ stakeholders are uncomfortable with the formal language of evaluation and, although the Theory of Change approach is, in essence, a simple model, practitioners can experience problems in filling in the boxes (context, change mechanisms, outcomes) that make up a theory of change. The AAAQI model represents an attempt to simplify this process. The model also addresses concerns that some of the worked examples of Theories of Change rest on simplistic and untested assumptions. As a result, AAAQI places significant emphasis on the need for project planners and practitioners to explore the assumptions that underpin their aims and activities. This is the first of the five activities that make up the model.

Identifying Assumptions

As part of their application for funding, all CIoS HAZ projects have filled in a project form that outlines their project and describes what it intends to do. Implicitly, it thus asks applicants to outline their aims, assumptions and activities. The AAAQI model asks projects to take a step backwards and critically review the content of these forms. In particular, it asks project planners to be quite explicit about their assumptions. The reasons for the inclusion of particular aims and activities often seem obvious to planners and practitioners but it is important that they consider whether there is any evidence to support their thinking.

For example, assumptions may be theoretical and drawn from a literature search (e.g. based on theories about particular pathways that give rise to health inequalities). They may have been informed by examples of good practice that have been disseminated in written or verbal form. Alternatively, a local needs appraisal may have been undertaken that identified a requirement for a particular service or activity. As a first step in the AAAQI model, project planners are asked to consider

the basis of their assumptions. If they find that there is in fact very little evidence to support their reasoning, this may have important implications for the achievement of their aims.

In the case of the JAS initiative the assumption base was drawn from two specific areas of work, namely empirical data and field experience.

1. Empirical data base

The most important empirical source was probably a major three-phase project commissioned by the CIoS Health Authority with the specific purpose of identifying the service developments required for children with high dependency needs in Cornwall. This identified two main areas for improvement: the co-ordination of services and the provision of information for parents (Yerbury et al. 1998).

Responses to the postal questionnaire conducted as part of this research found that parents perceived “their needs as being met “sometimes”... with provision of general information the least satisfactory area” (McConachie et al. 1998, p9). This was reinforced by detailed interviews which found not only that all respondents needed more information but that multidisciplinary supporting services were “at times insufficient and in some disciplines lacked continuity”(Yerbury et al. 1998, p2). The first explicit assumption underlying the JAS is thus that families with children with complex needs wish to see an improved service (Table 1).

The survey also recommended that “children with high dependency needs require good co-ordination of services and a clear point of access for information, and that the institution of a keyworker system may go towards fulfilling these needs.” This was re-inforced by a further local study where “co-ordination between health and social services was generally seen as poor (Nash, 1998, p3). A second assumption held from the outset (see Table 1) thus focuses on the belief that whilst existing service provision suffers from fragmentation it *is* possible to co-ordinate responsibilities into a single planning process.

Research also found that there was no mechanism available for recording the number of children with limiting or life threatening illnesses in the South West. In consequence “it is difficult to estimate the extent of need and plan services for the child and family” (Nash, 1998, p1). Again the JAS thus made the explicit assumption at the outset that children and young people with complex needs can actually be defined.

2. **Fieldwork knowledge/experience**

The Childrens Planning Steering Group (which comprises representatives from health, social services and education), in addition to the aforementioned empirical studies, also conducted case study analysis of children with complex needs in Cornwall. The primary task of this analysis was to provide a multi-agency and interdisciplinary perspective on the present state of service provision for children with complex needs, and their families. As a result of this process a working document was developed which focused on various aspects of the JAS initiative. From this a fourth explicit assumption emerged which pertained to setting eligibility criteria for access to the joint agency planning process and funding. This assumption was established in order to obtain agreement between different agencies as to the levels of complexity at which children and young people could enter the joint agency system, and gain access to funding for their specific service requirements. Furthermore, this assumption followed from the aforementioned assumption three (define children wit complex needs), as once the JAS initiative could define children with complex needs the project could then begin to set eligibility criteria for gaining access to the planning and assessment process as well as accessing funding. (Table 1)

From these sources it is clear that 4 of the 7 assumptions (1,2,3,4) were explicitly stated *a priori* as starting points for the JAS project.

On reflection, however, it became clear that the project also rested on a number of implicit assumptions (5,6,7) that had not been stated**.** The AAAQI evaluation model thus enabled the project planners to translate these implicit assumptions into explicit statements. For example, the sixth assumption presupposes that there is a

commitment to multi-agency working in various agency levels in Cornwall. It was viewed as critically important to articulate this implicit assumption into a more concrete an explicit statement (with the aid of the AAAQI model), given that without commitment from all stakeholders and agencies the implementation of a joint agency assessment and care strategy for children with complex needs would not be possible.

Furthermore the rigorous nature of adopting an evaluation strategy enabled the project lead to identify the need to dissect and expand the first explicitly stated assumption (improved service provision) into a supportive assumption (assumption 5). Thus the need for an improved service (assumption 1) was in fact being linked in the project to the assumption that Joint Agency working would be able to deliver such improvements in the form, for instance, of a more co-ordinated, timely and cost-effective service. (Table 1)

This exercise demonstrated that it is not always easy to find substantive evidence to back up one's assumptions and that it is helpful to distinguish those assumptions that are based on qualitative judgement, if only to highlight possible problem areas at later stages of implementation. For example, if assumption 4 is not tenable, what is the impact for the project?

This also provided the project lead with an opportunity of clarifying the entire assumption basis (implicit and explicit) with the Childrens Planning Steering Group (CPSG), with a view of gaining consensus on the premises upon which the JAS initiative is based. A multi-agency commitment was gained through the CPSG, which in turn also confirmed that funding for the JAS project had been allocated. Finally it is important to note that these assumptions were not then regarded as *feit-accompli.* They were regarded as hypotheses, which then had to be rigorously tested. This phase of the AAAQI model was done in final stage of developing an evaluation strategy (baseline indicators – refer to section 5). The development of baseline indicators enabled the assumptions to be retested and agreed upon by all stakeholders and agencies. This circular process further reinforced the robust nature of continuously checking the assumption base of a project against well-established baseline indicators and outcome measures.

TABLE 1: ASSUMPTIONS

1. That families with children with complex needs wish to see an improved service.
2. That existing statutory responsibilities can be co-ordinated into a single planning process.
3. That children and young people with complex needs can be defined
4. Eligibility criteria can be set for access to the joint agency planning process and funding
5. That joint agency working produces positive outcomes for children and young people with complex needs, providing a more co-ordinated, responsive, timely and cost-effective service.
6. That there is a commitment to multi-agency working at national, strategic and operational levels in each agency.
7. That funding is available from within existing resources to divert to a pooled budget for complex and higher costs care plans.

Establishing Aims

In working through the AAAQI model, it is useful to identify problems that commonly arise in establishing project components. With regard to aims, for example, projects do not always distinguish between the overall goals to which they may be *contributing* (particularly in the longer term) and the shorter term impacts they are trying to produce. Due to the long-term nature of producing health-related change, as well as the complex pathways that influence health inequalities, many projects will have aims that relate to different time periods. Whilst the shorter term objectives may be activity related, it is important not to confuse aims with what the project is actually doing. Vagueness of language can arise from a genuine confusion between project inputs, process, outputs and outcomes. However, it can also be the price that is paid for reaching consensus between partners with very different organizational styles.

Once partners have been encouraged to break down their aims, the next step is to establish whether they are still reconcilable - and doable. A distinction should be made between plausible and rhetorical goals (this relates back to the nature of the assumption base). There is also a need to recognize the potential fluidity of aims as a project develops. This is particularly the case for Health Action Zone activities that are designed to be innovative. It is not always possible - or even necessarily desirable) to foresee how everything will work through. It is to be expected that project outcomes will not only include the intended but also the unintended, and that these can be positive or negative. It is nevertheless important that a project can ensure that unanticipated outcomes are brought into account.

The JAS project lead, in collaboration with the HAZ evaluator, engaged in a three-tier process of establishing the aims for this project.

- **Review of the original HAZ funding bid**

In reviewing the original HAZ funding bid, in conjunction with the CPSG working document, the three overall aims were outlined. The following three aims were the only explicated aims at the outset of the project. These were in turn linked to the aforementioned discussion pertaining to identifying the assumption base for this project.

1. To implement a single assessment and care planning strategy for children and young people with complex needs. (linked to assumption 2). The intention of this aim was to explore the possibility of integrating the Stage 3 Statement of the Educational Need planning process, and the Social Services 17 Care Planning for Children in Need so that there is a single model which spans education, health and social services.
2. To devise an assessment toll and model that builds on existing good practice and incorporates agency statutory responsibilities. (assumption 1 and 2)
3. To establish a pooled resource bank and budget for children with complex needs and a clear route to access these resources. (assumption 4 and 7). This aim is conjointly lined to assumption 4 in that eligibility criteria will need to be established to access JAS funds, and that these need to be drafted by all statutory agencies. This scheme would then operate within the guidance set out within the Governments document “Partnership in Action”, in which Chief officers of health, Education and Social Services are agreeable to proceed with the pooling of budgets.

- **<u>Expanding upon assumptions</u> (JOYCE – MAYBE YOU COULD SAY THIS A BIT BETER)**

The next stage in establishing the projects aims was to review the assumption base which had been established and to develop a set of aims around these assumptions. This process further reinforced the importance of integrating and linking the assumption base with a clearly defined set of aims and objectives. The adoption of the AAAQI evaluation model then resulted in three additional aims being operationalised, namely:

4. To increase interagency understanding and collaboration for children with complex needs. This was derived from the sixth assumption, which assumed that is

a commitment to multi-agency working for this population of children and young people.

5. To arrive at a common understanding of the term “children with complex needs.” This aim links directly to the third assumption, which states those children with complex needs, is a concept, which in fact can be defined.

6. To ensure that there is a system in place to identify children with complex needs at an early stage, in order top provide a co-ordinated assessment and service. This refers to the fifth assumption in which joint agency working will result in positive outcomes for children with complex needs, through a process of a more co-ordinated service.

- **Establishing additional aims**

As a final stage the project lead was encouraged to review the assumptions and the overall goals of the project with a view of identifying aims which needed to be added. This would in turn also enable a “match” (JOYCE - I AM LOOKING FOR A BETTRER WORD THAN MATCH – MAYBE “SYNCHRONISITY”) between the assumptions, aims and outcomes measures which will be used to demonstrate the overall effectiveness of the JAS initiative. This process resulted in three additional aims being outlined, namely:

7. To ensure that every child who enters the process has a named keyworker
8. To ensure that service users and fieldwork staff are involved in the implementation of the JAS strategy
9. To ensure that there is a requirement from all relevant staff within the statutory and provider agencies to utilise the joint agency model.

This discussion has attempted to demonstrate the effectiveness of the AAAQI evaluation model in enabling the JAS project to expand upon its original three broadly outlined aims into a nine clearly defined, measurable and operationalised aims. Furthermore the project lead expressed that this process of linking the

assumption base with projects aims enabled the JAS initiative to view the linkages and circular (NOT SURE ABOT THS WORD) of continuously revisiting the assumptions as they serve as the foundation upon which the project is develop and implemented. It was also stated that this process was a worthwhile exercise in prioritising and ensuring that each aim could in fact be measured against the intended outcomes and indicators of success/high level statements

Identifying the Necessary Activities

Asking what activities have been identified as necessary and how these link to the aims should make projects revisit their assumptions. Once the activities have been reviewed, it is also important to establish whether there are any aims that will not be fulfilled. This may either lead to the identification of further activities or to the elimination of unrealistic aims. Conversely, the activities that are being put in place may suggest that additional aims be included.

In the case of developing an evaluation strategy for the Joint Agency Strategy, this was perhaps the area in which the AAAQI model had the most significant impact. In reviewing the original HAZ funding bid as well as the Childrens Planning Steering Group (CPSG) working document, it became clear that no mention was made of specific activities which should be adopted in order to meet the projects aims and objectives. Thus, the HAZ evaluator and the JAS project lead began setting about dissecting the aforementioned aims into realistic and doable activities. It was of critical importance to ensure that the activities could be achieved within the two year funding cycle of the project. This process also included utilising the CPSG as a “sounding board” to obtain consensus and commitment that the activities where realistic, as well as procuring commitment from the various agencies who would be doing the majority of the work.

The activities were diverse and varied, so as to reflect the complex and multi-agency nature of the JAS initiative. These activities ranged from identifying barriers to service provision, developing information sharing protocols, writing eligibility criteria, developing keyworker role descriptions, to broader activities such as obtaining agreement from key players in each agency, countywide consultation with stakeholders regarding working/draft documents, and identify the care planning

process presently being used by all statutory agencies. Furthermore, extensive literature reviews and national agency consultations were outlined as activities which would enable the project to conceptualise and draft a commonly agreed upon definition of “children with complex needs.”

Given the comprehensive list of activities which were identified in this process, this paper (Table 2) will only outline the activities which were outlined in meeting two of JAS’s broad aims: to establish a pooled budget for children with complex needs and a clear route to access these resources, and implementing a single assessment care planning strategy,

TABLE 2 - AIMS AND ACTIVITIES

AIMS	**ACTIVITIES**
1 To establish a pooled resource bank and budget for children with complex needs and a clear route to access these resources.	* Identify any statutory requirements for establishing a pooled budget. * Establish jointly agreed objectives for the budget and pooled resources. * Set eligibility criteria for accessing funds and resources. * Identify resources and obtain agreement for the funding sources. * Set up monitoring and management systems. * Evaluate.
2. To implement a single assessment and care planning strategy for children and young people with complex needs.	* Agree on implementation date for the initial use of the joint agency assessment and care planning process, including the keyworker system. * Publicise within agencies via newsletters, team meetings. * Ensure that the statutory agencies nominate implementation staff in each setting. * Provide procedures and guidelines to each setting. * Establish monitoring system. * Evaluate implementation.

Defining the Evaluation Questions

Most project evaluations are concerned with assessing whether, how and why services or projects achieve predetermined objectives. Thus, the way in which evaluation questions are framed will broadly reflect project aims. The specific definition of evaluation questions is, however, more complex. This may be informed by a particular disciplinary focus - for example, outcomes of health-related interventions can be investigated from clinical, social, psychological and economic perspectives. Complexity also arises from the multi-dimensional nature of key

concepts such as service 'quality' that can refer to issues as wide ranging as effectiveness, appropriateness, acceptability, equity, accessibility, efficiency and user empowerment.

Given this diversity, it is useful to provide projects with some grounding in the potential range of evaluation questions that can be asked. It is also important to clarify which outcomes are immediately measurable and which may only be achieved in the longer term. For example, it may be necessary for the foci for evaluation to centre on the inputs, process or outputs of services rather than their outcomes.

As with the activities component of the AAAQI evaluation model, no research question (s) were outlined at the commencement of the project. Therefore it became the task of the HAZ evaluator and the JAS project lead to develop a question (or a set of questions) which encapsulated the overall goals and assumptions of this initiative. In formulating the research question, the HAZ evaluator was able to demonstrate the importance of assessing whether the previously stated assumptions, aims and activities will be able to respond to the projects given question.

The Joint Strategy Project was concerned with assessing whether, how and why services for children with complex needs achieve predetermined aims and objectives. It is worth noting that the phraseology and conceptual framework in formulating the research question emanated directly from the aforementioned assumptions and aims. More specifically, the first assumption which referred to the need for an improved service, and the fourth aim (increasing interagency understanding and collaboration), and the sixth aim (the provision of a more co-ordinated assessment and service for children with complex needs) served as guiding template in the establishment of the research question as captured in Table 3.

Finally the AAAQI model enabled the project lead to view the premise of establishing research questions as an ongoing process, and to revisit the need to either modify or provide additional foci of inquiry as the project develops.

TABLE 3: RESEARCH QUESTION

To what extent will this project promote and improve effective interagency working for children and young people with complex needs in Cornwall?

Identifying the Indicators

Once projects have begun to clarify the key components of their work, many will also have begun to identify relevant indicators for evaluation. In addition to relevance, choice of indicators will be determined by data availability, resources and plans for dissemination. As part of the AAAQI model, projects are encouraged to consider how data can be collected and analysed such that the links between the activities and outcomes are described in the most compelling way. Baselines are a useful starting point. Projects should also consider establishing key milestones. Issues arise about how to set thresholds against which to measure progress. Given the increasing political pressure on Health Action Zones to demonstrate early wins, projects and programmes should take care to ensure that pre-defined indicators of success are achievable.

The HAZ evaluator encouraged the JAS project lead to develop a linear process of assessing and establishing accurate baseline data for the project.

This involved a five-tier strategy, namely:

- Outlining the projects aims (as completed in the second phase of the AAAQI model)
- Identifying the present baseline for each aim as provided at the outset of the JAS project
- Specifying the various indicators of success, which will provide an indication of the intended outcome measures.
- Identifying the various methods of data collection which will be used to establish the existing baseline, as well as monitoring whether the JAS project has achieved its aims objectives

- Using the baseline data to reassess and revisit the assumptions, which were outlined at the beginning of the evaluation strategy. This procedure would further add rigour to the process of testing the accuracy and plausibility of the assumption base against the baseline data.

Table 4 will provide an example of the way in which the AAAQI model was used to establish baseline information for one of the aforementioned nine aims.

TABLE 4: BASELINE INDICATORS

Aim:	4. To increase interagency understanding and collaboration for children with complex needs
Baseline Assessment:	There is no agreed joint agency assessment and care planning process in Cornwall for Children with complex needs.
Indicators of success:	Agreement on a joint agency assessment and care planning process signed by the Health Authority, Health Trusts, Primary Care Groups, Social Services, Children and Community care services, Education authority, and Child and Family Service.
Methods of data collection:	1. Semi-structured interviews with agency staff and users at the beginning of the project, and following the implementation of the joint agency strategy. 2. Examination of 10 case files of children with complex needs from two area social service offices.

	This will be conducted at the beginning of the project, as well at 1 and 2 year intervals. A checklist (see later discussion) will be developed in this regard. 3. Survey of al staff undertaking the JAS training, priori to training and at 6 monthly intervals throughout the two-year funding cycle of the JAS project.

The following discussion expands on Table 4 and the AAAQI model by presenting a summary of the issues arising from the study of case files (children with complex needs), as this is one component in a comprehensive compilation of establishing baseline information for the Joint Agency Strategy project.

Social Services files were examined in order to establish baseline data. The files of 11 children from three districts with a range of complex needs aged between 4years and 16 were regarded as an appropriate sample.

The following checklist was adopted in examining each case.

- Number of different agency staff recorded as being involved
- Whether a keyworker was appointed
- The number of assessments on file from different agencies.
- Evidence of joint working (Information sharing / Consulting / Collaborating)
- Evidence of a joint assessment.
- Evidence of a joint care plan.
- Evidence of delay due to poor co-ordination or funding disagreements.
- Evidence of duplication.

This baseline investigation has highlighted the following 'starting points' in developing and implementing the Joint Agency Strategy, namely:

- The crucial role that a keyworker has to the success of a plan.
- The need to have a process with a clear structure and purpose and to ensure the right people are involved.

- The importance of the role of parents.
- The need to clarify access to funding.

Furthermore, as highlighted at the beginning of this discussion, the fifth phase of establishing baseline data was using this data set to reassess and revisit the assumptions, which were outlined at the outset of the evaluation strategy. Table 5 will demonstrate how each assumption was tested (hypothesis confirmed or refuted) against the various levels of baseline data which was collected.

TALBE 5: TESTING ASSUMPTIONS

Assumption	**Hypothesis testing**
1. That families with children with complex needs wish to see an improved service.	Confirmed
2. That existing statutory responsibilities can be co-ordinated into a single planning process.	Confirmed
3. That children and young people with complex needs can be defined	Confirmed
4. Eligibility criteria can be set for access to the joint agency planning process and funding	Still to be tested
5. That joint agency working produces positive outcomes for	

children and young people with complex needs, providing a more co-ordinated, responsive, timely and cost-effective service. 6. That there is a commitment to multi-agency working at national, strategic and operational levels in each agency. **7.** That funding is available from within existing resources to divert to a pooled budget for complex and higher cost care plans.	Not confirmed. The strategic and operational level semi-structured interviews with practitioners yielded that this was a false assumption, as multi-agency commitment to joint agency assessment and care planning was not found. Confirmed

Revisiting the assumption base of the project encouraged the project lead to view the AAAQI evaluation model as a cyclical process, whereby constant modifications and changes are regarded as an integral part of an effective monitoring and evaluation strategy. Furthermore, the five tier process of establishing baseline data also enabled the lead to view the importance of formally establishing baseline data in order to demonstrate improvement in the service provision for children with complex needs (the guiding assumption for the JAS project).

Specifying the context within which the JAS initiative will operate

Finally, in developing, operationalising and implementing the AAAQI evaluation model, the JAS project also considered which contextual factors it needed to be aware of.

There are a number of factors that may have a significant bearing on the success of this project. These related to geography, target groups, the existence of other initiatives and organisational structures, organisational ethos, the presence (or absence) of multi-agency working, amongst others.

Table 5 – Contextual factors

The AAAQI model demonstrated two strong contextual drivers supporting the principles of partnership working in the development of the JAS initiative.

- Government initiatives and guidance
- Consumer research

Responsibilities have been placed on agencies to be more accountable and focused on target setting and achievement in order to access Government funding and this has set the framework for local joint working to be developed. Cornwall has the added emphasis of recognition for the first time as an area of deprivation, which has attracted a number of initiatives into the County with partnership working as a given. Therefore the climate is right for the development of partnership working.

Therefore JAS's initial focus has been on identifying the areas of conflict between agencies and finding the common issues as a starting point to build an agreed process from. Key also to breaking down barriers has been an attempt to develop a common 'language' and understanding of terms. This has resulted in a written, agreed definition of 'children with complex needs that is now being adopted by other organisations outside the three main statutory agencies. An initial draft process document, out for consultation, includes a section on the purpose of assessment to ensure an agreed understanding.

CONCLUSION

This paper has attempted to illustrate the role of the University of Plymouth health Action Zone (HAZ) evaluation team with regards developing an evaluation plan for the Joint Agency Strategy initiative. The following issues were highlighted:

- Enable projects to develop a culture of evaluation as part of their everyday practice, as well a measure of demonstrating good practise.
- The conceptualisation, development and implementation of a rigorous monitoring and evaluation strategy (AAAQI)
- The critical importance of developing evaluative capacity within health, education, and social service projects addressing the needs of children and young people in Cornwall and the Isles of Scilly.
- Demonstrate, through the use of the AAAQI model, that evaluation does in fact play a significant role in streamlining projects as well as maintaining their focus on specified targets and outcomes.
- Demonstrate the positive impact of integrating evaluation and practise within the context of delivering equitable and innovative services to children with complex needs.

The following observation, offered by the JAS project lead, perhaps aptly summarises the importance of building evaluation into all HAZ projects.

"The AAAQI model and the regular sessions with the evaluator have been extremely helpful in pulling the different elements of this project together and focusing on methods of measuring outcomes .I now feel equipped to concentrate on the projects activities."