



Homeless Campaign

Rhetoric into reality

Abstract

Help the Aged has developed a user focused approach to action research which aims to improve service provision for older homeless people by making changes in practice to resolve problems identified by the users of services. Action research is undertaken by projects funded by the Charity, working in partnership with the Help the Aged action researcher. This report discusses the limitations of traditional methods of monitoring service outcomes which informed the development of the action research programme; it outlines the defining characteristics of user focused action research and the action research process. The report provides a brief synopsis of three action research projects with older homeless people, describes the benefits of taking a user focused approach for users and for services, and concludes with a set of recommendations for funders and service providers.

Introduction

The Help the Aged Homeless Campaign is a six year programme of service development, research and campaigning. Underpinning the Campaign is a programme of action research which takes place within individual projects funded by the Charity. It is a requirement of a grant from Help the Aged that projects undertake action research, the findings of which inform the Charity of the effectiveness of services and different interventions.

Action research is characterised by its feedback loop in which the findings of research inform the development of practice. It is concerned with resolving real life problems encountered in practice, where a 'problem' is defined as a need for change.

It is a collaborative approach to enquiry where practitioners are equal participants in the research

process. The research 'problem' arises out of the experiences of practitioners who hypothesise about actions which are likely to improve the situation and test the hypothesis by taking an action and analysing its effect. Action research involves a cyclic process of reflecting on the effect of actions taken by the practitioner and modifying practice accordingly.

Help the Aged has developed a user focused approach to action research which involves making changes in practice to resolve problems identified through the experiences of the **users** of services. Action research is undertaken by practitioners working in partnership with the Help the Aged researcher. The researcher feeds back findings to practitioners who then make necessary changes in practice. The research process starts with a user evaluation of the effectiveness of services from which any need for change is identified. The process involves a cycle of ongoing feedback from users on the effect of actions taken and making changes in practice in response to feedback.

The action research programme aims to increase our understanding of the needs of older homeless people and to identify effective ways of working. Its primary objective is to improve service provision for older homeless people.

User focused action research is underpinned by the following principles:

- *user focused service evaluation*
- *a systematic approach to user feedback*
- *focus on quality of service provision and outcomes for the user*
- *subjective evaluation incorporating user defined needs and measures of outcomes*
- *making changes in practice in response to user feedback*

Background

Help the Aged wanted to develop a programme of action research to enhance the work within individual projects supported by the Charity. In November 1997 the Charity commissioned a brief study to assess current systems of monitoring service outcomes within homelessness agencies and to advise on the best approach to take to monitor service outcomes and to develop an effective action research programme.

The recommendations of this report¹ informed the development of the action research programme and its defining characteristics. The key arguments of the report, which highlighted the limitations of current systems of monitoring service outcomes, are presented below.

Proposal to Help the Aged

Limitations of current systems of monitoring service outcomes

Quality versus quantity

All too often, service outcomes are defined primarily by numerical throughput, generally reflecting the requirements of funding bodies. While numerical throughput does give some indication of the effectiveness of services, it does not adequately indicate quality of service provision. The number of people using a service tells us very little about outcomes for users.

This approach is not a reliable method of evaluating the effectiveness of services as the number of people passing through a service may simply be indicative of the client group characteristics. With regard to projects focusing on older people with long histories of homelessness, lower numbers passing through may simply reflect the difficulty experienced in encouraging older people to use services.

Lower numbers using a service can actually indicate more intensive work, achieving greater outcomes for users and increased service - and cost - effectiveness in the long term. Defining good practice by the number of people passing through a service can undermine effective working where significant gains, achieved through intensive working, may be overlooked. This can be demoralising for workers.

This approach also offers very little (if any) explanation of the specific factors which contribute to positive outcomes so that effective models can be replicated elsewhere. In the absence of a sophisticated experimental design where variables are controlled in order to determine which are significant, the principal method to achieve this objective is to ask the users of services which

interventions and ways of working contributed to positive outcomes.

Evaluating outcomes

The monitoring practices of some service providers and funders include outcome measures. Outcome led approaches to monitoring can enable us to become more focused on the impact of practice on the users of services. But how do we decide what those outcomes should be?

Who defines what a positive outcome is?

Where outcome led approaches to monitoring are adopted, this is often by means of highly structured measures of needs and outcomes, where service outcomes tend to be defined by the service provider or funder rather than by the users of the service. Outcomes are typically measured by indicators of 'normal living' and how far users achieve predetermined targets toward this goal, encouraging conformity to values imposed by services. Outcomes measures need to reflect the user's aspirations, not those of the service provider or funder, and must allow for individual differences in definitions of quality of life.

We must accept an individual's chosen lifestyle (e.g. choosing to live in a communal setting, to continue drinking, to retain aspects of the 'homeless lifestyle' or to retain a level of dependency on services) - if this is their autonomous choice. The criteria we adopt to represent effectiveness of service provision must reflect this if we are not to condone conformity to societal norms and the imposition of our own values onto others.

The need for objectivity

The ultimate goal toward which all services aspire must be enhanced quality of life. However, both funders and service providers will argue the need for an objective tool by which to measure service outcomes. Quality of life is subjective and the 'objective' criteria (i.e. target outcomes based upon indicators of resettlement success, defined by the service provider) may not reflect the important determinants of an individual's quality of life. If this is the case, then what exactly are we measuring?

User Involvement in Service Evaluation

Feedback strategies, such as self-completion questionnaires, suggestions boxes, complaints procedures and user forums can be of limited success with regard to representing the interests of older people. Older people are less assertive in stating their needs, are less likely to complain or to make demands on services, and are less likely to get involved in the running of services or participate in

¹ Willcock, K. *Systems of Data Collection and Monitoring Service Outcomes*, Help the Aged, 1997 (unpublished internal report).

user forums. Unless services are specifically focused on involving older users, and take a more proactive approach to ensure their involvement, older people may not have a say in the services which affect them.

There is usually a stated commitment to the principle of user involvement by service providers and funders, and some funders request user feedback as part of their monitoring practices. However, where users are involved in service evaluation, this tends to be seen as the end rather than the beginning of the process. User evaluation of services should be regarded as the first step in a process of change and not as an end in itself.

Tools used for “user feedback”

When users are involved in needs assessment or service evaluation, structured, self-completion assessment questionnaires are often used for “user feedback”. This type of questionnaire can be perceived as intrusive and interrogatory by users, and less in their interests than in that of the service provider. Such paternalistic measures tend to focus on measuring ‘improvements’ in individuals, as defined by the service provider, rather than improvements in services and how effectively they enable users to achieve their aspirations. Users may be understandably reluctant to complete these questionnaires, and response rates are typically low.

Responses given to this kind of prescriptive questionnaire may serve to reinforce the service provider’s definition of a user’s needs. A particular response is the product of the specific question asked. A positive response given to a question may mislead the service into believing this is the user’s definition of their needs, whereas it may in fact be a factual statement in response to the question asked, but not a need in the eyes of the respondent. Alternatively, if a question is perceived as intrusive or as having a negative connotation (e.g. do you drink heavily?) the response is more likely to be negative, which may either leave a need undetected or endorse the view that the user is unaware of a particular need.

We need to ensure that user evaluation actually measures what it purports to measure: the user’s needs and aspirations. Sometimes ‘user evaluation’ questionnaires appear to measure not the user’s definition of needs and desired outcomes but rather their response to the service provider’s perception of what these should be. But the user’s priorities may be quite different to those of the service provider.

Recommendations

The following recommendations were made to Help the Aged:

- *Users must be involved in the evaluation and development of services*

- *Evaluation should focus on quality of service provision and outcomes for the user*
- *Outcome measures need to allow for the subjectivity of quality of life and should focus on individual needs and outcomes*
- *Evaluation tools should incorporate user defined needs and outcome measures*
- *Appropriate tools need to be developed for user feedback which allow the user to define his or her own needs and aspirations*
- *We need to evaluate the effectiveness of services in terms of how they meet the needs of users, as identified by them, and how services enable users to achieve their aspirations*
- *Action research should be user focused and aim to improve services by making changes in practice, in response to problems identified by users*

It was recommended that a researcher be appointed to work with projects, to support them in undertaking action research and to ensure these recommendations were implemented effectively.

User Focused Action Research

Key characteristics

The defining characteristics of user focused action research are outlined below.

Joint working

The action research programme involves a funder and project working together to evaluate the effectiveness of services and implement changes in practice arising from evaluations. The involvement of practitioners in the process, and joint ownership of the research, is more likely to guarantee the success of the research project and the implementation of findings.

Quality of service provision

The focus of evaluation is on quality of service provision and on outcomes for the user. A largely qualitative approach to data collection is taken.

User Focused

The users of services are involved in needs assessment, in service evaluation, in the ongoing development of services and in implementing changes arising from research findings. The action research aims to resolve problems identified by the users of services who are also involved in identifying solutions to problems and evaluating the effect of actions taken in an attempt to resolve them.

User defined needs and measures of outcomes

Evaluation focuses on subjective experiences and how effectively services meet the needs of users, as defined by them, and how they enable users to achieve their aspirations.

A systematic approach

The action research programme involves setting up systems of data collection and effective strategies for user feedback. Systematic collection and analysis of data is likely to provide a more representative and more complete picture of user views, with more meaningful data from which to evaluate practice. A systematic approach to user involvement in service evaluation (by one-to-one interviews and group feedback sessions) also takes into account individual and subjective needs. By collating, analysing and quantifying data a collective opinion is achieved.

A proactive approach

A proactive approach is taken to ensure everyone has the opportunity to have a say in how services are run, including the less assertive. By collecting data through one-to-one interviews, as opposed to structured questionnaires, unmet needs are more likely to be identified.

Identifying problems in practice

Evaluation often tends to focus on how users have benefited from services without disclosing any need for improvement in practice or unmet needs. But in order to improve the effectiveness of services we must first identify what the problems are. This approach actively seeks to uncover need for improvement in practice, gaps in service provision and unmet needs, as well as finding out how users feel they have gained from using services and the specific factors which contribute to positive outcomes.

Implementing research findings

Changes in practice are made in response to user evaluations of the effectiveness of services.

The Action Research Process

Over the first year of the action research programme, the approach was piloted and developed within three pilot projects working with older homeless people, culminating in the approach outlined below which is now undertaken within projects funded by Help the Aged.

- The stages of action research are worked through within regular meetings between the researcher and practitioners within which

each stage is discussed and planned. Action research support is provided for the duration of funding from Help the Aged, normally over a three year period.

- The action research process is facilitated by the researcher who works closely with practitioners to plan and design the action research project, to design appropriate research tools and to set up systems of data collection and effective strategies for user feedback.
- Each action research project starts with a survey of needs and user evaluation of service provision, from which any need for change is identified. Evaluation focuses on qualitative data and user evaluation of services but other data is collected to provide a context for, and deeper understanding of, any problems identified.
- Practitioners collect data by undertaking informal interviews with service users, facilitating group feedback sessions and administering questionnaires. Users are asked what they feel they have gained from using a service, what the important aspects of provision are, and to identify any need for change in practice, unmet needs or gaps in service provision. Practitioners collect statistical information (access to housing, uptake of services, the continuing use of services etc.), record their own observations and keep work diaries to monitor practice. The researcher collects data through interviews and facilitating focus groups with practitioners and users.
- The researcher analyses data and feeds back findings to practitioners. Any need for change in practice is identified from user feedback and the situation is monitored over time.
- Further interviews are undertaken to explore issues arising in greater depth. The possible causes of problems encountered and actions which are likely to lead to improvements are identified from user feedback, by means of informal interviews, allowing users to reflect on their needs and experiences of services. Within focus groups, practitioners reflect on the impact of their actions.
- Data is analysed and practitioners, together with the researcher, plan action to resolve problems identified by users.
- Practitioners implement research findings by making changes in practice and they monitor actions taken. Users are involved in implementing findings, such as in the promotion of services and planning new projects.
- Ongoing feedback from users on the effect of actions taken is collected through interviews and group feedback sessions and practitioners

modify practice accordingly. This process continues until the identified problems have been resolved.

- The impact of actions taken is evaluated.

Action research becomes integrated into everyday practice in such a way that it should be sustained following the involvement of the researcher.

Action Research Projects

Case Study 1:

A change in approach

An advice worker based at a drop in centre who offers information and advice on benefits, housing and health, and a volunteer co-ordinator who recruits and trains volunteers who run the drop in service.

St John-at-Hackney Community Space Centre, East London

Action research started with a survey of needs and user evaluation of services available at the drop in centre. Data was collected by a series of semi-structured interviews with older users and self-completion questionnaires. Participants identified areas of unmet need relating to mental health and alcohol problems. Older people reported they had not asked for advice or support with emotional needs, although they said they needed counselling to address the underlying and contributory factors of mental health and alcohol problems, and suggested the need for a peer support group.

Statistical monitoring of the use of sessional services available at the drop in centre revealed that older people had used resettlement services, advice sessions for practical issues (such as housing and benefits) and physical health care services but hadn't used services addressing mental health and alcohol needs (a sessional counsellor and alcohol worker).

Responses indicated that low self esteem and feelings of worthlessness had prevented older people from asking for advice with emotional needs.

Additionally, users' perception of their needs prevented them from using certain services. Older people acknowledged that they had an alcohol problem, but tended to perceive this as a mental health problem as they attributed their use of alcohol to underlying depression. They couldn't therefore see the relevance of an 'alcohol worker' to them. Participants were not always aware of services available or the role of different workers. For example, users were unaware that the alcohol worker provided access to counselling to address the underlying mental health problems.

User feedback highlighted the need for a more proactive approach to working with older people. Following consultation with the provider agency of the sessional alcohol worker, City and Hackney Alcohol Counselling Service, a more proactive approach with older people was implemented to identify people in need of support with alcohol problems and underlying depression, to provide more information about services available, and to enable older people to access services they needed.

Research findings culminated in discussions between Help the Aged, City and Hackney Alcohol Counselling Service and St John-at-Hackney to set up a multiple needs project for older homeless people - to employ a mental health practitioner to undertake outreach work, to provide counselling for mental health and alcohol problems and to facilitate a peer support group, with volunteers to support older people in accessing services.

Case Study 2:

Developing a floating support scheme

The project provides floating support to people aged over 50 following resettlement into independent accommodation.

Providence Row Housing Association, East London

A series of semi-structured interviews with older tenants was undertaken within which participants were asked to identify any changes they felt were needed in service provision. Some common themes emerged from interview responses: the need for increased contact with the floating support officer for advice with problems and for company, the need for more frequent telephone contact to reduce the isolation they experienced, and the need for a faster response to problems encountered, mainly with official letters. Participants said they panicked when they received letters and needed someone to be contactable by telephone to offer advice with problems as they arose, to prevent them turning into crises.

Within existing resources, increased contact would not have been possible and as the floating support officer was out of the office much of the time visiting clients, she was not always available to take phone calls or immediately respond to problems. In an attempt to resolve the issues raised by tenants, Providence Row recruited a volunteer to work closely with the floating support officer, which enabled increased contact with older tenants, increased telephone contact and a faster response to problems. The volunteer

supports people in using other facilities and self-help groups to reduce the isolation identified by participants. It was later decided to expand the scheme to provide increased support to further older tenants by recruiting additional volunteers.

Case Study 3: Moving on

The Moving On Group: a life skills project targeted at older people who had recently moved into independent accommodation. The project comprised of a series of twice weekly life skills groups, each running over five weeks.

St Botolph's Project, East London

Ongoing feedback from group members was collected through semi-structured interviews, group feedback sessions and self-completion questionnaires. A number of areas of need for change in practice were identified by participants and the project was developed in response to feedback from group members:

1. Although older people expressed interest in the project, and acknowledged the need for the training, they were apprehensive about the idea of joining a group and numbers were at first were very low. Various attempts were made to enable them to join the group with limited success. After the project had been running for some time, previous members became involved in promoting the project to others, and numbers attending increased.
2. Group members said they found the twice weekly training too intensive and felt there was too much information to assimilate in such a short space of time.
3. User feedback highlighted the role the group played in providing opportunities for social contact, as well as for skills training. It was decided to change the second session of each week into a themed social group - a practical session on skills learnt in the preceding session - which also had the effect of reducing the intensity of the course. User evaluations of the group continued to emphasise the importance of the group for providing opportunities for social contact, especially within a small structured group setting which facilitated the development of friendships.
4. User feedback emphasised the need for, and lack of, opportunities for meaningful occupation for older people and also pointed out the importance of regular groups for providing structure and routine. Over two-thirds of group members said there was need for other similar interesting groups and they needed something to

move on to when the group ended.

A survey was undertaken to ascertain the types of courses and groups older people would be interested in and research findings resulted in the setting up of a new project by Toynbee Hall and Help the Aged: the Moving On Project. This project is targeted at older people who are ready to move on from day centre provision, and provides educational courses (including literacy, maths, cooking and IT skills) and recreational groups such as music and dancing. The project offers opportunities for voluntary work, the most common need identified by participants, including DIY and working in a jumble shop. The courses and activities offered were planned in direct response to survey findings, and members of the Moving On Group were involved in planning the new project.

Conclusions

Monitoring service outcomes

Traditional systems of monitoring service outcomes do not work to the advantage of older people. Resettlement is a slow process for older people who are often reluctant to use services or to enter the housing system. Additionally, as a consequence of many years of rough sleeping or living in institutional settings, they may be less likely to conform to the 'normal lifestyle'.

By defining the effectiveness of a service in terms of the numbers passing through it, or by the achievement of targets set against objective criteria based upon principles of 'ordinary living', funders run the risk of perverse incentives for service providers with particular implications for older people, as they may serve to deter services from focusing on people for whom the resettlement process is slower.

The requirements of funders may also have the effect of inhibiting services from responding to the needs of users, compromising quality for quantity.

When measuring service outcomes we need to undertake basic statistical monitoring of the number of people accessing services, the number entering the housing system, the continuing use of services and length of tenancy sustainment and so on, and statistical data can provide a deeper understanding of issues arising from user feedback. But numerical throughput alone is not an adequate measure of service efficacy: the focus of evaluation should be on quality of service provision and outcomes for the user.

In order to learn how to increase the effectiveness of services, we need to involve the people who use them in this learning process so that services are shaped to meet the specific needs

of older people. Evaluation should focus on user definitions of needs and outcomes, and how effectively services enable users to achieve their aspirations. Outcome measures must reflect the user's perception of quality of life, rather than 'improvements' in objective criteria defined by service providers or funders.

The need for 'hard' data

If we are to increase the effectiveness of services we must become more focused on the individual and the subjectivity of quality of life, and adopt a more user focused approach to service evaluation. This necessitates a more qualitative approach to data collection. Those who reject this approach will stress the need for 'hard' data in order to demonstrate service efficacy. Service providers will typically include (and funders request) user feedback only as an illustrative supplement to the statistical information. This is typically in the form of a handful of interviews with users, often selected by the service provider. A qualitative approach tends to be perceived as necessarily meaning purely descriptive material, or a handful of case studies, from which we can derive no systematic evaluation. But qualitative data can be quantified, assuming the availability of appropriate expertise, and services can, and often do, buy in consultants to develop tools for monitoring purposes or to undertake an evaluation. It is not necessary to use structured, predetermined questionnaires to produce quantitative and comparable data. Systematic evaluation can be user focused and be based upon the user's definition of needs and desired outcomes without losing the hard data from which we can deduce service efficacy - assuming an adequate sample size and systematic collection of data.

The benefits of taking a user focused approach

User views

Why do you think it is important to involve users in the evaluation and development of services?

"So workers know what our needs are"

"To hear user views"

"For better communication between users and services"

"Because some people don't ask for help when they need it"

What have you gained from being involved?

"Responsibility"

"Information"

"Learning from other people"

"Listening to other people's views"

Service provider views

"The Community Space Centre is a day centre for people of all ages. With a small team of paid staff, supported by volunteers, inevitably there is a danger that those who 'shout loudest' get attended to, and those who, for whatever reasons, are not so assertive, can be ignored or sidelined. During the period of the Help the Aged action research we have become more aware that this can be particularly true for older people.

The findings from the action research have directly affected our services and development plans in certain areas, namely:

- an awareness of the need to be proactive in assessing the needs of older people
- planning to recruit a volunteer specifically to work with older people
- building on an existing relationship with Crossroads (an alcohol agency) in addressing the needs of older people with mental health and alcohol problems

The action research has also been influential in improving our practices in a number of areas:

- we have set up a scheme for volunteer 'listeners', recognising that we are often so busy **doing** that we don't have time to listen
- we have been working to improve user involvement across the age groups through regular meetings and an annual survey of user views
- we have improved our information to users about services available and are developing a more assertive approach to promoting services
- we are planning to develop simple needs assessments to enable us to be more proactive with users."

Gill Clutterbuck, Manager,
St. John-at-Hackney Community Space Centre

Turning the rhetoric into reality

By involving users in service evaluation, in such a way that allows them to define their own needs and aspirations, we can increase our understanding of the needs of older homeless people, identify the ingredients of effective service delivery and learn how to increase the effectiveness of services.

We need to ensure that findings from user evaluations are implemented by making necessary changes in practice arising from user feedback.

When it is implemented, user feedback increases the effectiveness of practice by making services more responsive to the needs of users.

User focused action research is empowering to users and enables older homeless people to take more control over the services which affect them. The systematic approach and characteristic implementation of research findings gives users a real say in the services they use.

If we involve users in evaluation we will identify any need for change in practice we may otherwise remain unaware of. This may not be a particularly attractive proposition for service providers (or funders) keen to disseminate good practice, but a vital first step towards improving service provision - and disseminating **better** practice.

Recommendations

Since the data collected and systems of monitoring adopted by service providers are to a large extent determined by the requirements of funders, it is they who will need to take the lead in challenging traditional approaches to monitoring service outcomes, and in enabling services to become more user focused.

Funders need to:

- Become more focused on quality of service provision and outcomes for the user
- Request a user focused evaluation of projects they fund which incorporates user defined measures of needs and outcomes.
- Encourage a more systematic approach to user feedback to ensure a more representative picture of user views and 'hard' data with which to evaluate services effectively, so that evaluation can be user focused
- Work with service providers to evaluate services and support them in developing a more user focused approach to monitoring service outcomes

Service providers need to:

- Involve users in needs assessment and in the evaluation of services
- Take a more proactive approach with older people to ensure they have the opportunity to get involved in service evaluation and have their needs heard
- Develop needs assessment and evaluation tools which allow users to define their own needs and aspirations
- Ask users not only how they have benefited from services but also what changes they feel are needed in service provision and whether they have any needs which are not being adequately addressed
- Implement findings from user feedback by making necessary changes in practice - and involve users in this process

Kim Willcock
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THE WORK CONTINUES

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