

A conceptual model for building capacity

This is adapted from “The Quest for Quality in the NHS: a mid-term evaluation of the ten year quality agenda” Sheila Leatherman and Kim Sutherland (Nuffield Trust 2003)

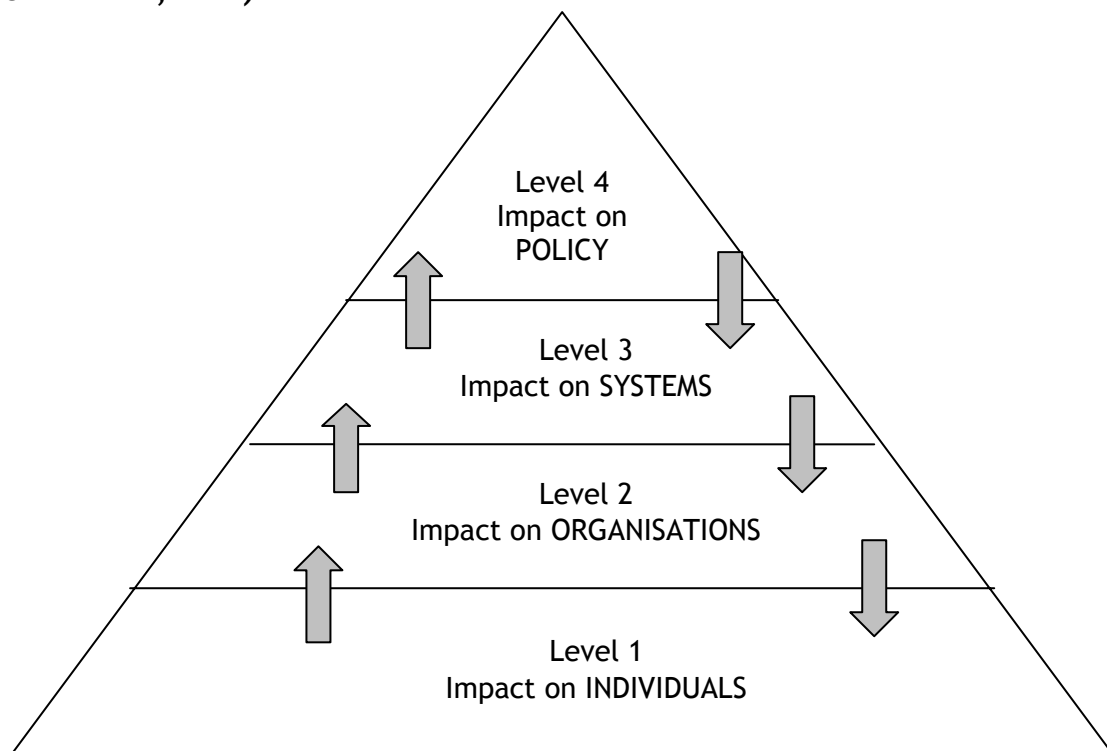
Leatherman and Sutherland produced their model in relation to “building *systemic* capacity” - i.e. to whole systems rather than organisations or individuals. This is one reason why it is an interesting model for the London Housing Foundation, as we are also concerned with trying to build capacity at greater than the organisational level - for us, it is the capacity of the voluntary sector in tackling single homelessness in London.

In their evaluation report they argue:

“Increasingly, research indicates that whilst [these types of] discrete methods may be effective in particular situations for particular audiences, a broad and multi-faceted approach that uses numerous interventions is necessary to achieve systemic and sustainable quality improvement”.

The conceptual model that they produce is related specifically to the health service and its structure. That shown below is an adaptation and interpretation for our application.

A conceptual model for building systemic capacity (after Leatherman and Sutherland, 2003)



The arrows indicate that there is a degree of permeability between levels: “... a feature that is not only real, but also desirable” (Leatherman and Sutherland)

An example

Our work over a number of years to improve the understanding of outcomes and the use of outcome management by agencies tackling single homelessness in London provides an example of how this model relates to the capacity building (or organisational strengthening) programme of the London Housing Foundation:

- In a consultation in 2001 we identified that many homelessness agencies were aware of the importance of measuring outcomes, but that few had the necessary understanding, skills or capacity to do so properly.
- We established a two-day, practical training programme that provided basic training on the first day to a group of around a dozen people drawn from different agencies that worked in similar ways (in order to maximise the exchange of alternative experiences and approaches). At the end of the day participants had sufficient understanding to start applying an outcome approach in their own area of work and were asked to do this. The group came together again a couple of weeks later to explain what they had achieved and work through barriers and issues. The training ran for 18 months, during which over 220 people from 50 different agencies were trained. This therefore tackled Level 1: the individual level.
- The second phase of the programme focussed mainly on Level 2: the organisational level. We established a programme of consultancy and technical support that assisted agencies to make significant improvements in their use of outcome monitoring and management. In the first year this provided support to 12 agencies and this work is continuing with others. At the end of the first phase we also sponsored a conference on outcomes to highlight good practice and explore practical issues. Eighteen months later we will be repeating this (September 2005), so that there is the maximum exchange of knowledge and experience.
- The third phase involves tackling two aspects of Level 3: systems -
 - Our Information Management for Outcomes (IMFO) initiative is working with a number of day centres to help them identify how best to develop an integrated information management system that provides effective outcome data, utilising IT more effectively.
 - Drawing on the experience gained in earlier phases of the programme, we have been in discussion with Central and local government on how outcomes can be used (but not abused) in Supporting People monitoring.
- The work on Supporting People is already leading us into aspects of policy (Level 4) and we anticipate that this will increase in the future programme.

The permeability between levels is important. At all levels there is training and support of individuals and the work on systems is based on experience with specific organisations.

In summary, this approach reflects the conclusion of Leatherman and Sutherland:

“Building systemic capacity for quality requires a multi-level, integrated strategy.....”

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