

TRANSLATING EVALUATION INTO EFFECTIVE PRACTICE

Comwall and Isles of Scilly Health Action Zone



APPLYING THE AAAQI MODEL TO JOINT AGENCY
PLANNING FOR CHILDREN WITH COMPLEX NEEDS IN THE
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. Their main objectives 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 also 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 [Joint Agency Strategy - JAS] 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.

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. Cornwall and Isles of Scilly (CloS) 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. Like the National HAZ initiative (See e.g. Judge, 2000), CloS HAZ identifies evaluation as a key to ensuring the transition from policy to effective practice. Two specific needs have been identified:

- (1) assessing the effectiveness of the HAZ and its component programmes and projects;
- (2) increasing evaluative capacity locally so that stakeholders themselves can actually assess what is working and why.

This paper draws on this evaluation structure. Specifically, it focuses on how the JAS translates the evaluation model into effective practice.

THEORY OF CHANGE

HAZs are 'learning initiatives' – one of the seven underpinning principles is that they should be evidence-based (NHSE, 1999). 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. The National HAZ Evaluation Team recommends the 'Theory of Change' approach. This has been defined as 'a theory of how and why an initiative works' (Weiss, 1995). It involves taking a number of basic steps.

- Explore the **ASSUMPTIONS** that underlie their work.
- Re-consider 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.
- Consider the kind of data they therefore need to collect, i.e. establish baseline **INDICATORS**.

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.

THE JOINT AGENCY STRATEGY [JAS]

The JAS focuses on the need to improve service planning and provision for children with complex needs. In order to avoid duplication of effort and, importantly, to ensure that the services such 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 found such co-ordination and effective service provision often lacking. 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.

The project's managers have been 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. 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 THE AAAQI MODEL

Identifying Assumptions

As a first step in the AAAQI model, project planners were asked to consider the basis of their assumptions. From an empirical database and fieldwork, it became clear that four of the seven assumptions (1,2,3,4) underlying this project, and outlined in Table 1, were explicitly stated *a priori* as starting points for the JAS project.

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.

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 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 and explicit statement, for without commitment from all stakeholders and agencies the implementation of a joint agency assessment and care strategy for children with complex needs simply would not be possible.

Establishing Aims

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

A review of the original HAZ funding bid, in conjunction with the CPSG working document, identified three overall aims:

- to implement a single assessment and care planning strategy for children and young people with complex needs (linked to assumption 2)
- to devise an assessment tool and model that builds on existing good practice and incorporates agency statutory responsibilities (assumptions 1 and 2) and

- to establish a pooled resource bank and budget for children with complex needs and a clear route to access these resources (assumptions 4 and 7).

Revisiting the assumption base

On reviewing the assumption base, it became clear that JAS incorporated three additional aims:

- to increase interagency understanding and collaboration for children with complex needs (derived from the sixth assumption, which suggests there is a commitment to multi-agency working for this population of children and young people).
- to arrive at a common understanding of the term 'children with complex needs' (drawing on the third assumption, which states those children with complex needs can be defined).
- to ensure that there is a system in place to identify children with complex needs at an early stage, in order to provide co-ordinated assessment and service (drawing on the fifth assumption in which joint agency working is considered to 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 make a distinction between the overall goals of the project and shorter term achievements. This process led to the identification of three additional aims:

- to ensure that every child who enters the process has a named key worker
- to ensure that service users and fieldwork staff are involved in the implementation of the JAS strategy

- to ensure that there is a requirement from all relevant staff within the statutory and provider agencies to utilise the joint agency model.

Identifying the Necessary Activities

The activities that were identified ranged from identifying barriers to service provision, developing information sharing protocols, writing eligibility criteria, developing key worker role descriptions, to broader activities such as obtaining agreement from key players in each agency, countywide consultation with stakeholders regarding working/draft documents, and the identification of the care planning process presently being used by all statutory agencies.

Given the comprehensive list of activities which were identified in this process, Table 2 focuses only on those activities which were identified as necessary to meet two of the JAS's broad aims: to establish a pooled budget for children with complex needs and a clear route to access these resources, and to implement a single assessment care planning strategy.

Defining the Evaluation Questions

As with the activities component of the AAAQI evaluation model, no research question(s) had been outlined in the original project brief. The identification of questions that encapsulated the overall goals and assumptions of this initiative therefore became an important part of the development of a practical evaluation strategy. For example, the first assumption (the need for an improved service), the fourth aim (increasing interagency understanding and collaboration), and the sixth aim (the provision of a more co-ordinated assessment and service for children guided the

formulation of the following research question: *To what extent will this project promote and improve effective interagency working for children and young people with complex needs in Cornwall?*

Table 2: Aims and Activities

AIMS	ACTIVITIES
<p>1. To establish a pooled resource bank and budget for children with comple needs and a clear route to access these resources.</p>	<ul style="list-style-type: none"> • 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
<p>2. To implement a single assessment and care planning strategy for children and young people with complex needs.</p>	<ul style="list-style-type: none"> • Agree on implementation date for the initial use of the joint agency assessment and care planning process, including the key worker system. • Publicise within agencies via newsletters, tem meetings. • Ensure that the statutory agencies nominate

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| | <p>implementation staff in each setting.</p> <ul style="list-style-type: none">• Provide procedures and guidelines to each setting.• Establish monitoring system.• Evaluate implementation. |
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Identifying the Indicators

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:

- 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 3 provides an example of the way in which the AAAQI model was used to establish baseline information for one of the project's nine aims.

Table 3: 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.

1. Methods of data collection: 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 all staff undertaking the JAS training, prior to training and at 6 monthly intervals throughout the two-year funding cycle of the JAS project.

CONCLUSION

This paper has used the example of the Joint Agency Strategy initiative to show how projects within the Cornwall and Isles of Scilly Health Action Zone are being encouraged to develop a culture of evaluation as part of their everyday practice, as well a measure of demonstrating good practice. Specifically, the AAAQI model has demonstrated the critical importance of developing evaluative capacity in order to streamline projects as well as maintain their focus on specified targets and outcomes. In the words of the Project Lead, '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'.

REFERENCES

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AAAQI EVALUATION MODEL

RESEARCH
QUESTIONS

ACTIVITIES

BASELINE
INDICATORS

The AAAQI evaluation model is a cyclical process, whereby constant modifications and changes are regarded as an integral part of an effective monitoring and evaluation strategy.

AIMS

ASSUMPTIONS
[entry point]

CONTINUES INTO
2ND AAAQI CYCLE

