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Personal Social Services Research Unit Newsletter

Issue 9, Summer 2010

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Contacts

Director
Professor Martin Knapp
Tel: +44 (0) 20 7955 6225
Fax: +44 (0) 20 7955 6131
Email: m.knapp@lse.ac.uk

Deputy Director
Dr Jose-Luis Fernandez
Tel: +44 (0) 20 7955 6160
Fax: +44 (0) 20 7955 6131
Email: j.fernandez@lse.ac.uk

Administrator
Anji Mehta
Tel: +44 (0) 20 7955 6238
Fax: +44 (0) 20 7955 6131
Email: a.mehta3@lse.ac.uk

www.pssru.ac.uk

www.lse.ac.uk/collections/
PSSRU/Default.htm

Introduction

How best to finance long-term care is a first-rank social policy issue in England, and received considerable attention in the recent general election. A key issue is the balance between public and private responsibilities for financing social care. This follows years of debate from at least the time of the Royal Commission on Long Term Care (1997–99).

PSSRU conducts a programme of analysis on the financing of long-term care. This is rooted in core programme work funded by the Department of Health with additional projects funded by the Research Councils, European Commission, Nuffield Foundation, Welsh Assembly Government, Joseph Rowntree Foundation and others.

The research team designed and constructed a cell-based model to make projections of demand for long-term care for older people and associated private and public expenditure. The model was first used to make projections for the Royal Commission and the Department of Health and revealed how sensitive the projections were to future trends in mortality rates, disability rates and real unit costs of care.

PSSRU have since substantially extended and developed the model, e.g. to include the social care workforce and to examine the impact of possible changes in the availability of informal care. PSSRU researchers also have a keen interest in international comparisons of long-term care systems, collaborating with others to produce comparable projections for Germany, Italy, Spain and the UK. They advised the European Commission on methods for producing projections for all EU Member States and are currently part of a major study of the future of long-term care for older people in Europe.

The research team have collaborated with researchers at the University of East Anglia on charging for social care and with researchers at the Universities of Leicester and Newcastle on disability among older people. These studies have involved innovative linkages between microsimulation and cell-based modelling. Most recently the team have participated in the multi-centre MAP2030 research programme, funded by the Research Councils under their *New Dynamics of Ageing* programme, to produce high quality analysis to inform public debate and development of long-term care and pension policy to 2030.

PSSRU have also developed micro-simulation models of social care and support for older people (discussed in *Research Bites* 8, Introduction). A cell-based model has also been developed to produce projections for younger people with learning or physical disabilities, in the context of the previous government's Green and White Papers.

The research team are now starting, in collaboration with others, a new AXA funded study of how private long-term care insurance could supplement state systems. This is discussed on page 16.

Research Team: Adelina Comas-Herrera, Derek King, Juliette Malley, Linda Pickard, Raphael Wittenberg

International Conference on Evidence-based Policy in Long-term Care

8th to 11th September 2010

An ageing population, socio-economic factors and the economic downturn have combined to make long-term care (LTC) reform a pertinent policy issue. In order to meet increasing public expectations of quality, choice and value for money, there is a need to deliver an efficient and accessible care system. At an international level, many countries are facing similar challenges and are in the midst of reforming their care and support structures to ensure optimal outcomes for the state, individuals and families. However, evidence-based research on 'what works' in LTC is not actively shared between countries and governments – there is no platform that enables sharing at a global level.

PSSRU are hosting a conference on long-term care policy in September 2010, where we will also be launching the *International Long-term Care Policy Network* (ILPN). The main objective of the ILPN is to bridge the gap between practitioners, academics and Governments; foster international research collaboration; and assist in development of an international comparative policy framework. The network will enable decision makers and the LTC industry to identify strategies for improving quality, equity and efficiency in LTC. The network will operate through a series of regular meetings following its launch later this year.

The international conference on long-term care policy has accepted abstracts on evaluative research undertaken in LTC policy. The key areas the conference will cover include economics, service commissioning, and regulation of LTC; institutional dynamics and politics; workforce and informal carers; recent trends and challenges in LTC policies; and methods of analysis.

The keynote speakers are:
Professor Dennis Kodner who will give a talk on *Integrating health and social care services for long-term care clients: taking a fresh look*. Professor Kodner is a professor of medicine and gerontology and director of the NYIT Centre Gerontology & Geriatrics in USA.
Professor Naoki Ikegami will discuss *Japan's long-term care insurance: lessons from ten years' experience*. He is currently professor and chair of the Department of Health Policy and Management at Keio University School of Medicine in Japan.
Francesca Colombo is a senior health policy analyst at the Organisation for Economic Co-operation and Development (OECD). She will deliver a session on *Where to? Current models, performance and directions in financing long-term care in OECD economics*.
Professor Edward Norton will discuss *Economic issues in informal care*. He is a professor of the Department of Health Management and Policy, University of Michigan School of Policy Health, and research associate at the National Bureau of Economic Research, USA.

We are excited to bring this dynamic platform to share our interest for evidence-based policy making and look forward to seeing you in London this September.

Registration is now open, so please register for the conference.
For further details and information on registration, please visit *www.lse.ac.uk/ltcconference2010*

Key Dates:
Early bird registration ends: 8 July
Registration closes: 16 August

Loren Mathias
Research assistant and
LTC conference coordinator

Evaluations of preventive services for older people in Kent

Margaret Perkins

Two key themes dominate policy for older people: the prevention of unnecessary admissions to hospital or residential care; and developing ways of supporting and maintaining older people in the community, giving people choice and control over how their needs are met.

Over the past three years, PSSRU branches at LSE and Kent have conducted evaluations of two programmes of innovative preventive services for older people in Kent. The first was of the Brighter Futures Group (BFG) programme, based in West Kent, 2006-2008. Kent was also a pilot site in the National Partnerships for Older People Projects (POPPs), developing Independence through the Voluntary Action of Kent's Elders (INVOKE) in East Kent, 2007-2009. The second evaluation was of the INVOKE programme.

Both programmes were preventative in nature, seeking to enable older people to remain in their own homes, avoid admission to hospital or residential care and promote social inclusion. The voluntary sector played the key role in service delivery in BFG while INVOKE was a partnership across the different local statutory, voluntary and user organisations. BFG provided evidence of cost-effectiveness while INVOKE demonstrated cost-savings in acute service use.

Brighter Futures Group
The Brighter Futures Group was set up using 'Invest to Save' money awarded to Kent County Council

from the Treasury. The projects were run by local voluntary sector organisations and were largely delivered by volunteers.
BFG services were to be preventive in nature, innovative and person-centred. A range of projects was devised at local level by partner agencies, but framed within the local and national agenda of keeping older people healthy, providing social care support in the community and health care outside of hospital, promoting volunteering among active older people and enhancing the role of the voluntary and community sector in the delivery of public services.

Its objectives were to:

- increase the independence of older people and to enhance their community participation

- reduce avoidable admissions of older people to hospital and care homes

- bring about a more effective use of resources as well as better collaboration across statutory and voluntary services

- provide evidence about the economic benefit of voluntary and community preventative work.

Seven projects were set up, six in West Kent and one in East Kent, offering a wide range of low-level preventive services to older people: befriending, both one-to-one and by telephone; help with shopping; driving services; exercise classes; social outings; medication-prompting service. Projects were run under the auspices of larger parent voluntary and community

sector organisations and the services were available to all older people in the local community.

Programme Outcomes

Project Activity
The projects were successful in recruiting older people as users of the services and active older people as volunteers; a number of the latter were already volunteering. There was concern about the longer-term supply of volunteers as work patterns, expectations and financial commitments of active retired people change.

Satisfaction
BFG service users were hugely appreciative of the support they received and welcomed the chance for greater social engagement or practical help provided. Users rated the quality of their lives much more highly after experiencing the services. For those largely confined to home, the befriending services were greatly appreciated.

Volunteering
All the volunteers also appeared to gain considerable rewards from their involvement and hoped to remain as volunteers in the future.

Partnership working
Partners in the BFG projects welcomed the opportunity to increase their knowledge of each other's organisations, both the constraints under which they worked and the services they provided. This enabled them to share information and training, and helped them to develop greater mutual trust and understanding

Modelling of the befriending services
The simulation modelling indicated that a volunteer befriending scheme would cost £291 per additional quality-adjusted life year gained. This health-related benefit is achieved because of close connection between loneliness and depression. The model did not examine other potential cost savings or outcomes from befriending services.

Partnerships for Older People Projects (POPPs)

The Partnerships for Older People Projects (POPPs) were funded by the Department of Health to deliver and evaluate local, innovative schemes for older people. The POPP projects aimed to:

- provide person-centred and integrated responses for older people

- encourage investment in approaches that promote health, well-being and independence for older people

- prevent or delay the need for higher intensity or institutionalised care.

Twenty–nine local authority-led partnerships, including health and third sector partners (voluntary, community and independent organisations) were set up with the underlying aim of creating a sustainable shift in resources and culture away from the focus on institutional and hospital-based crisis care toward earlier and better-targeted interventions for older people within community settings. The pilots covered a diverse spectrum of activity from low-level to high-level need.

In addition to contributing data to the national evaluation of the POPP programme, each site was also the subject of a local evaluation of its programme. PSSRU at Kent and LSE undertook the local evaluation of the INVOKE programme.

The Kent INVOKE project

Kent County Council received funding from the government of £1.5m over two years to fund the INVOKE programme which was a partnership across the different local statutory, voluntary and user organisations.

The overarching aims of the INVOKE programme were to:

- support older people to stay independent in the community through the provision of 'new types of support': the extra assistance older people need when facing life-changing circumstances and long-term health problems

- ensure older people were at the centre of any care provided, enabling choice and control through integrated (statutory and voluntary) care and support

- focus the development of services for older people on the prevention of ill-health and promotion of wellbeing

- reduce avoidable admissions to hospital and care homes through the provision of intensive home-based interventions.

Three pilot services were set up to achieve these aims: the Community Matron Support Worker (CMSW), Care Navigator (CN) and Community Information and Liaison Assistant (CILA). These services were designed to work as an overarching 'programme of support' addressing the whole range of needs in the population.

Programme Outcomes

Project Activity
INVOKE was successful in meeting its target number and age range of people: 3,629 people had received or were receiving a service during INVOKE, more people than had been forecast. Of these, almost half (46%) were aged 80 and over and over three quarters (78%) were aged 70 and over. Most lived alone and many were receiving long-term sickness or disability benefits. Almost half of the INVOKE users (48%) were drawn from areas of severe deprivation. Many people using INVOKE services were referred on to other services: health, voluntary organisation services and social care or housing provision.

Changes in Health Related Quality of Life (HRQoL)
An important part of the evaluation was to find out if the new services improved the health-related quality of life of those using them. INVOKE was successful in this respect, especially given the low baseline health-related quality of life reported before the projects. Users of the CN and CMSW services reported improvements in five areas: mobility, washing/dressing, usual activities, pain and anxiety, following their involvement in the INVOKE projects.

Service use change and costs
Changes in service use and any associated cost impacts were investigated. The quantitative analysis showed that, for those people receiving INVOKE services, there was a change in service use resulting in a total cost reduction of £180 per person. Such a cost reduction could be cost-saving if funds could be extracted and moved from the secondary care system. There was also a change in the use of in-patient services, from

an average of 7.5 days (overnight stays) before the INVOKE projects started compared to 3.7 days afterwards. This difference was statistically significant and translates to a reduction of £161 per person in secondary care resources.

Satisfaction
People using the new INVOKE services reported changes in levels of satisfaction compared to 'usual' care, with 35% becoming 'more satisfied' with the services they were receiving.

Conclusions from the evaluations
These two innovative programmes of services, BFG and INVOKE, both of which were set up to provide support and enable older people to remain living in the community, had much success in achieving their various objectives. The BFG programme was successful in promoting the social engagement of older people, developing the local volunteer base and also improved partnership working. INVOKE was able to develop innovative new services which over-achieved their target number of service users, received strong approval from services users and improved local partnership working.

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PhD research
E-Inclusion of older people in England

Jacqueline Damant

Watching television, grocery shopping, banking and telephoning loved ones are common activities in most people's lives. The Internet, mobile telephony and digital television have transformed these simple, daily activities to become cheaper, faster, and more effective than before. In fact, almost every aspect of daily life is negotiated through the use of some form of information and communication technology (ICT), ensuring that membership of the "information society" is no longer just an option, but a necessity. In reality however, there are still many people excluded from basic ICT, of whom a large proportion are older people. For instance, results from the 2007 Oxford Internet Survey show that 61.5% of Britons who do not own a mobile phone are aged 65 and older. Moreover, 64% of older people state they have never used the internet, compared to 19% of people aged 14 to 64 (Dutton and Helsper 2007).

There are enormous benefits to the quality of life of older people who are on the right side of the proverbial digital divide. Several sources cite not only the advantage, but rather the looming necessity of e-inclusion for older people to maintain their independence, social networks (Eastman 2004), and civic voice (Selwyn 2003). Despite the rhetoric, however, many older people remain apprehensive about and unfamiliar with ICT (Hill et al. 2008, Richardson et al. 2005).

With the emergence of telecare and telehealth services in the UK, there is formal recognition that ICT is potentially useful in delivering cost-effective services which are relevant to many older people. National and local government bodies regularly acknowledge the challenges ahead as a result of an ageing population, the shrinking pool of workers and the financial costs of delivering ever more sophisticated health and social care services. For care managers and budget holders, the discovery of the power and relevance of ICT for delivering care is seen as a potential answer to workforce shortages and spiralling costs. However the ICT solution in health and social care highlights the issue of e-inclusion of older people. Fundamentally, if the Internet, mobile telephones and digital television became mainstays in health and social care services today, the level of uptake alone would jeopardise the investment when considering the current levels of knowledge, confidence and experience of ICT of older people.

Another challenge is the complexity of e-inclusion for older people. As ICT touches every facet of daily life, it is difficult to identify who – at an institutional level – should take responsibility. Telehealth and telecare are cases in point. While the strategic responsibility for implementing these services fall to the Department of Health (DH), their development and deployment is nurtured between the Departments for Business, Innovation and Skills (DBIS) and Culture, Media and Sport (DCMS), and their regulation under the independent organisation, Ofcom. Moreover, lead governmental responsibility for the welfare of older people is held by the Department of Work and Pensions (DWP). The e-inclusion agenda risks being lost between government departments.

Some commentators have predicted a growing problem of social isolation for older people if their levels of e-inclusion remain at their current low level. Helpser (2008) notes that people in Britain experiencing a form of social exclusion are more likely to "e-excluded", creating even more obstacles for the disenfranchised of leading positive, comfortable lives. The European Commission has identified e-inclusion of older people as a social issue of pressing importance, through investing in the *Action Plan on ICT and Ageing Action Plan* (2007). Similarly, in *Digital Britain: Final Report* (2009) the DCMS and DBIS jointly vowed to redress the inconsistencies of "digital" membership through heavy investment in broadband infrastructure and are campaigning for a National Plan for Digital Participation.

Given the intricacy and magnitude of the impact of participating in a 'Digital Britain' on the lives of older people, there are surprisingly few age-specific, evidence-based reports which provide practical, technical solutions for how to improve their quality of life. Moreover, given the political and commercial interest around telehealth and telecare, discourse in the literature on the acceptability of these services by older people remains primarily exploratory (Koch and Hägglund 2009).

My thesis aims to investigate whether e-inclusion influences the quality of life of older people. Some basic questions need to be asked to order to disentangle the complexity that is the e-inclusion of older people. For instance, what is the level of e-inclusion of older people in England? How are health and social care services delivered using ICT solutions? Some further questions I am attempting to answer include:

- Are older people motivated to be e-included (to use ICT)?

- If not, how do they become motivated to use ICT?

- What barriers currently stop older people from being e-included?

- Are there ICT services available in England today, designed to meet older people's needs? If so, what are they?

- What ICT services are currently being used for health and social care in England?

- What facilitates the commissioning, distribution, delivery and uptake of these services in different localities?

- What prevents the widespread use of ICT care services?

While ICT in health and social care is still in a nascent phase in England, it is important to map out how the commissioning, delivery and demand for these services is taking shape given current levels of need, funding and skills. This work will also identify the barriers in the current social and political landscape which prevent older people taking up ICT.

Part of my thesis will be to quantify e-inclusion of older people, using general population data such as the General Household Survey, the British Household Panel Survey and the Oxford Internet Surveys. The other portion of my research involves getting a better understanding of the place of ICT in health and social care service delivery. To this end, I will interview key policy and commercial experts to discover what should and could be done at local and national policy and practice levels to ensure that older people have the opportunity to lead fuller, productive and more satisfying lives within the information age.

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Selwyn N (2003) ICT for all and their regulation access and use of public ICT sites in the UK. *Information, Communication and Society*, 6, 3, 350–75.

Impact of expected spending cuts on older people's care services

Findings from PSSRU research fed into a recent press release by Age Concern UK and Help the Aged, revealing that a funding gap of £1.75 billion could open up within just two years. The LSE and University of Kent branches of PSSRU modelled the impact on older people's care services of expected government-wide spending cuts as predicted by the Institute of Fiscal Studies (-6.7% per year in the two years from April 2011). It projects that 300,000 of the 490,000 people losing entitlement to state-funded care would be able to pay for some help privately, but around 180,000 people with care needs would go without any support at all – an increase of 23% from today. These cuts would mainly hit people living in their own homes, not the highest need people supported in care homes, with councils able to help almost 60% fewer people living at home than they would if today's eligibility criteria were maintained. ■

Age Concern press release: http://www.ageconcern.org.uk/AgeConcern/ 8392593A8C0A4161B7471629F71F53BC.asp

Future costs of dementia-related long-term care: exploring future scenarios

Comas-Herrera A, Northey S, Wittenberg R, Knapp M, Bhattacharyya S, Burns A (2010)
International Psychogeriatrics, **Published online by Cambridge University Press 08 April 2010**

Abstract

Background:
This study explores how the views of a panel of experts on dementia would affect projected long-term care expenditure for older people with dementia in England in the year 2031.

Methods:
A Delphi-style approach was used to gather the views of experts. The projections were carried out using a macro-simulation model of future demand and associated expenditure for long-term care by older people with dementia.

Results:
The panel chose statements that suggested a small reduction in the prevalence of dementia over the next fifty years, a freeze in the numbers of people in care homes, and an increase in the qualifications and pay of care assistants who look after older people with dementia.

Projections of expenditure on long-term care that seek to capture the views of the panel suggest that future expenditure on long-term care for this group will rise from 0.6% of GDP in 2002 to between 0.82% and 0.96% of GDP in 2031. This range is lower than the projected expenditure of 0.99% of GDP in 2031 obtained under a range of base case assumptions.

Conclusions:
This paper attempts to bridge the gap between qualitative forecasting methods and quantitative future expenditure modelling and has raised a number of important methodological issues. Incorporating the panel's views into projections of future expenditure in long-term care for people with dementia would result in projected expenditure growing more slowly than it would otherwise. ■

Social care services in England: policy evolution, current debates and market structure

Fernandez J, Snell T, Knapp M (2010)
Economia, **19, 2, 265–82**

The article discusses the main features of the English support system for people with physical and mental health problems, as well as the recent evolution of the policy debate in the area.

In the last three decades, the English social services system has sustained successive reforms in response to changes in demographic patterns and efforts to improve the distribution of services among the population in need of support. Among other changes, these reforms have increased the responsibilities of local authorities on funding and coordination of assistance, which has been increasingly concentrated on people with higher dependency levels. The paper also reviews some of the recent policy reforms aimed at promoting new forms of support for users of services and their carers, and to further tailor the care packages to individual characteristics.

See http://cae.unizar.es/ ■

Cost and impact of a quality improvement programme in mental health services

Beecham J, Ramsay A, Gordon K, Maltby S, Walshe K, Shaw I, Worrall A, King S (2010)
Journal of Health Services Research & Policy, 15, 2, 69–75

Abstract

Objective:
To estimate the cost and impact of a centrally-driven quality improvement initiative in four UK mental health communities. Methods: Total costs in year 1 were identified using documentation, a staff survey, semi-structured interviews and discussion groups. Few outcome data were collected within the programme so thematic analysis was used to identify the programme's impact within its five broad underlying principles.

Results:
The survey had a 40% response. Total costs ranged between £164,000 and £458,000 per site, plus staff time spent on workstreams. There was a very hazy view of the resources absorbed and poor recording of expenditure and activity. The initiative generated little demonstrable improvements in service quality but some participants reported changes in attitudes.

Conclusions:
Given the difficult contexts, short time-scales and capacity constraints, the programme's lack of impact is not surprising. It may, however, represent a worthwhile investment in cultural change which might facilitate improvements in how services are delivered. ■

Maintenance Cognitive Stimulation Therapy (CST) for dementia: A single-blind, multi-centre, randomized controlled trial of Maintenance CST vs. CST for dementia

Aguirre E, Spector A, Hoe J, Russell IT, Knapp M, Woods RT, Orrell M, 2010
Trials, 11, 46

Abstract

Background:
Psychological treatments for dementia are widely used in the UK and internationally, but only rarely have they been standardised, adequately evaluated or systematically implemented. There is increasing recognition that psychosocial interventions may have similar levels of effectiveness to medication, and both can be used in combination.

Cognitive Stimulation Therapy (CST) is a seven-week cognitive-based approach for dementia that has been shown to be beneficial for cognition and quality of life and is cost-effective, but there is less conclusive evidence for the effects of CST over an extended period.

Methods:
This multi-centre, pragmatic randomised controlled trial (RCT) to assess the effectiveness and cost-effectiveness of Maintenance CST groups for dementia compares a intervention group who receive CST for 7 weeks followed by the Maintenance CST programme once a week for 24 weeks with the control group who receive CST for 7 weeks, followed by treatment as usual for 24 weeks.

The primary outcome measures are quality of life of people with dementia assessed by the QoL-AD and cognition assessed by the ADAS-Cog. Secondary outcomes include the person with dementia's mood, behaviour, activities of daily living, ability to communicate and costs; as well as caregiver health-related quality of life. Using a 5% significance level, comparison of 230 participants will yield 80% power to detect a standardised difference of 0.39 on the ADAS-Cog between the groups. The trial includes a cost-effectiveness analysis from a public sector perspective.

Discussion:
A pilot study of longer-term Maintenance CST, offering 16 weekly sessions of maintenance following the initial CST programme, previously found a significant improvement in cognitive function (MMSE) for those on the intervention group.

The study identified the need for a large-scale, multi-centre RCT to define the potential longer-term benefits of continuing the therapy.

This study aims to provide definitive evidence of the potential efficacy of maintenance CST and establish how far the long-term benefits can be compared with antidementia drugs such as cholinesterase inhibitors. ■

A systematic review of outcome measures used in forensic mental health research with consensus panel opinion

Fitzpatrick R, Chambers J, Burns T, Doll H, Fazel S, Jenkinson C, Kaur A, Knapp M, Sutton L, Yiend J (2010)
Health Technology Assessment, **14, 18**

Abstract

Objective:
To describe and assess outcome measures in forensic mental health research, through a structured review and a consensus panel.

Data sources:
A search of eight electronic databases, including CINAHL, EMBASE and MEDLINE, was conducted for the period 1990–2006.

Review methods:
In the structured review, search and medical subject heading terms focused upon two factors: the use of a forensic participant sample and the experimental designs likely to be used for outcome measurement. Data extraction included general information about the identity of the reference, specific information regarding the study and information pertaining to the outcome measures used.

The consensus exercise was implemented in two stages.

At the first stage, participants were asked to complete ratings about the importance of various potential areas of outcome measurement in a written consultation.

At the second stage, they were asked to attend a consensus meeting to review and agree results relating to the domains, to consider and rate specific outcome instruments identified as commonly used from the structured review and to discuss strengths, weaknesses and future priorities for outcome measurement in forensic mental health research.

Results:
The final sample of eligible studies for inclusion in the review consisted of 308 separate studies obtained from 302 references. The consensus group agreed on 11 domains of forensic mental health outcome measurement, all of which were considered important. Nine different outcome measure instruments were used in more than four different studies. The most frequently used outcome measure was used in 15 studies.

According to the consensus group, many domains beyond recidivism and mental health were important but under-represented in the review of outcomes. Current instruments that may show future promise in outcome measurement included risk assessment tools.

The outcome measure of repeat offending behaviour was by far the most frequently used, occurring in 72% of the studies included in the review. Its measurement varied with position in the criminal justice system, offence specification and method of measurement. The consensus group believed that recidivism is only an indication of the amount of antisocial acts that are committed.

Conclusions:
A wide range of domains are relevant to assessing outcomes of interventions in forensic mental health services. Evaluations need to take account of public safety, but also clinical, rehabilitation and humanitarian outcomes. Recidivism is a very high priority; the public expects interventions that will reduce future criminal behaviour.

Greater attention needs to be given to validity of measurement, given the enormous variety of approaches to measurement. More research is needed on methods to take account of the heterogeneity of seriousness of forms of recidivism in outcome measurement. Validity of self-report instruments regarding recidivism also needs examination by further research. Mental health is clearly also an important dimension of outcome.

The review provides clear support for the view that domains such as quality of life, social function and psychosocial adjustment have not been extensively employed in forensic mental health research, but are relevant and important issues. The role of such instruments needs more consideration.

www.hta.ac.uk/project/1583.asp

Research Review: Economic evidence for interventions in children's social care: revisiting the *What Works for Children* project

Stevens M, Roberts H, Shiell A, 2010
Child & Family Social Work, 15, 145–54

Abstract

Evidence about the cost-effectiveness of interventions in children's services can help decision-makers make more efficient use of scarce resources.

We returned to six somewhat disparate interventions on which we had collated research evidence identified by service planners and practitioners as relevant to the well-being of children in the course of the ESRC-funded *What Works for Children* project. These are home visiting, parenting, cognitive–behavioural therapy, mentoring, traffic calming and breakfast club interventions. We aimed to explore the nature and extent of evidence on cost-benefit and cost effectiveness for these measures.

We conducted searches for studies that looked at costs as well as effectiveness of the six interventions and found 24 studies matching our inclusion criteria. The studies were diverse in terms of study design and economic methods (including economic modelling and willingness to pay).

Studies relating to parenting programmes and traffic calming gave the most positive indication that the interventions may be cost-effective for the outcomes in question. The remainder of the studies did not give a clear picture, in large part because of a lack of demonstration that the intervention was effective.

Developing the evidence base for adult social care practice: The NIHR School for Social Care Research

Knapp M, Manthorpe J, Mehta A, Challis D, Glendinning C, Hastings G, Mansell J, Netten A, 2010
Journal of Care Services Management, 4, 2, 167–79

Abstract

In a foreword to *Shaping the Future of Care Together*, former Prime Minister Gordon Brown says that a care and support system reflecting the needs of our times and meeting our rising aspirations is achievable, but 'only if we are prepared to rise to the challenge of radical reform'. A number of initiatives will be needed to meet the challenge of improving social care for the growing older population. Before the unveiling of the Green Paper, the National Institute for Health Research (NIHR) announced that it has provided £15m over a five-year period to establish the NIHR School for Social Care Research. The School's primary aim is to conduct or commission research that will help to improve adult social care practice in England. The School is seeking ideas for research topics, outline proposals for new studies and expert advice in developing research methods.

Systematic Search: Ensuring effective use of research evidence

A-La Park, David McDaid and Tihana Matosevic

Inputs from research evidence can help to facilitate more rational decision making. However, research evidence has been used more often in some areas than in others. Most notably, the evidence-based medicine movement emerged in the late 1970s, following the pioneering work of Archie Cochrane. Progress has been slower in some other areas such as social care and criminal justice. The question is to what extent problems and solutions on the exchange of information between academics, policy-makers and practitioners are generalisable across all areas of social policy.

A rapid mapping review on this topic was therefore commissioned by the National Policing Improvement Agency. The review focused on identifying the key facilitators and barriers to transferring academic research knowledge to the policy arena across a wide range of public sectors, including education, health care and criminal justice, as well as in the private sector such as in the business world. The primary focus was to make the case for benchmarking exemplars in the knowledge transfer process and to consider how they might be relevant to policing.

Given this purpose, the databases used for our review covered a broad range of disciplines, including not only criminal justice related resources but also social care, health care, public policy and business from January 1979 to June 2009. The literature identified was restricted to English language only material and the review was supplemented with some hand-searching in selected journals and

Box 1: Selected findings

Key mechanisms for knowledge transfer	Professional training and ongoing education (155 studies, 15%)
	Use of guidelines (128 studies, 13%)
	Tailored documentation for different audiences (153 studies, 15%)
	Harnessing new information technologies (121 studies, 12%)
Barrier/ facilitators to knowledge transfer	Stakeholder participation (283 references, 28%)
	Human or financial resource capacity to interpret evidence (220 studies, 22%)
	Quality of coordination and partnership working (185 studies, 18%)
	Organisational structure (20%)
	Individual attitudes of members of groups of stakeholders (16%)
	Organisational culture (14%)
	Importance of accessible messages (13%)

scrutiny of key websites. To be included in our review, articles or reports needed to contain practical examples on the use of research evidence and/ or discussions about theoretical /methodological issues in the implementation process and/ or policy implications for more effective research utilisation.

All records were imported into an Endnote 9.0 bibliographic reference management database. We developed a set of categories to code information from their abstracts. This included country of study; paper type, study setting, type of knowledge transfer mechanism used and barriers/facilitators to the use of research based knowledge.

More than 28,000 unique records were identified of which 1,019 were eventually mapped and categorised. 347 studies (34%) were undertaken in the United States, followed by 238 in one or more

countries of the UK (23%), 121 (12%) in Canada, and 72 (7%) in Australia. Outside of the English speaking world, only the Netherlands (27.3%) and Sweden (23.2%) had a notable number of studies.

The highest number of studies identified came from the PubMed database, although this had only a handful of police and criminal justice relevant studies. 57% of all studies related to the health and social care sector; this was unsurprising given the long history of research into knowledge transfer in this field (Walshe and Rundall 2001). 177 of 256 (69%) police and criminal justice studies identified came from the Criminal Justice Abstracts Database. Less than one quarter of papers retrieved looked exclusively at sectors other than health and crime.

Research will limit rising costs of dementia, say experts

"Her sentiments were echoed by Adelina Comas-Herrera, lead author of the study and research fellow at the London School of Economics. She said: 'I definitely think that the best way in which we can save money is to improve treatment and early diagnosis'. "

Community Care,

19 April 2010

Half a million older people at risk if the budget hits social care warns charity

"…according to new research for Age Concern and Help the Aged. The new research, undertaken by the London School of Economics (LSE) and the University of Kent, reveals that a funding gap of £1.75 billion could open up within just two years…"

HelpTheAged,

23 March 2010

For further press releases and updated information visit PSSRU Press Releases.

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Our analysis was limited both by our reliance on a specific set of databases, and secondly by the level of information made available in abstracts and report/book chapter summaries. Some databases searched, including Econlit and PAIS yielded only a few useful records and do not appear to be ideal databases for material on this topic.

Many issues regarding the implementation process that we found in respect of knowledge transfer also apply more generally to the implementation of effective programmes. To make this happen in practice, there are some essential ingredients for the successful knowledge transfer. These include the awareness of the need for more efficient communication systems between people within an organisation and organisational readiness in terms of culture and structure. Other factors include improved collaboration between relevant agencies and active involvement of appropriate stakeholders in communities at local level, such as involving the lay public in the process; providing opportunities for feedback for all the participants in the knowledge transfer process to facilitate its local adaptation from one setting to another, as well as having systems of monitoring and evaluation.

It is clear that while much work is now being undertaken within a police and criminal justice context, much can be learnt from experiences of other sectors, most notably health and social care.

References

Cochrane AL (1999) *Efficiency and Effectiveness: Random Reflections on Health Services*, The Nuffield Trust, London.

Walshe K, Rundall TG (2001) Evidence-based management: from theory to practice in health care, *The Milbank Quarterly*, 79, 3, 429–57.

Congratulations to…

Juliette Malley

has recently been promoted from Research Officer to Research Fellow.

Juliette's main areas of interest include the financing of long-term care, issues surrounding the performance and quality of social services provision, and the measurement of user experience. She has a background in social psychology and medicine and prior to joining the LSE worked as a consultant at Matrix Research and Consultancy. There she was involved in several research and consultancy projects across Government, with a particular focus on health and social care.

Madeleine Stevens

has recently been promoted from Research Officer to Research Fellow.

Madeleine is working on the project *Evaluation of the cost and cost effectiveness of interventions* funded by the National Academy of Parenting Practitioners, King's College London and directed by Professor Jennifer Beecham. Madeleine joined PSSRU from the Social Science Research Unit at the Institute of Education where she worked on a variety of projects including a review of cost effectiveness of a number of childhood interventions.

Linda Pickard

has recently been promoted from Research Fellow to Senior Research Fellow.

Linda has worked at the LSE since 1996 primarily on a project on future long-term care demand and finance, and is particularly interested in informal or unpaid care for older people. Linda has, in collaboration with colleagues at the LSE and elsewhere, conducted research on projections of informal care in the UK and internationally, most recently producing reports for the Strategy Unit (Cabinet Office) and the Department of Health. Linda's has recently been awarded her PhD, which examined trends in the provision of informal care to older people in the recent past in Britain, with a focus on intergenerational care for parents aged 65 and over.

Derek King

has recently been awarded his PhD. Derek's PhD examined the impact on service use and costs of non-adherence to medication in schizophrenia.

Welcome to…

Annette Bauer

joins PSSRU as a Research Officer. She is working with Jeni Beecham and Madeleine Stevens on the evaluation of the costs and cost-effectiveness of parenting interventions project. Annette is currently completing her Masters in Health Policy, Planning and Finance at the LSE and London School of Hygiene. She has a degree in Economics and a MBA from the University of Münster in Germany.

Before joining PSSRU, Annette worked in health and social care in England on the development and implementation of service redesign and quality improvement programmes in mental health, substance misuse and sexual health. In Germany, Annette worked as a research assistant and consultant in hospital and healthcare management on behalf of the University of Münster and Bertelsmann Foundation.

Her interests include the economic evaluation of interventions to reduce inequalities and promote mental and social wellbeing. For PSSRU, Annette evaluated the cost-effectiveness of postnatal depression interventions and, as part of her dissertation, is working on the economic evaluation of community programmes in substance misuse and mental health.

International Conference on Evidence-Based Policy in Long-Term Care

8th to 11th September 2010   PSSRU is pleased to be hosting the first International Conference on Evidence-based Policy in Long-Term Care.

Early bird registration ends:
8 July 2010

Deadline for registration:
Registration closes: 16 August 2010

The conference aims to provide a forum for exchanging the latest international evidence on key long-term care policy topics such as how to organise, deliver, fund and regulate services. The emphasis is therefore on evaluative research with clear impact on policy.

Further details on the conference available are online at www.lse.ac.uk/ltcconference2010

NIHR School for Social Care Research – Annual Conference, 30 March 2010

Presentations from the conference are available at http://www.lse.ac.uk/collections/ NIHRSSCR/events.htm

A report from the conference will be available shortly.

The NIHR School for Social Care Research's first annual conference took place on 30 March 2010 at the London School of Economics and Political Science. The event focused on

- Background and future of the NIHR School for Social Care Research
- Key themes for adult social care practice research in England
- Current and future priorities for adult social care research in England.

The School for Social Care Research is a partnership between the three branches of PSSRU, the Social Care Workforce Research Unit at King's College London, the Social Policy Research Unit at the University of York, and the Tizard Centre at the University of Kent, and is part of the National Institute for Health Research (NIHR).

2010 LSE Health and Social Care Annual Lecture

The 2010 LSE Health & Social Care Annual Lecture took place on Monday 17 May 2010. Sir Christopher Kelly gave the lecture on "Trust, Transparency and Care", addressing some of the challenges facing health and social care post-election.

A podcast and video of the lecture are available at http://www2.lse.ac.uk/newsAndMedia/videoAndAudio/publicEventsVideos/ publicEventsVideosPrevious.aspx

http://richmedia.lse.ac.uk/publicLecturesAndEvents/20100514_1800_ trustTransparencyAndCare.mp3

Supporting the use of research evidence in social care management and policymaking: Lessons from the health sector

Presentation slides from the seminar are available at http://www.lse.ac.uk/collections/ PSSRU/researchAndProjects/ KTSocialCare/Docs/Lavis_ 12_April_2010.pdf

This seminar by Professor John Lavis, Canada Research Chair in Knowledge Transfer and Exchange at McMaster University, Hamilton, Canada formed part of the HEIF 4 Funding Knowledge Transfer in Social Care Research Project. This seminar addressed the following questions:

- what do we know about supporting research use by managers and policymakers?

- what are the challenges that efforts to support research use are striving to overcome?

- what are some of the innovative strategies that are being developed and evaluated in the health sector?

Some recent presentations

Martin Knapp – *The Costs of Autism* at the National Conference on Autism in Scotland – Strategy or Not? in Glasgow on 27 May 2010.

Eva-Maria Bonin – *Online CBT-BN: Does it raise support costs?* at the Eating Disorders International Conference (EDIC) between 11 and 13 March 2010. Co-authors of the paper are J Beecham, N Pretorius, S Ringwood, L Rowlands and U Schmidt.

Linda Pickard – *The Supply of Informal Care in Europe* at the Assessing Needs of Care in European Nations (ANCIEN) Workshop in Rome between 11 and 12 March 2010.

Juliette Malley – *Update on National Social Care User Experience Survey* an invited paper presented with S Powell and P Niblett at the Social Services Research Group Conference in Manchester on 8 and 9 March 2010.

Linda Pickard – *Researching the Future with Survey Data: Projections of Family Care for Older People* to 'Imagining Futures' Seminar, Centre for Policy on Ageing in London on 11 February 2010.

How can private long-term care insurance supplement state systems? The UK as a case study

The LSE team is Adelina Comas-Herrera, Jose-Luis Fernandez, Julien Forder and Raphael Wittenberg

The Unit has received a grant from AXA for a new study to be conducted in collaboration with University of East Anglia, the Nuffield Trust and the University of Barcelona. The study will explore how private long-term care insurance could supplement state systems, with the UK as a case study.

The aims of the study are:

- to consider ways in which some of the challenges facing wider take-up of long-term care insurance in the UK could be addressed, including interaction with state funding;

- to present estimates of the expected life-time costs of care for older people in the UK, by gender and other characteristics under different patterns of care;

- to present estimates of possible premiums for different potential types of private or private/public insurance policies;

- to consider the affordability and attractiveness for different individuals of policies with varying levels of premiums and pay-outs, for a range of assumptions on how insurance would interact with state funding; and

- to prepare projections to 2032 of public and private social care expenditure under different potential insurance schemes.

The study commenced in April 2010 and will end in July 2012. ◼

National survey of local commissioning practices

Jose-Luis Fernandez, Julien Forder

Recent policy developments in England have focussed on improving the arrangements for commissioning social care services, and changes have been introduced in the regulatory and performance assessment system in order to make the support commissioned more outcomes-focused. This study aims to design and implement a national survey of local commissioning practices in England with the objective of providing a much needed updated picture of the range and combination of commissioning arrangements in England. The evidence collected would allow local authority level econometric analyses linking commissioning arrangements and key indicators of local social care activity, efficiency and equity. ◼

Building community capacity

Martin Knapp, Margaret Perkins, Tom Snell, Annette Bauer

This study aims to support developing arguments for investing in social capital as part of the personalisation policy in social care. The purpose of the small study is to examine whether an economic case can be made for building community capacity in this way. We are looking at two areas: befriending services for older people; and broader community development initiatives. The plan is to build on previous PSSRU work – including the Brighter Futures Group initiative in Kent (funded by Kent County Council) and some of the POPP projects, including the local Kent POPP (the latter funded by Kent County Council) – as well as other people's research and, of course, local practice experience. ◼