

Midlothian Wellbeing Project Approach

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11.5.17

Outcome
Focus
evidence action change

Conceptualising outcomes

Programme

- Changes resulting from services and interventions

Population

- How things are for people/
the changes we want to see

Personal

- What matters to me

From Cook (2017) Outcomes Based Approaches to Public Service Reform, What Works Scotland

Understanding cause and effect

The relationship between the intervention and outcome is linear and direct



System is closed. External influences are predictable



Outcomes can be attributed to the intervention

Intervention interacts with multiple other factors to influence the outcomes

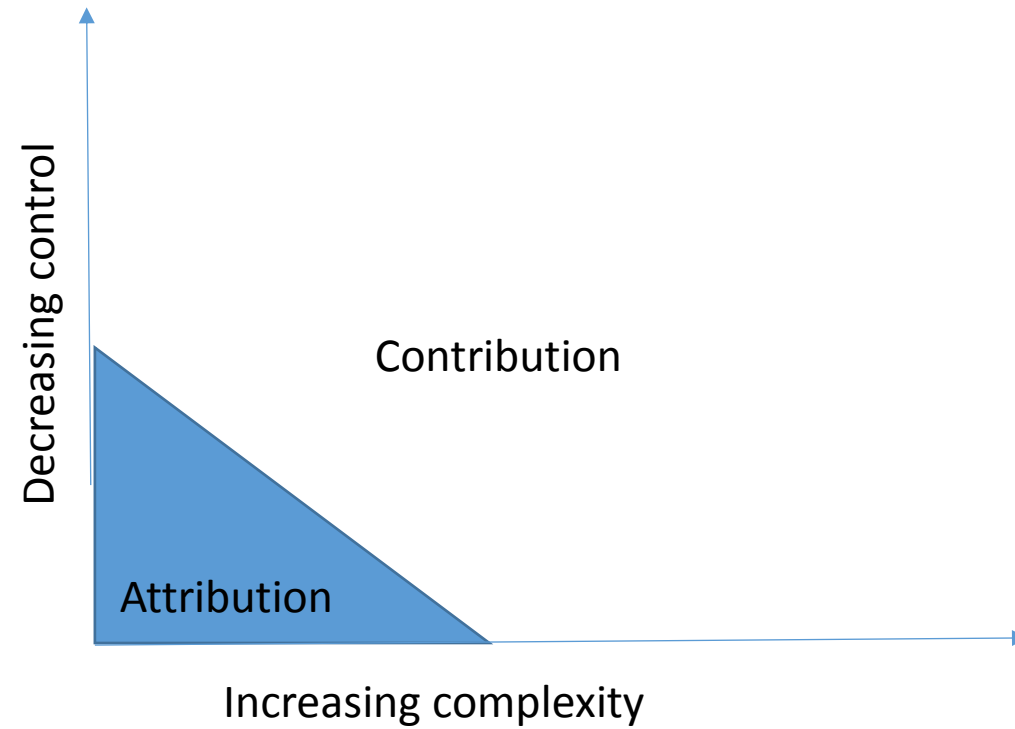


System is complex and adaptive, influenced in unpredictable ways by internal and external factors



Intervention contributes to outcomes

Relationship between activity and outcome



Attributing outcomes to interventions

- Valid and reliable measures of activity and outcome
- Implemented according to pre-determined protocol e.g.
 - Baseline and post intervention
 - Intervention and control group
- Statistical significance
- Generalizable findings

- BUT significant issues around measurement and attribution

Understanding contribution to outcomes

- Explores how your actions have contributed to outcomes alongside other factors
- Mayne (2001) identified a six stage process
 1. Set out your attribution problem
 2. Develop the theory of change
 3. Populate the model with existing data and evidence
 4. Assemble and assess the performance story
 5. Seek out additional evidence
 6. Revise the performance story

How does change happen?



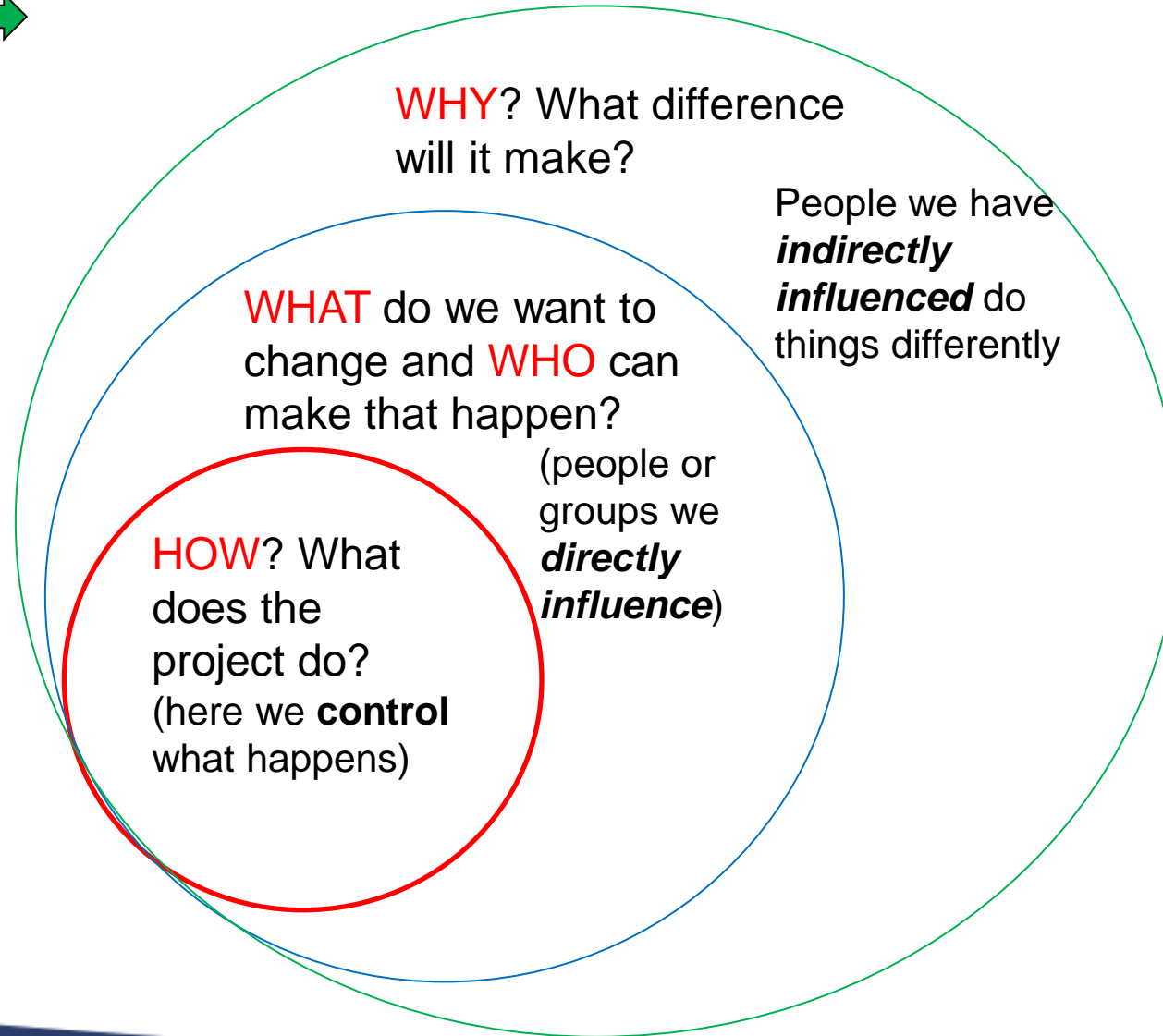
We need other policies and ways of doing things to be helping and things beyond our control might stop this happening (e.g. cuts, politics)



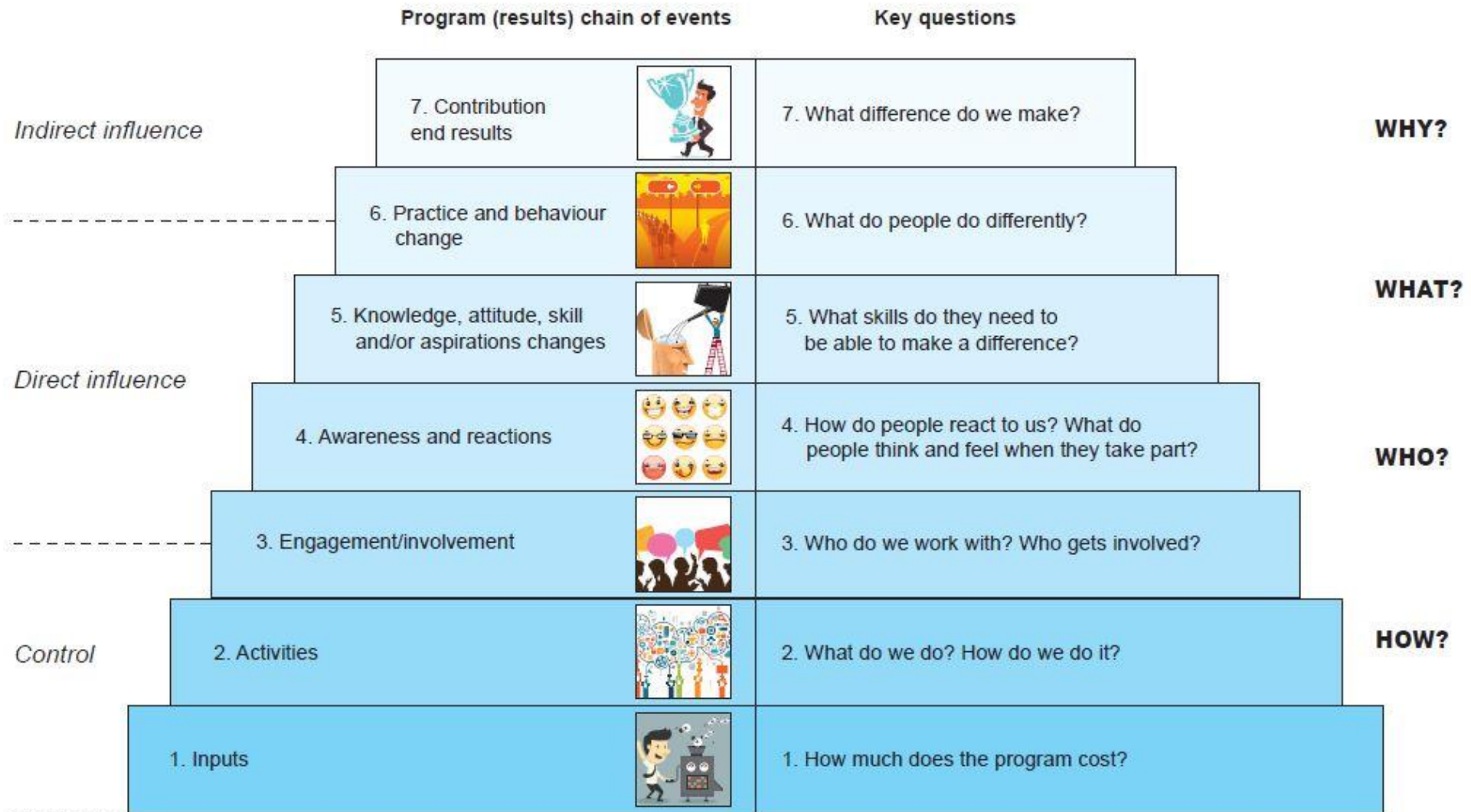
We need people to respond well and have the ability to change to make this happen



We make this happen if we have the right resources and activities



A basic results chain with key questions



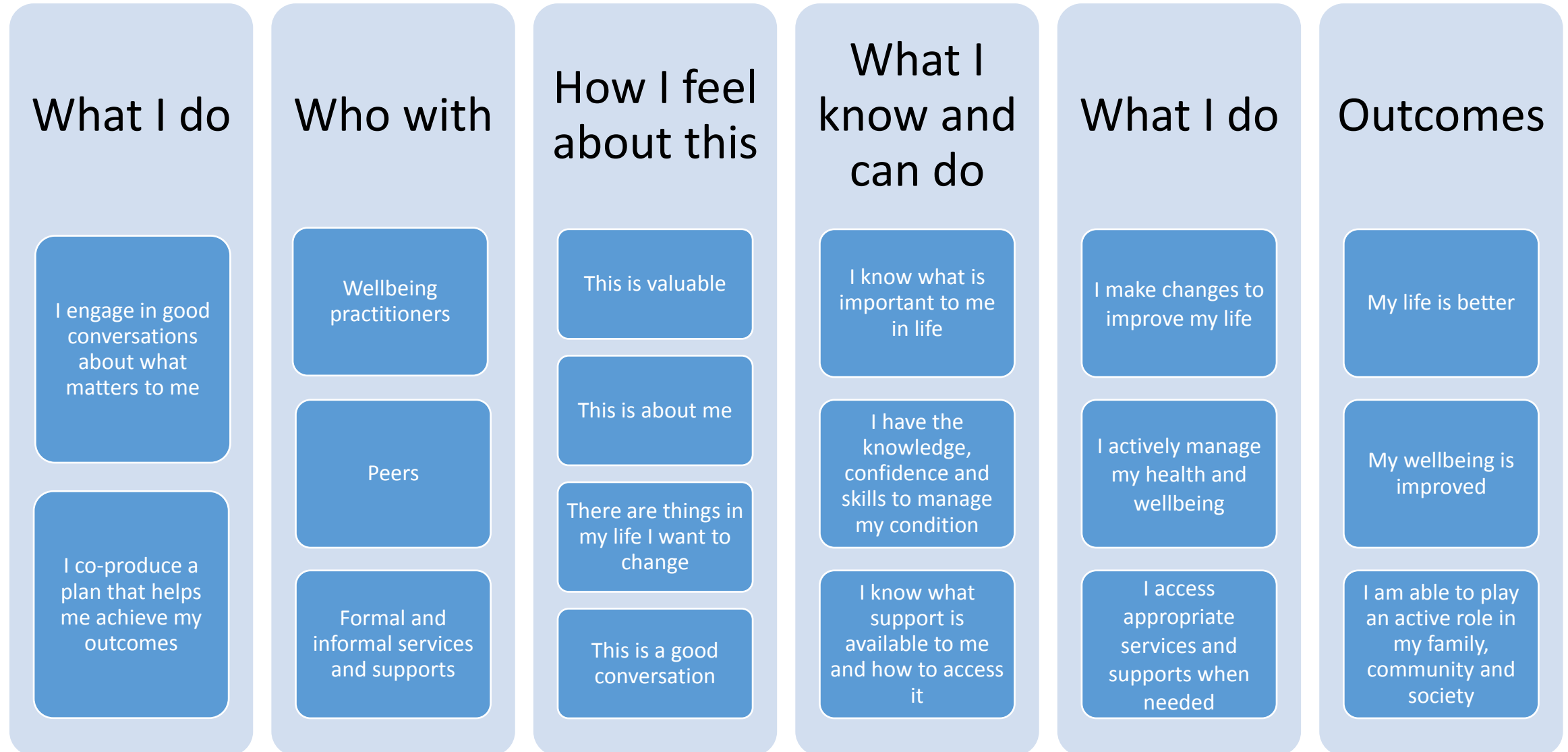
Risks and assumptions

- Why do we think our results will work like this?
 - What assumptions are we making?
 - What are the risks?
- How will factors beyond the project affect what we do?

Developing the evidence base

- Outcomes chains and risks and assumptions create a framework that helps us organise data from multiple sources to build our contribution story
 - How we run the service
 - How people we engage with feel about our work
 - What difference this makes to their knowledge and skills
 - How they behave / practice differently
 - What difference this makes to their lives
- Can develop multiple stories at once

The wellbeing practice is working for the participant when....



Our assumptions / What needs to be in place for this to happen	Our risks / What might get in the way
I am referred to / given information about the service from someone who understands how the service can help	There are things going on in my life that stop me accessing the service
I am supported by a practitioner (s) who puts me at the centre of the process, has the skills to have a 'good conversation' that enables me to identify my outcomes and find the motivation to achieve them and has the knowledge of local services and supports.	There are things going on in my life that stop me engaging fully with the process and making the changes required
There is the time and space needed for me to explore my outcomes and develop the knowledge, confidence and skills to make the changes required	The practitioner does not have the flexibility to provide support in a way that works for me
I am able to draw on my assets and strengths and access support from other agencies / my community	My engagement with other services and supports is not preventative and personal outcomes focussed
Engaging in this process enables me to make sustainable changes to my life to improve my wellbeing	I find it hard to sustain the changes over the longer term

The Wellbeing Project is working when...

What we do

Raise awareness with primary care colleagues about wellbeing and the support we provide

Provide support to the person to focus on outcomes in 1:1 sessions and groups

Build relationships with other agencies and refer participants to them

Engage in ongoing reflective practice, improvement, evaluation and share learning

Who with

Participants

Practitioners

Primary care teams

Wider health and social care system

Third sector and community services

Community Planning Partnership

How they react

This is a valuable and effective service

Wellbeing is important

This will help us achieve our outcomes

What they know and can do

Primary care know about and understand the service

Participants know what matters and have the knowledge, confidence and skills to change

Practitioners and participants know the support available and how to access it

The project team have skills in reflective practice, evidence and evaluation

People across the system know what is working and what can be improved

Change to practice

Primary care make appropriate and informed referrals

Participants make changes and actively manage their health and wellbeing

Participants are referred to and access support from appropriate agencies

Learning is shared

Evidence is used to make the changes required

Outcomes

People in need of support to manage their health and wellbeing engage with the service

Participants have improved wellbeing, live better lives and are able to participate in society

Participants get the ongoing support they need

Resources are used appropriately across the system

The system is more preventative and person centred

Our assumptions / What needs to be in place for this to happen	Our risks / What might get in the way
The wellbeing service is recognised and valued across Midlothian health and social care partnership, community planning partnership and relevant acute services	The wider system prioritises reactive and acute care and the system change to preventative, person centred ways of working doesn't happen
There is a sufficient pool of practitioners with the knowledge, skills and expertise required to deliver the service	Personal outcomes focussed and person centred practice is not the norm across the system and it takes time for practitioners to develop these skills
It is possible to scale the service whilst maintaining quality and effectiveness	Not all parts of the wider system value good conversations and preventative, person centred work
There is sufficient knowledge, capacity and skills to capture and share learning and to evaluate the project	Learning is not seen as valuable or generated in a form that is credible to influence change
People have time for and are willing to collaborate and share learning across services and sectors	IT systems are not fit for purpose
The service can adapt to cater for increased demand	The service is used to fill other gaps in the system
Participants make and sustain change through the service and engage with services appropriately over the longer term	Participants' are not able to sustain change and their service use does not change as a result of participating in the service
The service is a good fit with other initiatives to improve wellbeing	People are overwhelmed and confused by the variety of support for wellbeing