

## Reviews

### **The adult social care outcomes framework: a systematic review of systematic reviews to support its use and development**

Sutcliffe, K., Rees, R., Dickson, K., Hargreaves, K., Schucan-Bird, K., Kwan, I., Kavanagh, J., Woodman, J., Gibson, K. & Thomas, J.

London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London, 2012, pp.231  
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<http://eppi.ioe.ac.uk/cms/LinkClick.aspx?fileticket=erAktQJlh-I%3d&tabid=3428>

Whatever its limitations, the drive to improve the impact of research and the use of evidence in policy and practice is very positive, so a systematic review of the evidence base for the Adult Social Care Outcomes Framework (ASCOF) is very much to be welcomed. Nonetheless, it is widely accepted that the evidence base in social care is very limited (<http://www.theguardian.com/social-care-network/2014/mar/13/pressure-social-care-build-evidence-base>), so the key finding of this review that there was ‘a large evidence base’, with 43 reviews being identified, was somewhat of a surprise.

This review is a systematic ‘review of reviews’ (those published in English from 2000 onwards), so only covers the results of those studies that have been around long enough to have been completed, published and included in a subsequent review – so we might have expected there to be very little evidence indeed. But what we count as evidence here depends critically on what we mean by social care. The authors took a very broad definition, with the ambitious aim to systematically review evidence on ‘the effectiveness of interventions across the entire spectrum of social care’. Interventions were defined as social care by their relation to health care interventions. So they were: ‘led by or completely provided by someone other

than a health professional, and have the aim of supporting activities of daily living, or preventing an increased need for services, rather than treating a condition’. Support for carers was explicitly excluded as there had been a recent review by Parker and colleagues (2010).

Perhaps unsurprisingly, given this definition and the nature of the evidence base, many of the 14 interventions included are those which can also fall under the auspices of health service or public health provision: for example, physical activity, hip protectors, specific equipment such as an eye drop device, home hazard assessment and alternative therapies. The domination of health research also means that the population groups addressed in the reviews do not always correspond with the approaches used by those concerned with commissioning and providing social care. For example, the review includes people with long term conditions, including cancer. Such groups are relevant to social care in principle, but as they are specific sections of populations that social care is unlikely to target as such, and often have relatively high levels of ability, questions are raised about how relevant/effective in practice the intervention would be for social care.

Nevertheless, and despite the arguable solutions that the authors have come up with to address some of the many challenges of the exercise (see below), this review represents a helpful contribution to the translation of research evidence into policy and practice.

For a start, despite its length (231 pages), the report is clearly laid out, with substantive findings presented in part 1, details of methods described in part 2 and technical details provided in appendices. In reporting the findings the authors make clear the distinctions between evidence for, no evidence for, inconclusive evidence and (importantly) evidence of harm. Effectiveness

findings are helpfully summarized in tables, allowing the reader to identify the type of intervention and broad conclusions before following up in the text where there are mixed messages. This allows the reader to identify whether the intervention looks promising with respect to the outcomes that s/he is interested in. Where there is evidence for effectiveness, the authors also discuss the scale of impact, something rarely addressed in social care research.

The search and the findings were structured around the four ASCOF outcomes: quality of life, prevention, satisfaction and safeguarding. 'Quality of life' (QoL) outcomes predominated, with 34 reviews reported as including a QoL measure of some sort. However, as the authors report in their conclusion, there was a dearth of studies reviewed that used a measure of 'social care related quality of life' (SCRQoL) as it is defined in ASCOF. There were, however, some reviews and studies that addressed specific aspects of SCRQoL, such as social participation, control and dignity. Not unexpectedly, nevertheless, given their provenance, most studies used outcome measures such as 'health related quality of life' (HRQoL). The review discusses function and disability, measures of which are often used as outcomes, and includes such evidence as a 'sub-component of quality of life - activities of daily living' (ADLs). In justifying this, the authors note that studies which include ADLs as QoL outcomes:

*... often drew on World Health Organisation definitions of quality of life as emphasising the importance of people's independence and ability to engage in productive occupations and social activities.* (WHOQOL Group, 1998)

While it is undeniably the case that such abilities are important aspects of people's quality of life, in the social care context, even more frequently we might expect such measures to be indicators of need for services – thus linking more directly to enablement or prevention policies.

Given the approach used to define QoL outcomes and the nature of the literature, it is important to read carefully around and beyond the summaries of conclusions drawn in this review. For example, it is dangerous, on the basis of the discussion above, to assume that summaries about QoL indicators are important in addressing ASCOF relevant quality of life outcomes, and that those relating to ADLs are less so. Measures of HRQoL, such as EQ-5D, have been classified as general QoL indicators; but the nature of such measures is such that absence of effect on such indicators does not necessarily mean there were no SCRQoL outcomes. On the other hand, for Personal Assistance mixed findings were related to ADL outcomes (which we might expect); but in this instance the ADL measure included 'unmet needs', which would tend to be regarded as a social care related QoL outcome.

Prevention outcomes were defined in this review as prevention of need for health services (illness events), support services and institutional care. Again, a high proportion (25 reviews) examined this type of outcome. There was much less in the field of satisfaction (four reviews) and safeguarding, where only one review met all the quality and relevance criteria. None of the reviews reported finding usable evidence about cost-effectiveness.

The nature of the QoL outcomes covered, the distribution of the literature and the types of population covered make this review potentially very useful to councils and providers who might be considering what innovations they want to encourage or support – possibly in collaboration with Public Health. Prevention is an area of social care where the dearth of evidence has often been lamented and a lot of assumptions are made. The limitations of the evidence for interventions, such as exercise-based interventions on older people that might be assumed to be effective, make instructive reading. Indeed, it was only in the area of physical exercise (Tai Chi) that there was any evidence of harm, potentially important for targeting and precisely tailoring such activity.

In drawing its conclusions the review makes a number of recommendations and identifies that in terms of key social care policy-directed interventions, such as personalisation and direct payments, the evidence is in practice very limited. Some social care interventions, such as occupational therapy, are supported by the review-level literature. Large and medium effects, resulting from integrated mental health and employment services, are also suggested as underscoring the value of complex social care interventions. Nevertheless, lack of evidence is severe in the field of safeguarding; and systematic reviews are needed about the effectiveness of social care interventions for people with learning and physical disabilities. So – as we might have anticipated – more research needed!

## References

Parker, G., Arksey, H. & Harden, M. (2010) *Meta-review of International Evidence on Interventions to Support Carers*, York: Social Policy Research Unit, University of York.

WHOQOL Group (1998) 'The World Health Organization quality of life assessment (WHOQOL): Development and general psychometric properties', *Social Science and Medicine*, 46(12), pp.1569-1585.

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## Jonathan Bradshaw on social policy: selected writings 1972-2011

Cookson, R., Sainsbury, R. & Glendinning, C. (eds.)

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<http://www.york.ac.uk/inst/spru/pubs/jrb.html>

Anyone who spends even a short time studying social policy in the UK will quickly come across the work of Jonathan Bradshaw, for 46 years a student, teacher and researcher of the subject at the University of York. This book, aimed at social policy students, practitioners and policy makers and edited by some of his university colleagues, marks his 'retirement' – although, as it points out, he remains very active in the field. It includes what they describe as 'the best of his contributions' and is designed to serve 'not only as a celebration and recognition of a lifetime's achievement but also, and perhaps more importantly, as an introduction to his wide-ranging scholarship and thinking for future generations of social policy students and scholars, that could inform and hopefully inspire them' (pp.i-ii). It succeeds on all counts.

Unsurprisingly, the task of selecting from Bradshaw's prolific output was 'near impossible' (p.v); but the editors find 13 articles or book chapters covering topics as diverse as legalism and discretion, energy poverty, lone parents, absent fathers and, of course, his most central and lasting contributions, namely the study of poverty, comparative methodology and child wellbeing. The cover blurb claims that the book should be required reading for anyone who wants to understand how and why poverty and low child wellbeing persist in the 21<sup>st</sup> Century. It is hard to disagree.

I was familiar with much of the content, notably the contributions on the conceptualisation and measurement of need, poverty and social exclusion, which I drew on

heavily for my PhD. They include his now classic paper on a ‘taxonomy of social need’, one of his most cited pieces; and, incredibly, written for his Masters dissertation. I recall the joy of finding and reading these articles, characterised by the elegant move from careful definition to empirical analysis and implications for policy that is the trademark of Bradshaw’s work, and also how that feeling was often tempered by the realisation that my thinking and writing to that point needed significant revision in the light of his work!

Several of the papers in this collection champion the budget standards approach for setting rates of social security benefits. This involves the method of using focus groups comprising members of the public to inform analysts what items of expenditure should reasonably be included in a basket of goods representing an adequate income in contemporary society. Much of this work was undertaken by the Family Budget Unit, which Bradshaw set up (with others) in 1987. I remember how compelling I found this approach when I first encountered it, notably the way it helped to democratise the definition and measurement of poverty and therefore challenged politicians to contest what most members of the public considered an acceptable living standard.

A cross-national comparative perspective characterises much of Bradshaw’s work; indeed the editors note that he has a ‘large (and still growing) portfolio’ (p.vii) of such studies, based on large international micro-datasets. It is interesting to learn how his early work in this area focused on child benefit packages and was prompted by the prospect in 1979 that the incoming Conservative government would abolish universal child benefit packages. They didn’t, in the end, but Bradshaw’s willingness to speak truth to power is an enduring theme in this collection. This passion for social justice was evident early in his career, when – in what would today be called a ‘gap year’ – he coordinated famine relief in Africa. Later, as a young lecturer he organised a welfare rights

stall in York city centre market with his friend and fellow researcher Malcom Wicks (eventually a Labour MP and Minister).

Latterly, Bradshaw has pioneered the development of multidimensional measures of child wellbeing. His work in this area has undoubtedly contributed to governments not only acknowledging ‘happiness’ and ‘wellbeing’ as valid concepts, but also investing considerable resources in measuring them. This interest came together with his comparative perspective in a landmark report he produced for UNICEF in 2007 charting child wellbeing across 21 OECD countries. The study, summarised in one of the papers here, showed that the UK was at the bottom of the league; it received widespread media coverage and prompted much soul-searching nationally. It subsequently came to be used as a benchmark against which to judge the future impact of policy on children and families.

All of the papers in this collection bear the hallmarks of Bradshaw’s research: in particular the systematic analysis of large datasets to produce ‘robust evidence of social inequalities in clear, accessible outputs that demand to be taken seriously’ (p.ix). The editors rightly place him in the long tradition of influential social researchers beginning with Charles Booth and Seebohm Rowntree, and warn that we should ‘Expect to hear more from him in his retirement’ (p.x). If there was ever a time we needed this, it is now.

### **Nick Axford**

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**Partnership working in health and social care. What is integrated care and how can we deliver it?**

Glasby, J. & Dickinson, H.  
*Bristol: Policy Press, 2014, 2<sup>nd</sup> edition, pp. 128*  
*ISBN: 978-1-44731-281-9, £9.99 (pbk.)*

This book, a revised version of the original 2008 publication, is packed with ideas and persuasively argued. It is also succinct; the 120 page format is ideally suited to busy managers or front line staff. But almost more important is its clarity. Glasby and Dickinson are academics, but this book, and indeed the series, although written with scholarly discipline, avoids the drab, wordy exclusivity which infects so much academic material.

The clarity is demonstrated early on with a good review of types of partnership (p.xiv) and persuasive definitions (p.5). Glasby and Dickinson then get into their stride, showing again and again (more precisely on p.55 and p.66) that evidence of the effectiveness of partnerships in health and social care is not strong – indeed much literature about partnerships, they say, is ‘aspirational’ rather than practical; and partnerships are often entered into more with hope than evidenced confidence. In fact the whole tone of the publication is cautionary. *Caveat emptor*, it seems to murmur on every page: buy into partnerships with care and do not expect transformational improvements.

Glasby and Dickinson make strong points about several features of partnership. They are clear, for instance, that in times of difficulty or innovation the easy resort to a ‘restructure’ is not necessarily the most effective way of introducing changed behaviour (p.54). And the proposal that partners should consider evidence of ‘what does not work’ as much as what does, is particularly significant. The authors also encourage partners to seek evidence of effectiveness beyond the normal clinical territory of big number statistics and randomized control trials. Inverting the

normal mantra they promote the idea of capturing evidence directly from practice: ‘practice-based evidence’.

Any book which has to go through the frustrating bureaucracy of publication, is always running to catch up, so can never wrestle directly with the hot topics of the day. As I write (March 2014), Better Care Fund (BCF) bids have gripped the attention of partnerships for the last six months – although as soon as the bids are submitted no doubt the Secretary of State will announce another daunting initiative for the sector to chew on. I don’t think this delay matters much with this book, as it is the principles which underpin the arguments that pack the punch: the punch is that this is one of those texts which make you think. It encourages readers to look under familiar stones and ask difficult questions, especially, in my view, about the basis of the glittery eyed optimism on which so many partnership initiatives seem to be based. BCF plans can epitomise much of this book’s critique of over-ambitious, untested approaches to partnership. Some of the plans I have seen follow the Christopher Columbus model – they set off in search of the Indies in convoy, with high hopes, but with no map guiding them towards where they want to go. Well, of course, Columbus got somewhere. He even called the islands he found the Indies, but...

This rule of optimism, possibly a laudable characteristic in itself, lies behind a tendency to ‘plan in hope’; but is there a limit to its practicality? Or are we, like the knight in *Monty Python and the Holy Grail*, shouting defiance as each limb is lopped off?

I only have a couple of picky points of criticism of the book. On page 35, after a good example of what a wide-ranging partnership in Somerset did and the impact of that, there is an analysis of the impact of Torbay’s partnership initiatives - but no description of what Torbay actually did. Secondly, the narrative is strong enough to make any reader think, so I am not sure what the apparently student-oriented exercises at

the end of each chapter add. (The very sight of the questions made me turn the page; my normal response to the banal questions implicit in any 'Toolkit'.)

Of more moment, though, are two admittedly tangential points. First of all, the brevity of the format means that the narrative is tight, but offers no space for broader considerations of partnership. One of the notable things about social care literature, in particular, is its narrow focus, i.e. examples from the wider world are seldom used. And the real world partnership comparisons offered by Glasby and Dickinson are all of 'one offs': building bridges for instance, where partners come together for a single time-limited purpose. NHS and Local Authority partnerships, to be effective, have to be marriages: deploying resources to offer better outcomes to people, but also building in the ability to adapt to constantly changing circumstances. Does the history of the EU from 1958 have anything to teach us about working in partnership with an increasing number of disparate partner states? How have longer term creative partnerships worked: Lerner and Loewe, Lennon and McCartney, the Coen brothers and so on? These pairings all had different, fluid relationships over a long period of time. Who led, who was dominant, who challenged, how was labour divided and how were conflicts resolved? This sort of thing may seem a long way from what Glasby and Dickinson are considering, but sometimes thinking 'round the corner' offers odd insights. Related to this point, as I read Glasby and Dickinson, I was thirsting for more comment about the human behaviours which underpin how partnerships succeed or fail. For instance, how bounded is people's imagination by context and organisational tradition? What differences are there in partnerships where staff are obliged to change their behaviours in one go, compared with those which develop over time? Glasby and Dickinson mention 'mandated collaboration' but do not explore its ramifications. And what of those seemingly contradictory human characteristics-organisational inertia (in which we carry on doing what we have

always done until forcibly obliged to do something else) and the recency effect (people taking the latest priority more seriously than earlier priorities). And a focus on the latest innovation, in my view, often leads to a tunnel focus, in which other priorities are downgraded or ignored.

But this is asking for more than was promised. This book is immensely useful and stimulating.

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### **Partnership working in public health**

Hunter, D.J. & Perkins, N.

*Bristol: Policy Press, 2014, pp.224*

*ISBN: 978-1-44730-131-8, £24.99 (pbk.)*

Does partnership working in public health actually result in better outcomes? That is the question that this book explores, by means of reviewing the theoretical and historical context, evidence from the literature, and the testimonies of people working in partnerships. The authors challenge the established view that partnership working is an effective way to tackle complex public health problems.

This book is the third in a series entitled 'Evidence for Public Health practice', which deals with the organisation and delivery of public health in the UK. Previous volumes have focused on the organisation of the public health system, and on the role of citizens in public health. This volume presents the results of a project funded through the National Institute of Health Research Service Delivery and Organisation programme.

Partnerships and public health seem almost synonymous these days. 'Leadership and collaborative working' is one of the nine key areas of the Faculty of Public Health's training curriculum. The authors, however, present partnership working in public health

as a paradox. It seems to be the only way of working to address complex public health problems that cross organisational boundaries. So many of the issues public health is trying to address are affected by factors beyond the control of a single organisation; complex issues such as teenage pregnancy, alcohol misuse and obesity. And yet quite often partnership working is fraught with difficulties and doesn't seem to achieve anything tangible.

Chapter two gives a brief history lesson of public policy on partnerships to set the scene, followed by an examination of various theories and concepts; models of partnership working, definitions, factors for success, such as clear roles, and barriers faced, such as power struggles. One of the key points made is that there has been a tendency to focus on processes and structures, such as setting up membership and meetings, and a lack of focus on outcomes. We are given an interesting critique of the emphasis placed on partnership working in public policy: 'Administrative fiat cannot build goodwill, trust, a culture of sharing best practice and the willingness of organisations to go the extra mile for each other'. The role of government in allowing or constraining constructive partnerships is discussed as a major influence.

Chapter three presents a systematic review of the literature on public health partnerships from 1997 until 2010, primarily focusing on Health Action Zones (HAZs) and Health Improvement Programmes (HImPs). The literature disappointingly, but probably not surprisingly, doesn't provide a satisfactory answer to the main question of whether partnership working improves outcomes. There is some evidence of marginal impact in certain cases, but much of the literature is focused on process factors, not dissimilar to the partnerships themselves.

Chapters four and five consider the views of people working in public health partnerships between 2008 and 2010, both at strategic and operational levels, as well as a small contribution from service users. The

interviews confirm, to a large extent, what the previous chapters explored. The need for clear roles and objectives, the importance of goodwill and local champions, the fact that it is hard to tell whether partnerships improve outcomes, but that nearly everybody agrees that they are necessary. The contribution from service users is formed of data from focus groups held in three areas, and has a disappointingly narrow focus on referral pathways, and therefore wavers on the edge of feeling tokenistic.

Chapter six brings the reader up to date with a description of the huge-scale NHS reforms that have taken place over the last few years since the interviews were conducted, and a discussion of the opportunities and challenges that the reforms present. The public health reforms are understandably given more attention, in particular the shift of Directors of Public Health and their teams into local authorities, and the formation of Health and Wellbeing Boards. Are they making the same mistakes that previous partnership arrangements have made, or is there any evidence that they will break the pattern?

The advice given in conclusion is not that partnership working is a bad thing in itself, but rather the way that it is carried out can be critical to its success. It is suggested that people in partnerships need to avoid the tendency to get bogged down in structures, bureaucracy and process, in an attempt to try and boil complex issues down into simple linear issues by over-organising. Instead, the authors advocate a more messy approach, using systems thinking: embrace complexity, be flexible, spend time establishing key relationships and building trust, and try something different. The authors' conclusion on partnership working in public health is: 'culture eats structure for breakfast any day'.

Although the book takes a methodical approach, the way the chapters are structured means that you sometimes get a sense of *déjà vu*, as the same questions are raised in successive chapters from a slightly different perspective. Parts of the book include a lot of

detail about current UK structures, health system changes, and policies, which may limit its readership. But much of the analysis draws general conclusions which will transfer well across time and places. In fact, many of the arguments this book makes are not specific to public health and would be interesting to practitioners and academics from other fields including social care.

So should we believe that partnership working is really the solution to all those complex public health problems? Don't expect a straightforward answer from this

book. The authors take you on a winding path through a critique of public policy, evidence, case studies and back again, and prompt the reader to consider a great array of factors that will challenge your preconceptions in considering a seemingly straightforward question.

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